

# RFQ Response Form

## Providers of Drug & Alcohol, Tobacco and Gambling Prevention Services

### PROPOSER INFORMATION

Proposer Name: University of Pittsburgh Medical Center Western Psychiatric Hospital, Addiction Medicine Services (AMS)

Authorized Representative Name & Title: Cele Fichter-DeSando, MPM, Prevention Manager.

Address: Prevention Program 4<sup>th</sup> Floor Franklin Building 1011 Bingham St, Pittsburgh PA 15203

Telephone: 412-580-3089; assistant 412 235-5377

Email: fichtcm@upmc.edu

Website: www.upmc.com

Legal Status:     For-Profit Corp.     Nonprofit Corp.     Sole Proprietor     Partnership

Date Incorporated: 1990

Partners and/or Subcontractors included in this Proposal: [Click here to enter text.](#)

How did you hear about this RFP? County website

### REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	David Bobrzynski	412-246-6809	bobrzynskidj@upmc.edu
Contract Processing Contact	Dann Susko	412-246-5693	suskodr@upmc.edu
Chief Information Officer	Steve Schunk	412-864-4605	schunks@upmc.edu
Chief Financial Officer	David Bobrzynski	412-246-6809	bobrzynskidj@upmc.edu
MPER Contact*	Dann Susko	412-246-5693	suskodr@upmc.edu

\* [MPER](#) is DHS's provider and contract management system. Please list an administrative contract to update and manage this system for your agency.

### BOARD INFORMATION

Provide a list of your board members as an attachment or in the space below.

## Officers

**Chairperson:** G. Nicholas Beckwith III

**First Vice Chairperson:** Eva Tansky Blum

**Second Vice Chairperson:** Mark J. Laskow

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### Providers of Drug & Alcohol, Tobacco and Gambling Prevention Services

**Chairperson, Finance Committee:** Robert M. Hernandez

**President and CEO:** Jeffrey A. Romoff

**Treasurer:** C. Talbot Heppenstall Jr.

**Chief Financial Officer:** Robert A. DeMichiei

**Chief Legal Officer:** W. Thomas McGough, Jr.

**Corporate Secretary:** Michele P. Jegasothy

**Assistant Corporate Secretary:** Lisa A. Newcomb

**Assistant Corporate Secretary:** Heidi J. VanGorder

Board Chairperson Name & Title: **Chairperson:** G. Nicholas Beckwith III

Board Chairperson Address: [REDACTED]

Board Chairperson Telephone: [REDACTED]

Board Chairperson Email: [REDACTED]

### REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization.

*Please do not use employees of the Allegheny County Department of Human Services as references.*

1. John O'Connell, School Social Worker, Pittsburgh Minadeo - Pre-K-5; [REDACTED]

[REDACTED]

2. Shanekka Mason, School Counselor, Pittsburgh Arsenal Pre-K-5; [REDACTED]

[REDACTED]

3. Eric Harper, Behavior Intervention Specialist Duquesne Elementary; [REDACTED]

[REDACTED]

### PROPOSAL INFORMATION

Date Submitted 2/22/2019

Amount Requested: \$260,000

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Proposal Abstract:

*Please limit your response to 750 characters*

AMS Prevention Program of UPMC Western Psychiatric Hospital has extensive experience in providing comprehensive prevention programming in Allegheny County according to Department of Human Services (DHS) and Pennsylvania Department of Drug and Alcohol Program (DDAP) guidelines. The goal of the AMS prevention program is to prevent and/or delay the youth initiation of alcohol tobacco and other drug use (ATOD) and to reduce the intergenerational impact and transmission of substance use and gambling disorders through the delivery of evidenced-based and evidenced-informed prevention services. We are seeking to be recognized as a qualified applicant by Allegheny County DHS to provide fee-for-service prevention activities using the six federal prevention strategies adopted by DDAP.

#### CERTIFICATION

Please check the following before submitting your Proposal, as applicable:

- I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination and HIPAA.
- By submitting this proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

#### ATTACHMENTS

Please submit the following attachments with your Response Form. These can be found at <http://www.alleghenycounty.us/dhs/solicitations>.

- MWDBE documents
- Allegheny County Vendor Creation Form
- 3 years of audited financial reports
- W-9

#### REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 100 points. Your response to this section should not exceed 10 pages.

1. Organizational Experience (15 points)
  - Describe your organization's experience in providing drug and alcohol, tobacco and/or gambling Prevention services to a variety of audiences, and your knowledge of related issues. AMS has provided ATOD prevention services by contract with Allegheny County for more than 16 years and has provided gambling prevention services since these services were first provided in this region, approximately six years. We recognize that Allegheny County is changing its model to a

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fee-for-service structure and we are confident that with a diverse staff with experience in delivering many different types of prevention programs that we can provide services within the fee for service model. AMS has staff who are trained and proficient in delivering evidenced-based programs such as Lifeskills Training (LST) and Promoting Alternative Thinking Strategies (PATHS). Staff have experience in using the Too Good For Drugs and Too Good For Violence curricula, Boy's Council, Girls' Circle, The Stop and Think Anti-Bullying Program, Leaps and Bounds and Stacked Deck Gambling Prevention programs as well as PA STOP Overdose Campaign Materials. In addition, in response to requests from schools and communities, AMS has developed power-point presentations and supplemental educational materials and activities using Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute on Drug Abuse (NIDA) resources. The prevention supervisor and all prevention program staff at AMS have a minimum of master's level education in a human services field and meet the minimum education and training (MET) requirements established by the State Civil Service Commission for Drug and Alcohol Prevention Programs. All staff currently receive and document 12 hours of prevention training each year as outlined in the Department of Drug and Alcohol Programs (DDAP) Prevention Manual and this training helps to build and maintain an expert knowledge base. Western Psychiatric Hospital has fiscal staff with experience in processing Allegheny County Contracts and invoicing according to the MPER contract management system and the Client Information and Payment System (CIPS). AMS has staff who are trained and proficient in entering prevention service data using DDAP's Web Infrastructure for Treatment Services (WITS).

- Describe your organization's experience working with school-aged children and/or adults. The goal of the AMS prevention program is to prevent and/or delay the youth initiation of ATOD and to reduce the intergenerational impact and transmission of substance use and gambling disorders. Prevention programs are planned and implemented utilizing best practice resources provided by SAMHSA, DDAP and NIDA. These best practices include providing evidenced-based, evidenced-informed services and supplemental programs that enhance protective factors and reduce risk factors. Using culturally and linguistically appropriate services we strive to combine two or more effective strategies and reach populations in multiple settings with a consistent wide-spread message. Since 2002, AMS staff have provided prevention services to multiple school districts in Allegheny County including, but not limited to: Duquesne, Elizabeth Forward, Riverview, North Allegheny, and the Pittsburgh Public Schools. Specific schools served include Duquesne Elementary, Minadeo, Colfax, Arsenal Elementary, Pittsburgh Obama, Vernor Elementary, St. Benedict the Moor, and Praise Christian Academy. Staff provide the PATHS Pre-K curriculum to several early childhood centers including Brightside Academy, Arsenal Family Center, Mt. Ararat Early Childhood Development Center, and Mathilda Theiss preschool. In addition to providing direct education to the preschool students, staff coach and train the daycare staff in providing the curriculum and setting up the classroom to support the PATHS program. AMS staff provide prevention services to parents and teachers, training them in current topics as needed, including the risks and dangers of electronic cigarettes, bullying prevention, national red ribbon week campaign presentations, overdose prevention, gambling prevention and in choosing and developing sustainable prevention programs. Adult prevention and community - based services have been provided to the Saltworks Theatre Company, Tobacco Free Allegheny Community Coalition, Elizabeth Forward Teachers, Sto-Rox Mental Health Providers Group, Duquesne School District Administrators and numerous early childhood parent groups.

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- Describe relationships that you have established with schools and/or community-based organizations in Allegheny County. AMS has established relationships with schools and community-based organizations throughout Allegheny County including the Pittsburgh Public Schools, Pittsburgh Early Childhood Head Start Supplemental Partnership Programs, the Pittsburgh Diocesan Schools, Focus on Renewal, the Allegheny Intermediate Unit, Tobacco Free Allegheny, Saltworks Theatre Company and the Bridge to Hope Family Group. These relationships have been established by attending community-based meetings, responding to requests for service, providing speaking engagements, technical assistance with program development, sharing resources, delivering evidenced-based and supplemental education services and disseminating information at area health and community events and through an eblast newsletter.

#### 2. Service Delivery (45 points)

- Outline your plan to provide Prevention Services.  
The plan must do the following:
  - include a strategy to work with school districts, community-based organizations and/or DHS to identify and provide appropriate Prevention Services
  - target communities where high need exists – please explain how you selected the identified community(ies)
  - address one or more of the priority issues
  - address one or more of the three target population categories
  - address one or more of the acceptable Prevention strategies.

**Service Delivery Plan:** AMS proposes to provide comprehensive ATOD and gambling prevention programs to Allegheny County school and community organizations in high-need areas including the City of Pittsburgh, Duquesne, Carnegie, Verona and Sto-Rox.

**Strategy:** If qualified, we will contact area early childhood centers, schools and organizations with a menu of evidenced-based and evidenced-informed programs including PATHS, LST, Leaps and Bounds, Stacked Deck and PA STOP Campaign Materials. We have the experience and the capacity to provide ATOD and gambling prevention services utilizing all six of the federal prevention strategies and would focus most of our attention on providing services in the education category. AMS' primary strategy is to encourage schools and community groups to select evidenced-based and evidenced-informed services in the education category as these can reach the most children in a cost-effective manner and can be evaluated and improved using quality assurance measures. A secondary strategy is to utilize the other federal strategies of community based-process, information dissemination, problem identification, environmental and alternative activities to support the development, improvement and sustainability of the primary education services. For example, when providing education category services such as PATHs or LST with a school or community, community-based strategies would be used to provide technical assistance and help with the planning and development of a comprehensive prevention program. Information dissemination strategies will be used to disseminate supplemental curricula and classroom designed materials, provide speaking engagements to parent and teachers on related prevention topics and to develop parent and teacher newsletters and other materials to enhance the implementation of the education program. When providing session-based education services, children with additional needs may be identified who could benefit by employing a problem identification and referral strategy and we would use

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a non-SAP Prevention Brief Risk Screening to identify what might best meet the student's need. The federal alternative activity category would be used as a method to embed prevention activities into the school or organization such as conducting a student planned ATOD free event or recognition activity as a kick-off or culminating event related to the evidenced-based education program. Student learning in the education category would be reinforced with environmental category pledge card signings. Our comprehensive strategy would provide for longer term and repeated interventions as recommended by NIDA in Appendix A of the RFQ. With a pool of 5 fulltime master's level prevention staff who have provided services to many communities and districts over the past years, AMS is prepared to respond to requests for prevention services from DHS, the community and school districts and to help identify those who might need services.

**Targeted Communities Where High Need Exists:** Since 2002, we have worked with many schools and community organizations in high need areas. A strong relationship based on trust with the school administration and community leadership is beneficial to providing sustainable comprehensive programming. We have developed trusted relationships with multiple entities including and not limited to: the Pittsburgh Public and Private Schools, Duquesne School District, Pittsburgh Head Start Supplemental Early Childhood Centers, the Riverview School District, Carlynton School District and the FOR Center in Sto-Rox. These districts and organizations were selected by confirmation of their need from community, state and county needs assessment data and by our experience in service-delivery to these communities. We are not limited to these target communities and are prepared to provide services in other areas with identified need as Allegheny County gains more information from its need assessment process.

**Priority Issues:** Needs assessment data and recommendations from SAMHSA and NIDA identify priority issues as tobacco, including electronic cigarette usage, marijuana, alcohol, heroin, prescription drug misuse and other substance use and violence. Expanding local gambling opportunities, including sports betting increases the need to address the issue of problem gambling in prevention programming. AMS plans to address the ATOD and other substance use and violence priority issues by using the evidenced-based programs of PATHS, LST and Too Good For Drugs and Violence and the evidenced-informed Stacked Deck and Leaps and Bounds to address gambling prevention. We will utilize SAMHSA, NIDA and the PA STOP Campaign resources to address current trends in substance misuse, opioid abuse, violence prevention and gambling related issues.

**Target Population Categories:** AMS will provide prevention activities using the Institute of Medicine target population classifications of Universal, Selected and Indicated. We will target the general population by providing education services such as PATHS and LST that are classified as **Universal** programs. We will reach the **Selective** target population of individuals whose risk of developing a disorder is slightly higher than average by providing targeted information dissemination materials, speaking engagements and community-based process activities in school and community settings designed for the individual or group at risk. **Selective** populations such as children with developmental delays, families with substance use and/or mental health disorders and those who have experienced trauma are examples of populations who can be reached with selective materials and resources developed by PA STOP Campaign, Lifeskills Parenting Program, Overdose free PA, NIDA and SAMHSA. **Indicated** populations, including those who identify minimal signs of developing a problem such as using electronic cigarettes, engaging in sports betting or other high-risk

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behaviors can be reached by providing services such as Non-SAP Prevention Brief Risk Screening, Parenting Programs and Freedom from Smoking. Providing programs to Universal populations at key transition periods and in targeted environments can provide beneficial results for all, including selected and indicated populations.

**Prevention Strategies:** AMS has experience with and has staff who are prepared to provide programming in all 6 Federal Prevention Strategies. The primary prevention strategy we will utilize is education, the other 5 strategies will be used to help a community and or school to develop sustainable, comprehensive prevention programming and to reinforce the educational learning. The SAMHSA Prevention Cost-Benefit Analysis and NIDA Prevention Principles recommend that it is beneficial and cost effective to provide proven interventions that are long-term and/or recurring and target different aspects of the problem. We plan to provide long-term, creative prevention strategies by utilizing evidence-based, evidenced-informed and supplemental programs that address all forms of substance abuse/misuse, gambling and bullying and their associated protective and risk factors such as academic achievement, and social-emotional learning.

- Describe how you will include 25% evidence-based or evidence-informed Prevention services. AMS has experience in delivering a high volume of evidenced-based services and currently provides greater than 40% of its services in evidenced-based and evidenced-informed programming. AMS possesses all of the curriculum materials for PATHs (Pre-K through Grade 6) LST (Grades 6-9) and Too Good for Drugs and Too Good For Violence (K-8) and Too Good For Drugs and Violence High School. All AMS Prevention staff are experienced in delivering these curricula and have experience in promoting and explaining these programs to schools, community members and parents. Staff also have experience in providing technical assistance to teachers to deliver these programs which could help sustain the programs in the long-term. We are committed to helping schools and communities develop sustainable prevention programming and believe that utilizing evidenced-based programs is the key.
- Describe how you will ensure fidelity in the delivery of evidence-based or evidence-informed Prevention services. AMS staff have received training in delivering PATHs and LST Curriculum and we receive email updates from the developers regarding implementing the curricula with fidelity. We also utilize the Evidence-based Prevention and Intervention Support Center (EPISCenter) at Penn State for implementation resources including fidelity checklists. It will be important when discussing programs with schools and community organizations to communicate that when selecting an evidenced-based program that fidelity outlined by the program developer, such as the materials used, and the length and duration of the program are important factors in achieving the best possible outcome. Utilizing the pre and post tests and materials that are part of the curriculum will assist with assuring fidelity.
- Please describe how you would address the following scenarios:
  - a. The Executive Director of a community program contacted your organization after hearing about your services from a colleague. They are interested in Prevention Services for their community center. They expressed that their staff have reported that they interact with a lot of adults who have drug and alcohol “problems.” They have already asked several program attendees if they would be willing to participate in a group and have received mixed feedback.  
Please describe how you would respond to this request, including what programs/curriculum you would suggest for these concerns and this population, and how often and for what duration you would propose that your organization have

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contact with this group. AMS would meet with the Executive Director and other key personnel to learn more about the services currently provided by the community center and the demographics and needs of the adults who frequent the center. As this is a selective and/or indicate population according to the Institute of Medicine classification, we would identify and if needed, help develop a mechanism for referring adults who may need treatment services. We would develop and provide flyers and other informational brochures to accurately describe the prevention services to prevent the members from mistaking prevention services for treatment services. The information materials and brochures that we disseminate would list resources for crisis help and treatment. Key questions asked in the planning meeting include: has the center ever had alcohol and other drug prevention programming in the past; what programs were offered, how were they received and what collaborations with treatment and other service organizations exist to help to connect the participants to longer term services. If the community center members are diverse in age, gender and circumstance, we would recommend a short “speaker series” of relevant topics, including prescription drug misuse and overdose prevention, binge alcohol use, and resources for help. A list of topics would be circulated to the community members to assess what topics are most relevant to their needs. If most of the members are parents, we would offer a parent program such as Lifeskills Parenting Program which would help the participants get targeted prevention information for themselves as it relates to them as parents and would assist in providing protective factors for their children. If the community center interested members are all women an evidenced-informed program like “Women’s Circle” could be used to promote healthy relationships and decision making. We would recommend incorporating prevention principles and programming into existing programs as opposed to developing a separate prevention program entity that would isolate members and be more difficult to sustain. Community center staff would be offered prevention training to sustain the programming. Resource information would be disseminated at every stage of the process to the community center leadership and to the center members. We would facilitate collaboration to other community organizations such as Allegheny County DHS, Prevention Point Pittsburgh, ReSolve Crisis Services and Opioid Centers of Excellence to ensure that a wide range of resources are available to the community center and their members. We would recommend a time-limited program such as 2-4 speaking engagements to help the center determine further need and resources and then, if warranted would provide targeted prevention such as a parenting or women’s group as an off-shoot of the speaking engagements.

- b. A principal from a local high school approaches you at a resource fair. She reports concerns about increased suspensions for illegal drug, alcohol and tobacco use at her school, as well as ongoing problems with truancy and bullying. There is a school board meeting scheduled later in the week and she wants to approach the board with the possibility of adding prevention services to the high school, as well as give them an idea of how much money this will cost the district. She expects prevention services to take about two hours each semester, in the form of afternoon assemblies, attended by all students in grades 9-12.

Please describe how you would respond to this request and the principal’s expectations of prevention services, including what programs/curriculum you would suggest for these concerns with this age group. AMS would gather information from the Principal or



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designee about existing programs in the school. We would ask about the district's School Safety (Anti-Bullying) Program, Student Assistance Program (SAP), Positive Behavioral Intervention and Supports (PBIS) and how PA Act 211 which is the mandate for comprehensive tobacco and drug and alcohol curriculum instruction in the classroom are being implemented. We would want to coordinate any prevention activity with existing policies, practices and programs and would not insert random prevention programs into a district that is in need of better policies, a more functional SAP/PBIS Program, school safety initiative or more comprehensive prevention programs. The most effective prevention programming should begin in elementary school and be provided age appropriately throughout all 12 years of school. To begin something in high school would have limited success. If more comprehensive programs and policies are in place, 2 assemblies per year would not be an effective prevention strategy to deal with the problems cited by the Principal. If the school needs a comprehensive prevention strategy, we would recommend implementing an evidenced based curriculum such as LST. It would be best to implement this curriculum in Middle School with booster classroom-based sessions in High School. Too Good for Drugs and Violence also has high school curricula available that would be classroom-based with all school assembly supplemental activities. If the school is in a high need community and we are a qualified provider, we would approach DHS about the possibility of providing county prevention funding to help implement a more comprehensive approach to prevention in this school. We would collaborate with the school key personnel, Allegheny County SAP Resources and the Provider SAP liaison to ensure that all processes and policies are in place to address the principal's concerns and to not duplicate services that are already being provided. We would help coordinate communication in the district with the existing programs and departments. Informational materials, posters and brochures would be developed to emphasize the school's anti bullying messages, healthy programming and the resources available for help within the school. AMS could organize all school assemblies that highlight the school resources available to students, provide opportunities to kick-off or culminate more comprehensive programming and boost the school safety programming already in place in the school.

#### 3. Staffing (10 points)

- Outline your plan for recruiting and retaining qualified, committed and knowledgeable staff. AMS currently has a pool of 5 master's level prevention staff and a Prevention Supervisor who exceed the prevention specialist qualifications outlined in the RFQ and who meet the minimum education and training (MET) requirements established by the State Civil Service Commission for Drug and Alcohol Prevention Programs. The staff have the required training, including the opportunity to obtain 12 hours of approved supplemental training each year. WPH's salary and benefit package assist in recruiting and retaining qualified, committed staff. AMS' prevention staff were hired because they have chosen the prevention field and current staff have an average of six years' experience in the field. Their interest and experience have helped us retain them as opposed to entry level staff who might not be familiar with the work and the commitment involved. Having 5 qualified staff members who will each devote 55% time and effort to DHS fee for service activities, provides us with the diversity of talent and schedule to meet many different needs and locations and helps us cover programming in the event of a staff

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change. WPH, human resource department provides talent acquisition services to AMS to help with recruiting and hiring new personnel in a highly manner.

- Outline your training plan that, at a minimum, meets regulations. As a current contracted DHS provider, the prevention specialist training requirements outlined in the RFQ match the training plan that AMS has in place. All current staff exceed the MET training requirements and have the opportunity for the 12 hours of approved supplemental training each year. We utilize, trainings offered through the DDAP Training system, approved online trainings and other accredited training including the Prevention Technology Transfer Center trainings available through the Addiction Technology Transfer Center. We utilize a DHS staff training plan form to track and record all training hours and maintain training certificates on file for review.

#### 4. Data Collection and Delivery (15 points)

- Describe your plan for tracking, entering and reporting data in a timely way. AMS has a data entry senior program assistant who is trained and proficient in the WITS data reporting system and will be responsible for the tracking, entering and reporting of the data within the specified time frames. We will develop data collection forms for the programs and services that we are providing, and the program assistant will work closely with the prevention staff and supervisor to ensure timeliness and accuracy. The program assistant prepares monthly reports from the WITS data system to support tracking, service review, quality assurance and accuracy.
- Include a sample pre-/post-test and outline your plan for incorporating feedback in programming. We use pre-/post-tests developed by DDAP and downloaded from the Knowledge Base Resources in the former PBPS system. A sample test is the LST pre-/post-test and is online at the EpisCenter site at <http://www.episcenter.psu.edu/sites/default/files/LST%20Student%20Pre%20and%20Post%20Survey%20Plus%20Sect%20E%20-2018-08.pdf> We review the pre-test scores in order to determine which subject matter needs introduced, which needs reinforced and which needs extra emphasis. The post-test scores are compared to the pre-test to make follow up recommendations to the school or organizer and to plan for any revision in teaching methods or supplemental materials needed in the future. The results of the pre-/post-tests and recommendations are shared with the school and Allegheny County.
- Describe your quality assurance plan. For each school or community program that AMS provides we will maintain planning, programming and evaluation information that is compiled into program reports to assist in revising and improving future programming. WITS has reports and information that can be exported into excel files to create reports for analyzing data. AMS currently completes monthly WPH internal reports and quarterly progress reports for DHS. These reports are used to promote adherence to service delivery plans, identify barriers in implementation, study our progress, and develop action plans for improvement. AMS will utilize the quality assurance steps employed at WPH of Plan, Do, Study, and Act. We will Plan by setting service goals with the school or community organization in accordance with DHS and DDAP guidelines; design and implement programs to Do that align with the goals; We will Study the data from developer fidelity checklists, feedback and evaluation forms, pre-/post-tests, WITS data, DHS monitoring along with other prevention indicators such as attendance and academic performance; we will Act by improving or maintaining programs as indicated by the information we have analyzed.

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5. Financial Management and Budget (15 points)

- Provide a budget, based on the proposed billing rates, that reflects a realistic estimate of the costs associated with implementing Prevention services and a reasonable balance between direct and indirect costs; include a budget narrative that clearly justifies costs in the budget.  
**Budget Narrative:** For Fiscal year 2019/20, \$260,000 is requested to provide 3735.6 hours of direct service @ the *proposed* rate of \$69.60/hour or \$17.40/unit. The budget reflects our costs to provide 3735.6 hours of service are \$301,077.77 It is our hope that the proposed rate will be adjusted to meet our true costs. Our budget reflects a reasonable balance between direct and indirect costs. As a current provider, we have trained staff in place, and the evidenced-based curricula and supplemental materials needed to immediately begin providing quality prevention services. Our staff are trained in the WITS data system and our fiscal department is experienced in contract management with DHS. Our budget does not include costs for replacing curricula or adding new curriculum beyond some basic consumable materials needed. **Total Budget \$301,077.77. Direct Staff Salary:** \$184,652.75 is budgeted to provide direct service in 6 federal strategies. 35% Education; 30% Community Based; 20% Information Dissemination; 10% Alternative Activities; 2.5% Problem Identification and Referral; and 2.5% Environmental. **Indirect Staff Salary:** \$32,745.02 is budgeted for the prevention supervisor (10%) who will provide quality assurance and program oversight and an administrative assistant (50%) who will provide WITS and CIPs data entry and pre-/post-test collection and analysis. Staff Travel is budgeted for \$5500 for local travel to provide prevention services. Supplies: \$4,000 is budgeted for office supplies, reproducing curriculum materials and for purchasing supplemental curriculum materials. Occupancy: \$24,000 is budgeted for rent, utilities, and building security. Administrative Costs of \$50,180 is budgeted for Western Psychiatric Hospital Administration,

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Infrastructure and Fiscal and Contract Management.

Direct Staff					
Position	Salary	FTE Equivalent	RFQ Salary	Fringe Benefits	Total Salary/ benefits
Prevention Specialist 1 -EK	43,490.72	55%	23,919.90	6,219.17	30,139.07
Prevention Specialist 2 - LM	45,076.10	55%	24,791.85	6,445.88	31,237.73
Prevention Specialist 3 - TN	56,152.30	55%	30,883.77	8,029.78	38,913.55
Prevention Specialist 4 - MB	51,610.42	55%	28,385.73	7,380.29	35,766.02
Prevention Specialist 5-AM	45,590.27	55%	25,074.65	6,519.41	31,594.06
Prevention Supervisor Direct service h	89,959.38	15%	13,493.91	3,508.42	17,002.32
<b>Total Direct Staff Salary</b>	<b>331,879.18</b>		<b>146,549.80</b>	<b>38,102.95</b>	<b>184,652.75</b>
Indirect Staff					
Position	Salary	FTE Equivalent	RFQ Salary	Fringe Benefits @ 26%	Total Salary/ benefits
Prevention Supervisor Indirect Administrative Hours	89,959.38	10%	8,995.94	2,338.94	10,480.70
Administrative Assistant	38,220.42	50%	19,110.21	4,968.65	22,264.32
<b>Total Indirect Salary Costs</b>	<b>128,179.79</b>		<b>28,106.15</b>	<b>7,307.60</b>	<b>32,745.02</b>
Other Costs					
Staff travel					5,500.00
Supplies					4,000.00
Occupancy					24,000.00
Administrative Costs					50,180.00
<b>Total Other Costs</b>					<b>83,680.00</b>
<b>TOTAL BUDGET</b>					<b>301,077.77</b>