State of Delaware
The Department of Services for Children, Youth and Their Families

RFP# CYF16-01

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

SERVICE COMPONENTS

EVIDENCE-BASED SUBSTANCE ABUSE PREVENTION PROGRAMS

INFORMATIONAL BIDDERS CONFERENCE: Wednesday April 6, 2016 at 10:00 am ET

PROPOSALS DUE: Thursday April 28, 2016 by 2 pm ET

The RFP schedule is as follows:
Submit all questions to H. Ryan Bolles, DSCYF Procurement Administrator, at herbert.bolles@state.de.us **by COB April 21, 2016** to ensure a response prior to proposal due date.

Wednesday April 6, 2016	A bidders' conference will be held on **Wednesday, April 6, 2016, at 10:00 a.m.** at: Delaware Youth & Family Center 1825 Faulkland Road, Room #199 Wilmington, Delaware 19805
Thursday, April 28, 2016 by 2:00 PM ET	Please submit 1 original proposal marked "ORIGINAL". Please submit 6 copies of your proposal marked "COPY". Please submit **1 electronic copy of your proposal on CD, DVD or flash drive.** Proposals **must** be **delivered by 2:00 PM ET on Thursday, April 28, 2016.** **Proposals arriving after 2:00pm ET will not be accepted.** **You are encouraged to double-side copy/print your proposals.**
PROPOSAL DELIVERY:	Express Courier or hand deliver the sealed bids as follows: State of Delaware Ryan Bolles, Grants and Contracts 1825 Faulkland Road Wilmington, DE 19805 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. While DSCYF reserves the right to contact bidders for additional information proposals are expected to be able to stand alone based upon the written information submitted.
As soon as possible	Decisions are expected to be made and awards announced as soon as possible. Initial notification to all bidders will be by email.

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH & THEIR FAMILIES
REQUEST FOR PROPOSAL FOR
EVIDENCE-BASED SUBSTANCE ABUSE PREVENTION PROGRAMS
FOR CHILDREN AND YOUTH UNDER AGE 18 AND THEIR FAMILIES

I. INTRODUCTION

A. Overview:

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 under age 18 and their families. The eligible Bidders must work within an established coalition 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
- Marijuana use
- Prescription Opioid abuse
- Heroin abuse

Funding Opportunity Title: Evidence-based Substance Abuse Prevention Programs, Practices, and Policies for Children and Youth Under Age 18 and Their Families.

Funding Source: These awards will be made available through the 20% prevention set-aside 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, within the Department of Services for Children, Youth and Their Families (DSCYF), receives 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 $600,000 is expected to be available to award under this RFP to fund prevention programs throughout the state. 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 will enter into a cost-reimbursable contract with successful Bidder(s) to provide the range of services stipulated in this RFP for the initial contract period. Proposals shall include a **separate** completed DSCYF Budget Form, Salary Detail and a supporting narrative which describes calculations made to obtain the numbers on the DSCYF Budget Form **for each proposed sub-service area as well as a consolidated set of budget documents for all proposed sub-service areas to be served by the bidder**. This will allow the panel to make individual sub-service area awards, but also see the advantage of combined awards. The required Excel Budget Form, Salary Detail Form and instructions to complete both are available online in Excel format where this RFP is posted.

Estimated Number of Awards: Multiple awards will be made to ensure comprehensive evidence-based prevention strategies are implemented in all four sub-state planning areas (City of Wilmington; the

remainder of New Castle County; Kent County; and Sussex County) or statewide. Number of awards will depend on the number and scope of responsive proposals received.

Length of Award Period: Initial RFP award period will be for up to five years. The initial contract period is targeted to begin on September 1, 2016, with continuation contingent upon available funding, along with Bidder progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of contract.

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

B. Background

Department of Services for Children, Youth and Their Families -- *"Safety, Stability, Self Esteem, and a Sense of Hope for Children."*

The Division of Prevention and Behavioral Health Services (DPBHS) is part of the Delaware Department of Services for Children, Youth and Their Families ("The Department"). On July 1, 2010, the Division of Child Mental Health and the Office of Prevention and Early Intervention merged to become the new Division. 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.

Our Division's mission: To develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral health system of care.

Our Division's Vision: "*Resilient Children and Families living in Supportive Communities."*

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 (primary prevention services are for individuals who do not require treatment for substance abuse). The prevention set-aside of the SAPT Block Grant is administered at the federal level through the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP).

C. Purpose

Evidence-Based Substance Abuse Prevention Programs, Practices and Policies for Children and Youth under age 18 and their Families

DPBHS is seeking proposals from eligible community based organizations [See Section E-Bidder Eligibility Requirements] to work within an established Coalition to implement evidence-based substance abuse prevention programs, practices, and policies to children and youth under the age of 18 and their families. Implementation of these comprehensive evidence-based strategies and interventions must occur within one or more of the four sub-state planning regions (City of Wilmington, the remainder of New Castle County, Kent County and Sussex County) and/or statewide.

The goals of this Request for Proposals (RFP) are to:

- 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.

Most Evidence-based prevention programs are designed to reduce risk factors in the target population, increase protective/resilience factors, and promote wellness. SAMHSA has articulated a model of individual wellness, and domains of risk/protective factors. See APPENDIX F for a description of SAMHSA's Eight Dimensions of Wellness and Six Domains of Risk/Protective Factors.

Eligible Bidders must address one or more 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 consequence patterns in Delaware, the following substances were identified as Substance Abuse Prevention Priorities:

- Underage Alcohol Use
- Marijuana
- Prescription Opioid abuse
- Heroin abuse

The five steps of the Strategic Prevention Framework, established by SAMHSA/CSAP, include the following: assessment, capacity building, planning, implementation, and evaluation. It is the expected that any bidder will be an entity which has completed the stages of assessment and capacity building, so that they can plan and implement evidence-based programming and conduct evaluation in a timely manner. Successful bidders will be an established prevention agency, group or coalition (or member of an existing coalition) that can focus on continuing to actively engage the youth and community in primary prevention activities.

Please note that this is not a planning grant. While careful planning is an essential part of any successful program, the purpose of this RFP is to fund the implementation of actual evidence-based substance abuse prevention programs serving Delaware youth under age 18, their families and communities.

D. Availability of Funds

A total of approximately **$600,000 per year is available for this Request for Proposals** (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 entire SAPT Block Grant provides financial assistance to states in order 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.

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.

Awards made under this RFP are to ensure that comprehensive evidence-based strategies are implemented in all four of the sub-state planning regions designated by the State or statewide. The sub-state planning regions are: the City of Wilmington, the remainder of New Castle County, Kent County, and Sussex County.

The initial contract period will begin on or about September, 2015 and continue through August, 2016.[1***]

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.

E. Bidder Eligibility Requirements

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

Bidders must keep in mind that they cannot profit from Health and Human Services grants. Also, no contractor may place grant funds into any interest-bearing bank account whereby it 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, the contract will be with one key/lead non-profit organization that will be solely responsible for administering the program and will be the Bidder and contractor. 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 contract award, distribution of contract funds to subcontractors, program management of subcontractors and oversight of the evaluation component of the program.

[1***] Please note that successful Bidders will be required to participate in occasional training sessions to ensure the successful implementation of evidence-based practices, policies and programs.

Government departments, divisions and agencies, including state, county and local agencies may partner with a non-profit organization and bid for a contract 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 utilize evidence-based prevention programs, practices and policies as described in the program narrative of this RFP, or similar/equivalent services. Bidders will be evaluated on the documented experience of all organizations included in the proposal.

F. **Scope of Services**

The goal of this program is to implement evidence-based substance abuse prevention programs, practices and policies for children and youth under age 18 and their families, as part of a comprehensive prevention strategy to address one or more of the substance abuse prevention priorities identified in the Delaware Substance Abuse Prevention Strategic State Plan for youth in Delaware, as specified in **Section I.A. Overview**. Successful Bidders will work within an existing coalition to implement their program, to ensure both coordination and cooperation among the multiple public and private agencies, service providers, community groups, key leaders and stakeholders, and that implementation is consistent with the Coalition's existing strategic prevention plans. In responding to this RFP, Bidders are also required to submit a proposal narrative adhering to the five-step structure of the Strategic Prevention Framework, summarized below and described in greater detail in **Section H. Project Narrative** and **APPENDIX A – The Strategic Prevention Framework (SPF).**

Strategic Prevention Framework

The SPF model is an outcome-based public health approach to prevention developed by SAMHSA/CSAP. This section will provide an overview of the SPF, while **Section H. Project Narrative** will describe more specifically how proposals should incorporate the SPF structure.

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 humility 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 award contracts to programs, practices and policies that have a demonstrated evidence base and that are appropriate for the target population(s) within the identified community served by the Bidder and/or Coalition. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence.

As Bidders choose, with guidance from their coalition(s) as appropriate, their evidence-based programs, policies, and practices, they will need to document the following tasks in the body of their proposal:

- Identify one or more evidence-based program(s), policy(s) or practice(s) to be implemented in the target community.
- 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

Bidders will incorporate environmental strategies into the development of their program plans, consistent with the coalition's assessment and comprehensive plan. 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.

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 its 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)*

G. Target Population

The target population is children and youth under the age of 18, and their families, within one or more of the four sub-state 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, the remainder 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 Profile

Delaware is 96 miles long, 35 miles wide and contains urban, suburban and rural areas and clusters. It is divided into three counties: New Castle, Kent and Sussex.

New Castle is the northernmost of the three counties. It is the smallest in area at 494 sq. miles, but largest in population. As of the 2010 census, its population was 541,971. It is largely suburban with an urbanized area, the City of Wilmington, which has a diverse population of 74,000. Wilmington and part of New Castle County are included in the Philadelphia Consolidated Metropolitan Statistical Area.

Kent County is located in the central part of the state. As of the 2010 Census the population was 164,834, a 28.1% increase over the previous decade. It has urbanized clusters (towns with over 2,500 residents), including the State Capital, Dover (2010 population 36,054), as well as suburban and rural areas that span its 800 sq. miles.

Sussex County is the southernmost county in Delaware. As of the 2010 the population was 197,145, an increase of 25.9% over the previous decade. Sussex is Delaware's largest county by land area, at 1,196 square miles. The eastern portion of the county has beaches and the western side is a center of agriculture industry with more acres of land under cultivation than anywhere else in the state. While there are some urbanized clusters (towns with over 2,500 residents), it is considered predominantly rural by the US Census, with just 214 people per square mile.

Delaware is growing. The 2010 U.S. Census puts Delaware's population at 900,950, with the 13th-highest percentage increase in the nation in the decade between 2000 and 2010. This represents an increase of approximately 15% increase (News Journal Dec. 2010), much of it 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 2014) -- 1% of 5th graders, 13% of 8th grade students, and 31% of 11th graders report past month alcohol use. These numbers actually represent recent declines in use by youth, but alcohol 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, 6% of Delaware 8th graders and 20% of 11th graders report binge drinking in the past two weeks (DSS 2014). Alcohol is the most abused 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 2014, but 9% of 8th graders and 23% of 11th graders reported use in the past month. These numbers represent a decrease since 2012 of 2% for 8th graders and 4% for 11th graders in Delaware (DSS 2014). The represents a reversal of the trend for 11th graders of flat usage figures from 2006–2008 followed by steady increases from 2009-2012. The prevalence rates are higher than national averages, and usage is still above where it was in 2008 (State Epidemiological Profile 2015). Moreover, 11% of Delaware 11th graders reported heavy use of marijuana in the past month (6 or more times), 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 2014, NSDUH 2012-13). In 2012-2013, Delaware youth aged 12-17 reported marijuana use in the past 30 days at a rate of 9%, compared to 7% nationally (NSDUH 2012-13). Marijuana use among youth in Delaware is consistently above national estimates.

3) Prescription Drug Abuse [by Youth] including Opiates and synthetics (opioids):

Prevalence – 11.4% of Delaware 11th graders have misused at least one prescription drug in the past year (DSS 2014); of those 11th graders, 4.4% reported using prescription painkillers and 2.4% reported using psychoactive drugs like Ritalin and Adderall that are otherwise prescribed for behavioral reasons (DSS 2014). Monthly painkiller use among 11th graders is at 1.5% (DSS 2014). Prescription drug misuse and abuse is the most rapidly increasing category of substance abuse among youth in Delaware. This increase in prescription drug abuse is reflected in the steady and significant increase in admissions to treatment for "other opiates and synthetics" from 1999-2012 (State Epidemiological Profile 2014).

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. However, as noted elsewhere in this RFP, there is growing concern that heroin use may become a significant problem among youth under age 18, so that

information on heroin should be included along with any prevention efforts that focus on prescription drug abuse, especially prescription opiates and opioids.

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.cas.udel.edu/cdhs/ddata/Pages/default.aspx. At the site, there are both State and sub-state 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.

Cultural Humility

Eligible Bidders must address cultural issues in their proposals in terms of the design and implementation of programs, policies and practices. Cultural humility refers to a system of policies, skills, and attitudes that enable a coalition or organization to effectively respond to differences in cultural beliefs, behaviors, and communication styles. For prevention efforts to be truly effective, the Coalitions that support and advise Bidders (and, ideally, Bidder organizations themselves) require diverse representation throughout the planning, implementation and evaluation process.

SAMHSA's Center for Substance Abuse Prevention (CSAP) has identified these principles of cultural humility:

- Ensure community involvement in all areas (which can refer not only to ethnic groups but also faith-based groups, homeless youth, persons with disabilities, LGBTQ persons, etc.);
- Use a population-based definition of community;
- Stress the importance of relevant, culturally-appropriate prevention approaches;
- Promote cultural humility among program staff and hire staff that reflect the community they serve; and
- Include the target population in all aspects of prevention planning.

More information on cultural humility in prevention planning and programming can be found at http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework/cultural-competence

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/planning area 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 sub-state planning areas designated by the State (City of Wilmington, the remainder of 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, municipality, 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. **Please Note:** 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.

H. Project Narrative

Narrative that describes the program(s) and service(s) being proposed should follow the structure of the Strategic Prevention Framework (SPF) as already described in **F. Scope of Services**, the five steps of the SPF are:

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 comprehensive strategic plan
4. **Implementation**: Implement evidence-based prevention programs, policies, and/or practices;
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 DDATA, as described in **Section I.A. – Overview**. Bidders shall submit a consolidated proposal addressing any distinct differences in services proposed by sub-service area as necessary. Separate sub-service budget documents shall be submitted as described above.

Step 1- Assessment

Eligible Bidders, being part of an existing coalition, will have already gone through a detailed needs assessment process that will have produced a statement of need (or problem statement), identifying the specific areas of youth substance abuse as it relates to the target area/community/population on which the proposed prevention programming will focus.

For the purpose of this RFP, Bidders should briefly describe the process used by the coalition to conduct the assessment, and also summarize the results. The summary should include a description of the community and population as a whole, and the specific target population(s) selected, including the reason(s) for selection. See below for more specific information on what should be included in the summary. **Please note** that Bidders may attach a report or executive summary prepared by the coalition that includes this information as a supplement to their application, but that does not fulfill the requirement of this section to summarize the contents of the report as it relates specifically to this RFP and the program being proposed.

In this section, Bidders should also briefly describe the coalition of which it is a member, and its history (include letters of cooperation from coalition members as attachments).

Bidders must also identify in this section which of the substance abuse prevention priorities they and their coalition intends to address. The Substance Abuse Prevention Priorities are:

- Underage Alcohol Use
- Marijuana Use
- Prescription Drug Abuse including Opiates

- Heroin use (or other substance if supported by a local needs assessment that indicates that substance is a priority for your community)

Bidders must submit 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 an assessment which includes consumption and consequence data, including 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 B Institute of Medicine (IOM) Classification System and IOM Continuum of Care).**

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

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

Step 2 – Capacity Building

Bidders should describe a project similar to that being proposed which the Bidder has successfully managed, demonstrating sufficient capacity and experience to implement evidence-based prevention strategies. Bidder must discuss the capability and experience with similar projects and populations, including describing Bidder's cultural competency as it relates to the target population/community 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. 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 they will develop cultural humility as necessary 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.

Step 3 – Planning

Bidders should describe the proposed program in detail, including how the Goals and objectives relate to the assessment of need, description of the target population, and how objectives can be achieved and measured. Describe how proposed program's various components fit in with the IOM framework

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

Successful Bidders must describe the 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 B IOM Classification System and IOM Continuum of Care; Appendix E Center for Substance Abuse Prevention Strategies; and Appendix F Center for Substance Abuse Prevention Domains).**

In the proposal, Bidders should summarize the Logic Model used in the EBP(s) Bidder proposes to use (this should already be described in the published literature summarizing the evidence supporting the efficacy of the model; an article providing a basic understanding of logic models, which is necessary for this section and for Step 5 - Evaluation, is included in **Appendix G)**. 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 must clearly identify their target population and community to be served. Target populations may be defined by one or more of the following classifications: age, educational background, socio-economic status, race/ethnicity, language, gender, geographic location, sexual orientation, or (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

Bidders must describe in detail how they propose to implement the planned activity/program, including the required staff and their necessary qualifications, the supplies and equipment that will be needed, and the location of proposed activities including a description of the physical space(s) to be utilized. The narrative in this section must reflect and correspond with the DSCYF Budget Form, Salary Schedule and a supporting narrative that accompany the proposal, and should explain how the expenditures on the budget will advance program goals and objectives.

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 E 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.

If the proposed program will introduce any significant variations from the selected evidence-based program as designed and tested, bidder must describe the rationale for such variations, and also how it will ensure sufficient fidelity of implementation to the original model so any variations or adaptations remain theoretically sound to the greatest extent possible.

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

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

Bidders must include résumés, biographical sketches, and Job Descriptions of proposed Project Director and other key positions included in the proposal. Provide a Staffing and Organizational chart for the project detailing key personnel for the Bidder organization (and fiscal agent if applicable), how staff will be organized and the percentage of time (FTE) for each person. Discuss how key personnel have demonstrated relevant experience in prevention, experience with target population(s), knowledge of identified community (-ies), experience in serving the target population, and are familiar with the population's culture and language. 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 program stability over time.

Step 5 - Evaluation

Bidders must clearly describe the key data and measures they propose to use to evaluation the effectiveness of the proposed program, and how Bidder intends to collect, compile and store such data. DPBHS Evaluation Team (including Evaluation Consultant) will provide training and technical assistance to successful Bidders to develop a thorough, systematic Evaluation Plan. The Evaluation Plan must include both process and outcome measures. Outcome measures should be directly related to the logic model of the selected evidence-based program, and reflect the findings of research on the program.

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

Each proposal will be evaluated using the following criteria.

Step 1 - Assessment **15 points**

An Assessment section shall include identification of the Coalition to which Bidder belongs, a statement of need (or problem statement) which identifies and describes the targeted community and/or population

for the proposed programming and the selected substance abuse prevention priority, and the data on which its selection was based, and preliminary goals and objectives the proposed program hopes to achieve. Content in this section may contain, in part, excerpts and/or summary of an Assessment of Need previously conducted by the Coalition.

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 should demonstrate community cooperation by identifying community resources and supports that may aid in implementing the proposed programming.

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 specific in regard to the following:

- WHO is the targeted population?
- WHAT evidence-based prevention program, practice or strategy will be used?
- WHEN will the prevention program be conducted?
- WHERE will the program be conducted? and
- HOW will the identified target population be reached and engaged?

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.

Step 4 - Implementation **30 points**

Proposals must include an implementation plan with tasks, timelines, and persons responsible. A Staffing and Organization Chart must accompany the narrative. Is the plan and staffing pattern realistic and reasonable for the proposed program?

Step 5 - Evaluation **15 points**

Bidders shall provide a proposed evaluation plan for measuring process and outcome measures in accordance with the program design and logic model. Bidders must indicate in proposals their agreement to comply with all data collection and reporting requirements, and to cooperate with the Evaluation Team.

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 (i.e. responsiveness, effectiveness, efficiency and accessibility).

Cost of Proposed Program(s) **10 points**

- Is the proposed budget competitive as compared to the known market and other proposals?
- Is the budget reasonable; i.e., can objectives be accomplished?
- Is the budget on the required forms and clearly explained in the narrative?
- Has the bidder identified any "in-kind" services or funds?

Total: **110 points**

APPENDIX A

The Strategic Prevention Framework (SPF)

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 humility 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.

The Five Steps of the Strategic Prevention Framework are: 1) Needs Assessment, 2) Capacity Building, 3) Planning,
4) Implementation, and 5) Evaluation.

Step 1: Needs Assessment – Assessment helps define the problem(s) or issue(s) that a project needs to address. During the needs assessment phase, it is necessary to collect data in order to understand a population's needs, review the resources that are required and available, and identify the readiness of the community to address prevention needs and service gaps.

Assessment involves the systematic gathering and examination of data related to substance abuse and associated problems, as well as related conditions and consequences in the community. Assessing the problems means pinpointing where the problems are in the community, as well as the populations that are affected. It also means examining the conditions that put a community at risk and identifying conditions that can protect against those problems.

Practitioners engaged in a comprehensive assessment need to collect information related to:

- Population needs, including levels of substance abuse and related problems,
- Available resources to support prevention efforts,
- Community readiness to address identified prevention problems or needs.

Based on their assessment of need, resources, and readiness, practitioners at the State and community levels will identify one or more prevention priorities on which to focus their prevention efforts.

Step 2: Capacity Building – Capacity building involves mobilizing human, organizational, and financial resources to meet the project goals. Training and education to promote readiness are also critical aspects of building capacity.

States and communities must have the capacity—that is, the resources and readiness—to support the prevention programs, policies, and strategies they choose to address identified substance abuse problems.

Why? Because programs, policies, and strategies that are well-supported are more likely to succeed. Building capacity means taking a close look at your assessment data, finding the gaps that lie therein, and developing an action plan to address those gaps.

Key components of capacity building include:

- Increasing the availability of fiscal, human, organizational, and other resources
- Raising awareness of substance abuse problems and readiness of stakeholders to address these problems
- Strengthen existing partnerships and/or identify new opportunities for collaboration
- Developing and preparing the prevention workforce

There is tremendous value in these capacity-building activities. Together they not only improve the effectiveness of prevention activities in the short term, but also help to ensure the sustainability of these activities, over time.

Step 3: Planning – Planning involves the creation of a comprehensive Strategic Plan which includes distinct goals, objectives, and strategies aimed at meeting the substance abuse prevention needs of the community (as addressed by the Needs Assessment in Step 1). During this phase, organizations select logic models and evidence-based policies and programs. They also determine costs and resources needed for effective implementation.

Planning is pivotal to prevention success. Planning will increase the effectiveness of prevention efforts—by focusing energy, ensuring that staff and other stakeholders are working toward the same goals, and providing the means for assessing and adjusting programmatic direction, as needed. If done carefully, planning will also make future evaluation tasks much easier. Prevention practitioners at the state and jurisdiction levels engage in these planning activities:

- Establish criteria for prioritizing risk and protective factors associated with the identified priority problems, focusing on their importance and changeability.
- Develop a state-, tribe-, or jurisdiction-level logic model that links the consumption patterns and consequences of the priority problems, associated risk and protective factors, evidence-based strategies, and anticipated prevention outcomes.
- Develop a comprehensive and data-driven plan that includes a logic model, strategies for addressing resource and readiness gaps, anticipated evaluation activities, and how cultural humility will be addressed.
- Establish an Evidence-Based Workgroup responsible for determining what is evidence-based, soliciting proposals for community-level strategies, and reviewing and selecting those strategies.

Planning at the community and tribal levels addresses similar priority problems and associated risk and protective factors, but prevention practitioners focus on specific interventions and their intended consequences.

Good planning is also crucial to sustainability. It ensures the involvement and commitment of stakeholders beyond the initial funding period, establishes the organization structure necessary to maintain program activities over time, and greatly increases the likelihood that expected outcomes will be achieved. Whether planning happens within a formal coalition or among a more informal group of partners, decisions must reflect the ideas and input of diverse groups and individuals.

Step 4: Implementation – The implementation phase of the SPF process is focused on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. During program implementation, organizations detail the evidence-based policies and practices that need to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs.

Implementation is where the rubber hits the road—where States, Tribes, Jurisdictions, and communities do what they've said they're going to do. When implementing prevention programs, practices, or strategies, it is important to consider the following:

- **Action plan development –** An action plan is a written document that lays out exactly how you will implement the selected program, policy, or strategy. It describes what you expect to accomplish, the specific steps you will take to get there, and who will be responsible for doing what.
- **Fidelity and adaptation –** Fidelity refers to the degree to which a program is implemented as its original developer intended. Adaptation refers to how much, and in what ways, a program, practice, or strategy is changed to fit local circumstances.
- **Factors that may influence implementation –** These include staff or practitioner selection, pre- and in-service training, ongoing consultation and coaching, staff and program evaluation, facilitative administrative support, and a favorable history implementing prevention programs.

Step 5: Evaluation – Evaluation helps organizations recognize what they have done well and what areas need improvement. The process of evaluation involves measuring the impact of programs and practices to understand their effectiveness and any need for change. Evaluation efforts therefore greatly influence the future planning of a program. It can also impact sustainability, because evaluation can show sponsors that resources are being used wisely.

Evaluation is the systematic collection and analysis of information about program activities, characteristics, and outcomes to reduce uncertainty, improve effectiveness, and make decisions. A good evaluation can help States and communities become more skillful and exact in describing what they plan to do, monitor what they are doing, and improve. Evaluation results can and should be used to determine what efforts should be sustained and to assist in sustainability planning efforts. Ultimately, good evaluation will help improve not only our own programs but those implemented by others.

Important tasks in the evaluation process include identifying evaluation expertise, designing evaluation plans, and collecting, analyzing, and reporting data.

APPENDIX B

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.

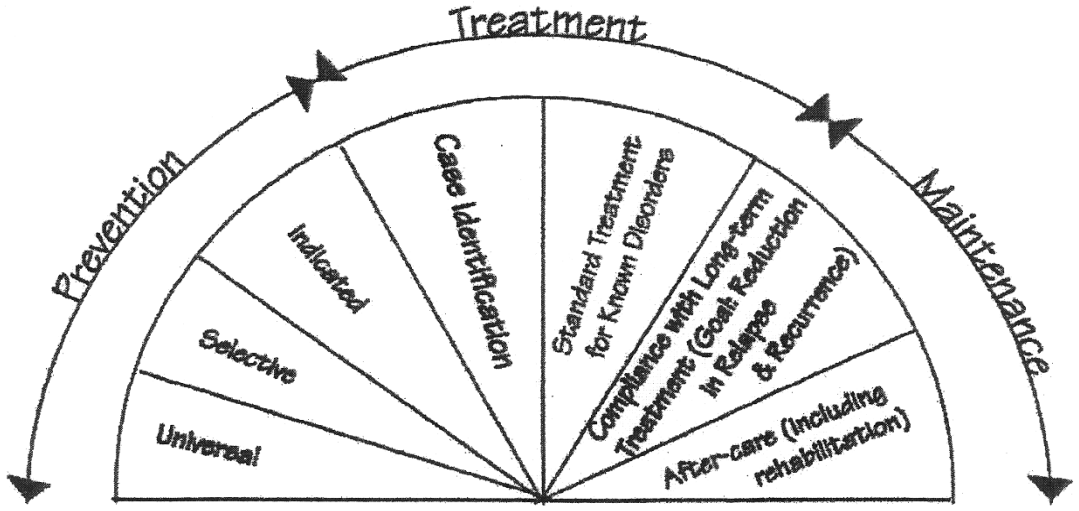
- **Indicated**
  Indicated interventions target those already using or engaged in other high-risk behaviors to prevent heavy or chronic use.

  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.

APPENDIX B

INFORMATION SHEET

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.

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 my 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	**Information and education:** • media campaigns • health education curricula • school assemblies **Competency skills training:** • social influence • normative education • social skills training **School improvement:**	**Alternative programs:** • skills training • after-school activities • mentoring • special clubs **Competency skills training:** • cultural pride • tutoring **Peer leadership**	**Alternative programs:** • mentoring **Peer leadership and resistance** **Parent-peer groups** **Peer counseling:** • student crisis hot line **In-school suspension** **Alternative classes and schools:** • vocational training
Family	**Parent education:** • prenatal/infancy • early childhood • adolescent/teen **Parent involvement programs**	**Parenting skills training** **Family skills training** **Family case management** **Parent support groups**	**Family skills training** **Parent-peer groups for troubled youth** **Parent self-help groups** **Family therapy**
Community	**Public awareness campaigns** **Information clearinghouses** **Community coalitions** **Health policy changes** **Community policing**	**Alternative programs:** • youth clubs • mentoring **Tutoring:** • community service	**Alternative programs:** • rites of passage programs • gang and delinquency prevention **Skills training:**

APPENDIX C

Characteristics of Coalitions

In simplest terms, the dictionary definition of a coalition is a group of individuals and/or organizations with a common interest who agree to work together toward a common goal. That goal could be as narrow as obtaining funding for a specific intervention, or as broad as trying to improve permanently the overall quality of life for most people in the community.

Eligible Bidders must belong to an existing, established coalition within the State of Delaware which is either a member of the Delaware Prevention Network, or meets the general characteristics and guidelines for an acceptable coalition as out lined below.

Guidelines published by White House Office of National Drug Control Policy, characteristics of a community coalition capable of success in reducing substance use and improving community health and resiliency, a coalition should consist of one or more representatives from each of the following key 12 sectors:

- Youth (18 or younger)
- Parent
- Business
- Media
- School
- Youth-serving organization
- Law enforcement
- Religious/Fraternal organization
- Civic/Volunteer groups (i.e., local organizations committed to volunteering, not a coalition member designated as a "volunteer")
- Healthcare professional
- State, local, or tribal governmental agency with expertise in the field of substance abuse (including, if applicable, the State agency with primary authority for substance abuse)
- Other organization involved in reducing substance abuse

The coalition must demonstrate that members have worked together on substance abuse reduction initiatives for a period of not less than 6 months at the time of the application, acting through entities such as task forces, subcommittees, or community boards.

The coalition must have developed an Action Plan to reduce substance use among youth which targets multiple drugs of abuse, and such plan must be available to the public.

Information on existing coalitions in the State of Delaware can be found at:

www.delawarepreventioncoalition.org Delaware Prevention Coalition
www.kcpreventioncoalition.org Kent County Prevention Coalition
http://ncnpcde.org New Castle Neighborhood Prevention Coalition (NCNPC)
http://sn4c.webs.com Southern New Castle County Communities Coalition
http://kscs.org/partners.html Kent Sussex Community Services

APPENDIX D

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/
    - Identifying and Selecting Evidence-Based Interventions (Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program (SPF-SIG): http://store.samhsa.gov/shin/content/SMA09-4205/SMA09-4205.pdf
- 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 E

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 prevention 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

o **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

o **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

o **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 F

SAMHSA's Eight Dimensions of Wellness & Risk/Protective Factors

For people with mental health and substance use conditions, **wellness** is not the absence of disease, illness or stress, but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness.[2]

Wellness means overall well-being. It incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. Each aspect of wellness can affect overall quality of life, so it is important to consider all aspects of health. This is especially important for people with mental health and substance use conditions because wellness directly relates to the quality and longevity of your life.

That's why SAMHSA's Wellness Initiative encourages you to incorporate the Eight Dimensions of Wellness in your life[3]:

Emotional—Coping effectively with life and creating satisfying relationships
Environmental—Good health by occupying pleasant, stimulating environments that support well-being
Financial–Satisfaction with current and future financial situations
Intellectual—Recognizing creative abilities and finding ways to expand knowledge and skills
Occupational—Personal satisfaction and enrichment from one's work
Physical—Recognizing the need for physical activity, healthy foods and sleep
Social—Developing a sense of connection, belonging, and a well-developed support system
Spiritual—Expanding our sense of purpose and meaning in life

[2] *Dunn, H.L. (1961). High-Level Wellness, Beatty Press: Arlington, VA.*

[3] *Adapted from Swarbrick, M. (2006). A Wellness Approach. Psychiatric Rehabilitation Journal, 29(4), 311–314.*

CSAP Risk/Protective Domains

SAMHSA's **Center for Substance Abuse Prevention** (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.

APPENDIX G –Logic Model

CIS 1097

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]

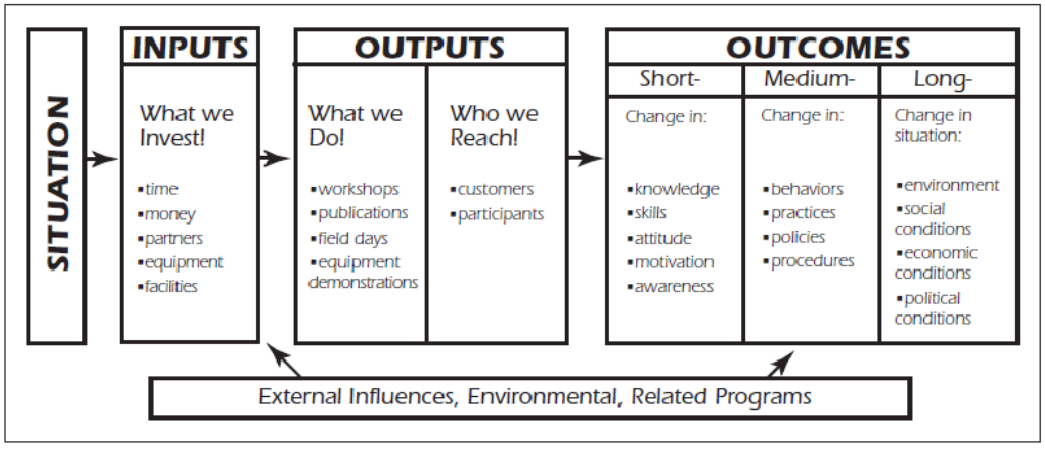
A common concern of impact measurement is that of limited control over complex outcomes. Establishing desired long-term outcomes, such as improved financial security or reduced teen-age violence, is tenuous because of the limited influence we may have over the target audience, and complex, uncontrolled 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*,[2] 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.

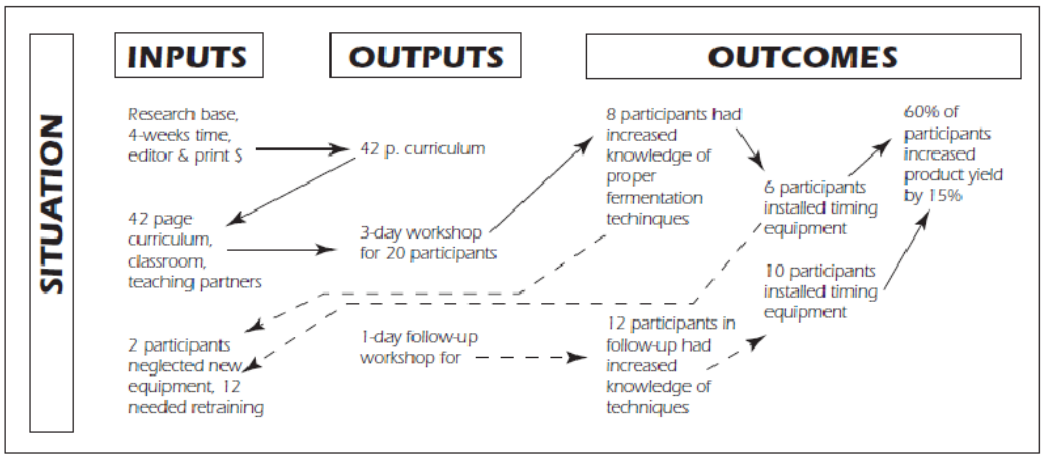
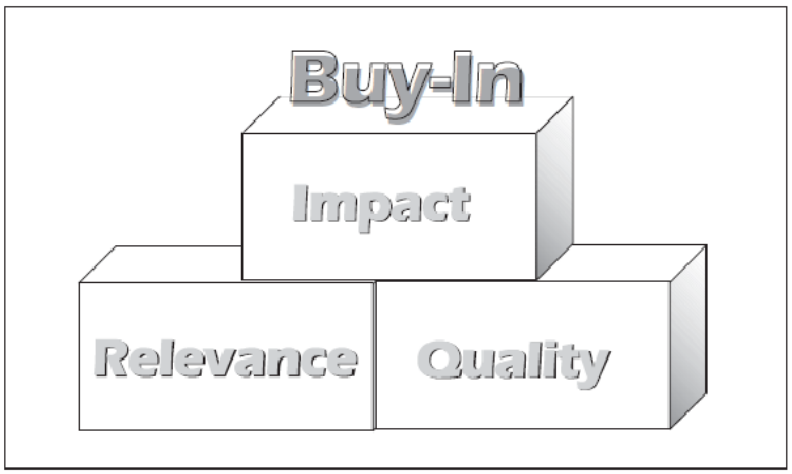


Figure 3. Structure of Acountablility.



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?

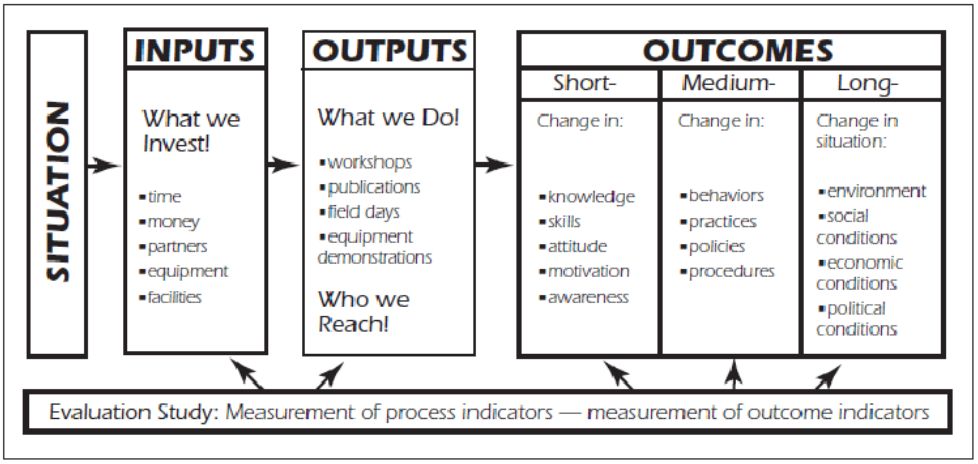
The evaluation plan also should identify indicators appropriate to the desired outcomes, including short-, medium-and long-term outcomes. Outcome indicators also should be measurable, and should be designed to answer questions such as:

- 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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University of Idaho Extension

APPENDIX H – Bidder Forms and Instructions

Submission Instructions

Failure to follow Departmental procedures may disqualify a bidder's organization.

I. FORMAT

Proposals should be printed on 8 1/2" x 11" paper. 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. Binders, color graphics and extensive attachments are unnecessary. Double-side copying is strongly encouraged.

To be considered, bidders must submit a complete response to this RFP. An official authorized to bind the bidder to the proposal must sign proposal documents. The successful bidder must be in compliance with all licensing requirements of the State of Delaware at time of contract execution.

Bidders may be called, only at the discretion of the Department, 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 302-633-2701. Questions will be forwarded to the appropriate DSCYF program administrators. Updates and answers to significant content questions will be posted on the State's solicitation web site www.bids.delaware.gov **It is the bidder's responsibility to check the website for updates to this RFP.**

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 percentage of points as stated previously in this RFP. 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. However, proposals are expected to stand on their own merits as written. 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 as stated in 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:
- Reject any and all proposals received in response to this RFP
- Select for contract or for negotiations a proposal other than that with the lowest costs
- Waive or modify any information, irregularities, or inconsistencies in proposals received
- 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
- Negotiate as to any aspect of the proposal with any proposer and negotiate with more than one proposer at the same time
- 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
- 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 work plan 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 approval of a State of Delaware Purchase Order by the Secretary of the Department of Finance. The Purchase Order shall serve as the authorization to proceed in accordance with the bid specifications, any special instructions and the Contract terms and conditions.

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 (If providing transportation services to you and/or families)

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.

BIDDER FACT SHEET

Place as Top Page of Proposal

RFP Title: **CYF 16-01 Evidence-Based Substance Abuse Prevention Program**

Total Amount of Consolidated Budget: $ _____

Indicate proposed Sub-Service Area(s) covered in this proposal (check all proposed):

☐ #1: City of Wilmington

☐ #2: Remainder of New Castle County

☐ #3: Kent County

☐ #4: Sussex County

CORPORATE INFORMATION					
Indicate the type of business bidder is or proposes to be if yet to be formed:					
	Corporation		Partnership		Individual
Bidder Name:					
Office Address:					
Contact Person:					
Office Phone #:					
Cell Number:					
E-mail Address:					

COMPANY CLASSIFICATIONS: CERT. NO.: _____	Certification type(s)	Circle all that apply
	Minority Business Enterprise (MBE)	Yes No
	Woman Business Enterprise (WBE)	Yes No
	Disadvantaged Business Enterprise (DBE)	Yes No
	Veteran Owned Business Enterprise (VOBE)	Yes No
	Service Disabled Veteran Owned Business Enterprise (SDVOBE)	Yes No

Vendor EI#: _____ Delaware Business License#: _____

(Not required to bid)

A Delaware Business License is not required to bid, but is required before the time of contract signing if the contractor operates within the State of Delaware. This requirement is waived for non-profits.

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 bidder 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 FORM AND SUBMIT WITH THE PROPOSAL

CERTIFICATION, REPRESENTATION, AND ACKNOWLEDGEMENTS

By signing below, bidder certifies 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 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 negotiated into a final contract 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

PLEASE COMPLETE AND SUBMIT WITH THE PROPOSAL

RFP No. CYF 16-01
RFP Title: CYF 16-01 Evidence-Based Substance Abuse Prevention Program

Bidder Name:	

EMPLOYING DELAWAREANS REPORT

As required by House Bill # 410 (Bond Bill) of the 146th General Assembly and under Section 30, No bid for any public works or professional services contract shall be responsive unless the prospective bidder discloses its reasonable, good-faith determination of:

1.	Number of employees reasonable anticipated to be employed on the project:	
2.	Number and percentage of such employees who are bona fide legal residents of Delaware:	
3.	Percentage of such employees who are bona fide legal residents of Delaware:	
4.	Total number of employees of the bidder:	
5.	Total percentage of employees who are bona fide resident of Delaware:	
If subcontractors are to be used:		
1.	Number of employees who are residents of Delaware:	
2.	Percentage of employees who are residents of Delaware:	

"Bona fide legal resident of this State" shall mean any resident who has established residence of at least 90 days in the State.