

COMMUNITY-BASED PROGRAMS FOR SUBSTANCE USE PREVENTION AND PROGRAM EVALUATION QUESTIONS & ANSWERS

The following are answers to questions that were posed by prospective applicants:

- 1. Based on the RFP for Community-Based Programs for Substance Use Prevention and Program Evaluation, our understanding is that the evaluation component is a one-year contract to do a review of literature/best practices for the tobacco prevention programs, is that correct? Or is the County interested in a more in-depth program evaluation? Any further details on the evaluation scope of work would be appreciated.**

For FY 2017-18, the Tobacco Prevention Program will be implementing a 1-year scope of work that will focus on 1) increasing the capacity of community partners to conduct tobacco prevention activities and successfully seek funding from California Department of Public Health Tobacco Control Program and other funders, 2) supporting communities implementing smoke-free multi-unit housing policies, and 3) engaging youth in tobacco control efforts. The evaluation contract will work with program staff in the development and implementation of evaluation activities that will document the effectiveness of our efforts for each of these objectives. Possible activities can include but are not limited to key informant interviews, community surveys, focus groups, etc. The contractor is also expected to provide at least one community/provider training on evaluation. Additionally, the contractor will conduct an overall evaluation of our current and previous tobacco cessation services to provide recommendations for future efforts. After the first year, the evaluation contract will be reviewed for possible extension.

- 2. On page 9, it specifies the funding amounts for SAPT and TPP funding, but not for TPP Evaluation. What is the funding amount for the Evaluation activities?**

Estimated funding for the TPP evaluation contract is \$25,000 and is subject to change.

- 3. To what extent does BHRs encourage joint/collaborative proposals (i.e., a single proposal made by two or more organizations together)?**

Most successful initiatives in AOD prevention are a result of joint/collaborative efforts between partner organizations, each of which brings a unique contribution to the initiative. If the applicant already has a collaborative working on community health issues, they may benefit from a

joint effort. This one-year planning effort is also an opportunity to review the composition of your collaborative in order to identify other potential partners that should be involved in your efforts.

- 4. What types of organizations are qualified to submit a proposal for this RFP? Attachment C (Application Cover Sheet), Part B does list universities, but does not make it particularly clear that a for-profit entity like my firm can apply either alone or jointly with any of the other types of applicants listed. Would you please clarify?**

There is no restriction excluding for-profit agencies from applying.

- 5. Page 8, Section II-A-4, Tobacco Prevention Program Evaluation: The name of this portion of the RFP suggests that BHRS is interested in evaluation of one or more tobacco prevention programs. However, the paragraph is relatively brief and mentions tobacco cessation resources but not prevention resources. Could you please provide more details about the anticipated program evaluation component of the work? Could you also please indicate whether there is interest in assessment of existing federal, state, and local tobacco prevention resources (in addition to tobacco cessation resources)?**

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- 6. Page 9, Section II-C, Funding: Funding estimates are provided for SAPT and TPP work but not for TPP evaluation work. Please advise: How much is the total estimated funding for TPP evaluation services?**

Estimated funding for the TPP evaluation contract is \$25,000 and is subject to change. We anticipate additional evaluation resources with increased funding once Prop 56 funds are disbursed by CDPH.

- 7. Page 10, Section III: Will the non-mandatory Proposer Information Conference be recorded for later viewing? If so, how may we access the recording? If not, how else may we receive the information provided at the conference?**

The Proposer Information Conference will not be recorded. Applicants can go on the BHRS website to find the responses to the questions posed before and during the Proposer Information Conference. Additionally, all attendees to the Proposers' Conference will be emailed the final Q&A.

- 8. Pages 18-19, Section V-D, Qualifications and Experience Tab 1-c, f, and g: To what extent do the qualifications regarding expertise in servicing special populations, staffing reflecting the diversity of the population to be served, and proposed support, training, and supervision to enable staff, interns, and volunteers to effectively provide the services apply to proposers responding to the RFP for TPP evaluation work only? Do "services" in the context of these three items only refer to SAPT and TPP programs/services, or also evaluation services?**

Applicants for the evaluation funding should discuss their expertise to conduct evaluation for prevention services. Evaluation applicants do not have to respond to the "services" in the same context as the TPP and SAPT programs.

- 9. Page 19, Section V-D, Philosophy and Service Model Tab 2-a and b: To what extent do the qualifications regarding capability to work with community members, elected officials, and partnering agencies to organize grassroots campaigns for community policy change, and regarding values and principals when conducting ATOD prevention services apply to proposers responding to the RFP for TPP evaluation work only?**

Applicants for the evaluation funding should discuss their expertise to conduct evaluation for prevention services. Evaluation applicants do not have to respond to the "services" in the same context as the TPP and SAPT programs.

- 10. Attachment B: This attachment appears to be incomplete; Priority Area 3 at the bottom of the page has only one problem statement associated with it, but the subheading reads, "Problem Statements" (plural), implying that there are more than one. If this attachment is indeed incomplete, please provide the remainder of the attachment so that we may review it in its entirety. If the attachment is complete, please advise.**

There is only one statement for Priority Area 3.

- 11. Section V – Proposal Submission Requirements (RFP page 17-22) does not indicate font size, font type, spacing, or margins. To create a level playing field among proposers, will the County please indicate required font size, font type, spacing, and margin width?**

We would prefer the following: 12 point font, Times New Roman font, 1” margins, and 1.15 line spacing.

- 12. RFP page 9, states that “community partners are required to send a minimum of two staff members to at least two trainings a month...this requirement can be met through trainings offered by local, regional, state, or national organizations.” HealthRIGHT 360 offers employees a variety of in-house trainings, including on topics listed by the RFP such as cross-cultural communications, ethics training, and impacts of alcohol, marijuana, tobacco and other drugs. Our San Mateo County employees have access to optional HR360 trainings in San Mateo, as well as in neighboring counties (i.e. Santa Clara, San Francisco). Would the County consider allowing HR360 trainings to count toward the required two trainings per month?**

“Community partners are required to send a minimum of two staff members to at least two trainings a month...this requirement can be met through trainings offered by local, regional, state, or national organizations.” Trainings attended have to be ATOD-prevention-related trainings. Trainings provided related to other topics (administration, staff meetings, treatment-related trainings) will not count towards this requirement.

- 13. RFP page 9, many bulleted training topics are asterisked and noted as “required trainings.” To be clear, is the Contractor required to send employees to trainings on these topics?**

Yes, asterisked trainings are required.

- 14. RFP, Section V – D. Tabbing of Sections (pages 19-22) does not indicate the number of pages required for each Tab. To create a level playing field among proposals, will the county please indicate a required number of pages for each Tab?**

We prefer the following number of pages per Tab section:

Tab 1: 5 pages maximum

Tab 2: 2 pages maximum

Tab 3: 1 page maximum

Tab 4: 2 pages maximum

Tab 5: 1 page maximum

Tab 6: 2 pages maximum

Tab 7: 1 page maximum

Tab 8: 1 page maximum

Total pages: 15, does not include attachments, exhibits, or charts

15. RFP, Section IV – D. Proposal Evaluation (pages 16-17) does not provide a breakdown of how each proposal component will be scored by evaluators. Having scoring criteria helps proposers to plan and develop proposals more efficiently. Will the County please consider providing proposers with scoring criteria?

The County has chosen not to use a number scoring system. Proposers will be evaluated on specified content information detailed in Section V.C.

16. Once we identify a CSA does that indicate we are responsible for all the cities in the CSA or can we focus on one city?

Yes, we want the contractor to look at the needs of the communities within the CSA. Within any one CSA, there may be communities with greater needs than other areas of the CSA. This will mean looking at the data for each area, having conversations about the community's needs, and deciding whether the community would benefit from ATOD prevention initiatives.

17. Can we apply for one or more CSA and does that impact the funding?

Yes, an applicant can propose to serve more than one CSA. In this situation, the organization will likely need more staffing and other program resources than for just one CSA.

18. Are the 2 ATOD prevention related trainings: Does the County provide these trainings or are we to find our own? How will that work?

The San Mateo County BHRIS Community Health Promotion Unit is developing a Training Academy for FY 2017-18 that will offer at least two trainings per month. Grantees are also able to identify trainings beyond this Academy. These other trainings can include events offered by local, regional, state, national or international organizations. The trainings are required to be ATOD prevention related.

19. Does our Coalition (NCSMPP) count under "community"?

Please clarify what **NCSMPP** is and how it can be seen as a “community”. Our intent is for program activities to include and benefit broader members of the jurisdiction beyond just the small group directly interacting with the contractor.

20. Can you say more about the Prop 56 grant?

During November 2016, the voters of California passed Proposition 56, which increased the tobacco tax. A portion of the funds will be allotted to tobacco prevention activities. We expect Prop 56 to increase the funding to the San Mateo County Tobacco Prevention Program; we intend for some of that funding for community contracts. Additionally, we expect the state to release additional tobacco prevention program funding through competitive grants throughout the state. We intend to work with local community partners in the development of grant proposals in response to state competitive grant opportunities.

21. Do we apply as an independent entity form the County or in partnership?

We expect each proposal to come from one applicant. While there are advantages to working within a partnership, it is not a requirement for this one year planning grant.

22. Is it the same funding for the TPP and the TPP Evaluation or are they separate?

No. We expect to have \$200,000 available for the tobacco prevention program activities and \$25,000 available for the evaluation contract.

23. Who is or What is the Group Purchasing Organization (GPO)?

A group purchasing organization is an entity that helps healthcare providers (such as hospitals, etc.) realize savings and efficiencies by aggregating purchasing volume and using that leverage to negotiate discounts with manufacturers, distributors and other vendors. Typically, group purchasing is used in the procurement of goods, and only in some cases with services. In this case, we do not anticipate using group purchasing as these services are very specific to Behavioral Health and Recovery Services' Alcohol, Tobacco and Other Drugs division.

24. After the one year of funding is up, what happens then? How long will the funding cycles be?

For the AOD prevention funding, the scope of work developed after 9 months will be reviewed to determine funding for Year 2 & 3. For TPP, we anticipate going into a 3-year scope of work with the state. With the

increased funding anticipated with that scope of work, we anticipate that we may release an RFP for funding to support the scope of work.

25. If an agency applies for both SAPT and Tobacco does the agency have to send 4 staff to training (2 from each program)?

It depends on whether the same staff will be working on the SAPT and tobacco scope of work. When we go into contract negotiations with an agency that is funded for both SAPT and Tobacco, we will discuss the proposed staffing structure and whether sending 2 or 4 staff members would be appropriate. Ultimately, we want to increase the capacity of staff members who work on each of the issues.

26. Would you entertain collaborations between agencies where one agency is stronger in prevention and the other agency is stronger in TPP?

Yes.

27. To what extent are agencies expected to refuse donations (for example: donations from a cereal company that has distant ties with a tobacco company)?

The intent of the sponsorship conversation is to discuss the risks of having a direct relationship with a company that can use your organization's local credibility to enhance their stature in community conversation. Getting a donation of cereal from a local store is very different from getting a direct donation from the cereal company that is a subsidiary of a tobacco company.

28. Can agencies apply for a combined amount of funding (for example SAPT and TPP)?

Yes.

29. Are you looking for someone who hits all of the priorities or maybe hits 1 or 2 of the priorities (such as smoke-free multi-unit housing)?

For AOD prevention, we want the discussions to address all the priorities (alcohol, marijuana, and other drugs). For tobacco prevention, you can focus on the capacity building component specifically for funding but will be expected to learn about and contribute to the smoke-free multi-unit housing work.

30. If someone does other priorities, is it your intension to bring them to a place where they can do something different/new (like smoke-free multi-unit housing)?

Yes. If you receive tobacco prevention funding, you will be learning about all the work of the Tobacco Education Coalition and expected to contribute to the smoke-free multi-unit housing effort during the funding period.

31. When agencies apply for 2 sections, will they have to prepare 2 separate budgets?

If you apply for both SAPT and tobacco funding, yes, we will need two separate budgets. If you apply for tobacco prevention and evaluation, you can prepare one budget as long as you clarify which budget items are for prevention and which are for evaluation; alternatively, you can also choose to prepare two separate budgets for tobacco prevention and evaluation.

32. Will the County be identifying the agencies, people, etc. that you want evaluated?

Yes, our staff work closely with the evaluator to identify activities, people and organizations to evaluate.

33. Should the proposal contain our past history of doing like evaluation services?

Yes. You should focus your organizational history narrative on activities most closely related to the work you propose to be funded for.

34. If someone applies as a TPP evaluator, they would be evaluating all TPP services, not just their own...yes?

The TPP evaluator will be evaluating programs and activities identified by the TPP staff. Beyond these services, an evaluator is not expected to have "their own" services to evaluate.

35. The total TPP evaluation is \$25,000, but there is a larger budget of \$200,000 for TPP services. Would the budget for evaluation services be included in the \$200,000 or would it be in addition to that amount?

The evaluation budget of \$25,000 is separate from ("in addition to") the funds available for tobacco prevention services.

36. Do you have an idea of how many agencies you will award?

No. For AOD prevention, the number to be awarded is dependent on how many applications we receive, the amounts they request, and the final determination of which proposals will be awarded. There is no

commitment to award a specific number of contracts (or any) related to this RFP.

37. Some CBOs are small and may lack capacity. If there was a partnership between a CBO and a non-CBO that can provide skills the capacity, would the County be open to funding that type of partnership?

Yes.

38. Can you share the contact list of people in attendance at the Proposers' Conference with us so that we can reach out for potential partners?

Yes. The list of attendees will be posted on the BHRS website.

39. Is there a conflict of interest if an awarded agency wants to eventually partner with a non-awarded agency?

No.

40. Are sector members and MOUs required in this RFP as they were in previous prevention RFPs?

Sector members are not a requirement during this planning year. We see this year as an opportunity to look at our efforts to determine whether we have the right partners in our efforts and which additional partners we may want to engage.

41. If the MOU requirement may come back, would that be after year one of the agreement?

Yes.

42. In terms of having conversations this year, would they be open ended conversations, round table, etc.?

How the conversations happen is something that you can outline in your proposal.

43. If we apply for a particular city within a CSA area, do we have to do a needs assessment for the other surrounding cities or can we use existing data?

For AOD prevention grantees, we would like the whole CSA to be assessed during this period to determine whether AOD prevention could benefit the community. We anticipate that this process will reveal that some communities are impacted more than others by AOD and which

communities may be readily poised to implement sustainable policy, environmental and systems change initiatives.

44. If the literature demonstrates that a very specific population needs to be served, can we focus on that very specific target population (such as African American pregnant women who smoke)?

Yes.

45. How is the community assessment supposed to look at the end of the year? Will we have to submit a report on our own, or will we have conversations with the County? How formal is the process expected to be?

For AOD prevention, the community assessment is not intended to be a very formal process. We expect the contractor to look at what data is available for the community, conduct education presentations, and hold conversations in order to determine the extent of need for AOD prevention services.

46. If we already have a coalition, do we have to include all members and fiscal agents, or just the agency submitting the proposal? Do they all need to be included on the application?

Each contract will be awarded to one organization. That contract organization is expected to complete the deliverables of the contract. While we would encourage all your coalition members to participate in trainings and program activities, the requirements are requirements of the contract organization.

47. Can we have a copy of the Proposers' Conference presentation slides?

Yes. The presentation will be posted on the BHRS website.

48. Does NCSMPP (North Central San Mateo Prevention Partnership) count as a community?

Technically, any group of individuals and/or organizations working together towards a common goal can be viewed as a community. For the purposes of the AOD or tobacco prevention activities, we seek to implement initiatives that would improve the health outcomes of a large number of people. In your proposal you might want to describe how the implementation of activities for or by members of NCSMPP would result in impacting a large number of people.

49. Is prevention only seen as youth who have never been involved with tobacco, or can it include those that are in danger of relapse?

While individual education is an important aspect of tobacco prevention, we believe that initiatives that impact the policy, environmental and systems arena are more likely to impact the outcomes of large segments of the community and remain sustainable over time. In the next year, an evaluation of tobacco cessation services will be conducted and recommendations for how we move forward with tobacco cessation services. Past tobacco cessation programs have included providing clients with strategies for relapse prevention. However, programs that solely focus on relapse prevention have not been part of our funding structure.

50. Are we allowed to ask further questions after this conference?

No. We are not accepting, nor will we respond to, questions after the Proposers' Conference.

51. If you're interested in TPP and TPP evaluation, would the total amount of funding available be \$100,000 maximum?

We anticipate having the tobacco prevention proposals to range up to \$75,000, and \$25,000 are available for \$25,000.

52. What happens to funds that aren't allocated, are they rolled over to another year?

Tobacco prevention and evaluation funds can be rolled over to the following year. AOD prevention programs are expected to be spent within the fiscal year.

53. You mentioned that you may award 5-7 agencies, is that only for AOD prevention? How many for TPP?

We expect to award 5-7 AOD prevention contracts. We expect to award around 5 contracts for TPP, and one for TPP evaluation.

54. If 4 prevention proposals were accepted for multi-unit housing, would they be working together on this? Would they have the same deliverables?

Yes, they will be working together as part of the MUH Workgroup. Deliverables will depend on what activities are proposed.

55. For AOD work in future years will agencies be required to develop expertise in all AOD areas, or is there room to specialize in subset areas?

Whether contracts will work on all areas or specialize in subset areas will be decided in future countywide conversations. We anticipate that there would be an opportunity for organizations to choose to work on all areas or specialize based on the needs of the community and the interests of the contractors.

56. Will the proposal evaluators be the same for prevention/tobacco as they are for TPP evaluation proposal evaluation?

Proposal reviewers are from diverse professional backgrounds in order to provide us with objective feedback on the proposals they review.

57. Is an organization allowed to send in more than one proposal? Is there a problem with sending in one proposal for both AOD and TPP?

Yes, an organization can submit more than one proposal. If you plan to apply for both AOD and TPP, we would prefer that you submit two separate proposals.