

## **PREVENTION RFP QUESTIONS**

### **Direct Prevention Service Providers**

- 1) The RFP requires prevention providers to be a Certified Prevention Specialist (CPS). Is it possible for another person within the region to be a CPS and the provider of the proposed service is not CPS?
  - a) It is preferred that the person providing the services will need to be a Certified Prevention Specialist (CPS). It is acceptable for that person to submit a short-term waiver based on a detailed plan to complete his/her CPS. It is at the discretion of BDAS to accept or reject the plan.
  - b) If there is multiple people within a region who have been trained and are qualified to deliver the evidence-based program proposed and are not CPS, the proposal must demonstrate weekly direct supervision by a CPS. It is the discretion of BDAS to approve or disapprove.
  
- 2) There is no mention of matching funds although we were told that would be required. Is that an expectation and if so, is it only monetary matches or in-kind as well and how much?
  - a) On Page 7, Section VIII, it reads, "BDAS does not fund 100% of the cost of all services". It is expected that a successful applicant will demonstrate in kind and other monetary support.
  
- 3) Based on the amount of money available in the regions and the expected number of applicants, is it reasonable to request the same amount of money as we've received in past years?
  - a) Past awards are not an indication of future awards. Awards will be made based upon the criteria listed on pages 11,12, and 13.
  
- 4) Would a program aimed at helping parents increase protective factors for their children be considered for funding? If so, could the program be aimed at parents of young children, or must it be for parents of youth?
  - a) Please refer to the regional priorities and the identified contributing factors and focus populations and it is an evidence-based intervention.
  
- 5) Do we need to address the reporting requirements on page 3, which have to do with high school students or perhaps each individual applicant doesn't have to address this?
  - a) Page 3 addresses the outcome data that we (the State) have to collect. This is done predominantly through the Youth Risk Behavior Survey. Individual applicant must be able to show evidence of effectiveness at the intervention level (see NH Evidence based Guidance Document).
  
- 6) Two-part question: Do the following need to be in place BEFORE the application is submitted?
  - Evidence Based Curriculum
    - a) Please refer to the NH Evidence Based Intervention Guidance. The choice of curriculum must show outcomes that complement the Regional Priorities.
  - Active participation in a regional coalition
    - b) We would hope that there has been some interaction over the past few years. Please include a plan on new or continued partnership.

- 7) Two part question: Regarding the discussion of selective and indicated prevention strategies on Page 9:
  - Selective: we would be targeting people at risk by virtue of family history and/or low-income status. Is it necessary to limit the program to people in these groups, or is it enough that they make up a significant percentage of the group?
  - a) Please follow the definition for “selective” on page 9 of the RFP.
  - Indicated: we would not be targeting people showing danger signs of SA but would target families at risk in order to build protective factors and perception of risk as identified in the regional goals.
  - a) Please follow the definition for “indicated” on page 9 of the RFP.
- 8) Is the Challenge Course considered EBI? If not, can you recommend an alternative?
  - a) The Challenge Course is a perfect example of applying for a level three NH Evidence Based Intervention. Please refer to the NH Evidence Based Intervention Guidance.
- 9) If we are applying for more than one region, do we submit a budget for each Region?
  - a) You do not have to submit entire duplicate proposal because much of it would be duplicative. However, each regions priorities must be addressed and separate budgets submitted per region.
- 10) For Statewide agencies submitting one proposal, how are regional CPC’s going to be engaged in decision-making?
  - a) Community Prevention Coordinators will not be involved in the review or selection process. Regional Oversight Board members and fiscal agents will be asked by BDAS to review and score proposals as well as Governor’s Commission members and other internal and external reviewers. Reviewers will not read proposals from their own regions.
- 11) What if there are no proposals in a Region that receives the 85-point minimum? What happens to the funding for that Region?
  - a) If no proposals score 85 points or better, funding will remain within that region. However, the funding will be frozen by BDAD until a direct service provider from that region submits a proposal for selective or indicated evidence based intervention. Regional Oversight Board members and fiscal agents will be asked by BDAS to review and score proposals as well as Governor’s Commission members and other internal and external reviewers. Reviewers will not read proposals from their own regions.
- 12) How was the allocation of funding determined?
  - a) It was based on the percentage of BDAS funding awarded to each region in the past.
- 13) Can current CPC’s help provide T.A. in writing the proposal to the agencies etc, writing for the grant?
  - a) CPC’s will not provide technical assistance to regions until after the letters of intent have been submitted. They will then provide an open forum to any interested parties. All questions and answers will be posted on each regional website and cc’d to BDAS.
- 14) NOMS reporting refer to high school population. Are we looking at changing the NOMS of 12-14 year olds in middle school?
  - a) Currently BDAS is not required to collect middle school data.
- 15) Where can I find/ locate the (Website) “ NH Evidence Based Intervention Guidance”?

- a) The website for Regional Priorities and NH Evidence Based Intervention Guidance is:  
<http://www.dhhs.state.nh.us/DHHS/ATOD/regions.htm>
- 16) How long is the short-term waiver for certified Prevention Specialist training?  
a) We would expect an individual to be certified within 6 months from the beginning of the contract, which begins July 1, 2010. We will provide further guidance shortly.
- 17) Are there any limitations or exclusions for the budget?  
a) Please refer to the RFP, Section VIII, page 7.
- 18) Is the funding \$852,000 a year for two years, or \$426,000 a year for two years?  
a) The funding is for \$852,000 per year.
- 19) Will the state provide more training's for CPC certification to accomplish this?  
a) Yes, prevention workshops are offered monthly. For other opportunities you may contact <http://www.dhhs.state.nh.us/DHHS/ATOD/e5-conference-Training.htm> and <http://nhpreventcert.org/links/>
- 20) If a provider receives a waiver for CPS then does not obtain CPS will funds be taken from that provider, if so what will happen to these funds?  
a) The funds will return to the region and frozen until a successful applicant for selective or indicated interventions is submitted.
- 21) If an agency has multiple people providing the service, do all teachers need to be Certified Prevention Specialist?  
a) Please see answer to question #1.
- 22) If we submit a proposal to fund 3 interventions will we need to submit 2 budgets for each intervention (July 1-Dec 31, 2010 Jan 1-June 30, 2012) therefore 6 budgets?  
a) Yes.
- 23) Environmental Strategies such as media literacy and media campaigns are among the priorities of some regions. Such interventions would reach larger populations while including the indicated and selective populations. Would such interventions be funded?  
a) The funds we are discussing today are Governor's Commission funds. They have specifically requested that these funds be used for selected and indicated direct services.
- 24) If applying to multiple regions. For agencies seeking to support programs in multiple regions, do we complete a "plan of operation", for each region separately?  
a) No, if one agency is submitting evidence based intervention for each region and the plan of operation is identical and clearly aligned with every region, then one plan of operation is acceptable. However, if the plan of operation aligns differently with each region, then a different plan of operation will need to be submitted for each.
- 25) If so, does each region have a 5-page limit or the entire section must not exceed 5 pages?  
a) Executive summaries and other parts of the proposal that are duplicative need not be repeated. There should be one master proposal with a one-page supplement for each region for the plan of operation.
- 26) Does each region get a separate budget form as well?  
a) Yes.

- 27) Regarding “Eligibility” (Section IV) Regional entity exception? Would it be possible to have a decision process in place so that applications can determine prior to submission date if they should submit an application?
- a) BDAS is bound by the procurement table on page 5 of the RFP. All proposals must go through an equitable process, including timeline, reviewers and scoring.
- 28) Can you please further define what you are looking for in terms of selective and indicated interventions? For example, would an Evidence-based curriculum delivered to all 8th grade students be classified as selective because it is targeting a group at higher-risk (youth are at higher-risk during “transition years”) or would it be classified as universal?
- a) If the evidence-based intervention is listed on NREPP program, it will be identified as to which category it fits.
- 29) Can the agency that is the fiscal agent for the CPC apply to provide direct prevention services?
- a) The proposal would need to demonstrate a lack of capacity within the region and there are no other prevention providers for selective and indicated prevention services.
- 30) What will the role of the CPC’s be in providing programmatic oversight (after January 1<sup>st</sup>), as the RFP states that BDAS will continue providing programmatic oversight throughout the life of the funding cycle?
- a) The CPC will return to the original role of community organizer. Please refer to The Regional Prevention Systems document posted at:  
<http://www.dhhs.state.nh.us/DHHS/ATOD/regions.htm>
- 31) With limited staff and resources, a certain level of funding will be required to make our State Contract “worth it”. For Example, is it worth the time spent reporting, training a CPS, participating in regional coalitions? If we apply for \$30,000 and only receive \$5,000 as an award, is there an option to refuse or review and rethink the funded program/intervention?
- a) Please submit a “real proposal” with actual cost to provide the services. If BDAS chooses to discuss revisions to the proposed intervention and budget then the provider has the right to decline the award
- 32) Just to clarify, IF we (through our fiscal agent) plan to apply for the RFP for regional networks, can we (through our fiscal agent) apply for this funding opportunity as well if we would only act as a pass through for the funds to organizations who would provide the direct services through a sub-contract?
- a) This would create another administrative layer. The intent of this proposal is for applicants to apply for services for themselves, and then they can sub-contract. If a coalition has entered into a partnership with a local entity (school, diversion program or other) they must include strong memorandums of understanding within that partnership
- 33) Should there be a written agreement between a prevention provider and a region accompanying the RFP application which indicates that this is a mutually agreed upon intervention? Should it be a letter commitment or memorandum of understanding (MOU)?
- a) MOU’s or letter of commitment is not required between the direct service provider and the regional level. The proposal’s careful alignment with the regional priority plan will demonstrate alignment. However, MOU’s in partnership that are directly related to

carrying out the plan are required, i.e. school based interventions will need letter of support from the school principal or another authority within the school.

- 34) Where in the RFP response do we discuss our prevention staffs CPS status and our plans to get each certified?
- a) Please submit a short-term plan for certification under Agency Capacity, page 8 and 9.
- 35) Are the CPC's allowed to write letters of support for application?
- a) Yes, letters of support from the regional CPC are permitted, but not required for an application to be successful.
- 36) Will Regional Oversight Boards be reviewing the proposals in their own regions?
- a) No, Oversight Boards will review other regions' proposals
- 37) Is a Student Assistance Program (SAP) eligible for these funds? The program includes universal strategies?
- a) Yes. Student Assistance Programs (specifically the evidence based Project Success) is a comprehensive prevention program, which includes universal, selective, and indicated components. In order to implement the program with fidelity, it would need to include all recommended strategies.
- 38) Is it acceptable for Regional CPCs to provide a letter of support for treatment providers' proposals if they have not been actively involved with the regional coalition?
- a) Yes, it is appropriate for the CPC to provide a letter of support however, the treatment provider proposal will need to demonstrate how the provider will be involved with the regional coalition and the letter of support needs to reference that comment.
- 39) When providing narrative about the evidence-base of a program that is not on a federal registry and that has not been published in peer reviewed journals, is there a recommended format for providing the research that supports the program's methodology or theoretical framework?
- a) Narrative responses should detail what core elements comprise the program's content, structure and method of delivery with detailed citations to research articles that support those core elements. A brief narrative showing the logic that connects the research citation to the core elements is also recommended. Please refer to the EBI guidance document on the DHHS web site.
- b) For those not on a federal registry,
- i) Section 3B notes specifically, "Document the evaluation research literature that supports the effectiveness of the strategy" (i.e. research supporting that it "should" work)

Section 4 refers to the fit of the intervention relative to community factors such as readiness and intervening variables.

Section 5 notes specifically, "Identify outcomes to be evaluated, including those factors that the intervention is known [or projected] to affect" and the method for collecting those outcomes (i.e. how you'll show it "did" work).

The pictorial of the evidence-based guidance demonstrates on the far right column of cascading text boxes should be helpful in building the theoretical case for why the intervention "should" work and the methods you intend to use to determine if it "did"

work. Technical assistance to for the latter (implementing your evaluation design in concert with the core indicators and standards being developed by the Center) will be provided by the Center if your intervention is selected for funding. During the review process for the RFP for those interventions not endorsed by a federal registry or peer-reviewed journal, the Center's expert panel will review the proposal language specific to 3b and 5 above to provide feedback and considerations to the Bureau in its selection process.

40) I am wondering if there is a calendar (from any and all regions) that has all trainings that are being scheduled related to meeting CPS requirements?

a) Not to our knowledge.

41) Many contractors are concerned about the new CPS requirement and are looking for training so that they can complete the process before next contract year. As you know, the Training Institute offers one training per month focused on prevention; this will work for some folks, but we realize that this will not be enough for others and that more options are needed. We have added these options to the DHHS/AOD web page. We have listed links for regional training opportunities, which will enable people to find more training relevant to the CPS requirements. You will be able to find trainings in VT, RI, ME, MA, and CT

To do this:

1. go to the DHHS homepage  
[http://www.dhhs.state.nh.us/DHHS/DHHS\\_SITE/default.htm](http://www.dhhs.state.nh.us/DHHS/DHHS_SITE/default.htm)
2. click on Substance Abuse
3. click on Conferences and Training Resources
4. scroll to the bottom of page - you will see **Regional Training Resources**  
<http://www.dhhs.state.nh.us/DHHS/ATOD/e5-conference-Training.htm>

42) We currently use "Project Drug Free: Reach for the Stars!!" A Research-Based Prevention Curriculum for Grades 9-12 for our TAP program youth participants. Could you please tell me how I would go about determining whether or not this is accepted/approved curriculum?

a) Please follow the NH Guidance for Evidence Based Interventions.

43) As a regional entity, is a previous subcontractor whose agreement was terminated by the region due to lack of performance, eligible in the RFP process?

a) A regional entity is a contracted intermediary who has entered into an agreement with a local subcontractor. The level of detail involving the termination of this agreement is not documented at the state level at this time therefore the subcontractor is eligible to submit a proposal. The prospective candidate can demonstrate past involvement with the region and/or must demonstrate the "future" plan for active participation.

44) We are currently exploring an opportunity to merge our organization and another provider in our region. It is possible that the merger could happen as early as July 1<sup>st</sup>, but likely by the first of next year. Should we reference that in the proposal, even though it is still at the 'possibility' stage?

a) There is procedure in place within BDAS that is followed in the event an organization Merges or changes fiscal agents. Referencing this in the RFP is your decision, but not necessary.