



Dr. Courtney N. Phillips, Executive Commissioner

**Request for Applications (RFA)
For**

**Substance Use and Misuse Prevention Services:
Community Coalition Partnerships,
Prevention Resource Centers, and
Youth Prevention Services**

RFA No. HHS0000776

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NIGP Class/Items:

**948/33 - Disease Prevention and Control Services
952/59 - Human Services (Not Otherwise Classified)
952/83 - Human Services Youth Program Services**

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ARTICLE 1. EXECUTIVE SUMMARY, DEFINITIONS, AND AUTHORITY

1.1 EXECUTIVE SUMMARY

The Health and Human Services Commission (HHSC), Medical and Social Services (MSS) Intellectual and Developmental Disabilities (IDD) **Behavioral Health Services Section** announces the expected availability of grant funds to provide Substance Use and Misuse Prevention Services. This five-year grant starts at the beginning of the State Fiscal Year (FY) 2020.

Applicants may apply for one or more of the program types. The following program types for this RFA are:

1. Community Coalition Partnerships (CCP)
2. Prevention Resource Centers (PRC)
3. Youth Prevention Indicated (YPI)
4. Youth Prevention Selective (YPS)
5. Youth Prevention Universal (YPU)

Funds are being awarded in all Health and Human Services (HHS) Health Regions of the state.

If an Applicant is proposing to provide more than one program type, a complete and separate application is required for each program type per Health Region. Special consideration will be given to applications that serve special populations, such as military/veteran families and their children, Tribal communities, homeless individuals, rural communities, Colonias, lesbian, gay, bisexual, and transgender (LGBT), and populations with health disparities related to substance use and misuse according to the state's four prevention priorities: underage alcohol use, tobacco and nicotine products, marijuana and other cannabinoids, and prescription drug misuse.

A separate **Form C** through **F**, and **Form G** through **J** as applicable to program type, must be submitted for each separate program type and curriculum.

A separate set of Budget forms (**Form N**) are required for each program type and curriculum. **The Budget must reflect expected expenses and budget categories per Health Region, in addition to the total amount that is requested.**

If a single program type is delivered in multiple sites within a Health Region, it will be scored as a single application. Texas Health Regions can be found in **Appendix C: Map of HHS Health Regions**.

To be considered for an award, Applicants must execute **Exhibit A, Affirmations and Solicitation Acceptance**, of this Solicitation and provide all other required information and documentation as set forth in this Solicitation.

1.2 DEFINITIONS

Refer to **Exhibit B, HHSC Uniform Terms and Conditions - Grant** for additional definitions. Additionally, as used in this Solicitation, unless the context clearly indicates otherwise, the following terms and conditions have the meanings assigned below:

“Addendum” means a written clarification or revision to this Solicitation issued by the System Agency.

“Adult” means an individual 18 years or older.

“Advanced Certified Prevention Specialist (ACPS)” is an advanced professional certification conferred by the Texas Certification Board of Addiction Professionals (TCBAP) to individuals who have completed prerequisite trainings, education, work experience requirements, and have successfully completed an examination. Individuals earning this certification also qualify for the internationally recognized Prevention Specialist (PS) credential through the International Certification and Reciprocity Consortium (IC&RC).

“Annual Provider Meeting” is a meeting that provides an opportunity for continuing education, technical assistance, and face-to-face interaction with System Agency personnel. Prevention Program Directors and other staff indicated in the Statement of Work are required to attend every year.

“Apparent Awardee” means an organization that has been selected to receive a grant award through response to this RFA but has not yet executed a grant agreement or contract. May also be referred to as "Apparent Grant Recipient" or "Apparent Grantee."

“Appendix” is information and/or forms that are available in the back of the solicitation document.

“Applicant” means the entity responding to this Solicitation. May also be referred to as "Respondent."

“Associate Prevention Specialist (APS)” is a professional designation conferred by the Texas Certification Board of Addiction Professionals (TCBAP) to individuals who have completed prerequisite trainings and work experience requirements.

“ATOD” means alcohol, tobacco and other drugs.

“ATOD Presentation” is a strategy that provides awareness and knowledge of alcohol, tobacco, and other drug use, misuse and addiction and its harmful effects and consequences on individuals, families, and communities. This strategy also increases awareness about alcohol and other drug programs and services available to the general population. These shall include presentations on the state’s four prevention priorities: underage alcohol use, tobacco and nicotine products, marijuana and other cannabinoids, and prescription drug misuse.

“Behavioral Health Institute (BHI)” is an annual institute offering continuing education and networking opportunities for individuals engaged in the prevention and treatment of substance abuse and mental health conditions.

“Behavioral Health Services” means services that consist of mental health services and substance abuse prevention, intervention, and treatment services.

“Budget” means a financial schedule documented in the contract that describes how funds will be used and/or the basis for reimbursement for the provision of contracted services. The type of budget for services under the RFA will be categorical (line item). The Budget Section will be required and will be posted with the RFA as a separate package on the HHS Grants Website.

“Budget Period” means the duration of the budget, stated in the number of months the contract will contain from begin date to end date of the term of the contract. Each renewal will have its own budget period.

“Capacity Building (SPF-Step 2)” is the second step of the SPF that helps prevention professionals identify resources and build readiness to address substance use and misuse. Work involves mobilizing resources, both human and structural resources, to build a prevention system that can effectively address local problems, and to address the willingness and motivation of a community to address the identified problems. Key components of this step involve: raising community awareness, engaging diverse stakeholders, strengthening community collaboration, and enhancing the prevention workforce through training and professional development.

“Categorical Budget” means a line item financial schedule with defined expense categories documented in the contract that describes how funds will be used and/or the basis for reimbursement for the provision of contracted services.

“Center for Substance Abuse Prevention (CSAP)” is a center working under the Substance Abuse Mental Health Services Administration (SAMHSA) umbrella with a mission to improve behavioral health through evidence-based prevention approaches. CSAP works with federal, state, public, and private organizations to develop comprehensive prevention systems in the following ways. Providing national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse, and underage alcohol and tobacco use. Promoting effective substance abuse prevention practices that enable states, communities, and other organizations to apply prevention knowledge effectively. <https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap>

“Certified Prevention Specialist (CPS)” is a professional certification conferred by the Texas Certification Board of Addiction Professionals (TCBAP) to individuals who have completed prerequisite trainings, work experience requirements, and have successfully

completed the examination. Individuals earning this certification also qualify for the internationally recognized Prevention Specialist (PS) credential through the International Certification and Reciprocity Consortium (IC&RC).

“Clinical Management for Behavioral Health Services (CMBHS) system” is the System Agency’s web-based clinical record-keeping system for state-contracted community mental health, substance use disorder, and substance abuse prevention service providers. CMBHS is also the primary data entry system for Substance Use and Misuse Prevention Programs performance measures.

“CMBHS Security Attestation Form” is a form through which a Grantee confirms adherence to privacy and security requirements for using CMBHS and notifies the System Agency of changes to key staff positions responsible for such adherence.

“Coalition Coordinator” is a required Community Coalition Partnerships (CCPs) position that is responsible for providing oversight for CCP activities. Specific duties are detailed in the CCP Statement of Work in the RFA **Section 2.10.1**.

“Coalition Presentation” means a standalone, age-appropriate activity that increases knowledge or creates awareness. It is focused on changing policies and influencing social norms to support or advance the coalition’s activities and strategies related to the State’s four prevention priorities.

“Colonia” means an unincorporated community within 62 miles of the international border with Mexico.

“Community” means a specific school, school district, college campus, zip code area, neighborhood, city, or a county within a Health and Human Service Commission (HHSC) region identified for services.

“Community Agreements (CA)” means written agreements established between two entities that have the same interest in meeting the needs of the eligible population being served. The agreements must promote collaboration and specify the agreed terms for providing comprehensive services for the individuals served. Such agreements include Memoranda of Understanding (MOUs), Letters of Agreement (LOAs), and Memoranda of Agreement (MOAs). These documents should bear either original signatures or electronic signatures from representatives of both entities entering into the agreement.

“Community-Based Processes (CSAP Strategy)” means a strategy that strengthens resources such as community coalitions to prevent substance use and misuse. Organizing, planning, and networking are included in this strategy to increase the community’s ability to deliver effective prevention and treatment services.

“Community Coalition Partnerships (CCP)” means a collaborative partnership that works toward the prevention and reduction of the illegal and harmful use of alcohol in Texas communities (with particular emphasis on reduction in youth and young adults use),

tobacco nicotine products, marijuana and other cannabinoids, and prescription drug misuse by promoting and conducting community-based and evidence-based environmental prevention strategies that have an effect on the social, cultural, political, and economic processes of the community.

“Community Mobilization” means a process that engages individuals, groups, organizations, and sectors of the population to increase awareness and prevent the use/misuse of ATOD. Community mobilization facilitates change through collective actions that address the issues of the use/misuse of ATOD.

“Community Needs Assessment” means a systematic process that helps prevention professionals identify pressing substance use and related problems and their contributing factors, and assess community resources and readiness to address these factors.

“Contract” means the Signature Document, these Uniform Terms and Conditions, along with any Attachments, or any Amendments, or Technical Guidance Letters that may be issued by the System Agency, to be incorporated by reference herein for all purposes if issued.

“Contract Term” means the period during which the contract or program attachment will be effective from begin date to end, or renewal date. The contract term may or may not be the same as the budget period.

“Cost Reimbursement” means a payment mechanism in which funds are provided to carry out approved activities based on an approved eight-category line-item (categorical) budget. Amounts expended in support of providing services and goods, if any, in accordance with the contract terms and conditions must be billed monthly for reimbursement unless otherwise specified in the contract. Reimbursement is based on actual allowable costs incurred that comply with the cost principles applicable to the grant that funds the contract.

“CSAP Prevention Strategies” means the six evidence-based prevention strategies developed by CSAP, including: information dissemination, prevention education, positive alternatives, environmental strategies, community-based processes, and identification of problems and referral to services.

“Cultural Competence (Guiding Principal of the SPF)” means the ability to interact effectively and respectfully with people of different cultures, practices and beliefs; to provide relevant and appropriate services to people of diverse backgrounds and promote positive outcomes for all participants.

“Culturally and Linguistically Appropriate Services (CLAS) Standards” means the standards that aim to enhance health equity, facilitate service access and utilization, improve quality and behavioral health outcomes, and help eliminate health disparities among populations served. Grantees may find additional online resources regarding the CLAS Standards and related educational guidance. Examples of online resources include, but not limited to:

<https://www.thinkculturalhealth.hhs.gov/clas>
<https://www.minorityhealth.hhs.gov>

“Curriculum Cycle” means the required number of prevention education sessions set forth by a prevention education curriculum.

“Debarment” means an exclusion from contracting or subcontracting with state agencies based on cause set forth in Title 34, Texas Administrative Code, Chapter 20, Subchapter G, §20.581-20.587 et seq.

“Due Date” means the established deadline for submission of a document or deliverable.

“Effective Date” means the date agreed to by the Parties as the date on which the Contract takes effect.

“Eligible Population” means the group of people, described demographically, who are qualified to receive program services.

“Environmental and Social Policy (CSAP Strategy)” means a strategy aimed at the settings and conditions in which people live, work, and socialize. These strategies call for change in policies – to reduce risk factors and increase protective factors – for example, tighter zoning restrictions on alcohol outlets or stronger enforcement to prevent underage purchases of alcohol or tobacco products. As these changes are carried out at the community level, they can have a sweeping impact.

“Evaluation (SPF Step 5)” is the final step of the SPF that systematically collects and analyzes information about program activities, characteristics, and outcomes to describe the challenges and successes of prevention strategies implemented.

“Evaluation Plan” means an outline of activities that assess the impact of strategies implemented as outlined in a Strategic Plan.

“Evidence-based” means a designation for models, curricula, and other interventions that have been proven effective through rigorous research methodologies.

“Evidence-based Practice Workgroup (EBPWG)” is a sub-group of the Texas Prevention Priorities Workgroup responsible for providing feedback on HHSC’s prevention efforts throughout Texas. In accordance with guidance from the Substance Abuse Mental Health Services Administration (SAMHSA), this group’s specific focus is to provide their combined knowledge and expertise of evidence based prevention strategies and interventions to help ensure that all HHSC funded substance abuse prevention efforts are efficient, effective, and evidence based for the entire population of Texas.

“Family” means the parents, brothers, sisters, other relatives, foster parents, guardians or significant others who perform the roles and functions of family members in the lives of the participants.

“Fidelity” means the extent to which the delivery of services conforms to the curriculum, protocol, and guidelines for implementation. A curriculum delivered to an approved population exactly as intended by its developer has high Fidelity and is likely to meet the intended results and outcomes.

“Financial Status Reports (FSR)” are reports submitted to the System Agency according to a schedule detailed in the contract. The FSR reflects the Contract’s approved categorical budget, cumulative allowable costs incurred through the end of the reporting quarter by budget category (e.g., personnel, equipment, supplies, etc.), budget variances, the System Agency’s share of program income, and non-System Agency funding.

“Fiscal Year” means the System Agency’s state fiscal year, September 1-August 31, unless otherwise specified.

“Fully Executed” means the point at which a contract is signed by each of the parties to form a legal binding contractual relationship. No costs chargeable to a proposed contract will be reimbursed before the contract is fully executed.

“Grantee” means an individual, organization, or entity that contracts with the System Agency to provide services and/or goods in accordance with the terms of the grant award and all applicable state and federal laws, rules, and regulations.

“Health and Human Services Commission” or “HHSC” means the administrative agency established under Chapter 531, Texas Government Code or its designee. <https://www.hhs.texas.gov>.

“HUB” means Historically Underutilized Business, as defined by Chapter 2161 of the Texas Government Code.

“Identification of Problems and Referral to Services (CSAP Strategy)” is a process crucial to the prevention of substance use. This process includes determining when the behavior of people who are at high risk or who are using alcohol, tobacco, or other drugs requires education or other intensive interventions.

“Implementation (SPF Step 4)” is step four of the SPF that helps prevention professionals deliver evidence-based interventions. This step involves putting the strategic plan into action through a clear implementation plan that outlines goals to accomplish, specific steps you will take to get there, and persons/organizations responsible. It lays out expected timelines and external partners and identifies the organizational supports that are necessary for successful implementation.

“Implementation Plan” is a plan that describes how services will be delivered to the eligible population and includes specifics such as what types of participants will be served, who will be responsible for the work, timelines for completion of activities, and how services will be evaluated when complete. Implementation plans should also include ways to

monitor progress and Fidelity to the strategies being implemented, address preceding capacity-building steps, and factor in adaptations necessary to consider cultural diversity.

“Indicated Population” means individuals who may or may not be using substances, but may exhibit risk factors such as school failure, interpersonal social problems, delinquency, or other antisocial behaviors, or psychological problems, such as depression or suicidal behaviors that increase their chances of developing a substance abuse problem. The individuals identified at this stage, though showing signs of early substance use, have not reached the point where a clinical diagnosis of substance abuse can be made.

“Indirect Costs” are costs that have been incurred for a common or joint purpose and are not readily chargeable to a specific cost objective (commonly costs that benefit the entire organization).

“Indirect Cost Rate” is a rate for charging indirect cost – generally a percentage of direct cost or Modified Total Direct Cost (MTDC).

“Information Dissemination (CSAP Strategy)” is a strategy that increases knowledge and changes attitudes through communications. This method of learning is mainly one-way, such as classroom speakers or media campaigns.

“Institute of Medicine (IOM)” is an organization with a mission to advance and disseminate scientific knowledge to improve human health. The Institute provides objective, timely, authoritative information and advice concerning health and science policy to government, the corporate sector, the professions and the public.

“Intern” means an individual offering their services to an organization in exchange for experience. Interns may or may not be paid, and may offer their services to meet the requirements of an educational entity. All interns should have a clear job description.

“International Certification and Reciprocity Consortium (IC&RC)” is a global entity concerned with credentialing and reciprocity for prevention, addiction treatment, and recovery professionals. It provides standards and examinations to certification and licensing boards in 25 countries, 47 states and territories, 5 Native American regions, and all branches of the US military.

“Key Personnel” means an Applicant’s designated Project Contact, Fiscal Contact, and Executive Director and/or any other key stakeholders in the Proposed Project.

“LGBT” stands for lesbian, gay, bisexual, and transgender individuals.

“Logic Model” means a flow chart or graphic display representing the logical connections between program activities and program goals. The logic model will include the identified problem in the community, the intervening variables and contributing factors, and the strategies to achieve the short and long-term outcomes to address the problem.

“Marijuana and Other Cannabinoids” means a category including all cannabis products (marijuana, hashish, etc.), cannabis derivatives (Tetrahydrocannabinol or THC, hash oil, marijuana wax, etc.) as well as any synthetic compound intended to produce effects similar to those associated with THC (spice, K2 etc.).

“Match” means the portion of total System Agency contract costs or total program commitments not borne by federal or state government, which may be cash or in-kind contributions, or a combination of both. Additional information and requirements on match are found in the System Agency Grant Technical Assistance Guide (GTAG) available on-line at: <http://www.dshs.texas.gov/contracts/cfpm.shtm>

“Media Awareness Activities” are community awareness prevention campaigns that use media in the form of TV, radio, print media, social media, or other advertising platforms to communicate a specific message to a target population.

“Minor” means an individual under 18 years of age.

“National Registry of Evidence-based Programs and Practices (NREPP)” is an evidence-based repository and review system designed to provide the public with reliable information on mental health and substance use interventions. All interventions in the registry have met NREPP’s minimum requirements for review.

“Outcome Evaluation” is a type of evaluation that measures a program’s results and helps determine whether a program or strategy produced the changes it intended to achieve.

“Outcomes” are performance measures used to determine what has been accomplished, including changes in behaviors, approaches, policies, and practices to reduce risk factors and promote protective factors because of the strategies implemented.

“Participant” means an individual who receives or has received prevention services. Significant others and/or family members of participants in prevention programs that are receiving prevention services, are also considered participants. ***All youth and adults receiving prevention services must be referred to as participants and not clients.***

“Participant Travel” means a participant relocating from one site to another during a prevention activity. A participant is said to travel any time they leave one location or campus to go to another during a prevention activity or to go to a prevention activity while under the care and/or supervision of prevention staff. Transportation by parents/guardians or school/community site staff does not count as participant travel.

“Percentage of Effort” is a percentage found in parentheses after some prevention strategies in the Statement of Work. Percentage of Effort refers to the amount of effort spent toward a particular prevention strategy. These percentages should assist in overall program planning, and Grantees are encouraged to use these percentages to guide the development of performance measures and program staffing. Strategies without a percentage of effort do not have corresponding performance measures, but the prevention strategies are still required.

“Performance Measures” mean measures that reflect the services that are critical to the program design and intended outcomes of a contractor’s services. Performance measures are specified for all System Agency-funded programs.

“Planning (SPF Step 3)” is step three of the SPF process that involves developing a strategic plan to address the priority problems and prevention goals of a community. Key components of this step involve identifying and prioritizing the relevant risk and protective factors to be addressed, selecting effective, evidence-based environmental strategies to be implemented, and building a logic model that provides a clear rationale for selecting programs or processes.

“Positive Alternatives (CSAP Strategy, also known as Alternative Activities)” mean fun, challenging, and structured activities with supervision so people have constructive and healthy ways to enjoy free time and learn skills. These alcohol- and drug-free activities help people – particularly young people – stay away from situations that encourage use of alcohol, tobacco, or illegal drugs.

“Prescription Drug Misuse” means the use of any prescription medication by an individual other than the one to whom it was prescribed, or any use other than what was intended by the prescribing physician. This includes intentional recreational use as well as altered dosage or administration schedule.

“Prevention” is a proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.

“Prevention Domains” mean the six (as of 2014) domains set forth by the Texas Certification Board of Addiction Professionals (TCBAP). They are as follow:

1. Planning and Evaluation;
2. Prevention Education and Service Delivery;
3. Communication;
4. Community Organization;
5. Public Policy and Environmental Change; and
6. Professional Growth and Responsibility.

“Prevention Education (CSAP Strategy)” is a two-way approach to teaching participants important social skills. These skills can include resisting pressure to use drugs, looking at the intent behind advertising, or developing other skills used in making healthy choices. This is the core strategy for universal, selective, and indicated youth prevention programs that includes the use of structured evidence-based curricula.

“Prevention Program Director” is a required position in any organization providing any of the prevention program types of this RFA that is responsible for providing oversight to all prevention program activities. Specific duties are detailed in the Statement of Work for which the Applicant is applying listed in the RFA **Section 2.10, Scopes of Work**.

“Prevention Resource Center (PRC)” means a regional entity that provides services intended to enhance community collaboration, increase community awareness and readiness, provide information and resources on substance use and related behavioral health data, support professional development of the prevention workforce, and provide resources for evaluation activities within its service region. PRCs serve four core functions: data resource coordination (Data Core), coordination of training and

professional development (Training Core), coordination of media awareness activities (Media Core), and coordination of Synar and tobacco prevention activities (Tobacco Prevention Core).

“Prevention Resource Center Data Coordinator” is a required PRC position responsible for conducting prevention program services related to the requirements of the Data Core.

“Prevention Resource Center Public Relations Coordinator” is a required PRC position responsible for conducting prevention program services related to the requirements of the Media Core and Training Core.

“Prevention Resource Center Tobacco Prevention Coordinator” is a required PRC position responsible for conducting prevention program services related to the requirements of the Tobacco Prevention Core.

“Prevention Specialist” means a direct service staff member working to prevent substance use and misuse through the delivery of prevention services funded through the System-Agency. This is a required position for Youth Prevention programs, and maybe be hired under the CCP and PRC programs.

“Priority Population” means a subset of the eligible population proposed by the Applicant and approved by the System Agency to receive prevention services specified for each program type.

“Proactive Process” means a process designed to anticipate and control a situation before it has occurred rather than responding after a situation is already happening.

“Process Evaluation” is a type of evaluation that examines how prevention services are delivered. It helps practitioners to determine how closely the services were implemented as planned and how well it reached the target population.

“Program” means specific activities of the provided and/or activities conducted by the Applicant.

“Program Service Area” means the geographic area specified in an Applicant’s response to the RFA, as approved by the System Agency.

“Program Type” is a category of services with a specific target population and purpose. The program types for substance use and misuse prevention programs in the RFA are:

1. Community Coalition Partnerships (CCP)
2. Prevention Resource Centers (PRC)
3. Youth Prevention Indicated (YPI)
4. Youth Prevention Selective (YPS)
5. Youth Prevention Universal (YPU)

“Project” means the work and activities for which grant funding is awarded and information is provided as part of the response to this Solicitation. During the open application period and before selection of grant recipients are made, the Project will be known as the Proposed Project.

“Project Period” is the anticipated duration of the entire Project stated in total number of budget periods.

“Protective Factors” are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.

“Provider” means the same thing as “Grantee.”

“Region” is an HHS administrative service area made up of one of eleven geographic subdivisions of the state. Also referred to as Health and Human Services “Health Regions.” See, **Appendix C**.

“Regional Epidemiological Workgroup (REW)” is a regionally-based workgroup based on the principles of epidemiology, the public health science that describes the incidence, distribution, and control of a disease in a population. This regional workgroup will help prevention professionals identify and analyze community patterns of substance misuse and the various factors that influence behavior.

“Resilience” means the ability of individuals to remain healthy even in the presence of risk factors. The resilience model of prevention focuses on decreasing risks and increasing protective factors (that is, creating resilience) in the lives, families, and environments of those at risk. *Source: National Center for Mental Health Promotion and Youth Violence Prevention (2004). Risk and Resilience 101. Retrieved March 29, 2017, from <http://www.promoteprevent.org/risk-and-resilience-101>.*

“Respondent” means the entity responding to this Solicitation. May also be referred to as "Applicant."

“Retailer Education” is a process that involves the distribution of materials regarding the most up-to-date information on State laws as they relate to youth access and the general sales procedures of tobacco, e-cigarette, and other nicotine products. The purpose of retailer education is to provide retailers with the tools and information needed to establish a set of practices that promote voluntary compliance and successfully refuse purchase attempts by minors. Education should involve resource materials from the State Comptroller’s Office and other reputable resources on tobacco, e-cigarette, and other nicotine products. This includes the most recent signage materials, materials that promote the State’s Quitline, and other resources on the health dangers of tobacco and nicotine use and cessation. For additional resources regarding retailer education, visit <https://www.dshs.texas.gov/tobacco/>.

“Risk and Protective Factor Assessment” means a tool used by Youth Prevention-Indicated (YPI) programs to assess the risk and protective factors in the lives of potential participants. This assessment allows YPI providers to determine the appropriateness of candidates for YPI programming. Additionally, this can be helpful in identifying participants/families that could benefit from referral to support services.

“Risk Factors” are conditions in people’s lives that make them more likely to use alcohol, tobacco, or illicit drugs—play an important role in successful prevention strategies.

“Statement of Work” means the part of the contract that describes the services and/or goods to be delivered by the System Agency Grantee specifying the type, level and quality of service that directly relate to program objectives for a project period.

“Selective Population” means individuals who are at high risk for substance use, because they are exhibiting risk factors that increase their chances of developing a drug abuse problem, such as school failure, interpersonal social problems, delinquency, or other antisocial behaviors, or they may have parents that use drugs.

“Social Ecological Model (SEM)” is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies.

“Social Media” means a type of online media that expedites conversation as opposed to traditional media, which delivers content but doesn't allow readers/viewers/listeners to participate in the creation or development of the content. Twitter and Facebook are examples of social media.

“Social Norm” is the pattern of behavior in a particular group, community, or culture, accepted as normal and to which an individual is expected to conform.

“Solicitation” means a Request for Applications (RFA) including Exhibits and Addenda, if any.

“State” means the State of Texas and its instrumentalities, including HHSC, the System Agency and any other state agency, its officers, employees, or authorized agents.

“State Epidemiological Outcomes Workgroup (SEOW)” is a collaboration of data experts and prevention stakeholders. The purpose of the SEOW is to identify, analyze and communicate key substance abuse and related behavioral health data to guide programs, policies and practices. In Texas this entity is known as the State of Texas Epidemiological Workgroup (STEW).

“State’s Four Prevention Priorities” are the four substance use/misuse issues determined by the System Agency to be of the greatest importance to the State. These priorities are: underage alcohol use, tobacco and nicotine products, marijuana and other cannabinoids, and prescription drug misuse.

“Strategic Plan” means a plan that includes the goals, objectives, and strategies that will be implemented to target the environmental strategy(ies) that will address the problems identified in the needs assessment.

“Strategic Prevention Framework (SPF)” is a framework that is applicable to any prevention planning process that addresses substance use and mental health issues. It defines the essential traits of high-quality prevention strategies, lays out guiding principles and action steps, and offers tools communities can use to plan and build prevention programs that work. The framework includes: needs assessment, capacity building,

planning, implementation, and evaluation, and all activities must take into account sustainability and cultural competence.

“Subcontract” means a written agreement between the System Agency contractor and a third party to provide all or a specified part of the services, goods, work, and materials required in the original contract. The contractor remains entirely responsible to the System Agency for performance of all requirements of the contract with the System Agency. The contractor must closely monitor the subcontractor’s performance.

“Subrecipient” means a legal entity to which a sub-award is made and which is accountable to the recipient for the use of the funds provided.

“Substance Abuse and Mental Health Services Administration (SAMHSA)” is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. <https://www.samhsa.gov/>

“Substance Abuse Prevention and Treatment Block Grant (SABG)” is a grant, administered by SAMHSA, is intended to help plan, implement, and evaluate activities that prevent and treat substance abuse.

“Substance Use and Misuse” means the use and misuse of any substance. The goal of prevention efforts is to eliminate or mitigate any use of illicit drugs, use of legal substances (prescription drugs, chemicals, etc.) in a way other than how they are intended to be used, and any use of a legal substance (alcohol and tobacco) by a person under the legal age of use.

“Successful Respondent” means an organization that receives a grant award as a result of this RFA. May also be referred to as "Grantee, ""Awarded Applicant," "Sub recipient" or "Grant Recipient."

“Supplant” means to replace or substitute one source of funding for another source of funding. A recipient of contract funds under the RFA must not use the funds to pay any costs that the recipient is already obligated to pay. If an Applicant, prior to responding to an RFA, had committed to provide funding for activities defined in the contract’s Statement of Work, then the Applicant must provide the amount of funding previously committed in addition to the amount requested under the RFA.

“Support Services” mean any resource that might be beneficial to participants or families. This includes but is not limited to basic needs, healthcare, mental health, and financial assistance services.

“Sustainability (Guiding Principal of the SPF)” is ensured for prevention outcomes by building stakeholder support for your program, showing and sharing results, and obtaining steady funding.

“Synar Amendment” is an amendment to the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act enacted in July of 1992. This amendment named for

its sponsor, Mike Synar of Oklahoma, aims to reduce youth access to tobacco. It requires all states (as well as the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and six Pacific jurisdictions) to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18. States must comply with the amendment in order to receive their full Substance Abuse Prevention and Treatment Block Grant (SABG) awards. <https://www.samhsa.gov/synar/about>

“System Agency” means the Texas Health and Human Services Commission, its officers, employees or authorized agents.

“Texas Certification Board of Addiction Professionals (TCBAP)” is an autonomous arm of the Texas Association of Addiction Professionals, and a member of the International Certification and Reciprocity Consortium (IC&RC). This entity provides standards and examinations for prevention credentials in Texas.

“Texas Prevention Priorities Workgroup (TPPWG)” is a cross-agency collaborative group that serves as an advisory council to aid in the detection of gaps in services and overlapping of efforts, streamlining of available services and resources. They provide a valuable avenue of substance abuse prevention effort collaboration at the state level.

“The Texas College Survey of Substance Use” is a biennial collection of self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. Conducted by the Public Policy Research Institute (PPRI) with the Texas Health and Human Services Commission (HHSC), a representative sample of students from select colleges and universities are invited to participate.

“The Texas School Survey of Drug and Alcohol Use (TSS)” is an annual collection of self-reported tobacco, alcohol, inhalant, and substance (both illicit) use data from students in grades 7 through 12 in Texas public schools. The survey is sponsored by the Texas Department of State Health Services (DSHS) and administered by the Public Policy Research Institute (PPRI). The Texas School Survey is offered to all school throughout the state on an annual basis. PPRI actively recruits about 20% of Texas public schools with grades 7 through 12 to participate in the statewide assessment during the spring of even-numbered years. These schools are randomly selected and are not selected based on student demographics or other characteristics.

“Tobacco and Nicotine Products” is a category that includes any combustible tobacco product (cigarettes, cigars, pipe tobacco, etc.), non-combustible tobacco products (chewing tobacco, snuff, snus, etc.), as well as any product containing nicotine (e-cigarettes/vaporizers, candies, etc.).

“Twelve Community Sectors” are the basic representation guidelines for community coalitions. They include: youth, parents, business, media, school, youth-serving organizations, law enforcement, religious/fraternal organizations, civic/volunteer groups, healthcare professionals, state/local/tribal governments, and other substance abuse organizations.

“Underage Alcohol Use” means the consumption of any alcohol product by persons under the legal drinking age in the state of Texas.

“Universal Population” means members of the general population such as all students in a school that have not been identified on the basis of individual risk.

“Vendor Identification Number (Vendor ID No., VIN)” is the fourteen-digit number needed for any entity to contract with the State of Texas and which must be set up with the State Comptroller’s Office. It consists of a ten-digit identification number (IRS number, state agency number, or social security number) +check digit + 3-digit mail code. The VIN includes all the numbers in the Texas Identification Number(s), including a three-digit mail code for a total of 14 digits.

“Volunteer” means an individual providing a specific service at no cost, in accordance with a job description.

“Young Adult” means an individual 18-25 years of age who meets the program requirements to participate in a System Agency-funded prevention program.

“Youth” means an individual under 18 years of age or for youth prevention programs up to age 21 as appropriate to the curriculum and if still enrolled in high school.

“Youth Prevention Indicated (YPI)” means a comprehensive program that provides prevention activities (Prevention Education, Information Dissemination, Positive Alternatives, Community-Based Processes, and Identification of Problems and Referral to Services) targeting an indicated population. Specific duties are detailed in the Statement of Work for which the Applicant is applying listed in the RFA **Section 2.10.3**.

“Youth Prevention Selective (YPS)” means a comprehensive program that provides prevention activities (Prevention Education, Information Dissemination, Positive Alternatives, Community-Based Processes, and Identification of Problems and Referral to Services) targeting a selective population. Specific duties are detailed in the Statement of Work for which the Applicant is applying listed in the RFA **Section 2.10.4**.

“Youth Prevention Universal (YPU)” means a comprehensive program that provides prevention activities (Prevention Education, Information Dissemination, Positive Alternatives, Community-Based Processes, and Identification of Problems and Referral to Services) targeting a universal population. Specific duties are detailed in the Statement of Work for which the Applicant is applying listed in the RFA **Section 2.10.5**.

1.3 AUTHORITY

The System Agency is requesting applications under Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Services (PHS) Act, which established the Substance Abuse Prevention and Treatment Block Grant (SABG) Program; and Texas Government Code Chapters 531, to the extent applicable

ARTICLE 2. SCOPE OF GRANT AWARD

2.1 PROGRAM BACKGROUND

The development of this grant for primary Substance Use and Misuse Prevention Services is based on federal regulation ([45 CFR §96.125](#)) requiring states to use at least 20 percent of their Substance Abuse Prevention and Treatment Block Grant (SABG) allotment towards primary prevention. Federal regulation requires states to develop a comprehensive primary substance use and misuse prevention program that includes activities and services provided in a variety of settings directed at individuals who have not been determined to require treatment for a substance use disorder within the Institute of Medicine's (IOM) Continuum of Care. The substance use and misuse prevention programs outlined in this RFA, align with the Texas Statewide Behavioral Health Strategic Plan (<https://hhs.texas.gov/sites/default/files/050216-statewide-behavioral-health-strategic-plan.pdf>) and the Substance Abuse and Mental Health Services Administration's (SAMHSA) guidance on substance use and misuse and information found in the *Focus on Prevention* literature (<https://store.samhsa.gov/product/Focus-on-Prevention/sma10-4120>).

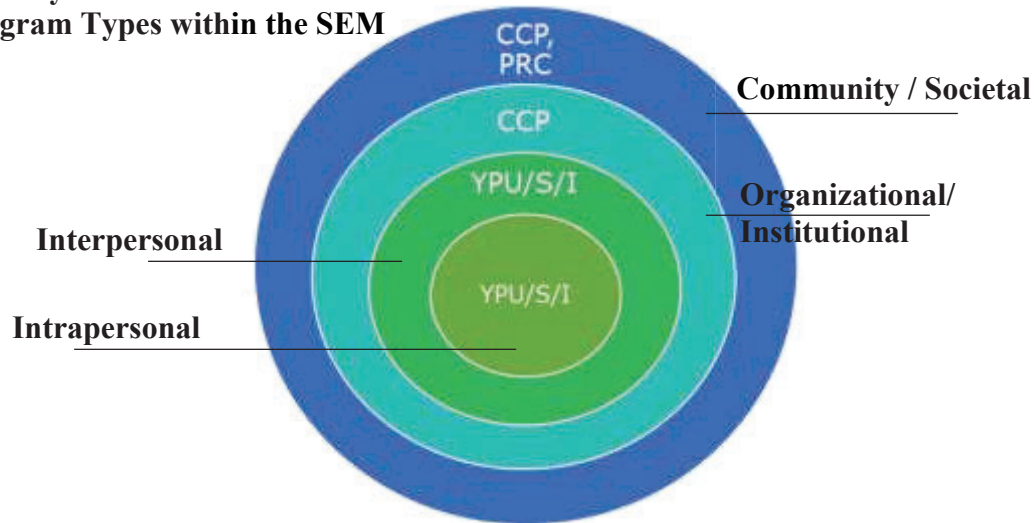
Grantees providing substance use and misuse prevention services follow the Strategic Prevention Framework (SPF) planning process of SAMHSA (<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>) as a guide to assist communities in planning and implementing prevention strategies, programs, and activities. The SPF is a five-step process used to help communities reduce risk-taking behaviors, promote resilience, and prevent problem behaviors in individuals and families across the life span. This framework is based on several critical principles: prevention as a continuum; the methods of prevention are the same for many diseases, behaviors, and disorders; successful prevention decreases risk factors while enhancing protective factors; prevention strategies should use proven practices within systems that work; systems of prevention services work better than isolated efforts; information and tools should be shared across service systems; and substance use should be addressed comprehensively.

Grantees must strengthen prevention efforts and strategies for coordination across multiple levels of impact following the Social Ecological Model (SEM). The SEM is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies (McLeroy et al., 1988). Intrapersonal factors are the internal characteristics of the individual of focus and include knowledge, skills, attitudes, and beliefs. Interpersonal factors include social norms and interactions with significant others, such as family, friends, and teachers. Organizational/institutional factors are social and physical factors that indirectly impact the individual of focus (e.g., zero tolerance school policies, classroom size, and mandatory workplace drug testing). Finally, community/societal factors include neighborhood connectedness, collaboration between organizations, and policy.

The SEM proposes that behavior is impacted by all levels of influence, from the intrapersonal to the societal, and that the effectiveness of health promotion programs is

significantly enhanced through the coordination of interventions targeting multiple levels. For example, changes at the community level will create change in individuals and support of individuals in the population is essential for implementing environmental change.

Primary Focus of Program Types within the SEM



2.1.1 Six Core Prevention Strategies

The programs being funded through this grant adhere to the six core prevention strategies developed by SAMHSA's Center for Substance Abuse Prevention (CSAP) that can be applied to most substance use issues and can help shape prevention plans. These six prevention strategies are the core of the program services identified in this grant:

1. Information Dissemination;
2. Prevention Education;
3. Positive Alternatives;
4. Environmental Strategies;
5. Community-Based Processes;
6. Problem Identification and Referral.

2.1.2 Individual Program Types

Eligible entities may apply to provide substance use and misuse prevention services in any of the 254 counties in Texas. All program types will address the State's four prevention priorities: underage alcohol use, underage tobacco and nicotine products use, marijuana and other cannabinoids use, and prescription drug misuse. Grantees of this RFA will work together with other System Agency-funded Grantees to address substance use and misuse. This grant offers five individual program types that are listed as follows:

1. Community Coalition Partnerships (CCP)
2. Prevention Resource Centers (PRC)
3. Youth Prevention Indicated (YPI)
4. Youth Prevention Selective (YPS)
5. Youth Prevention Universal (YPU)

2.2 COMMUNITY COALITION PARTNERSHIPS (CCP)

These programs work in the community to engage and mobilize various sectors of the community to implement evidence-based environmental strategies with a primary focus on changing policies and influencing social norms related to substance use and misuse. Coalitions utilize the Strategic Prevention Framework (SPF), a 5-step process to guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. Grantees must address alcohol/underage drinking along with one or more of the other State prevention priorities of marijuana use, prescription drug misuse, or tobacco use based on the identified needs of the community. The primary population is adolescents, young adults ages 18-25 in colleges and universities, and the general community. CCPs must work with other System Agency-funded Grantees to address substance use and misuse. CCPs **do not** provide or subcontract for prevention education, and skills training, or positive alternatives.

2.3 PREVENTION RESOURCE CENTERS (PRC)

These programs work to increase the capacity of the statewide substance use and misuse prevention system. PRC programs enhance community collaboration, increase community awareness and readiness, provide information and resources on substance use and related behavioral health data, support professional development of the prevention workforce, and provide resources for evaluation activities within each service region. The primary target population is all System Agency-funded substance use and misuse prevention providers in the health region. The target population may also include school administrators and teachers, community groups and coalitions, Education Services Centers (ESCs), Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs), substance use disorder intervention and treatment organizations, law enforcement, healthcare entities, healthcare providers, pharmaceutical entities that hold information about substance use or prescription medication, tobacco retailers, higher education institutions, and community stakeholders including youth, students, parents, and residents in Texas. PRCs also support the federal Synar requirement by conducting voluntary tobacco retail compliance checks throughout the state to help reduce youth access to tobacco and other nicotine products. PRCs also serve as a point of contact and provide local coordination with our statewide prevention training entity to host prevention trainings in each region.

2.4 YOUTH PREVENTION INDICATED (YPI)

Youth Prevention Indicated (YPI) strategies target individuals due to initiative behaviors and/or related risk factors that place the individual at an elevated risk for substance use and misuse. The primary population is youth in grades 6th through 12th (or youth up to age 18 who are currently not enrolled in school) that meet the program and curriculum criteria. While the target population may show early signs of substance use and misuse, indicated services are not designed for individuals with a diagnosable substance use disorder. The secondary population may include: (a) parents, grandparents, guardians, and siblings of youth participants, and (b) community members in the funded service area.

2.5 YOUTH PREVENTION SELECTIVE (YPS)

Youth Prevention Selective (YPS) strategies target subgroups known to be at higher risk for substance use and misuse than the general population. The primary population is youth Pre-Kindergarten to 12th grade who are at risk for substance use and misuse because they belong to a subgroup of the general population that is known to have risk factors that increase the likelihood of substance use and misuse. Targeted subgroups may be defined by, but not limited to, academic failure, truancy, or residing in economically challenged neighborhoods or communities high in gang violence. The secondary population may include: (a) parents, grandparents, guardians, and siblings of youth participants, and (b) community members in the funded service area.

2.6 YOUTH PREVENTION UNIVERSAL (YPU)

Youth Prevention Universal (YPU) strategies take the broadest approach and are designed to reach entire groups or populations. Universal prevention strategies may target schools, workplaces, or whole communities. The primary population is all youth, Pre-Kindergarten to 12th grade, from the general population. The secondary population may include: (a) parents, grandparents, guardians, and siblings of youth participants, and (b) community members in the funded service area.

2.7 GRANT AWARD AND TERM

2.7.1 Available Funding

The total amount of state funding available utilizing Substance Abuse Prevention and Treatment Block Grant for the Substance Use and Misuse Program Services is **\$47 Million**, and it is HHSC's intention to make multiple awards throughout each health region for YPI, YPS, YPU, and CCP. In addition, the intention is to grant one award in each health region for PRCs. Large requests for state funding may not be fully funded in order to ensure that funds are available for the broadest possible array of communities and programs.

Minimum Award Amounts by Program Type

Program Type	Minimum Award Amount
CCP	\$125,000
PRC	\$250,000
YPI, YPS, YPU	\$150,000/Youth Only \$200,000/Family-focused

Applicant should only apply for the necessary funds required to provide the proposed services based on organizational capacity, population, and regional needs.

Applicants will budget and provide a five percent (5%) Match based on the amount requested to be awarded for each Program Type and curriculum. Match may be provided either in cash or in-kind. Cash match must be made from funds eligible to be used as matching funds.

Grants awarded as a result of this RFA will be funded on a cost reimbursement basis and only to the extent that matching funds have been certified by the grant recipient on a dollar for dollar basis. Under the cost reimbursement method of funding, grant recipients are required to finance operations with their own working capital with grant payments made by HHSC to reimburse the grant recipients for actual cash disbursements to be supported by adequate documentation.

2.7.2 Grant Term

It is anticipated that the grant funding will begin September 1, 2019 and continue through August 31, 2024. A five-year contract will be issued with five fiscal terms as follows:

Year	Fiscal Year	Fiscal Term Begins	Fiscal Term Ends
1	2020	September 1, 2019	August 31, 2020
2	2021	September 1, 2020	August 31, 2021
3	2022	September 1, 2021	August 31, 2022
4	2023	September 1, 2022	August 31, 2023
5	2024	September 1, 2023	August 31, 2024

There will be required reporting for each fiscal term. Continued funding for each fiscal term is at the sole discretion of HHSC. Funding is subject to change each fiscal year and is contingent upon the availability of funds and satisfactory performance of the Grantee. Reimbursement will only be made for allowable expenses that occur within each fiscal term.

2.8 ELIGIBLE APPLICANTS

Eligible Applicants include *nonprofit entities, tribal and governmental entities who have experience providing substance use and misuse primary prevention services*, and must comply with the criteria listed in this **Section 2.8, Eligible Applicants** and **Section 2.9, Program Requirements**. For-profit entities are not eligible to apply for funds under this RFA. To be awarded a contract as a result of this RFA, an Applicant:

1. Must be established as an appropriate legal entity as described in the paragraph above, under state statutes and must have the authority and be in good standing to do business in Texas and to conduct the activities described in the RFA.
2. Must have a Texas address. A post office box may be used when the proposal is submitted, but the Applicant must conduct business at a physical location in the Texas region where services are to be provided prior to the date that the grant is awarded.
3. Must be in good standing with the U.S. Internal Revenue Service.
4. Is ineligible to apply for funds under this RFA if currently debarred, suspended, or otherwise excluded or ineligible for participation in federal or state assistance programs.

5. May **be ineligible for contract award** if the proposal identifies concerns regarding concerns regarding the future viability of the Grantee, material non-compliance or material weaknesses that are not satisfactorily addressed, as determined by HHSC.
6. Staff members, including the executive director, must not serve as voting members on their employer's governing board.
7. In compliance with Comptroller of Public Accounts Statewide Procurement and Support Services rules, 34 Texas Administrative Code, Chapter 20, HHSC, Procurement and Contracting Services (PCS) requires name searches be conducted using the websites listed in this section prior to the development of a contract. **An Applicant is not considered eligible to contract with HHSC if a name match is found on any of the following lists:**
 - a. OIG List of Excluded Individuals and Entities–Federal Exclusions at: <https://exclusions.oig.hhs.gov/>;
 - b. The Office of Inspector General (OIG) List of Excluded Individuals/Entities Search–State <https://oig.hhsc.state.tx.us/Exclusions/search.aspx>; and
 - c. Texas Comptroller of Public Accounts (CPA) Debarment List located at: http://www.window.state.tx.us/procurement/prog/vendor_performance/debarred/.
8. **Must be** on the Secretary of State (SOS) listing at <https://direct.sos.state.tx.us/acct/acct-login.asp> if they are Professional Corporations, Professional Associations, Texas Corporations, and/or Texas Limited Partnership Companies.

Applicant is not considered eligible to apply unless it meets the eligibility conditions to the stated criteria listed above at the time the application is submitted. Applicant must continue to meet these conditions throughout the selection and funding process. HHSC expressly reserves the right to review and analyze the documentation submitted and to request additional documentation and determine the Applicant's eligibility to compete for the grant award.

2.9 PROGRAM REQUIREMENTS

To meet the mission and objectives of Substance Use and Misuse Prevention Services, Grantee must:

1. Hire and maintain a workforce of appropriately trained staff that can sustain the programmatic requirements and daily functions of the proposed services. Applicant must have sufficient staff to provide services to the target number of participants proposed. Staff must maintain at least the minimum credentials for each program type outlined in the respective scope(s) of work listed in this RFA.
2. Demonstrate a clear understanding of the Strategic Prevention Framework (SPF) and the Social Ecological Model (SEM) outlined in this RFA.
3. Meet at least the required minimum organizational capacity expressed in this RFA. These requirements are as follows:
 - a. Applicant must have the capacity to begin delivering services within 30 days of the contract start date.

- b. Applicant must maintain regular business hours that are reflective of at least a forty-hour work week. Applicant must post all business hours.
 - c. Applicant's organization must have an established Executive Leadership in the form of Executive Management, a Board of Directors, an Advisory Council, or other governing body.
 - d. Applicant must have a Prevention Program Director in place within 30 days of the contract start date. Prevention Program Director must be designated at a minimum of 25% to the proposed program and must have at least the minimum credentialing requirements as outlined in the Statement of Work (SOW) for the respective program.
4. Have pre-established relationships within the proposed target community, school district or service area. Applicant must submit a minimum of five (5) Letters of Agreement from various stakeholders within the proposed target community or service area. An Applicant who has not previously held a contract with HHSC or the legacy Department of State Health Services (DSHS), for substance use and misuse prevention services in the last five (5) years, may submit five (5) Letters of Support in lieu of Letters of Agreement.
 5. Clearly identify the intended target population and target community or service area in the RFA proposal.
 6. Establish and implement strategies and subsequent activities that address gaps in services and address the identified needs of individuals residing in the proposed target service area with consideration of special populations, such as military/veteran families and their children, Tribal communities, homeless individuals, rural communities, Colonias, LGBT, and populations with health disparities related to substance use and misuse according to the state's four prevention priorities.
 7. Have the capacity to disseminate information through social media and collaborate with HHSC's statewide prevention media campaign.
 8. Establish services that are accessible to all qualifying individuals. Applicant must adhere to Culturally and Linguistically Appropriate Services (CLAS) standards. This includes on-going training that is relevant to the scope of work for staff within the Applicant's organization.
 9. Establish and maintain policies and procedures for program evaluation and continuous quality improvement.
 10. Monitor all required performance measures.
 11. Submit System Agency-required reports for each Program Type.

2.10 SCOPES OF WORK

Applicants may apply for one or more of the Program Types (except for PRC). Applicants must submit a complete and separate proposal for each proposed Program Type. Applicants applying for a YPI, YPS, or YPU Program Type will be required to submit a complete and separate proposal for each proposed curriculum and age range.

The Program Types for this RFA are:

1. Community Coalition Partnerships (CCP)
2. Prevention Resource Centers (PRC)

3. Youth Prevention Indicated (YPI)
4. Youth Prevention Selective (YPS)
5. Youth Prevention Universal (YPU)

The Scopes of Work for the five (5) Program Types are as follows:

2.10.1 Community Coalition Partnerships (CCP) Statement of Work

The purpose of the Community Coalition Partnership is to mobilize the community to implement evidence-based environmental strategies with a primary focus to change policies and influence social norms related to substance use and misuse. Community Coalition Partnerships (CCPs) will address the State's four prevention priorities: underage alcohol use, tobacco and nicotine products, marijuana and other cannabinoids, and prescription drug misuse.

Grantees providing CCP services will work together with other System Agency-funded substance use and misuse prevention programs to address substance use and misuse, follow the Strategic Prevention Framework (SPF) model of the Substance Abuse and Mental Health Services Administration (SAMHSA), and strengthen prevention efforts and strategies for coordination across multiple levels of impact following the Social Ecological Model, Grantees

will provide services that help address prevention gaps in accordance with the Health and Human Services Commission (HHSC) Statewide Behavioral Health Strategic Plan 2017-2021, <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2017/tx-statewide-behavior-health-strategic-plan-progress-report-jan2017.pdf>, that focus on preventing substance use and misuse.

2.10.1.1 GOALS

1. To utilize the SAMHSA Strategic Prevention Framework model as a planning process for preventing substance use and misuse. The five-step process includes Assessment, Capacity Building, Planning, Implementation, and Evaluation. Cultural Competence and Sustainability are guiding principles which are utilized throughout the process.
2. To prevent and reduce substance use and misuse with a specific focus on the State's four prevention priorities and any additional prevention priorities specific to the target community, as approved by the System Agency.
3. To create community awareness regarding the health consequences of substance use and misuse through the dissemination of information across a wide variety of media outlets and distribution networks specific to the identified prevention priorities.
4. To increase citizen participation and commitment among all sectors of the community towards reducing substance use and misuse.

2.10.1.2 TARGET POPULATION

1. The primary population is adolescents (ages 12-17) and young adults (ages 18-25) within the approved service area.
2. The secondary population is the general population across the lifespan within the approved service area.

2.10.1.3 SERVICE AREA

Service area is proposed by the Applicant and may consist of an area code, zip code, or specific area of a community intending to be served.

2.10.1.4 GRANTEE RESPONSIBILITIES

2.10.1.4.1 GENERAL RESPONSIBILITIES

1. Program Implementation
 - a. Grantee will provide prevention services and activities:
 - b. In accordance with the rules in [Title 25 of the Texas Administrative Code \(TAC\), Chapter 447](#);
 - c. To the identified primary and secondary populations where the target population is located;
 - d. As specified in Grantee's response to the solicitation document; and
 - e. As approved by the System Agency.
2. Coalitions will utilize the SPF process to guide the selection, implementation, and evaluation of evidence-based, culturally appropriate, and sustainable prevention activities.
 - a. **Assessment** - the first step of the Strategic Prevention Framework (SPF) that helps prevention professionals identify important substance use and related problems, and their contributing factors. It identifies relevant risk and protective factors from a variety of data sources. This step provides information to help prioritize specific substance use problems, identify factors related to the problems, as well as assesses community resources and readiness to address them.
Grantee will:
 - i. In years one and five of the contract term, submit a comprehensive Community Needs Assessment (CNA) that guides the identification of community prevention priorities based on local data and resources.
 - ii. Ensure that coalition members participate in the completion of the CNA and document their participation by providing coalition meeting minutes and sign-in sheets and attach these documents to the CNA.
 - iii. Submit the year one CNA to the System Agency and System Agency-funded Prevention Resource Center for review and any necessary technical assistance. The CNA must be documented using the System Agency-approved form and include characteristics of the targeted communities.
 - iv. Submit the year five CNA with updated information based on local data to the System Agency and System Agency-funded Prevention Resource Center for review and any necessary technical assistance. The CNA must be documented using the System Agency-approved form.
 - b. **Capacity Building** – Step two of the SPF helps prevention professionals identify resources and build readiness to address substance use and misuse. Work involves mobilizing both human and structural resources to build a prevention system that

can effectively address local problems and assess **the willingness and** motivation of a community to address the identified problems. Key components of this step involve raising community awareness, engaging diverse stakeholders, strengthening community collaboration, and enhancing the prevention workforce through training and professional development.

Grantee will:

- i. Secure, or provide written documentation of effort to secure, coalition membership of one or more active representatives from each of the following community sectors within the identified service area:
 - A. Youth and young adults
 - B. Parents
 - C. Business communities
 - D. Media
 - E. Schools
 - F. Organizations that serve youth or young adults
 - G. Law enforcement agencies
 - H. Faith-based organizations
 - I. Civic and volunteer groups
 - J. Healthcare professionals
 - K. State and local and/or tribal government agencies with expertise in the field of substance abuse
 - ii. Provide additional required representation within Grantee service area (Recovery community, Education Service Centers, and Local Mental Health Authorities)
- c. **Planning** – Step three of the SPF involves developing a strategic plan to address the identified priority problems and prevention goals of a community. Key components of this step involve identifying and prioritizing the relevant risk and protective factors to be addressed, selecting effective, evidence-based environmental strategies to be implemented, and building a logic model that provides a clear rationale for selecting programs or processes.

Grantee will:

- i. Complete and submit a Logic Model, using the System Agency-approved form, which details the connection between community needs and program strategies that will be implemented to address the State's four prevention priorities. The Logic Model will guide coalition activities for the duration of the five-year contract term.
- ii. Ensure that coalition members participate in the completion of the Logic Model.
- iii. Document participation in coalition meeting by providing meeting minutes and sign-in sheets and attach these documents to the Logic Model.
- iv. Submit the Logic Model to the System Agency and System Agency-funded Prevention Resource Center for review and any necessary technical assistance.

- v. In the first fiscal term of the Contract, complete and submit a five-year Strategic Plan that uses the goals identified in the Logic Model to develop strategies for addressing environmental, policy, and/or social norm changes.
 - vi. Ensure coalition members participate in the completion of the Strategic Plan.
 - vii. Document participation in Strategic Plan development by submitting coalition meeting minutes and sign-in sheets and attach these documents to the Strategic Plan.
 - viii. Submit a five-year Strategic Plan to the System Agency and System Agency-funded prevention Resource Center for review and any necessary technical assistance and must be documented using the System Agency-approved form.
- d. **Implementation** - Step four of the SPF helps prevention professionals deliver evidence-based strategies/interventions. This step involves putting the strategic plan into action through a clear implementation plan that outlines the goals to accomplish, specific steps to achieve the goals, and persons/organizations responsible. It lays out expected timelines and external partners and identifies the organizational supports that are necessary for successful implementation. Implementation plans should also include ways to monitor progress and Fidelity of the strategies being implemented, address preceding capacity-building steps, and factor in adaptations necessary to consider cultural diversity.

Grantee will:

- i. Develop an Annual Implementation Plan that details current year coalition activities derived from the goals and objectives of the five-year Strategic Plan.
- ii. Ensure that coalition members participate in the completion of the Implementation Plan.
- iii. Document participation by providing coalition meeting minutes and sign-in sheets and attach these documents to the Implementation Plan.
- iv. Submit the Implementation Plan to the System Agency and System Agency-funded Prevention Resource Center for review and any necessary technical assistance.

A. **Community-Based Processes (Percentage of Effort = 35%)** strengthen resources, such as community coalitions, to prevent substance use and misuse. Organizing, planning, and networking are included in this strategy to increase the community's ability to deliver effective prevention services. Community-based education and mobilization activities in this strategy include educating and mobilizing the community toward prevention efforts and provides the Grantee with opportunities to obtain meaningful Community Agreements (CAs), increase coalition membership, and create community awareness. A Community Agreement may include a Memorandum of Understanding (MOU), a Letter of Agreement (LOA), and/or a Memorandum of Agreement (MOA). CAs will represent diversified resources that may include, but are not limited to: mentoring, substance use and misuse prevention related data (e.g. Prevention Resource

Centers), youth prevention program services, behavioral health services, counseling, school success, and other health and human needs.

Grantee will:

- I. Collaborate with other System Agency-funded coalitions in order to strengthen and promote prevention activities. If another System Agency-funded coalition is not located within the Grantee's service area, Grantee will collaborate with a non-System Agency-funded coalition.
- II. Conduct and/or participate in Community-Based Education and Mobilization Activities. Such activities may include, but are not limited to, participation in community health fairs, parent-teacher nights, school board meetings, and other related community-based activities.
- III. Ensure that Grantee's Program Director and Coalition Coordinator participate on System Agency scheduled conference calls for project updates, training and technical assistance.
- IV. Collaborate and share data with the System Agency-funded Statewide Epidemiological Outcomes Workgroup (SEOW), Statewide Evaluator, and System Agency-funded Prevention Resource Center (PRC) Regional Data Coordinator in order to ensure data collection efforts result in continuous quality.

- B. Environmental and Social Policies (Percentage of Effort = 40%)** are aimed at the settings and conditions in which people live, work, and socialize. These strategies work to change policies, social norms, and behaviors to reduce risk factors and increase protective factors. As these changes are carried out at the community level, they can have a sweeping impact.

Grantee will:

- I. Implement environmental strategies and activities that target policy and social norm changes within the identified community/county(ies).
- II. Ensure that all environmental strategies and social policy activities implemented are directly related to the Grantee's Strategic Plan.
- III. Conduct the activities as stated above and document this strategy using the System Agency-approved template.

- C. Information Dissemination (Percentage of Effort = 20%)** increases knowledge and changes attitudes through communications. Information dissemination may be conducted in the form of Coalition Presentations or Media Awareness Activities.

Coalition Presentations are conducted as standalone, age-appropriate activities that increase knowledge or create awareness. They are focused

on changing policies and influencing social norms related to the State's four prevention priorities. Grantee will conduct the activities as stated above and document this strategy using the System Agency-approved form. Online access to all required forms will be provided by the System Agency.

Media Awareness Activities are marketing campaigns that serve the target population.

Grantee will:

- a. Follow guidelines described in the SAMHSA toolkit, *Focus on Prevention- Strategies and Programs to Prevention Substance Use* (<https://store.samhsa.gov/product/Focus-on-Prevention/sma10-4120>).
- b. Coordinate and collaborate with the System Agency Prevention Media Campaign and other System Agency-funded Grantees (i.e. PRCs, CCPs, and YPs-Universal, Selective and Indicated) to promote a consistent statewide message.
- c. Support the environmental strategies identified in the Grantee's Strategic Plan.
- d. Focus on the State's four prevention priorities, related to the targeted environmental, policy, or social norm change.

D. Identification of Problems and Referral to Services (Percentage of Effort = 5%) includes determining when the needs of participants require additional education or intensive services and strategies outside the scope of the activities in this Contract and properly refer participants who present a need for individualized services outside the scope of prevention.

F. Evaluation - The final step of the SPF involves systematic collection and analysis of information about program activities, characteristics, and outcomes to describe the challenges and successes of implemented strategies. Evaluation results are used to improve the effectiveness of a prevention program.

Grantee will:

- i. In first fiscal term, submit an Evaluation Plan that will outline the activities to assess the impact of strategies implemented as outlined in the five-year Strategic Plan.
- ii. Ensure that coalition members participate in the completion of the Evaluation Plan. Document participation by providing coalition meeting minutes and sign-in sheets and attach these documents to the Evaluation Plan.
- iii. Submit the Evaluation Plan to the System Agency and System Agency-funded Prevention Resource Center, January 30, 2020 for review and any necessary technical assistance.
- iv. Submit subsequent fiscal terms Evaluation Report that utilizes the Evaluation Plan to evaluate the impact of strategies implemented in the previous year, as

outlined in the five-year Strategic Plan. The outcomes of this report will be used to inform the Implementation Report.

- v. Ensure that coalition members participate in the completion of the Evaluation Report. Document participation by providing coalition meeting minutes and sign-in sheets, and attach these documents to the Evaluation Report.
 - vi. Submit a Quarterly Report that details progress of coalition activities.
- e. **Sustainability** – is one of the two guiding principles throughout the SPF and is defined as the process of achieving and maintaining long-term results.
- i. Grantee will develop and implement at least three sustainability strategies that will help maintain the efforts and long-term results of the Coalition by the end of the contract term. The process and progress to develop and implement these strategies will be reported in the annual report every year.
 - ii. Grantee will document plans for the sustainability of coalition efforts through the completion of the Sustainability section of the Strategic Plan.
- f. **Cultural Competence** – is one of the two guiding principles throughout the SPF and is defined as the ability to interact effectively with members of diverse population.
Grantee will:
- i. Ensure that the CCP prevention staff members are culturally competent and understand the cultural characteristics of the target communities in their Region.
 - ii. Have a formal policy to reflect the CCP coalition's cultural competency efforts; maintain current policies and procedures and make them available for System Agency review upon request.
 - iii. Follow the National Standards for Culturally and Linguistically Appropriate Services in the Health and Health Care (The National CLAS Standards, 2013) for the proposed target population and demonstrate good-faith efforts to reach out to underserved population. These include, but are not limited to people:
 - A. of color;
 - B. with low educational and/or socioeconomic status;
 - C. with limited English proficiency;
 - D. with disabilities;
 - E. of Native American Tribes;
 - F. from military and veteran status and their families;
 - G. who live in Colonias; and
 - H. who identify as lesbian, gay, bisexual, and transgender and queer or questioning (LGBTQ).
 - iv. Document application of CLAS standards by completing CLAS section of Quarterly Reporting form.
- g. **Collaboration on Tobacco Retail Education** – Grantee will collaborate with the PRC on Tobacco Retail Education endeavors as needed to prevent tobacco use.

2.10.1.4.2 POLICY/PROCEDURAL REQUIREMENTS

Grantee will:

1. Provide prevention services in a safe, clean, well-lit, and well-maintained environment. The site where activities will be held (including building, electrical, lighting, plumbing, sanitation, ventilation, and mechanical systems, appliances, equipment, and furniture) will be structurally sound, functional, and in good repair. The site's building and grounds will be clean and free of garbage and debris.
2. Post legible prohibitions against firearms, weapons, alcohol, illegal drugs, illegal activities, and violence in a prominent location, at program sites that do not have the existing prohibitions posted.
3. Post the hours and days of operation at all building entrances. Standard days of operation will reflect a forty (40)-hour workweek, Monday through Friday.
4. Post exit diagrams conspicuously throughout program sites (except in one-story buildings where all exits are clearly designated as such).
5. Develop and maintain current written policies and procedures for employees, contracted labor, and volunteers who work directly or indirectly with participants. The written policies and procedures will address participant safety and make available for review by the System Agency upon request.
6. Maintain all required documentation and make them available for review by the System Agency upon request.
7. Submit any additional documents and information as requested by the System Agency staff for the purpose of determining and assessing program technical assistance needs.
8. Ensure that all activities with participants are conducted in a respectful, non-threatening, non-judgmental, and confidential manner.
9. Ensure Prevention Program Director conducts and documents quarterly Fidelity and quality assurance checks of all required strategies listed in the Implementation Plan or Report.
10. Ensure that the Prevention Program Director, and the Coalition Coordinator attend the System Agency's Annual Prevention Provider Meeting.
11. Ensure that the Prevention Program Director and the Coalition Coordinator attend the System Agency's Annual Prevention Director's Meeting.
12. Ensure all activities conducted are directly related to the activities/strategies required in the contract.
13. Ensure that all staff providing CCP services receives a copy of this Statement of Work (SOW) and any renewed SOWs.

2.10.1.4.3 CRIMINAL BACKGROUND VERIFICATION REQUIREMENTS

Grantee will:

1. Not employ or allow a sub Grantee to use any individual who is on probation or parole to deliver prevention services to youth and/or their families.
2. Prior to employment, conduct criminal background checks and pre-employment drug testing of Grantee's potential employees and/or sub Grantees who will deliver prevention services or have direct contact with youth or their families.

3. Conduct annual criminal background checks for Grantee's current staff and/or sub Grantees who will deliver prevention services or have direct contact with youth and their families.
4. Conduct criminal background checks of interns or volunteers who will deliver prevention services or have direct contact with youth and/or their families.
5. Ensure that any individual who is on probation, parole and/or is the subject of an ongoing investigation by law enforcement is prohibited from working directly with youth and/or their families.
6. Develop and maintain current written policies and procedures addressing the requirements for criminal background checks as a condition for employment of potential employees, sub Grantees, interns, and/or volunteers who work directly with youth and their families.
7. Develop and maintain policies and procedures that require individuals (staff, sub Grantees, interns, and volunteers) to notify the Grantee of an arrest, conviction, investigation, or any other legal involvement.
8. Maintain documentation of each notification of arrest, conviction, investigation, or any other legal involvement and make available to the System Agency for review upon request.
9. Maintain documentation of each criminal background check and all drug testing and make available to System Agency upon request.

2.10.1.4.4 STAFFING AND STAFF COMPETENCY REQUIREMENTS

Grantee will:

1. Within 30 days of the start date of this Contract, hire the number of prevention program staff specified in the Grantee's response to the solicitation document, as approved by the System Agency. This will include the following:
 - a. A Prevention Program Director, dedicated at a minimum of 25%, will be responsible for ensuring that contractual requirements are fulfilled and provide oversight and coordination of prevention staff and services of the Contract.
 - b. A Coalition Coordinator, dedicated at 100%, who will conduct prevention program services for the Contract.
2. Ensure that the Prevention Program Director, Coalition Coordinator, and any individual providing oversight or assisting in the coordination of programmatic services is a Certified Prevention Specialist (CPS), Advanced Certified Prevention Specialist (ACPS) or, at a minimum, an Associate Prevention Specialist (APS), working towards CPS certification at the time of hire for this position. Those who hold this position and possess an APS designation will obtain a CPS certification within 12 months of employment in this position.
 - a. Requirements for the Certified Prevention Specialist (CPS) certification, Advanced Certified Prevention Specialist (ACPS) certification and the Associate Prevention Specialist (APS) designation may be obtained by visiting the Texas Certification Board of Addiction Professionals (TCBAP) website at www.tcbap.org.
3. Ensure that each Prevention Specialist or any individual providing prevention services achieves, at a minimum, an APS designation within 20 months of employment in this program. Grantee will submit a copy of each Prevention Specialist's designation along

- with the Program Staffing Form, maintain a copy in their personnel file, and make it available for review by the System Agency upon request.
4. Submit a Program Staffing Form to the System Agency providing details of all direct prevention program staff for all Grantee's System Agency-funded prevention programs.
 - a. Notify the System Agency within ten (10) business days of any prevention program staffing changes by updating and re-submitting the Program Staffing Form.
 - b. Submit all current CPS/ACPS certifications and APS designations with the Program Staffing Form as well as maintain copies and make them available for review by the System Agency upon request.
 - c. Ensure all CPS/ACPS certifications and APS designations are current or renewed within 30 days of expiration and submit the renewals along with an updated Program Staffing Form.
 5. Prevention Program Director and Coalition Coordinator for this Contract will complete the Coalition Competency Training within 60 days from the start of the Contract or within 60 days from the date of hire for the position, whichever is later. To ensure the most up-to-date information and to provide the most effective oversight, Prevention Program Director and Coalition Coordinator will receive Coalition Competency Training every three (3) years and maintain documentation of successful completion for System Agency review upon request.
 6. Ensure that the Prevention Program Director and all Prevention Specialists complete the following required trainings as specified below:
 - a. **Coalition Competency Trainings** – This required training will be completed through the System Agency-funded training entity prior to service delivery.
 - i. Strategic Prevention Framework Overview;
 - ii. Needs Assessment and Logic Models;
 - iii. Capacity Building;
 - iv. Sustainability Training; and
 - v. Strategic Planning.
 - b. **15-Hour Prevention Skills Training (PST)** – This required training will be completed through the System Agency-funded training entity. All prevention program staff and directors will complete the 15-hour Prevention Skills Training (PST) within six (6) months from the date of hire. This is a one-time requirement for all prevention program staff and directors. This training includes a minimum of three (3) hours in each of the following prevention-specific areas:
 - i. Cultural competency;
 - ii. Risk and protective factors/building resiliency;
 - iii. Child development and/or adolescent development, as appropriate;
 - iv. Communication; and
 - v. Prevention across the lifespan.
 - c. **Substance Abuse Prevention Skills Training (SAPST)** – This is a required training for all prevention program staff with a minimum of 12 months' experience delivering prevention services. Program Directors and any individual providing oversight of prevention services will have completed the SAPST training upon the date of hire for the supervisory position and provide documentation to the System

Agency. This is a one-time required training to be conducted through the System Agency-funded training entity. In addition, Grantee will:

- i. Ensure that all Prevention Program staff, employed under this Contract, complete the SAPST training no later than 20 months after the date of hire of employment for this program.
 - ii. Maintain a copy of employees' SAPST certification in the employees' personnel file and make them available for review by the System Agency.
- d. **Prevention Continuing Education** – A minimum of 15 hours of continuing education units (CEUs), specifically related to prevention and/or job-related duties will be completed annually. Training will include subject matter that addresses the six (6) Prevention Domains:
- i. Planning and Evaluation;
 - ii. Prevention Education and Service Delivery;
 - iii. Communication;
 - iv. Community Organization;
 - v. Public Policy and Environmental Change; and
 - vi. Professional Growth and Responsibility.

In addition to the trainings listed above, training on Cultural Competence and Prevention-related Ethics, must be obtained annually and will be counted toward the 15 hours of continuing education units.

Prevention Continuing Education hours may be obtained through the System Agency-funded training entity, the Annual Prevention Provider Meeting; the annual Texas Behavioral Health Institute (TBHI); or other entities approved by the Texas Certification Board of Addiction Professionals (TCBAP). Information on TCBAP-approved continuing education providers may be found on the TCBAP website at www.tcbap.org. All CEUs must be obtained prior to the end of each funded fiscal year and made available to System Agency for review.

- e. **Cardiopulmonary Resuscitation (CPR) and First Aid Certifications** - Grantee will ensure that all prevention staff complete and maintain current CPR and First Aid certifications within 60 days from the start date of this Contract or 60 days from the date of hire for a CCP prevention position, whichever is later.
 - f. **Suicide Prevention Training** - Grantee's prevention staff will be required to attend at least one suicide prevention training each year to build competence and encourage integration of mental health promotion strategies in their work.
 - g. **Mental Health First Aid Training** - Grantee's prevention staff will be required to attend at least one Mental Health First Aid training to build competence and encourage integration of mental health promotion strategies in their work. This training must be coordinated through the System Agency-funded training entity.
7. Ensure that all volunteers and/or interns that assist prevention staff with any prevention activity/strategy, at a frequency of more than one (1) time per month, receive and complete the following trainings:

- a. **Cardiopulmonary Resuscitation (CPR) and First Aid** - Grantee will ensure that all volunteers/interns complete and maintain current CPR and First Aid certifications prior to the delivery of services.
 - b. **Prevention Skills Training for Volunteers/Interns** – This is a one-time required training to be conducted through the System Agency-funded training entity. Documentation of the completion of this training will be maintained for System Agency review upon request and will be maintained for all volunteers/interns providing on-going assistance in prevention activities.
8. Ensure that all volunteers/interns, conducting activities with youth or adults, are supervised and chaperoned in-person by an agency or prevention staff member.

2.10.1.4.5 GUIDANCE ON ALLOWABLE PURCHASES

1. Food or snacks, purchased for participants in a prevention activity occurring after-school or outside the school setting for four (4) or more hours, may be purchased. Costs for the purchase of food/snacks will be reasonable. Food or snacks may be donated from outside stakeholders/businesses but is not considered as match unless considered an allowable purchase
2. T-shirts with a “no use” message may be purchased for participants as a way to educate or create awareness of the harmful effects of alcohol, tobacco, and other drugs.
3. Promote prevention messages through radio or television public service announcements (PSAs), media interviews, billboards, bus boards, editorials, and/or digital media including social media if permitted by Grantee’s organization policies specific to the System Agency's prevention priorities or CCP related data. Expenses are limited to 10% of the Grantee's budget annually.

2.10.1.4.6 SUBMISSION SCHEDULE AND REPORTING REQUIREMENTS

Grantee will:

1. Submit all documents identified below by the due dates specified by the System Agency. Grantee will submit documents to the designated substance abuse mailbox SubstanceAbuse.Contracts@hhsc.state.tx.us, unless otherwise noted.
2. Grantee’s duty to submit required documents will survive the termination or expiration of this Contract.

Report Name	Due Date*
Program Staffing Form	September 30 Within 10 business days of a revision.
Copy of CPS, APS, or ACPS certifications for the Prevention Program Director, Coalition Coordinator, any supervisory employees and any other employees having a current certification/designation	September 30
CMBHS Security Attestation Form and Listing of Authorized Users	September 15 & March 15
Year 1 CNA	October 30

Year 5 CNA	September 15, 2023
Logic Model and Related Coalition Meeting Minutes and Documentation	November 30
Five-Year Strategic Plan and Related Coalition Meeting Minutes and Documentation	December 30 during the first fiscal term of this Contract.
Initial Evaluation Plan and Related Coalition Meeting Minutes and Documentation	January 30
Subsequent Evaluation Plan and Related Documentation	October 15 th in year 2 through 5
Final Five-Year Evaluation Report	September 15
Performance Measures	15 th of each month following the month being reported. Submit into the CMBHS reporting system.
Initial Annual Implementation Plan	February 28
Subsequent Annual Implementation Plan and Related Coalition Meeting Minutes and Documentation	October 30 th in years 2 through 5
Quarterly Reports	15th day of the month following the end of each quarter of the fiscal term
Financial Status Reports (FSRs)	Last day of the month following the end of each quarter of the fiscal term *Final FSR is due 45 days after the end of the fiscal term.
Closeout Documents – Annual Report	45 days after the end of this fiscal term.

***If the Due Date is on a weekend or holiday, the Due Date is the next business day.**

3. In regions 8, 9, 10, and 11, document the number of participants receiving services who are residents of a Colonia (an unincorporated community within 62 miles of the international border), which will be reported along with the monthly performance measures submitted into the Clinical Management for Behavioral Health Services (CMBHS) system.
4. Provide per request of the System Agency information that supports performance measures, required reports, information or data related to the scope of work of the Grantee solicitation document approved by the System Agency.

2.10.1.4.7 BUDGET REQUIREMENT FOR MEDIA AWARENESS ACTIVITIES

1. Expenses are limited to 10% of the total CCP budget which shall be spent on media awareness activities that include both local regional media campaigns and support for the Statewide Media Campaign.

2. Providers must dedicate a portion of the media budget to support the Statewide Media Campaign up to a maximum of 50% of the amount budgeted for media expenditures.
3. Media expenditures for the Statewide Media Campaign may include paid radio and television spots and paid boosting for social media content.
4. Expenses on traditional paid media platforms include print media, radio, television, billboards, and other posted signage or paid advertising space.
5. Expenditures on social media:
 - a. Approved platforms for paid social media boosting or ads include Facebook, YouTube, and Twitter
 - b. Paid media boosting or ads on social media platforms or apps other than Facebook, YouTube, or Twitter will require prior approval from HHSC.
 - c. Influencers – these should be used directly in conjunction with a defined media campaign. Use of paid social media influencers as part of any media campaign must be approved by HHSC prior to implementation.
6. Funds may not be used to create agency logos or other forms of agency branding.

2.10.2 Prevention Resource Center (PRC) Scope of Work

The purpose of the Prevention Resource Centers (PRC) is to increase the capacity of the statewide substance abuse prevention system. PRC services seek to enhance community collaboration, increase community awareness and readiness, provide information and resources on substance use and related behavioral health data, support professional development of the prevention workforce, and provide resources for evaluation activities within each service region.

Grantees providing PRC services will work together with other System Agency-funded substance abuse prevention programs that address substance use and misuse, state agencies and community stakeholders that hold, gather information and resources that increase community awareness, readiness and services related to substance use, behavioral health and health. PRCs will follow the Strategic Prevention Framework model of the Substance Abuse and Mental Health Services Administration (SAMHSA), and strengthen prevention efforts and strategies for coordination across multiple levels of impact following the Social Ecological Model as it pertains or enhance the scope of work of the PRC.

Grantees will provide services that help address gaps in accordance with the Health and Human Services Commission (HHSC) Statewide Behavioral Health Strategic Plan 2017-2021, <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2017/tx-statewide-behavior-health-strategic-plan-progress-report-jan2017.pdf>, that focus on preventing substance use and misuse; and behavioral health data.

2.10.2.1 GOALS

1. To maintain and serve as the primary resource for substance use and related behavioral health data for the region.

2. To coordinate the required prevention strategies across all System Agency-funded substance abuse prevention Grantees to ensure compliance with state regulations.
3. To strengthen compliance with existing laws on the sale of tobacco and nicotine products to minors through education and monitoring activities.
4. To increase awareness of the community regarding substance use and misuse through the dissemination of information across a wide variety of media outlets and distribution networks.
5. To build the prevention workforce capacity through technical support and coordination of prevention trainings.

2.10.2.2 TARGET POPULATION

The primary target population is all System Agency-funded substance abuse prevention providers in the region. The target population may also include school administrators and teachers, community groups and coalitions, education services centers (ESCs), Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs), substance use disorder intervention and treatment organizations, law enforcement, healthcare entities, healthcare providers, pharmaceutical entities that hold information about substance use or prescription medication, tobacco retailers, higher education institutions, and community stakeholders including youth, students, parents, and residents in Texas.

2.10.2.3 SERVICE AREA

Service area is proposed by the Applicant and may consist of an area code, zip code, or specific area of a community intending to be served.

2.10.2.4 GRANTEE RESPONSIBILITIES

2.10.2.4.1 GENERAL RESPONSIBILITIES

Grantee will:

1. Conduct prevention services and activities:
 - a. Within all counties located in the region;
 - b. in accordance with the rules in [Title 25 of the Texas Administrative Code \(TAC\), Chapter 447](#);
 - c. To the identified target population where the target population is located;
 - d. As specified in Grantee's response to the solicitation document; and
 - e. As approved by the System Agency.
2. Follow the National Standards for Culturally and Linguistically Appropriate Services in the Health and Health Care (The National CLAS Standards, 2013) for the target population and demonstrate good-faith efforts to reach out to underserved population. These include, but are not limited to people:
 - a. of color;
 - b. with low educational and/or socioeconomic status;

- c. with limited English proficiency;
 - d. with disabilities;
 - e. of Native American Tribes;
 - f. from military and veteran status and their families;
 - g. who live in Colonias; and
 - h. who identify as lesbian, gay, bisexual, transgender, and queer (and/or questioning) (LGBTQ).
3. Ensure the Prevention Program Director, Data Coordinator, Public Relations Coordinator, and Tobacco Prevention Coordinator participate in conference calls and webinars as scheduled by System Agency.
 4. Implement the following Center for Substance Abuse Prevention (CSAP) strategies as appropriate and defined within each core function of the PRC:
 - a. **Community-Based Processes (Percentage of Effort = 35%)** strengthen resources such as community coalitions to prevent substance use and misuse. Organizing, planning, and networking are included in this strategy to increase the community's ability to deliver effective prevention services. Activities in this strategy include those that educate and mobilize the community toward prevention efforts and provide the Grantee with opportunities to obtain meaningful Community Agreements (CAs). CAs may include Memoranda of Understanding (MOUs), Letters of Agreement (LOAs), and/or Memoranda of Agreement (MOAs). CAs will represent diversified resources that may include, but are not limited to: mentoring, behavioral health services, youth prevention program services, substance abuse prevention related data, community coalitions, counseling, schools, higher education, hospitals, emergency rooms, pharmacies, prescription data, and other health and human needs.
 - b. **Information Dissemination (Percentage of Effort = 20%)** increases knowledge and changes attitudes through communications. This method is mainly one-way (i.e. classroom speakers or media campaigns). Information dissemination may be conducted in the form of community presentations or media awareness activities.
 - c. **Environmental and Social Policies (Percentage of Effort = 40%)** are aimed at the settings and conditions in which people live, work, and socialize. These strategies work to change policies, social norms, and behaviors to reduce risk factors and increase protective factors. As these changes are carried out at the community level, they can have a sweeping impact.
 - d. **Identification of Problems and Referral to Services (Percentage of Effort = 5%)** includes determining when the needs of participants require additional education or intensive services and strategies outside the scope of the activities in this Contract and properly refer participants who present a need for individualized services outside the scope of prevention.
 - e.
 5. Ensure the Prevention Program Director completes a PRC Implementation Plan using the System Agency-approved template. The plan will include and describe the required core activities outlined in the Contract.
 6. Ensure the Prevention Program Director submits a PRC Mid-Year Program Report and PRC Final Program Report using the System Agency-approved forms.

2.10.2.4.2 PRC CORE FUNCTION: DATA RESOURCE COORDINATION (DATA CORE)

A goal of each Prevention Resource Center (PRC) is to maintain and serve as the primary resource for substance use and related behavioral health data for the region.

2.10.2.4.2.1 **Community-Based Processes** strengthen community resources to prevent substance use and misuse. Organizing, planning, and networking are included in this strategy to increase the community's ability to deliver effective prevention services. To address the CSAP strategy of community-based process within the PRC Data Core.

Grantee will:

1. Collaborate with the System Agency Statewide Prevention Evaluator, other PRC Data Coordinators, System Agency staff, and regional stakeholders to develop a comprehensive data infrastructure for the PRC region.

Grantee will:

- a. Conduct and attend meetings with community stakeholders to raise awareness and generate support to enhance data collection efforts within the region.
- b. Promote school participation in the Texas School Survey of Drug and Alcohol Use and university/college participation in the Texas College Survey of Substance Use. Grantee will coordinate with Texas A&M Public Policy Research Institute on recruitment activities.
- c. Support local and regional data collection strategies regarding substance use/misuse and related risk and protective factors.
- d. Document collaborative efforts using the System Agency-approved template.
2. Establish and maintain Community Agreements (CAs) with community stakeholders that encourage networking and coordination to support the gathering and distribution of data. Sample CAs include, but are not limited to, data use agreements, cooperation data requests, access to internal agency reports, and collaboration on specific data products. Grantee will maintain signed copies of the CAs for review by the System Agency upon request.

CAs will:

- a. Be developed with the needs of each particular stakeholder in mind, and be individualized as much as possible;
- b. Be signed by both parties prior to service delivery, and contain begin and end dates; and
- c. Be renewed where applicable;
- d. Establish responsibilities of entering parties based on guidelines from the System Agency-approved template.
3. Collaborate with System Agency-funded providers and community stakeholders in the service region to obtain data that will assist in the development of the Regional Needs Assessment. Grantee will report collaborative efforts in the PRC Mid-Year Program Report and PRC Final Program Report using the System Agency-approved form.
4. Develop and maintain a Regional Epidemiological Workgroup (REW) identifying substance use patterns focused on the State's four prevention priorities at the regional, county, and local level. The REW will also work to identify regional data sources, data

partners, and relevant risk and protective factors to provide information relevant to the Regional Needs Assessment. Other work may include the identification of data gaps, analysis of community resources and readiness, collaboration on region-wide efforts, and recommendations and/or development of other forms of prevention infrastructure support. Grantee will conduct/participate in a minimum of four (4) REW meetings and document using the System Agency-approved template.

5. Participate in the System Agency Statewide Evidence-Based Practice Workgroup (EBPWG) and the System Agency Statewide Epidemiological Outcomes Workgroup (SEOW).
6. Utilize Community Agreements as a referral to outside resources within the community for individuals who are determined to have a need for services outside the scope of primary prevention or services unavailable to be delivered by the grantee's organization. The Identification of Problems and Referral to Services is a crucial aspect to providing holistic prevention services to the community. Referrals may be made to other HHSC-funded Substance Use and Misuse Prevention providers or agencies relevant to the needs of the individual being referred.

2.10.2.4.2.2 Information Dissemination provides awareness and knowledge of substance use and misuse. Within the PRC Data Core, information is provided in the form of the Regional Needs Assessment and data reports. The information may be disseminated through written communication such as bulletins, newsletters, in-person presentations, social media, interviews and news articles, and press releases. Grantee will conduct the following activities within the PRC Data Core and document this strategy using the System Agency-approved template.

Grantee will:

1. Develop a Regional Needs Assessment (RNA) to serve as a community reference tool to provide region-specific substance use and related information to community organizations and stakeholders. The RNA will include:
 - a. Substance use consumption patterns;
 - b. Consequence, incidence and prevalence data;
 - c. Community risk factors;
 - d. Emotional and behavioral prevalence data;
 - e. Population and cultural-specific effects; and
 - f. Data about assets that protect against substance use and misuse and promote emotional well-being.
2. Submit completed RNA for review and approval by System Agency using System Agency-approved template.
3. Receive approval from System Agency to post RNA and send an email of posting notification and URL link to the System Agency.
4. Serve as a data resource for System Agency-funded programs, other community entities and the System Agency by fulfilling requests for data and information. The Grantee may be required by community stakeholders, System-Agency-funded programs and the System Agency to complete Community Agreements (CA) or Memorandum of Understandings (MOU) related to data exchange or data sharing.

5. Develop and facilitate at least one region-wide event based on RNA data findings to bring targeted communities and stakeholders together to educate and collaborate on substance use related issues. The event will include:
 - a. Participation from other System Agency-funded prevention programs;
 - b. A planning committee comprised of external stakeholders representing different sectors of the community;
 - c. Incorporation of RNA data findings where applicable; and
 - d. Documentation of planning meetings and activities conducted.
 A report of the event will be documented in the PRC Final Program Report using the System Agency-approved form.
6. Direct community stakeholders to resources regarding data collection strategies and evaluation activities.
7. Not develop surveys or participate in primary data collection nor conduct data analysis activities on behalf of other organizations.

2.10.2.4.3 PRC CORE FUNCTION: COORDINATE TRAINING AND PROFESSIONAL DEVELOPMENT (TRAINING CORE)

The goal of the PRC Training Core is to build the prevention workforce capacity through technical support and coordination of prevention trainings. This goal will be addressed through the implementation of the CSAP strategy of **Community-Based Processes**, which is designed to enhance the ability of the community to more effectively provide prevention services. Grantee will conduct the following activities within the PRC Training Core and document this strategy using the System Agency-approved template.

Grantee will:

1. Assist the System Agency-funded training entity by hosting trainings and coordinating host training sites.
2. Work directly with the System Agency-funded training entity to promote and coordinate regional trainings.
 - a. Distribute weekly updates to System Agency-funded prevention providers within the region about the availability of substance abuse prevention trainings and other related trainings offered by the System Agency-funded training entity and other community-based organizations.
 - b. Promote the System Agency-funded training entity's regional trainings to facilitate community stakeholder participation. Grantee will ensure at least 25% of the annual number of adults trained are representatives of external community stakeholders. External community stakeholders are considered to be anyone from non-System Agency-funded prevention programs (i.e., PRC, CCP, YPU, YPS, and YPI programs).
3. Maintain a current regional contact list on the Grantee's PRC website of all System Agency-funded Youth Prevention Programs (Universal, Selective, and Indicated), Community Coalition Partnerships, Tobacco Prevention Community Coalitions, Suicide Prevention Coalitions, and other related prevention programs.
4. Participate in monthly calls with the Public Relations Coordinator, System Agency, and System Agency-funded training entity to provide information and facilitate

coordination of curriculum trainings and other professional development trainings offered through the System Agency-funded training entity or other community-based organizations.

2.10.2.4.4 PRC CORE FUNCTION: COORDINATE MEDIA AWARENESS ACTIVITIES (MEDIA CORE)

A goal of each Prevention Resource Center (PRC) is to increase awareness of the community regarding substance use and misuse through Media Awareness Activities. Media Awareness Activities are marketing campaigns that serve the target population. As part of the CSAP strategy of **Community-Based Processes**, Grantee will establish and maintain Community Agreements (CAs) with media outlets and community stakeholders that facilitate the implementation of Media Awareness Activities. Grantee will maintain signed copies of the CAs for review by the System Agency upon request. CAs will:

1. Be developed with the needs of each particular stakeholder in mind, and be individualized as much as possible;
2. Be signed by both parties prior to service delivery, and contain begin and end dates;
3. Be renewed where applicable; and
4. Establish responsibilities of entering parties based on guidelines from the System Agency-approved template.

The CSAP strategy of **Information Dissemination** increases knowledge and changes attitudes through communications. This method is mainly one-way within the PRC Media Core.

Grantee will:

1. Prior to dissemination, submit region-specific Media Awareness Activities as part of the PRC Implementation Plan for System Agency review and approval.
2. Follow guidelines described in the SAMHSA toolkit, *Focus on Prevention- Strategies and Programs to Prevent Substance Use* (<https://store.samhsa.gov/product/Focus-on-Prevention/sma10-4120>) in the development of Media Awareness Activities.
3. Coordinate and collaborate with the System Agency Prevention Media Campaign and other System Agency-funded Grantees (i.e. CCPs and YPs – Universal, Selective, and Indicated) to develop and/or promote a consistent statewide message focused on the State's four prevention priorities.
4. Promote prevention messages through media outlets including, but not limited to, radio or television public service announcements (PSAs), media interviews, billboards, bus boards, editorials, and/or social media (if permitted by Grantee's organization policies) specific to the State's four prevention priorities (**refer to Section 2.10.2.3.13 for guidance on budget requirements for Media Awareness Activities**).
5. Participate in quarterly calls with System Agency to discuss the assessment of the impact of the Media Awareness Activities.

2.10.2.4.5 PRC CORE FUNCTION: COORDINATE TOBACCO-SPECIFIC PREVENTION ACTIVITIES (TOBACCO PREVENTION CORE)

A goal of the PRCs is to strengthen compliance with existing laws on the sale of tobacco and nicotine products to minors through education and monitoring activities.

Environmental and Social Policy. This strategy includes activities that center on legal and regulatory initiatives to influence the incidence and prevalence of ATOD in the general population. Grantee will conduct tobacco-specific prevention strategies within the PRC Tobacco Prevention Core to support the State's efforts to comply with the Federal Synar Amendment and restrict youth access to tobacco and other nicotine products. States may have a retail violation rate of no more than 20%.

Grantee will:

1. Conduct on-site voluntary retail compliance checks with tobacco retailers in the region to assess compliance with State Tobacco laws regarding access, minor tobacco purchase (buys), and signage.
2. Ensure retailers utilize the most up-to-date signage from the State Comptroller's Office.
3. Conduct voluntary retail compliance checks with the number of tobacco retailers in the region with the frequency described below. Grantee will report violations to local law enforcement and/or local Comptroller offices and document this strategy using the System Agency-approved form.
 - a. In PRC regions with less than 1,200 licensed tobacco retailers, Grantee will visit a minimum of 125 tobacco retailers per month with 100% coverage during the term of this Contract.
 - b. In PRC regions with 1,200 to 3,000 licensed tobacco retailers, Grantee will visit a minimum of 150 unduplicated tobacco retailers per month throughout the term of this Contract.
 - c. In PRC regions with more than 3,000 licensed tobacco retailers, Grantee will visit a minimum of 200 unduplicated tobacco retailers per month throughout the term of this Contract.
4. Provide retailer education in the region to tobacco retailers who require additional information on the most current tobacco laws, especially as they pertain to minor access. Grantee will document this activity using the System Agency-approved form.
5. Conduct follow-up voluntary retail compliance visits with all tobacco retailers who have been cited for tobacco-related violations, and provide informational materials regarding Texas Tobacco Laws. Grantee will document this activity using the System Agency-approved form.
6. Participate in quarterly conference calls to include System Agency, Tobacco Prevention Coordinator, and System Agency-funded Tobacco Contractor.
7. Conduct any additional tobacco-specific prevention activities as requested by the System Agency to support the goals of the PRC Tobacco Prevention Core.

2.10.2.4.6 WAIVERS/REVISION REQUESTS

Prior to the delivery of services, Grantee will obtain written approval from the System Agency for any changes to this Contract.

2.10.2.4.7 POLICY/PROCEDURAL REQUIREMENTS

Grantee will:

1. Provide PRC services in accordance with 25 TAC, Chapter 447.
2. Provide prevention services in a safe, clean, well-lit, and well-maintained environment. The site where activities will be held (including building, electrical, lighting, plumbing, sanitation, ventilation, and mechanical systems, appliances, equipment, and furniture) will be structurally sound, functional, and in good repair. The site's building and grounds will be clean and free of garbage and debris.
3. Develop and maintain current written policies and procedures for employees, contracted labor, and volunteers who work directly or indirectly with participants. The written policies and procedures will address participant safety and ensure that all activities with participants are conducted in a respectful, non-threatening, non-judgmental, and confidential manner. Grantee will maintain current policies and procedures and make them available for review by the System Agency upon request.
4. Ensure the Prevention Program Director will conduct and document quarterly Fidelity and quality assurance checks of all required activities.
5. Ensure that the Prevention Program Director, Data Coordinator, Public Relations Coordinator, and Tobacco Prevention Coordinator attend the System Agency Annual Prevention Provider Meeting.
6. Ensure that the Prevention Program Director attends the System Agency's Annual Prevention Directors' Meeting.
7. Maintain all required documentation on file and make them available for review by the System Agency upon request.
8. Post legible prohibitions against firearms, weapons, alcohol, illegal drugs, illegal activities, and violence in a prominent location, at program sites that do not have the existing prohibitions posted.
9. Post the hours and days of operation at all building entrances; standard days of operation will reflect a forty (40)-hour workweek, Monday through Friday.
10. Post exit diagrams conspicuously throughout program sites (except in one-story buildings where all exits are clearly designated as such).
11. Ensure that all activities conducted are directly related to the activities/strategies required in the Contract.
12. Submit any additional documents and information as requested by System Agency staff for the purpose of determining and assessing program technical assistance needs.
13. Ensure that all staff providing PRC services receives a copy of this Statement of Work (SOW) and any renewed SOWs.

2.10.2.4.8 CRIMINAL BACKGROUND VERIFICATION REQUIREMENTS

Grantee will:

1. Not employ or allow a sub Grantee to use any individual who is on probation or parole to deliver prevention services to youth and/or their families;
2. Prior to employment, conduct criminal background checks and pre-employment drug testing of Grantee's potential employees and/or sub Grantees who will deliver prevention services and/or have direct contact with youth and/or their families;

3. Conduct annual criminal background checks for Grantee's current staff and/or sub Grantees who will deliver prevention services and/or have direct contact with youth and/or their families;
4. Conduct criminal background checks of interns or volunteers who will deliver prevention services and/or have direct contact with youth and/or their families;
5. Ensure that any individual who is on probation, parole and/or is the subject of an ongoing investigation by law enforcement is prohibited from working directly with youth and/or their families.
6. Develop and maintain current written policies and procedures addressing the requirements for criminal background checks as a condition for employment of potential employees, sub Grantees, interns, and/or volunteers who work directly with youth and/or their families.
7. Develop and maintain policies and procedures that require individuals (staff, sub Grantees, interns, and volunteers) to notify the Grantee of an arrest, conviction, investigation, or any other legal involvement.
8. Maintain documentation of each notification of arrest, conviction, investigation, or any other legal involvement on file and make available to the System Agency for review upon request.
9. Maintain documentation of each criminal background check and all drug testing on file and make available to System Agency upon request.

2.10.2.4.9 STAFFING AND STAFF COMPETENCY REQUIREMENTS

Grantee will:

1. Within 30 days of the start date of this Contract, hire the number of prevention program staff specified in the Grantee's response to the solicitation document, as approved by the System Agency. This will include the following:
 - a. A Prevention Program Director, dedicated at a minimum of 50%, who will ensure that contractual requirements are fulfilled and provide oversight and coordination of prevention staff and services. They will also participate in collaboration meetings and represent the PRC in community activities.
 - b. A Data Coordinator, dedicated at 100%, who will conduct prevention program services focused on the Data Core requirements of this Contract.
 - c. A Public Relations Coordinator, dedicated at 100%, who will conduct prevention program services focused on the Media and Training Prevention Core requirements of this Contract.
 - d. A Tobacco Prevention Coordinator, dedicated at 100%, who will conduct prevention program services focused on the Tobacco Prevention Core requirements of this Contract.
2. Ensure that the Prevention Program Director and any individual providing oversight is a Certified Prevention Specialist (CPS), Advanced Certified Prevention Specialist (ACPS) or, at a minimum, an Associate Prevention Specialist (APS), working towards CPS certification at the time of hire for this position. Those who hold this position and possess an APS designation will obtain a CPS certification within 12 months of employment in this position.

3. Ensure that all prevention staff employed under this Contract achieves, at a minimum, an APS designation within 20 months of employment in this program.
 - a. Grantee will submit a copy of each prevention staff's designation along with the Program Staffing Form, maintain a copy in their personnel file, and make it available for review by the System Agency upon request.
 - b. Requirements for the Certified Prevention Specialist (CPS) certification, Advanced Certified Prevention Specialist (ACPS) certification and the Associate Prevention Specialist (APS) designation may be obtained by visiting the Texas Certification Board of Addictions Professionals (TCBAP) website at www.tcbap.org.
4. Submit a Program Staffing Form to System Agency providing details of all direct prevention program staff for the Grantee's System Agency-funded prevention programs. Grantee will:
 - a. Notify the System Agency within ten (10) business days of any prevention program staffing changes by updating and re-submitting the Program Staffing Form.
 - b. Submit all current CPS/ACPS certifications and APS designations with the Program Staffing Form and maintain copies for review by the System Agency upon request.
 - c. Ensure all CPS/ACPS certifications and/or APS designations are current or renewed within 30 days of expiration and submitted along with the Program Staffing Form as a staffing change.
5. Ensure that the Prevention Program Director, Data Coordinator, Public Relations Coordinator, Tobacco Prevention Coordinator, and all Prevention Specialists complete the following required trainings:
 - a. **Prevention Resource Center Competency Training** - This required training will be coordinated through the System Agency-funded training entity.
 - i. Epidemiology
 - ii. Strategic Prevention Framework
 - iii. Needs Assessment and Logic Models
 - iv. Capacity Building
 - v. Information Dissemination

All PRC staff shall complete competency training within six (6) months from the start date of this Contract or within six (6) months from the date of hire for the position, whichever is later. PRC Program Director, Data Coordinator, Public Relations Coordinator, and Tobacco Prevention Coordinator will receive Prevention Resource Center Competency Training every three (3) years and maintain documentation of successful completion for System Agency review upon request.
 - b. **15-Hour Prevention Skills Training (PST)** – This required training will be completed through the System Agency-funded training entity. All prevention program staff and directors will complete the 15-hour Prevention Skills Training (PST) within six (6) months from the date of hire. This is a one-time requirement for all prevention program staff and directors. This training includes a minimum of three (3) hours in each of the following prevention-specific areas:
 - i. Cultural competency;
 - ii. Risk and protective factors/building resiliency;
 - iii. Child development and/or adolescent development, as appropriate;

- iv. Communication; and
- v. Prevention across the lifespan.
- c. **Substance Abuse Prevention Skills Training (SAPST)** – This is a required training for all prevention program staff with a minimum of 12 months’ experience delivering prevention services. Program Directors and any individual providing oversight of prevention services will have completed the SAPST training upon the date of hire for the supervisory position and provide documentation to the System Agency. This is a one-time required training to be conducted through the System Agency-funded training entity. In addition, Grantee will:
 - i. Ensure that all Prevention Program staff, employed under this Contract, complete the SAPST training no later than 20 months after the date of hire for this program.
 - ii. Maintain a copy of employees’ SAPST certification in the employees’ personnel file and make them available for review by the System Agency.
- d. **Prevention Continuing Education** – A minimum of 15 hours of continuing education units (CEUs), specifically related to prevention and PRC-related duties will be completed annually. Training will include subject matter that addresses the six (6) Prevention Domains:
 - i. Planning and Evaluation
 - ii. Prevention Education and Service Delivery
 - iii. Communication
 - iv. Community Organization
 - v. Public Policy and Environmental Change
 - vi. Professional Growth and Responsibility

In addition to the trainings listed above, training on Cultural Competence and Prevention-related Ethics, shall be obtained annually and will be counted toward the 15 hours of continuing education units.

Prevention Continuing Education hours may be obtained through the Annual Prevention Provider Meeting, the Texas Behavioral Health Institute (BHI), the annual Prevention Providers Meeting, or other entities approved by the Texas Certification Board of Addiction Professionals (TCBAP). Information on TCBAP-approved continuing education providers may be found on the TCBAP website at www.tcbap.org. All continuing education units shall be obtained prior to the end of each funded fiscal year.

- e. **Cardiopulmonary Resuscitation (CPR) and First Aid Certifications.** Grantee will ensure that all prevention staff complete and maintain current CPR and first aid certifications within 60 days from the start date of this Contract or 60 days from the date of hire for a PRC prevention position, whichever is later. All certifications will be maintained within the employee’s file and made available for System Agency review upon request.
- f. **Tobacco Law Training.** Grantee will ensure that all prevention staff complete this web-based training within 90 days of the start of this Contract or within the first 90 days of employment on this Contract. All prevention staff will receive this training every three (3) years during the term of this Contract. This training will be coordinated by the System Agency.

- g. **Suicide Prevention Training.** Grantee's prevention staff will be required to attend at least one suicide prevention training each year to build competence and encourage integration of mental health promotion strategies in their work.
 - h. **Mental Health First Aid Training.** Grantee's prevention staff will be required to attend at least one Mental Health First Aid training to build competence and encourage integration of mental health promotion strategies in their work. This training shall be coordinated by the System Agency training entity.
6. Ensure that all volunteers and/or interns that assist prevention staff with any prevention activity/strategy, at a frequency of more than one (1) time per month, receive and complete the following trainings below. Documentation of completion of these trainings for System Agency review upon request will be maintained for all ongoing volunteers and/or interns.
- a. **Cardiopulmonary Resuscitation (CPR) and First Aid**– Grantee will ensure that all volunteers/interns complete and maintain current CPR and First Aid certifications prior to the delivery of services.
 - b. **Prevention Training for Volunteers** – This is a one-time required training conducted through the System Agency-funded training entity.
 - c. **Tobacco Law Training** – This is a one-time, web-based training required for interns and volunteers delivering prevention activities/strategies under the PRC contract. Interns/volunteers involved in the PRC Tobacco Prevention Core shall complete this training prior to conducting voluntary retail compliance checks. This training will be coordinated by the System Agency.
 - d. **Suicide Prevention Training.** Grantee's prevention staff will be required to attend at least one suicide prevention training each year to build competence and encourage integration of mental health promotion strategies in their work.
 - e. **Mental Health First Aid Training.** Grantee's prevention staff will be required to attend at least one Mental Health First Aid training to build competence and encourage integration of mental health promotion strategies in their work. This training shall be coordinated by the System Agency-funded training entity.
7. Ensure that all volunteers/interns, conducting activities with youth or adults, are supervised and chaperoned in-person by an agency or prevention staff member.

2.10.2.4.10 GUIDANCE ON ALLOWABLE PURCHASES

- 1. Food or snacks, purchased for participants in a prevention activity occurring after-school or outside the school setting for four (4) or more hours, may be purchased. Costs for the purchase of food/snacks will be reasonable. Food or snacks may be donated from outside stakeholders/businesses but is not considered as match unless considered an allowable purchase.
- 2. T-shirts with a "no use" message may be purchased for participants as a way to educate or create awareness to the harmful effects of alcohol, tobacco, and other drugs.
- 3. Promote prevention messages through radio or television public service announcements (PSAs), media interviews, billboards, bus boards, editorials, and/or digital media including social media if permitted by Grantee's organization policies specific to the State's four prevention priorities. Expenses dedicated to Media

Awareness Activities (including media purchases) shall comprise at least 10% of the Grantee's annual budget.

2.10.2.4.11 CLINICAL MANAGEMENT FOR BEHAVIORAL HEALTH SERVICES (CMBHS) COMPONENTS

Grantee will use the CMBHS components/functionality specified below, in accordance with the System Agency instructions:

1. Add/update Staff, (including access control and Credential maintenance)
2. Provider detail
3. Performance Measures
4. Financial Status Reports (FSR)
5. Invoices
6. Curriculum Outcome Measures

The use of CMBHS is not limited to the components and functionality listed above. Grantee may be required to use other CMBHS components and meet CMBHS training requirements per request by the System's Agency.

2.10.2.4.12 SUBMISSION SCHEDULE AND REPORTING REQUIREMENTS

1. Grantee will submit all documents identified below by the due dates specified by the System Agency.
2. System Agency-approved required forms/templates are located at <http://www.dshs.texas.gov/sa/For-Substance-Abuse-Contractors.aspx>, unless otherwise noted.
3. Grantee will submit documents to the designated substance abuse mailbox SubstanceAbuse.Contracts@hhsc.state.tx.us, unless otherwise noted.
4. Grantee's duty to submit required documents will survive the termination or expiration of this Contract.
5. Provide per request of the System Agency information and data that supports performance measures, required reports, information or data related to the scope of work of the Grantee solicitation document approved by the System Agency.

Report Name	Due Date*
Program Staffing Form	September 30
Copy of current CPS, ACPS, or APS certifications/designations of the Prevention Program Director and all certified/designated prevention staff along with the Program Staffing Form	September 30
CMBHS Security Attestation Form and Listing of Authorized Users	September 15 & March 15
PRC Implementation Plan	October 15
PRC Mid-Year Report	March 31

Regional Needs Assessment	July 30
Post Regional Needs Assessment to website and submit email to System Agency	August 31
PRC Final Report	September 15
Performance Measures	15 th of the month following the month being reported. Submit into the CMBHS reporting system.
Financial Status Reports (FSRs)	Last business day of the month following the end of each quarter of the fiscal term. *FSR due is due 45 days after the end of this fiscal term.
Closeout Documents – Annual Report	45 days after the end of this fiscal term.

*** If the Due Date is on a weekend or holiday, the Due Date is the next business day.**

2.10.2.4.13 BUDGET REQUIREMENT FOR MEDIA AWARENESS ACTIVITIES

1. A minimum of 10% of the total PRC budget shall be spent on media awareness activities that include both local regional media campaigns and support for the Statewide Media Campaign.
2. Providers must dedicate a portion of the media budget to support the Statewide Media Campaign up to a maximum of 50% of the amount budgeted for media expenditures.
3. Media expenditures for the Statewide Media Campaign may include paid radio and television spots and paid boosting for social media content.
4. Expenses on traditional paid media platforms include print media, radio, television, billboards, and other posted signage or paid advertising space.
5. Expenditures on social media:
 - a. Approved platforms for paid social media boosting or ads include Facebook, YouTube, and Twitter
 - b. Paid media boosting or ads on social media platforms or apps other than Facebook, YouTube, or Twitter will require prior approval from HHSC.
 - c. Influencers – these should be used directly in conjunction with a defined media campaign. Use of paid social media influencers as part of any media campaign must be approved by HHSC prior to implementation.
6. Funds may not be used to create agency logos or other forms of agency branding.

2.10.3 Youth Indicated Prevention (YPI) SOW

To provide youth indicated prevention (YPI) services that promote a proactive process to address health and wellness for youth, families, and communities by enhancing protective factors that increase knowledge, skills, and attitudes for making healthy choices. Indicated prevention strategies target individuals due to initiative behaviors and/or related risk factors that place the individual at an elevated risk for substance use and misuse.

Services will address the State's four prevention priorities: underage alcohol use, tobacco and nicotine products, marijuana and other cannabinoids, and prescription drug misuse.

Grantees providing YPI services will work together with other system Agency-funded substance abuse prevention programs to address substance use and misuse, follow the Strategic Prevention Framework (SPF) model of the Substance Abuse and Mental Health Services Administration (SAMHSA), and strengthen prevention efforts and strategies for coordination across multiple levels of impact following the Social Ecological Model <http://journals.sagepub.com/doi/pdf/10.1177/109019818801500401>.

2.10.3.1 GOAL

To provide individualized services related to substance use and misuse that address specific risk conditions.

2.10.3.2 TARGET POPULATION

1. The primary population is youth in grades 6th – 12th (or youth up to age 18 who are currently not enrolled in school) that meet the program and curriculum criteria. While the target population may show early signs of substance use and misuse, indicated services are not designed for individuals with a substance use disorder.
2. The secondary population may include:
 - a. parents, grandparents, guardians, and siblings of youth participants, and
 - b. community members in the funded service area.

2.10.3.3 SERVICE AREA

Service area refers to the schools, school district, and community sites within an identified county or counties within the proposed region.

2.10.3.4 GRANTEE RESPONSIBILITIES

2.10.3.4.1 GENERAL RESPONSIBILITIES

Grantee will:

1. Provide prevention services and activities:
 - a. In accordance with the rules in [Title 25 of the Texas Administrative Code \(TAC\), Chapter 447](#);
 - b. To the identified primary and secondary populations where the target population is located;
 - c. As specified in Grantee's response to the solicitation document, and
 - d. As approved by the System Agency.
2. Provide family-specific strategies, as appropriate.
3. Implement all required YPI activities only in counties approved by the System Agency.

4. Coordinate prevention service delivery with other System Agency-funded Grantees and other community partners to address gaps in services.
5. Develop and implement written confidentiality policies and procedures.
6. Securely store and maintain privacy and confidentiality of information and records concerning participants and their family members.
7. Ensure all employees and volunteers follow the agency's confidentiality policies, procedures, and requirements.
8. Maintain policies and procedures as required by [1 TAC §392.511](#) and applicable laws, and make them available for inspection by the System Agency. Grantee will develop and implement policies and age-appropriate procedures to protect the rights of children, families, and adults participating in a prevention program.
9. Follow the National Standards for Culturally and Linguistically Appropriate Services in the Health and Health Care (The National CLAS Standards, 2013) for the target population and demonstrate good-faith efforts to reach out to under-served populations. These include, but are not limited to,
 - a. people of color;
 - b. people with low educational and/or socioeconomic status;
 - c. people with limited English proficiency;
 - d. persons with disabilities;
 - e. Native American Tribes;
 - f. military and veteran personnel and their family;
 - g. people who live in Colonias; and
 - h. persons who identify as lesbian, gay, bisexual, and transgender, and queer (and/or questioning) (LGBTQ).
10. Ensure all participants have the right to be: free from abuse, neglect and exploitation; be treated with dignity and respect; and make a complaint to Grantee or the System Agency at any time.
11. Implement the following Center for Substance Abuse Prevention (CSAP) strategies as comprehensive, age-appropriate activities:
 - a. **Prevention Education (Percentage of Effort = 70%)** is a two-way approach to teaching participants important social skills. These skills can include resisting pressure to use drugs, looking at the intent behind advertising, or developing other skills used in making healthy choices. Activities will be conducted using a System Agency-approved evidence-based curriculum proven to promote desired outcomes based on effective implementation strategies. Prevention education activities will target the Service Area specified in Grantee's response to the originally funded solicitation document and demonstrate an effort to avoid the duplication of prevention education services.

Grantee will:

- i. Ensure that individuals delivering prevention education have received the developer's curriculum training through the System Agency-funded training entity prior to service delivery.
- ii. Ensure that participants meet the curriculum and program criteria, adhering to the requirements of the primary and secondary target population. Participants are referred for YPI services based on existing

- risk factors that place the participant at an elevated risk for substance use and/or misuse.
- iii. Ensure that participants are screened for program appropriateness using the System Agency-approved Risk and Protective Factor Screening Form. Grantee will not determine participant risk using clinical or treatment assessment tools.
 - iv. Conduct activities with Fidelity according to the curriculum developer and document each session for this strategy using the System Agency-approved form. In addition, Grantee will document each curriculum cycle using the System Agency-approved form.
 - v. Use System Agency-approved procedures (including the System Agency-approved templates) for obtaining consent from participants and their parents/legal guardians. Grantee will maintain all relevant consent documentation on file.
 - vi. Administer System Agency provided curriculum pre- and post- tests for all participants enrolled in prevention education. Online access to all required forms or templates will be provided by the System Agency.
 - vii. Adhere to System Agency guidelines and expectations regarding the administering of all curriculum pre- and post- tests and maintain all pre- and post- tests in participant files for review by the System Agency.
- b. **Information Dissemination (Percentage of Effort = 15%)** increases knowledge and changes attitudes through communications. This method is mainly one-way (i.e., classroom speakers or media campaigns). Information dissemination may be conducted in the form of Alcohol, Tobacco, and Other Drug (ATOD) Presentations or through Media Awareness Activities.
- i. ATOD Presentations are conducted as stand alone, age-appropriate activities that increase knowledge or create awareness to the State's four prevention priorities. Grantee will conduct the activities as stated above and document this strategy using the System Agency-approved template.
 - ii. Media Awareness Activities are marketing campaigns that serve the target population. Grantee will follow guidelines described in the Substance Abuse and Mental Health Services Administration (SAMHSA) toolkit, *Focus on Prevention- Strategies and Programs to Prevent Substance Use* (<https://store.samhsa.gov/product/Focus-on-Prevention/sma10-4120>), to create a successful media campaign and coordinate and collaborate with the System Agency Prevention Media Campaign and other System Agency-funded Grantees (i.e. PRCs, CCPs and YPs –Universal, Selective and Indicated) to promote a consistent statewide message. System Agency guidelines will be provided.
 - iii. ATOD Presentations and Media Awareness Activities that focus on minors and tobacco and other nicotine products shall include information on: tobacco/nicotine cessation, Texas tobacco laws as they apply to minors, and health consequences associated with the use of tobacco and other nicotine products.

c. **Positive Alternatives and Community-Based Processes (Percentage of Effort =10%)**

- i. **Positive Alternatives** provide fun, challenging, and structured activities with supervision, so people have constructive and healthy ways to enjoy free time and learn skills. These alcohol and drug-free activities help people, particularly young people, stay away from situations that encourage use of alcohol, tobacco or other drugs.
 - A. This strategy will be conducted with the above-mentioned intent and documented using the System Agency-approved template. Any activities, including Positive Alternatives, that occur off-site or involve participant travel, require written consent from all participants and their parents/legal guardians.
 - B. Allowable costs for Positive Alternatives will not exceed \$500 per event or \$10 per participant, whichever amount is less. Funds exceeding this amount will have prior approval from the System Agency.
- ii. **Community-Based Processes** strengthen resources such as community coalitions to prevent substance use and misuse. Organizing, planning, and networking are included in this strategy to increase the community's ability to deliver effective prevention and treatment services; educate and mobilize the community toward prevention efforts; and provide the Grantee with opportunities to obtain meaningful Community Agreements (CAs) with agencies, community sites, Prevention Resource Centers (PRCs) and other stakeholders that enhance prevention efforts. A Community Agreement may include a Memorandum of Understanding (MOU), a Letter of Agreement (LOA), and/or a Memorandum of Agreement (MOA). CAs will represent diversified resources that may include, but are not limited to, mentoring, substance abuse prevention related data, behavioral health counseling, school services, and other human needs.

Grantee will:

- A. Participate in, and collaborate with, System Agency-funded coalitions in order to strengthen and promote prevention activities and promote behavioral health environmental strategies. If a System Agency-funded coalition is not located within the Grantee's service area, the Grantee will then collaborate with a non-System Agency-funded coalition, and/or
- B. Conduct and/or participate in Community-Based Education and Mobilization Activities. Such activities may include, but are not limited to, participation in community health fairs, parent-teacher nights, school board meetings, and other related community-based activities.

Grantee will refer to **Section 2.10.3.3.4, Policy/Procedural Requirements 1.**

d. **Identification of Problems and Referral to Services (Percentage of Effort = 5%)** includes determining when the needs of participants require additional

education or intensive services and strategies outside the scope of the activities in this Contract and properly refer participants who present a need for individualized services outside the scope of prevention.

2.10.3.4.2 REPORTING REQUIREMENTS

Grantee will use System Agency-approved templates for all reporting requests. Online access to all required forms or templates will be provided by the System Agency.

Requirements for the Certified Prevention Specialist (CPS) certification, Advanced Certified Prevention Specialist (ACPS) certification and the Associate Prevention Specialist (APS) designation may be obtained by visiting the Texas Certification Board of Addiction Professionals (TCBAP) website at www.tcbap.org.

Grantee will:

1. Submit Curriculum Implementation Plans (CIP) outlining the prevention education activities planned during the fiscal term submitted to the System Agency for each school semester (Fall and Spring) as well as a Summer term.
2. Submit a Program Staffing Form to the System Agency that provides details of all direct prevention program staff for the Grantee's System Agency-funded prevention programs.
3. Notify the System Agency within ten (10) business days of any prevention program staffing changes by updating and re-submitting the Program Staffing Form.
4. Submit all current CPS/ACPS certifications and APS designations with the Program Staffing Form and maintain copies for review by the System Agency upon request.
5. Ensure all CPS/ACPS certifications and APS designations are current or renewed within 30 days of expiration and submit the renewals along with an updated Program Staffing Form.

2.10.3.4.3 WAIVERS/REVISION REQUESTS

Grantee will:

1. Receive written approval from the System Agency and the Curriculum Developer prior to implementing any adaptations or modifications to the curriculum implementation structure. Modification to the implementation structure of the curriculum may include the frequency of session delivery or modification to the length of each session but is not applicable to any modification of the grade range for which the System Agency has not expressly approved.
 - a. System Agency will consider a request to modify the grade range only in the case that the National Registry of Evidence-Based Programs and Practices (NREPP) of SAMHSA revises and expands a target grade range for a curriculum based on the addition of evaluation research demonstrating statistically significant effectiveness.
 - b. Grantee will submit this request in writing, and obtain written approval from the System Agency, prior to the delivery of any amended prevention services to the target population.

2. In the event an individual responsible for delivering curriculum is unable to receive and complete formal curriculum training through the System Agency-funded training entity prior to service delivery, Grantee will:
 - a. Submit an In-House Curriculum Training Waiver for System Agency approval using the System Agency-approved form.
 - b. Ensure that individuals delivering prevention education have received the developer's curriculum training prior to service delivery.
 - c. Receive written approval from the System Agency prior to implementing in-house curriculum training.
 - d. Ensure that any individual receiving in-house curriculum training will complete formal curriculum training through the System Agency-funded training entity by the due date required in the approved System Agency-approved In-House Curriculum Training Waiver.
 - e. Ensure any individual conducting in-house curriculum training has completed formal curriculum training from the System Agency-funded training entity no more than three (3) years prior to the proposed in-house training date.

2.10.3.4.4 POLICY/PROCEDURAL REQUIREMENTS

Grantee will:

1. Secure CAs with schools, community sites, and any agency, business or community partners, having an interest in the target population. CAs will be:
 - a. established prior to service delivery;
 - b. renewed on an annual basis where applicable;
 - c. individualized as much as possible to address the needs of each particular school, community site, or partnering agency;
 - d. secure CAs with schools and/or community sites where prevention education services will be conducted to establish a detailed outline of the service delivery and implementation structure. The CA will establish responsibilities of entering parties based on guidelines from the System Agency-approved template; and
 - e. secure CAs with community partners who have an interest in the primary or secondary target populations designed to ensure accessible services for program participants and their families, providing a network for service coordination and referrals that address gaps in services and the needs of participants that are beyond the scope of prevention.
2. At the beginning of the contract term, receive curriculum for all program staff completing curriculum training through the System Agency-funded training entity.
3. Maintain curriculum and all related materials throughout the contract term by completing the Curriculum Inventory Tracking Form annually, provided by the System Agency, and maintain a copy for System Agency review upon request.
4. Provide prevention services in a safe, clean, well-lit, and well-maintained environment. The site where activities will be held (including building, electrical, lighting, plumbing, sanitation, ventilation, and mechanical systems, appliances, equipment, and furniture) will be structurally sound, functional, and in good repair. The site's building and grounds will be clean and free of garbage and debris.

5. Develop and maintain current written policies and procedures, available for System Agency review, for employees, contracted labor, and volunteers who work directly or indirectly with participants. The written policies and procedures shall address participant safety and ensure that all activities with participants are conducted in a respectful, non-threatening, non-judgmental, and confidential manner.
6. Ensure the Prevention Program Director conducts and documents quarterly Fidelity and quality assurance checks of all required strategies provided by prevention program staff and maintain all documentation of these checks on file and make them available for review by the System Agency upon request.
7. Post and make available in English and Spanish, the System Agency-developed prevention Participant Rights document during the delivery of educational sessions. Additional languages, appropriate to the population being served, may be requested and will be developed by the System Agency for use by the Grantee. Postings will be conveyed in an appropriate manner to participants who have an impairment of vision, hearing, or cognition.
8. Post in a prominent location, legible prohibitions against firearms, weapons, alcohol, and illegal drugs, illegal activities, and violence at program sites that do not have the existing prohibitions posted.
9. Post the hours and days of operation at all building entrances of Grantee's administrative site. Standard days of operation will reflect a forty-hour workweek Monday through Friday.
10. Post exit diagrams conspicuously throughout program sites (except in one-story buildings where all exits are clearly designated as such).
11. Ensure that the Prevention Program Director and at least one Prevention Specialist, paid under this contract, attends the System Agency's Annual Prevention Provider Meeting.
12. Ensure that the Prevention Program Director attends the System Agency's Annual Directors' Meeting.
13. Submit any additional documents and information, as requested by the System Agency staff, for the purpose of determining and assessing program technical assistance needs.
14. Ensure that all staff providing YPI services receives a copy of this Statement of Work (SOW) and any revised SOWs.

2.10.3.4.5 CRIMINAL BACKGROUND VERIFICATION REQUIREMENTS

Grantee will:

1. Not employ or allow a subcontractor to use any individual who is on probation or parole to deliver prevention services to youth and/or their families.
2. Prior to employment, conduct criminal background checks and pre-employment drug testing of Grantee's potential employees and subcontractors who will deliver prevention services or have direct contact with youth and their families.
3. Conduct annual criminal background checks for Grantee's current staff and subcontractors who will deliver prevention services or have direct contact with youth and their families.

4. Conduct criminal background checks of interns or volunteers who will deliver prevention services or have direct contact with youth and their families.
5. Ensure that any individual who is on probation, parole and/or is the subject of an ongoing investigation by law enforcement is prohibited from working directly with youth and/or their families.
6. Develop and maintain current written policies and procedures addressing the requirements for criminal background checks as a condition for employment of potential employees, subcontractors, interns, and/or volunteers who work directly with youth and their families.
7. Develop and maintain policies and procedures that require individuals (staff, subcontractors, interns, and volunteers) to notify the Grantee of an arrest, conviction, investigation, or any other legal involvement.
8. Maintain documentation of each notification of arrest, conviction, investigation, or any other legal involvement and make available to the System Agency for review upon request.
9. Maintain documentation of each criminal background check and all drug testing and make available to System Agency upon request.

2.10.3.4.6 STAFFING AND STAFF COMPETENCY REQUIREMENTS

Grantee will:

1. Within 30 days of the start date of this Contract, hire the number of prevention program staff specified in the Grantee's response to the solicitation document, as approved by the System Agency. This will include the following:
 - a. A Prevention Program Director, dedicated at a minimum of 25%, who will be responsible for ensuring that contractual requirements are fulfilled and provide oversight and coordination for prevention services of this Contract.
 - b. A minimum of one (1) Prevention Program Specialist who will conduct prevention program services for this Contract.
2. Ensure that the Prevention Program Director and any individual providing oversight or assisting in the coordination of programmatic services is a Certified Prevention Specialist (CPS), Advanced Certified Prevention Specialist (ACPS) or, at a minimum, an Associate Prevention Specialist (APS), working towards CPS certification at the time of hire for this position. CPS certification is required within 12 months of employment.
3. Ensure that each Prevention Specialist, and any individual providing prevention services, achieves, at a minimum, an APS designation within 20 months of employment in this program. Grantee will submit a copy of Prevention Specialist's designation along with the Program Staffing Form, maintain a copy in their personnel file, and make it available for review by the System Agency upon request.
4. Ensure that the Prevention Program Director and all Prevention Specialists complete the following required trainings as specified below:
 - a. **Evidence-Based Curriculum Training** – This required training will be completed through the System Agency-funded training entity prior to curriculum delivery.
 - i. Prevention Program Director for this Contract will complete the evidence-based curriculum training for the specified curriculum in the Grantee's

response to the solicitation document, as approved by the System Agency. The training will be completed within 60 days from the start of this Contract or within 60 days from the date of hire for the position, whichever is later. To ensure the most up-to-date information, and to provide the most effective oversight, Prevention Program Director will receive curriculum training on each curriculum they provide oversight every three (3) years through the System Agency-funded training entity. Grantee will maintain documentation of successful completion for System Agency review upon request.

- ii. Prevention Specialists working under this Contract will complete the training for the implementation of the evidence-based curriculum specified in the Grantee's response to the solicitation document, as approved by the System Agency. To ensure the most up-to-date information on effective delivery of the curriculum, all Prevention Specialists conducting Prevention Education curriculum, will receive training in the curriculum they deliver every three (3) three years through the System Agency-funded training entity. Grantee will maintain documentation of successful completion for System Agency review upon request.
- b. **15-Hour Prevention Skills Training (PST)** – This required training will be completed through the System Agency-funded training entity. All prevention program staff and directors will complete the 15-hour Prevention Skills Training (PST) within six (6) months from the date of hire. This is a one-time requirement for all prevention program staff and directors. This training includes a minimum of three (3) hours in each of the following Prevention-specific areas:
 - i. Cultural competency;
 - ii. Risk and protective factors/building resiliency;
 - iii. Child development and/or adolescent development, as appropriate;
 - iv. Communication; and
 - v. Prevention across the lifespan.
- c. **Substance Abuse Prevention Skills Training (SAPST)** – This is a required training for all prevention program staff with a minimum of 12 months' experience delivering prevention services. Program Directors and any individual providing oversight of prevention services will have completed the SAPST training upon the date of hire for the supervisory position and provide documentation to the System Agency. This is a one-time required training to be conducted through the System Agency-funded training entity. In addition, Grantee will:
 - i. Ensure that all Prevention Program staff, employed under this Contract, complete the SAPST training no later than 20 months after the date of hire for this program.
 - ii. Maintain a copy of employees' SAPST certification in the employees' personnel file and make them available for review by the System Agency.
- d. **Prevention Continuing Education** – A minimum of 15 hours of continuing education units (CEUs), specifically related to prevention and/or job-related duties will be completed annually. Training will include subject matter that addresses the six (6) Prevention Domains:
 - i. Planning and Evaluation
 - ii. Prevention Education and Service Delivery

- iii. Communication
- iv. Community Organization
- v. Public Policy and Environmental Change
- vi. Professional Growth and Responsibility

In addition to the trainings listed above, training on Cultural Competence and Prevention-related Ethics, will be obtained annually and will be counted toward the 15 hours of continuing education units.

Prevention Continuing Education hours may be obtained through the System Agency-funded training entity, the Annual Prevention Provider Meeting; the Annual Texas Behavioral Health Institute (TBHI); or other entities approved by the Texas Certification Board of Addiction Professionals (TCBAP). Information on TCBAP-approved continuing education providers may be found on the TCBAP website at www.tcbap.org. All CEUs will be obtained prior to the end of each funded fiscal year and made available to System Agency for review.

- e. **Cardiopulmonary Resuscitation (CPR) and First Aid Certifications** – Grantee will ensure that all prevention staff complete CPR and first aid certifications within 60 days of employment for this Contract or have valid certifications upon hire. All certifications will be maintained as current and reported on the Program Staffing Form. All certifications will be maintained within the employee's file and made available for System Agency review upon request. Grantee may receive training for these requirements through the System Agency-funded training entity or through another certified training entity.
 - f. **Suicide Prevention Training** – Grantee's prevention staff will be required to attend at least one suicide prevention training each year to build competence and encourage integration of mental health promotion strategies in their work.
 - g. **Mental Health First Aid Training** – Grantee's prevention staff will be required to attend at least one Mental Health First Aid training to build competence and encourage integration of mental health promotion strategies in their work. This training will be coordinated through the System Agency-funded training entity.
5. Ensure that all volunteers and/or interns that assist prevention staff with any prevention activity/strategy, at a frequency of more than one (1) time per month, receive and complete the following trainings:
- a. **Cardiopulmonary Resuscitation (CPR) and First Aid** –Grantee will ensure that all volunteers/interns complete and maintain current CPR and First Aid certifications prior to the delivery of services.
 - b. **Prevention Training for Volunteers/Interns** – This is a one-time required training to be conducted through the System Agency-funded training entity. Documentation of the completion of this training will be maintained for System Agency review upon request and will be maintained for all volunteers/interns providing on-going assistance in prevention activities.
6. Ensure that all volunteers/interns, conducting activities with youth or adults, are supervised and chaperoned in-person by an agency or prevention staff member.

2.10.3.4.7 GUIDANCE ON ALLOWABLE PURCHASES

1. Gift cards, used as a requirement of a Family-Focused program where a food-based activity is provided, may be provided to families, participating in the family-focused program.
2. Food or snacks, purchased for participants in a prevention activity occurring after-school or outside the school setting for four (4) or more hours, may be purchased. Costs for the purchase of food or snacks will be reasonable. Food or snacks may be donated from outside stakeholders and/or businesses but is not considered as match unless considered an allowable purchase.
3. T-shirts with a “no use” message may be purchased for participants as a way to educate or create awareness of the harmful effects of alcohol, tobacco, and other drugs.
4. Materials used to educate and/or create awareness of the harmful effects of alcohol, tobacco, and other drugs, or that engage participants in prevention activities may be purchased. The cost for these materials will be reasonable.
5. Costs for Positive Alternatives will not exceed \$500 per event or \$10 per participant, whichever is less. Grantee will receive written approval from the System Agency prior to the delivery of any Positive Alternative event exceeding \$500 or \$10 per participant.

2.10.3.4.8 SUBMISSION SCHEDULE AND REPORTING REQUIREMENTS

Grantee will:

1. Submit all documents identified below by the due dates specified by the System Agency. Grantee will submit documents to the designated substance abuse mailbox SubstanceAbuse.Contracts@hhsc.state.tx.us, unless otherwise noted.
2. Grantee’s duty to submit required documents will survive the termination or expiration of this Contract.

Report Name	*Due Date
Program Staffing Form	By the 30 th day after the Contract start date. Within 10 business days of a revision.
Copy of CPS, APS, and/or ACPS certifications of any supervisory employees and any other employees having a current certification/designation	By the 30 th day after the Contract start date.
CMBHS Security Attestation Form and Listing of Authorized Users	September 15 & March 15
CIP – Fall Semester	By the 30 th day after the Contract start date.
CIP – Spring Semester	January 31
CIP –Summer Term	May 31
Financial Status Reports (FSRs)	Last business day of the month following the end of each quarter of this fiscal term.

	*Last FSR is due 45 days after the end of this fiscal term.
Performance Measures	15 th of each month following the month being reported. Submit into the CMBHS reporting system.
Curriculum Outcome Measures Reports	Due within 20 calendar days after the curriculum cycle has been completed. Submit into the CMBHS reporting system each individual curriculum cycle and the associated outcomes.
Closeout Documents – Annual Report	45 days after the end of this fiscal term.

***If the Due Date is on a weekend or holiday, the Due Date is the next business day.**

3. In regions 8, 9, 10, and 11, document the number of participants receiving services who are residents of a Colonia (an unincorporated community within 62 miles of the international border), which will be reported along with the monthly performance measures submitted into the CMBHS system.
4. Comply with the System Agency's definition of completion rate as follows:

Completion rate is the number of youth who complete the curriculum cycle being reported (the number of youth that attend the required number of curriculum sessions) divided by the number of youth who were enrolled per group cycle. Grantee will achieve an 80% completion rate per curriculum cycle.

5. Provide per request of the System Agency information that supports performance measures, required reports, information or data related to the scope of work of the Grantee solicitation document approved by the System Agency.

2.10.4 Youth Prevention Selective (YPS) SOW

To provide Youth Prevention Selective (YPS) services that promote a proactive process to address health and wellness for individuals, families, and communities by enhancing protective factors that increase knowledge, skills, and attitudes for making healthy choices. Selective prevention strategies target subgroups known to be at higher risk for substance use and misuse than the general population.

Services will address the State's four prevention priorities: underage alcohol use, tobacco and nicotine products, marijuana and other cannabinoids use, and prescription drug misuse.

Grantees providing YPS services will work together with other System Agency-funded substance abuse prevention programs to address substance use and misuse, follow the Strategic Prevention Framework (SPF) model of the Substance Abuse and Mental Health Services Administration (SAMHSA), and strengthen prevention efforts and strategies for coordination across multiple levels of impact following the Social Ecological Model, <http://journals.sagepub.com/doi/pdf/10.1177/109019818801500401>.

2.10.4.1 GOAL

To provide selective prevention services that include strategies delivered to subgroups of the general population determined to be at risk for substance use and misuse.

2.10.4.2 TARGET POPULATION

1. The primary population is youth Pre-Kindergarten to 12th grade who are at risk for substance use and misuse because they belong to a subgroup of the general population that is known to have risk factors that increase the likelihood of substance use and misuse. Targeted subgroups may be defined by, but not limited to, academic factors such as school failure or truancy, and place of residence such as high drug-use or low-income neighborhoods.
2. The secondary population may include:
 - a. parents, grandparents, guardians, and siblings of youth participants, and
 - b. community members in the funded service area.

2.10.4.3 SERVICE AREA

Service area refers to the schools, school district, and community sites within an identified county or counties within the proposed region.

2.10.4.4 GRANTEE RESPONSIBILITIES

2.10.4.4.1 GENERAL RESPONSIBILITIES

Grantee will:

1. Provide prevention services and activities:
 - a. In accordance with the rules in [Title 25 of the Texas Administrative Code \(TAC\), Chapter 447](#);
 - b. To the identified primary and secondary populations where the target population is located;
 - c. As specified in Grantee's response to the solicitation document; and
 - d. As approved by the System Agency.
2. Provide family-specific strategies, as appropriate.
3. Implement all required YPS activities only in counties approved by the System Agency.
4. Coordinate prevention service delivery with other System Agency-funded Grantees and other community partners to address gaps in services.
5. Develop and implement written confidentiality policies and procedures.
6. Securely store and maintain privacy and confidentiality of information and records concerning participants and their family members.
7. Ensure all employees and volunteers follow the agency's confidentiality policies, procedures, and requirements.
8. Maintain policies and procedures as required by [1 TAC §392.511](#) and applicable laws, and make them available for inspection by the System Agency. Grantee will develop and implement policies and age-appropriate procedures to protect the rights of children, families, and adults participating in a prevention program.

9. Follow the National Standards for Culturally and Linguistically Appropriate Services in the Health and Health Care (The National CLAS Standards, 2013) for the target population and demonstrate good-faith efforts to reach out to under-served populations. These include, but are not limited to:
 - a. people of color;
 - b. people with low educational and/or socioeconomic status;
 - c. people with limited English proficiency;
 - d. persons with disabilities;
 - e. Native American Tribes;
 - f. military and veteran personnel and their families;
 - g. people who live in Colonias and;
 - h. persons who identify as lesbian, gay, bisexual, transgender, and queer (and/or questioning) (LGBTQ).
10. Ensure all participants have the right to be: free from abuse; neglect and exploitation; treated with dignity and respect; and make a complaint to Grantee or the System Agency at any time.
11. Implement the following Center for Substance Abuse Prevention (CSAP) strategies at the percentage effort noted below. These strategies will be comprehensive and age-appropriate activities:
 - a. **Prevention Education (Percentage of Effort = 70%)** is a two-way approach to teaching participants important social skills. These skills can include resisting pressure to use drugs, looking at the intent behind advertising, or developing other skills used in making healthy choices. Activities will be conducted using a System Agency-approved evidence-based curriculum proven to promote desired outcomes based on effective implementation strategies. Prevention education activities will target the Service Area specified in Grantee's response to the originally funded solicitation document and demonstrate an effort to avoid the duplication of prevention education services.

Grantee will:

- i. ensure that individuals delivering prevention education have received the developer's curriculum training through the System Agency-funded training entity prior to service delivery.
- ii. conduct activities with Fidelity according to the curriculum developer and document each session for this strategy using the System Agency-approved form. In addition, Grantee will document each curriculum cycle using the System Agency-approved form.
- iii. use System Agency-approved procedures (including the System Agency-approved templates) for obtaining consent from participants and their parents/legal guardians. Grantee will maintain all relevant consent documentation on file.
- iv. administer System Agency provided curriculum pre- and post- tests for all participants enrolled in prevention education. Online access to all required forms or templates will be provided by the System Agency.

- v. adhere to System Agency guidelines and expectations regarding the administering of all curriculum pre- and post- tests and maintain all pre- and post- tests in participant files for review by the System Agency.
- b. **Information Dissemination (Percentage of Effort = 15%)** increases knowledge and changes attitudes through communications. This method is mainly one-way (i.e., classroom speakers or media campaigns). Information dissemination may be conducted in the form of Alcohol, Tobacco, and Other Drug (ATOD) Presentations or through Media Awareness Activities.
 - i. ATOD Presentations are conducted as stand alone, age-appropriate activities that increase knowledge or create awareness to the State's four prevention priorities. Grantee will conduct the information dissemination activities and document this strategy using the System Agency-approved template.
 - ii. Media Awareness Activities are marketing campaigns that serve the target population. Grantee will follow guidelines described in the SAMHSA toolkit, *Focus on Prevention- Strategies and Programs to Prevent Substance Use* (<https://store.samhsa.gov/product/Focus-on-Prevention/sma10-4120>), to create a successful media campaign and coordinate and collaborate with the System Agency Prevention Media Campaign and other System Agency-funded Grantees (i.e. PRC, CCPs and YPs –Universal, Selective and Indicated) to promote a consistent statewide message. System Agency guidelines will be provided.
 - iii. ATOD Presentations and Media Awareness Activities that focus on minors and tobacco and other nicotine products will include information on tobacco/nicotine cessation, Texas tobacco laws as they apply to minors, and health consequences associated with the use of tobacco and other nicotine products.
- c. **Positive Alternatives and Community-Based Processes (Percentage of Effort = 10%)**
 - i. **Positive Alternatives** provide fun, challenging, and structured activities with supervision, so people have constructive and healthy ways to enjoy free time and learn skills. These alcohol and drug-free activities are provided with the intent to help people, particularly young people, stay away from situations that encourage use of alcohol, tobacco or other drugs.
 - A. This strategy is documented using the System Agency-approved template. Any activities, including Positive Alternatives, that occur off-site or involve participant travel, require written consent from all participants and their parents/legal guardians.
 - B. Allowable costs for Positive Alternatives will not exceed \$500 per event or \$10 per participant, whichever amount is less. Funds exceeding this amount will have prior approval from the System Agency.
 - ii. **Community-Based Processes** strengthen resources such as community coalitions to prevent substance use and misuse. Organizing, planning, and networking are included in this strategy to increase the community's ability to deliver effective prevention and treatment services; educate and mobilize the community toward prevention efforts; and provide the Grantee with opportunities to obtain meaningful Community Agreements (CAs) with

agencies, community sites, Prevention Resource Centers (PRCs) and other stakeholders that enhance prevention efforts. A Community Agreement may include a Memorandum of Understanding (MOU), a Letter of Agreement (LOA), and/or a Memorandum of Agreement (MOA). CAs will represent diversified resources that may include, but are not limited to: mentoring, substance abuse prevention related data, behavioral health services, counseling, school success, and other health and human needs.

Grantee will:

- A. Participate in, and collaborate with, System Agency-funded coalitions in order to strengthen and promote prevention activities and promote behavioral health environmental strategies. If a System Agency-funded coalition is not located within the Grantee's service area, the Grantee will then collaborate with a non-System Agency-funded coalition, and/or
 - B. Conduct and/or participate in Community-Based Education and Mobilization Activities. Such activities may include, but are not limited to, participation in community health fairs, parent-teacher nights, school board meetings, and other related community-based activities.
- d. **Identification of Problems and Referral to Services (Percentage of Effort = 5%)** includes determining when the needs of participants require additional education or intensive services and strategies outside the scope of the activities in this Contract and properly refer participants who present a need for individualized services outside the scope of prevention.

2.10.4.4.2 REPORTING REQUIREMENTS

Grantee will use System Agency-approved templates for all reporting requests. Online access to all required forms or templates will be provided by the System Agency.

Requirements for the Certified Prevention Specialist (CPS) certification, Advanced Certified Prevention Specialist (ACPS) certification, and the Associate Prevention Specialist (APS) designation may be obtained by visiting the Texas Certification Board of Addiction Professionals (TCBAP) website at www.tcbap.org.

Grantee will:

1. Submit Curriculum Implementation Plans (CIP) outlining the prevention education activities to be conducted during this fiscal term submitted to the System Agency for each school semester (Fall and Spring) as well as a Summer term.
2. Submit a Program Staffing Form to the System Agency providing details of all direct prevention program staff for the Grantee's System Agency-funded prevention programs.
3. Notify the System Agency within ten (10) business days of any prevention program staffing changes by updating and re-submitting the Program Staffing Form.
4. Submit all current CPS/ACPS certifications and APS designations with the Program Staffing Form and maintain copies for review by the System Agency upon request.
5. Ensure all CPS/ACPS certifications and APS designations are current or renewed within 30 days of expiration and submit the renewals along with an updated Program Staffing Form.

2.10.4.4.3 WAIVERS/REVISION REQUESTS

Grantee will:

1. Receive written approval from the System Agency and the Curriculum Developer prior to implementing any adaptations or modifications to the curriculum implementation structure. Modification to the implementation structure of the curriculum may include the frequency of session delivery or modification to the length of each session but is not applicable to any modification of the grade range for which the System Agency has not expressly approved.
 - a. System Agency will consider a request to modify the grade range only in the case that the National Registry of Evidence-Based Programs and Practices (NREPP) of SAMHSA revises and expands a target grade range for a curriculum based on the addition of evaluation research demonstrating statistically significant effectiveness.
 - b. Grantee will submit this request in writing, and obtain written approval from the System Agency, prior to the delivery of any amended prevention services to the target population.
2. In the event an individual responsible for delivering curriculum is unable to receive and complete formal curriculum training through the System Agency-funded training entity prior to service delivery, Grantee will:
 - a. Submit an In-House Curriculum Training Waiver for System Agency approval using the System Agency-approved form.
 - b. Ensure that individuals delivering prevention education have received the developer's curriculum training prior to service delivery.
 - c. Receive written approval from the System Agency prior to implementing in-house curriculum training.
 - d. Ensure that any individual receiving in-house curriculum training will complete formal curriculum training through the System Agency-funded training entity by the due date required in the System Agency-approved In-House Curriculum Training Waiver.
 - e. Ensure any individual conducting in-house curriculum training has completed formal curriculum training from the System Agency-funded training entity no more than three (3) years prior to the proposed in-house training date.

2.10.4.4.4 POLICY/PROCEDURAL REQUIREMENTS

Grantee will:

1. Secure CAs with schools, community sites, and any agency, business or community partners, having an interest in the target population. CAs will be:
 - a. Established prior to service delivery;
 - b. Renewed on an annual basis where applicable;
 - c. Individualized as much as possible to address the needs of each particular school, community site, or partnering agency;
 - d. Secure CAs with schools and community sites where prevention education services will be conducted to establish a detailed outline of the service delivery and

- implementation structure. The CA will establish responsibilities of entering parties based on guidelines from the System Agency-approved template; and
- e. Secure CAs with community partners who have an interest in the primary or secondary target populations designed to ensure accessible services for program participants and their families, providing a network for service coordination and referrals that address gaps in services and the needs of participants that are beyond the scope of prevention.
2. At the beginning of the contract term, receive curriculum for all program staff completing curriculum training through the System Agency-funded training entity.
 3. Maintain curriculum and all related materials throughout the contract term by completing the Curriculum Inventory Tracking Form annually, provided by the System Agency, and maintain a copy for System Agency review upon request.
 4. Provide prevention services in a secure, clean, well-lit, and well-maintained environment. The site where activities will be held (including building, electrical, lighting, plumbing, sanitation, ventilation, and mechanical systems, appliances, equipment, and furniture) will be structurally sound, functional, and in good repair. The site's building and grounds will be clean and free of garbage and debris.
 5. Develop and maintain current written policies and procedures, available for System Agency review, for employees, contracted labor, and volunteers who work directly or indirectly with participants. The written policies and procedures will address participant safety and ensure that all activities with participants are conducted in a respectful, non-threatening, non-judgmental, and confidential manner.
 6. Ensure that the Prevention Program Director conducts and documents quarterly Fidelity and quality assurance checks of all required strategies provided by prevention program staff and maintain all documentation of these checks on file and make them available for review by the System Agency upon request.
 7. Post, and make available in English and Spanish, the System Agency-developed prevention Participant Rights document during the delivery of educational sessions. Additional languages, appropriate to the population being served, may be requested and will be developed by the System Agency for use by the Grantee. Postings will be conveyed in an appropriate manner to participants who has an impairment of vision, hearing, or cognition.
 8. Post in a prominent location, legible prohibitions against firearms, weapons, alcohol, and illegal drugs, illegal activities, and violence at program sites that do not have the existing prohibitions posted.
 9. Post the hours and days of operation at all building entrances of Grantee's administrative site. Standard days of operation will reflect a forty-hour workweek Monday through Friday.
 10. Post exit diagrams conspicuously throughout program sites (except in one-story buildings where all exits are clearly designated as such).
 11. Ensure that the Prevention Program Director and at least one Prevention Specialist, paid under this Contract, attend the System Agency's Annual Prevention Provider Meeting.
 12. Ensure that the Prevention Program Director attends the System Agency's Annual Directors' Meeting.

13. Submit any additional documents and information as requested by the System Agency staff for the purpose of determining and assessing program technical assistance needs.
14. Ensure that all staff providing YPS services receives a copy of this Statement of Work (SOW) and any revised SOWs.

2.10.4.4.5 CRIMINAL BACKGROUND VERIFICATION REQUIREMENTS

Grantee will:

1. Not employ or allow a subcontractor to use any individual who is on probation or parole to deliver prevention services to youth and their families.
2. Prior to employment, conduct criminal background checks and pre-employment drug testing of Grantee's potential employees and subcontractors who will deliver prevention services or have direct contact with youth and their families.
3. Conduct annual criminal background checks for Grantee's current staff and subcontractors who will deliver prevention services or have direct contact with youth and their families.
4. Conduct criminal background checks of interns or volunteers who will deliver prevention services or have direct contact with youth and their families.
5. Ensure that any individual who is on probation, parole and/or is the subject of an ongoing investigation by law enforcement is prohibited from working directly with youth and their families.
6. Develop and maintain current written policies and procedures addressing the requirements for criminal background checks as a condition for employment of potential employees, subcontractors, interns, and volunteers who work directly with youth and their families.
7. Develop and maintain policies and procedures that require individuals (staff, subcontractors, interns, and volunteers) to notify the Grantee of an arrest, conviction, investigation, or any other legal involvement.
8. Maintain documentation of each notification of arrest, conviction, investigation, or any other legal involvement and make available to the System Agency for review upon request.
9. Maintain documentation of each criminal background check and all drug testing and make available to System Agency upon request.

2.10.4.4.6 STAFFING AND STAFF COMPETENCY REQUIREMENTS

Grantee will:

1. Within 30 days of the start date of this Contract, hire the number of prevention program staff specified in the Grantee's response to the solicitation document, as approved by the System Agency. This will include the following:
 - a. A Prevention Program Director, dedicated at a minimum of 25%, who will be responsible for ensuring that contractual requirements are fulfilled and provide oversight and coordination for prevention services of this Contract.
 - b. A minimum of one (1) Prevention Program Specialist who will conduct prevention program services for this Contract.

2. Ensure that the Prevention Program Director and any individual providing oversight or assisting in the coordination of programmatic services is a Certified Prevention Specialist (CPS), Advanced Certified Prevention Specialist (ACPS) or, at a minimum, an Associate Prevention Specialist (APS), working towards CPS certification at the time of hire for this position. CPS certification is required within 12 months of employment.
3. Ensure that each Prevention Specialist, and any individual providing prevention services, achieves, at a minimum, an APS designation within 20 months of employment in this program. Grantee will submit a copy of Prevention Specialist's designation along with the Program Staffing Form, maintain a copy in their personnel file, and make it available for review by the System Agency upon request.
4. Ensure that the Prevention Program Director and all Prevention Specialists complete the following required trainings as specified below:
 - a. **Evidence-Based Curriculum Training** – This required training will be completed through the System Agency-funded training entity prior to curriculum delivery.
 - i. Prevention Program Director for this Contract will complete the evidence-based curriculum training for the specified curriculum in the Grantee's response to the solicitation document, as approved by the System Agency. The training will be completed within 60 days from the start of this Contract or within 60 days from the date of hire for the position, whichever is later. To ensure the most up-to-date information, and to provide the most effective oversight, Prevention Program Director will receive curriculum training on each curriculum they provide oversight every three (3) years through the System Agency-funded training entity. Grantee will maintain documentation of successful completion for System Agency review upon request.
 - ii. Prevention Specialists working under this Contract will complete the training for the implementation of the evidence-based curriculum specified in the Grantee's response to the solicitation document, as approved by the System Agency. To ensure the most up-to-date information on effective delivery of the curriculum, all Prevention Specialists conducting Prevention Education curriculum, will receive training in the curriculum they deliver every three (3) years through the System Agency-funded training entity. Grantee will maintain documentation of successful completion for System Agency review upon request.
 - b. **15-Hour Prevention Skills Training (PST)** – This required training will be completed through the System Agency-funded training entity. All prevention program staff and directors will complete the 15-hour Prevention Skills Training (PST) within six (6) months from the date of hire. This is a one-time requirement for all prevention program staff and directors. This training includes a minimum of three (3) hours in each of the following Prevention-specific areas:
 - i. Cultural competency;
 - ii. Risk and protective factors/building resiliency;
 - iii. Child development and/or adolescent development, as appropriate;
 - iv. Communication; and
 - v. Prevention across the lifespan.

- c. **Substance Abuse Prevention Skills Training (SAPST)** – This is a required training for all prevention program staff with a minimum of 12 months’ experience delivering prevention services. Program Directors and any individual providing oversight of prevention services will have completed the SAPST training upon the date of hire for the supervisory position and provide documentation to the System Agency. This is a one-time required training to be conducted through the System Agency-funded training entity. In addition, Grantee will:
 - i. Ensure that all Prevention Program Staff, employed under this Contract, complete the SAPST training no later than 20 months after the date of hire for this program.
 - ii. Maintain a copy of employees’ SAPST certification in the employees’ personnel file and make them available for review by the System Agency.
- d. **Prevention Continuing Education** – A minimum of 15 hours of continuing education units (CEUs), specifically related to prevention and/or job-related duties will be completed annually. Training will include subject matter that addresses the six (6) Prevention Domains:
 - i. Planning and Evaluation;
 - ii. Prevention Education and Service Delivery;
 - iii. Communication;
 - iv. Community Organization;
 - v. Public Policy and Environmental Change; and
 - vi. Professional Growth and Responsibility.

In addition to the trainings listed above, training on Cultural Competence and Prevention-related Ethics, will be obtained annually and will be counted toward the 15 hours of continuing education units.

Prevention Continuing Education hours may be obtained through the System Agency-funded training entity, the Annual Prevention Provider meeting; the Annual Texas Behavioral Health Institute (TBHI); or other entities approved by the Texas Certification Board of Addiction Professionals (TCBAP). Information on TCBAP-approved continuing education providers may be found on the TCBAP website at www.tcbap.org. All CEUs will be obtained prior to the end of each funded fiscal year and made available to System Agency for review.

- e. **Cardiopulmonary Resuscitation (CPR) and First Aid Certifications** – Grantee will ensure that all prevention staff complete CPR and First Aid certifications within 60 days of employment for this Contract or have valid certifications upon hire. All certifications will be maintained as current and reported on the Program Staffing Form. All certifications will be maintained within the employee’s file and made available for System Agency review upon request.
- f. **Suicide Prevention Training** – Grantee’s prevention staff will be required to attend at least one suicide prevention training each year to build competence and encourage integration of mental health promotion strategies in their work.
- g. **Mental Health First Aid Training** – Grantee’s prevention staff will be required to attend at least one Mental Health First Aid training to build competence and

encourage integration of mental health promotion strategies in their work. This training will be coordinated by the System Agency-funded training entity.

5. Ensure that all volunteers and/or interns that assist prevention staff with any prevention activity/strategy, at a frequency of more than one (1) time per month, receive and complete the following trainings:
 - a. **Cardiopulmonary Resuscitation (CPR) and First Aid** –Grantee will ensure that all volunteers/interns complete and maintain current CPR and First Aid certifications prior to the delivery of services.
 - b. **Prevention Training for Volunteers/Interns** – This is a one-time required training to be conducted through the System Agency-funded training entity. Documentation of the completion of this training will be maintained for System Agency review upon request and will be maintained for all volunteers/interns providing on-going assistance in prevention activities.
6. Ensure that all volunteers/interns, conducting activities with youth or adults, are supervised and chaperoned in-person by an agency or prevention staff member.

2.10.4.4.7 GUIDANCE ON ALLOWABLE PURCHASES

1. Gift cards, used as a requirement of a Family-Focused program where a food-based activity is provided, may be provided to families, participating in the family-focused program.
2. Food or snacks, purchased for participants in a prevention activity occurring after-school or outside the school setting for four (4) or more hours, may be purchased. Costs for the purchase of food or snacks will be reasonable. Food or snacks may be donated from outside stakeholders and/or businesses but is not considered as match unless considered an allowable purchase.
3. T-shirts with a “no use” message may be purchased for participants as a way to educate or create awareness of the harmful effects of alcohol, tobacco, and other drugs.
4. Materials used to educate and/or create awareness of the harmful effects of alcohol, tobacco, and other drugs, or that engage participants in prevention activities may be purchased. The cost for these materials will be reasonable.
5. Costs for Positive Alternatives will not exceed \$500 per event or \$10 per participant, whichever is less. Grantee will receive written approval from the System Agency prior to the delivery of any Positive Alternative event exceeding \$500 or \$10 per participant.

2.10.4.4.8 SUBMISSION SCHEDULE AND REPORTING REQUIREMENTS

Grantee will:

1. Submit all documents identified below by the due dates specified by the System Agency. Grantee will submit documents to the designated substance abuse mailbox, SubstanceAbuse.Contracts@hhsc.state.tx.us, unless otherwise noted.
2. Grantee’s duty to submit required documents will survive the termination or expiration of this Contract.

Report Name	*Due Date
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Program Staffing Form	By the 30 th day after the Contract start date. Within 10 business days of a revision.
Copy of CPS, APS, and/or ACPS certifications of any supervisory employees and any other employees having a current certification/designation	By the 30 th day after the Contract start date.
CMBHS Security Attestation Form and Listing of Authorized Users	September 15 & March 15
CIP – Fall Semester	By the 30 th day after the Contract start date.
CIP – Spring Semester	January 31
CIP –Summer Term	May 31
Financial Status Reports (FSRs)	Last business day of the month following the end of each quarter of this fiscal term. *Last FSR is due 45 days after the end of this fiscal term.
Performance Measures	15 th of each month following the month being reported. Submit into the CMBHS reporting system.
Curriculum Outcome Measures Reports	Due within 20 calendar days after the curriculum cycle has been completed. Submit into the CMBHS reporting system each individual curriculum cycle and the associated outcomes.
Closeout Documents – Annual Report	45 days after the end of this fiscal term.

*** If the Due Date is on a weekend or holiday, the Due Date is the next business day.**

3. In regions 8, 9, 10, and 11, document the number of participants receiving services who are residents of a Colonia (an unincorporated community within 62 miles of the international border), which will be reported along with the monthly performance measures submitted into the CMBHS system.
4. Comply with the System Agency's definition of completion rate as follows:

Completion rate is the number of youth who complete the curriculum cycle being reported (the number of youth that attend the required number of curriculum sessions) divided by the number of youth who were enrolled per group cycle. Grantee will achieve an 80% completion rate per curriculum cycle.

5. Provide per request for the System Agency information that supports performance measures, required reports, information or data related to the scope of work of the Grantee solicitation document approved by the System Agency.

2.10.5 Youth Universal Prevention (YPU) Scope of Work

To provide youth universal prevention (YPU) services that promote a proactive process to address health and wellness for youth, families, and communities by enhancing protective factors that increase knowledge, skills, and attitudes for making healthy choices. Universal prevention strategies take the broadest approach and are designed to reach entire groups or populations. Universal prevention strategies may target schools, workplaces, or whole communities.

Services will address the State's four prevention priorities: underage alcohol use, tobacco and nicotine products use, marijuana and other cannabinoids use, and prescription drug misuse.

Grantees providing YPU services will work together with other System Agency-funded substance abuse prevention programs to address substance use and misuse, follow the Strategic Prevention Framework (SPF) model of the Substance Abuse and Mental Health Services Administration (SAMHSA), and strengthen prevention efforts and strategies for coordination across multiple levels of impact following the Social Ecological Model <http://journals.sagepub.com/doi/pdf/10.1177/109019818801500401>.

2.10.5.1 GOAL

To provide universal prevention services utilizing associated strategies to broad populations without consideration of individual differences in risk for substance use and misuse.

2.10.5.2 TARGET POPULATION

1. The primary population is all youth, Pre-Kindergarten to 12th grade, from the general population.
2. The secondary population may include:
 - a. Parents, grandparents, guardians, and siblings of youth participants, and
 - b. Community members in the funded service area.

2.10.5.3 SERVICE AREA

Service area refers to the schools, school district, and community sites within an identified county or counties within the proposed region.

2.10.5.4 GRANTEE RESPONSIBILITIES

2.10.5.4.1 GENERAL RESPONSIBILITIES

Grantee will:

1. Provide prevention services and activities:

- a. in accordance with the rules in [Title 25 of the Texas Administrative Code \(TAC\), Chapter 447](#);
 - b. to the identified primary and secondary populations where the target population is located;
 - c. as specified in Grantee's response to the solicitation document; and
 - d. as approved by the System Agency.
2. Provide family-specific strategies, as appropriate.
3. Implement all required YPU activities only in counties approved by the System Agency.
4. Coordinate prevention service delivery with other System Agency-funded Grantees and other community partners to address gaps in services.
5. Develop and implement written confidentiality policies and procedures.
6. Securely store and maintain privacy and confidentiality of information and records concerning participants and their family members.
7. Ensure all employees and volunteers follow the agency's confidentiality policies, procedures, and requirements.
8. Maintain policies and procedures as required by [1 TAC §392.511](#) and applicable laws, and make them available for inspection by the System Agency. Grantee will develop and implement policies and age-appropriate procedures to protect the rights of children, families, and adults participating in a prevention program.
9. Follow the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards, 2013) for the target population and demonstrate good-faith efforts to reach out to under-served populations. These include, but are not limited to:
 - a. people of color;
 - b. people with low educational and/or socioeconomic status;
 - c. people with limited English proficiency;
 - d. persons with disabilities;
 - e. Native American Tribes;
 - f. military and veteran personnel and their families;
 - g. people who live in Colonias; and
 - h. persons who identify as lesbian, gay, bisexual, transgender, and queer (and/or questioning) (LGBTQ).
10. Ensure all participants have the right to be: free from abuse, neglect and exploitation; be treated with dignity and respect; and make a complaint to Grantee or the System Agency at any time.
11. Implement the following Center for Substance Abuse Prevention (CSAP) strategies at the percentage effort noted below. These strategies will be comprehensive and age-appropriate activities:
 - a. **Prevention Education (Percentage of Effort = 70%)** is a two-way approach to teaching participants important social skills. These skills can include resisting pressure to use drugs, looking at the intent behind advertising, or developing other skills used in making healthy choices. Activities will be conducted using a System Agency-approved evidence-based curriculum proven to promote desired outcomes based on effective implementation strategies. Prevention education activities will target the Service Area specified in Grantee's response to the originally funded

solicitation document and demonstrate an effort to avoid the duplication of prevention education services.

Grantee will:

- i. Ensure that individuals delivering prevention education have received the developer's curriculum training through the System Agency-funded training entity prior to service delivery.
 - ii. Conduct activities with Fidelity according to the curriculum developer and document each session for this strategy using the System Agency-approved form. In addition, Grantee will document each curriculum cycle using the System Agency-approved form.
 - iii. Use System Agency-approved procedures (including the System Agency-approved templates) for obtaining consent from participants and their parents/legal guardians. Grantee will maintain all relevant consent documentation on file.
 - iv. Administer System Agency provided curriculum pre- and post- tests for all participants enrolled in prevention education. Online access to all required forms or templates will be provided by the System Agency.
 - v. Adhere to System Agency guidelines and expectations regarding the administering of all curriculum pre- and post- tests and maintain all pre- and post- tests in participant files for review by the System Agency.
- b. **Information Dissemination (Percentage of Effort = 15%)** increases knowledge and changes attitudes through communications. This method is mainly one-way (i.e., classroom speakers or media campaigns). Information dissemination may be conducted in the form of Alcohol, Tobacco, and Other Drug (ATOD) Presentations or through Media Awareness Activities.
- i. ATOD Presentations are conducted as stand alone, age-appropriate activities that increase knowledge or create awareness to the State's four prevention priorities. Grantee will conduct the information dissemination activities and document this strategy using the System Agency-approved template.
 - ii. Media Awareness Activities are marketing campaigns that serve the target population. Grantee will follow guidelines described in the SAMHSA toolkit, *Focus on Prevention-Strategies and Programs to Prevent Substance Use*, (<https://store.samhsa.gov/product/Focus-on-Prevention/sma10-4120>), to create a successful media campaign and coordinate and collaborate with the System Agency Prevention Media Campaign and other System Agency-funded Grantees (i.e. PRC, CCPs and YPs –Universal, Selective and Indicated) to promote a consistent statewide message.
 - iii. ATOD Presentations and Media Awareness Activities that focus on minors and tobacco and other nicotine products will include information on tobacco/nicotine cessation, Texas tobacco laws as they apply to minors, and health consequences associated with the use of tobacco and other nicotine products.
- c. **Positive Alternatives and Community-Based Processes (Percentage of Effort = 10%)**

- i. **Positive Alternatives** provide fun, challenging, and structured activities with supervision, so people have constructive and healthy ways to enjoy free time and learn skills. These alcohol and drug-free activities are provided with the intent to help people, particularly young people, stay away from situations that encourage use of alcohol, tobacco or other drugs.
 - A. This strategy is documented using the System Agency-approved template. Any activities, including Positive Alternatives, that occur off-site or involve participant travel, require written consent from all participants and their parents/legal guardians.
 - B. Allowable costs for Positive Alternatives will not exceed \$500 per event or \$10 per participant, whichever amount is less. Funds exceeding this amount will have prior approval from the System Agency.
- ii. **Community-Based Processes** strengthen resources such as community coalitions to prevent substance use and misuse. Organizing, planning, and networking are included in this strategy to increase the community's ability to deliver effective prevention and treatment services; educate and mobilize the community toward prevention efforts; and provide the Grantee with opportunities to obtain meaningful Community Agreements (CAs) with agencies, community sites, Prevention Resource Centers (PRCs) and other stakeholders that enhance prevention efforts. A Community Agreement may include a Memorandum of Understanding (MOU), a Letter of Agreement (LOA), and/or a Memorandum of Agreement (MOA). CAs will represent diversified resources that may include, but are not limited to, mentoring, substance abuse prevention related data, behavioral health services, counseling, school success, and other health and human needs.
 Grantee will:
 - A. Participate in, and collaborate with, System Agency-funded coalitions in order to strengthen and promote prevention activities and promote behavioral health environmental strategies. If a System Agency-funded coalition is not located within the Grantee's service area, the Grantee will then collaborate with a non-System Agency-funded coalition; and/or
 - B. Conduct and/or participate in Community-Based Education and Mobilization Activities. Such activities may include, but are not limited to, participation in community health fairs, parent-teacher nights, school board meetings, and other related community-based activities.
 Grantee will refer to **Section 2.10.5.3.4 Policy/Procedural Requirements 1.e.**
- d. **Identification of Problems and Referral to Services (Percentage of Effort = 5%)** includes determining when the needs of a participant require additional education or intensive services and strategies outside the scope of the activities in this Contract and properly refer participants who present a need for individualized services outside the scope of prevention.

2.10.5.4.2 REPORTING REQUIREMENTS

Grantee will use System Agency-approved templates for all reporting requests. Online access to all required forms or templates will be provided by the System Agency.

Requirements for the Certified Prevention Specialist (CPS) certification, Advanced Certified Prevention Specialist (ACPS) certification, and the Associate Prevention Specialist (APS) designation may be obtained by visiting the Texas Certification Board of Addiction Professionals (TCBAP) website at www.tcbap.org.

Grantee will:

1. Submit Curriculum Implementation Plans (CIP) outlining the prevention education activities planned during the fiscal term submitted to the System Agency for each school semester (Fall and Spring) as well as a Summer term.
2. Submit a Program Staffing Form to the System Agency providing details of all direct prevention program staff for the Grantee's System Agency-funded prevention programs.
3. Notify the System Agency within ten (10) business days of any prevention program staffing changes by updating and re-submitting the Program Staffing Form.
4. Submit all current CPS/ACPS certifications and APS designations with the Program Staffing Form and maintain copies for review by the System Agency upon request.
5. Ensure all CPS/ACPS certifications and APS designations are current or renewed within 30 days of expiration and submit the renewals along with an updated Program Staffing Form.

2.10.5.4.3 WAIVERS/REVISION REQUESTS

1. Grantee will receive written approval from the System Agency and the Curriculum Developer prior to implementing any adaptations or modifications to the curriculum implementation structure. Modification to the implementation structure of the curriculum may include the frequency of session delivery or modification to the length of each session but is not applicable to any modification of the grade range for which the System Agency has not expressly approved.
 - a. System Agency will consider a request to modify the grade range only in the case that the National Registry of Evidence-Based Programs and Practices (NREPP) of SAMHSA revises and expands a target grade range for a curriculum based on the addition of evaluation research demonstrating statistically significant effectiveness.
 - b. Grantee will submit this request in writing, and obtain written approval from the System Agency, prior to the delivery of any amended prevention services to the target population.
2. In the event an individual responsible for delivering curriculum is unable to receive and complete formal curriculum training through the System Agency-funded training entity prior to service delivery, Grantee will:
 - a. Submit an In-House Curriculum Training Waiver for System Agency approval using the System Agency-approved form.
 - b. Ensure that individuals delivering prevention education have received the developer's curriculum training prior to service delivery.
 - c. Receive written approval from the System Agency prior to implementing in-house curriculum training.

- d. Ensure that any individual receiving in-house curriculum training will complete formal curriculum training through the System Agency-funded training entity by the due date required in the System Agency-approved In-House Curriculum Training Waiver.
- e. Ensure any individual conducting in-house curriculum training has completed formal curriculum training from the System Agency-funded training entity no more than three (3) years prior to the proposed in-house training date.

2.10.5.4.4 POLICY/PROCEDURAL REQUIREMENTS

Grantee will:

1. Secure CAs with schools, community sites, and any agency, business or community partners, having an interest in the target population. CAs will be:
 - a. established prior to service delivery;
 - b. renewed on an annual basis where applicable;
 - c. individualized as much as possible to address the needs of each particular school, community site, or partnering agency;
 - d. secure CAs with schools and community sites where prevention education services will be conducted to establish a detailed outline of the service delivery and implementation structure. The CA will establish responsibilities of entering parties based on guidelines from the System Agency-approved template; and
 - e. secure CAs with community partners who have an interest in the primary or secondary target populations designed to ensure accessible services for program participants and their families, providing a network for service coordination and referrals that address gaps in services and the needs of participants that are beyond the scope of prevention.
2. At the beginning of the contract term, receive curriculum for all program staff completing curriculum training through the System Agency-funded training entity.
3. Maintain curriculum and all related materials throughout the contract term by completing the Curriculum Inventory Tracking Form annually, provided by the System Agency, and maintain a copy for System Agency review upon request.
4. Provide prevention services in a safe, clean, well-lit, and well-maintained environment. The site where activities will be held (including building, electrical, lighting, plumbing, sanitation, ventilation, and mechanical systems, appliances, equipment, and furniture) will be structurally sound, functional, and in good repair. The site's building and grounds will be clean and free of garbage and debris.
5. Develop and maintain current written policies and procedures, available for System Agency review, for employees, contracted labor, and volunteers who work directly or indirectly with participants. The written policies and procedures will address participant safety and ensure that all activities with participants are conducted in a respectful, non-threatening, non-judgmental, and confidential manner.
6. Ensure the Prevention Program Director conducts and documents quarterly Fidelity and quality assurance checks of all required strategies provided by prevention program staff and maintain all documentation of these checks on file and make them available for review by the System Agency upon request.

7. Post, and make available in English and Spanish, the System Agency-developed prevention Participant Rights document during the delivery of educational sessions. Additional languages, appropriate to the population being served, may be requested and will be developed by the System Agency for use by the Grantee. Postings will be conveyed in an appropriate manner to participants who have an impairment of vision, hearing, or cognition.
8. Post in a prominent location, legible prohibitions against firearms, weapons, alcohol, and illegal drugs, illegal activities, and violence at program sites that do not have the existing prohibitions posted.
9. Post the hours and days of operation at all building entrances of Grantee's administrative site. Standard days of operation will reflect a forty-hour workweek Monday through Friday.
10. Post exit diagrams conspicuously throughout program sites (except in one-story buildings where all exits are clearly designated as such).
11. Ensure that the Prevention Program Director and at least one Prevention Specialist, paid under this Contract, attend the System Agency's Annual Prevention Provider Meeting.
12. Ensure that the Prevention Program Director attends the System Agency's Annual Directors' Meeting.
13. Submit any additional documents and information as requested by the System Agency staff for the purpose of determining and assessing program technical assistance needs.
14. Ensure that all staff providing YPU services receives a copy of this Scope of Work (SOW) and any revised SOWs.

2.10.5.4.5 CRIMINAL BACKGROUND VERIFICATION REQUIREMENTS

Grantee will:

1. Not employ or allow a subcontractor to use any individual who is on probation or parole to deliver prevention services to youth and their families.
2. Prior to employment, conduct criminal background checks and pre-employment drug testing of Grantee's potential employees and subcontractors who will deliver prevention services or have direct contact with youth and their families.
3. Conduct annual criminal background checks for Grantee's current staff and subcontractors who will deliver prevention services or have direct contact with youth and their families.
4. Conduct criminal background checks of interns or volunteers who will deliver prevention services or have direct contact with youth and their families.
5. Ensure that any individual who is on probation, parole and/or is the subject of an ongoing investigation by law enforcement is prohibited from working directly with youth and/or their families.
6. Develop and maintain current written policies and procedures addressing the requirements for criminal background checks as a condition for employment of potential employees, subcontractors, interns, and/or volunteers who work directly with youth and their families.

7. Develop and maintain policies and procedures that require individuals (staff, subcontractors, interns, and volunteers) to notify the Grantee of an arrest, conviction, investigation, or any other legal involvement.
8. Maintain documentation of each notification of arrest, conviction, investigation, or any other legal involvement and make available to the System Agency for review upon request.
9. Maintain documentation of each criminal background check and all drug testing and make available to System Agency upon request.

2.10.5.4.6 STAFFING AND STAFF COMPETENCY REQUIREMENTS

Grantee will:

1. Within 30 days of the start date of this Contract, hire the number of prevention program staff specified in the Grantee's response to the solicitation document, as approved by the System Agency. This will include the following:
 - a. A Prevention Program Director, dedicated at a minimum of 25%, who will be responsible for ensuring that contractual requirements are fulfilled and provide oversight and coordination for prevention services of this Contract.
 - b. A minimum of one (1) Prevention Program Specialist who will conduct prevention program services for this Contract.
2. Ensure that the Prevention Program Director and any individual providing oversight or assisting in the coordination of programmatic services is a Certified Prevention Specialist (CPS), Advanced Certified Prevention Specialist (ACPS) or, at a minimum, an Associate Prevention Specialist (APS), working towards CPS certification at the time of hire for this position. CPS certification is required within 12 months of employment.
3. Ensure that each Prevention Specialist, and any individual providing prevention services, achieves, at a minimum, an APS designation within 20 months of employment in this program. Grantee will submit a copy of Prevention Specialist's designation along with the Program Staffing Form, maintain a copy in their personnel file, and make it available for review by the System Agency upon request.
4. Ensure that the Prevention Program Director and all Prevention Specialists complete the following required trainings as specified below:
 - a. **Evidence-Based Curriculum Training** – This required training will be completed through the System Agency-funded training entity prior to curriculum delivery.
 - i. Prevention Program Director for this Contract will complete the evidence-based curriculum training for the specified curriculum in the Grantee's response to the solicitation document, as approved by the System Agency. The training will be completed within 60 days from the start of this Contract or within 60 days from the date of hire for the position, whichever is later. To ensure the most up-to-date information, and to provide the most effective oversight, Prevention Program Director will receive curriculum training on each curriculum they provide oversight every three (3) years through the System Agency-funded training entity. Grantee will maintain documentation of successful completion for System Agency review upon request.

- ii. Prevention Specialists working under this Contract will complete the training for the implementation of the evidence-based curriculum specified in the Grantee's response to the solicitation document, as approved by the System Agency. To ensure the most up-to-date information on effective delivery of the curriculum, all Prevention Specialists conducting Prevention Education curriculum, will receive training in the curriculum they deliver every three (3) years through the System Agency-funded training entity. Grantee will maintain documentation of successful completion for System Agency review upon request.
- b. **15-Hour Prevention Skills Training (PST)** – This required training will be completed through the System Agency-funded training entity. All prevention program staff and directors will complete the 15-hour Prevention Skills Training (PST) within six (6) months from the date of hire. This is a one-time requirement for all prevention program staff and directors. This training includes a minimum of three (3) hours in each of the following prevention-specific areas:
 - i. Cultural competency;
 - ii. Risk and protective factors/building resiliency;
 - iii. Child development and/or adolescent development, as appropriate;
 - iv. Communication; and
 - v. Prevention across the lifespan.
- c. **Substance Abuse Prevention Skills Training (SAPST)** – This is a required training for all prevention program staff with a minimum of 12 months' experience delivering prevention services. Program Directors and any individual providing oversight of prevention services will have completed the SAPST training upon the date of hire for the supervisory position and provide documentation to the System Agency. This is a one-time required training to be conducted through the System Agency-funded training entity. In addition, Grantee will:
 - i. Ensure that all Prevention Program staff, employed under this Contract, complete the SAPST training no later than 20 months after the date of hire of employment for this program.
 - ii. Maintain a copy of employees' SAPST certification in the employees' personnel file and make them available for review by the System Agency.
- d. **Prevention Continuing Education** – A minimum of 15 hours of continuing education units (CEUs), specifically related to prevention and/or job-related duties will be completed annually. Training will include subject matter that addresses the six (6) Prevention Domains:
 - i. Planning and Evaluation;
 - ii. Prevention Education and Service Delivery;
 - iii. Communication;
 - iv. Community Organization;
 - v. Public Policy and Environmental Change; and
 - vi. Professional Growth and Responsibility.

In addition to the trainings listed above, training on Cultural Competence and Prevention-related Ethics, will be obtained annually and will be counted toward the 15 hours of continuing education units.

Prevention Continuing Education hours may be obtained through the Annual Prevention Provider Meeting, the Texas Behavioral Health Institute (TBHI), or other entities approved by the Texas Certification Board of Addiction Professionals (TCBAP). Information on TCBAP-approved continuing education providers may be found on the TCBAP website at www.tcbap.org. All continuing education units shall be obtained prior to the end of each funded fiscal year.

- e. **Cardiopulmonary Resuscitation (CPR) and First Aid Certifications** – Grantee will ensure that all prevention staff complete CPR and First Aid certifications within 60 days of employment for this Contract or have valid certifications upon hire. All certifications will be maintained as current and reported on the Program Staffing Form. All certifications will be maintained within the employee's file and made available for System Agency review upon request.
 - f. **Suicide Prevention Training** – Grantee's prevention staff will be required to attend at least one suicide prevention training each year to build competence and encourage integration of mental health promotion strategies in their work.
 - g. **Mental Health First Aid Training** – Grantee's prevention staff will be required to attend at least one Mental Health First Aid training to build competence and encourage integration of mental health promotion strategies in their work. This training will be coordinated through the System Agency-funded training entity.
5. Ensure that all volunteers and/or interns that assist prevention staff with any prevention activity/strategy, at a frequency of more than one (1) time per month, receive and complete the following trainings:
- a. **Cardiopulmonary Resuscitation (CPR) and First Aid** – This is a one-time required training. Documentation of completion will be maintained for all volunteers and/or interns providing on-going assistance in prevention activities for System Agency review upon request.
 - b. **Prevention Training for Volunteers/Interns** – This is a one-time required training to be conducted through the System Agency-funded training entity. Documentation of the completion of this training will be maintained for System Agency review upon request and will be maintained for all volunteers/interns providing on-going assistance in prevention activities.
6. Ensure that all volunteers/interns, conducting activities with youth or adults, are supervised and chaperoned in-person by an agency or prevention staff member.

2.10.5.4.7 GUIDANCE ON ALLOWABLE PURCHASES

- 1. Gift cards, used as a requirement of a Family-Focused program where a food-based activity is provided, may be provided to families, participating in the family-focused program.
- 2. Food or snacks, for participants in a prevention activity occurring after-school or outside the school setting for four (4) or more hours, may be purchased. Costs for the purchase of food or snacks will be reasonable. Food or snacks may be donated from outside stakeholders and/or businesses but is not considered as match unless considered an allowable purchase.

3. T-shirts with a “no use” message may be purchased for participants as a way to educate or create awareness of the harmful effects of alcohol, tobacco, and other drugs.
4. Materials used to educate and/or create awareness of the harmful effects of alcohol, tobacco, and other drugs, or that engage participants in prevention activities may be purchased. The cost for these materials will be reasonable.
5. Costs for Positive Alternatives will not exceed \$500 per event or \$10 per participant, whichever is less. Grantee will receive written approval from the System Agency prior to the delivery of any Positive Alternative event exceeding \$500 or \$10 per participant.

2.10.5.4.8 SUBMISSION SCHEDULE AND REPORTING REQUIREMENTS

Grantee will:

1. Submit all documents identified below by the due dates specified by the System Agency. Grantee will submit documents to the designated substance abuse mailbox, SubstanceAbuse.Contracts@hhsc.state.tx.us, unless otherwise noted.
2. Grantee’s duty to submit required documents will survive the termination or expiration of this Contract.

Report Name	*Due Date
Program Staffing Form	By the 30 th day after the Contract start date. Within 10 business days of a revision.
Copy of CPS, APS, and/or ACPS certifications of any supervisory employees and any other employees having a current certification/designation	By the 30 th day after the Contract start date.
CMBHS Security Attestation Form and Listing of Authorized Users	September 15 & March 15
Curriculum Implementation Plan (CIP) – Fall Semester	By the 30 th day after the Contract start date.
CIP – Spring Semester	January 31
CIP –Summer Term	May 31
Financial Status Reports (FSRs)	Last business day of the month following the end of each quarter of the fiscal term. *Last FSR is due 45 days after the end of this fiscal term.
Performance Measures	15 th of each month following the month being reported. Submit into the CMBHS reporting system.
Curriculum Outcome Measures Reports	Due within 20 calendar days after the curriculum cycle has been completed. Submit into the CMBHS reporting system each individual

	curriculum cycle and the associated outcomes.
Closeout Documents – Annual Report	45 days after the end of this fiscal term.

*** If the Due Date is on a weekend or holiday, the Due Date is the next business day.**

3. In Regions 8, 9, 10, and 11, document the number of participants receiving services who are residents of a Colonia (an unincorporated community within 62 miles of the international border), which will be reported along with the monthly performance measures submitted into the CMBHS system.
4. Comply with the System Agency's definition of completion rate as follows: **Completion rate** is the number of youth who complete the curriculum cycle being reported (the number of youth that attend the required number of curriculum sessions) divided by the number of youth who were enrolled per group cycle. Grantee will achieve an 80% completion rate per curriculum cycle.
5. Provide per request for the System Agency information that supports performance measures, required reports, information or data related to the scope of work of the Grantee solicitation document approved by the System Agency.

2.10.6 Match

Matching funds may be provided through local philanthropic, private, or city or county funds, pooled or braided funds from partner organizations, donated resources, or in-kind contributions committed specifically for the proposed project. State or federal funds may not be used as match.

Applicants are not required to certify matching funds as part of the application process. However, state awards must ultimately be matched on at least a dollar for dollar basis by the grant recipient and no state funding will be released prior to the required amount of match certified by the Grantee to HHSC.

If awarded, Applicants will be responsible for ensuring the value of donated materials, professional services, and volunteer time is to be calculated in accordance with Section .24, Subpart C, of UGMS, are appropriately documented and allowable throughout the solicitation period of this RFA. Additionally, Grantees are responsible for complying with all updates to UGMS that occur during the contract term.

Applicants must provide documentation for the following forms of match:

1. For cash contributions:
 - a. A letter from the donor to the Applicant demonstrating the donor's intent to meet the Applicant's match; a written resolution or consent from the Applicant's governing board or senior official that the donation obtained by the Applicant will meet the Applicant's match; or the donor's notation on a check reflecting the purpose of the donation; and
 - b. Copies of cancelled donor checks or bank statement showing the transfer of funds by wire or receipt of credit card payments.

2. For donated or discounted materials or services: a commitment of resources and their retail value described on the donor's letterhead.
3. For donated professional services: a commitment of resources and their retail value described on the donor's letterhead.
4. For volunteer labor: a signed letter of commitment from the Applicant's governing board or senior official outlining the number of volunteers, the number of volunteer hours, volunteer activity description, and the rate at which volunteer labor will be valued. Volunteer labor to be provided to an Applicant by individuals will be valued at rates consistent with those ordinarily paid for similar work in the Applicant's organization. If the Applicant does not have employees performing similar work, the rates will be consistent with those ordinarily paid by other employers for similar work in the same labor market.

2.10.7 Expenditure Proposal

In attached **Form N**, Applicants must:

1. Demonstrate project costs outlined in the Expenditure Proposal are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements.
2. Identify costs to be requested from HHSC and costs to be matched. Applicants will budget and provide a five percent (5%) Match based on the amount requested to be awarded for each Program Type and curriculum. Match may be provided either in cash or in-kind. Cash match must be made from funds eligible to be used as matching funds.
3. Demonstrate project costs are reasonable to develop and implement the proposed services, according to number of staff and target numbers per year. Expenditures must reflect costs for travel, supplies (e.g. training and materials), personnel, fringe benefits, other costs (e.g. traditional media, social media). CCP proposals must include expenditures related to program evaluation.
4. Guidance on Allowable Expenditures
 - a. Gift cards, used as a requirement of a Family-Focused program where a food-based activity is provided, may be provided to families, participating in the family-focused program.
 - b. Applicants providing services with a Family-Focused Evidence-Based curriculum are allowed to use a limited amount of funds to care for children and/or family members who are unable to participate in certain prevention education activities while parents and siblings (the target population of the specific prevention education curriculum) are participating in the prevention education groups.
 - c. Food or snacks, for participants in a prevention activity occurring after-school or outside the school setting for four (4) or more hours, may be purchased. Costs for the purchase of food or snacks will be reasonable. Food or snacks may be donated from outside stakeholders and/or businesses but is not considered as match unless considered an allowable purchase.
 - d. T-shirts with a "no use" message may be purchased for participants as a way to educate or create awareness of the harmful effects of alcohol, tobacco, and other drugs.

- e. Materials used to educate and/or create awareness of the harmful effects of alcohol, tobacco, and other drugs, or that engage participants in prevention activities may be purchased. The cost for these materials will be reasonable.
 - f. Costs for Positive Alternatives will not exceed \$500 per event or \$10 per participant, whichever is less. Applicant will receive written approval from the System Agency prior to the delivery of any Positive Alternative event exceeding \$500 or \$10 per participant.
 - g. Transportation costs related to ensuring that participants attend prevention education activities or prevention events are allowed (e.g. bus passes, agency-van gasoline).
5. Utilize the HHSC template provided as **Form N** and per the instructions outlined in **Article 7, Expenditure Proposal**.

2.11 PERFORMANCE MEASURES

HHSC will monitor the performance of contracts awarded under this RFA. All services and deliverables under the contract shall be provided in a manner and at a quality level consistent with industry standards, customs, and practices set forth by HHSC. As described in **Section 2.10, Scopes of Work**, Applicants must estimate the number of participants to be served and the number of services to be provided, as well as identify outcomes anticipated as a result of providing services and supports as part of the proposed project. Also described in **Section 2.10, Scopes of Work**, Applicants for youth prevention services will be required to demonstrate the effectiveness of education services provided by conducting pre- and post-assessments with participants.

Applicants must determine targets for their quarterly goals and yearly goals for the performance measures per program type described in **Appendix A: Performance Measures Definitions and Guidance**. Applicants must complete **Form J** to submit their proposed goals (target measures) for each performance measure.

Grantees will be required to submit monthly reports using CMBHS for all their performance measures and are expected to monitor their performance throughout the project period. Grantees are expected to plan data-gathering and data-entry tasks associated with the performance measures. (See **Form F** and **Form J**). Grantees will be using data-gathering forms provided by the System Agency to help gather and submit their required data reports. The System Agency will provide information and technical assistance to Grantees about the Performance Measures during the System Agency’s Annual Directors’ Meeting.

The use of CMBHS is not limited by the performance measures. Grantee may be required to use other CMBHS components and meet CMBHS training requirements per request by the System’s Agency.

The tables below are a summary of the Performance Measures by Program Type. Applicants can find detailed descriptions of each performance measure and its requirements in **Appendix A: Performance Measures Definitions and Guidance**.

Table 1. Community Coalition Partnership (CCP)

Category	Performance Measure Name
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Information Dissemination	Number of media awareness activities focused on the state's four prevention priorities, and the statewide media campaign
Information Dissemination	Number of social media messages focused on the state's four prevention priorities, and the statewide media campaign
Information Dissemination	Number of media contacts focused on the state's four prevention priorities
Community-Based Process	Number of youth attending community-based education and mobilization activities
Community-Based Process	Number of adults attending community-based and mobilization activities.
Environmental & Social Policy	Number of environmental strategies implemented to change policies and influence social norms related to the State's four prevention priorities.
Environmental & Social Policy	Number of Coalition presentations focused on changing policies and influencing social norms related to the State's four prevention priorities.
Environmental & Social Policy	Number of youth attending Coalition presentations focused on changing policies and influencing social norms related to the State's four prevention priorities.
Environmental & Social Policy	Number of adults attending Coalition presentations focused on changing policies and influencing social norms related to the State's four prevention priorities.

Table 2. Prevention Resource Center (PRC)

Category	Performance Measure Name
Information Dissemination	Number of organizations receiving data or information on other community resources
Information Dissemination	Number of media awareness activities focused on the State's four prevention priorities and the statewide media campaign
Information Dissemination	Number of social media messages focused on the State's four prevention priorities and the statewide media campaign.
Information Dissemination	Number of media contacts focused on the State's four prevention priorities.
Community-Based Process	Number of adults attending meetings and presentation focused on sharing and receiving data
Community-Based Process	Number of meetings conducted with community stakeholders focused on community collaboration related to data and resources
Community-Based Process	Number of prevention trainings coordinated and hosted for the region
Community-Based Process	Number of adults attending trainings coordinated and/or hosted in the region.

Environmental and Social Policy	Number of voluntary compliance checks successfully conducted on-site with tobacco retailers
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Table 3. Youth Prevention (YPU, YPS, and YPI)

Category	Performance Measure Name
Prevention Education	Number of youth receiving prevention education (approved evidence-based curriculum)
Prevention Education	Number of adults receiving prevention education (for programs implementing approved evidence-based family-focused curriculum only)
Positive Alternatives	Number of youth involved in Positive Alternatives.
Positive Alternatives	Number of adults involved in Positive Alternatives
Problem Identification and Referral	Number of youth referred to other support services (YPI)
Problem Identification and Referral	Number of adults referred to other support services (for YPI / evidence-based family-focused curriculum only)
Information Dissemination	Number of alcohol, tobacco, and other drugs (ATOD) presentations
Information Dissemination	Number of youth attending alcohol, tobacco, and other drugs (ATOD) presentations
Information Dissemination	Number of adults attending alcohol, tobacco and other drugs (ATOD) presentations
Information Dissemination	Number of social media messages focused on the state's four prevention priorities and the social media campaign
Community-Based Process	Number of youth attending community-based education and mobilization activities.
Community-Based Process	Number of adults attending community-based education and mobilization activities.

2.12 PROHIBITIONS

Grant funds may not be used to support the following services, activities, and costs:

1. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;
2. Lobbying;
3. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
4. Vehicles or equipment for government agencies that are for general agency use and/or do not have a clear nexus to terrorism prevention, interdiction, and disruption (i.e. mobile data terminals, body cameras, in-car video systems, or radar units, etc. for officers assigned to routine patrol);
5. Weapons, ammunition, tracked armored vehicles, weaponized vehicles or explosives (exceptions may be granted when explosives are used for bomb squad training);
6. Admission fees or tickets to any amusement park, recreational activity or sporting event;

7. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel, where pre-approved for working events, or for participants in a prevention activity occurring after-school or outside the school setting for four (4) or more hours;
8. Membership dues for individuals;
9. Any expense or service that is readily available at no cost to the grant project;
10. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources;
11. Fundraising;
12. Statewide projects; (with the exception of state prevention media campaign, Red Ribbon event or any other approved substance use and misuse prevention event or activity by the System Agency)
13. Any other prohibition imposed by federal, state, or local law; and
14. The acquisition or construction of facilities
15. Substance use treatment services.

2.13 STANDARDS

Grantees must comply with the requirements applicable to this funding source cited in the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements* for Federal Awards (2 CFR 200); the *Uniform Grant Management Standards (UGMS)*; Title 25 of the *Texas Administrative Code (TAC)* - Chapter 447; and all statutes, requirements, and guidelines applicable to this funding.

Grantees are required to conduct substance use and misuse prevention activities in accordance with federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requirements can be found on the Health and Human Services Commission (HHSC) Civil Rights Office website at: <https://hhs.texas.gov/about-hhs/your-rights/civil-rights-office>.

Upon request, a Grantee must provide the HHSC Civil Rights Office with copies of all the Grantee's civil rights policies and procedures. Grantees must notify HHSC's Civil Rights Office of any civil rights complaints received relating to performance under the contract no more than 10 calendar days after receipt of the complaint. Notice must be directed to:

HHSC Civil Rights Office
 701 W. 51st Street, Mail Code W206
 Austin, TX 78751
 Phone Toll Free (888) 388-6332
 Phone: (512) 438-4313
 TTY Toll Free (877) 432-7232
 Fax: (512) 438-5885

A Grantee must ensure that its policies do not have the effect of excluding or limiting the participation of persons in the Grantee's programs, benefits or activities on the basis of national origin, and must take reasonable steps to provide services and information, both orally and in writing, in appropriate languages other than English, in order to ensure that persons with limited

English proficiency are effectively informed and can have meaningful access to programs, benefits, and activities.

Grantees must comply with Executive Order 13279, and its implementing regulations at 45 CFR Part 87 or 7 CFR Part 16, which provide that any organization that participates in programs funded by direct financial assistance from the U.S. Dept. of Agriculture or U.S. Dept. of Health and Human Services must not, in providing services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

2.14 DATA USE AGREEMENT

By entering into a Grant Agreement with the System Agency as a result of this Solicitation, Applicant agrees to be bound by the terms of the **Data Use Agreement** attached as **Exhibit C**. Grantee will exchange data with the System Agency through the required data activities and required reports in this RFA or any other required data exchange by the Contract of the Grantee. All the prevention program types hold meetings, webinars and presentations in which data is exchanged between the System Agency and the Grantee as it related to the scope of work or Grantee contract with the System Agency. System Agency will provide technical assistance and information about data use and data exchange during the Annual Project Director's meeting that is expected to be held during first quarter of every year.

2.15 NO GUARANTEE OF VOLUME, USAGE OR COMPENSATION

The System Agency makes no guarantee of volume, usage, or total compensation to be paid to any Applicant under any awarded Grant, if any, resulting from this Solicitation. Any awarded Grant is subject to appropriations and the continuing availability of funds.

The System Agency reserves the right to cancel, make partial award, or decline to award a Grant under this Solicitation at any time at its sole discretion.

There should be no expectation of additional or continued funding on the part of the Grant Recipient. Any additional funding or future funding may require submission of an application through a subsequent RFA.

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ARTICLE 3. ADMINISTRATIVE INFORMATION

3.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Solicitation Release Date	Monday, March 11, 2019
Applicant Conference (optional)	Wednesday, March 20, 2019 at 10:00 am CST
Deadline for Submitting Questions	Thursday, March 21, 2019 at 5:00 pm CST
Answers to Questions Posted	Wednesday, March 27, 2019
Deadline for submission of Solicitation Responses [NOTE: Responses must be RECEIVED by HHSC by the deadline.]	Thursday, April 4, 2019 by 2:00 pm CST
Anticipated Notice of Award	August 15, 2019
Anticipated Contract Start Date	September 1, 2019

Note: These dates are a tentative schedule of events. The System Agency reserves the right to modify these dates at any time upon notice posted to the [ESBD](#), [HHS Grants Website](#) and [Texas eGrants website](#). Any dates listed after the Solicitation Response deadline will occur at the discretion of the System Agency and may occur earlier or later than scheduled without notification on the HHS Grants Website.

3.2 CHANGES, AMENDMENT OR MODIFICATION TO SOLICITATION

The System Agency reserves the right to change, amend or modify any provision of this Solicitation, or to withdraw this Solicitation, at any time prior to award, if it is in the best interest of the System Agency and will post such on the HHS Grants Website. It is the responsibility of Applicant to periodically check the HHS Grants Website to ensure full compliance with the requirements of this Solicitation.

3.3 IRREGULARITIES

Any irregularities or lack of clarity in this Solicitation should be brought to the attention of the Point of Contact listed in **Section 3.4.1** as soon as possible so corrective addenda may be furnished to prospective Applicants.

3.4 INQUIRIES

3.4.1 Point of Contact

All requests, questions or other communication about this Solicitation shall be made in writing to the System Agency's point of contact addressed to the person listed below (Point of Contact). All communications between Applicants and other System Agency staff members concerning the Solicitation are strictly prohibited, unless noted elsewhere in this RFA. **Failure to comply with these requirements may result in disqualification of Applicant's Solicitation Response.**

Name: Valerie Griffin
Title: Contract Specialist
Address: 1100 W 49th Street, Austin, Texas 78756
Phone: 512.406.2458
Email: Valerie.griffin@hhsc.state.tx.us

3.4.2 Prohibited Communications

All communications between Applicants and other System Agency staff members concerning the Solicitation may not be relied upon and respondent should send all questions or other communications to the Point of Contact. This restriction does not preclude discussions between affected parties for the purposes of conducting business unrelated to this Solicitation. **Failure to comply with these requirements may result in disqualification of Applicant's Solicitation Response.**

3.4.3 Questions

The System Agency will allow written questions and requests for clarification of this Solicitation. Questions must be submitted in writing and sent by U.S. First class mail or email to the Point of Contact listed in **Section 3.4.1** above. Applicants' names will be removed from questions in any responses released. Questions shall be submitted in the following format. Submissions that deviate from this format may not be accepted:

1. Identifying Solicitation number
2. Section number
3. Paragraph number
4. Page number
5. Text of passage being questioned
6. Question

Note: Questions or other written requests for clarification must be received by the Point of Contact by the deadline set forth in Section 3.1 above. Please provide entity name, address, phone number; fax number, e-mail address, and name of contact person when submitting questions.

3.4.4 Responses

Responses to questions or other written requests for clarification will be posted on the HHS Grants Website. The System Agency reserves the right to amend answers prior to the deadline of Solicitation Responses. Amended answers may be posted on the HHS Grants Website. It is Applicant's responsibility to check the HHS Grants Website or contact the Point of Contact for updated responses. The System Agency also reserves the right to decline to answer any question or questions or to provide a single consolidated response of all similar questions in any manner at the System Agency's sole discretion.

3.4.5 Clarification request made by Applicant

Applicants must notify the Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specifications, omission or other error in the Solicitation in the manner and by the deadline for submitting questions.

3.5 SOLICITATION RESPONSE COMPOSITION

3.5.1 All Applications must be:

1. Clearly legible;
2. Sequentially page-numbered and include the Applicants name at the top of each page;
3. Organized in the sequence outlined in **Article 9, Submission Checklist**;
4. In Arial or Times New Roman font, size 12 font, no less than size 10 for tables, graphs, and appendices;
5. Blank forms provided in the attachments must be used (electronic reproduction of the forms is acceptable; however, all forms must be identical to the original form(s) provided); do not change the font used on forms provided;
6. Correctly identified with the RFA number and submittal deadline;
7. Each page must have a page number, name of the Applicant entity and program type.
8. Responsive to all RFA requirements; and
9. Signed by an authorized official in each place a signature is needed (copies must be signed but need not bear an original signature).

3.5.2 Submission in Separate Parts

If Applicant is proposing to provide more than one type of program, a complete separate RFA is required per program type per health region. If a single program type is delivered in multiple sites within a health region, it shall be scored as a single proposal.

Applicant is required to submit one hard copy, and one electronic proposal application. The electronic application shall be submitted on a flash drive and organized into the following required named folders:

1. **Administrative Information**, including **Forms A** and **B-1** and/or **B-2**;

2. **Narrative Proposal**, including **Forms C** through **J** as applicable to program type;
3. **Expenditure Proposal**, including **Forms M** through **O**; and
4. **Exhibits and Other Required Forms**.

The entire Solicitation Response must be submitted in one package to HHSC at the address listed in **Section 3.6.3**.

3.6 SOLICITATION RESPONSE SUBMISSION AND DELIVERY

3.6.1 Deadline

Solicitation Responses must be received at the address in **Section 3.6.3** time-stamped by the System Agency no later than the date and time specified in **Section 3.1**.

3.6.2 Labeling

Solicitation Responses shall be placed in a sealed box and clearly labeled as follows:

<u>SOLICITATION NO.:</u>	HHS0000776
<u>SOLICITATION NAME:</u>	Substance Use and Misuse Prevention Services
<u>SOLICITATION RESPONSE DEADLINE:</u>	April 4, 2019 at 2:00 pm CST
<u>FOR:</u>	Prevention Participation Services
<u>PURCHASER:</u>	Valerie Griffin
<u>RESPONDENT'S NAME:</u>	_____

The System Agency will not be held responsible for any Solicitation Response that is mishandled prior to receipt by the System Agency. It is Applicant's responsibility to mark appropriately and deliver the Solicitation Response to the System Agency by the specified date and time.

3.6.3 Delivery

Applicant must deliver Solicitation Responses by one of the methods below to the address noted. Solicitation Responses submitted by any other method (e.g. facsimile, telephone, email) will NOT be considered.

To be delivered by U.S. Postal Service, overnight or express mail, or hand delivery to:

HHSC Procurement and Contracting Services (PCS)
 Bid Room
 Attn: Valerie Griffin
 Service Building (Building S)
 1100 W. 49th Street, MC 2020
 Austin, Texas 78756

Note: All Solicitation Responses become the property of HHSC after submission and will not be returned to Applicant.

3.6.4 Alterations, Modifications, and Withdrawals

Prior to the Solicitation submission deadline, an Applicant may: (1) withdraw its Solicitation Response by submitting a written request to the Point of Contact identified in **Section 3.4.1**; or (2) modify its Solicitation Response by submitting a written amendment to the Point of Contact identified in **Section 3.4.1**. The System Agency may request Solicitation Response Modifications at any time.

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ARTICLE 4. SOLICITATION RESPONSE EVALUATION AND AWARD PROCESS

4.1 THREE-STEP PROCESS

A three-step selection process will be used:

1. Eligibility screening;
2. Specific evaluation criteria;
3. Final Selection based upon State priorities.

4.2 ELIGIBILITY SCREENING

Applications will be reviewed for minimum qualifications and completeness. All complete applications meeting the minimum qualifications will move to the evaluation stage.

Proposals are initially screened for eligibility and completeness. The preliminary screening or eligibility criteria requirements include the following:

1. A complete proposal received on or before the proposal due date and time.
2. The original proposal bears a verifiable signature of the authorized official of the Applicant organization on **Form A: Respondent Information (Face Page)**.
3. If a Grantee chooses to contract for goods and services using the funding awarded in this grant, HHSC encourages the Grantee to utilize HUBs to provide those goods and services where possible.
4. **Form K: Administrative Information** will be used in the initial screening process. This information may be used to exclude a proposal from review at the sole discretion of the System Agency.
5. Must have a Texas address. A post office box may be used when the proposal is submitted, but the Applicant must conduct business at a physical location in the Texas region where services are to be provided prior to the date that the grant is awarded.

In conducting the screening process, the System Agency at its sole discretion may give Applicants an opportunity to submit missing information or correct identified areas of noncompliance within a specified period of time. In such an instance, if no new information is received by the stated deadline, the proposal will be screened as is or may be disqualified from the evaluation process.

Proposals may be excluded from review and evaluation based on the screening process or administrative information provided on Form K.

4.3 EVALUATION

Applications will be evaluated and scored in accordance with the factors required by **Section 2.9, Program Requirements; Article 5, Narrative Proposal**; and other factors deemed relevant by HHSC.

4.3.1 Specific Evaluation Criteria

Grant applications shall be evaluated based upon applicant responses to the criteria required on the forms mentioned below. *See also, **Exhibit H, Evaluation Tool**.*

Evaluation Criteria	Percentage Value
<u>Program forms to evaluate criteria:</u> <u>Form C: Executive Summary;</u> <u>Form D: Corporate Background & Experience;</u> <u>Form E: Applicant Readiness;</u> <u>Form F: Work Plan;</u> <u>Form H: FY2019 Community Coalition Partnerships (CCP) Logic Model;</u> <u>Form I: 12 Community Sector Representation;</u> <i>(Applicant must submit separate forms for each proposed Program)</i> Proposals which serve special populations, such as military/veteran families and their children, Tribal communities, homeless individuals, rural communities, Colonias, LGBT and populations with health disparities related to substance use and misuse according to the state's four prevention priorities.	80
Financial Management and Administration Form N: Expenditure Proposal Form O: Indirect Cost Agreement <i>(Applicant must submit a separate set of Budget forms for each proposed Program)</i>	20
Total	100

4.4 FINAL SELECTION BASED UPON STATE PRIORITIES

HHSC intends on making multiple awards. After initial screening for eligibility, application completeness, and initial scoring of the elements listed above in **Section 4.3**, a selection committee will look at all eligible Applicants to determine which proposals should be awarded in order to most effectively accomplish state priorities. The selection committee will recommend grant awards to be made to the HHSC Executive Commissioner, who will make the final award approval.

HHSC will make all final funding decisions based on eligibility, geographic distribution across the state, community need, population of focus, state priorities, availability of funding, and cost-effectiveness.

In the event of tied scores during the evaluation of proposals, the following criteria will be used to break the tie:

1. Overall number of people each Applicant is proposing to serve;
2. Estimated cost per participant;
3. Past performance;
4. Proposal to serve special population(s), underserved geographic area(s), or disaster impacted areas;
5. Letters of Agreement or Letters of Support;
6. Staff qualifications and expertise;
7. Quality of work plan proposed to meet the needs described in the needs assessment;
8. Demonstrated understanding of the Strategic Prevention Framework and how proposed services align with the model;
9. Innovative activities and/or interventions; and
10. Current award(s) from state, federal, and/or local grant funding for substance use and misuse prevention services.

4.5 NEGOTIATION AND AWARD

The specific dollar amount awarded to each successful Applicant will depend upon the merit and scope of the Application, the recommendation of the Selection Committee, and the decision of the Executive Commissioner. Not all Applicants who are deemed eligible to receive funds are assured of receiving an award.

The negotiation phase will involve direct contact between the successful Applicant and HHSC representatives via phone and/or email. During negotiations, successful Applicants may expect:

1. An in-depth discussion of the submitted proposal and budget; and
2. Requests from HHSC for clarification or additional detail regarding submitted Application.

The final funding amount and the provisions of the contract will be determined at the sole discretion of HHSC staff.

HHSC may announce tentative or apparent grant recipients once the Executive Commissioner has given approval to initiate negotiation and execute contracts.

Any exceptions to the requirements, terms, conditions, or certifications in the RFA or attachments, addendums, or revisions to the RFA or General Provisions, sought by the Applicant must be specifically detailed in writing by the Applicant on Exhibit D, Exceptions Form in this proposal and submitted to HHSC for consideration. HHSC will accept or reject

each proposed exception. HHSC will not consider exceptions submitted separately from the Applicant's proposal or at a later date.

HHSC will post to the HHS Grants Website and may publicly announce a list of Applicants whose applications are selected for final award. This posting does not constitute HHSC's agreement with all the terms of any Applicant's proposal and does not bind HHSC to enter into a contract with any Applicant whose award is posted.

4.6 QUESTIONS OR REQUESTS FOR CLARIFICATION BY THE SYSTEM AGENCY

The System Agency reserves the right to ask questions or request clarification from any Applicant at any time during the application process.

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ARTICLE 5. NARRATIVE PROPOSAL

5.1 NARRATIVE PROPOSAL

Applicants will submit a narrative proposal for each program being applied for by providing narrative responses to this RFA utilizing **Forms C** through **Form J**. This is a summary of the narrative proposal instructions and lists the sections and Forms that the proposal must complete and address. Applicants are expected to read the instructions carefully of this RFA and each section or form required in the narrative proposal. Applicant are also expected to utilize the attached appendices to help write their proposals. The required sections of the project narrative are broken out into a series of supporting forms attached to this RFA. Based on the type of program being applied for, Applicants must use the corresponding forms and appendices, and respond to a series of narrative questions. For example, Applicants submitting a CCP proposal must use all forms corresponding to a CCP-specific Program, while YP proposals will use forms corresponding to YP-specific Programs. All the sections and forms make up the Applicant's narrative proposal. Applicants must provide separate narrative proposals for each program as required in each form. The answers to the requirements must be found in the narrative of each section or each form.

The System agency reserves the right to evaluate and consider the proposals that answer the requirements described outside the correspondent section and form.

The required sections and corresponding forms of the narrative proposal are:

ARTICLE 1. Form C: Executive Summary

Applicants will use **Form C: Executive Summary** to briefly describe the organization's broad understanding of the Applicant's approach to meeting the RFA's business requirements. The summary must demonstrate an understanding of HHSC's goals and objectives for this RFA. (Limit Executive Summary response to a maximum of one page)

ARTICLE 2. Form D: Corporate Background & Experience

Applicant will use **Form D: Corporate Background & Experience** to detail the organization's general corporate and organizational background and experience in delivering substance use and misuse or primary prevention services. Applicants will detail specific areas of expertise in the delivery of the services required in this RFA.

ARTICLE 3. Form E: Applicant Readiness

Applicants will use **Form E: Applicant Readiness** to describe the organization's capacity to provide substance use and misuse services and meet the requirements of this RFA. Applicants will detail the organization's intended staffing pattern and provide the qualifications and experience of the Executive Director and the Prevention Program Director (if currently staffed). Applicants must use the **Form E: Applicant Readiness** that corresponds to the specific Program Type being applied for (**Form E-1: CCP; Form E-2: PRC; and Form E-3: Youth Prevention**).

ARTICLE 4. Form F: Work Plan

Applicants will use **Form F: Work Plan** to describe the organization's plan to provide the services required in this RFA. Applicants will describe the proposed target service area and population and describe in detail activities and strategies to be delivered with each program. Applicants must use the **Form F: Work Plan** that corresponds to the specific Program Type being applied for (**Form F-1: CCP; Form F-2: PRC; Form F-3: Youth Prevention**).

ARTICLE 5. Form G: List of Proposed School/Community Sites to Be Served

Applicants will use **Form G: List of Proposed School/Community Sites to Be Served** to detail all school and community sites where evidence-based prevention curriculum will be delivered. **Form G: List of Proposed School/Community Sites to Be Served** will be used to inform the HHSC-required reporting system of all locations being served in the state with evidence-based prevention curriculum. Applicants must complete and submit a separate **Form G: List of Proposed School/Community Sites to Be Served** for each specific Youth Prevention Program being applied for: YPI, YPS, and YPU.

ARTICLE 6. Form H: FY2019 Community Coalition Partnerships (CCP) Logic Model

Applicants will use **Form H: FY2019 Community Coalition Partnerships (CCP) Logic Model** as a flow chart or graphic representation of logical connections between program activities and program goals. The logic model will include the identified problem in the community, the intervening variables and contributing factors, and the strategies to achieve the short and long-term outcomes to address the problem. Applicants must complete and submit a separate **Form H: FY2019 Community Coalition Partnerships (CCP) Logic Model** for each specific CCP Program being applied for.

ARTICLE 7. Form I: 12 Community Sector Representation

Applicants will use **Form I: 12 Community Sector Representation** to document a CCP-specific Program's effort to secure coalition memberships from each of the twelve (12) required community sectors. Applicants must complete and submit a separate **Form I: 12 Community Sector Representation** for each CCP-specific Program being applied for.

ARTICLE 8. Form J: Proposed Performance Measures and Goals

Applicants will use **Form J: Proposed Performance Measures and Goals** to define their target goals associated with the work plan described in **Form F**. Applicants must complete and submit a separate **Form J: Proposed Performance Measures and Goals**.

ARTICLE 9. Form K: Administrative Information

Applicants will use **Form K: Administrative Information** to provide identification and contract history.

ARTICLE 10. Form L: Contact Person Information

Applicants will use **Form L: Contact Person Information** to provide contact information.

5.1.2 Project Work Plan

Utilizing **Forms F** and **Form J** attached to this RFA, Applicants will describe the proposed services, processes, and methodologies for meeting all components described in **Article 2**, including the Applicant's approach to meeting the timeline and associated milestones. Applicant should identify all tasks to be performed, including all project activities, to take place during the grant funding period. Applicant will also include all documents requested as part of completing Forms to demonstrate fulfilling **Article 2** requirements.

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ARTICLE 6. REQUIRED APPLICANT INFORMATION

6.1 ADMINISTRATIVE ENTITY INFORMATION

Applicant must provide satisfactory evidence of its ability to manage and coordinate the types of activities described in this Solicitation. As a part of the Solicitation Response requested in **Article 3**, Applicant must provide the following information

6.2 LITIGATION AND CONTRACT HISTORY

Applicant must include in its Solicitation Response a complete disclosure of any alleged or significant contractual failures.

In addition, Applicant must disclose any civil or criminal litigation or investigation pending over the last five (5) years that involves Applicant or in which Applicant has been judged guilty or liable. Failure to comply with the terms of this provision may disqualify Applicant.

Solicitation Response may be rejected based upon Applicant's prior history with the State of Texas or with any other party that demonstrates, without limitation, unsatisfactory performance, adversarial or contentious demeanor, or significant failure(s) to meet contractual obligations.

6.3 CONFLICTS

Applicant must certify that it does not have any personal or business interests that present a conflict of interest with respect to the RFA and any resulting contract. Additionally, if applicable, the Applicant must disclose all potential conflicts of interest. The Applicant must describe the measures it will take to ensure that there will be no actual conflict of interest and that its fairness, independence and objectivity will be maintained. The System Agency will determine to what extent, if any, a potential conflict of interest can be mitigated and managed during the term of the contract. Failure to identify actual and potential conflicts of interest may result in disqualification of a Solicitation Response or termination of a contract.

Please include any activities of affiliated or parent organizations and individuals who may be assigned to this Contract, if any.

Additionally, pursuant to Section 2252.908 of the Texas Government Code, a successful Applicant awarded a contract greater than \$1 million dollars must submit a disclosure of interested parties to the state agency at the time the business entity submits the signed contract. Rules and filing instructions may be found on the Texas Ethics Commissions public website, <https://ethics.state.tx.us/>, and additional instructions will be given by HHSC to successful Applicants.

6.4 AFFIRMATIONS AND CERTIFICATIONS

Applicant must complete and return all of the following exhibits. Exhibits and Forms are listed in **Article 9** of this RFA.

1. **Exhibit A, Affirmations and Solicitation Acceptance**
2. **Exhibit C, Data Use Agreement (DUA)**
3. **Exhibit C-1, Attachment 2 to DUA, Security and Privacy Inquiry (SPI)**
4. **Exhibit D, Exceptions Form (if applicable)**
5. **Exhibit E, Assurances - Non-Construction Programs**
6. **Exhibit F, Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification**
7. **Exhibit G, Certification Regarding Lobbying**

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ARTICLE 7. EXPENDITURE PROPOSAL

7.1 EXPENDITURE PROPOSAL

Form N of this RFA is the template for submitting the Expenditure Proposal. Applicants must complete this form and place it in a separate, sealed package, clearly marked with the Applicant's name, the RFA number, and the RFA submission date.

Applicants applying for multiple Program Types must submit a separate set of Budget Forms (**Form N**) for each Program Type and curriculum proposed.

Applicants will budget and provide five percent (5%) Match based on the amount requested to be awarded for each Program Type. Match may be provided either in cash or in-kind. Cash match must be made from funds eligible to be used as matching funds.

Applicants must base their Expenditure Proposal on the Statement of Work described in **Article 2** of this RFA. This section should include any business, economic, legal, programmatic, or practical assumptions that underlie the Expenditure Proposal. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the contract resulting from this RFA are deemed rejected by HHSC.

Applicants must demonstrate that project costs outlined in the Expenditure Proposal are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements.

Applicant must utilize the HHSC template provided and identify costs to be requested from HHSC and costs to be matched. Costs must be broken out to a degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the project.

Costs will be reviewed for compliance with UGMS and federal grant guidance found in 2 CFR Part 200, as modified by UGMS, with effective consideration given to whichever provision imposes the more stringent requirement in the event of a conflict.

Costs included in the Expenditure Proposal will be entered into budget tables and supported by narrative descriptions describing the need for the requested cost and a calculation demonstrating how the cost was arrived at.

Matching funds must also be identified in the Expenditure Proposal, including both anticipated matching funds and funds being certified in the proposal. Matching funds may be provided through local philanthropic, private, or city or county funds, pooled or braided funds from Collaborative partner organizations, donated resources, or in-kind contributions committed specifically for the proposed project. State or federal funds may not be used as Match.

The value of donated materials, professional services, and volunteer time is to be calculated in accordance with Section .24, Subpart C, of UGMS.

7.2 Indirect Cost Rate (ICR)

All Applicants are required to complete and submit **Form O** the HHS System Indirect Cost Rate information, along with the required supporting documentation. HHSC will recognize the following pre-approved Indirect Cost Rates:

1. Federally Approved Cost Allocation Plan
2. Federally Approved Indirect Cost Rate Agreement
3. State of Texas Cognizant Agency Indirect Cost Rate

If the Grantee does not have one of the options listed above, then the Grantee may be eligible for the 10% de minimis or an indirect cost rate. The HHS System Contract Oversight and Support (COS) will outreach applicable Grantees after contract award to complete the ICR process. Applicants should respond the COS request timely to ensure that the ICR is issued as timely as possible.

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ARTICLE 8. GENERAL TERMS AND CONDITIONS

8.1 GENERAL CONDITIONS

8.1.1 Costs Incurred

Applicants understand that issuance of this Solicitation in no way constitutes a commitment by any System Agency to award a contract or to pay any costs incurred by an Applicant in the preparation of a response to this Solicitation. The System Agency is not liable for any costs incurred by an Applicant prior to issuance of or entering into a formal agreement, contract, or purchase order. Costs of developing Solicitation Responses, preparing for or participating in oral presentations and site visits, or any other similar expenses incurred by an Applicant are entirely the responsibility of the Applicant, and will not be reimbursed in any manner by the State of Texas.

8.1.2 Contract Responsibility

The System agency will look solely to Applicant for the performance of all contractual obligations that may result from an award based on this Solicitation. Applicant shall not be relieved of its obligations for any nonperformance by its contractors.

8.1.3 Public Information Act

Solicitation Responses are subject to the Texas Public Information Act (PIA), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Subject to the PIA, certain information may be protected from public release. Applicants who wish to protect portions of the Solicitation Response from public disclosure should familiarize themselves with this law. Information pertaining to the Solicitation will be withheld or released only in accordance with the PIA.

8.1.4 News Releases

Prior to final award an Applicant may not issue a press release or provide any information for public consumption regarding its participation in the procurement. Requests should be directed to the HHSC Point of Contact Identified in **Section 3.4.1** of this RFA.

8.1.5 Additional Information

By submitting a proposal, the Applicant grants HHSC the right to obtain information from any lawful source regarding the Applicant's and its directors', officers', and employees': (1) past business history, practices, and conduct; (2) ability to supply the goods and services; and (3) ability to comply with contract requirements. By submitting a proposal, an Applicant generally releases

from liability and waives all claims against any party providing HHSC information about the Applicant. HHSC may take such information into consideration in evaluating proposals.

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ARTICLE 9. SUBMISSION CHECKLIST

This checklist is provided for Applicant's convenience only and identifies documents that must be submitted with this Solicitation in order to be considered responsive. Any Solicitation Response received without these requisite documents may be deemed nonresponsive and may not be considered for contract award.

Original Solicitation Response Package

The Solicitation Package must include the "Original" Solicitation Response in **hard-copy** consisting of the four parts described in detail below, each under separate cover but packaged together and clearly labeled "Original" on each.

1. Administrative Information (Forms A and B)

- a. Form A: Respondent Information (Face Page) _____
- b. Form B-1: Governmental Entity (if applicable) _____
- c. Form B-2: Nonprofit Entity (if applicable) _____

2. Narrative Proposal Forms (Forms C through L) (Article 5)

- a. Form C: Executive Summary _____
- b. Form D: Corporate Background & Experience _____
- c. Form E: Respondent Readiness _____
- d. Form F: Work Plan _____
- e. Form G: List of Proposed Schools/Community Sites to Be Served _____
- f. Form H: FY2019 Community Coalition Partnerships (CCP) Logic Model _____
- g. Form I: 12 Community Sector Representation _____
- h. Form J: Proposed Performance Measures and Goals _____
- i. Form K: Administrative Information _____
- j. Form L: Contact Person Information _____

3. Expenditure Proposal (Forms M – P, template included - Form N) (Article 7)

- a. Form M: Financial Management & Administrative Questionnaire _____
- b. Form N: Expenditure Proposal _____
- c. Form O: Indirect Cost Rate Agreement _____

4. Applicable Exhibits (to be included in Solicitation Package) (Section 6.4)












- a. Exhibit A, Affirmations and Solicitation Acceptance _____
- b. Exhibit C, Data Use Agreement (DUA) _____
- c. Exhibit C-1, Attachment 2 to DUA, Security and Privacy Inquiry (SPI) _____
- d. Exhibit D, Exceptions Form (if applicable) _____
- e. Exhibit E, Assurances - Non-Construction Programs _____
- f. Exhibit F, Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification _____
- g. Exhibit G, Certification Regarding Lobbying _____

Copies of Solicitation Response Package

Applicant will provide the following number of **electronic** copies (all clearly labeled as "copy") in addition to the hard-copy "Original" Solicitation Response. Electronic copies must be submitted on a USB Drive and separated by folders.

- 1** Electronic copy of **Administrative Information**
- 1** Electronic copy of **Narrative Proposal**
- 1** Electronic copy of **Expenditure Proposal**
- 1** Electronic copy of **Applicable Exhibits**

ARTICLE 10. LIST OF FORMS, EXHIBITS, AND APPENDICES

Administrative Information Forms	
Form A: Respondent Information (Face Page)	 Form A Respondent Information.docx
Form B-1: Governmental Entity	 Form B1 Governmental Entity
Form B-2: Nonprofit Entity	 Form B2 Nonprofit.docx
Narrative Proposal Forms	
Form C: Executive Summary	 Form C Executive Summary.docx
Form D: Corporate Background & Experience	 Form D Corporate Background & Expe
Form E-1: Applicant Readiness (CCP)	 Form E-1 CCP Applicant Readiness
Form E-2: Applicant Readiness (PRC)	 Form E-2 PRC Applicant Readiness
Form E-3: Applicant Readiness (Youth Prevention: YPI, YPS, and YPU)	 Form E-3 YP Applicant Readiness
Form F-1: Community Coalition Partnership (CCP) Work Plan	 Form F-1 CCP Work Plan.docx
Form F-2: Prevention Resource Center (PRC) Work Plan	 Form E-2 PRC Applicant Readiness
Form F-3: Youth Prevention (YPI, YPS, and YPU) Work Plan	 Form F-3 YP Work Plan.docx

























Form G: List of Proposed Schools/Community Sites to Be Served (applicable to Youth Prevention Programs only)	 Form G List of Proposed Sites.docx
Form H: FY2019 Community Coalition Partnerships (CCP) Logic Model	 Form H CCP Logic Model.docx
Form I: 12 Community Sector Representation	 Form I 12 Community Sector I
Form J-1: Performance Measures and Goals, Community Coalition Partnership (CCP)	 Form J-1 CCP Performance Measu
Form J-2: Performance Measures and Goals, Prevention Resource Center (PRC)	 Form J-2 PRC Performance Measu
Form J-3: Performance Measures and Goals, Youth Prevention (YPI, YPS, and YPU)	 Form J-3 YP Performance Measu
Form K: Administrative Information	 Form K Administrative Infor
Form L: Contact Person Information	 Form L Contact Person Information.
Budget Expenditure and Financial Management Forms	
Form M: Financial Management & Administrative Questionnaire	 Form M Financial Management.docx
Form N: Expenditure Proposal	 Form N Expenditure Proposal.xlsx
Form O: Indirect Cost Rate Agreement	 Form O Indirect Cost Rate Agreemen
Applicable Exhibits	

Exhibit A - Affirmations and Solicitation Acceptance, v.1.3	 Exhibit A Affirmations.docx
Exhibit B - HHSC Uniform Terms and Conditions – Grant, Version 2.16	 Exhibit B HHSC UTC Grant 2.16.pdf
Exhibit C - Data Use Agreement (DUA), v.8.4 Exhibit C-1 - Attachment 2 to DUA, Security and Privacy Inquiry (SPI), v.2.1	 Exhibit C DUA 8.4.pdf  Exhibit C-1 SPI 2.1.pdf
Exhibit D - Exceptions Form	 Exhibit D Exceptions Form.docx
Exhibit E - Assurances - Non-Construction Programs	 Exhibit E Assurances - Non-Construction Programs.pdf
Exhibit F - Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification	 Exhibit F FFATA.docx
Exhibit G - Certification Regarding Lobbying	 Exhibit G Certification Regarding Lobbying.docx
Exhibit H: Evaluation Tool	 Exhibit H Evaluation Tool.pdf
Exhibit I - HHSC Special Conditions, Version 1.1	 Exhibit I HHSC Special Conditions 1
Appendices A through C	
Appendix A: Performance Measures Definitions and Guidance	 App A Performance Measures.docx

Appendix B: HHSC Approved Curriculum List	 App B HHSC Approved Curriculum
Appendix C: Map of HHS Health Regions	 Appendix C.DX HHSC Regional Map