

**NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Division of Community Based Care

**Bureau of Drug and Alcohol Services**

**Prevention Services Unit**

**REQUEST FOR PROPOSALS**

**STATE FISCAL YEARS 2010-2012**

**I. PURPOSE OF THE REQUEST FOR PROPOSALS**

The mission of the Bureau of Drug and Alcohol Services (BDAS) is to significantly reduce alcohol and other drug abuse and its social, health, and behavioral consequences for the citizens of New Hampshire through public policy and resource development, education, and supporting initiatives that ensure the delivery of effective and coordinated prevention and treatment services. This mission is carried out, to a large degree, in partnership with community-based agencies that are awarded contracts through a request for proposals (RFP) process.

The purpose of this competitive bid RFP is to fund proposals for evidence based alcohol and other drug prevention services that target New Hampshire residents helping to achieve the prevention goals for the state and is aligned with the priorities identified through data and community assessment within each of the ten regions. One award is available to provide statewide older adult services. All other awards will be for selective and indicated services based on the alignment to the identified regional priorities (listed on Website).

**II. FUNDS FOR THIS PROPOSAL**

Funds in the amount of \$63,-000 are available for one statewide award to provide community based education, intervention, and technical assistance to older adults and their caregivers. Agencies, whose proposals address more than one region, refer to Section IX Proposal Instructions. Funds in the amount of approximately \$852,000 dollars per year are available for selective and indicated evidence based interventions, regionally, for the time period of July 1, 2010 to June 30, 2012 for a total of \$915,000. This is a two-year contact with an option to renew for two additional years. The first six-months (7/1/2010 to 12/31/2010) will be managed directly by BDAS. The last eighteen months (1/1/2011 to 6/30/2012) will be rolled into the Community Prevention Coalition contract for fiscal management. All contract provisions will remain the same for the contract period. The source of funds is Governor's Commission on Alcohol and Other Drug Abuse Prevention, Intervention and Treatment Budgets must have whole dollars only. Copies of this RFP and accompanying forms can be down loaded from our website at: <http://www.dhhs.state.nh.us/DHHS/OBO/LIBRARY/RFP/default.htm>. Forms on the website cannot be used for data entry. Forms will be sent electronically to all agencies that submit a letter of intent.

<b>Funding Allocation for Prevention Direct Services</b>	
Statewide Older Adult Services	\$ 63,000
Region A	\$ 136,940
Region B	\$ 66,777
Region C	\$ 79,508
Region D	\$ 36,016
Region E	\$ 87,944
Region F	\$ 73,781
Region G	\$ 84,653

Region H	\$ 135,265
Region I	\$ 91,054
Region J	\$ 60,062
<b>TOTAL</b>	<b>\$ 915,000</b>

### III. BACKGROUND INFORMATION

Use and misuse of alcohol and other drugs in New Hampshire is a problem of significant magnitude. In the 2006-2007 National Survey for Drug Use and Health (NSDUH), more than 8% of NH's population reported alcohol abuse or dependence, and almost 3% reported drug abuse or dependence. Although New Hampshire ranks as one of the healthiest states in the nation on many health indicators, the NSDUH indicated significantly higher consumption rates for both alcohol and marijuana in New Hampshire than nationally.

The NSDUH reported a significantly higher rate for 30-day alcohol use among people ages 12 to 20 in New Hampshire (in a 30 day period) than was reported for that same age group nationally (33.6% in NH compared to 28.1% nationally). Similarly, a significantly higher rate of binge alcohol use in a 30 day period was observed among people ages 12 to 20 in New Hampshire than was observed for that age group nationally (24.1% in New Hampshire compared to 18.8% nationally).

In the same survey, a significantly higher rate of 30-day marijuana use was observed in New Hampshire among people of all age groups. 8.2% (7.0%-9.6%) of people surveyed in NH reported using marijuana in the past 30 days compared to 5.9% nationally. The difference was particularly stark for the 18-25 age groups (28.0% in NH compared to 16.3% nationally).

To address the higher than national rates for alcohol and marijuana use, a task force was convened in January of 2006 by the New Hampshire Department of Health and Human Services; the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment; Dartmouth Medical School; and the New Hampshire Alcohol and Drug Services Providers' Association to develop a statewide plan to address these critical issues. Representing numerous agencies, organizations and professions, task force members assembled to identify the strategies necessary to strengthen the overall system, and improve access to services ranging from prevention through recovery. Four particularly salient and relevant goals in this plan relating to the transformation of the AOD prevention system in New Hampshire include:

- 1.2:** Reduce the incidence, burden and progression of substance use disorders by integrating best available science and evidence-based programming into prevention, clinical practice and policy.
- 2.1:** Assure that substance use disorders are addressed appropriately through integrated regional systems of prevention, intervention, treatment and recovery support.
- 2.4:** Ensure that service providers utilize data to assess needs, develop priorities, implement programs and evaluate outcomes.
- 3.2:** Ensure that a comprehensive array of services to prevent and address substance use and substance use disorders among New Hampshire's youth and their families are available on a regional basis.

During the same period, the State of NH was awarded funds by SAMHSA for the Strategic Prevention Framework State Incentive Grant (SPF SIG) to promote and enhance evidence-based prevention initiatives through ten regional Community Prevention Coalitions (CPCs).

The formation of the 10 regional CPCs constitutes New Hampshire's statewide adaptation of a nationally recognized evidence-based intervention (Communities Mobilizing for Change on Alcohol) in a socially networked environment designed to increase social capital in each region. The theory of action that is uniquely applicable to New Hampshire culture is that enhanced regional social capital using community level environmental approaches is a vital part of comprehensive prevention.

In addition to the social network approach, each region employs a Community Based Participatory Research (CBPR) method for collecting information, identifying problem domains and contributing factors, establishing plans, and evaluating outcomes. This approach, consistent with the goals of the SPF and other state initiatives, includes strengthening all types of infrastructure (leadership, data systems, evidence based interventions, workforce development, etc) and mobilizing community capacity around the components of assessment, capacity building, planning, implementation, and evaluation.

**The goals of this RFP:**

1. Prevention direct services will be equitably distributed across the state
2. Prevention services will be evidence based interventions (EBI)
3. Services must be based on the Institute of Medicine's (IOM) definition of selective and indicated populations, (refer to Program Structure/Plan of Operation page 9).
4. Selective and indicated services will be directly aligned with regional data and priorities (see website)
5. Increase integration and coordination of prevention services across state systems
6. Providers of prevention direct services will be participants within the regional coalition membership.
7. Providers of prevention direct services will participate with the BDAS Center for Excellence Learning Collaborative as applicable for continuous quality improvement.

Reporting requirements for the State include the following population based outcomes and performance outcomes of evidence based interventions. These are also know as the National Outcome Measures (NOMS):

- Reduce the percentage of high school students who report use of alcohol within the prior 30 days.
- Reduce the percentage of high school students who report use of marijuana within the prior 30 days.
- Increase the percentage of high school students who report "great risk" associated with taking one or two drinks nearly every day.
- Increase the percentage of high school students who report "great risk" associated with smoking marijuana regularly.
- Increase the perception that peers and adults disapprove of alcohol use by people of high school age.
- Track and monitor number of evidence based interventions funded.

## **IV. MINIMUM REQUIRED SERVICES AND PERFORMANCE MEASURES**

### **A. Minimum Required Services**

The Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment prevention priorities are to fund only evidence based, selective and/or indicated interventions. These interventions will directly impact the region's risk factors, contributing factors and focus populations as outlined in the region's priority plan.

Performance measures for funded evidence based interventions will be determined by the BDAS Center for Excellence expert panel. These measures will be documented and adhered to during the duration of the contract. All staff implementing the intervention must be trained in proposed EBI.

The direct service provider will actively participate in the regional coalition membership.

Providers of prevention direct services will participate with the BDAS Center for Excellence Learning Collaborative as applicable.

Monthly reporting is required via the state web based data site and will be monitored for compliance.

Memorandum of Agreement (MOA) is required as of 1/1/2011 with the regional contractor for fiscal management.

Providers will participate with the regional level Synar Comprehensive Plan as required by the federally funded Block Grant

### Professional Credentials

Successful applicants must be Certified Prevention Specialists in accordance with the State of NH Prevention Certification Board and the International Certification and Reciprocity Consortium. A short-term waiver will be allowed based on a detailed plan of completion for certification pending approval of BDAS. Upon completion certification must be kept current.

### Culturally and Linguistically Appropriate Standards of Care

BDAS recognizes culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers accessing health services. To ensure equal access to quality health services, BDAS expects the Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

- Assess the ethnic/cultural needs, resources, and assets of their community.
- Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
- When feasible and appropriate, provide clients of minimal English skills with interpretation services.
- Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

#### **IV. ELIGIBILITY**

Proposals may be submitted by any established non-profit corporation, public agency (agency or department of municipal, county, or state government); or by private proprietorships, partnerships, or corporations; or by a consortium of public, non-profit, and private entities. This includes organizations that have tax-exempt status as a religious or faith based organization.

Applicants for this proposal will be ineligible for application as a regional entity. Any exception to this will be based on the applicant's ability to demonstrate a lack of regional capacity to perform this intervention. The decision to accept or reject dual proposals is at the discretion of BDAS.

#### **V. PROCUREMENT TIMETABLE**

- December 28, 2009** RFP packages are available to agencies by request or via the NH BDAS website:  
<http://www.dhhs.state.nh.us/DHHS/OBO/LIBRARY/RFP/default.htm>
- January 7, 2010** Bidders' Conference (attendance is encouraged, but not mandatory). 10-12 in Tom Fox Chapel
- January 14, 2010** Required Letter of Intent from agencies due to BDAS by 4:00 PM EST.
- February 4, 2010** Deadline to submit questions in writing relative to this RFP by 4:00 PM EST.
- February 18, 2010** Agency proposals due to BDAS by 4:00 PM EST.
- April 1, 2010** Notice of Selection: Contract documents sent by BDAS to agencies for signature.
- April 6, 2010** Contract Document Meeting, (attendance is recommended 10:00 AM - 12:00 noon in the Tom Fox Chapel)
- April 14, 2010** Signed contract documents due back to BDAS by 4:00 PM EST.
- July 1, 2010** Effective date of contracts, pending Governor and Council approval.

#### **A LETTER OF INTENT IS MANDATORY**

RFP packages will become available on **December 28, 2009**. A **Required** Letter of Intent shall be received by BDAS by 4:00 PM, EST on **January 14, 2010**.

The enclosed Letter of Intent Form shall be used to satisfy the Letter of Intent requirement and submitted to the address below or faxed to (603) 271-6105 as described on the form.

Letters of Intent and prevention proposals shall be submitted to:

Bureau of Drug and Alcohol Services  
Hugh Gallen State Office Park South  
105 Pleasant Street  
3<sup>rd</sup> Floor North  
Concord, NH 03301  
ATTN: Lynn Blair

The proposal shall be **received** (not post-marked) by BDAS no later than 4:00 PM, EST on February 18, 2010. No extensions will be granted. Faxed copies will NOT be accepted. The responsibility for submitting a response to this RFP on or before the stated time and date will rest solely and strictly with the applicant. BDAS will not be responsible for delays in delivery caused by the U.S. Postal Service or other couriers, or caused by any other occurrence.

## **VI. BIDDERS' CONFERENCE AND BIDDERS' QUESTIONS**

### **Bidder's Conference**

A. Bidders' conference will be held for all applicants on January 7, 2009 at 10:00 –12:00 in the Tom Fox Chapel, Main Building, Hugh J. Gallen Office Park, located at 105 Pleasant St., State Office Park South, Concord, NH 03301. Attendance at the bidders' conference is strongly recommended. The bidders' conference will provide an overview of the RFP process and an opportunity to receive technical assistance. Any questions received at the bidders' conference and corresponding replies will be communicated via e-mail to all bidders' conference attendees and will be published on the BDAS web site at: <http://www.BDAS.nh.gov/BDAS/OBO/LIBRARY/RFP/default.htm>.

### **Bidders' Questions**

Any questions relative to the Prevention RFP must be submitted in writing to Valerie Morgan by **February 4, 2010** at the address below, or via e-mail at: [vmorgan@dhhs.state.nh.us](mailto:vmorgan@dhhs.state.nh.us). These questions and their answers will be sent to all applicants who have submitted a Letter of Intent and will also be published on the BDAS web site at the web address noted above.

Bureau of Drug and Alcohol Services  
Hugh Gallen State Office Park  
105 Pleasant Street  
Concord, NH 03301  
ATTN: Valerie Morgan

### **Contract document meeting**

A contract document meeting for selected agencies will be held on April 6, 2010 at 10:00 AM to 12:00 noon in the Tom Fox Chapel, Main Building, Hugh J. Gallen Office Park, located at 105 Pleasant Street, State Office Park South, Concord, NH 03301. This is a recommended meeting with BDAS for an explanation of required contract documents.

## **VIII. APPROPRIATE USE OF FUNDS AND OTHER REQUIREMENTS**

Funds may be used to pay salaries and benefits of program staff, meeting expenses, travel for program and training purposes, first time purchases of educational materials, postage, supplies, rent, approved equipment, software, and telephone expenses.

Administrative allocations must be less than or equal to 10 %. These are expenses that are not accounted for in the budget line items. Please explain all charges to this line item. BDAS funding may not be used to replace funding for a program already funded from another source.

Funded agencies will be expected to keep records of their activities related to BDAS funded programs and services. Payment for contracted services will be made on a combined line item cost reimbursement basis on monthly invoices for expenditures incurred and upon compliance with reporting requirements.

Funded agencies will be held accountable for meeting their programmatic projections or, when necessary, for revising projections with BDAS staff. Failure to meet or revise such projections may jeopardize the funded agency's current and/or future funding. Corrective action may include actions such as a contract amendment or termination of the contract. The contracted organization will comply with monthly written and electronic reporting requirements. Staff funded under this RFP may be required to attend pertinent technical assistance sessions, BDAS Center for Excellence Learning Collaborative, data training, quarterly regional contract management meetings and other relevant meetings sponsored by BDAS and the regional coalition membership.

It is expected that the direct services contract with BDAS will be in place through December 31, 2010. Funding will be transitioned to the Regional Contractor January 1, 2011 to June 30, 2012. . The first six-months (7/1/2010 to 12/31/2010) will be managed directly by BDAS. The last eighteen months (1/1/2011 to 6/30/2012) will be rolled into the Community Prevention Coalition contract for fiscal management. All contract provisions will remain the same for the contract period. As of January 1, 2011 Memorandum of Agreement (MOA) is required with the regional contractor for fiscal management. All programmatic and audit oversight will remain with BDAS through June 30, 2012.

BDAS does not fund 100% of the cost of all services.

## **IX. PROPOSAL INSTRUCTIONS**

Agencies, whose proposals address more than one region, are required to submit one proposal. This proposal is required to have a section for each region, which includes how the proposed services would meet the "priorities" identified by the regional plan. (See Website - Regional Priorities)

### **A. Required Materials:**

The following required materials should be submitted to BDAS in order for a proposal to be complete:

- 1) Original Proposal and five (5) copies and one disk.
- 2) Proposal Face Sheet
- 3) Proposal Checklist
- 4) Executive Summary
- 5) Program Narrative
- 6) Scope of Services
- 7) Program Staff List

- 8) Budget Form
- 9) Budget Narrative detailed by line item
- 10) Other sources of funding or revenue for proposed prevention interventions. Form

*Forms on the website cannot be used for data entry. Forms will be sent electronically to all agencies that submit a Letter of Intent.*

## **B. Proposal Formatting:**

The bidder shall submit an original, typewritten **proposal** and five (5) copies and one disk. (PDF or Microsoft Word) Proposals shall contain a Table of Contents, be double-spaced, in no less than 11-point font, one-inch margins, and the pages numbered following the Table of Contents.

Page limitations shall be adhered to for each section. All acronyms shall be spelled out the first time they are used. The source of all data cited shall be noted. **Proposals shall not be bound or stapled**, but clipped in the upper left corner. Five points of the total score is assigned to formatting. Proposals must follow these formatting instructions and the proposal outline.

## **C. Proposal Outline:**

Proposals shall follow the outline presented in this section and are required to contain all listed components as follows:

### **1. Proposal Face Sheet**

### **2. Proposal Checklist**

### **3. Table of Contents**

### **4. Executive Summary (not to exceed 2 pages)**

Briefly summarize the proposal following the proposal outline. Provide an overview of the organization, its history, involvement with the Community Prevention Coalition, prior success with selective and/or indicated populations(s) to be served, and the estimated total number of people to be served by these funds. Please state clearly which region this proposal is addressing. How will this intervention address the regional priorities including risk factors, contributing factors, and the focus population. The Executive Summary is an integral component of the proposal and review process and must be prepared as a stand-alone component.

### **5. Agency Capacity (not to exceed 5 pages)**

Describe the overall mission, program, and services of the organization and how they relate to the goals and priorities as described in Section III of the RFP. Describe the agency's experience and capacity to meet the goals, objectives, and priorities of the region and describe how the prevention direct service provider will support the overall environmental regional goals.

How to meet the performance measures proposed. This includes:

- a) Describe and demonstrate the proposed evidence based intervention as defined by NH Evidence Based Selection Guide (See Website - The NH Evidence Based Selection Guide)
- b) Actual performance measures for evidence-based interventions will be determined by the BDAS Center for Excellence expert panel. These measures will be incorporated into the contract and Exhibit A
- c) Provide evidence that staff is qualified to implement the evidence based intervention.

## 6. Program Structure/Plan of Operation (not to exceed 5 pages)

This narrative section is in addition to, and supplements, the scope of services and program staff list.

Describe in detail how prevention direct services proposed within one of the ten regions, is aligned with the regional priorities, and targets selective and indicated populations as defined by the Institute of Medicine (IOM) model. IOM classifies: **Selective** prevention strategies that target subset of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment; for example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse (IOM 1994), and targeted subgroups may be defined by age, gender, family history, place of residence such as high drug-use or low-income neighborhoods, and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup; for example, children of alcoholics. **Indicated** prevention strategies are designed to prevent the onset of substance abuse for individuals who do not meet DSM-IV criteria for addiction. These individuals are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs; for example, suspended youth or juvenile delinquents.

For each intervention for which funding is requested, describe, concisely and completely, exactly how the intervention will operate, how it will carry out the core components of the evidence based intervention such as:

- Staff has been train in proposed EBI
- Delivering prescribed core content,

- Following prescribed delivery method for frequency, dose and duration
- Utilizing internal fidelity checks
- Systematically measuring and sharing outcomes
- Identify the roles and names of each staff member or, if they are to be hired, attach the job description with necessary credentialing.

While the scope of services addresses specific objectives, activities and performance measures, this narrative describes operationally how the intervention(s) is set up to achieve these measures.

If the applicant is proposing to subcontract any portion of the proposed services with an agency or individual, the applicant **must** submit a copy of the subcontract, or proposed subcontract. That subcontract **must** address the qualifications and credentials of the individual(s) or agency to perform the service, the specific service deliverables, the timeline for implementation of the services to be delivered, and the cost, including total cost of the subcontract and total cost per hour of individuals or agencies performing these services. The successful applicant for this RFP is ultimately responsible for the services delivered under the contract.

- A. Attach copies of appropriate contractual agreements, Memoranda of Agreement or Understanding (MOA/MOU), and/or letters of commitment or support from the appropriate persons/agencies key to the implementation of your proposal. The letters of commitment or support shall summarize the nature of the collaboration or proposed collaboration and indicate the level of such support or commitment. Attachments shall not apply to the page count of the RFP format.
- B. Complete the provided Program Staff List, In addition, a current resume, (**which clearly indicates the staff member is employed by the applicant**), is required for any new program staff. If a program staff position is not currently filled, include a job description of the vacant position.
- C. Include a description of quality assurance and quality improvement measures to ensure fidelity to evidence-based interventions and the documentation of meeting the core components.

## 7. Budget and Justification

This section shall include the following items: one budget for the first six-months (7/1/2010 to 12/31/2010) and a second budget for the following eighteen-months (1/1/2011 to 6/30/2012).

Budget Form (provided). Please submit separate budgets for separate prevention intervention within this proposal. If you are currently receiving BDAS funds, please be very specific in identifying budget changes.

**d) Budget Narrative**

Not to exceed 2 pages per budget. Describe each personnel position and expense item for which funding is requested, linking each to the services to be provided. A budget narrative following the instructions must be completed for each budget for each budget year.

**e) Sources of Revenue Form (provided)**

**f) Program Staff List Form (provided)**

**Proposal Review and Evaluation Criteria**

BDAS will convene an objective review panel consisting of Regional Oversight Board members (to be referred to as Regional Leadership Teams in the future), fiscal agents, governor's commission, and other external/internal reviewers to conduct a review of proposals received in response to this RFP process. Applicants **must have a minimum score of 85** points or better to be successful and considered for funding.

The BDAS Center for Excellence expert panel will review proposals for its strength of Evidence Based Intervention (EBI) based on NH Evidence Based Selection Guide.

The merits of each proposal will be evaluated individually according to the proposal objective scoring criteria described below. BDAS reserves the right to accept or reject any proposal, and to waive any minor irregularities in the proposals. BDAS reserves the right to make final funding decisions based on the availability of funds, geographic distribution of services, prior contract performance (if applicable), and other Department priorities. Please note that BDAS recommends the awarding of a contract to the Governor and Executive Council. Thus, the RFP and contract process is not complete without approval of the Governor and Executive Council.

**Scoring:**

**a) Proposal Face Sheet, Proposal Checklist, and Table of Contents (Not rated)**

**b) EXECUTIVE SUMMARY (Not rated)**

A clear Executive Summary will assist reviewers in evaluating the Proposal and, as such, proposals lacking an Executive Summary will not be reviewed.

**c) AGENCY CAPACITY (30 points. Must score a minimum of 15 points)**

The extent to which:

- The overall mission, program, and services of the organization relate to the program's goals and priorities as described in the RFP.
- The Direct Service Provider is credentialed as Certified Prevention Specialist (CPS) by International Certification Reciprocity Consortium (IC&RC) and the New Hampshire Prevention Certification Board or has submitted a short-term plan for expected date of completion.

- The Direct Service Provider is a professional qualified to implement the evidence-based intervention.
- The organization demonstrates the experience and capacity necessary to carry out the program, and the minimum required services as described in Section IV of the RFP and to meet the performance measures. Please enclose an organizational chart.
- The organization demonstrates that any significant changes and accomplishments (for example, changes in geographic area served, staffing, or reorganization of agency structure) which occurred during the current fiscal year, or which are planned for the upcoming period, will have beneficial impact on the program.

**d) PROGRAM STRUCTURE/PLAN OF OPERATION (30 points. Must score a minimum of 15 points)**

The extent to which:

- The proposal clearly identifies and aligns the evidence-based selective or indicated interventions with the regional priorities at which these services are being proposed.
- The proposal is programmatically relevant and the overall goal(s) of the program relates to BDAS's goals and priorities as described in the RFP.
- Program structure/plan of operation and roles of program staff are clearly and concisely described.
- The Program Staff List lists all program staff including those paid for by the grant and those paid by other sources. A current resume (**which clearly indicates the staff member is employed by the applicant**), is required for any new program staff. Job descriptions are included for vacant positions.
- The proposal describes how it will carry out the program and the minimum required services as described in Section IV of the RFP and how it will meet the performance measures.
- Performance measure targets to include: NOMS,
  - Numbers served,
  - Reduce the percentage of high school students who report use of alcohol within the prior 30 days.
  - Reduce the percentage of high school students who report use of marijuana within the prior 30 days.
  - Increase the percentage of high school students who report "great risk" associated with taking one or two drinks nearly every day.
  - Increase the percentage of high school students who report "great risk" associated with smoking marijuana regularly.

- Increase the perception that peers and adults disapprove of alcohol use by people of high school age.
- Track and monitor number of evidence based interventions.
- The populations, geographical areas and number of individuals expected to be served, are realistic and appropriate for the service area. The applicant must demonstrate their ability to access selective and indicted populations as proposed by the EBI.
- The proposal presents a sound monitoring and evaluation plan that includes a quality assurance plan and states how progress toward meeting objectives and performance targets will be measured.
- Identify current level of participation in applicants Strategic Prevention Framework Community Prevention Coalition (to be referred to as the Regional Network in the future), or if a new applicant, describe how you will become involved and engage in the regional coalition membership
- Two-year contract with an option for a two-year renewal.

**e) EVIDENCE BASED INTERVENTION (20 points. Must score a minimum of 10 points)**

- Must meet the criteria of the NH Evidence Based protocol (See Website - NH Evidence-Based)

**f) BUDGET JUSTIFICATION (15 points)**

The extent to which:

- The budget is appropriate in relation to the proposed activities, is reasonable, clearly justified, and consistent with the intended use of funds.
- The budget narrative provides a detailed description and justification for the use of funds according to instructions.
- The administrative allocation does not exceed 10 %.
- The Sources of Revenue Form provides clear information about other sources of revenue for the program other than state funds for the previous budget year and projected for the current budget period. In-kind contributions for these time periods are also shown.

**g) FORMAT (5 points)**

The extent to which:

- The proposal adheres to the formatting instructions and directions as set forth in this RFP.

**h) PROCEDURES FOR GRANT SELECTION AND NOTIFICATION**

Notice of Selection Procedures

A letter of selection will be sent to the successful applicants by **April 1, 2010**.

In the event that a region does not receive proposals (or proposals that do not meet the minimum score requirements), the balance of these funds for that region will be integrated into the Community Prevention Coalition (to be referred to as the Regional Network in the future) for that area. The Community Prevention Coalition would need to submit a plan to BDAS subject to the approval of the Governor's Commission, as to how those funds will be utilized for selective and indicated prevention services for that area.

The scope of services and budget for the proposed contract may be negotiated based upon the merit of the proposal as evaluated by the review panel, availability of funding, and conditions of the award. Failure of a selected applicant to satisfactorily negotiate within a reasonable time may result in the applicant forfeiting their award.

BDAS may negotiate the funding of geographic service areas and selected activities of a proposal if other activities can be funded more efficiently through different providers.

BDAS may also require a bidder to make appropriate linkages with other agencies and programs in order to receive funding.

If competing proposals are close to equal in scoring, greater weight may be given to costs. If appropriate, semi-finalists will be determined as a result of these scores.

The review panel may request that semi-finalists present a live presentation of their proposal to the review committee. The review panel will score these presentations at that time in order to determine the successful bidder.

Evaluation and scoring criteria will be provided to each semi-finalist prior to their presentation.

BDAS expects each bidder will put forth a definitive cost proposal. NH BDAS, however, reserves the right to later seek a "BEST AND FINAL OFFER" and will provide the bidder the opportunity to amend their original proposal to better meet the objectives of the RFP. BDAS reserves the right whether or not to exercise this option.

#### Non-Selected Proposals

After contracts for selected bidders are approved by Governor and Executive Council, non-selected bidders may request an opportunity to:

- 1) Discuss with BDAS administrative staff the reasons for not being selected.
- 2) Receive recommendations that may make future proposals more effective.

Such requests shall be submitted in writing by  
**July 1, 2010** to:

NH BDAS, Division of Community Based Care  
Bureau of Drug and Alcohol Services  
ATTN: Valerie Morgan

105 Pleasant Street  
Concord, NH 03301

Such requests are not considered appeals. Once a bidder has submitted a letter, BDAS will attempt to accommodate such requests within a reasonable time.

#### **D. DOCUMENTS FOR CONTRACT APPROVAL**

Following selection, each agency will be required to submit the following documents for contract approval:

- Signed and notarized General Provisions (P-37) (form provided by BDAS).
- Signed and notarized Certificate of Vote (form provided by BDAS).
- Revised budget and budget justification pages.
- Most recent agency audit, or audited financial statements.
- Certificate of Good Standing
- Key Personnel List and current resumes of key personnel. Current resumes must be typed, and no more 3 pages in length and shall **include the present position with the applicant agency**. Key personnel shall be defined as the agency or program administrator, and clinical and program coordinators.
- Agency mission statement.
- List of the agency Board of Directors (if applicable) with addresses.
- Initialed and dated Exhibits A, B, C Signed copies of additional assurance, if federal funds are involved: Exhibits D, E, F, G and H, (provided by BDAS).
- Signed copy of additional assurance: Exhibit I, to comply with the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-91 and with the Standards for Privacy of Individual Identifiable Health Information, 45 CFR Parts 160 and 164, if applicable to contractual activities (form provided by **DCBC** or **BDAS**).
- Certificate(s) of Insurance for General Liability and Worker's Compensation Insurance. Please be sure that the following is listed as the Certificate Holder:

NH Department of Health & Human Services  
105 Pleasant Street  
Concord, NH 03301-6504

**Please make arrangements in advance for any necessary Board actions so that contract documents can be returned by the date listed in the procurement timetable.** Successful contract document completion will result in a contract becoming effective on the date in the procurement timetable or upon approval by the Governor and Executive Council of the State of New Hampshire, whichever is later. **Delays in returning contract documents may result in contracts not being effective on that date.** No services occurring before the effective date are reimbursable under the contract.

#### **E. ADDITIONAL INFORMATION**

Amendments:

BDAS has the option of amending contracts throughout the funding cycle based on program performance, fiscal expenditure, and other contract requirements. All amendments require approval by the Governor and Executive Council.

Renewals:

BDAS has the option to renew the contract for SFY for two additional two-year periods, pending availability of funding, the agreement of the parties, and approval by Governor and Council.

Cancellation:

BDAS may, upon determining that no satisfactory proposals have been received for any particular service, decide to re-bid for this particular service.

Public Record:

All proposals become the property of the State of New Hampshire and will be a matter of public record.

**F. RESPONSIBILITIES OF THE BUREAU OF DRUG AND ALCOHOL SERVICES**

BDAS will take an active role in providing technical assistance to the contractor on relevant issues (e.g., program implementation and evaluation) by conducting site visits and maintaining frequent telephone and e-mail contact. All successful applicants must have electronic access to include email and internet access.

**G. ADVERTISING / MEDIA PUBLICATIONS**

All documents shall indicate priority admission and services for pregnant women and injection drug users, and all material (written, video, audio) produced or purchased under the contract shall have prior approval from BDAS before printing, production, distribution or use. BDAS will retain COPYRIGHT ownership for any and all original materials produced with BDAS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, reports or web page(s). Contracted organizations may not reproduce any materials produced under the contract without prior written approval from **BDAS**.

**H. ENCLOSURES:**

- Letter of Intent Form
- Proposal Face Sheet & Instructions
- Proposal Checklist
- Program Staff List & Instructions
- Budget Form & Instructions
- Sources of Revenue Form & Instructions

**LETTER OF INTENT TO APPLY FOR  
NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF COMMUNITY BASED CARE FUNDING  
FISCAL YEAR 2011**

*Deadline*

**Required Letters of Intent must be received at BDAS  
No later than  
4:00 PM, EST**

Letters of Intent can be e-mailed to: [lblair@dhhs.state.nh.us](mailto:lblair@dhhs.state.nh.us)

**To:** Division of Community Based Care Services, BDAS  
Prevention Services Unit  
105 Pleasant Street  
Concord, NH 03301-6504

**Telephone #:** (603) 271-6110      **Fax#:** (603) 271-6105

**Re:** Letter of Intent for SFY 2011 funding

*APPLICANT INFORMATION*

<b>Legal Name of Agency:</b> <i>(please include "d.b.a." if applicable)</i>	
<b>Executive Director:</b>	
<b>Street Address:</b>	
<b>City, State and Zip Code:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-mail address:</b> <i>(To send electronic documents to)</i>	
<b>Contact Person and Title:</b>	

Please indicate below the name of the RFP for which your agency is applying and write in the geographical service area.

Please indicate if you would like hardcopies of RFP's mailed to you.      Yes                      No  
Our agency intends to apply for funding in the following program(s):

Name of RFP	Geographical Service Area




New Hampshire Department of Health and Human Services  
 Division of Community Based Care Services  
 Bureau of Drug and Alcohol Services

**Proposal Face Sheet**

1. Legal Name of Agency:
2. Name of Section for which funds are requested:
3. Amount of funds requested through this proposal: \$
4. Budget Period: 07/01/2010 to 06/30/2012
5. Name and Title of Agency contact person for proposal:
6. Mailing address:
7. Phone number:
8. Fax number:
9. E-mail number:
10. Geographic area served by this program:
  - a.
  - b.

11. Enter projected/contracted numbers of individuals to be served:

Target Population	Numbers to be served

## **Proposal Face Sheet Instructions**

- 1. Legal name of agency:** Enter the legal name of the agency. This must match the name on the Certificate of Good Standing.
- 2. Name of section for which funds are requested:** This is the specific section for which you are requesting funds, such as the Bureau of Drug and Alcohol Services. One face sheet and complete set of forms should be completed for each section.
- 3. Amount of funds requested through this proposal:** Unless otherwise specified, this should be the amount in the RFP for this program.
- 4. Budget Period:** Enter the beginning and ending date for the budget period (July 1, 2010 through December 31, 2010 and January 1, 2011 through June 30, 2012) Submit one Budget Form for each program and each year for which you are requesting funds.
- 5. Name and title of agency contact person for proposal:** Enter the name of the contact person and their title within the agency (i.e. Executive Director, Prenatal Program Coordinator). This should be the person who can answer questions relative to the proposal.
- 6. Mailing address:** Enter the address to which correspondence relative to the proposal should be sent.
- 7. Phone number:** Enter the phone number for the contact person.
- 8. Fax number:** Enter the fax number to which correspondence relative to the proposal should be sent.
- 9. E-mail address:** Enter the e-mail address for the contact person.
- 10. Geographic area served by this program:**
  - a. Identify the area from the legal notice or web posting for which you are applying.
  - b. List all towns for which your agency provides service for this program
- 11. Projected/contracted numbers of individuals to be served by intervention:** If the specific program requires it, list the intervention in the left column and the number of individuals in that intervention that you project serving or are contracted to serve in the right column.

**New Hampshire Department of Health and Human Services  
Division of Community Based Care Services  
Bureau of Drug and Alcohol Services**

**Proposal Checklist**

**Agency Name:**

This checklist is provided to assist you in assuring your proposal is complete. Please check off all required items and submit it with your proposal. Write "N/A" if the item is not applicable to your program.

**All Programs:**

- |                         |        |
|-------------------------|--------|
| Face Sheet              | [    ] |
| Executive Summary       | [    ] |
| Program Narrative       | [    ] |
| Program Staff List      | [    ] |
| Budget Form             | [    ] |
| Budget Narrative        | [    ] |
| Sources of Revenue Form | [    ] |
| Curriculum Vitae        | [    ] |



## **Program Staff List Instructions**

This form should include all staff in the program funded in part or whole through this proposal. It should provide an accurate projection of all staff salaries to be paid through the grant for the budget period. Complete one Program Staff List for each Program Year. List each staff member's:

- A. Position Title
- B. Name
- C. Hourly rate as of the first day of the budget period
- D. Number of hours per week in the program (total)
- E. Amount of the total salary funded by this program for the budget period
- F. Amount of the total salary funded from other sources for the budget period
- G. Total salaries all sources (E & F)

If the program has current positions or projected new positions that will be paid from grant proceeds, list them as vacant in the name column and complete the remaining columns as instructed above. If the program has more than one site:

- H. List the site at which each staff member works. Do not include volunteers or consultants.

The total salaries should match the total salary/wages line item on the budget. Benefits are not included here. Consultants should be listed separately on that line item of the budget and described in the budget narrative.

**Please note, any forms downloaded from the BDAS website will NOT calculate. Contact individual Bureaus or Sections for calculating forms.**

**Budget Form**

<b>New Hampshire Department of Health and Human Services                  Division of Community Based Care Services                  Bureau of Drug and Alcohol Services                  Prevention Services Unit</b>			
<b>COMPLETE ONE BUDGET FORM FOR EACH MODALITY FOR EACH PROGRAM YEAR</b>			
<b>Agency Name:</b> <b>Budget Request for: Bureau of Drug and Alcohol Services</b> <b>Modality:</b> <b>Budget Period:</b>			
Line Item	Program Funds Requested	Other Funds	Total
1. Total Salary/Wages			\$ -
2. Employee Benefits			\$ -
3. Consultants			\$ -
4. Equipment:			\$ -
Rental			\$ -
Repair and Maintenance			\$ -
Purchase/Depreciation			\$ -
5. Supplies:			\$ -
Educational			\$ -
Lab			\$ -
Pharmacy			\$ -
Medical			\$ -
Office			\$ -
6. Travel			\$ -
7. Occupancy			\$ -
8. Current Expenses			\$ -
Telephone			\$ -
Postage			\$ -
Subscriptions			\$ -
Audit and Legal			\$ -
Insurance			\$ -
Board Expenses			\$ -
9. Software			\$ -
10. Marketing/Communications			\$ -
11. Staff Education and Training			\$ -
12. Subcontracts/Agreements			\$ -
13. Administrative Allocations (not to exceed 10% or duplicative of other line items in this budget)			\$ -
14. Other (specify):			\$ -
			\$ -

			\$	-
<b>TOTAL</b>	\$	-	\$	-
Please note, any forms downloaded from the BDAS website will NOT calculate. Contact individual Bureaus or Sections for calculating forms.				

**Budget Form Instructions**

*All forms will be sent electronically to those submitting a letter of intent. Please use electronic Budget forms, as all calculations will be done for you. Submit Budget forms as hardcopies with the proposal documents.*

**Please note, any forms downloaded from the BDAS website will NOT calculate. Contact individual Bureaus or Sections for calculating forms.**

Submit one budget form for each intervention and each year for which you are requesting funds (one six month and one eighteen month) in the column: “Program Funds Requested” list funds for each line item for which you are requesting funds through this proposal. In the column “Other Funds” list funds from other sources by line item. It is not necessary to enter anything in the total column or row, as all totals will be calculated for you. In addition, a budget narrative must be submitted with each budget form.

Use the information below in writing the budget. Additional Guidelines for Budget Preparation are available by requesting them from the RFP contact person for those needing more guidance.

1. **Salary/Wages**—Budget form: from the Program Staff List, include the totals from column E under Program Funds Requested and the total from F under Other Funds.
2. **Employee Benefits**—Identify the percentage of salary estimated for all fringes.
3. **Consultants**—Budget form: include the total amount for all consultants.
4. **Equipment**—Identify under the appropriate item (rental, repair and maintenance, or purchase/depreciation) what the total projected expenses will be. NOTE: Purchase of equipment in excess of \$300 must be approved in writing prior to purchase.
5. **Supplies**—Identify projected expenses separately for educational, medical, laboratory, pharmacy, and office.
6. **Travel**—Identify total projected expenses for in state, out-of-state, and conferences. In the narrative state per mile and allowable expenses (based on agency travel policies).
7. **Occupancy**—Identify total cost of occupancy narrative.
8. **Current Expenses**—Identify projected expenses separately for telephone, postage, subscriptions, audit and legal, insurance, and board expenses.
9. **Software**—Identify projected expenses of software purchase.
10. **Marketing/Communications**—Identify projected expenses to increase awareness and visibility as well as promote the program, including brochures, newsletters, and press kits.
11. **Staff Training and Education**—Budget-identify funds used for staff training and education.

12. **Subcontracts/Agreements**—Identify funds used to enter into sub-contracts or agreements with other agencies to carry out the services of Exhibit “A”.
13. **Administrative Allocations**—Identify total amount of administrative cost for this program (not to exceed 10% or duplicative of other line items in this budget).
14. **Other**—Specify any other program expenses not previously noted above.

**Sources of Revenue**

**New Hampshire Department of Health and Human Services  
Division of Community Based Care Services / Bureau of Drug and Alcohol Services (BDAS)**

Agency Name: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Budget Period: \_\_\_\_\_

A	B	C	D	E
	Revenue from Current Budget Period		Projected Revenue for Budget Period	
	Dollar Amount	Percentage	Dollar Amount	Percentage
<b>State Funds</b>				
(Specify program below)				
<b>City/Town Funds</b>				
<b>Other Federal Funds</b>				
<b>United Way</b>				
<b>Medicaid</b>				
<b>Participant Fees</b>				
<b>Fundraising</b>				
<b>Other (specify below)</b>				
<b>TOTAL</b>	<b>\$0.00</b>		<b>\$0.00</b>	
<b>In-kind (specify below)</b>				
<b>TOTAL</b>	<b>\$0.00</b>		<b>\$0.00</b>	

**Please note, any forms downloaded from the BDAS website will NOT calculate. Contact individual Bureaus or Sections for calculating forms.**

## Sources of Revenue Instructions

A Sources of Revenue (SOR) form must be submitted with each budget form. Some programs receive state funds from multiple sources that support this initiative. List these sources under the heading "State Funds" where requested in Column A.

*If you receive funds other than those listed, specify those under "Other". For example, some HIV programs receive funds from the Department of Education. Another example is Health Care Transition funds. List these only if they fund this program. Do not list if they are discrete initiatives within the organization. Also, list sources of In-Kind revenues in the lower portion of Column A.*

Columns B & C request revenues from various funds from the current budget year for this program, if any. This will be a combination of actual and projected revenue. In Column B list the actual dollar amount from various revenues for the program.

Percentages will be calculated for you in Column C. In Column D, list the projected revenues by line items for the projected budget period. Percentages will be calculated for you in Column E.

**Please note, any forms downloaded from the BDAS website will NOT calculate. Contact individual Bureaus or Sections for calculating forms.**