

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

## **Request for Proposals**

# **RFP No. HTH 440-17-16BG-G Substance Abuse Prevention Services: Evidence-Based Interventions**

Date Issued  
January 7, 2016

Date Due  
February 9, 2016

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

January 7, 2016

**REQUEST FOR PROPOSALS  
SUBSTANCE ABUSE PREVENTION SERVICES:  
EVIDENCE-BASED INTERVENTIONS  
RFP No. HTH 440-17-16BG-G**

The Department of Health, Alcohol and Drug Abuse Division (ADAD), Prevention Branch, is requesting proposals from qualified applicants to provide substance abuse prevention services statewide. The contract term will be from July 1, 2016 through June 30, 2018. Multiple contracts will be awarded under this request for proposals.

Proposals shall be postmarked by the United States Postal Service (USPS) on or before February 9, 2016, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on February 9, 2016, at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

ADAD will conduct an orientation on January 14, 2016 from 9:00 A.M. to 12:00 P.M. HST, at the Kakuhikewa Building, 601 Kamokila Boulevard, Room 111 A/B, Kapolei, HI. All prospective applicants are encouraged to attend the orientation. Participation in the RFP Orientation meeting is not required to submit a proposal for this or any future solicitation the purchasing agency may issue.

The deadline for submission of written questions is 4:30 P.M., HST, on January 19, 2016. All written questions will receive a written response from the State by January 22, 2016.

Inquiries regarding this RFP should be directed to the RFP contract person, Mr. Alan Yamamoto at 601 Kamokila Boulevard, Suite 360, Kapolei, Hawaii 96707, telephone: (808) 692-7514, fax: (808) 692-7521, email: alan.yamamoto@doh.hawaii.gov.

## PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

**NUMBER OF COPIES TO BE SUBMITTED: 1 original and 3 copies**

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **February 9, 2016** and received by the state purchasing agency no later than **10 days from the submittal deadline.**

**All Mail-ins**

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

**Department of Health RFP Coordinator**

Alan Yamamoto  
Program Specialist  
Phone: (808) 692-7514  
Fax: (808) 692-7521  
Email: alan.yamamoto@doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **4:30 P.M., Hawaii Standard Time (HST), February 9, 2016.** Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., **February 9, 2016.**

**Drop-off Site**

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

# RFP Table of Contents

## Section 1 Administrative Overview

- 1.1 Procurement Timetable..... 1-1
- 1.2 Website Reference ..... 1-2
- 1.3 Authority..... 1-2
- 1.4 RFP Organization ..... 1-3
- 1.5 Contracting Office ..... 1-3
- 1.6 RFP Contact Person..... 1-3
- 1.7 Orientation ..... 1-4
- 1.8 Submission of Questions ..... 1-4
- 1.9 Submission of Proposals..... 1-4
- 1.10 Discussions with Applicants..... 1-7
- 1.11 Opening of Proposals..... 1-7
- 1.12 Additional Materials and Documentation..... 1-7
- 1.13 RFP Amendments..... 1-7
- 1.14 Final Revised Proposals..... 1-7
- 1.15 Cancellation of Request for Proposals..... 1-7
- 1.16 Costs for Proposal Preparation ..... 1-8
- 1.17 Provider Participation in Planning..... 1-8
- 1.18 Rejection of Proposals ..... 1-8
- 1.19 Notice of Award ..... 1-8
- 1.20 Protests..... 1-9
- 1.21 Availability of Funds ..... 1-10
- 1.22 General and Special Conditions of the Contract..... 1-10
- 1.23 Cost Principles..... 1-10

## Section 2 - Service Specifications

- 2.1. Introduction
  - A. Overview, Purpose or Need ..... 2-1
  - B. Planning activities conducted in preparation for this RFP..... 2-2
  - C. Description of the Service Goals ..... 2-3
  - D. Description of the Target Population to be Served..... 2-3
  - E. Geographic Coverage of Service ..... 2-4
  - F. Probable Funding Amounts, Source, and Period of Availability..... 2-4
- 2.2. Contract Monitoring and Evaluation ..... 2-6
- 2.3. General Requirements..... 2-6
  - A. Specific Qualifications or Requirements ..... 2-6
  - B. Secondary Purchaser Participation ..... 2-8
  - C. Multiple or Alternate Proposals..... 2-8
  - D. Single or Multiple Contracts to be Awarded ..... 2-8
  - E. Single or Multi-Term Contracts to be Awarded ..... 2-8

2.4. Scope of Work ..... 2-9  
 A. Service Activities ..... 2-9  
 B. Management Requirements ..... 2-14  
 C. Facilities ..... 2-17  
 2.5. Compensation and Method of Payment ..... 2-17

**Section 3 - Proposal Application Instructions**

General Instructions for Completing Applications ..... 3-1  
 3.1. Program Overview ..... 3-2  
 3.2. Experience and Capability ..... 3-2  
 A. Necessary Skills ..... 3-2  
 B. Experience ..... 3-2  
 C. Quality Assurance and Evaluation ..... 3-3  
 D. Coordination of Services ..... 3-3  
 E. Facilities ..... 3-3  
 3.3. Project Organization and Staffing ..... 3-4  
 A. Staffing ..... 3-4  
 B. Project Organization ..... 3-4  
 3.4. Service Delivery ..... 3-4  
 3.5. Financial ..... 3-7  
 A. Pricing Structure ..... 3-7  
 B. Other Financial Related Materials ..... 3-8  
 3.6. Other ..... 3-8

**Section 4 – Proposal Evaluation**

4.1. Introduction ..... 4-1  
 4.2. Evaluation Process ..... 4-1  
 4.3. Evaluation Criteria ..... 4-2  
 A. Phase 1 – Evaluation of Proposal Requirements ..... 4-2  
 B. Phase 2 – Evaluation of Proposal Application ..... 4-2  
 C. Phase 3 – Recommendation for Award ..... 4-7

**Section 5 – Attachments**

- Attachment A. Proposal Application Checklist
- Attachment B. Sample Proposal Table of Contents
- Attachment C. Finding Evidence-based Programs and Practices
- Attachment D. Center for Substance Abuse Prevention (CSAP) Strategies
- Attachment E. Certification
- Attachment F. Assurance
- Attachment G. Management Requirements
- Attachment H. Ethics Code of Ethical Conduct for Prevention Professionals
- Attachment I. ADAD Form 200 (04/12) Expenditure Report
- Attachment J. Staff Position Chart
- Attachment K. Additional Block Grant Requirements

# **Section 1**

## **Administrative Overview**

# Section 1

## Administrative Overview

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

### 1.1 Procurement Timetable

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

| <u>Activity</u>  | <u>Scheduled Date</u>                |
|--|--------------------------------------|
| Public notice announcing Request for Proposals (RFP)                       | January 7, 2016                      |
| Distribution of RFP  | January - February                   |
| RFP orientation session  | January 14, 2016                     |
| Closing date for submission of written questions for written responses     | January 19, 2016                     |
| State purchasing agency's response to applicants' written questions        | January 22, 2016                     |
| Discussions with applicant prior to proposal submittal deadline (optional) | January - February                   |
| Proposal submittal deadline  | February 9, 2016                     |
| Discussions with applicant after proposal submittal deadline (optional)    | February - March                     |
| Final revised proposals (optional)   | TBD                                  |
| Proposal evaluation period   | March – April                        |
| Provider selection   | March – April                        |
| Notice of statement of findings and decision                               | April                                |
| Contract start date  | July 1, 2016 or<br>Notice to Proceed |

## 1.2 Website Reference

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

## 1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

## 1.4 RFP Organization

This RFP is organized into five sections:

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

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

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

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

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

## 1.5 Contracting Office

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

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

## 1.6 RFP Point-of-Contact

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

Mr. Alan Yamamoto  
Program Specialist  
Alcohol and Drug Abuse Division  
Prevention Branch  
Telephone: (808) 692-7514  
Email: alan.yamamoto@doh.hawaii.gov

## 1.7 Orientation

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

**Date:** January 14, 2016      **Time:** 9:00 AM – 12:00 PM  
**Location:** Kakuhihewa Building  
601 Kamokila Boulevard, Room 111 A/B  
Kapolei, Hawaii 96707

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

## 1.8 Submission of Questions

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

Deadline for submission of written questions:

**Date:** January 19, 2016      **Time:** 4:30 PM HST

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

**Date:** January 22, 2016

## 1.9 Submission of Proposals

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

1. **Proposal Application Identification (Form SPOH-200)**. Provides applicant proposal identification.
2. **Proposal Application Checklist**. The checklist provides applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated and submitted to the state purchasing agency.

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

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

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

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

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

- H. **Proposal Submittal.** All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet, or as amended. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet, or as amended. Proposals shall be rejected when:
1. Postmarked after the designated date; or
  2. Postmarked by the designated date but not received within 10 days from the submittal deadline; or
  3. If hand delivered, received after the designated date and time.

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

## 1.10 Discussions with Applicants

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

## 1.11 Opening of Proposals

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

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

## 1.12 Additional Materials and Documentation

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

## 1.13 RFP Amendments

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

## 1.14 Final Revised Proposals

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

## 1.15 Cancellation of Request for Proposal

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

## 1.16 Costs for Proposal Preparation

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

## 1.17 Provider Participation in Planning

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

are required

are not required

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

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

## 1.18 Rejection of Proposals

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

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

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

## 1.19 Notice of Award

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

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of

the Governor, required by statute, regulation, rule, order or other directive.

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

## 1.20 Protests

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

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

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

| <b>Head of State Purchasing Agency</b>   | <b>Procurement Officer</b>  |
|--|---|
| Name: Virginia Pressler, M.D.  | Name: Edward Mersereau, LCSW, CSAC  |
| Title: Director of Health  | Title: Chief, Alcohol and Drug Abuse Division   |
| Mailing Address:<br>State of Hawaii<br>Department of Health<br>P. O. Box 3378<br>Honolulu, HI 96801      | Mailing Address:<br>Department of Health<br>Alcohol and Drug Abuse Division<br>601 Kamokila Blvd., Ste. 360<br>Kapolei, HI 96707  |
| Business Address:<br>State of Hawaii<br>Department of Health<br>1250 Punchbowl St.<br>Honolulu, HI 96813 | Business Address:<br>Department of Health<br>Alcohol and Drug Abuse Division<br>601 Kamokila Blvd., Ste. 360<br>Kapolei, HI 96707 |

### **1.21 Availability of Funds**

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

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

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

### **1.23 Cost Principles**

To promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles as outlined on the SPO website. Refer to Section 1.2 Website Reference for website address. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

**Section 2**

**Service Specifications**

## Section 2

# Service Specifications

### 2.1 Introduction

#### A. Overview, purpose or need

The mission of the Alcohol and Drug Abuse Division (ADAD) is to provide the leadership for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii. ADAD's goal is to prevent and reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs. To this end, ADAD plans and coordinates services, provides technical assistance, conducts needs assessments, and establishes mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible to support community efforts to reduce the use of alcohol, tobacco and other drugs among children and youth and other at-risk populations.

#### *The Strategic Prevention Framework*

Since receiving a State Incentive Grant (SIG) in 2005 from the U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), ADAD has been exploring the Strategic Prevention Framework (SPF), a structured planning process that can be applied to prevention systems at both the state and local level. Focused on systems development, the SPF reflects a public health, or community-based, data-driven approach to selecting and delivering effective prevention interventions appropriate for the community. Such an approach identifies problems to be prioritized, who is affected most by the problems, why the problems are occurring (contributing factors), and what programs, practices, and policies are most effective in addressing these problems and contributing factors.

The SPF is a five-step process that includes 1) Assessment, 2) Capacity Building, 3) Planning, 4) Implementation, and 5) Evaluation. These steps are guided by the principles of cultural competence and sustainability, and each step contains key milestones and products that are essential to the validity of the process. Through implementation of the SPF, underage drinking was identified as a prevention priority statewide, and ADAD has directed available prevention resources to services and activities to address this priority and related issues and contributing factors. More detailed information about the SPF can be found at SAMHSA's website: <http://www.samhsa.gov/capt/applying-strategic-prevention-framework>.

The SPF process uses data driven decision-making in selecting the appropriate substance abuse prevention evidence-based intervention (EBI) for the identified service area and target population. EBI have documented evidence of effectiveness and are those strategies that research has shown to be effective. SAMHSA's guidance document, *Identifying and Selecting Evidence-Based Interventions for Substance Abuse Prevention*, defines EBI as those that fall into one or more of three categories. This RFP is focused on supporting the implementation and evaluation of EBI that are included in federal registries (see Section 5, Attachment C) of EBI or reported with positive effects on the primary targeted outcome in peer-reviewed journals.

### *Funding Resources*

Both state and federal resources are utilized to procure substance abuse prevention services to meet Hawaii's needs. ADAD is the designated single state authority to apply for and expend federal Substance Abuse Prevention and Treatment Block Grant (SABG) funds administered under Public Law 102-321 by SAMHSA. A minimum of twenty percent (20%) of the SABG received by ADAD is to be designated for substance abuse prevention implemented by strategies identified by CSAP (see Section 5, Attachment D) to populations categorized by the Institute of Medicine (IOM) as Universal, Selected, and Indicated. Refer to *Mapping Interventions to Different Levels of Risk*, available on SAMHSA's website, for more information on the IOM categories: <http://www.samhsa.gov/capt/sites/default/files/resources/mapping-interventions-different-level-risks.pdf>.

Awards issued as a result of this RFP will promote coordination and leverage community resources and services, expand prevention approaches, improve the quality of comprehensive community-based prevention efforts and prevent substance use through the implementation of the SPF process and EBI prevention strategies.

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

ADAD initiated a Request for Information (RFI) on July 9, 2015 to receive comments and data to inform and guide the development of the RFP to promote a statewide, culturally appropriate, comprehensive substance abuse prevention system of services to meet the needs of Hawaii's communities. RFI meetings were held in each county during the month of July to gather input regarding the feasibility, practicality, readiness, anticipated costs, challenges, and/or interest in providing services to address substance abuse prevention needs. More than twenty-seven attendees representing public agencies and non-profit community-based organizations provided feedback related to their definitions of community, identified priorities, and the current capacity of communities to address the components of the SPF, the CSAP strategies, and to implement evidence-based programs and strategies to address substance use/abuse issues and priorities. Comments, suggestions and other feedback were also sent to ADAD via email and fax and are available upon request.

In conjunction with the RFI, priority issues to be addressed in this RFP were also influenced by past reports and available data. ADAD considered recommendations made in the *2013 Strategic Prevention Framework State Incentive Grant (SPF-SIG) Final Evaluation Report* and follow up consultation. The Hawaii State Epidemiology Outcomes Workgroup (SEOW) also provided state and county epidemiological profiles using available data related to youth and adult use of alcohol and other drugs from the past several years. As first identified during the SPF-SIG period and further supported by the findings of the SEOW, underage drinking remains a substance abuse prevention priority. Alcohol use is more prevalent among youth ages 12-17 and young adults ages 18-20 than any other substance. According to the Youth Risk Behavior Survey (YRBS), 38.4% of 12th grade students, 25.7% of 11th grade students, 19.3% of 10th grade students, and 18.3% of 9th grade students reported having at least one drink of alcohol in the past 30 days in 2013.

**C. Description of the service goals**

The goal of the requested service is to build the capacity of community-based organizations throughout the State of Hawaii to implement and evaluate EBI to prevent and reduce underage drinking, and other substance abuse and related problems among youth ages 12-17 and young adults ages 18-20.

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

The target populations are at-risk youth ages 12-17 and young adults ages 18-20 and their families. The IOM prevention classification will be used in describing target populations and understanding the differing objectives of various interventions.

The target population includes, but is not limited to the following subpopulations:

- Children and youth whose parents are substance abusers;
- Victims of physical, sexual, or psychological abuse;
- Children and youth who have experienced academic difficulties or chronic failure in school;
- Pregnant women and youth at risk of pregnancy;
- Children, youth and families who are economically disadvantaged;
- Children, youth and families who have committed or are at risk of committing a violent or delinquent act;
- Children, youth and families who have experienced mental health problems;
- Children, youth and families who are physically disabled;
- Children, youth and families who recently arrived immigrant populations;
- Youth at risk for suicide;
- Lesbian, Bisexual, Gay, Transgender, Questioning, and In transition individuals (LBGTQI);
- Homeless children, youth and families;
- Military personnel and dependents; and

- Native Hawaiian.

**E. Geographic coverage of service**

Service areas for this RFP consist of all communities statewide. ADAD reserves the right to award contracts based on the best configuration of services that meet the needs of the State.

The APPLICANT shall submit a separate proposal for each geographic area to be served.

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

State general and federal SABG (CFDA 93.959) funds are available to procure substance abuse prevention services. The anticipated annual amount of \$2,000,000 is available for this RFP. While no exact funding amounts have been pre-determined, ADAD anticipates each award to be approximately \$125,000 per year. It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds at its discretion to best meet the needs of the State as well as to operate within budgetary limitations.

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

**State General Funds:**

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

| <u>Period of Availability:</u> | <u>Approximate Total Funds</u> |
|--------------------------------|--------------------------------|
| July 1, 2016 – June 30, 2017   | \$1,000,000                    |
| July 1, 2017 – June 30, 2018   | \$1,000,000                    |

**Federal Funds:**

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

In each contract year, a minimum of thirty percent (30%) of the SABG funds in

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

| <u>Period of Availability:</u> | <u>Approximate Total Funds</u> |
|--------------------------------|--------------------------------|
| July 1, 2016 – June 30, 2017   | \$1,000,000                    |
| July 1, 2017 – June 30, 2018   | \$1,000,000                    |

**NOTE:**

ADAD reserves the right to reallocate the above amounts to other ADAD funded organizations if, at any time after three (3) months into each fiscal year, there is a monthly pattern of poor or low performance, or underutilization of funds such that it appears the provider will not be able to expend all allocated funds by the end of each fiscal year. The criteria used for the reallocation of funds shall be determined by ADAD at its discretion in order to best meet the needs of the State.

The APPLICANT may request a maximum of one-twelfth (1/12) of the total award for the first year to be advanced for startup costs for new programs, upon completion of an executed contract and the submission of an invoice requesting the advancement of funds. A new program is defined as a service provided by an organization, which has not previously contracted with ADAD, or an organization that has contracted with ADAD but is establishing a service that has not previously been provided in the target community or for the selected population. Start-up costs are only for the first year of the contract.

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

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

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

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

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

## 2.2 Contract Monitoring and Evaluation

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

- A. Performance/Outcome Measures
- B. Output Measures
- C. Quality of Care/Quality of Services
- D. Financial Management
- E. Administrative Requirements
- F. Program Reports
- G. Fiscal Reports

## 2.3 General Requirements

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

All APPLICANTS shall complete and submit the Certifications (Section 5, Attachment E-1 thru E-7) and Assurances (Section 5, Attachment F-1 thru F-10) contained in of this RFP with its proposal.

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

If awarded, the APPLICANT shall:

1. Comply with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 45 CFR Part 75, effective as

of December 26, 2014. Please refer to SAMHSA's website for more information: <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>.

2. Arrange for financial and compliance audits to be done and submitted to ADAD as directed in accordance with the requirements stated in the above reference if the applicant expends \$750,000 or more in federal funds in a year.
3. Provide its most recent audited Financial Statement.
  - a) APPLICANTS shall not use funds for major capital improvements or other costs listed as unallowable in Chapter 103F, HRS, Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (revised 9/11), which can be found on the State Procurement Office (SPO) website: <http://hawaii.gov/spo/spoh/for-private-providers/forms-and-instructions-for-private-providers-applicants/costprinciples.PDF>.
  - b) Reconcile the amount of an advanced payment by the fifth (5<sup>th</sup>) month of the first year of the contract should such an advancement occur.
  - c) Refund to the ADAD any funds unexpended or expended inappropriately.
  - d) Assure under the actual expenditure method of reimbursement, that all equipment and unused supplies and materials purchased with funds paid to it shall become the property of ADAD upon completion or termination of the contract.
  - e) Assure under the actual performance method of reimbursement, that program income and/or surplus earned during the contract shall be used to further the program objectives, subject to audit verification by ADAD.
4. Obtain from a company authorized by law to issue such insurance in the State of Hawaii commercial general liability insurance ("liability insurance") in an amount not less than ONE MILLION DOLLARS (\$1,000,000) PER OCCURANCE and TWO MILLION DOLLARS (\$2,000,000) IN THE AGGREGATE (the maximum amount paid for claims during a policy term). The certificate of insurance shall include the contract log number, contract dates, and the following statement:
 

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

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

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

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

**B. Secondary purchaser participation**

(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases “None planned”

**C. Multiple or alternate proposals**

(Refer to HAR §3-143-605)

Allowed                       Unallowed

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

(Refer to HAR §3-143-206)

Single                       Multiple                       Single & Multiple

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

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

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

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

## 2.4 Scope of Work

The APPLICANT shall use the SPF process to select, implement, and evaluate an appropriate substance abuse (SA) prevention EBI for the service area. The proposed EBI shall be selected based on findings from an assessment, included in the initial comprehensive strategic plan for the service area, as well as the APPLICANT's capacity to implement the EBI with fidelity. Prior to selecting an EBI, the APPLICANT should have completed an assessment on the SA problems to be addressed; data on consumption, consequences, risk and protective factors, and capacity (resources and readiness) of the APPLICANT and the identified community to implement the EBI. The APPLICANT should have conducted a planning process to identify and prioritize the risk and protective factors; completed a SPF logic model; and developed an action plan for the implementation of the EBI. The APPLICANT should also have referred to SAMHSA's *Identifying and Selecting Evidence-Based Interventions* to determine the best fit interventions when selecting the EBI. The three considerations to determine the best fit interventions are:

- Conceptual fit (i.e. Is the strategy relevant to the community's identified priorities?)
- Practical fit (i.e. Is the strategy appropriate given the community's identified capacity?)
- Evidence of effectiveness (i.e. Does the strategy meet one of SAMHSA's definitions of evidence-based interventions?)

### A. Service Activities

The APPLICANT shall:

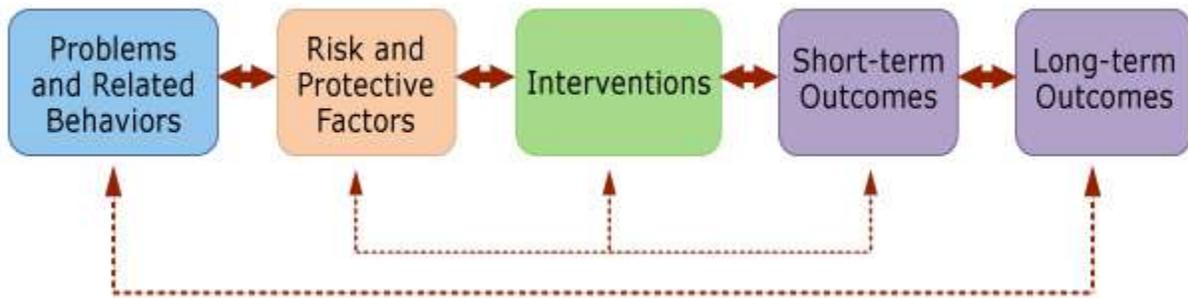
1. Mobilize support and build capacity for the SA prevention EBI in the identified service area to ensure that the community is aware of the SA problems and is prepared to support the implementation of the selected EBI.
  - a) Increase community awareness of the SA problem and its contributing factors to build community readiness to adopt and successfully implement the SA prevention EBI.
  - b) Introduce the SA prevention EBI to stakeholders to obtain buy-in and expand partnerships.
2. Secure SA prevention EBI materials, training, and technical assistance to implement the SA prevention EBI with fidelity and as intended by the developer.
  - a) Establish and maintain on-going communication with the developer.

- b) Ensure individuals responsible for implementing the SA prevention EBI are prepared to implement the key components of the SA prevention EBI according to the guidelines provided by the developer. This shall include ongoing pre-service and in-service training, mentoring, reflective supervision and technical assistance from the developer.
  - c) Secure and maintain materials needed for the successful implementation of the SA prevention EBI.
3. Deliver the SA prevention EBI with fidelity as intended by the developer and detailed by the comprehensive strategic plan.
- a) Maintain fidelity of the selected SA prevention EBI by implementing it as designed and adhering to the core components of the SA prevention EBI. Strategies that are implemented with complete fidelity are more likely to be effective.
  - b) Monitor implementation to determine if the SA prevention EBI was delivered the way it was designed. If findings are not what was anticipated, make mid-course corrections to implementation with guidance from the developer.
  - c) Work with the developer if adaptations are needed to increase the effectiveness of the SA prevention EBI. Any adaptations or changes made to the action plan and data reporting template must be approved by ADAD.
4. Evaluate implementation of the SA prevention EBI to improve effectiveness of SA prevention EBI and make data-driven decisions. The evaluation shall include but not be limited to:
- a) Developing and implementing an evaluation plan, in partnership with an experienced evaluator and ADAD. The evaluation plan shall be submitted to ADAD within six (6) months of Notice to Proceed. Major revisions to this plan must be approved by ADAD before being implemented. The evaluation plan shall contain the following:
    - 1) Desired outcomes (risk and protective factors, and substance abuse problems and goals);
    - 2) Output, process and outcome indicators;
    - 3) Data sources;
    - 4) Data collection timeline;

- 5) Data management and analysis;
  - 6) Reporting timeline; and
  - 7) How the data will be used and shared/disseminated.
- b) Compiling, summarizing, and sharing the evaluation information with key stakeholders for the purpose of improving the effectiveness of the SA prevention EBI.
5. Engage youth, cultural liaisons, and community stakeholders throughout the SPF process and ensure cultural competence by being respectful and responsive to the beliefs, practices, and cultural and linguistic needs of diverse population groups. Involving diverse stakeholders in the assessment, planning, implementation and evaluation processes will create buy in and support to address the identified problems.
  6. Develop sustainability strategies that can be integrated early on during implementation to ensure the sustainability of outcomes, capacity and infrastructure. Sustainability strategies shall address three keys to sustainability, including community support, organization capacity, and effectiveness promoted by the SAMHSA Center for the Application of Prevention Technologies (CAPT). Please refer to CAPT's website for more information: <http://www.samhsa.gov/capt/tools-learning-resources/planning-sustainability>.
  7. Update and submit the comprehensive strategic plan to ADAD annually. The comprehensive strategic plan includes:
    - a) A community description;
    - b) A summary of the assessment of SA problems in the identified community including data on consumption, consequences, risk and protective factors;
    - c) A summary of the capacity (resources and readiness) of the APPLICANT and the identified community to implement the SA prevention EBI;
    - d) A description of the target population, including disparate populations;
    - e) A summary of the SPF planning process used to identify problem statements and corresponding goals (related to SA) as well as prioritize and select risk and protective factors;
    - f) Identification of SA prevention EBI that best fits the community, how it was selected, and a description of the SA prevention EBI and its core components;

- g) A SPF Logic Model (see Figure 1) for each problem statement identified that illustrates the relationships between:
- 1) SA problems and related behaviors (e.g. consequences and consumption patterns);
  - 2) Risk and protective factors;
  - 3) SA prevention EBI; and
  - 4) Short and long-term outcomes.

Figure 1. SPF Logic Model



Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

- h) Action plan (see Figure 2) for each SA prevention EBI identified in the SPF Logic Model, which outlines:
- 1) Prioritized risk and protective factor(s) to be addressed;
  - 2) Activities (specific actions taken as part of a EBI);
  - 3) Timeline;
  - 4) Who is responsible; and
  - 5) Resources needed.

Figure 2. Sample Action Plan Template

|  |                     |                  |          |
|--|---------------------|------------------|----------|
| Evidence Based Intervention Description:       |                     |                  |          |
| Risk and Protective Factor(s) to be addressed: |                     |                  |          |
| Activities                                     | Persons Responsible | Resources Needed | Timeline |
|  |                     |                  |          |
|  |                     |                  |          |
|  |                     |                  |          |

- i) An evaluation plan to improve effectiveness of SA prevention EBI and make data-driven decisions.
- j) The Data Reporting Template, if the SA prevention EBI selected is a curriculum.

Figure 3. Data Reporting Template

| Name of the Evidence Based Intervention | Service Location | # of cycles/yr. | # of sessions | # of persons served/cycle | Start date | End date |
|---|------------------|-----------------|---------------|---------------------------|------------|----------|
|   |                  |                 |               |                           |            |          |
|   |                  |                 |               |                           |            |          |
|   |                  |                 |               |                           |            |          |

8. Engage the key staff members, stakeholders and agency on the comprehensive strategic plan, evaluation plan and lessons learned in implementing the selected SA prevention EBI.
9. Support annual attendance of prevention staff at prevention related trainings to gain new knowledge and skills to improve implementation efforts and effectively address SA in the community. Trainings or conferences attended may include but are not limited to the following topics:
  - a) Overview of the fundamentals of SA prevention such as the Substance Abuse Prevention Skills Training (SAPST).
  - b) Partial or day(s)-long trainings on the SPF model, principles and steps as well as other topics such as an overview of SA, community organizing, empowering others, leadership, coalition building, evidence-based strategies, environmental strategies, and youth engagement.
10. Work closely and communicate regularly with ADAD and its contractors for training and technical assistance.
11. Participate in prevention coalitions in the identified geographical area where the services are implemented.
12. Measure, track, and report progress on EBI through ADAD’s management information system.
13. Obtain prior approval from ADAD for all media and messages intended for public distribution, including but not limited to radio, TV, theater, PowerPoint, video, posters, newsletters, banners, newspaper ads, PSA/s, flyers, and fact sheets.
14. Ensure APPLICANT staff are familiar with materials available through the Hawaii Prevention Resource Center.
15. Ensure APPLICANT staff attend substance abuse prevention providers' meetings as scheduled by ADAD.

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

**1. Personnel**

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

The APPLICANT shall assure that its own workforce and that of any partnering organizations meet the minimum qualifications set forth by the organization that employs them. The APPLICANT shall encourage and support the APPLICANT staff to obtain certification as a Certified Prevention Specialist (CPS). Please refer to ADAD's website for more information about the minimum qualification for the CPS:  
<http://health.hawaii.gov/substance-abuse/counselor-certification>.

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

**2. Administrative**

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

**3. Quality assurance and evaluation specifications**

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

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

This RFP focuses on the implementation of SA prevention EBI and preventing and reducing underage drinking, other substance abuse and related problems among youth ages 12-17 and young adults ages 18-20.

The APPLICANT is required to gather, collect, compile, analyze and disseminate assessment data on underage drinking, other substance abuse and related problems among youth ages 12-17 and young adults ages 18-20. In addition to problem-level data, APPLICANTS are also required to gather data on related risk and protective factors to better understand the community's contributing factors as well as assess the community's capacity to address these problems and related issues. These measures shall also be included in the APPLICANT's evaluation to measure change.

APPLICANTS are required to work with an experienced evaluator and ADAD to develop and implement an evaluation plan to evaluate the implementation of SA prevention EBI.

The APPLICANT shall also track and report progress towards the following process measures to ADAD:

- Number of trainings attended by staff;
- Number of individuals served by IOM category;
- Number of individuals served by CSAP strategy;
- Number of population-based strategies used;
- Number of evidence-based strategies implemented;
- Number of SA prevention EBI cycles;
- Number of SA prevention EBI sessions;
- Number of persons served by individual-based programs and strategies; and
- Number of persons served by population-based programs and strategies.

## 5. **Experience**

The APPLICANT shall have experience operationalizing projects/contracts pertinent to the proposed services, including at least three (3) years of experience:

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

Additionally, the APPLICANT should have knowledge and experience:

- a) Implementing and evaluating SA prevention EBI;
- b) Applying the SPF; and
- c) Coordinating services with other agencies, providers and resources in the community to avoid duplication of services.

## 6. **Coordination of services**

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

middle/intermediate or high schools the APPLICANT shall actively participate in periodic planning and coordination meetings.

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

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

**a) Required program reports:**

Each month, the APPLICANT shall record the services (single and recurring) into ADAD's management information system and document the activities related to the identified evidence-based programs, and strategies according to the six (6) CSAP strategies (Section 5, Attachment D). The unduplicated count of individuals served by each program, or strategy shall be reported monthly. The APPLICANT shall also report monthly, through the management information system, the number of population-based strategies used and an estimation of the number of persons impacted. The monthly data report is due on the 15<sup>th</sup> of the following month.

Reporting requirements may include the NOMs that relate to youth 12-17 years old and to adults ages 18 years and older to emphasize:

- 30-day alcohol use among persons aged 12-20; and
- Binge drinking among persons aged 12-20.

The APPLICANT shall also submit narrative Quarterly and Year-End Reports summarizing and analyzing outcome data, accomplishments, adjustments and/or updates and challenges. The required program reports shall be accompanied by fiscal reports detailing expenditures incurred during the specific month. Quarterly reports are due within fifteen (15) calendar days after the end of each quarter. Year-End Reports are due within 45 calendar days after the end of each fiscal year.

**b) Required fiscal reports:**

The APPLICANT shall submit monthly the Expenditures Report (ADAD Fiscal Form 200, 4/12) and Invoice (Section 5, Attachment I) and supporting documents.

The APPLICANT shall submit to ADAD its final invoice no later than 45 calendar days after the end of each contract year. Lapsing of funds will occur if final invoices are not received by ADAD within 45 calendar days of the last day of the contract year.

Within 45 calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the Close-Out Report summarizing the actual expenditures for the fiscal year and the Year-End Program Report, which includes summaries of output and outcome data, accomplishments, and challenges.

**C. Facilities**

The APPLICANT shall use facilities that are adequate for the delivery of the proposed services. If facilities are not presently available, the APPLICANT shall plan to secure such facilities. Facilities shall meet the Americans with Disabilities Act (ADA) requirements, as applicable, and the APPLICANT shall have a plan for obtaining alternative sites and/or special equipment to accommodate those with physical disabilities. The APPLICANT shall also have a plan for making services accessible to those with other handicapping conditions (e.g., speech, hearing, psychological, etc.).

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

- A. The method of pricing shall be reimbursement of actual expenditures. The cost reimbursement pricing structure reflects a purchase arrangement in which the purchasing agency pays the provider for agreed upon budgeted costs that actually incurred in delivering the services specified in the contract, up to a stated maximum obligation. Budgets are required for each year. The APPLICANT shall submit separate budget form(s) for year 1 and year 2.

The APPLICANT'S budget shall include the cost of staff travel to attend provider meetings and to participate in trainings. ADAD intends to conduct provider meetings on a quarterly basis.

APPLICANTS are advised to consider the following in preparing the proposal budget:

- The optimal number of participants recommended for the specific EBI program to be used.
  - The professional level of staff required to implement specific programs or strategies.
  - The cost of purchasing an SA prevention EBI, training required to implement the program, and evaluating the SA prevention EBI.
  - Allowable inter-island and out-of-state travel.
- B. If awarded a contract, the APPLICANT shall be paid monthly upon ADAD's approval the Expenditures Report, Invoice (ADAD Fiscal Form 200, 4/12). Any initial advance payment shall be reconciled by the end of the fifth month of the contract. Final payment for each contract year shall be made upon acceptance of the provider's Year-End Reports, Supporting Documents and Final Invoice.

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

## **Section 3**

# **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

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

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

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

### 3.1 Program Overview (Not to exceed one (1) page)

The APPLICANT shall give a brief overview to orient evaluators as to the prevention services proposed. This section shall clearly and concisely summarize and highlight the contents of the proposal in such a way as to provide a broad understanding of the entire proposal. This section is not scored during the proposal evaluation. Include in this section:

- A description of the service to be provided;
- Why the service is needed;
- A description of the population who will be served;
- How the population to be served was selected;
- Who will implement the prevention service;
- When and where the service will be provided; and
- A statement of the outcomes to be achieved.

### 3.2 Experience and Capability (Not exceed three (3) pages)

#### a) Necessary Skills

The APPLICANT shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. The APPLICANT shall assure that its own workforce and that of any partnering organizations meet the minimum qualifications set forth by the organization that employs them.

The APPLICANT shall describe its history and record of accomplishments in providing SA prevention services.

The APPLICANT shall describe how the proposed services fit within its mission.

The APPLICANT shall describe information and/or data to support how it has achieved intended outcomes in the past.

The APPLICANT shall demonstrate a thorough understanding of the purpose and scope of the service activity.

#### b) Experience

The APPLICANT shall provide a description of its current and past experience in operationalizing projects/contracts pertinent to the proposed services.

The APPLICANT shall describe at least three (3) years of experience:

1. Providing prevention services, evidence-based prevention services, substance abuse specific prevention services, services to the identified population, and services within the targeted geographic area;
2. Implementing and evaluating evidence-based prevention services;

3. Applying the SPF;
4. Managing government or foundation funded contracts or projects of similar size and complexity.

The APPLICANT shall include as an appendix the addresses, e-mail addresses and phone numbers of at least three (3) key stakeholders other than ADAD staff who can verify the APPLICANT's experience.

c) **Quality Assurance and Evaluation**

The APPLICANT shall describe its quality assurance and evaluation capabilities, including a quality assurance plan that identifies the mission of the organization as well as outlines the methodology used to identify strengths and deficiencies of the services, indicates corrective actions to be taken, and validates corrections.

The APPLICANT shall describe how the quality assurance process serves as a source of information to improve the quality of services and how findings are integrated and reviewed by the quality assurance committee or governing body (e.g. Board of Directors).

d) **Coordination of Services**

The APPLICANT shall describe how the proposed services will be coordinated with other service providers and other stakeholders in on-going assessment, planning, implementation and evaluation of proposed services in the identified geographical area.

The APPLICANT shall include Letters of Collaboration and Memorandum of Understanding (MOU) to demonstrate the APPLICANT's coordination and collaboration to provide the proposed services. The Letter of Collaboration and MOU(s) will not count in the page limit to the APPLICANT's proposal.

The APPLICANT shall describe its procedure for developing and administrating sub-contracts, if any, as well as the management controls for ensuring that subcontractors are meeting their responsibilities for providing services and collecting data. The APPLICANT shall also describe procedures for informing ADAD of any subcontractor activities. If engaging subcontractor(s) for any part of the proposed services, the APPLICANT must ensure the subcontractors comply with all laws governing entities doing business with the State and federal requirements.

e) **Facilities**

The APPLICANT shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. If using facilities under the control of another entity, the APPLICANT shall include a copy of the use agreement. The APPLICANT shall also describe how the facilities meet Americans with

Disabilities Act (ADA) requirements, as applicable and how the APPLICANT obtains special equipment or accommodations made to serve populations needing special assistance in order to benefit from the services provided.

### **3.3 Project Staffing and Organization (Not to exceed two (2) pages)**

#### **A. Staffing**

##### **1. Proposed Staffing**

The APPLICANT shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. The APPLICANT shall list all staff responsible for the proposed services on the Staff Position Chart (Section 5, Attachment J). The Staff Position Chart will not count in the page limit to the APPLICANT's proposal.

##### **2. Staff Qualifications**

The APPLICANT shall provide the minimum qualifications (including education, job descriptions, resumes and experience) for staff assigned to the proposed project. The resume and job descriptions of key staff that will be providing supervision and/or staff services should be provided as attachments to the Proposal Application and will not count in the page limit for this section of the RFP.

#### **B. Project Organization**

##### **1. Supervision and Training**

The APPLICANT shall describe the training that will be provided for staff to strengthen their capability to effectively provide the proposed services.

The APPLICANT shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services and comply with ADAD Management Requirements. The description shall include frequency and method of conducting supervision and documentation of the same.

##### **2. Organization Chart**

The APPLICANT shall include organization and program specific charts that reflect the position of each staff and lines of responsibility/supervision. The organization and program specific charts will not count in the page limit for this section of the RFP.

### **3.4 Service Delivery (Not to exceed fifteen (15) pages)**

The APPLICANT shall include a detailed narrative of the approach to service activities

and management requirements from Section 2.4, Scope of Work, including the comprehensive strategic plan.

**A. Comprehensive Strategic Plan**

The APPLICANT shall include a comprehensive strategic plan in the Proposal Application. The comprehensive strategic plan shall include the following:

1. A community description.
2. A summary of the assessment of SA problems in the identified community including data on consumption, consequences, and risk and protective factors.
3. A summary of the capacity (resources and readiness) of the APPLICANT and the identified community to implement the EBI.
4. A description of the target population, including disparate populations.
5. A summary of the SPF planning process used to identify problem statements and corresponding goals (related to SA) as well as prioritize and select risk and protective factors, which includes:
  - a) Identification of problem statements and corresponding goals;
  - b) Prioritization process to select risk and protective factors; and
  - c) Description on how the APPLICANT identified the SA prevention EBI that best fits the community, how it was selected, a description of the SA prevention EBI, and its core components.
6. A SPF Logic Model for each identified problem statement that illustrates the relationships between:
  - a) SA problems and related behaviors (e.g. consequences and consumption patterns);
  - b) Risk and protective factors;
  - c) Identified SA prevention EBI; and
  - d) Short and long-term outcomes.
7. An action plan for each EBI identified in the SPF Logic Model, which outlines:
  - a) Prioritized risk and protective factor(s) to be addressed;
  - b) Activities (specific actions taken as part of the selected SA

- prevention EBI);
  - c) Timeline;
  - d) Who is responsible; and
  - e) Resources needed.
8. The APPLICANT shall describe how it will engage the key staff, stakeholders and agency on updating the comprehensive strategic and evaluation plans and lessons learned in implementing the selected SA prevention EBI.
9. A Data Reporting Template if the SA prevention EBI selected is a curriculum.

**B. Mobilizing and Support**

The APPLICANT shall describe how will it mobilize support and build capacity for the selected SA prevention EBI in the service area to ensure that the community is aware of the substance abuse problems and prepared to implement the selected SA prevention EBI.

**C. Materials, Training, and Technical Assistance**

The APPLICANT shall described how it will secure SA prevention EBI materials, training, and technical assistance to implement the SA prevention EBI with fidelity and as intended by the developer.

**D. Delivery of SA Prevention EBI**

1. The APPLICANT shall describe how it will deliver the SA prevention EBI with fidelity as intended by the developer and detailed by the action plan.
2. The APPLICANT shall describe how it intends to monitor the fidelity of the identified EBI as intended by the developer.

**E. Evaluation**

The APPLICANT shall describe its plans to work with an experienced evaluator to develop an evaluation plan to evaluate the implementation of the SA prevention EBI, improve effectiveness of the SA prevention EBI, and make data-driven decisions.

**F. Engaging Stakeholders**

The APPLICANT shall describe how it will engage youth, cultural liaisons, and community stakeholders throughout the SPF process and ensure cultural competence by being respectful and responsive to the beliefs, practices, and

cultural and linguistic needs of diverse population groups.

**G. Sustainability**

The APPLICANT shall describe how it will develop sustainability strategies to ensure the sustainability of positive SA prevention EBI outcomes and maintain capacity and infrastructure during the implementation and evaluation phase of the SPF process.

**3.5 Financial**

**A. Pricing Structure**

**The pricing structure for this RFP is cost reimbursement.**

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that actually incurred in delivering the services specified in the contract, up to a stated maximum obligation. Budgets are required for each year. The APPLICANT shall submit separate budget form(s) for year 1 and year 2.

ONLY the following budget form(s), which are contained on the SPO Website, shall be submitted with the Proposal Application, instructions and samples are located on the SPO website (see Section 1. Administrative Overview, paragraph II Website Reference referred to in this RFP). The following budget form(s) shall be submitted with the Proposal Application:

1. Form SPO-H205 Budget
2. Form SPO-H205A Organization-Wide By Source of Funds
3. Form SPO-H205B Organization-Wide Budget By Programs
4. Form SPO-H206A Personnel – Salaries and Wages
5. Form SPO-H206B Personnel – Payroll Taxes, Assessments, and Fringe
6. Form SPO-H206C Travel – Inter-Island
7. Form SPO-H206D Travel – Out-of State
8. Form SPO-H206E Contractual Services – Administrative
9. Form SPO-H206F Contractual Services – Subcontracts
10. Form SPO-H206G Depreciation
11. Form SPO-H206H Program Activities
12. Form SPO-H206I Equipment Purchases

The proposed budget shall include any related meeting, consultation and training expenditures.

**B. Other Financial Related Materials**

Accounting System

To determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of

the Proposal Application:

1. Latest Single Audit Report and Audit Financial Statements.
2. Cost Allocation Plan, which provides an explanation of how cost is allocated to various sources of funding.

### **3.6 Other**

#### **Litigation**

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

## **Section 4**

# **Proposal Evaluation**

## Section 4

# Proposal Evaluation

## Substance Abuse Prevention Services

### 4.1 Introduction

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

### 4.2 Evaluation Process

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

The evaluation will be conducted in three phases as follows:

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

#### Evaluation Categories and Threshold

| <u>Evaluation Categories</u>       | <u>POSSIBLE POINTS</u> |
|------------------------------------|------------------------|
| <i>Administrative Requirements</i> | (Not Scored)           |
| <i>Proposal Application</i>        | <b>100 Points</b>      |
| Program Overview                   | 0 Points               |
| Experience and Capability          | 20 Points              |
| Project Organization and Staffing  | 15 Points              |
| Service Delivery                   | 55 Points              |
| Financial                          | 10 Points              |
| <b>TOTAL POSSIBLE POINTS</b>       | <b>100 Points</b>      |

## 4.3 Evaluation Criteria

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

#### 1. Administrative Requirements (Not Scored)

The APPLICANT has completed and submitted the Certifications and Assurances contained in Section 5, Attachment E and Attachment F of this RFP with its proposal.

The APPLICANT shall provide written acknowledgement agreeing to comply with the Management Requirements in Section 5, Attachment G of this RFP. Mandatory proposal requirements are items that must be submitted with the application or addressed in order for the proposal to be evaluated. They do not receive a rating.

#### 2. Proposal Application Requirements

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

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

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

#### 1. Experience and Capability (Maximum of 20 Points)

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

- a) **Necessary Skills** **5**
- Demonstrated the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.
  - Described its history and record of accomplishments in providing SA prevention services
  - Described how the proposed services fit within the

APPLICANT's mission.

- Described information and/or data to support how it has achieved intended outcomes in the past.
- Demonstrated a thorough understanding of the purpose and scope of the service activity.

b) ***Experience*** **5**

- Described at least three (3) years of experience providing SA prevention, SA specific prevention services, evidence-based prevention services, services to the identified population, and services within the targeted geographic area.
- Described at least three (3) years of experience implementing and evaluating evidence-based prevention services.
- Described at least three (3) years of experience applying the SPF process.
- Described at least three (3) years of experience managing government, foundation funded contracts, or projects of similar size and complexity.
- Included at least three (3) key stakeholders other than ADAD staff who can verify the APPLICANT's experience.

c) ***Quality Assurance and Evaluation*** **3**

- Described an adequate quality assurance and evaluation capability, including a quality assurance plan that identifies the mission of the organization as well as outlines the methodology used to identify strengths and deficiencies of the services, indicates corrective actions to be taken, and validates corrections.
- Described how the quality assurance process serves as a source of information to improve the quality of services and how findings are integrated and reviewed by the quality assurance committee or governing body (e.g. Board of Directors).

d) ***Coordination of Service*** **5**

- Described experience and approach to collaboration, with other service provider and stakeholders.
- Described the APPLICANT'S procedures for developing and administering sub-contracts, if any, well as the management controls for ensuring that partnering organizations (sub-contractors) are meeting their responsibilities for providing services and for data collection.
- Described procedures for informing ADAD of any

- subcontractor activities, if applicable.
  - Included Letters of Collaboration and Memorandum of Understanding (MOU) to demonstrate the APPLICANT's coordination and collaboration to provide proposed EBI services.
- e) ***Facilities*** **2**
- Described the facilities and clearly demonstrated their adequacy in relation to the proposed services. Described realistic plans to secure one if none is presently available.
  - Described how the facilities meet or will meet ADA requirements, as applicable and the availability of any special equipment that may be required for the services. Described a viable alternate plan to meet ADA requirement if facilities do not meet ADA requirements.
- Total** **20**

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

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

- a) ***Staffing*** **8**
- Proposed Staffing:*
- Described a proposed staffing pattern that is consistent with personnel requirements and appropriate for the viability of the services.
  - Included the Staff Position Chart that list all staff responsible for the proposed services.
- Staff Qualifications:*
- Provided the minimum qualifications for each staff/position assigned to the proposed project.
  - Included resumes and job descriptions of key staff that will be providing supervision and/or services.
- b) ***Project Organization*** **7**
- Supervision and Training:*
- Provided assurance that staff will receive training opportunities and supervision to prepare them for their roles and responsibilities.
  - Demonstrated capability to supervise, train, and provide administrative direction relative to the delivery of the proposed services.

Organization Chart:

- Included organization and program specific charts that reflect the position of each staff and lines of responsibility/supervision.

**Total** **15**

**3. Service Delivery (Maximum of 55 Points)**

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

a) **Comprehensive Strategic Plan** **20**

Included in the proposal application is the initial comprehensive strategic plan to implement the selected SA prevention EBI, including:

- A community description;
- A summary of the assessment of SA problems in the identified community including data on consumption, consequences, risk and protective factors;
- A summary of the capacity (resources and readiness) of the APPLICANT and the identified community to implement the SA prevention EBI;
- A description of the target population, including disparate populations;
- A summary of the SPF planning process used to identify problem statements and corresponding goals (related to SA) as well as prioritize and select risk and protective factors;
- A SPF Logic Model for each problem statement identified that illustrates the substance abuse problems and related behaviors (e.g. consequences and consumption patterns), risk and protective factors, SA prevention EBI, short and long-term outcomes;
- An action plan for each SA prevention EBI identified in the SPF Logic Model, which outlines the prioritized risk and protective factors, activities (specific actions taken as part of a SA prevention EBI), timeline, who is responsible and the resources needed.
- A description of how the APPLICANT has engaged and will engage the key staff members, stakeholders and agency in updating the comprehensive strategic plan, evaluation plan and lessons learned in implementing SA prevention EBI; and
- A Data Reporting Template if SA prevention EBI is a curriculum.

|    |   |           |
|----|---|-----------|
| b) | <b><i>Mobilizing and Support</i></b>  | <b>3</b>  |
|    | <ul style="list-style-type: none"> <li>• Described how it will mobilize support and build capacity for the selected SA prevention EBI in the service area(s) to ensure that the community is aware of the substance abuse problems and prepared to implement the selected SA prevention EBI.</li> </ul>                       |           |
| c) | <b><i>Materials, Training, and Technical Assistance</i></b>   | <b>3</b>  |
|    | <ul style="list-style-type: none"> <li>• Described how it will secure SA prevention EBI materials, training, and technical assistance to implement the SA prevention EBI with fidelity and as intended by the developer.</li> </ul>   |           |
| d) | <b><i>Delivery of Service</i></b>   | <b>13</b> |
|    | <ul style="list-style-type: none"> <li>• Described how it will deliver the SA prevention EBI with fidelity as intended by the developer and detailed by the action plan.</li> <li>• Described how it intends to monitor the fidelity of the identified SA prevention EBI as intended by the developer.</li> </ul>             |           |
| e) | <b><i>Evaluation</i></b>  | <b>10</b> |
|    | <ul style="list-style-type: none"> <li>• Described how it will to work with an experienced evaluator to develop an evaluation plan to evaluate implementation of the SA prevention EBI, improve effectiveness of the SA prevention EBI, and make data-driven decisions.</li> </ul>  |           |
| f) | <b><i>Engaging stakeholders</i></b>   | <b>3</b>  |
|    | <ul style="list-style-type: none"> <li>• Described how it will engage youth, cultural liaisons, and community stakeholders throughout the SPF process and ensure cultural competence by being respectful and responsive to the beliefs, practices, and cultural and linguistic needs of diverse population groups.</li> </ul> |           |
| g) | <b><i>Sustainability</i></b>  | <b>3</b>  |
|    | <ul style="list-style-type: none"> <li>• Described sustainability strategies it will use to ensure the sustainability of positive SA prevention EBI outcomes and maintained capacity and infrastructure during the implementation and evaluation phase of the SPF process.</li> </ul>   |           |
|    | <b>Total</b>  | <b>55</b> |

**4. Financial (10 Points)**

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

The APPLICANT shall describe a pricing structure based on cost reimbursement:

- The required budget forms are complete, accurate and support the scope of service and requirements of the RFP.
- The APPLICANT's proposed budget is reasonable, given program resources and operational capacity.
- The cost allocation worksheet includes an explanation of how costs are allocated to various programs.
- The Single Audit Report or Financial Audit indicates minimal or no material deficiencies.
- Budgets are required for each year. The APPLICANT shall submit separate budget form(s) for year 1 and year 2.

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

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

# Section 5

## Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Finding Evidence-based Programs and Practices
- D. Center for Substance Abuse Prevention (CSAP) Strategies
- E. Certification
  - Debarment
  - Lobbying
  - Program Fraud Civil Remedies Act (PFCRA)
  - Environmental Tobacco Smoke
- F. Assurance
  - Charitable Choice
  - Compliance with SAMHSA's Provisions Prohibiting Trafficking in Persons
  - Drug-Free Workplace
- G. Management Requirements
- H. Ethics Code of Ethical Conduct for Prevention Professionals
- I. ADAD Form 200 (04/12) Expenditure Report
- J. Staff Position Chart
- K. Additional Block Grant Requirements

## Proposal Application Checklist

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

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

| Item  | Reference in RFP | Format/Instructions Provided                          | Required by Purchasing Agency | Applicant to place "X" for items included in Proposal |
|---|------------------|---|-------------------------------|---|
| <b>General:</b>                                     |                  |   |                               |   |
| Proposal Application Identification Form (SPOH-200) | Section 1, RFP   | SPO Website*  | <b>X</b>                      |   |
| Proposal Application Checklist (Sample)             | Section 1, RFP   | Attachment A  | <b>X</b>                      |   |
| Table of Contents                                   | Section 5, RFP   | Section 5, RFP  | <b>X</b>                      |   |
| Proposal Application (SPOH-200A)                    | Section 3, RFP   | SPO Website*  | <b>X</b>                      |   |
| Provider Compliance                                 | Section 1, RFP   | SPO Website*  | <b>X</b>                      |   |
| Cost Proposal (Budget)                              |                  |   | <b>X</b>                      |   |
| SPO-H-205   | Section 3, RFP   | SPO Website*  | <b>X</b>                      |   |
| SPO-H-205A  | Section 3, RFP   | SPO Website*<br>Special Instructions are in Section 5 | <b>X</b>                      |   |
| SPO-H-205B  | Section 3, RFP,  | SPO Website*<br>Special Instructions are in Section 5 |                               |   |
| SPO-H-206A  | Section 3, RFP   | SPO Website*  | <b>X</b>                      |   |
| SPO-H-206B  | Section 3, RFP   | SPO Website*  | <b>X</b>                      |   |
| SPO-H-206C  | Section 3, RFP   | SPO Website*  | <b>X</b>                      |   |
| SPO-H-206D  | Section 3, RFP   | SPO Website*  | <b>X</b>                      |   |
| SPO-H-206E  | Section 3, RFP   | SPO Website*  | <b>X</b>                      |   |
| SPO-H-206F  | Section 3, RFP   | SPO Website*  | <b>X</b>                      |   |
| SPO-H-206G  | Section 3, RFP   | SPO Website*  | <b>X</b>                      |   |
| SPO-H-206H  | Section 3, RFP   | SPO Website*  | <b>X</b>                      |   |
| SPO-H-206I  | Section 3, RFP   | SPO Website*  | <b>X</b>                      |   |
| SPO-H-206J  | Section 3, RFP   | SPO Website*  |                               |   |
| <b>Certifications:</b>                              |                  |   |                               |   |
| <i>Federal Certifications</i>                       |                  | Section 5, RFP  | <b>X</b>                      |   |
| Debarment & Suspension                              |                  | Section 5, RFP  | <b>X</b>                      |   |
| Drug Free Workplace                                 |                  | Section 5, RFP  | <b>X</b>                      |   |
| Lobbying  |                  | Section 5, RFP  | <b>X</b>                      |   |
| Program Fraud Civil Remedies Act                    |                  | Section 5, RFP  | <b>X</b>                      |   |
| Environmental Tobacco Smoke                         |                  | Section 5, RFP  | <b>X</b>                      |   |
| <b>Program Specific Requirements:</b>               |                  |   |                               |   |
| Staff Position Chart                                | Section 3, RFP   | Section 5, RFP  | <b>X</b>                      |   |
| Job Descriptions                                    | Section 3, RFP   |   | <b>X</b>                      |   |
| Resumes   | Section 3, RFP   |   | <b>X</b>                      |   |
| Organization and Program Chart                      | Section 3, RFP   |   | <b>X</b>                      |   |
| Letters of Collaboration                            | Section 3, RFP   |   | <b>X</b>                      |   |
| Memorandum of Understanding (MOU)                   | Section 3, RFP   |   | <b>X</b>                      |   |
| Additional Federal Block Grant Requirements         |                  | Section 5, RFP  | <b>X</b>                      |   |

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

## Proposal Application Table of Contents

|            |  |    |
|------------|--|----|
| <b>1.0</b> | <b>Program Overview</b> .....  | 1  |
| <b>2.0</b> | <b>Experience and Capability</b> .....   | 1  |
|            | A. Necessary Skills.....   | 2  |
|            | B. Experience.....   | 4  |
|            | C. Quality Assurance and Evaluation.....   | 5  |
|            | D. Coordination of Services.....   | 6  |
|            | E. Facilities.....   | 6  |
| <b>3.0</b> | <b>Project Organization and Staffing</b> .....   | 7  |
|            | A. Staffing.....   | 7  |
|            | 1. Proposed Staffing.....  | 7  |
|            | 2. Staff Qualifications.....   | 9  |
|            | B. Project Organization.....   | 10 |
|            | 1. Supervision and Training.....   | 10 |
|            | 2. Organization Chart (Program & Organization-wide)<br>(See Attachments for Organization Charts)   | 10 |
| <b>4.0</b> | <b>Service Delivery</b> .....  | 12 |
| <b>5.0</b> | <b>Financial</b> .....   | 20 |
|            | See Attachments for Cost Proposal  |    |
| <b>6.0</b> | <b>Litigation</b> .....  | 20 |
| <b>7.0</b> | <b>Attachments</b>   |    |
|            | A. Cost Proposal   |    |
|            | SPO-H-205 Proposal Budget  |    |
|            | SPO-H-206A Budget Justification - Personnel: Salaries & Wages                                      |    |
|            | SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments,<br>and Fringe Benefits |    |
|            | SPO-H-206C Budget Justification - Travel: Interisland  |    |
|            | SPO-H-206E Budget Justification - Contractual Services – Administrative                            |    |
|            | B. Other Financial Related Materials   |    |
|            | Financial Audit for fiscal year ended June 30, 1996  |    |
|            | C. Organization Chart  |    |
|            | Program  |    |
|            | Organization-wide  |    |
|            | D. Performance and Output Measurement Tables   |    |
|            | Table A  |    |
|            | Table B  |    |
|            | Table C  |    |
|            | E. Program Specific Requirements   |    |



## Finding Evidence-based Programs and Practices

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

### Behavioral Health Resources

#### Behavioral Health

- [Blueprints for Healthy Youth Development \(link is external\)](#) identifies youth violence, delinquency, and drug prevention and intervention programs that meet a strict scientific standard of program effectiveness.
- [Evidence-Based Behavioral Practice \(EBBP\) \(link is external\)](#) is a project that creates training resources to help bridge the gap between behavioral health research and practice.
- [The Guide to Community Preventive Services \(link is external\)](#) provides recommendations regarding generic programs and policies on a variety of public health areas, including substance misuse, mental health, and HIV/AIDS. The Guide is sponsored by CDC.
- The [Matrix of Children's Evidence-based Interventions at Co-Occurring Disorders Information Center – 2006 \(PDF | 169 KB\) \(link is external\)](#), developed by NRI, Inc., provides a brief but comprehensive snapshot of prevention, intervention, and/or treatment programs related to child and adolescent mental health services.
- [SAMHSA's Evidence-Based Practice Implementation Resource KITs](#) are 11 downloadable resource kits that encourage the use of evidence-based practices in mental health.
- [SAMHSA's Suicide Prevention Research Center \(SPRC\): Best Practices Registry \(link is external\)](#) identifies, reviews, and disseminates information about best practices that address specific objectives of the [National Strategy for Suicide Prevention – 2012](#).
- [Technical Assistance Center on Social Emotional Intervention for Young Children \(link is external\)](#) offers products and resources on best practices for children who have, or who are at risk for, delays or disabilities.
- [The Collaborative for Academic, Social, and Emotional Learning \(CASEL\) Guide \(link is external\)](#) is a valuable resource for educational leaders and teams aspiring to implement research-based approaches to promote students' social-emotional development and academic performance.
- [Top Tier Evidence Initiative at the Coalition for Evidence-Based Policy \(link is external\)](#) assesses interventions—in behavioral health and other areas—with evidence that shows significant benefits to their participants or the greater society.



## Environmental Strategies

- [A Review of Environmental-based Community Interventions at NIAAA](#) presents characteristics of community-level interventions and reviews evidence that such measures can help reduce alcohol use and related problems among both youth and adults.

## HIV Prevention

- [The Diffusion of Effective Behavioral Interventions \(DEBI\) Project at CDC](#) is a national-level strategy to provide high quality training and on-going technical assistance on selected evidence-based HIV/STD/Viral Hepatitis prevention interventions to state and community HIV/STD program staff.
- The [Morbidity and Mortality Weekly Report \(MMWR\) at CDC – 2012 \(PDF | 978 KB\)](#) summarizes current (as of 2011) guidelines and recommendations published by multiple HHS agencies responsible for the prevention and control of HIV, viral hepatitis, STDs, and tuberculosis among persons who use drugs illicitly. Also included is a summary of existing evidence of effectiveness for practices to support delivery of integrated prevention services.
- [The Cochrane Library \(link is external\)](#) contains reliable evidence from Cochrane and other systematic reviews and clinical trials. Cochrane reviews provide the combined results of the world's best medical research studies and are recognized as the gold standard in evidence-based health care.

## Substance Misuse

- [Alcohol Policy Information System \(APIS\) at the National Institute of Alcohol Abuse and Alcoholism \(NIAAA\)](#) provides detailed information on a wide variety of alcohol-related policies in the United States at both state and federal levels.
- The [Athena Forum at the Washington State Department of Social and Health Services \(link is external\)](#) describes substance misuse prevention programs and strategies with evidence of success.
- [Drug Facts: Lessons from Prevention Research at the National Institute on Drug Abuse \(NIDA\)](#) includes a description of 16 principles derived from long-term research studies results on the origins of drug misuse behaviors and the common elements of effective prevention programs.
- The [Evidence-based Practices Substance Abuse Database at the University of the Washington Alcohol & Drug Abuse Institute \(link is external\)](#) focuses on evidence-based interventions for treating substance use disorders.



- The [Guide to Clinical Preventive Services, 2014 at the Agency for Healthcare Research and Quality \(AHRQ\)](#) provides recommendations regarding screening and counseling in clinical settings to prevent the use of tobacco, alcohol, and other substances—among many other health topics.
- [Identifying and Selecting Evidence-based Interventions for Substance Abuse Prevention – 2009](#) is designed to help state and community planners apply SAMHSA’s Strategic Prevention Framework (SPF) to identify and select evidence-based interventions that address local needs and reduce substance misuse issues.
- [Operational Definition for Evidence-based Practices at the Oregon Health Authority – 2007 \(PDF | 26 KB\)](#) features a unique process for determining what constitutes practice-based evidence, recognizing the importance of cultural values and traditions as a strategy for helping to protect young people from engaging in unhealthy behaviors, such as substance misuse.
- [Preventing Drug Use Among Children and Adolescents at NIDA](#) presents research-based drug abuse prevention principles, an overview of program planning, critical first steps for those learning about prevention, and examples of research-tested prevention programs.
- [SAMHSA’s Evidence-based Practices \(EBP\) Web Guide](#) offers a list of websites that contain information about specific evidence-based practices and/or comprehensive reviews of research findings.
- [Stop Underage Drinking](#) is a federal portal of comprehensive research and resources on underage drinking prevention developed by the Interagency Coordinating Committee on the Prevention of Underage Drinking.

### **Federal Registries**

- [SAMHSA’s National Registry of Evidence-Based Programs and Practices \(NREPP\)](#) is a searchable database of more than 330 interventions for the prevention and treatment of mental and substance use disorders. The database was developed to assist people, agencies, and organizations identify and implement evidence-based programs and practices in their communities.
- [Compendium of Evidence-based Interventions and Best Practices for HIV Prevention at the Centers for Disease Control and Prevention \(CDC\)](#) includes the strongest evidence-based HIV behavioral interventions identified by the CDC’s Prevention Research Synthesis Project.
- [Crime Solutions.gov](#) is a federal website that uses rigorous research to determine what works in criminal justice, juvenile justice, and crime victim services. Many programs listed address behavioral health issues. This resource aims to assist in practical decision making and program implementation by gathering information on specific justice-related programs and reviewing the existing evaluation research against standard criteria.



- [Program Directory Search at Youth.gov](#) describes evidence-based programs designed to prevent and/or reduce delinquency or other behavioral issues among youth.
- The [Model Programs Guide at the Office of Juvenile Justice and Delinquency Prevention \(OJJDP\)](#) is a searchable database of more than 200 evidence-based programs that address the entire continuum of youth services, from prevention through sanctions to reentry. Programs are categorized into exemplary, effective, and promising, based on a set of methodological criteria and strength of the findings.
- [Research-tested Intervention Programs \(RTIPs\) at the National Cancer Institute](#) is a searchable database of evidence-based cancer control interventions designed to provide access to research-tested intervention programs and products. The database includes usefulness/integrity scores for each program, downloadable materials that are program-adaptable, and readability scores for products distributed to the public.
- [Teen Pregnancy Prevention Evidence Review at the Department of Health and Human Services \(HHS\)](#) includes a searchable database of program models with evidence of effectiveness for impacting rates of pregnancy, sexually transmitted infections, or sexual risk behaviors (sexual activity, contraceptive use, number of sexual partners, etc.).
- [What Works Clearinghouse at the Department of Education](#) presents findings of a systematic review process designed to identify scientific evidence of what works in education. Findings are presented to the public through a variety of products including practice guides, online reports and reviews, and a studies database.

### Peer-reviewed Journals

- [American Journal of Public Health \(AJPH\) \(link is external\)](#)
- [Annual Review of Public Health \(link is external\)](#)
- [Journal of Adolescent Health \(JAH\) \(link is external\)](#)
- [Journal of School Health at Wiley Online Library \(link is external\)](#)
- [JAMA, The Journal of the American Medical Association \(link is external\)](#)
- [Journal of Studies on Alcohol and Drugs \(JSAD\) \(link is external\)](#)
- [Preventive Medicine at Elsevier \(link is external\)](#)

## CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP) STRATEGIES

Each State/Territory shall develop and implement a comprehensive prevention program which includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment. The comprehensive program shall be provided either directly or through one or more public or nonprofit private entities. The comprehensive primary prevention program shall include activities and services provided in a variety of settings for both the general population as well as targeting sub-groups who are at high risk for substance abuse.

In implementing the prevention program the State shall use a variety of strategies as appropriate for each target group including but not limited to the following:

### **1. Information Dissemination**

This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one way communication from the source to the audience with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (1) Clearinghouse/information resource center(s);
- (2) Resource directories;
- (3) Media campaigns;
- (4) Brochures;
- (5) Radio/TV public service announcements;
- (6) Speaking engagements;
- (7) Health fairs/health promotion; and
- (8) Information lines.

### **2. Education**

This strategy involves two-way communication distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills including decision making, refusal skills, critical analysis (e.g. of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (1) Classroom and/or small group sessions (all ages);
- (2) Parenting and family management classes;
- (3) Peer leader/helper programs;
- (4) Education programs for youth groups; and
- (5) Children of substance abusers groups.

### **3. Alternatives**

This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would therefore minimize or obviate resort to the latter.

*Source: Federal Register, Vol 58 No 60, Department of Health and Human Services 45 CFR Part 96 Substance Abuse Prevention and Treatment Block Grants, Interim Final Rule, Wednesday March 31, 1993*

Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (1) Drug free dances and parties;
- (2) Youth/adult leadership activities;
- (3) Community drop-in centers; and
- (4) Community service activities.

#### **4. *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. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (1) Employee assistance programs;
- (2) Student assistance programs; and
- (3) Driving while under the influence/driving while intoxicated education programs.

#### **5. *Community-Based Process***

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building and networking. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- (1) Community and volunteer training (e.g. neighborhood action training, training of key people in the system, state/officials training,);
- (2) Systematic planning;
- (3) Multi-agency coordination and collaboration;
- (4) Accessing services and funding; and
- (5) Community team-building.

#### **6. *Environmental***

This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities, which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy shall include (but not be limited to) the following:

- (1) Promoting the establishment and review of alcohol, tobacco and drug use policies in schools;
- (2) Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use;
- (3) Modifying alcohol and tobacco advertising practices; and
- (4) Product pricing strategies.

*Source: Federal Register, Vol 58 No 60, Department of Health and Human Services 45 CFR Part 96 Substance Abuse Prevention and Treatment Block Grants, Interim Final Rule, Wednesday March 31, 1993*

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

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the Department of Health, Alcohol and Drug Abuse Division (“ADAD”) if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact ADAD for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and No procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

This certification is pursuant to 45 CFR Part 76:

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

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

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

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

**CERTIFICATION REGARDING LOBBYING**

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

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

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

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

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

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

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

## DISCLOSURE OF LOBBYING ACTIVITIES

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

(See reverse for public burden disclosure.)

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

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

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

---

Organization Name

---

Name of Authorized Representative (Print)

---

Title

---

Signature of Authorized Representative

---

Date

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

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

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

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

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

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

## ADAD POLICY AND PROCEDURES FOR CHARITABLE CHOICE

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

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

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

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

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

**Alcohol And Drug Abuse Division**  
**Charitable Choice Reporting Form**  
Complete #1-11 & designate/date for each client referral.  
Complete #1-3, 12-13 & designate/date monthly.  
Email reports: Terri Nakano [terri.nakano@doh.hawaii.gov](mailto:terri.nakano@doh.hawaii.gov)

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

**Client Referral Section**

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

**Charitable Choice Monthly Report**

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

Name of Designate:  
Title:

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

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

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

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

- a. **Provisions applicable to a recipient that is a private entity.**
1. You as the recipient, your employees, subrecipients under this award, and subrecipients’ employees may not—
    - i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
    - ii. Procure a commercial sex act during the period of time that the award is in effect; or
    - iii. Use forced labor in the performance of the award or subawards under the award.
  2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –
    - i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or
    - ii. Shall an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either—
      - A. Associated with performance under this award; or
      - B. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, “OMB Guidelines to Agencies on Government wide Debarment and Suspension (No procurement),” as implemented by our agency in 2 CFR part 376.
- b. **Provision applicable to a recipient other than a private entity.** We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity—
1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
  2. Shall an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either—
    - i. Associated with performance under this award; or
    - ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, “OMB Guidelines to Agencies on Government wide Debarment and Suspension (No procurement),” as implemented by our agency in 2 CFR part 376
- c. **Provisions applicable to any recipient.**
1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term.
  2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:
    - i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)); and
    - ii. Is in addition to all other remedies for noncompliance that are available to us under this award.
  3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.

d. **Definitions.** For purposes of this award term:

1. “Employee” means either:
  - i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
  - ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.
2. “Forced labor” means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
3. “Private entity”:
  - i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.
  - ii. Includes:
    - A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than the one included in the definition of Indian tribe in 2 CFR 175.25(b); and
    - B. A for-profit organization.
4. “Severe forms of trafficking in persons,” “commercial sex act,” and “coercion” have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102).

## ASSURANCE REGARDING DRUG-FREE WORKPLACE

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

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

## Management Requirements

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

- j. Develop and implement a written safety plan which includes policies and procedures for handling personal injury, threats, emergencies, or disasters. Post evacuation routes in facilities used by the program.
  - k. Maintain documentation for each employee of an initial tuberculosis (“TB”) skin test or chest X-ray. A copy of the test results shall be placed in the personnel file of each staff member employed by this program.
  - l. Implement a tobacco-free policy that includes electronic smoking devices. ADAD strongly encourages the APPLICANT to implement a tobacco-free campus policy or, at minimum, educate the APPLICANT’s administration (and landlord, if applicable) about the benefits of tobacco-free campus policies.
2. The APPLICANT agrees to comply with the following Administrative Management Requirements. The APPLICANT shall:
- a. Develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the STATE.
  - b. Establish and implement policies and procedures which clearly identify the target population for each type of service, the program content, and methods of service delivery.
  - c. Review all written and/or audio visual material, at a minimum, biannually by staff and by an advisory board or ad hoc committee to assure that it is relevant, current, and age and culturally appropriate.
  - d. Implement procedures for handling complaints and grievances.
  - e. Familiarize staff with materials available at the Hawaii Prevention Resource Center.
  - f. Obtain prior approval from ADAD for all media and messages intended for public distribution, including but not limited to radio, TV, theater, PowerPoint, video, posters, newsletters, banners, newspaper ads, public service announcements, flyers, and fact sheets.
  - g. Acknowledge the STATE, ADAD, and appropriate federal grant as the APPLICANT’s program sponsors by stating such on displays, public service announcements, written or electronic material distributed by the program.
  - h. Refund to the STATE any funds unexpended or expended inappropriately.
  - i. Under the actual expenditure method of reimbursement, assure that all equipment and unused supplies and materials purchased or developed with funds paid to it shall become the property of the STATE upon completion or termination of the contract.
  - j. Under the actual performance method of reimbursement, assure that program income and/or surplus earned during the Contract period shall be used to further the program objectives; otherwise the STATE will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share or cost is based.

3. The APPLICANT agrees to comply with the following Quality Assurance and Evaluation Management Requirements. The APPLICANT shall:
- a. Have a quality assurance plan that identifies the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services.
  - b. Use the quality assurance plan to serve as procedural guidelines for staff and confer upon designated individuals and committees the authority to fulfill their responsibilities in the areas of quality assurance.
  - c. Use the quality assurance plan to serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee and information conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.
  - d. Use the quality assurance system to identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.
  - e. Reflect in its program evaluation documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

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

---

Organization Name

---

Name of Authorized Representative (Print)

---

Title

---

Signature of Authorized Representative

---

Date

# Code of Ethical Conduct for Prevention Professionals

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

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

## Preamble

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

## Principles

### 1. Nondiscrimination

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

### 2. Competence

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

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

### III. Integrity

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

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

**IV. Nature of Services**

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

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

**V. Confidentiality**

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

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

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

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

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS FOR COMPLETING ADAD FORM 200 (04/12)  
EXPENDITURE REPORT**

**CONTRACT PERIOD:** Refer to your approved executed contract (e.g. Fiscal Year July 1, 20xx to June 30, 20xx; Calendar Year January 20xx to December 20xx)

**PROVIDER AND ADDRESS:** Enter name and address (as stated in the contract).

**INVOICE FOR THE MONTH:** Enter the *current billing* month (e.g.: July 1, 20xx – July 31, 20xx; August 1-31, 20xx, etc)

**ASO LOG NO.:** Enter the assigned number, which is located at the bottom left-hand corner of the signed contract.

**PAGE:** Indicate number of pages including any attachment.

**BUDGET CATEGORIES:** Line items are listed in the same order as reflected in the Request for Proposal/contract.

**PRIOR MONTH(S) (column 1):** Enter the actual expenditure applicable to the specific ADAD contract only. If you are doing report for first month, leave this column blank. If you are doing report for the preceding month, this column will show expenditures for prior month(s).

**CURRENT MONTH (column 2):** Enter the actual expenditure applicable to the specific ADAD contract only for *current* month.

**YEAR-TO-DATE (column 3):** Enter the sum of prior month(s) (column 1) and current expenditure (column 2)

**APPR. BUDGET FOR CURRENT YEAR (column 4):** Enter the approved/revised ADAD budget for *the current contract year*.

**EXPENDITURE REPORT**  
 (Contract Period \_\_\_\_\_ to \_\_\_\_\_)

Page \_\_\_ of \_\_\_ Pages

PROVIDER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 INVOICE FOR MONTH: \_\_\_\_\_

ASO LOG NO: \_\_\_\_\_

| BUDGET CATEGORIES                        | 1              | 2                        | 3            | 4                             |
|--|----------------|--------------------------|--------------|-------------------------------|
|  | Prior Month(s) | Current Month            | Year-to-Date | Appr. Budget for Current Year |
| <b>A. PERSONNEL COST</b>                 |                |                          |              |                               |
| 1. Salaries (ATTACH DETAIL)              |                |                          |              |                               |
| 2. Payroll Taxes & Assessments           |                |                          |              |                               |
| 3. Fringe Benefits                       |                |                          |              |                               |
| <b>TOTAL PERSONNEL COST</b>              |                |                          |              |                               |
| <b>B. OTHER CURRENT EXPENSES</b>         |                |                          |              |                               |
| 1. Airfare, Inter-Island                 |                |                          |              |                               |
| 2. Airfare, Out-of-State                 |                |                          |              |                               |
| 3. Audit Services                        |                |                          |              |                               |
| 4. Contractual Services - Administrative |                |                          |              |                               |
| 5. Contractual Services - Subcontracts   |                |                          |              |                               |
| 6. Insurance                             |                |                          |              |                               |
| 7. Lease/Rental of Equipment             |                |                          |              |                               |
| 8. Lease/Rental of Motor Vehicle         |                |                          |              |                               |
| 9. Lease/Rental of Space                 |                |                          |              |                               |
| 10. Mileage                              |                |                          |              |                               |
| 11. Postage, Freight & Delivery          |                |                          |              |                               |
| 12. Publication & Printing               |                |                          |              |                               |
| 13. Repair & Maintenance                 |                |                          |              |                               |
| 14. Staff Training                       |                |                          |              |                               |
| 15. Subsistence/Per Diem                 |                |                          |              |                               |
| 16. Supplies                             |                |                          |              |                               |
| 17. Telecommunication                    |                |                          |              |                               |
| 18. Transportation                       |                |                          |              |                               |
| 19. Utilities                            |                |                          |              |                               |
| 20. Program Activities                   |                |                          |              |                               |
| 21.                                      |                |                          |              |                               |
| 22.                                      |                |                          |              |                               |
| 23.                                      |                |                          |              |                               |
| <b>TOTAL OTHER CURRENT EXPENSES</b>      |                |                          |              |                               |
| <b>C. EQUIPMENT PURCHASES</b>            |                |                          |              |                               |
| <b>D. MOTOR VEHICLE PURCHASES</b>        |                |                          |              |                               |
| <b>TOTAL (A+B+C+D)</b>                   |                |                          |              |                               |
|  |                | <b>For ADAD Use Only</b> |              |                               |
| Prepared By (Please type or print)       |                | Phone                    |              |                               |
| Signature of Preparer                    |                | Date                     |              |                               |
| Signature of Authorized Official         |                | Date                     |              |                               |
| Name and Title (Please type or print)    |                |                          |              |                               |

**SAMPLE INVOICE**

**Invoice**

State of Hawaii-Department of Health  
 Alcohol and Drug Abuse Division  
 601 Kamokila Blvd., Room 360  
 Kapolei, HI 96707  
 Phone: (808) 892-7506  
 Fax: (808) 892-7521

Remit to: Provider Name  
 1234 Ala Moana Street  
 Honolulu, HI 96813  
 Phone: (808) 123-4567  
 Fax: (808) 123-4567

Invoice #: 1  
 ASO LOG #: 13-123  
 Invoice Date: July 1, 2012

| Month | Description | Total |
|-------|-------------|-------|
|-------|-------------|-------|

**Location: Oahu**

July 2012

|   |                   |
|---|-------------------|
| Service description and service date<br>(e.g. Youth Substance Abuse Prevention<br>Services on the island of Oahu from<br>July 1, 2012 to July 31, 2012) | <b>\$1,000.00</b> |
|---|-------------------|

**Invoice Total: \$1,000.00**



### Additional Federal Block Grant Requirements

In accordance with 42 U.S.C. §300x-21 through §300x-66 and 45 C.F.R., Part 96, Block Grants; Interim Final Rule, the APPLICANT hereby assures that it shall:

- Not use Block Grant funds to provide inpatient hospital services.
- Not use Block Grant funds to make cash payments to intended recipients of health services.
- Not use Block Grant funds to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.
- Not use Block Grant funds to provide financial assistance to any entity other than a public or nonprofit private entity.
- Not use Block Grant funds for the purpose of providing treatment services in penal or correctional institutions of the State.
- Not use Block Grant funds to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs.
- Maintain, if applicable, all substance abuse records in confidential manner pursuant to 42 Code of Federal Regulations (42 CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, and if necessary resist in judicial proceedings any efforts to obtain access to participant records except as permitted by such regulations.

---

Organization Name

---

Name of Authorized Representative (Print)

---

Title

---

Signature of Authorized Representative

---

Date