AGENCY CAPABILITY - PART 1 APPLICANT CAPABILITY (REQUIRED AND SCORED)

ENTER APPLICANT RESPONSES IN THE ONLINE TOBACCO INFORMATION SYSTEM (OTIS)

The Agency Capability is to provide information regarding the Applicant's ability to implement the proposed tobacco control project and demonstrate their organizational capacity.

1. **Program Experience**
   a) Agency Mission: Briefly describe: 1) the Applicant's mission; 2) the types of programs/services the Applicant conducts and where they are conducted; 3) the type of residential behavioral health facility; and 4) how the Applicant's mission is consistent with the goals identified in this RFA and with CTCP's mission.
   b) Demonstrated Access and Work with Individuals with Behavioral Health and Substance Use Disorders: Describe: 1) the length of time the Applicant has been physically located in California; 2) the length of time the Applicant has served or worked with individuals with behavioral health and/or substance use disorders.
   c) Program Staffing: Describe the educational background and professional experience ofthe designated Program Coordinator and how their background and professional experience demonstrate skill and capacity with project management, understanding of wellness, experience working with the population, etc.

Sample Response:

a) Project House Recovery and Wellness (PHRW) is licensed residential treatment facility by Department of Health Care Services and the American Society of Addiction Medicine (ASAM) offering drug addiction treatment and health services for individuals with co-occurring behavioral health disorders within the Sacramento Region. Our agency mission and vision is "to provide a safe and therapeutic environment for women suffering from drug & alcohol addiction" utilizing whole person care framework. Similar to the California Tobacco Control Mission, which is to "Improve the health of all Californians by reducing illness and premature death attributable to the use of tobacco products", PHRW aims to improve the health of women by creating pathways to improved health and recovery from addiction.

b) PHRW has been operating in the city of Healthville, California since 1990 and employs 40 staff including physicians, addiction specialists, therapists, and nurses. PHRW sees 25 outpatient clients per day in addition to 20 inpatient clients whose average stay is 30 days. Majority of clients seeking treatment are either (1) Medi-Cal eligible or (2) recently incarcerated and unemployed. PHRW serves individuals who identify as female who are eighteen years of age or older. PHRW offers parenting classes, a day reporting center, jail services, and interpersonal violence programs in addition to standard addiction treatment and rehabilitation services.

c) PHRW anticipates designating a Nurse Educator as the Program Coordinator for the Wellness Quality Improvement Project (QIP). The staff person has twelve years of experience implementing addiction and recovery treatment protocols and is a Certified Addiction Counselor through the National Certification Commission for Addiction Professionals (NCC AP). They have been on staff with PHRW for over five years and currently lead efforts related to reaccreditation, community engagement and participate in local coalitions to foster collaboration among partner agencies in the Continuum of Care network.

2. **Organizational Start Up, Equipment, and Communications**

a) Organizational Start Up: Describe the Applicant's primary physical office space andlocation for the proposed project, as well as the Applicant's capability and resources to begin implementation of activities within **two (2) weeks** of the grant start date.
b) Equipment and Communications: Briefly describe the existing office equipment, computer equipment, software, encryption and antiviral software, access to telephone and Internet service that the Applicant have available for use under the term of the grant and which willbe made available to the staff on this project.

Sample Response:

a) The primary office space for the Wellness QIP will be at 1234 Health Avenue in Healthville, California where both the outpatient and inpatient residential treatment facilities are located. PHRW has the capacity, readiness and staff resources to begin implementation of activities within two weeks of the grant start date.

b) The primary office space has one computer or laptop made available per staff person in addition to four fax machines, twelve printer/copiers and six copier/scanners. Land line telephones are accessible to all staff and cellular phones are also provided to key staff and staff that are on-call. High speed internet is accessible to all staff and is also available to clients upon supervision. IT staff have installed hard drive encryption and antiviral software to maintain HIPAA compliance and conducts regular maintenance to these programs. PHRW utilizes Microsoft Office products for Excel, Word, PowerPoint, etc., which was most recently updated in early 2019.

3. Administrative/Fiscal Experience and Audit History

a) Administrative Staffing: Describe the Applicant's current administrative staffing pattern for activities such as contract and grant management, invoicing, and tracking of contractual, administrative, and fiscal controls.
b) Fiscal and Contract/Grant Compliance: Describe the Applicant's performance within the last two (2) years with the management of government and/or non-government funds and activities, including administrative, fiscal, program, and evaluation functions such as: timely and accurate completion of deliverables; submission of fiscal, program, evaluation documentation; and compliance with government requirements.
c) Audit History: Describe the Applicant's fiscal and (if any) programmatic audit history within the last two (2) years. Information is to include frequency of the audits, dates of the audits, and a summary of the audit findings. Thoroughly explain any negative audit findings and their resolution. If the Applicant was audited by a governmental agency within the last two (2) years, provide the name of the government agency, the agency's contact person and phone number, the year the audit was conducted, and the audit findings and resolution.
d) Tax Debtor List Requirements: All Applicants must address the requirements of the Tax Debtor List to meet the requirements of Public Contract Code Section 10295.4. Vendors are ineligible to enter into, or renew any contract with the state for goods or services if a vendor is delinquent on paying state income tax in excess of $100,000 to the California Franchise Tax Board. Prior to submitting a bid or proposal and prior to executing any state contract or renewal of goods or services, a vendor must certify that it is not on the list of ineligible vendors prohibited from doing business with the State of California. During the bid evaluation, it is the buyer's responsibility to check the list of ineligible vendors to confirm that the Applicant is not on that list. **Follow the instructions in the Additional Documents section of this RFA for required documentation.**

Sample Response:

a) At the present time Sally Health (PHRW's Program Administrator for over 12 years,) along with their assistant Sara Wellness, handle contract and grant management tracking as well as invoicing, contractual, administrative, and fiscal controls.

b) All required grant and contract deliverables within the past two years and earlier are monitored by being calendared at the grant start date and reminders are sent out to staff concerning reporting and compliance. All action items are discussed in a bi-weekly staff/administrative meeting as planned by each respective grant lead and smaller grant workgroups meet regularly throughout the week to implement and strategize activities.

c) PHRW has participated in three (3) government contract audits throughout the past two years and was found in compliance with funding requirements, reporting, and performance measures for the below grants.

1) *Department of Health Care Services – Grant #11-1111*
    a. *Contact: Chief of Procurement Division, xxx-xxx-xxxx, example@contactinfo.com*
    b. *Type: Fiscal Audit occurs every 2 years*
    c. *Audit Date: December 3, 2018*
    d. *No negative audit findings were reported*
2) *Centers for Disease Control and Prevention – Grant #22-2222*
    a. *Contact: Chief of Procurements, xxx-xxx-xxxx, example@contactinfo.com*
    b. *Type: Programmatic Audit occurs every 7 years*
    c. *Audit Date: November 1, 2017*
    d. *No negative audit findings were reported*
3) *National Institutes of Health – Grant #33-3333*
    a. *Contact: Director of Audits, xxx-xxx-xxxx, example@contactinfo.com*
    b. *Type: Fiscal Audit occurs every 3 years*
    c. *Audit Date: October 15, 2017*
    d. *No negative audit findings were reported*

d) Required documentation for the Tax Debtor List Requirements was uploaded to the Additional Documents Section as required.

4. Letters of Reference

Applicants must solicit, scan, and upload two (2) letters of reference from two (2) separate entities into OTIS. No more than two (2) letters will be accepted. If the Applicant is currently receiving or has received funding from a governmental agency, other than CTCP, within the last two (2) years, one (1) of the references should be from one (1) of these agencies. The additional letter may come from the Local County Health Department. Do not include letters of reference from the Applicant's subcontracting partners. Each letter must be on the reference provider's letterhead and include:

- The correct RFA name and number (RFA CG: 20-10230 *Tobacco-Free for Recovery*);
- The signature of an authorized agency signatory or their official agent;
- The estimated budget request;
- A description of the Applicant's ability to implement the Wellness QIP; and
- The Applicant's ability to establish and maintain positive collaborative relationships and partnerships.

Sample Letters of Reference are not provided. Please adhere to the above instructions

AGENCY CAPABILITY - PART 2 COMMUNITY ASSESSMENT ANALYSIS (REQUIRED AND SCORED)

The Community Assessment Analysis is to demonstrate the need for the intervention using information about the facility.

1. Fill in the following:
   a. This project will primarily address the following priority population of focus: Individuals with behavioral health disorders and/or substance abuse issues. The number of inpatient beds at this facility is: (*insert # of beds*).
   b. This project will primarily work in the following geographical communities: (*identify the communities and describe the demographics of the community*).

2. Provide a brief description of the following:
   a. The current culture of tobacco use at the facility, including staff and/or patient smoking, observed tobacco-related litter, SHS exposure, number of smoking areas, frequency of smoking breaks, and if access to tobacco is used as a reward for positive behavior.
   b. The current tobacco use policy (or lack thereof) at the facility, whether it is written or informal, as well as intake procedure as it relates to tobacco use.
   c. Information about any current practices for providing patients with tobacco cessation treatment or referral for cessation counseling.
   d. Any previous efforts to reduce tobacco use or increase wellness activities at the facility, if tobacco cessation classes or other health and wellness opportunities are available to patients.
   e. The overall readiness of the organization to implement the Wellness QIP, including any organizational assets that may facilitate project success, and identify any expected barriers to implementation.

Sample Response:

1a.) This project will primarily address the following priority population of focus: Individuals with behavioral health disorders and/or substance abuse issues, many of which are either (1) Medi-Cal eligible or (2) recently incarcerated and unemployed. The number of inpatient beds at Project House Recovery and Wellness (PHRW) is 20.

1b.)This project will primarily work in the following geographical community of Healthville, which is located within Sacramento County. Healthville has a population of 11,000 and an adult tobacco use prevalence rate of 17.0% - higher than the California average of 10.1%. (California Tobacco Facts and Figures 2019). PHRW sees 25 outpatient clients per day in addition to 20 inpatient clients whose average stay is 30 days.

2a.) At PHRW, the current culture of tobacco use includes six smoking breaks per day (one before/after meals) that are shared by clients and staff. Oftentimes staff will join the clients on their smoking breaks as a method of de-escalation; however, staff are then exposed to toxic secondhand smoke. Although the exact numbers are unknown it can be inferred that about half of PHRW staff and more than half of PHRW clients identify as tobacco-users, including the use of electronic smoking devices. Tobacco product waste, including wrappers and cigarette butts are often found near entryways and the bus stop on the PHRW campus. 20 ashtrays are currently placed around the campus; however, they fill up fast and are rarely emptied. There are no

designated smoking areas although clients and staff typically congregate near the back entrance for smoking breaks where there is protection from inclement weather.

2b.) Currently there is no tobacco-free policy or Tobacco Use Identification Protocol in place, although the addiction specialists do inquire about nicotine use during sessions. When clients report tobacco use they are provided with a pamphlet about cessation resources, but PHRW is interested in establishing an ancillary cessation class that clients would receive credit for attending.

2c.) In regards to wellness efforts, PHRW has an on-site fitness room with minimal fitness equipment, but a Wellness Plan has not been officially adopted. PHRW hopes to eventually establish a community garden, meditation classes, and weekly wildlife refuge trail walk in the future. PHRW also hopes to establish a nutrition curriculum for clients to participate in cooking classes and learn about fresh produce via field trips to the farmers market where EBT and WIC cards are accepted.

2d.) In anticipation of participating in the Wellness Quality Improvement Project (QIP) PHRW expects staff may initially resist a tobacco-free campus policy due to perceived individual rights to smoke; however, staff who are not tobacco-users will likely support the effort. Three staff have already expressed their interest in attending a smoking cessation group. Expected barriers include push-back from clients and staff who use tobacco and enforcement concerns over the policy. Organizational assets that will help implement the Wellness QIP include a new Executive Director who has a vision for a tobacco-free campus, a new training room that will house cessation classes, and a strong partnership with the local Sacramento County Tobacco Control Program who frequently share resources with PHRW staff.

2e.) PHRW is committed to implementing efforts to address nicotine addiction through establishing a Wellness Workgroup that will lead efforts to develop and adopt a comprehensive tobacco-free campus policy including a Protocol for Tobacco Use Identification and Treatment, establishing cessation classes and/or a referral system to the California Smokers' Helpline, and ensuring healthy alternatives in lieu of smoke breaks. Joining the Wellness QIP Community of Practice and partnering with the Smoking Cessation Leadership Center will greatly enhance the success of this project.