

Questions and Answers 2013 RFP Process

Behavioral Health Division

- General Q: On Page 5-BHD-2, point 6 states “Program incumbents should provide a summary description of their most recent program evaluation reports submitted to BHD.” If an agency has a contract with WiserChoice that did not have outcomes evaluation requirements, is it considered an “incumbent?” If so, how should it comply with this item. We do provide such reports to other funding entities that provide funding for the same services funded by BHD. Will one or more of these suffice?
A: No the agency is not considered an incumbent and should submit an evaluation report (s) with their application. The example of the evaluation report listed is sufficient.
- A001 Q: What is the 2013 tentative allocation amount for this program?
A: \$686,513 annually in Substance Abuse Prevention and Treatment Block Grant.
- A001 Q: The RFP states that “The most effective prevention plans will use both environmental and individual substance abuse prevention strategies.” (p. 5-BHD-16). We propose a Selective Measure intervention (p. 5-BHD-14), targeting “those at higher-than-average risk” for any problem. Given a Selective Measure level intervention would it be appropriate to propose solely individual (family) interventions, and not environmental (i.e., changing “public laws, policies and practices?”
A: Vendors may propose a preventative measure that is universal, selective, or indicated. Both environmental and individual strategies have the ability to impact policies and laws. (See p. 5-BHD-15).
- A001 Q: We plan to propose to address the following **priority areas** (p. 5-BHD-15): Underage drinking (ages 12-20); Alcohol consumption for pregnant women; and, Alcohol consumption for women of childbearing years (ages 18-44). Can interventions address drug use in addition to alcohol consumption?
A: Yes, as long as the drug use priority area is reflected in the State Epidemiological Profile. There must be a way to measure the impact of the intervention.

- A001 **Q: Strategic Prevention Framework (SPF):** The RFP states that “Vendors must use the SPF as its model for the delivery of the preventative intervention(s)” (p. 5-BHD-18). The SPF appears to be a community-level intervention appropriate for a “Universal Measure” strategy. Are agencies that propose Selective Measure interventions required to use the SPF (other than making sure its project is integrated into the strategic plan to be developed by the Milwaukee Coalition of Substance Abuse Prevention?) If the answer is yes, than how does the SPF fit with Selective Measure interventions?
A: SPF is a model that can be use with any intervention. All agency plans must address: assessment, capacity, planning, implementation, and evaluation. The State Department of Health Services has valuable information: <http://www.dhs.wisconsin.gov/substabase/spfSig/index.htm> that may assist in clarifying the use of the SPF model.
- A001 Q: The Expected Outputs, Outcomes, Performance Indicators and Expected Levels of Outcome Achievement (pp. 5-BHD-20-22) all appear to be at the community level and thus appropriate for Universal Measure interventions, but not Selective Measure interventions. Are these merely examples of outputs, outcomes, indicators and levels of achievement or are these required even for Selective Measure interventions? That is, can we propose outputs, outcomes, indicators and levels of achievement that are appropriate for our Selective Measures intervention?
A: The outcomes are merely examples as is indicated on p. 5-BHD-20.
- A001 Q: Clarify exactly what NOMS data we would need to collect and report.
A: An AODA CSAP document has been posted on the website at: <http://county.milwaukee.gov/Corrections22671.htm>
- A001 Q: I'm sure you can't give me an exact figure, but approximately how much of the \$486,000 budgeted for AODA Prevention will be available for non-Prevention Coalition (i.e., Selected and Indicated Measures) programs? Can you advise us what might be a realistic amount of funding to request (A range would be fine).
A: The \$486,000 figure is an incorrect amount. The correct amount is \$686,513 and this is federal Substance Abuse Prevention and Treatment Block Grant. There is no set amount to the awards based on the proposed measure by the applicant and there is no "non-Prevention Coalition" amount. Vendors can be either a coalition or an agency and the award amounts are not established by which one it is. The county will insure that funding for the Milwaukee County Substance Abuse Prevention Coalition is maintained. However, even that successful vendor must still pick one priority area to also address.

- A001 Q: Our agency works with two target populations (pregnant women and women of child-bearing age) and since there is little if any prevention currently available for these target populations, wouldn't our women and children's treatment program be as strong a Selected-Measures-level intervention for this proposal? We have a number of NREPP EBP's integrated into our Women's program.
A: Effective treatment strategies are not evidence based prevention programs. So no, the treatment programming directed towards the target population is not a preventative intervention.
- A001 Q: Are we allowed to apply for two programs? If yes, would it be advisable? Or would we be better off to choose one?
A: Vendors may apply for one award. However you may suggest two different prevention measures for the two selected priority areas.
- A001 Q: If applying for two programs, would we have to submit two applications? If not, do we have the option of doing so? (It might make it more clear).
A: N/A
- A001 Q: The only child population that the RFP (p. 5-BHD-15) lists as a "priority area" (of which we need to select two) is "Underage drinking (ages 12-20)." We do serve some youth, but we primarily serve children younger than 12. As the RFP does not fully represent the range of programs that would be appropriate for this RFP, can we assume that serving younger children would be fine? Or, maybe we should interpret the RFP to be saying that we want to be preventing substance abuse and associated problems in children when they reach the ages of 12-20 - so working with them toward the end when they are younger would be very appropriate?
A: The RFP is written like that because there are no surveys directed towards children so therefore there is no baseline measures that could show indication on the preventative intervention success. So to try and target a preventative intervention for anyone under the age of 12 would be difficult as there is no measure to gauge the success of the proposed intervention. You may select a different priority area than the six that are identified in the RFP.
- A001 Q: Information received was that no participant level prevention outcomes (p. 2 of CSAP document posted online) need to be reported to the State, just the higher level process outcomes (clients served, demographics, services provided – p. 1 of the document). Is that consistent with your understanding?
A: No, this is not our understanding. SAP-SIS has the capacity to capture data based on the prevention measure.

- A001 Q: Please clarify, I was told by someone in BPTR - that SAP-SIS can only collect data for universal measures and environmental strategies. This seemed a little odd to me so I'm asking if this is true?? It seems like SAP-SIS should be able to collect for selective and indicated or we shouldn't have other measures - also I could swear we have counties that do more than universal. Please advise on what SAP-SIS can collect so I can provide the correct information.
A: Not sure where that information came from but you are correct, SAP-SIS collects data on all IOM strategies and all types of activities not just environmental strategies. Basically it collects all data on all prevention programming that is done w/ block grant dollars.
- A001 Q: With regards to the Prevention – Primary AODA program (A001), the guidance states: *Vendors may apply for funding to deliver one or more of the proposed primary prevention measures (universal, selective, and/or indicated) in at least two selected priority areas.* Unfortunately we don't conduct prevention programming that focuses on alcohol abuse (underage drinking; alcohol-related motor vehicle fatalities and injuries; adult binge drinking; alcohol consumption for pregnant women; or alcohol consumption for women of childbearing years). Can we write a proposal for just the opiate overdose prevention priority area? Or, are two priority areas required for funding?
A: Vendors may propose a preventative intervention for a different area that is not listed in the six identified priority areas in the RFP. The different priority area must be reflected in the State Epidemiological Profile so there is data collection for the strategy used and priority selected. For example - and this is just an example - if you want to do drug related deaths and use of marijuana, illicit drugs other than marijuana, and pain relievers for non-medical purposes, age 12 and older by age group you could do that combination. But you do need two priority areas.
- A005 Q: What is the correct program number for the AODA CIU program? On Page 5i it is A-005; Page 5-BHD-3 it is A-002; on Page 5-BHD-28 it is A-002.
A: The program number for the CIU should be A-005. This is a Cycle II (continuing) program.
- M009 Q: Is there a specific location that this program will provided, or would proposer have to find a location?
A: The proposer would have to find a location.
- M009 Q: What is the number of people expected to serve?
A: As this is a “drop-in” model, there is no set expectation of number of people to serve. That being said, it is expected the agency would provide marketing and outreach to serve as many people as possible.
- M012 Q: For existing CSP providers, do you want the CSP expansion to be a separate proposal or combined with current CSP proposal?
A: It must be a separate proposal.

M013

Q: As for "Expected Levels Of Outcome Achievement" (P. 5-BHD-26):

1) "75% of TCM clients will experience a decrease in their incidence of hospitalization, as compared to what was experienced prior to TCM admission". What is meant by "prior to TCM"? What is the presumed established temporal baseline you are seeking?

A: Yes, this is meant by prior to TCM admission. There is no established baseline, as it will vary by program based upon the individuals you are serving.

2) "50% of TCM clients during the reporting year will be able to achieve movement toward recovery, as evidenced by fewer required visits from the TCM team". As "recovery" is a non-linear process, with both "forward" and "backward" steps, how do "fewer visits" equate to recovery if we are to embrace the BHD philosophy on recovery?

A: One of the primary goals of recovery is that individuals will be linked and connected to natural supports in their community, with less dependence on formal treatment providers over time. We of course recognize that there will be times people require more contact from their provider depending on the course of their illness.

3) "25% of TCM clients will be successfully discharged secondary to recovery". The TCM provider really has very little influence on this outcome achievement. Isn't this expectation arbitrary and unfair to the provider?

A: This is not meant to be unfair to the provider. As this is the first time we set this goal, we don't yet know if it will be achievable. That being said, we believe it is a goal worthy of being pursued. However, we do speculate that as person-centered planning practices increase, and consumers are increasingly engaged in their services, the more likely they are to be discharged by achieving recovery rather than other reasons for discharge such as 90 days without contact or refusing services.

M013 &
M014

Q: Can one application be filed for both levels of TCM?

A: Agencies may apply to provide both programs, however two separate program applications must be submitted.