All questions should be submitted via email to
Mallory Perrotti, mperrotti@buckscounty.org by Friday, January 24, 2020.

All responses to questions will be addressed at the mandatory Bidder’s Conference, Tuesday, January 28, 2020.
A. Introduction

Bucks County, Pennsylvania, with its 628,195 residents as of July 2018, is north of Philadelphia and bounded by the Delaware River to the southeast. Doylestown is the county seat. Governed by a three-member Board of Commissioners, the County government is a large diverse organization whose mission is to provide quality services in an efficient and cost-effective manner. The Bucks County Housing & Human Services Division comprises the following departments: Area Agency on Aging, Children & Youth Social Services, Behavioral Health, Mental Health & Developmental Programs, Housing Services, and the Drug & Alcohol Commission, Inc.

The Bucks County Drug & Alcohol Commission, Inc. (BCDAC, Inc.) has as its mission to promote healthy individuals, families and communities, eliminate the misuse, abuse and/or addiction to alcohol, tobacco and other drugs and support those in recovery from addiction. As the state and locally designated Single County Authority (SCA) for alcohol, tobacco and other drugs, BCDAC, Inc. will ensure the provision of a comprehensive and balanced continuum of quality prevention, intervention, treatment and recovery services for Bucks County. Directed by the PA Department of Drug and Alcohol Programs (DDAP), BCDAC, Inc. conducted a needs assessment in 2019 to identify alcohol and other drug prevention needs within the County. Based on the results of this process, BCDAC, Inc. determined the following areas of high need among youth and adults:

1. Identified 30 day use and lifetime use of alcohol among youth in Bucks County.
2. Noted 30 day use and lifetime use of marijuana rates among Bucks County youth continue to be higher than the state average.
3. Increased vaping/e-cigarette use among youth in Bucks County.
4. Continued high rates among adults for alcohol-related crashes and DUI’s.
5. Continued opioid medications prescribed for adults resulting in misuses/abuse and increased rates of overdose and overdose deaths.

Other Background Information:

Pennsylvania Youth Survey: Since 1989, the Commonwealth of Pennsylvania has conducted a survey of secondary school students on their behavior, attitudes and knowledge concerning alcohol, tobacco, other drugs and violence. The Pennsylvania Youth Survey (PAYS) of 6th, 8th, 10th and 12th grade public school students is conducted every two years. A copy of the 2017 (PAYS can be found at the following link: http://www.portal.state.pa.us/portal/server.pt/community/pennsylvania_youth_survey/5396

As is done every other year, participating school districts administer the Pennsylvania Youth Survey to their students in grades 6, 8, 10 and 12. In Bucks County for the 2017 survey, 49 out of 78 schools in 12 out 13 public school districts participated in the survey. 19,420 valid surveys were submitted by Bucks County students from the 49 schools in grades 6, 8, 10, and 12 for a participation rate of 77.6% (19,420 out of a possible 20,035). Overall it was a 68.2% participation rate (28,491 possible in all 78 schools).

B. Purpose and Scope:

The SCA is issuing this Request For Proposal (RFP) to purchase services that will address the five high need areas for Bucks County as identified from the 2019 Prevention Needs Assessment. These areas will be
referred to in this document going forward as the “2019-2020 SCA Prevention Targets.” The 2019 Prevention Needs Assessment document is provided in this RFP and a link to the 2017 PAYS County has been provided in this RFP. Both documents will be used as guides in our decision-making process.

C. Proposal Timeline:

<table>
<thead>
<tr>
<th>Action</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention RFP Released</td>
<td>Monday, January 6, 2020</td>
</tr>
<tr>
<td>Bidder’s Conference (attendance is mandatory to submit a proposal)</td>
<td>10:30 - 11:30 a.m., Tuesday, January 28, 2020</td>
</tr>
<tr>
<td>Location: Bucks County Administration Building, First Floor, R112 55 E. Court Street, Doylestown, PA 18901</td>
<td>Snow Date: Thursday, January 30, 2020</td>
</tr>
<tr>
<td>RFP Proposals Due</td>
<td>Close of Business, Friday, March 6, 2020 (4:30 p.m.) – Electronic Submission</td>
</tr>
<tr>
<td>Applicant Selection Date</td>
<td>By Friday, May 1, 2020</td>
</tr>
</tbody>
</table>

➢ All questions should be submitted to Mallory by Friday, January 24th. No other forms of communication will be acknowledged. Responses to questions will be discussed at the Bidder’s Conference.

Contract Period

➢ The period of the contract shall be July 1, 2019 to June 30, 2020 (initial one year) and based on the availability of state and federal funds. Subsequently based on performance and the availability of funds, a contract extension in four one year contract increments is a possibility.

D. Selection Criteria:

Each of the following criteria will be evaluated and scored accordingly:

➢ Understanding of the Need/Problem
   o Applicant’s understanding of the SCA needs, the communities’ needs and characteristics, and of the nature and scope of the work involved.

➢ Soundness of Program and Approach
   o Relevancy of the service to the communities’ needs, the soundness of the design and approach, the application of current knowledge and research, the philosophy of alcohol, tobacco and other drug prevention, program objectives’ consistent with SCA needs, cultural relevancy, and appropriateness of specialized programming.

➢ Staff and Organizational Capacity and Experience
   o Organization’s ability to implement the proposed program including the availability of resources and infrastructure needed for the program. This includes:
     ▪ Demonstrated experience successfully implementing and managing similar programs.
Staffing – competence, diversity, and stability of staff, as well as the appropriateness of proposed staffing and training to the program design.

Capability of the organization to carry out the proposed project including infrastructure to support proposed program and management stability.

- **Evaluation and Oversight**
  - Program specific evaluation design and the organization’s internal quality assurance mechanisms.

## E. Requirements

Applicants shall have strong organizational skills, experience, and proficiency in grant management, collaboration and team building with multiple stakeholders (county offices, school districts, etc.), knowledge of resources in Bucks County, and demonstrated current relationships with multiple stakeholders in the County. The applicant should also demonstrate proficient skills at leading a key stakeholder committee.

- Identified provider(s) are required to attend 3 out 4 quarterly provider meetings in person.
- Submit all contractually required reports and documentation.
- Fiscal requirements - see Appendix C and identified in “format of proposal”

## F. Cost Proposal

Funding will depend on the availability of State and Federal funds. Funds for this contract are based on the estimate of State and Federal funds for each applicable year. Should funding be reduced to BCDAC, Inc. below the estimated State level, the amount of funds available for the contract may be reduced or terminated with appropriate notice by BCDAC, Inc.

- We are not providing a ceiling amount at this time. It should be noted that the 2019-2020 total prevention budget was $271,944.00.
- Applicants shall submit a detailed budget on the budget forms included as part of this RFP.
- This area covers the reasonableness of the cost, cost per participant, as well as the soundness of the budget, financial stability of the corporation, and support of the parent organization. While this area will be weighed heavily, it will not normally be the deciding factor in the selection process. Certain programs, such as school based educational support groups, should submit a fee for service budget.

## G. Format of Proposal

Proposal should be arranged as follows:

- **Title Page:** Agency name, number pages, showing RFP number, due date and time, proposer name, address, telephone number, contact person, and EIN number.
- **Letter of Introduction:** one page, introducing the company & signed by the person authorized to sign on behalf of, and bind the company to, statements made in response to this RFP.
H. Prevention Services

BCDAC, Inc. is issuing this Request for Proposal (RFP) to purchase the following services for identified 2019-2020 Prevention Targets:

1. Identified 30 day use and lifetime use of alcohol among youth in Bucks County.
2. Noted 30 day use and lifetime use of marijuana rates among Bucks County youth continue to be higher than the state average.
3. Increased vaping/e-cigarette use among youth in Bucks County.
4. Continued high rates among adults for alcohol-related crashes and DUI’s.
5. Continued opioid medications prescribed for adults resulting in misuses/abuse and increased rates of overdose and overdose deaths.

Prevention Services to be provided must fall within one of the six Federal Strategies (Appendix A). Evidence Based Practices (EBP’s) with fidelity or approved adaptation are a priority; however, Approved Programs and Approved Strategies may also be included in the mix of proposed services for programs currently utilized.

- Provide awareness and knowledge on the nature and extent of alcohol, tobacco and other drug use, abuse and education, and the effects on individuals, families and communities along with depression and suicide awareness.
- Provide technical assistance and aid communities in building capacity to enhance their ability to prevent alcohol, tobacco and other drug use.
- Provide support for community and school-based activities that promote mental wellness, healthy and drug free lifestyles.
Please refer to the Prevention Manual for a full explanation of requirements for organizations providing Drug & Alcohol Prevention services in Pennsylvania.

BCDAC, Inc. is interested in services which specifically impact the 2019-2020 Prevention Targets and have been identified as part of the Needs Assessment Action Plans. Services and practices of interest include, but are not limited to the following:

**Youth Problem One:** Identified 30 day use and lifetime use of alcohol among youth in Bucks County

**Priority services/programs/strategies:**

- Evidence-based curricula at all grade levels, with particular interest in implementing evidence-based curricula at the primary level. Preferred evidence-based programs include *Botvin Life Skills, Second Step, Too Good For Drugs*.

- Social Norms Campaigns developed using Pennsylvania Youth Survey (PAYS). These campaigns can target adults (parents/caregivers) and/or students. The goals of the campaign can include promoting protective factors, increase perception of risk for alcohol use among youth, and policy changes.

- Utilizing campaigns like *Parents Who Host Lose the Most* to increase awareness, provide education, and decreasing parental favorable attitudes. The campaigns should aim to collaborate with schools or parent/teacher organization to increase the number of underage drinking related awareness events, activities, and/or policy changes.

- Collaborate with school districts to implement *Strengthening Families Program 10-14 (SFP 10-14)* throughout the county. SFP 10-14 is a priority for all three youth problems.

**Youth Problem Two:** Noted 30 day use and lifetime use of marijuana rates among Bucks County youth continue to be higher than the state average

**Priority services/programs/strategies:**

- Evidence-based curricula at all grade levels, with particular interest in implementing evidence-based curricula at the primary level. Preferred evidence-based programs include *Botvin Life Skills, Second Step, Too Good For Drugs*.

- Social Norms campaigns using Pennsylvania Youth Survey (PAYS). These campaigns can target adults (parents/caregivers) and/or students. The goals of the campaign can include promoting protective factors, increase perception of risk for alcohol use among youth, and policy changes.

- Youth Marijuana Use Prevention Task Force- coordinate and lead a task force of various stakeholders to focus on youth marijuana prevention. The goals of the task force can include identifying educational best practices and challenges to youth education, developing awareness events and alternative activities. Youth involvement on the task force is encouraged.

- Speaking Engagements- presentations which include the latest information on health risks and trends related to adolescent marijuana use. We encourage collaboration with school and health professionals as well as law enforcement and presentations which include discussion about youth marijuana use and mental health, perception of risk and harms, and legal consequences.

**Youth Problem Three:** Increased vaping/e-cigarette use among youth in Bucks County

**Priority services/programs/strategies:**
• School based curriculum which focus on the education of vaping/e-cigarette use and risks- curriculum such as Catch My Breath and Vaping Prevention Wellness Plus or another DDAP approved vaping prevention curriculum.

• Take Back Program Vaping/E-Cigarette Enhancements- we seek a provider(s) to develop a targeted outreach initiative related to the collection and safe disposal of vaping/e-cigarette nicotine products. This includes a campaign to spread awareness about collections at permanent boxes include vaping nicotine products as part of our take back collections.

• Vape/E-Cigarette Free Zones- Policy work to identify hospital and college campuses in need of vape/e-cigarette signage and policies.

• Speaking Engagements which include the discussion of vaping and e-cigarette risks and harms, trend use among youth, connection between vaping and marijuana use, and resources for parents/caregivers.

**Adult Problem Four:** Continued high rates among adults for alcohol-related crashes and DUI’s

**Priority services/programs/strategies:**

- Media Awareness Campaign designed to spread messages about the physical dangers and legal consequences of drunk driving. These messages will work to increase perception of risk.

- Policy Work- working to incorporate different policy and enforcement related measures to decrease alcohol-related crashes and DUI’s. These initiatives can include the following: RAMP Certifications for businesses, Resident Assistant (RA) trainings on college campuses, etc.

- Data Collection- we seek a provider(s) who will work to gather much needed adult data by replicating the Community Conversation focus groups completed during the Needs Assessment process, and other strategies to gather data related to adult perception, consumption, and consequences in Bucks County.

- Collegiate Prevention Efforts- working with local college campuses to increase prevention efforts and initiatives as it relates to risky drinking. Efforts can include developing social norms campaigns, presentations specific to the college-age population and faculty, alternative activities, etc.

- Speaking Engagements- presentations designed for adults or caregivers of adult children which discuss the risk and harms associated with risky drinking.

**Adult Problem Five:** Among adults, we continue to see opioid medication misuse/abuse, high rates of overdose and overdose deaths.

**Priority services/programs/strategies:**

- Speaking Engagements: education to community members about the risks associated with prescription opioids. Presentation focuses can include connection to prescription opioids and heroin, trends, use, and alternatives to opioids.

- We seek a provider(s) to provide education and awareness to the older adult population. This includes presentations and other strategies to increase awareness.

- Patient advocacy education and resources including awareness campaigns. We would like to see this campaign connected to healthcare settings.

- Collaboration with area hospitals, primary care offices, and others to develop a countywide protocol which includes providing information to patients who are prescribed an opioid. The resources would include risks, safe storage, and safe disposal information.

- Targeted outreach to high risk populations- development of targeted outreach efforts to populations at risk for overdose such as, but not limited to, trades, restaurant business, etc.

**Priorities and Strategies**
While one time speaking engagements to youth and adults are sometimes the most time effective services for schools and other agencies, BCDAC, Inc. is interested in plans which address follow up from a one-time speaking engagement. Follow up can include planning another presentation later in the school year to build on previous presentations, sending communication to presentation attendees—survey monkey, resources, etc. and/or connecting districts with other programs and/or services.

Medication Take Back efforts remain a priority. We seek provider(s) to be involved in Medication Take Back efforts year round. These services include the following:

- Development and dissemination of all Take Back materials countywide or specific locations
- Participation on the Medication Collection Committee meetings
- Initiate new policies as it relates to medication collection efforts
- Utilizing campaigns such as Up & Away and Out of Sight to include promotion of safe storage with safe disposal
- Vaping prevention and collection efforts

Proposals should take a holistic approach, meeting the needs of the whole person. This could include mental health, physical health, etc.

Other Submissions:

**Fetal Alcohol Spectrum Disorders (FASD) Proposal**

- In addition to addressing other alcohol and drug related issues, the SCA must address the prevention of FASD as a part of its Comprehensive Strategic Plan. FASD is an umbrella term used to describe the nation’s leading category of preventable birth defects, developmental disabilities and behavioral health problems associated with alcohol consumption during pregnancy. As target populations are identified and needs assessments are conducted regarding prevention activities, the implications of this issue must be considered, as the impact is far reaching and is intertwined with various existing priorities.

- FASD prevention services include:
  - The provider must identify a staff member to serve as a coordinator who is responsible to ensure FASD awareness and/or education is included within their Comprehensive Strategic Plan. At a minimum, two services related to FASD prevention must be delivered in the month of September. Providers are encouraged to provide FASD prevention services year-round.
  - The FASD coordinator and any prevention provider staff member delivering FASD services must complete required training as defined in Section IV, Training.

**Pregnant Women and Women with Children (PWWWC) Proposal**

- PWWWC funds for prevention are intended to address the children of women in treatment. To utilize PWWWC funds these women receiving treatment must have custody of their children or be attempting to regain custody of their children. PWWWC services stress the family as a unit.

- This funding source can be used to fund certain prevention services. The requirements of a prevention service allowable under these funds are outlined below. The requirements and examples below only seek to clarify what types of prevention services/activities can be funded with PWWWC funds.
The key to knowing whether it is appropriate to use this funding source for prevention activities is if the prevention service can be clearly linked and documented to have occurred with children of women in treatment. Treatment in relation to PWWWC funds includes all levels of treatment (e.g. inpatient/residential, outpatient, partial hospitalization). Prevention services can be provided to the children alone or to the mother and child(ren) together.

PWWWC funds cannot be used to fund prevention services for the women alone. The prevention service does not have to occur at the location where the woman is receiving treatment. The prevention service can be provided at other locations, but those receiving the service must be traceable to their mothers who are receiving treatment.

Examples where it would be appropriate to use PWWWC funds:
- Women are in an inpatient treatment facility where their children are also present. Prevention provider goes to that treatment facility to provide various evidence-based curricula, specifically Incredible Years, Al’s Pals: Kids Making Healthy Choices for the children, BABES, etc.
- Children of mothers receiving treatment at any one of the outpatient treatment facilities in a particular area are identified by case management staff, brought to the local community center and a mentoring program is provided for these children.
- Women receiving treatment at an inpatient treatment facility AND their children who are residing at the facility with them participate in the Strengthening Families Program 10-14.

The key to all of the examples above is that the prevention service includes the children and the children have mothers who are receiving treatment.

Questions for Respondents

1. Describe your experience with drug and alcohol prevention, no more than one page.
2. Briefly describe your experience with SAMHSA’s Strategic Prevention Framework. Provide an overview of how you would continue through the framework for this initiative.
3. Include at least 3 letters of support from various partnerships that demonstrate current collaborative efforts.
4. Discuss your organization’s experience with implementing Evidenced Based Programs (EBPs) and maintaining qualified staff to support these practices over time. Include EBPs you currently offer.
5. Please list the districts and the grade level where your agency has facilitated EBPs and identify the services delivered with program fidelity.
6. Please discuss your experience with the Pennsylvania Youth Survey (PAYS), and how you have utilized the data.
7. How do you utilize the responses from EBPs Pre and Post-tests?
8. How do you measure success/failure with your overall Prevention services?

Program Evaluation

Program evaluation is a requirement for all services/practices/programs implemented by the provider(s).

An evaluation/analysis process involves the following:
Bucks County Drug & Alcohol Commission, Inc.
Prevention Services Request For Proposal
2020-2021

- Measuring the impact of the implemented programs, strategies, policies and practices
- Identifying areas for improvement and necessary corrective action
- Emphasizing sustainability since it involves measuring the impact of the implemented programs, strategies, policies and practices
  - Reviewing the effectiveness, efficiency and fidelity of implementation (e.g. process evaluation). Process evaluation includes documenting how a program is implemented (e.g. Was the program delivered as it was designed to be delivered? How many people participated? What was the dropout rate?).
  - Identifying desired outcomes and measuring changes in those outcomes (e.g. outcome evaluation). Outcome evaluation includes tracking the program effects that you expect to achieve after the program is completed (e.g. What changes in knowledge, attitude, or behavior is the program expected to achieve?). Pre/post test data can be used as one measure for shorter term outcomes such as changes in knowledge and attitudes. Available local data sources such as population level surveys or arrest data should also be utilized to measure outcomes (especially longer-term outcomes) such as behavior change or changes to community and school norms.

I. Evaluation and Scoring of Proposals:
All proposals received by the specified date shall be subject to evaluation by a review committee. BCDAC, Inc. will select the submission that represents the best value to the County based on a comparative analysis and an integrated assessment of proposals against all source selection criteria in the solicitation. Special consideration will be given to responses from providers who have an office located within Bucks County and can respond prevention needs county-wide.

A multi-step process will be used to evaluate and score proposals:

- An administrative screening will be completed on all proposals at the time of receipt to verify compliance with the RFP eligibility criteria and instructions. Non-compliant proposals will be removed from further consideration.

- A Review Committee will be appointed to review proposals. The committee will review the information and score only the information provided in accordance with the RFP requirements and evaluation criteria.

- A formal interview may be held for finalists. It will be the responsibility of the provider to have appropriate staff available to participate in an interview should they be selected as a finalist.

- Notification of selected grantees for the proposed services will occur by Friday, May 1, 2020. Email notification will be used to contact and inform those selected.

J. Final Selection of Providers:

- The term of the contract will be for twelve (12) months with the potential for annual contract renewals based on performance and available funding.
If selected as a provider, you will be expected to sign a contract with BCDAC, Inc. and any subsequent amendments that may be required to address specific work or services as needed.

If you fail or refuse to sign the contract within 21 days of delivery to you, the SCA may cancel your selection and award the contract to another applicant. The contracts awarded as a result of this RFP will contain terms and conditions substantially similar to those of the sample contract (available online; referenced earlier).

The SCA reserves the right to negotiate the wording of the Work Statement, based on the requirements of this Solicitation and terms of our proposal.

Staff Training/Development: Selected provider(s) agree to attend all DDAP and SCA mandated trainings within established timeframes.

Reporting: Selected provider(s) agree to utilize DDAP’s (web-based) WITS (WITS) reporting requirements.

Contract: Information regarding the County’s specific reporting and other requirements are found within the contract and its addendums. A copy of the contract is available as an attachment.

K. General Information:

Solicitation Amendments
- The SCA may, at any time before execution of a contract, amend all or any portion of this RFP. The SCA will mail any amendments to each applicant.

Retraction of Solicitation
- The SCA reserves the right to retract this Solicitation in whole, or in part, at any time without penalty.

Rejection of All Proposals
- The SCA may reject any and all proposals submitted in response to this RFP. If at any time, information in a proposal is found to be falsely presented, the SCA reserves the right to reject the proposal.
Appendix A: General Prevention Information

This document outlines the guidelines including:

1. Performance Based Prevention
2. Program Description
3. Implementation
4. Evaluation

1. **Performance Based Prevention:**
The delivery of prevention services are categorized into three (3) Institute of Medicine (IOM) Prevention Classifications; six (6) major Federal Strategies; three (3) Prevention Services Program Categories and two (2) Prevention Service Types.

**Institute of Medicine (IOM) Prevention Classifications:**

Defined below are the three (3) IOM Prevention Classifications.

- **Universal** – are activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.
- **Selective** – are activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.
- **Indicated** – are activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing a disorder or having biological markers indicating predisposition for a disorder but not yet meeting diagnostic levels.

**Six Federal Strategies:**

Defined below are the six (6) federal strategies. The six federal strategies comprise the overall concept of services that prevent or reduce the use and abuse of alcohol, tobacco and other drugs. DDAP has also adapted these strategies to address the prevention of compulsive and problem gambling.

1. **Information Dissemination** – provides awareness and knowledge on the nature and extent of alcohol, tobacco and drug use, abuse and addiction, as well as problem gambling, and the effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

2. **Education** – involves two-way communication, which is distinguished from the Information Dissemination category by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this category are to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities.

3. **Alternative Activities** – operates under the premise that healthy activity will deter individuals from the use of alcohol, tobacco and other drugs (ATOD) and participation in gambling activities. The premise is that constructive and healthy activities offset the attraction to, or otherwise meet
the needs usually filled by ATOD and gambling and would, therefore, minimize or eliminate use of ATOD and participation in gambling activities. Note: Alternative activities alone have not been shown to be effective at preventing substance abuse. Characteristics of effective alternative activities include programs/activities that: are more intensive (i.e. include many hours of involvement in the program), incorporate skill building, target higher risk youth, and are built into a comprehensive prevention plan.

4. **Problem Identification and Referral** – targets those persons who have experienced first use of illicit/age-inappropriate use of tobacco and those individuals who have indulged in the first use of illicit drugs and alcohol in order to assess if their behavior can be reversed through education. This strategy also targets individuals who have engaged in age-inappropriate or problem gambling activities. Prevention funds must not be used for Student Assistance Programs (SAP), Employee Assistance Programs (EAP), or Driving Under the Influence (DUI) programs beyond the point of the educational component. The educational component is inclusive of providing consultation services to school district personnel, core team members and parents. Funding for level of care assessment or any other activity directly linked to the initiation of treatment must come from non-prevention funding sources.

5. **Community-Based Process** – aims directly at building community capacity to enhance the ability of communities to more effectively provide prevention and treatment services for substance use and problem gambling disorders. Activities include organizing, planning, enhancing efficiency and effectiveness of services, inter-agency collaboration, coalition building and networking.

6. **Environmental** – establishes or changes written and unwritten community standards, codes, ordinances and attitudes thereby influencing incidence and prevalence of ATOD use/abuse and problem gambling in the population. This category is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those that relate to action-oriented initiatives.

**Program Categories:**

1. **Evidence-Based:**

Characteristics of evidenced-based prevention programs and strategies include:

- Shown through research and evaluation to be effective in the prevention and/or delay of substance use/abuse or problem gambling;
- Grounded in a clear theoretical foundation and carefully implemented;
- Evaluation findings have been subjected to critical review by other researchers;
- Reported (with positive effects on the primary targeted outcome) in peer reviewed journals;
- Replicated and produced desired results in a variety of settings; and,
• Included in Federal registries of evidence-based programs (note: inclusion in a Federal registry is necessary, but not a sufficient characteristic to merit inclusion on DDAP’s list of evidence-based programs).

Examples of federal registries include:

- The Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP) [http://www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)
- Exemplary and Promising State, Disciplined and Drug-Free Schools Programs sponsored by the U.S. Department of Education [http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf](http://www2.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf)
- Center for the Study and Prevention of Violence Blueprints for Healthy Youth Development [http://www.blueprintsprograms.com](http://www.blueprintsprograms.com)

2. **Evidence-Informed:**

Evidence-informed prevention programs and strategies must include the following four characteristics:

- Based on a theory of change that is documented in a clear logic or conceptual model, or is based on an established theory that has been tested and supported in multiple studies;
- Based on published principles of prevention, e.g., NIDA’s Prevention Principles;
- Supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a pattern of credible and positive effects; and,
- Must have an evaluation that includes, but is not limited to, a pre/post-test and/or survey.

Other characteristics of evidence-informed prevention programs and strategies may include:

- May be similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature;
- May have appeared in a non-refereed professional publication or journal; and,
- May have been identified or recognized publicly and may have received awards, honors or mentions.

3. **Supplemental Programs:**

- Capture activities that utilize methods of best practice
- Provide basic alcohol, tobacco, other drug or problem gambling awareness/education, as well as everyday alternative prevention activities
- Captures strategies that address population-level change
- Captures activities necessary to implement or enhance evidence-based and evidence-informed programs
In order for a new program or strategy to be added to DDAP’s program and strategy listing, it must be submitted to DDAP for review and approval. DDAP has a formal process for reviewing programs and strategies to determine the appropriate program classification.

**Prevention Service Types:**

Each program category must include one of the following:

1. **Single Service Type** – Single prevention services are one-time activities intended to inform general and specific populations about substance use/abuse or problem gambling. (Examples: Health Fairs, Speaking Engagements.)
   - Individuals who are present at a single prevention service or event are called attendees.

2. **Recurring Service Type** – Recurring prevention services are a pre-planned series of structured program lessons and/or activities. These types of services are intended to inform, educate, develop skills, and identify/refer individuals who may be at risk for substance use/abuse or problem gambling. A recurring prevention activity needs to have an anticipated measurable outcome, to include but not limited to Pre/Post Tests and/or surveys. (Examples: Classroom Education, Peer Leadership/Mentoring, ATOD Free Activities Recurring). Recurring services also cover certain, limited, types of meetings and activities that are not structured lessons and may not have measurable outcomes. (Examples: coalition meetings, technical assistance meetings, recurring Core Team meetings)
   - Individuals enrolled or registered in a recurring prevention service are called participants. Attendance of these participants is then tracked during each session until the program is completed.
   - A group is defined as having a facilitator with at least two or more participants. Exceptions to this rule are outlined in the DDAP Minimum Data Set (MDS) Admin Guide and DDAP program and strategy listing.
Appendix B: 2019 Prevention Needs Assessment Document

Overview

The Bucks County needs assessment was conducted in 5 phases:

- **Phase A** - Collect & Analyze County Consumption Data (Consumptions – The overall use of alcohol, tobacco and other substance use/abuse within a county (Example: Past 30 day alcohol use rates)
- **Phase B** - Collect & Analyze Count Consequence Data (Consequences – The social, economic and health problems associated with the use of alcohol, tobacco and other drugs (Example: DUI Arrest Rate Per 100,000)
- **Phase C** - Identify Risk & Protective Factors and Other Indicators
- **Phase D** - Identify Contributing Factors via Community Conversations
- **Phase E** - Assessing County/Community Resources

The following themes emerged from the three community conversations

1) **Parent education around alcohol**
   - Parents lack the information needed to have conversations with their children about the dangers of alcohol and responsible alcohol consumption once they are 21.
   - Employing harm reduction conversations and strategies could help with youth alcohol consumption at their current age and in their future.
   - The type of messaging on social media from ads, celebrities, and parent’s social media posts makes alcohol consumption a social norm without differentiating between when alcohol consumption is acceptable and when it is not.

2) **Marijuana is natural**
   - The community in general terms, is unaware of the difference between medical marijuana products and marijuana obtained illegally (street marijuana).
   - The perceived risk of smoking marijuana is lower than smoking tobacco because it is “natural”.
   - Medical marijuana is legal and can now be used as an opioid replacement.

3) **Lack of Information about e-cigarettes/vaping**
   - Limited information is available about vaping devices/e-cigarettes contents (ingredients, nicotine concentrations, and flavor additives) and regulations (selling, vape shop locations, etc.).
   - Parents and adults are unsure of best way to handle increased vaping the in county.

4) **Alcohol tolerance**
   - Parents and adults don’t have a clear understanding of the effects alcohol (especially with the rise of craft beer and larger portions of wine) has on their ability to drive, in terms of their tolerance.
   - Parents and adults rationalize and minimize the effects of consuming alcohol in terms of quantity and regularity.
   - Parents and adults think they won’t get caught if they drink and drive.
5) Pain management

- Issues with opioid prescribing in healthcare settings and the lack of patient education.
- Collaboration between systems needs to occur for holistic patient care, including mental health care.

Problems and Risk/Protective Factors:

| Problem One: We are concerned about the 30-day use and lifetime use of alcohol and perception of risk among youth in Bucks County. | • Favorable attitudes towards ATOD use  
• Perceived availability of drugs  
• Parental attitudes favorable towards ATOD use |
| Problem Two: We are concerned that the 30-day use and lifetime use of marijuana in our county continues to be higher than the state average. | • Favorable attitudes towards ATOD use  
• Perceived availability of drugs  
• Parental attitudes favorable towards ATOD use |
| Problem Three: We are concerned about the increasing vaping/e-cigarette use in Bucks County. | • Favorable attitudes towards ATOD use  
• Social access and availability  
• Parental attitudes favorable towards ATOD use |
| Problem Four: We continue to see high rates among adults for alcohol-related crashes and DUI's | • Favorable attitudes towards ATOD use  
• Perceived availability of drugs  
• Laws and norms favorable to drug use |
| Problem Five: Among adults, we continue to see opioid medication misuses/abuse resulting in increased rates of overdose and overdose deaths in adults. | • Favorable attitudes towards ATOD use  
• Perceived availability of drugs  
• Laws and norms favorable to drug use |
Appendix C: Budget Forms and Invoicing Workbook

- See Budget Forms attachment (complete and include as a separate attachment)
- Tax certification statement
- W9 Form (see attachment)
- Current audit (include in submission if not currently on file)
- Certificate of licensure
PLEASE USE YOUR LETTERHEAD

TAX CERTIFICATION STATEMENT

“This is to certify that _________________________________ has paid Corporate, Federal, and State income taxes (if applicable); paid the employer’s share of and has withheld the correct amount of income taxes, F.I.C.A. taxes, and unemployment compensation and workmen’s compensation taxes or premiums from employee’s salaries as required by law, and has remitted such amounts to the appropriate Federal, State, and Local level government for the period of July 1, 2011 through June 30, 2012.”

ACT 33 STATEMENT

“This is to certify that _________________________________ is aware of and is in compliance with the obligations of Act 33 of 1985 (Child Protective Services Law).”

____________________  _________________________________

Date                      Signature

______________________________

Title

**This form is to be submitted at the end of the Fiscal Year.

W9 Form