

# PREVENTION RFP QUESTIONS AND ANSWERS (Q & A)

## PROGRAM

- 1. The required county goals and objectives listed under Section IV: Funding for Comprehensive Prevention Services (pages 16-17) are all environmentally focused and appear to conflict with Table 6, Sample Efforts to Address Objective Two, that lists many of the recommended AOD prevention efforts that proposers could select to address long term objective two. These are also very different from the county goals and objectives that we currently respond to in CalOMS and they eliminate many of the CalOMS prevention strategies that we employ to address the county goals and objectives. Is this RFP designed to only fund programs that utilize the environmental approach to prevention in Los Angeles County or will the required county objectives for funding (Section IV) be expanded to be inclusive of non-environmental prevention efforts to address long objective two?**

It is the intention of the County to have all services, regardless of whether they are environmental, education, community based processes, problem identification and referral, alternatives, or information dissemination, address the same overall goals and objectives. The Long-Term Objective 2 is flexible enough to allow for a full range of services/strategies as is the Sample Efforts to Address Objective Two included in Table 6. It is therefore up to the Proposer to determine specifically how this would be achieved in their community/target population, and based on the community assessment.

It is not the County's intention to fund only environmental efforts in Category 2; Category 1 is environmentally focused though. Furthermore, it is the intention of the County to fund those applications most in line with the specifications in the Alcohol and Other Drug Prevention Services (AODPS) Request for Proposals (RFP), which includes "how the overall proposal (SPF Steps 1 through 5) will lead to achieving the Proposers goals and objectives and impacting the County, Substance Abuse Prevention and Control's (SAPC) goals and objectives within the contract term." (Section IX Proposal Narrative Requirements, page ).

The County replaced the Fiscal Year 2010-2011 goals and objectives with those identified in the AODPS RFP. The County does not intend to expand the list of goals, long-term objectives, or County objectives. In the Work Plan, the "Proposer's Objective" is where further clarification will be given on how the Proposal would meet the County's long-term objective(s).

- 2. How is the County defining youth and young adults? Are these young people under age 25 or are there other age parameters?**

For the purpose of this RFP, youth are those up to age 18, and young adults/transitional age youth are those 18 through 25 years of age.

- 3. Optional Target Population (up to 10 bonus points: *"In addition to that described in A.1, describe how the AOD prevention services will be provided to children of families, parents/guardians, and/or transitional age youth who are homeless and/or residing in permanent supportive housing."* What is the age range of the transitional age youth?**

See response to Question 2.

## QUESTIONS RELATED TO SECTION III: EVIDENCE-BASED SERVICES/CURRICULA

- 4. Regarding Evidence-Based Services/Curricula: *"Proposer must select AOD prevention services, activities, and/or programs that have been adequately substantiated..."* Can we use a Mental Health Promotion or treatment Evidence Based Strategy (EBS) or do we need to use a substance abuse prevention EBS?**

The Evidenced Based Practices (EBP) selected must meet the criteria outlined in Section III Prevention Services Frameworks, part D Evidence Based Services/Curricula (page 12) and address the specifications in the RFP which include but are not limited to addressing the County, SAPC's goals and objectives that specifically address alcohol and other drug (AOD) issues. Therefore, all selected EBPs must be focused on addressing AOD issues and related outcomes.

Treatment EBPs are not permitted by the RFP since "primary prevention includes activities targeting individuals who have never received nor require treatment, and do not/would not meet DSM-IV criteria for substance abuse or substance dependence." (Section IV Funding, Funding Availability – Page 17).

5. **Although Seeking Safety is a SAMHSA Evidence Based Substance Abuse Treatment Intervention, it is designed to address trauma to reduce the likelihood of substance abuse. Would this be an acceptable EBI to use as a way to address substance abuse prevention efforts?**

No, see response to Question 4.

6. **Does the evidence based curriculum have to be substance abuse prevention EBI or can a substance treatment curriculum be used and modified or adapted to be utilized as prevention EBI (i.e., Seeking Safety is listed under the substance abuse treatment EBIs but could be modified as a prevention intervention.)**

No, see response to Question 4.

7. **Category 2 CSP requires the use of "evidence based curricula" using environmental strategies which are consistent with the County objectives under CSP. The objectives listed on page 16 appear to address the "community efforts" only, using environmental strategies. Can the County provide objectives that address the "individual efforts" and distinguish these from the community efforts?**

See response to Question 1.

8. **Adequately substantiated AOD prevention services, etc. are "defined as 1) evidence-based programs or curricula categorized under substance abuse prevention on the National Registry of Evidence-based Programs and Practices of Communities That Care Prevention Strategies Guide; ...to achieve the intended outcomes." Several local providers participated in the California Institute on Mental Health (CIMH) and Los Angeles County's PEI CDE solicitation process to identify prevention and early intervention (PEI) evidence-based practices and community driven evidence (CDE) curricula and interventions to be included in the "Resource Guide of Evidence-based Resources for the Los Angeles County Department of Mental Health". The CIMH was responsible for receiving all applications and reviewing the "evidence of impact and effectiveness" of all interventions and curricula. This process resulted in a select number of interventions and curricula being included in their Resource Guide that was made available to Los Angeles County mental health providers. While our ATOD prevention intervention and curriculum is included in the CIMH and Los Angeles County Resource Guide, the RFP suggests that it cannot be used because it is not included in the NREP. NREP is one of several entities that conduct reviews of ATOD-related interventions and curricula and maintains listings of evidence-based practices. The RFP suggests that only those interventions listed on the NREP will be considered. Please clarify.**

See response to Question 4 for more information on use of AOD vs. mental health EBPs. Under #1 of Section III Prevention Services Frameworks, part D Evidence Based Services/Curricula, Communities That Care is also an option for AOD prevention EBPs.

9. Adequately substantiated AOD prevention services, etc. are those “... 3) where the program or curricula is not a recognized best practice/model program (as described in one above. Proposers must attach results from an evaluation/research conducted by an evaluator independent of the proposer that includes detailed evidence of program effectiveness and the ability of the program/curriculum to achieve the intended outcomes.” Though not conducted by an evaluator independent from our organization, our detailed evidence of program effectiveness was reviewed and evaluated by CIMH staff and their selected panel of independent reviewers. To meet this requirement, are we able to submit a copy of our letter from CIMH acknowledging their review and approval/acceptance of our intervention and detailed evidence of our intervention’s effectiveness?

To qualify under option #3 of Section III Prevention Services Frameworks, part D Evidence Based Services/Curricula, the initial evaluation must be conducted by an evaluator independent of the Proposing agency. Therefore subsequent review by CIMH staff would not qualify.

10. Our program is addressing a unique target population. Because (1) there are no CDC and Prevention Community Guide that address AOD prevention in our target population, and (2) our program is not an environmental strategy, we are forced to use option 3 in Part D, Evidence-Based Services/ Curricula, Section III, Prevention Services Frameworks. Our program conducted an independent evaluation many years ago, and we no longer have the hard copy results. However, for the past 20+ years, we have been collecting our own evaluation data of our curriculum. Since we are also asked to dedicate at least 5% of our funds for a qualified evaluator as stated in Section IX, Proposal Narrative Requirements, Step 5, Evaluation on page 38, it seems appropriate that SAPC would consider innovative curricula that could be independently tested through this RFP’s funding and submitted to NREPP for future inclusion. When can it be proven that limited options exist for using Evidence Based Services (EBS) Curricula for a specific population, will SAPC consider not penalizing proposers who state their own “community-defined” evidence (without independent research results attached), with substantiation of the limited EBS options for their target population?

This RFP requires selection of EBPs as defined in Section III Prevention Services Frameworks, part D Evidence Based Services/Curricula; EBPs meeting that criteria may be adapted for target populations and/or communities where appropriate.

Section IX Proposal Narrative Requirements, Step 5, Evaluation (page 38) did not require an independent evaluator since Section III Prevention Services Frameworks, part D Evidence Based Services/Curricula required existing EBPs or those previously evaluated by an independent evaluator.

11. The RFP states, “Overall, proposers must demonstrate that selected AOD prevention efforts align with the County SAPC’s goals and objectives while addressing the problem areas and contributing factors identified in the proposer’s community assessment, and that they are culturally appropriate/relevant...” Can we modify/adapt an EBS to target the Lesbian, Gay, Bisexual, Transgender community/population?

Yes, EBPs that meet the criteria outlined in Section III Prevention Services Frameworks, part D Evidence Based Services/Curricula (page 12) may be modified/adapted to target specific populations/communities. The evaluation must include efforts to determine if the modifications/adaptations achieved the desired results.

### QUESTIONS RELATED TO SECTION III: SCREENING TOOLS/INSTRUMENTS

12. Our program targets elementary school age youth between the ages of 9 and 11 years. The literature associated with these screening tools state that they have been “normed” for adolescent to adult-aged population and that they are not appropriate for youth under the age of 12 years. Will a statement from the proposer that these screening tools were not selected because of their inappropriateness for the targeted population satisfy this SAPC requirement or will additional information be necessary?

For the purpose of the RFP, the County, SAPC requests that each Category 2 Proposer, regardless of target population, identify a screening tool from the approved list so that in the event an individual 12 years of age and older seek services, a screening would be possible if needed. The County, SAPC will work in collaboration with selected contractors who serve individuals less than 12 years of age to identify appropriate screening tool(s) for that age group. See Question 13 for more information.

- 13. Category 2 CSP requires AOD Screening Tools/Instruments and states that we must select 1 of 3 tools listed- SASSI, ASSIST, or the AUDIT C+. None of these tools were designed for prevention assessments and were not designed exclusively for adolescents or young people. We have successfully used the COJAC, the Modified Mini Screen, and the DSMIV to screen youth and determine their level of risk and whether they require prevention or treatment services. Will the County allow us to use our current screening tools?**

The Modified Mini Screen could not be used in lieu of the AOD screening tools listed in Section III Prevention Services Frameworks, part E Alcohol and Other Drug Screening Tools/Instruments since it focuses on determining the need to assess for mood disorders, anxiety disorders, and psychotic disorder but could be used as part of the overall screening process. The DSMIV criteria is not allowable since it is used to assess for substance use disorders which is beyond the scope of this RFP. At this time the COJAC is not a validated tool, but upon validation the County, SAPC will consider adding this tool to the approved list.

#### **QUESTIONS RELATED TO SECTION IV: FUNDING CATEGORIES**

- 14. “Selected EPS Proposers must complete a more comprehensive assessment within the first six months.” What are the County’s expectations in terms of a “more comprehensive assessment” required within the first 6 months? Must it include the entire SPA or can it be focused on one or more specific communities within the SPA?**

For the purpose of the RFP, the County, SAPC is asking Proposers to identify what would be included in their comprehensive assessment during the first six (6) months. This should be fairly extensive since only the assessment, and not direct services, will be provided during up to the first six months (see VI Minimum Criteria to Participate, Section IX Proposal Narrative Requirements, Step 4 – Implementation page 32 and 37).

The County, SAPC will provide more detailed criteria (e.g., training, materials, survey tools) upon contract awards so that there are core activities that occur across the County using the same tools. The County, SAPC intends to provide training, technical assistance, guidance on format/expectations, and materials (e.g., surveys) to better ensure a successful process County-wide. Through the collective work of Category 1 and Category 2 contractors, a more comprehensive assessment will occur for Los Angeles County as a whole.

The Category 1 contractors will be responsible for assisting in a SPA-wide assessment with special emphasis on the target populations/communities described in Section IX Proposal Narrative Requirements, Category 1 (EPS), Step 3 Planning, Target Population #1. The Category 2 contractors will be responsible for conducting an assessment among the target populations/communities described in Section IX Proposal Narrative Requirements, Category 2 (CPS), Step 3 Planning, Target Population #1 (pages 31 and 35).

- 15. “Selected EPS contractors will also assist the County, SAPC in conducting SPA-wide community assessment upon contract award.” If we are to “assist” the County in a “SPA-wide community assessment”, what are the tools we are expected to use and how is this different than the initial community assessment expected from EPS proposers?**

By providing the time (six months) and funds (no services before completion of the assessment) to complete a comprehensive assessment, coupled with training and materials provided by the County, it is anticipated that the comprehensive community assessment conducted after the award will be

more detailed, community driven/community involved etc. than many of the initial assessments included in the RFP.

See response to Question 14 for more information.

**16. If awarded both EPS and CPS funding, can the “comprehensive community assessment” be the same?**

No, since the Category 1 (EPS) and Category 2 (CPS) services must be distinct (see page 30 and Question 14 for more information).

**17. “Comprehensive Prevention Services (CPS) focus on both community and individual level efforts.” Category 2 CPS focuses on “both community and individual efforts” though it is not clear what the “individual efforts” should be. Can “individual efforts” include individual and group outpatient prevention services similar to current CalOMs prevention strategies such as mentoring and small groups?**

Individual efforts would be those services directed towards changing individual knowledge, attitudes, behaviors etc. and could include such efforts as screening, educational services, mentoring etc. to the extent that it meets the specifications of the RFP and aligns with the assessment results included in the response.

Note that treatment/outpatient services are not permitted since “Primary prevention includes activities targeting individuals who have never received nor require treatment, and do not/would not meet DSM-IV criteria for substance abuse or substance dependence.” (Section IV Funding, Funding Availability – Page 17).

**18. “Comprehensive prevention services...focus on both community and individual level of efforts to decrease 1) the ease of AOD access and availability...and 2) the social norms and community conditions that contribute to AOD use.” Must the proposed programming address both AOD access/availability and social norms or is it acceptable to focus solely on the latter?**

According to Section IV Funding, Category 2: Comprehensive Prevention Services “selected CPS contractors will address a minimum of two goals (goal 1 required), and Long-Term objectives 1 and 2”. To what extent the each Long-Term Objective is emphasized in the Proposal is dependent on the assessment and the focus of the Proposal.

**19. “Selected CPS Contractors will participate on the coalition(s) coordinated by the selected EPS Contractor (Category 1) in the SPA(s) where it provides services, and report on efforts to inform and involve their target community(ies) in the implementation of the identified environmental efforts.” Is it expected that Category 2 proposers would identify and partner with a specific potential EPS Category 1 Contractor for this RFP and discuss in the proposal narrative under Section IX, Step 3, on page 36, the specifics of that relationship?**

No, the Category 2 (CPS) contractors will participate on the coalition of the selected Category 1 (EPS) contractors in the SPA(s) where it provides services.

**20. In “County Objectives”, the RFP notes that the proposal must address County Objective 1.1 which is to “increase enforcement of existing alcohol laws, and implement new laws or policies, as suggested by data and conditions.” Private nonprofits have no authority to enforce laws or implement legislation. Could you please provide guidance as how we may address this objective?**

It is the expectation of the County, SAPC that contractors/private nonprofits will collaborate with enforcement agencies (e.g., local police departments, Alcohol and Beverage Control) and educate policy makers (e.g., city council members, community leaders), rather than be directly responsible, for

enforcement and implementation of legislation/laws/policies. See response to Question 43 for more information on education vs. lobbying.

**21. Would a Category 1 proposal that only targeted youth and young adults be responsive to this RFP?**

If based on the needs assessment youth and young adults arise as the priority populations, services and activities directly or indirectly targeting only these populations is acceptable under Category 1. However, to effectively implement environmental prevention activities/services adults from the community/local agencies etc. must be engaged in the process.

**22. "The County anticipates funding up to thirty-three (33) contracts in Funding Category 2. The maximum for each contract award per year is \$200,000." Is it expected that Category 2-only proposals would submit an annual budget of no more than \$200,000? Can a proposer provide an annual budget in Category 2 that is greater than \$200,000?**

Per Section III, part A Funding Categories, Category 2: Comprehensive Prevention Services (page 17) "the maximum for each contract award per year is \$200,000." Proposals submitted for either Category 1 or Category 2 with budgets exceeding the maximum, as outlined in Section IV Funding, will be considered non-responsive to the RFP and will be disqualified from further consideration.

**23. Under Category 2 (CPS), the maximum for each contract award per year is \$200,000. Is it possible to receive more than one contract for a single bid?**

No. Per Section III, part A Funding Categories, Category 2: Comprehensive Prevention Services (page 17) "the maximum for each contract award per year is \$200,000" and per Section III, part B Funding Availability, Funding Requirements and Availability (page 17) "proposers may apply for Category 1 or Category 2 only, or for both Category 1 and Category 2. Proposers are limited to submit one proposal for each category in response to this RFP." For more information on Proposing Entity Limitations, see Section VII RFP Timeline, part D (page 22).

**24. Is there a maximum number of strategies that can be used in Category 2 funding?**

No.

**25. Will preference be given to agencies that use multiple strategies?**

No.

**26. We currently have four separate and unique contracts with SAPC with the total maximum contract value of \$349,232. By submitting a bid under this RFP, will this one bid replace the four current contracts we have with SAPC?**

Per the letter from SAPC's Director, John Viernes Jr., on October 14, 2010 "the Alcohol and Other Drug Prevention Services (AODPS) Request for Proposals (RFP) released on October 8, 2010 will result in a re-bid of all funds allocated under Substance Abuse Prevention and Control's AODPS contracts which includes those formerly known as Community Prevention and Recovery Programs (CPRP) and Alcohol and Drug Prevention Services (ADPS). This also includes any special funds previously allocated for methamphetamine services and technical assistance. Funding for and services provided by the Adolescent Intervention, Treatment, and Recovery Programs (AITRP) contracts are not affected by the AODPS RFP."

Therefore, all current (Fiscal Year 2010-2011) AODPS contracts will be terminated as a result of this RFP process, including those referenced above. Submission of a response to this RFP does not guarantee an award for future AODPS funding.

- 27. Our agency provides AOD prevention services to high schools in our SPA and in other SPAs. Will we receive additional funding under the EPS and/or CPS contract for services delivered outside of the SPA in which we are located?**

See Section IV Funding (page 13) for criteria on Category 1 (EPS) and Category 2 (CPS) and response to Question 26 for more information.

- 28. What tool/assessment was used to determine the funding amounts for each SPA?**

A variety of factors were considered in this process, including those 0 through 24 years of age living below 100% federal poverty level as this is the priority age population for this RFP.

- 29. *“The County anticipates funding up to thirty-three (33) contracts in Funding Category 2...Category 2 funding will be distributed based on need.”* Is it the intent of the contracts distributed based on need result in a similar number of contracts being awarded in each SPA (33 contracts/8 contracts= about 4 contracts/SPA), presuming there are as many fundable proposals? Or is the intent to fund more contracts in SPAs that are determined to have greater need?**

The intent is to fund more Category 2 contracts in SPAs that are in greater need rather than funding the same number of Category 2 contracts in each SPA. See response to Question 28 for more information.

- 30. Many providers have services in multiple Service Planning Areas. Is the limit one proposal for each category, no exception? Or is the limit one proposal for each category in an individual Service Planning Area, thus allowing a provider to submit separate proposals for the same category, but different Service Planning Area? For example, could a provider submit one proposal under Category 2 for SPA 3, and a separate proposal under Category 2 for SPA 7?**

Per Section IV Funding, part B Funding Availability, Funding Requirements and Availability (page 17) “proposers may apply for Category 1 or Category 2 only, or for both Category 1 and Category 2. Proposers are limited to submit one proposal for each category in response to this RFP.” Submission of more than one proposal for Category 1 will be considered non-responsive to this RFP and will result in disqualification of all responses; submission of more than one proposal for Category 2 will be considered non-responsive to this RFP and will result in disqualification of all responses. For more information on Proposing Entity Limitations, see Section VII RFP Timeline, part D (page 22).

Therefore, as mentioned in the question, a proposer is prohibited from submitting a Category 2 Proposal in for example SPA 3 and a separate proposal for example in SPA 7. The same is true for Category 1. See Question 31 for more information.

- 31. *“Proposers may apply for Category 1 of Category 2 only or both Category 1 and Category 2. Proposers are limited to submit only one proposal for each category in response to this RFP. Proposers applying for both Category 1 and Category 2 must respond to the RFP and all the requirements for each category separately, including submission of a separate budget and work plan for each category.”* By “one proposal per category”, do you mean Service Planning Area? Can an agency submit a proposal for Category 2 in two different Service Planning Areas?**

By “one proposal per category” the County, SAPC means one response per category in total for the County of Los Angeles. See response to Question 30 for more information.

- 32. Can we submit multiple Category 1 and 2 projects with one proposal?**

No. See response to Question 30 and 31.

**33. May a provider submit separate proposals, each covering a different SPA, with each providing the same category of prevention services, specifically Category 2 services?**

No. See response to Question 30 and 31.

**34. Are proposers applying for Category 1 limited to applying for a single SPA, or can project proposals for multiple SPAs be submitted?**

Category 1 proposals are limited to a particular SPA since the County's intent is to have a Category 1 award in each SPA. Category 1 proposals for multiple SPAs cannot be submitted.

See response to Question 30 and 31 for more information.

**35. Can a proposer propose to serve individuals from their selected target population in more than one SPA?**

For Category 1 see Question 34. Upon contract awards, the County, SAPC will discuss with selected applicants if it is appropriate to have limited cross-over since not all communities fit neatly within the SPA boundaries, and the coalition membership may reflect this as well and/or if selected Category 1 recipients would like to work in collaboration on county-wide efforts.

For Category 2, a proposer can serve individuals from their selected target population in more than one SPA since Category 2 is not restricted to SPA boundaries. However, selected contractors must "participate on the coalition(s) coordinated by the EPS contractor (Category 1) in the SPA(s) where it provides services..." (Section IV Funding, Funding Categories, Category 2: Comprehensive Prevention Services – page 16).

**36. *“Environmental prevention services (EPS) address alcohol availability and accessibility...While each award is for a specific SPA, the environmental efforts may begin in more defined locations (e.g., cities within the SPA) based on the community assessment and the current community capacity/readiness, and then extend to other locations through the contract term as capacity and momentum builds. Furthermore, even though Category 1...Proposers must include all the necessary steps...It is recommended that the Proposer identify an existing model for policy change.”* Category one contractors, while being leaders in their own SPA, are allowed to build policy projects starting from one city, and then perhaps to become SPA-wide—it is not clear in the RFP that for more advanced policy projects whether we may start from SPA-wide collaborations to county-wide policy projects. May the EPS services (Exhibit II), consistent with Section III, Prevention Services Frameworks, be proposed that are not only SPA-wide but mobilize, build coalitions, and build collaborations for agencies and law enforcement and other constituencies so they may truly have countywide impact as well as within their SPA? While serving the SPA for certain, may we also propose countywide activities?**

See response to Question 34.

**37. Many of the Exhibit II EPS strategies would be best implemented if they are not only begun in the SPA but are efficiently broadened to include agencies outside of the SPA. This is especially true of Community-Based Process Strategies (Code 16) and Environmental Strategies (Code 17). For instance, Media Strategies (under Code 16) could easily and more efficiently be played out through “earned media” in the countywide market (LA Times, La Prensa, Fox News, etc.)**

See response to Question 34.

**38. Are proposers applying for Category 2 projects limited to applying for a single area or can proposals for multiple local areas be submitted?**

See response to Question 35.

**39. Are prevention programs under Category 2 allowed to encompass more than one SPA (multi-SPA projects)?**

See response to Question 35.

**40. While proposers are allowed to submit *one proposal per category*, does this mean that an agency can conceivably receive funding under both Category 1 and Category 2?**

Yes, it is possible for a Proposer to receive one award for Category 1 and one award for Category 2.

**41. If applying for both Category 1 and Category 2, should the proposals be submitted within the same document, or should proposals be bound and packaged separately?**

If applying for both Category 1 and Category 2 both proposals must be bound and packaged separately. See Section IV Funding, part B Funding Availability, Funding Requirements and Availability (page 17) and the upper text box on page 30 of Section IX Proposal Narrative Requirements.

**42. Does each category need an entirely separate proposal?**

See response to Question 41.

**43. *“Funds awarded to community contractors by SAPC may not be used for lobbying, that is, directly influencing legislation...Funds may be used to educate local officials...about the policy campaign or about AOD-related issues.”* Could you please clarify the kind of contact with legislators that would be acceptable under this RFP?**

Activities conducted by potential County, SAPC contractors cannot violate its contract with the State Department of Alcohol and Drug Programs which states: “1) no part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature, except in presentation to the Congress or any State legislative body itself; 2) no part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State Legislature.”

For further information specific to this RFP, see Section IV Funding, part B Funding Availability, Funding Limitations and Exclusions for additional language (page 18).

**44. *“Proposers must perform all direct services; subcontracting for direct services is not permitted under this RFP.”* Are consultants allowed, or is the whole staff to be directly employed by the proposer?**

Yes, consultants are permitted on a limited basis but cannot be used in lieu of permanent staff or as an alternative to subcontracting which is not allowed by this RFP.

**45. Please provide your definition of direct services as it applies to prevention work.**

As referenced in Section IV Funding, part B Funding Availability, Funding Limitations and Exclusions “Proposers must perform all direct services; subcontracting for direct services is not permitted under this RFP” (page 18) and Section VI Minimum Mandatory Requirements to Participate “Proposers must be able to begin conducting an assessment within thirty (30) days and direct services within six (6) months of the contract award” (page 19), direct services refer to those core activities described in

the Proposal response and intended to be funded by the County, SAPC with the exception of activities to be conducted as part of the comprehensive assessment.

**46. Will you provide an example of what you are looking for when you say the Work Plan must reflect a logical progression to achieve the goals and objectives?**

Over the contract term, selected proposers are expected to impact the County's Goals and Objectives. Therefore, this requires a progression and well thought out process of efforts, activities, and/or services to impact those County's Goals and Objectives and demonstrate outcomes. The Work Plan must demonstrate how this would change over the contract term and not merely restate the previous year's efforts because it would not reflect the wide variety of work that needs to be done to demonstrate outcomes or adjust to changing conditions/completion of efforts/tasks.

For example a logical progression for the Work Plan when implementing a policy would detail the planning efforts, then what is needed to implement the policy, then what is needed to enforce that policy, and then sustain it over time with the purpose of impacting the County's Goals and Objectives.

**47. "Over the thirty-six (36) month period, the Work Plan must reflect a logical progression to achieve the goals and objectives and thus cannot just repeat the previous fiscal year's activities." If an agency is using a program or model that has positive evaluation results year after year, why would it not be of value to repeat the previous year's activities for new groups or individuals?**

Some core recurring activities (e.g., classroom education, retailer training, screening services) will likely be repeated during successive Fiscal Years, however other activities may need to be modified or added in order to impact the County's Goals and Objectives and address the specifications of the RFP, which includes but is not limited to that described in Section IV Funding and Section IX Proposal Narrative Requirements. For example, while a Category 2 applicant may primarily like to focus on school based education, the specifications of this RFP require additional activities to be considered a "comprehensive prevention" provider (see sections above for more information).

See Question 46 for additional information.

**48. There is room for two program sites but three items for maximum allocation in the description in Exhibits IIIB and IIIC. What is the required number of sites for this proposal? Can there be one or three sites allowed?**

There is no limit on the number of sites allowed under this RFP, however, the maximum funding allocation listed in Section IV Funding does not change/would not increase. Please refer to Questions 30-39 for information on geographic limitations by Category.

**MINIMUM MANDATORY REQUIREMENTS**

**49. "Have at least four years of experience in primary alcohol and other drug prevention." Can the qualifying experience of the agency be from outside of the State of California?**

Yes, the qualifying experience of the agency can be from outside of the State of California, provided the experience is on primary alcohol and drug prevention for a period of at least four years.

**50. "Section 1 of the proposal shall be entitled 'Minimum Mandatory Requirements to Participate' and shall include the following accomplished forms and applicable documents as evidence of compliance with these requirements...Letters of Support and/or formal agreements..." AND "Section 8 of the proposal, 'Additional Information', shall include any other data the proposer(s) deems essential to the evaluation of the proposal. This has specific reference to the following types of data:...Letters of references or specific endorsements..." Please clarify**

**whether “letters of support” are the same as “letters of reference” and, if not, elaborate on the expected content of the two. Also, should both types of letters of recommendation be included in both sections?**

“Letters of support” are different from “letters of reference”. The letters of support needed to comply with the Minimum Mandatory Requirements to Participate refer to letters from the community, i.e., community-based organizations or leaders of the community, that declare support for and agreement with the objectives and activities of your agency on primary alcohol and other drug prevention. The “letters of reference” are letters or documents from another organization referring to your agency, other individual(s) for alcohol and other drug prevention services. This section of the agency’s proposal is meant for any other information not required by the RFP but is otherwise believed by the agency to be essential to the evaluation of its proposal. “Additional Information” is an option and not a requirement. If no additional information is available or deemed essential, then this section can consist of a signed and dated statement from the agency saying, “*We wish to present no additional information*”.

## FINANCE

**51. Are there minimum thresholds (regarding units of service) for receiving payment?**

SAPC has not established any minimum thresholds (in units of service) for paying contracts at this time. What it intends to do is fund successful agencies under a cost contract for the services provided during the first year. Payment for the second and third year contracts will likely be connected to the agency achieving specific goals and measurable objectives outlined in the agency work plan developed during the first year of this contract. Please refer to Exhibit V Instructions For Preparing Budget and Narrative Forms, for additional information.

**52. “The payment mechanism will change from cost reimbursement in year one to fee-for-service in year two and beyond.” Request to please describe the fee-for-service payment mechanism for year two and beyond, including but not limited to the rate, unit or type of service, etc.**

See response to Question 51 above for the payment mechanism for year two and beyond.

**53. Will the rates be negotiable or specific to a provider, or will they be standard for all providers?**

No, SAPC does not anticipate standardizing rates for all providers.

**54. What are the services upon which the fee-for-service rates will be based?**

Payment will be as described in the response to Question 51 above.

**55. “Submit a separate set of budget forms and budget narrative for each fiscal year of the thirty-six (36) month project period. Thus, proposer should provide three separate sets of budget forms and accompanying budget narratives for the prevention services, one set for each year.” AND “...Proposed Budget Summary Form, Attachment 6 that will collectively represent all costs associated with this project.” Does “collectively represent all costs” mean there is also a cumulative budget to be submitted in addition to the required budget and narrative for each fiscal year? Is there also a cumulative budget narrative to be submitted?**

Not cumulative but total budget for the three fiscal years, representing the sum total of the budgets for Fiscal Years 2011-12, 2012-13, and 2013-14. Under this proposal, SAPC is requiring that agencies submit a budget for each of the three fiscal years. Each year’s budget package should include a budget narrative that supports the anticipated staff, services and supplies, administrative, and other costs required to establish and provide the prevention services for that year. Agencies must submit the Proposed Budget Summary, Attachment 6, which reflects the total program expenses and

revenue for all three years of the project and a budget narrative that summarizes costs for the full project. All cost must be clearly justified as detailed in Exhibit V, Instructions for Preparing Budget and Narrative Forms.

- 56. The RFP indicates that a minimum of 5% of the total budget needs to be allocated to evaluation. However, it says that proposals exceeding 5% will be disqualified. Did they mean a maximum of 5%? Please clarify.**

Under Section IX, Proposal Narrative Requirements, part III Proposed Budget (page 34 and 38) the statement "Proposals which exceed this amount will be disqualified from further consideration" refers to the overall budget and the maximum funding amount described in Section IV Funding not the minimum requirement for evaluation. Category 1 and Category 2 proposals must include a minimum 5% of the total request to be used for evaluation.

- 57. One of the requirements is a financial statement for fiscal years 2008-2009. The RFP states, "If an audited financial statement is available, this should be submitted to meet this requirement." In Attachment 9, page 3 of 5, the attachment states, "Document(s): Fiscal Year 2008-2009 Audited Statements of Assets and Liabilities and Net". Do the 2008-2009 financial statements have to be audited? It seems to conflict with the statement on page 27.**

Attachment 9 is provided as a guide to facilitate the preparation of the proposal and is not required for submission with the proposal. If there are inconsistencies between the RFP and Attachment 9, the RFP should take precedence. The RFP states in Section VIII, Proposal Narrative Requirements, page 27, "If an audited statement is available, this should be submitted to meet this requirement." Therefore, if an audited statement is not available, an unaudited statement would suffice. It is the proposer's responsibility to ensure the completeness and correctness of all documentation required by the RFP.

- 58. Exhibits IIIB and IIIC: "Contractor shall employ at last one (1) FTE specifically assigned to work full time on the Prevention Service Agreement." Do agencies receiving contracts for both EPS and CPS need to employ one (1) or two (2) FTEs to meet this requirement?**

There should be *one FTE for each contract* whether EPS or CPS. If an agency is applying for an EPS contract and a CPS contract, then this agency should have one FTE for EPS and another FTE for CPS.

- 59. Exhibit V: Can an agency use its federally approved indirect cost rate for this application? Is the copy of the approved rate agreement adequate justification if the rate exceeds 20%?**

Yes, an agency should be able to use its federally approved indirect cost rate. This agency should include documentation of this federally approved indirect cost rate in its submitted proposal. However, to justify exceeding 20%, the agency must show separate proof of how the currently used percentage was determined. Further, note that this is a competitive selection process. Therefore, proposals with low cost including indirect cost percentage would most likely receive higher scores than those with high cost.

#### CONTRACTING & OTHER CONCERNS

- 60. Exhibit V: "II. Program Expenses, A. Salaries and Employee Benefits." Two (2) separate 501(c)(3) organizations are excited to collaborate in response to this RFP under Category 1. One will be the main bidder and contractor, and the second for a smaller amount of the funds will be a subcontractor for specific environmental prevention services. It is not clear in the budget section or anywhere in the RFP as to whether this is permitted. Is subcontracting (long term) allowable in the RFP response and contract? If this subcontracting is permitted, how are the FTEs and Expenses to be itemized in the budget?**

No, subcontracting is not permitted under this RFP (see Section IV Funding, part B Funding Availability, Funding Limitations and Exclusions - page 18).

**61. Regarding “Contract References”, is the List of References limited to five, allowed to include references for contracts for the same or similar services held outside California?**

Yes, the List of References may include references for contracts under which the proposer provided the same or similar services to another organization outside California. The intent of this requirement is to document the length and type of contract experience of the proposer in providing alcohol and other drug prevention or similar services.

**62. Does the List of Contracts need to specify multiple contracts per agency, such as a specific county department that has several contracts for different services offered at different facilities of the proposer?**

The List of Contracts is a list of all the government contracts of the proposer within the last three (3) years, regardless of the number of facilities or services covered. If the proposer had contracts with the San Bernardino County Department of Public Health, the Los Angeles County Department of Mental Health, and the Los Angeles City Department of Neighborhood Empowerment within the last three years, then the proposer will list down all of these contracts. The intent of this requirement is to document the extent of the proposer’s experience in providing services under contract with government agencies.

**63. “All proposers must provide signed and dated declarations that there are no current or outstanding corrective action plans...” Do agencies have to provide this even if they have never had to do a corrective action plan for any of the agencies? If so, what department in the County would provide this letter for the AOD program contracts?**

The proposer must provide documentation showing it is currently in good standing, contractually. The intent is to minimize the chances that a proposer would not be able to effectively implement its contract with the County due to problems with its other contracts. If signed certifications are not available, a simple statement from the proposer declaring it is currently in good standing on all its past and current contracts will suffice. The statement should be signed by the authorized representative of the proposer. However, if the statement is checked and found by the County to be inaccurate, it may constitute grounds for the proposer’s proposal to be disqualified from further consideration.

**64. “All contact regarding this RFP or any matter relating thereto must be in writing and may be mailed, e-mailed, or faxed as follows:...” Please provide referenced but missing email and fax information.**

Mr. Izumi can be reached at:  
E-mail: [gizumi@ph.lacounty.gov](mailto:gizumi@ph.lacounty.gov)  
Fax: (626) 299-7226

**65. “October 19, 2010. Deadline for submitting pre-conference written questions on RFP.” Will there be a quick turnaround to the questions we submit on October 19, 2010? How we approach the RFP will depend on how the questions are answered.**

All pre-conference written questions submitted by October 19 will be compiled with the appropriate answers, and issued as a Question & Answer (Q&A) handout for distribution at the Proposers Conference on November 2nd. This Q&A and any addenda to the RFP will be posted in the SAPC website. All prospective proposers will be notified about the posting.

**66. “December 6, 2010 Deadline for submitting proposal.” Will SAPC consider extending the deadline to submit the proposal? Since proposers’ conference is not scheduled until**

**November 2, 2010 and depending when the pre-conference written questions are answered, this will impact all agencies' abilities to submit the proposal in a timely manner.**

The proposal due date is December 6, 2010, 3:00 p.m. until proposers are advised otherwise.

**67. "Additional Information." Is there a limit on the number of letters of reference or specific endorsements (minimum and maximum) to be submitted with this proposal?**

There is no limit to the amount of information a proposer can submit for "Additional Information".

**68. When do you anticipate announcing new contract awards?**

Barring unforeseen circumstances that may cause delays, SAPC expects to award new contract(s) on or before July 1, 2011.

**69. Are there any plans for SAPC to release a Treatment Services RFP?**

This AODPS RFP only refers to prevention services.

**70. Is this RFP to solicit new or expanded DUI programs?**

No, this contract is not to solicit new or expanded DUI programs. Submissions that include DUI programs (including first, second, and third offender programs) will be considered non-responsive to the RFP and disqualified.

**71. What will be the new end date of the existing prevention contracts?**

Current AODPS Contracts will be extended until June 30, 2010.

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