

EVALUATION ACTIVITIES FOR ALCOHOL AND OTHER DRUGS AND TOBACCO RFP QUESTIONS & ANSWERS

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

- 1. Should bidders who are submitting proposals for both the AOD and TPP evaluations prepare two separate proposals or include both evaluations in one proposal?**

You can include both proposals in one submission.

- 2. Is there a 2020-2025 AOD Strategic Prevention Plan in development that will inform the AOD evaluation, or will the goals outlined in the 2014-2019 AOD Strategic Prevention Plan be used?**

The official AOD 2020-2025 Strategic Prevention Plan is in development. However, we have engaged community partners for the last years in reviewing the goals and objectives for AOD Prevention. Those developmental processes are informing the development of the 2020-2025 SPP. Attached is the current scope of work that is being used to inform the SPP. The evaluation contractor will work with AOD Prevention staff to refine, finalize and implement the evaluation plan.

- 3. Section V, item D, asks the contractor to provide the number of dedicated FTEs assigned to the project – can you provide instruction on how you would like us to calculate this? Or is this item simply requesting a list of employees who will be assigned to work on the project?**

We are requesting a list of employees who will be assigned to work on this project. By “dedicated” we mean that those assigned will remain with the project for its duration (barring any unforeseen circumstances) to provide consistency and continuity.

- 4. Attachment A – Samples of Tobacco Prevention Program evaluation activities reference a SOW, i.e. “TPP SOW Activity 1-E-8” – is this referencing a document that we have access to/should be referring to in our proposals? Is there a document that outlines more detailed sub-objectives for either the TPP or AOD programs, or will these be developed as part of the evaluation planning process?**

The Tobacco Prevention Program evaluation activities have been written. The evaluation contractor will implement the evaluation activities. The AOD prevention evaluation activities have not been developed yet. We anticipate the evaluation contractor to work with AOD Prevention staff in the development and implementation of effective evaluation activities.

5. Enclosure 2, requirement A:

- a. Item 1 states that the contractor will “ensure that all persons responsible for CalOMS Pv data entry have sufficient knowledge of the CalOMS Pv Data Quality Standards” – do the “persons” included here refer only to the members of the evaluation team who will be completing data entry, or does this also include community partners who may be entering data (i.e. does this encompass technical assistance and/or training for community partners?)**

CalOMS has been replaced with PPSDS. The evaluation contractor will primarily work with PPSDS to download data for analysis. AOD and DHCS staff will provide training and technical assistance to community partners on the use of PPSDS.

- b. Item 2 outlines the data entry to be completed by the contractor – is there an estimate of how many community partners will be submitting data to the contractor for entry into this system? And is it within the contractor’s scope of work to collect data from each community partner?**

There are currently 6 community partners. We anticipate several hundred evaluation sheets submitted by community partners for entry and analysis. Each community partner has an AOD Prevention contract monitor. AOD will work with partners to submit evaluation documents. As needed, the evaluation contractor may contact community partners directly for documents they may need for specific activities.

6. Enclosure 2 contains the following requirements for the contractor:

- a. Submit an annual cultural competence plan that details on-going and future efforts to address the diverse needs of clients, families and the workforce.**
- b. Participate in at least one cultural competence effort within BHRS and/or send a representative to attend the Cultural Competence Council (CCC) for the term of the Agreement.**

Can you confirm that these activities apply to entities that are contracted for evaluation purposes? If so, is there any further information about BHRS cultural competence efforts or the CCC, so that these activities can be scoped appropriately in the proposal

These are not activities that would apply to your agency.

- 7. Enclosure 2, item D3 and D4, states that the contractor will establish the appropriate infrastructure to provide services in County identified threshold languages. We are interpreting this to mean that the evaluator will be required to produce surveys and/or facilitate focus groups and interviews in the threshold languages – is the contractor required to procure translation services independently, or**

will these services we provided through the Access Call Center/HEIM (i.e. should contractor include translation services in the project budget)?

This requirement will not pertain to your agency. The agreement template provided is an example and will not necessarily reflect the final agreement between the selected provider and BHRS.

8. Enclosure 7 – RFP Section VI states that enclosure 7 is “not used,” however it is included in the RFP as Attachment E – can you clarify if the proposer should complete and submit this form as part of the proposal?

No, you do not need to complete Attachment E.

9. Do you anticipate having a similar reporting process for each of the two elements of the project, AOD and Tobacco (e.g., the same county staff managing both, progress reports for both due at same time, etc.)?

Different staff members will be working with the evaluation contractor. The Tobacco Prevention Program staff will be working with the evaluation contractor on tobacco-related evaluation activities. The AOD Prevention staff will be working directly with the contractor for AOD-related evaluation activities.

10. Have you worked with an external evaluator in the past for these projects? If so, what worked well and what was challenging?

The Tobacco Prevention Program is required to use an external evaluator. In the last 2 years, AOD Prevention began to work with an external evaluator.

What worked well – Having an external evaluator gave us an objective look at our programs. Without direct bias from County or program staff, an external evaluator has given us a clearer set of recommendations for changes that may be necessary to improve our prevention outcomes in San Mateo County. When the evaluator conducts an assessment of where the client is in their understanding and utilization of evaluation tools, then provides them with the technical assistance towards better understanding of the role of evaluation and how they can build their evaluation capacities, partners have shown improvement in their program evaluation.

What has been challenging – When the evaluator has insisted on doing their work following the most rigorous academic form with no consideration for on-the-ground circumstances, the evaluation outcomes ended up not informing our process of program improvement.

11. Are you open to some meetings taking place via video conference calls?

Absolutely.

12. Does the provider have to live within the County in order to be considered for the delivery of these services?

No, the provider does not have to live within San Mateo County. We would consider proposals from out of state consultants but would want to hear their plans for meeting our needs. For example, how would you propose to handle face-to-face interviews or other data collection where meeting with community members and business owners is necessary?

13. If we are a provider from another County or state, how do we address your Living Wage ordinance?

You need to include in your proposal a statement indicating that your agency already complies with the Living Wage ordinance, or will comply if selected. If you feel you have justification not to comply with the Living Wage ordinance, please provide that justification in the Statement of Compliance section. We will review your justification; however, since only our Board of Directors or the County Manager can waive the ordinance, we cannot promise your request will be granted. We will not be able to request a waiver until the agreement for the selected provider is submitted to the Board for approval.

14. Is an evaluation plan required or will that be something that is developed later?

An evaluation plan is part of the standard template for our contracts. For this evaluation contract, you can simply say that the evaluation plan will be developed in collaboration with the County.

15. In TAB 2 regarding HIPAA violations, is that for our entire organization or just the unit that will be working on this project if selected? We have a very large organization and have no control over what they do.

We're just interested in your unit, unless others in your organization will participate in the delivery of the evaluation services requested through this RFP.

16. Is your tobacco scope of work information available in OTIS? Or will that be available to the selected provider?

The Tobacco Prevention Program's scope of work is on OTIS but may not be available publicly. We will make the TPP scope of work available to the selected provider.

17. Where do we put our experience with similar activities?

Please use TAB 1

**18. Are you already in contract with some partners and/or providers?
Where are those partners/providers located, in which areas of the county?**

Yes, both the Tobacco Prevention and the AOD Prevention programs have community contracts. The TPP contracts tend to serve communities countywide, while the AOD prevention contracts tend to have primarily regional contracts, with a few countywide contracts. The AOD regional contracts exist in East Palo Alto, the Sequoia Union High School District service areas, central San Mateo County, coastside San Mateo County, and two in the northern regions of the county. Several ethnic/race-specific efforts also exist.