

REQUEST FOR PROPOSAL (RFP)

**Family-Centered Treatment Services for Cocaine & Other
Substance Use in Milwaukee County**

Short title: Cocaine and Other Substance Use grant for families

RFP # DMHSAS- G204



Issued by:

**STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
BUREAU OF PREVENTION TREATMENT AND RECOVERY**

**Applications must be submitted
No later than 4:00 P.M. CDT
November 18, 2011**

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LATE APPLICATIONS WILL BE REJECTED

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Cocaine and other SU grant for families

REQUEST FOR PROPOSALS TIMELINE

DATE

10/04/2011	Release Date of RFP
10/13/2011	Milwaukee County Informational Meeting
10/20/2011	Letter of Intent to Apply (optional)
11/18/2011	Due Date for Applications
12/13/2011	Issue Intent to Award Notices
01/01/2012	Contract Start Date

PART I

I. GENERAL INFORMATION

1.0 INTRODUCTION AND BACKGROUND

Women with substance use disorder treatment needs face numerous and sometimes overwhelming obstacles. Women who have children may function as single parents with little or no financial support from birth fathers. They may lack child care and be unable to enroll in treatment. They may live in unstable or unsafe environments, including households where others use alcohol or other drugs. They may be victims of physical and/or sexual abuse before the age of 18 and suffer from Post-Traumatic Stress Disorder and depression making recovery difficult.

This grant solicitation is designed to address the multiple needs of women and their families to access family-centered services for their cocaine and other substance use disorders. These services must be gender, culturally and linguistically relevant. These services also must include, where appropriate, mental health, trauma responsive approaches, therapeutic child care, transportation and community, natural and recovery supports and/or other services that are necessary to provide wraparound care to women and their families.

Family-centered treatment offers a solution to an intergenerational cycle of substance use and related consequences by helping families reduce substance use and improve family functioning, child health and safety.

This grant solicitation provides an opportunity to utilize wraparound care coordination and philosophy with women and their families in Milwaukee County who have cocaine and other substance use disorders. It also provides a multidisciplinary prevention and treatment team process to achieve and identify improved outcomes. For women with children this grant will provide therapeutic childcare services, support services for children and long-term treatment options.

Target Population

Women and their families in Milwaukee County included in the program must be in need of services for cocaine and other substance use disorders and must have involvement with at least one other system, (e.g., correctional, child welfare, Wisconsin Works (W-2), or require services to address homelessness, mental health, deaf and hard of hearing, blind and visually impaired, developmental disabilities, physical disabilities, or elderly services, etc.) Applicants must identify the multi-system/services target groups involved and include what percent of these persons are uninsured. Applicants must describe how the program will interface with other systems and service needs.

Priority Populations

Pregnant women must have first priority for treatment services, per s.51.42 (3) (ar) 4m, Wis. Stat., 51.46 Wis. Stat., and DHS 75.03 (3) (g), and Cocaine abusing women and their children, per s. 46.86 (3m).

1.1 AVAILABLE FUNDS

The Department of Health Services' Division of Mental Health and Substance Abuse Services will make available \$ 1,105,000 per year, to fund programs of no more than \$500,000 for a single outpatient/day treatment agency, \$600,000 for a single residential agency or a consortium (see Section 1.9 for definition) may apply for the full amount of the available funds, up to \$1,105,000 for the period of January 1, 2012 to December 31, 2012. **Applicants are encouraged to apply only for an amount sufficient to meet the needs of their proposed program and not necessarily for the maximum of \$500,000 single**

outpatient/day treatment agency, \$600,000 single residential agency or \$1,105,000 consortium per year.

At present, these funds are available January 1, 2012, through December 31, 2012. (Funds may be awarded for a shorter period if programs start up later than January 1.) The grant will be renewed for another twelve months (for up to three additional years) contingent upon the grantee's satisfactory performance and the mutual agreement of both the grantee and grantor. Funding beyond this initial period will be based upon satisfactory performance and availability of funds. Continued funding will also be based upon the vendor's demonstrated ability to attract other funding to sustain the program when funds granted under this solicitation are no longer available. The Department reserves the right to use unawarded dollars to fund additional programs from among the proposals submitted.

Vendors are advised that should additional state or federal funds become available, the Division may utilize the results of this RFP for additional awards.

Programs must exhaust other governmental and private resources (e.g., Medicaid, Badger Care, private health insurance, etc.) and collaborating agencies are required to utilize existing resources to pay for treatment and other services before using funds provided by this grant.

1.2 ISSUING AGENCY

This RFP is issued for the State of Wisconsin by the Department of Health Services, Division of Mental Health and Substance Abuse Services (DMHSAS). The Division is the sole point of contact for the State of Wisconsin during the selection process.

1.3 DEFINITIONS AND KEY TERMS

The following definitions and key terms are used throughout the Request for Proposals:

Agency means the applicant agency

AODA means alcohol and other drug abuse.

Applicant means the legal entity submitting an application that assumes the liability for the administration of the grant funds and is responsible to DHS for the performance of the project activities.

Bureau means the Bureau of Prevention Treatment and Recovery (BPTR).

Department means the Department of Health Services (DHS)

Division means the Division of Mental Health and Substance Abuse Services (DMHSAS).

Proposal means response to Request for Proposal (RFP).

Proposer/vendor means a firm submitting a proposal in response to this RFP

Vendor means a county, public organization or tribal governing body, or non-profit organization submitting a proposal in response to this RFP and is also, known as the applicant.

Family – A family is a grouping of individuals who are nurturing each other intellectually, emotionally, spiritually, physically, and psychologically. Family is not limited to nuclear family. Family may include family of origin, extended families, blended families, and “adopted” families. Not all women have children.

FAS – Fetal Alcohol Syndrome is a *specific* birth defect caused by alcohol use while pregnant. FAS is a diagnosis: It is medical diagnosis Q86.0 in the International Classification of Diseases (ICD-10).

FASD – Fetal Alcohol spectrum disorders is a term referring to individuals who have more than one of the features associated with FAS but do not exhibit sufficient features to make a clear FAS diagnosis. Included within this terminology is alcohol-related neurodevelopmental disorder (ARND). *CDC's Competency-Based Curriculum Development Guide for Medical and Allied Health Education and Practice.*

Care Coordination (Integrated Service Provision Care Coordination Service): Facilitates the process of promoting collaboration between AODA and other systems involved in a family's life to create a single coordinated care plan. The care plan is created to holistically meet the needs identified by the family in order to promote self-sufficiency. The family has voice, access and ownership in the plan.

1.4 PROGRAM GOALS

To maintain a statewide holistic recovery oriented system of care which will utilize gender responsive family-centered approaches in an integrated behavioral health setting driven by a shared set of core values, that is reflected and measured in the way we interact with and deliver supports and services for women, children and families across the life span.

The primary objective of the family-centered treatment services is to improve outcomes for women with substance use disorders, their children, and other members of their families. To accomplish this objective, a program must have a strong core that includes approaches, interventions, and services that are effective in reaching and retaining women. Gender-responsive programs consider the needs of women in all aspects of program design and delivery, including location, staffing, program development, program content, and program materials (United Nations Office on Drugs and Crime, 2004). Gender-responsive programs offer more than a set of relevant services for women; they provide safe and comfortable environments in which women develop supportive relationships that allow them to address their recovery needs (Covington, 2006).

- a) To achieve improved outcomes by meeting the special needs of women and their families who experience problems resulting from substance use disorders by providing intervention, treatment, and support services that are gender, culturally and linguistically responsive.
- b) To target women and their families who are involved in several systems in order to develop better ways to coordinate services from multiple service systems.
- c) To ensure the provision of wraparound services including, but not limited to, parent education, vocational and housing assistance, coordination with other community programs, and treatment under intensive care.
- d) To develop a system that reinforces the empowerment of consumers and their involvement in the planning, design, implementation, and evaluation of the program, as well as their care plan.
- e) To identify best practices and provide knowledge dissemination activities and cross training and education to professionals who work with women and their families and are from different systems in order to achieve positive client/family outcomes.
- f) To provide screening and information for Fetal Alcohol Spectrum Disorders (FASD), Fetal Alcohol Syndrome (FAS).
- g) To provide relapse prevention for at-risk clients.
- h) To ensure that all aspects of the program reflect the core values identified elsewhere in this document.
- i) To provide family-centered-improved outcomes for women, children, and other family members; better parenting and family functioning.

1.5 PROGRAM DESIGN

Elements:

Alcohol and Other Drug Abuse Treatment: Treatment services may include residential, day treatment, outpatient services, non-hospital inpatient services, and continuing care. (Funds under this grant may not be used to pay for hospital-based inpatient treatment or detoxification.) Services may include referral to other counties for unmet clinical needs. The treatment model should be able to address appropriate level of care; if your primary treatment model cannot meet these needs, demonstrate your ability to network with other agencies. For block grant funds, first priority for treatment services must be given to pregnant women, per s. 51.42(3) (ar) 4m, Wis. Stats.

Continuing Care Services: The vendor must provide follow up services for mother and her children for at least 2 years upon successful completion of the program.

FAS & FASD screening & brief intervention: The vendor will maintain a certified FASD educator.

Outreach and Referral: Intervention services include timely access to services through outreach, screening and organized referrals.

Transportation: Transportation must be provided for medical care, childcare, and any other services provided under this grant.

Medical Treatment: Regular medical care must be assured for both the clients and their minor children, especially prenatal and postpartum care. The vendor need not be responsible for any medical costs incurred by the clients and their children. A vendor's responsibility is limited to arranging for the clients and their minor children to access these services and providing transportation for them.

Housing: The vendor will help the client to secure housing if needed. The vendor, however, need not incur on-going housing costs. Grant funds can be used for temporary housing costs to prevent evictions, pay for security deposits, moving costs, etc., if no other funds are available.

Education/Job Skills: The vendor will assist the client to attend GED classes, literacy activities, receive job-training skills, or actively seek employment. The vendor should provide or access support to clients in finding a job and continued support as needed to retain employment. Other education to be provided will include, but not be limited to, the topics of HIV/AIDS, STD (sexually transmitted disease), nutrition, sexual abuse, and spousal abuse. Federal and state funding is available for vocational/educational services and must be expended prior to use of these grant monies.

Parenting Skills: The vendor will assure that all clients receive training in early childhood development, proper nutrition and medical care for children, and other parenting skills. These services may be provided on the premises, provided in the client's home, or the clients may be transported to other locations. The vendor will also connect the parent with maternal support networks in the community that provide on-going support and education to the parent and children.

Family Education and Support: The vendor will establish a family counseling program for each client. Family members should receive basic substance use prevention information and support skills, especially in relapse prevention, family dynamics and communication. The vendor should link these families to community support networks, the faith community, and natural supports for on-going assistance in family education and support.

Mental Health Services: The vendor will provide mental health education and will assure that clients are screened for mental health problems. The program should assure appropriate mental health services and care are provided. In addition, for persons with a dual diagnosis, AODA and mental health services must be integrated in the program and can be paid for with grant funds after exhausting all other funding sources.

Care Coordination: The vendor must assure that all of the listed services are provided to the clients.

This must be accomplished by employing a care coordinator and their duties must include the following:

1. Assessing client and family strengths and needs and developing a comprehensive plan with each client and family, natural supports, and other service providers,
2. Develop a plan of care, or single coordinated care plan, for all women and their families.
3. Arranging and facilitating the provision of all services.
4. Holding regular, and as needed, meetings with the client to monitor and re-evaluate the individualized plan of care.
5. Holding regular, and as needed, meetings with the client/family, provider staff and others involved in the delivery of services to the client to monitor and evaluate progress/success. Maintaining records or other documentation of all services delivered to the client.
6. Developing a continuing care plan with the client prior to discharge,
7. Developing peer support and connections with natural support systems and community support agencies including volunteer agencies, faith communities, or others identified in the community.

Basic Living Skills: The vendor will provide or arrange for training and on-going support when needed to clients in everyday practical and financial skills, such as nutrition, proper hygiene, consumer awareness, banking, and budgeting.

Trauma Resolution/Identification: The vendor will demonstrate an understanding of the effects of traumatic experiences and the unique vulnerabilities of trauma survivors so that revictimization and misdiagnosis do not occur. Trauma-informed services and organizations create safe, supportive environments that improve treatment retention and proactively assist clients and their families in developing healthy coping strategies. Trauma-informed services require staff members who are trained to understand the multiple and complex links among violence, trauma and addiction; understand trauma-related symptoms as attempts to cope; understand that violence and victimization play large and complex roles in the lives of most consumers in substance abuse and mental health services; and behave in ways that are not retraumatizing. Women and their families should receive trauma-informed as well as trauma-specific services; clients should not have to disclose their trauma history to receive trauma-specific services.

Therapeutic Child Care: The vendor will provide child care services and shall give priority for the services to a family whose income is below 150% of the poverty line, under 42 USC 9902 (2), or to a family with only one parent living in the home.

1. Child Care with developmental testing, play therapy, motor skills assessment, language, creative expression, cognitive and social growth, and parent interaction;
2. AODA prevention/intervention programming for children to help them understand their own feelings and learn about choices,
3. Environments that encourage recovery in a supportive manner while addressing the mother/child bond.
4. Increased access to prenatal care and well child care in order to decrease birth complications.
5. Enhance the mother's attachment and parenting support to assist in stopping the cycle of child abuse and neglect.
6. Awareness and education activities on healthy family functioning and family intactness.
7. Nutritious meals and snacks are provided to children in the program.
8. Healthy play and activities.

Long-term treatment means treatment that is, in the majority of instances, not less than 5 months nor more than 12 months in duration.

Education/Treatment: Funds may be used to implement evidence-based strategies as determined by the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence Based Practices.

Alcohol and Other Drug Abuse Treatment: Funds may be used to implement medication-assisted treatment.

Staff Development Training: Funds may be used for staff development training of evidence based strategies, including design, delivery, quality assurance, and evaluation of the Family Centered Cocaine & other Substance Use Disorder program being proposed, co-occurring disorders, family—centered treatment, women’s specific curriculum, core values, public health, care coordination, culturally competent assessment and treatment, neuroscience of addiction.

Other evidence-based practices: Funds may be used to implement other effective strategies as supported through appropriate evidence. The applicant must submit documentation to support such evidence.

1.6 OUTCOMES

On a program level, establishing outcomes and then measuring program effectiveness for meeting these outcomes help ensure that clients receive a good standard of care. Use of quality assurance and quality improvement measures allows programs, funders, and evaluators to examine whether the program is offering a consistent and competent practice for all families, enables programs to examine where service delivery can be improved, and identifies strategies to improve these services.

Note: As part of contract negotiations, the DMHSAS will work collaboratively with each vendor to identify outcomes appropriate to the vendor’s program.

Grant recipients receiving funds shall report data on federally required National Outcome Measures (NOMS) in accordance with guidelines provided through the Human Services Reporting System (HSRS), or comparable reporting system. NOMS reporting is required in order to receive the full allocation of funds. All agencies receiving grant funds through this RFP are required to have in place the mechanisms to report timely, accurate, and complete NOMS data through the County’s HSRS reporting system or comparable system. Data on all program participants in the project must be entered into HSRS, or comparable reporting system utilizing a unique identifier provided by the Department, even if public funding is not utilized to provide treatment services. Federal NOMS outcome measures include:

1. Reduced Alcohol/Drug Use
2. Improved Employment/Education
3. Reduced Crime and Criminal Justice
4. Reduced Homelessness
5. Improved Social Supports for Recovery
6. Retention in or Completion of Treatment

Process indicators and outcomes shall address the following areas:

1. Units of service provided (such as hours in treatment) and cost per unit of service.
2. Unduplicated number of individuals served with grant funds.
3. Percentage of individuals and/or family members expressing a high level of satisfaction with services funded.
4. Requested funds are justified based on number of individuals served and cost per unit of service provided.

1.7 Core Values

1. **Family-Centered:** A family-centered approach means that families are a family of choice defined by the consumers themselves. Families are responsible for their children and are respected and listened to as they are supported in meeting their needs, reducing system barriers, and promoting changes that can be sustained over time. The goal of a family-centered team and system is to move away from the focus of a single client represented in systems, to a focus on the functioning, safety, and well-being of the family as a whole.

2. **Consumer Involvement:** The family's involvement in the process is empowering and increases the likelihood of cooperation, ownership, and success. Families are viewed as full and meaningful partners in all aspects of the decision making process affecting their lives including decisions made about their service plans.
3. **Builds on Natural and Community Supports:** Recognizes and utilizes all resources in communities creatively and flexibly, including formal and informal supports and service systems. Every attempt should be made to include the families' relatives, neighbors, friends, faith community, co-workers or anyone the family would like to include in the team process. Ultimately families will be empowered and have developed a network of informal, natural, and community supports so that formal system involvement is reduced or not needed at all.
4. **Strength-Based:** Strength-based planning builds on the family's unique qualities and identified strengths that can then be used to support strategies to meet the family's needs. Strengths should also be found in the family's environment through their informal support networks as well as in attitudes, values, skills, abilities, preferences and aspirations. Strengths are expected to emerge, be clarified and change over time as the family's initial needs are met and new needs emerge with strategies discussed and implemented.
5. **Unconditional Care:** Means that the agency will care for the family, not that they will care "if." It means that it is the responsibility of the service team to adapt to the needs of the family - not of the family to adapt to the needs of a program. The agency will coordinate services and supports for the family that they would hope are done for them. If difficulties arise, the individualized services and supports change to meet the family's needs.
6. **Collaboration Across Systems:** An interactive process in which people with diverse expertise, along with families, generate solutions to mutually defined needs and goals building on identified strengths. All systems working with the family have an understanding of each other's programs and a commitment and willingness to work together to assist the family in obtaining their goals. The substance abuse, mental health, child welfare, and other identified systems collaborate and coordinate a single system of care for families involved within their services.
7. **Team Approach Across Agencies:** Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creative, and flexible resources of a diversified, committed team. Team member strengths, skills, experience, and resources are utilized to select strategies that will support the family in meeting their needs. All family, formal, and informal team members share responsibility, accountability, authority, and understand and respect each other's strengths, roles, and limitations.
8. **Ensuring Safety:** When child protective services are involved, the team will maintain a focus on child safety. Consideration will be given to whether the identified threats to safety are still in effect, whether the child is being kept safe by the least intrusive means possible, and whether the safety services in place are effectively controlling those threats. When safety concerns are present, a primary goal of the family team is the protection of citizens from crime and the fear of crime. The presence of individuals who are potentially dangerous requires that protection and supervision be sufficiently effective to dispel the fears of the public.
9. **Gender/Age/Culturally Responsive Treatment:** Services reflect an understanding of the issues specific to gender, age, disability, race, ethnicity, and sexual orientation and reflect support, acceptance, and understanding of cultural and lifestyle diversity.
10. **Self-sufficiency:** Families will be supported, resources shared, and team members held responsible in achieving self-sufficiency in essential life domains. (Domains include but are not limited to, safety, housing, and employment, financial, educational, psychological, emotional, and spiritual.)

11. **Education and Work Focus:** Dedication to positive, immediate, and consistent education, employment, and/or employment-related activities which results in resiliency and self-sufficiency, improved quality of life for self, family, and the community.
12. **Belief in Growth, Learning and Recovery:** Family improvement begins by integrating formal and informal supports that instill hope and are dedicated to interacting with individuals with compassion, dignity, and respect. Team members operate from a belief that every family desires change and can take steps toward attaining a productive and self-sufficient life.
13. **Outcome-oriented:** From the onset of the family team meetings, levels of personal responsibility and accountability for all team members, both formal and informal supports are discussed, agreed-upon, and maintained. Identified outcomes are understood and shared by all team members. Legal, education, employment, child-safety, and other applicable mandates are considered in developing outcomes, progress is monitored and each team member participates in defining success. Selected outcomes are standardized, measurable, based on the life of the family and its individual members.

1.8 WISCONSIN WOMEN'S TREATMENT STANDARDS AND PHILOSOPHY

PHILOSOPHY OF WORKING WITH WOMEN WITH SUBSTANCE USE DISORDERS

The Department of Health Services has established the following six core fundamental principles as the foundation of integrating women-specific substance abuse treatment services and wraparound/integrated services, while focusing on effective and comprehensive treatment of women and their families.

- 1) The Self-in-Relation (Relational/Cultural) Model or a similar model that is based on the psychological growth of women should be the foundation for recovery.
 - a) The Self-in-Relation Model emphasizes the central importance of relationships in women's lives. Since women in this culture have been the caretakers of certain aspects of the total human experience, specifically carrying responsibility for the care and maintenance of relationships, this model attempts to address the strengths as well as the problems arising for women from this relational orientation.
 - b) The primary motivation for women throughout life is toward establishing a basic sense of connection to others.
 - c) Women feel a sense of self and self-worth when their actions arise out of a connection with others. The experience of psychological connection is based on empathy and mutuality in relationships.
- 2) Treatment revolves around the role women have in society, therefore treatment services need to be gender specific.
 - a) Gender-responsive programs are not simply "female only" programs that were designed for males.
 - b) A woman's sense of self develops differently in women-specific groups as opposed to co-ed groups.
 - c) Equality does not mean sameness; in other words, equality of service delivery is not simply about allowing women access to services traditionally reserved for men. Equality must be defined in terms of providing opportunities that are relevant to each gender so that treatment services may appear very different depending on to whom the service is being delivered.
 - d) The unique needs and issues (e.g., physical/sexual/emotional victimization, trauma, pregnancy

and parenting) of women should be addressed in a safe, trusting and supportive environment.

e) Treatment and services should build on women's strengths/competencies and promote independence and self-reliance.

- 3) The wraparound philosophy is driven by the woman and her family (many issues overlap treatment; her W-2 involvement, trauma, mental health, child welfare, criminal justice, and domestic violence are very common.)

a) Utilizing the wraparound philosophy through inter-systems collaboration and involvement of informal supports is recommended.

b) Even though there are many agencies and systems involved in the life of the woman, her needs determine the connections with those agencies and systems that are impacting her life or her family's life.

c) Each woman will have a single coordinated care plan or plan of service that is used for service coordination.

d) The care coordinator should remain the same as the woman progresses in recovery.

- 4) The model is one of empowerment.

a) The participant is shown and taught how to access services, advocate for herself and her family, and request services that are of benefit to her and her family.

b) This experiential learning process is initially taught by the care coordinator or recovery advocate, and is woven into recovery.

c) This tapestry of recovery focuses on empowerment as a learned skill that is taught by all service providers working with the woman and her family.

d) The ultimate goal for the service system is to weave the woman so well into the fabric of informal support systems that the role of formal services is very small or not needed at all.

- 5) Work is an important component in recovery and serves as a vital therapeutic tool.

a) The structure of work is a benefit to recovery, and treatment providers need to be aware of the work requirement of W-2. Historically, treatment providers were hesitant to encourage patients to return to work or engage in work related activities during the early stages of recovery. Yet, waiting for a client's substance abuse problems to subside before addressing their vocational concerns is not an appropriate strategy for W-2 participants. W-2 participants must engage in work and/or work-related participation requirements, therefore, treatment providers working with W-2 participants must clearly integrate work and/or work-related activities into the overall treatment services provided to clients.

- 6) The use of a multi-system approach that is culturally cognizant.

Gender specificity and cultural competence go hand in hand. There are a number of gender and cultural competencies that allow people to assist others more effectively. This requires a willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons of and from the community. Sue, Arredondo, and McDavis (1991) suggest three broad categories:

- a. Awareness of one's own assumptions, values, and biases;
- b. Understanding the worldview of the (gender) and culturally different client; and
- c. The ability to develop appropriate strategies and techniques,

- 7) People that are skilled in these competencies possess the following beliefs and attitudes:
 - a) They are aware of their own (gender) and cultural history and value and respect the differences of others.
 - b) They are aware of how their own gender and cultural background, experiences, attitudes, values and biases influence the psychological process and relationship with others.
 - c) They are able to recognize the limits of their competencies and expertise.
 - d) They are comfortable with gender and cultural differences.
- 8) Also, if an agency is providing services to a multi-linguistic population, there should be multi-linguistic resources, including use of skilled bilingual, bicultural translators, and interpreters whenever a significant percentage of the target community is more comfortable with a language other than English.

TREATMENT STANDARDS FOR AODA SERVICES TO WOMEN

To meet the specific needs of women, successful programs begin with an understanding of the emotional growth of women. Current thinking describes women's development in terms of the range of relationships in which women can engage. This is very different from the theories of emotional growth which have been the basis of substance abuse treatment and which apply to the psychological growth of men. The relationship theories for women suggest that the best context for stimulating emotional growth comes from an immersion in empathic, mutual relationships.

The strongest impetus for women seeking treatment is problems in their relationships, especially with their children. A woman's self-esteem is often based on her ability to nurture relationships. Her motivation and willingness to continue treatment is likely to be fueled by her desire to become a better mother, partner, daughter, etc. Programs that meet the needs of women acknowledge this desire to preserve relationships as a strength to be built upon, rather than as a resistance to treatment. When a program operates from this theoretical point of view, the characteristics of the clinical treatment program and its objectives and measures of success are defined very differently from those of traditional treatment programs. Programs that are designed to meet women's needs tend to be more successful in retaining women clients. For an agency to be able to offer women-specific treatment, its programs must include the following criteria:

I. Accessibility

There are many barriers that may critically inhibit attendance and follow-through for women and children. They may include child care, transportation, hours of operation, depression, and other signs of mental health issues.

Standard: Agencies/programs shall demonstrate a process to reduce barriers to treatment by providing those ancillary services or ensuring that appropriate referrals to other community agencies are made.

II. Assessment

Women with children need to be assessed and treated as a unit. Women often both enter and leave treatment because of their children's needs.

Standard: Assessment shall be a continuous process that assesses the client's psychosocial needs and strengths within the family context and through which progress is measured in terms of increased stabilization/function of the individual/family. In addition, all assessments shall be strength-based and conducted through motivational interviewing.

III. Psychological Development

Many of the traditional therapeutic techniques reinforce women's guilt, powerlessness, and "learned helplessness," particularly as they operate in relationships with their children and men.

Standard: Agencies/programs shall demonstrate acknowledgement of the specific stages of psychological development and modify therapeutic techniques according to client needs, especially to promote independence/autonomy.

IV. Abuse/Violence/Trauma

A history of abuse, violence, and trauma often contributes to the behavior of substance abusing and dependent women.

Standard: Agencies/programs must develop a process to identify and address abuse/violence/trauma issues. Services will be delivered in a trauma-informed, trauma-sensitive setting and provide safety from abuse, stalking by partners, family, other participants, visitors, and staff.

V. Family Orientation

Many women present in a family context with major family ties and responsibilities that will continue to define their sense of self. Drug and alcohol use in a family puts children at risk for physical and emotional growth and development problems. Early identification and intervention for the children's problems is essential.

Standard: Agencies/programs must identify and address the needs of family members through direct service, referral, and/or other processes. Families are a family of choice defined by the clients themselves and agencies will include informal supports in the treatment process when it is in the best interest of the client.

VI. Mental Health Issues

Women with substance abuse problems often present with concurrent mood disorders and other mental health problems.

Standard: Agencies/programs must demonstrate the ability to identify concurrent mental health disorders and develop a process to have the treatment for these disorders take place in an integrated fashion with substance abuse treatment and other health care.

VII. Physical Health Issues

Substance abusing women and their children are at high risk for significant health problems. They are at greater risk for communicable diseases such as HIV, TB, Hepatitis, and sexually transmitted diseases. Prenatal care for substance abusing women is especially important as their babies are at risk for serious physical, neurological, and behavioral problems. Equally as important is to provide screening and information for Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Spectrum Disorders (FASD). Early identification and intervention for children's physical and emotional growth and development and for other health issues in a family is essential.

Standard: Agencies/programs shall:

1. Inquire about health care needs of the client and her children;
2. Make appropriate referrals;
3. Document client and family health needs, referrals, and outcomes.

VIII. Legal Issues

Women entering treatment may be experiencing legal problems, including custody issues, civil actions, criminal charges, and probation and parole.

Standard: Agencies/programs shall document an individual's compliance and facilitate required communication to appropriate authorities within the guidelines of federal confidentiality laws. Additionally, programs will avoid setting up barriers to individual compliance with legal authorities.

IX. Sexuality/Intimacy/Exploitation

A high rate of treatment non-compliance among female substance abusers with a history of sexual abuse

has been documented. The frequent incidence of sexual abuse among women substance abusers necessitates the inclusion of problem specific questions during the initial evaluation (assessment) process. Lack of recognition of a sexual abuse history or improper management of disclosure can contribute to a high rate of non-compliance in this population.

Standard: Agencies/programs shall:

1. Conduct an assessment that is sensitive to sexual abuse issues,
2. Demonstrate competence to address these issues,
3. Make appropriate referrals,
4. Acknowledge and incorporate these issues in the discharge treatment plan,
5. Assure that the client will not be exposed to exploitive situations that continue abuse patterns within the treatment process (co-ed groups are not recommended early in treatment, physical separation of sexes is recommended in inpatient/residential treatment setting.)

X. Survival Skills

Women's treatment is often complicated by a variety of problems that must be addressed and integrated into the therapeutic process.

Standard: Agencies/programs must identify and address the client's needs in the following areas, including but not limited to:

1. Education and Literacy
2. Job Readiness and Job Search
3. Parenting Skills
4. Housing
5. Language and Cultural Issues
6. Basic Living Skills

The agency/program shall refer to appropriate services and document both the referrals and outcomes.

XI. Continuing Care

In order for a woman to remain sober after treatment, she needs to be able to retain a connection to the treatment staff and to receive support from appropriate services in the community.

Standard: Agencies/programs shall:

1. Conduct an assessment prior to discharge to address and plan for the client's continuing care needs;
2. Design a written plan with the client to meet those needs;
3. Make and document appropriate referrals as part of the continuing care plan;
4. Remain available to the client as a resource for support and encouragement for at least one year following discharge.

Substance Abuse Prevention and Treatment (SAPT) Block Grant regulations for treatment of pregnant women and women with dependent children

96.137. All programs providing such services will treat the family as a unit and therefore will admit both women and their children into treatment services, if appropriate. The state shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children:

1. Primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care;
2. Primary pediatric care, including immunization, for their children;
3. Gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving these services;

4. Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and
5. Sufficient case management and transportation to ensure that women and their children have access to services provided by 96.137 1 through 4 of this section.

1.9 WHO MAY SUBMIT AN APPLICATION

Any county public, private non-profit agency or tribal governing body in Milwaukee County is eligible to apply. However, the substance abuse treatment services provided with these funds must be provided by certified substance abuse treatment agencies and by licensed counselors. They must be certified under the appropriate section(s) of DHS 75, Wisconsin Administrative Code, before the vendor is eligible to receive funding. Consortium applications are allowed under this solicitation when the following conditions are met and maintained. Consortiums are defined as the formation of two or more individual organizations combined to undertake an enterprise beyond the resources of any one organization to meet the needs/goals of the Cocaine/Substance Use Grant for Families as described in the RFP.

Consortium applications are permitted with the following conditions:

1. Consortiums must have the capacity to serve all eligible individuals: Women, pregnant and postpartum women, women with dependent children and their families.
2. The formation of a consortium of providers offers a stronger and more effective program.
3. A consortium would realize more efficient administrative cost benefits and would be evaluated accordingly.
4. A consortium proposal must identify the member organizations, their specific roles, and the lead agency to which the grant will be awarded, with letters of commitment from each of the subordinate agencies indicating their agreement to award to the identified lead agency.
5. A consortium application will be reviewed and evaluated as a single application so it is necessary for individuals/agencies within the consortium to identify clearly in the single application their areas of responsibility.
6. The consortium can demonstrate the prevention of duplicating services.
7. The lead agency is solely responsible for the Family Centered Cocaine & other Substance Use program's eligibility determination, program activities, and all the reporting requirements of the entire consortium.

Maximum awards will be up to \$500,000 for a single outpatient/day treatment level of care per agency, \$600,000 for a single residential level of care per agency, or a consortium (see Section 1.9 for definition) may apply for the full amount of the available funds, up to \$1,105,000 for the period of January 1, 2012 to December 31, 2012.

1.10 REASONABLE ACCOMMODATIONS

The Department will provide reasonable accommodations, including the provision of informational material in alternative format, for qualified individuals with disabilities. For special needs contact:

Jamie McCarville, Disabilities Coordinator
Division of Mental Health and Substance Abuse Services
Bureau of Prevention Treatment and Recovery
1 W. Wilson Street
Madison, WI 53703
Telephone: (608) 267-7712
Fax: (608) 261-7800
E-mail: Jamie.McCarville@wisconsin.gov

1.11 CALENDAR OF EVENTS

Listed below are specific dates and times of actions related to this RFP. The actions with specific dates must be completed as indicated unless otherwise changed by the State. In the event that the State finds it necessary to change any of the specific dates and times in the calendar of events listed below, it will do so by issuing a supplement to this RFP. There may or may not be formal notification issued for changes in the estimated dates and times.

October 4, 2011	Date of issue of the RFP
October 13, 2011	Cocaine and other Substance Use Informational meeting (see 4.2 for details)
October 20, 2011	Letters of Intent Due (optional)
November 18, 2011	Applications Due
December 13, 2011	Notification of intent to award sent
January 1, 2012	Contract start date

II. SPECIAL PROGRAM REQUIREMENTS

2.0 INTRODUCTION

The following is a list of the obligations grant recipients will be expected to fulfill during the grant period. Failure to fulfill these obligations will result in the withdrawal and reallocation of funding.

2.1 PROGRAM CONDITIONS

Applicants will need to meet the specific conditions described below.

2.1.1 PROTECTION FROM POTENTIAL RISKS

1. Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects, besides the confidentiality issues addressed below that are due either to participation in the project itself or to the evaluation activities.
2. Where appropriate, describe alternative treatments and procedures that might be advantageous to the participants and the rationale for their non-use.
3. Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.
4. Where appropriate, specify plans to provide needed professional intervention in the event of adverse effects to participants.

2.1.2 ABSENCE OF COERCION

Explain whether participation in the project is voluntary or mandatory. Identify any potentially coercive elements that may be present (e.g., court orders mandating individuals to participate in a particular intervention or treatment program).

2.1.3 PRIVACY AND CONFIDENTIALITY

Specify the procedures that will be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the identity of participants will be safeguarded (e.g., through the use of a coding system on data records; limiting access to records; storing identifiers separately from data).

Grant recipients must maintain the confidentiality of alcohol and other drug abuse client records in accordance with the provisions of Title 42 of the Code of Federal Regulations, Part 2 (42 CFR, Part 2), Health Insurance Portability and Accountability Act (HIPAA) 45 CFR Parts 160 and 164, Wis. Stat. 51.30, and DHS 92.

2.1.4 RISK/BENEFIT DISCUSSION

Discuss why the risks to participants are reasonable in relation to the anticipated benefits to participants and in relation to the importance of the knowledge that may reasonably be expected to result.

2.2 MINIMUM REQUIREMENTS

Applications are required to meet the following criteria before they will be considered:

Grant recipients are required to meet the following criteria:

- a. Under this solicitation, the vendor must identify if proposing residential or another level of care. No more than one family centered residential program will be funded in Milwaukee County.
- b. Programs must meet the special needs of women and families with problems resulting from cocaine and other substance use. Women included in the program must be in need of substance use disorder services and must have involvement with at least one other system, (e.g., correctional, child welfare, W-2, homeless, mental health, deaf and hard of hearing, blind and visually impaired, developmental disabilities, physical, disabilities, or elderly services).
- c. Programs must emphasize parent education, gender and cultural and linguistic competence, recovery supports/recovery coach or peer specialist, vocational and housing assistance, and coordination with other community programs and treatment under intensive care.
- d. The program design must also meet the program design requirements specified and the identified core values, philosophy and women's treatment standards.
- e. Proposals funded, must give first priority to pregnant women for treatment services, pers. 51.42(3) (ar) 4m, Wis. Stats.
- f. Funds may not be used for construction or to improve grounds or buildings.
- g. Funds may not be used for hospital-based inpatient treatment services.
- h. Funds may not be used for religious instruction or for the purchase of materials for religious instruction.
- i. Substance abuse treatment services must be provided by alcohol and other drug abuse programs under the appropriate section(s) of DHS 75, Wisconsin Administrative Code, or must complete certification prior to the receipt of any funds.
- j. The applicant must include at least three letters of support (references) from coordinating

and collaborating organizations.

- k. The applicant must verify that it had an independent financial audit (and a compliance audit, if applicable) completed within the past 12 months, that its accounting principles are sound, and its financial statements are free of any material misstatement. If applicable, there is a corrective action plan for any exceptions, variances, or issues of noncompliance.
- l. Pursuant to section 51.42, Wis. Stats, the applicant must accurately report the grant recipient's clients and services in the Human Services Reporting System (HSRS), or comparable reporting system.
- m. The applicant must ensure that grant funds are being use to serve only Milwaukee County women and their families with cocaine and other substance use disorders.

III. GENERAL PROGRAM REQUIREMENTS

The following items are required to assure the continuation of funds. These requirements will form part of the contract awarding these funds. Failure to comply with these requirements may result in disallowances and/or termination of the agreement for funds.

3.0 ACCEPTANCE OF APPLICATION CONTENT

Grant recipients receiving awards will be mandated to meet all requirements of this RFP.

3.1 ALLOWABLE COSTS

A grant recipient will be required to comply with the Department of Health Services Allowable Cost Policy Manual, <http://www.dhs.wisconsin.gov/Grants/Administration/AllowableCost/ACPM.htm>

3.2 CAPITAL EQUIPMENT

Funds may be used to purchase capital equipment with prior written approval from the Division. Capital equipment costs are defined as all costs associated with the acquisition of assets having a value in excess of \$5,000 and a useful life in excess of one year. Funds may be used to purchase/rent supplies such as adaptive and communication equipment.

3.3 SALARIES

Funds may not be used to supplant current salaries for duties unrelated to this grant. In addition, no more than 15 percent of grant funds may be used for administrative costs.

3.4 REPORTS

Reports of both programmatic, evaluation and fiscal activity will be required for the purpose of documenting the satisfactory meeting of project objectives, in accordance with the application. Reporting requirements will be specified in the agreement between the successful applicant and the Division but will be required at least every six (6) months. Failure of the successful applicant to accept these obligations may result in cancellation of the award.

The grant recipient shall, at the option of the Division, appear before DHS administrators to clarify findings and to answer any questions at any time during the grant agreement or after the grant agreement is completed.

3.5 NEWS RELEASES

News releases pertaining to this award or any part of the application shall not be made without the prior written approval of the Division.

Copies of any news releases regarding this grant during the contract year(s) shall be submitted to the Division.

A copy of this RFP and a question and answer site will be maintained on the DHS Internet web site for the duration of the grant application period. You may access this site at www.dhs.wisconsin.gov/rfp.

3.6 LEGAL SERVICES

Use of these funds is restricted under federal law and regulation including federal Office of Management and Budget (OMB) Circulars A-87, A-102, A-110, A-122, and A-133.

3.7 EMPLOYMENT

The grant recipient will not engage the services of any person or persons now employed by the state, including any department, commission or board thereof, to provide services relating to this agreement without the written consent of the employer of such person or persons and of the Division.

3.8 DUAL EMPLOYMENT

Section 16.417, Wis.Stats. prohibits an individual who is a state employee or who is retained as a consultant full-time by a state agency from being retained as a consultant by the same or another agency where the individual receives more than \$12,000 as compensation. This prohibition applies only to individuals and does not include corporations or partnerships.

3.9 SUBCONTRACTING

If the applicant plans to use subcontractors, this should be clearly explained and budgeted separately in the application; however, the applicant will be responsible for contract performance whether or not subcontractors are used.

3.10 TERMINATION OF AGREEMENT

The Division may terminate this agreement at any time at its sole discretion by delivering thirty (30) days written notice to the grant recipient. Upon termination, the Division's liability will be limited to the pro rata cost of the services performed as of the date of termination plus expenses incurred within the prior written approval of the Division. In the event that the grant recipient terminates this agreement, for any reason whatsoever, it will refund to the Division within fourteen (14) days of said termination, all payments made hereunder by the Division to the grant recipient for activities not completed. Such termination will require written notice to that effect to be delivered by the grant recipient to the Division not less than thirty (30) days prior to said termination.

3.11 INCURRING COSTS

The State of Wisconsin is not liable for any cost incurred by applicants in replying to this RFP.

3.12 WAIVER OF TECHNICALITIES

The RFP Evaluation Committee reserves the right to accept or reject any or all responses to the RFP and waive minor technicalities. The determination of whether an RFP condition is substantive or a mere technicality shall reside solely with the RFP Evaluation Committee.

3.13 PROPRIETARY INFORMATION

Any restrictions on the use of data contained within an application must be clearly stated in the application itself. Proprietary information submitted in response to this RFP will be handled in accordance with applicable State of Wisconsin procurement regulations. Data contained in the application, all documentation provided therein, and materials and innovations developed as a result of this grant award can not be copyrighted or patented without written authorization from the Department of Health Services.

All data, documentation and innovation become the property of the State of Wisconsin, Department of Health Services. The grant recipient agrees that the Division shall have royalty free, non-exclusive and irrevocable rights to reproduce, publish, or otherwise use and authorize others to use any materials and innovations developed as a result of this grant award. Any copyright material authorized by the Department or distribution of materials developed through this agreement will acknowledge use of DHS funds.

3.14 AFFIRMATIVE ACTION

Grant recipients who are awarded contracts of twenty five thousand dollars (\$25,000) or more shall have included in their contracts the following clause:

"A written affirmative action plan is required as a condition for the successful performance of the contract. Excluded from this requirement are grant recipients whose annual work force amounts to less than twenty five employees. The affirmative action plan shall be submitted to the state agency within fifteen (15) working days after the award of the contract."

3.15 NON-DISCRIMINATION AGAINST EMPLOYEES OR APPLICANTS FOR EMPLOYMENT.

In connection with the performance of work under this contract, the grant recipient agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, marital status, physical condition, arrest or conviction record, developmental disability, as defined in s. 51.01 (5), sexual orientation or national origin.

This provision shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Except with respect to sexual orientation, the grant recipient further agrees to take affirmative action to ensure equal employment opportunities.

The grant recipient agrees to post in conspicuous places, available for employees and applicants for employment, notice to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

3.16 TOBACCO SMOKE FREE ENVIRONMENT

Public Law 103-227, also known as the Pro-Children Act of 1994, prohibits tobacco smoke in any portion of a facility owned or leased or contracted for by an entity that receives federal funds, either directly or through the State, for the purpose of providing services to children under the age of 18.

3.17 PATIENTS/CLIENTS RIGHTS POLICY

Each grant recipient shall have a written policy stating that the service will comply with patient rights requirements as specified in DHS 94, Wisconsin Administrative Code.

3.18 ELIGIBILITY CRITERIA

Applicants shall state clearly in writing the criteria for determining the eligibility of individuals for services in the project or program.

3.19 STAFF SELECTION POLICY

Each applicant shall develop written policies and procedures stating that in the selection of staff, consideration will be given to each applicant's sensitivity toward and training in the characteristics of the service's patient population, including gender, age, cultural background, sexual orientation, developmental, cognitive or communication barriers, and physical or sensory disabilities.

IV. CLARIFICATION AND/OR REVISIONS TO SPECIFICATIONS AND REQUIREMENTS NOTICE OF INTENT TO APPLY

4.0 NOTICE OF INTENT

Prospective applicants are requested, but not required, to submit a Notice of Intent to apply to the Division of Mental Health and Substance Abuse Services. The Notice of Intent should be returned to the Division (see mailing information below) by 4:00 PM CDT on October 20, 2011. Submittal of the Notice of Intent does not commit an agency to submitting an application.

Any supplemental written information related to this RFP developed by the Division will be provided only to those agencies who have filed a Notice of Intent, or to agencies who request such information. Notices should be mailed, e-mailed, faxed, or hand delivered to:

Bernestine Jeffers, Women's AODA Treatment Coordinator
Division of Mental Health and Substance Abuse Services
Bureau of Prevention Treatment and Recovery
1 West Wilson Street, Room 850
Madison, WI 53703
Fax: (608) 266-1533
E-mail: bernestine.jeffers@wisconsin.gov

4.1 CLARIFICATION AND/OR REVISIONS TO SPECIFICATIONS AND REQUIREMENTS

Any questions concerning this RFP should be addressed in writing and sent by mail, email or fax to:

Bernestine Jeffers, Women's AODA Treatment Coordinator
Division of Mental Health and Substance Abuse Services
Bureau of Prevention Treatment and Recovery
1 West Wilson Street, Room 850
Madison, WI 53703
Fax: (608) 266-1533
E-mail: bernestine.jeffers@wisconsin.gov

Email is the preferred method of communication.

COLLECT CALLS WILL NOT BE ACCEPTED.

Applicants are expected to raise any questions, exceptions, or additions they have concerning the RFP at this point in the RFP process. If an applicant discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, the applicant should notify, immediately, the above named individual of such error and request modification or clarification.

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFP, revisions/amendments and/or supplements will be posted on the Department's website: www.dhs.wisconsin.gov/rfp to all recipients of this initial RFP.

Each application shall stipulate that it is predicated upon the requirements, terms, and conditions of this RFP and any supplements or revisions thereof.

Any contact with State employees concerning this RFP is prohibited, except as authorized by the RFP manager during the period from date of release of the RFP until the notice of intent to award contract is released.

4.2 Cocaine & Other Substance Use Grant for Families Informational Meeting

The informational meeting will be held on October 13, 2011, from 10:00 AM to 11:00 AM, at the Southeastern regional office 819 N 6th street, 6th floor conference room, Milwaukee, WI. The purpose of this meeting is to provide an opportunity for potential applicants to ask questions of Division of Mental Health and Substance Abuse Services staff about the application procedures, and grant requirements. Web conferencing will be available. Information will be available on our website at <http://www.dhs.wisconsin.gov/rfp> prior to the conference. This meeting is optional.

V. SUBMITTAL OF APPLICATION

5.0 APPLICATION FORMAT

All applications must be typed. All narrative sections are to be completed using an 11-point or larger font, with 1" or greater margins, typed single space. Applications are not to exceed 20 pages, not including the budget and justification, appendices and/or letters of commitment. Charts that support narrative sections may be included in a smaller font than 11 point.

5.1 NUMBER OF APPLICATIONS PER APPLICANT

Applicants may only submit one application for residential or other level of care.

5.2 NUMBER OF COPIES

The applicant must submit 1 (one) signed original and 7 (seven) copies of the application to the Division.

5.3 CLOSING DATE

The closing date for the receipt of all applications under this solicitation will be **Friday, November 18, 2011**. Applications may be mailed or hand delivered. An application will be accepted and considered received on time if:

a. The application is received by the DHS mailroom by 4:00 p.m. CDT on Friday, November 18, 2011, addressed to:

Bernestine Jeffers, Women's AODA Coordinator.
Division of Mental Health and Substance Abuse Services
Bureau of Prevention Treatment and Recovery
1 West Wilson St Room 850
Madison, WI 53703

b. The application is hand delivered to the Division of Mental Health and Substance Abuse Services by 4:00 p.m. CDT on Friday, November 18, 2011, addresses to:

Bernestine Jeffers, Women's AODA Coordinator
Division of Mental Health and Substance Abuse Services
Bureau of Prevention Treatment and Recovery
1 West Wilson Street, Room 850
Madison, WI 53703

NO FAXES, EMAIL, OR ELECTRONIC APPLICATION WILL BE ACCEPTED.

Applicants are cautioned to allow sufficient time for delivery by the U.S. Post Office, because it can sometimes take several days to receive mail from outlying areas. Applicants are cautioned that receipt of the RFP by the United State's Postal Service, the State of Wisconsin mail system or a commercial courier does not constitute receipt of a RFP by the Division of Mental Health and Substance Abuse Services for the purposes of this RFP. All responses to this solicitation which are received after the closing date and/or time will not be reviewed and will be returned to the respondent/applicant. **No exceptions will be allowed.**

Supplemental and clarifying information, unless requested by the Division, no additional information will be accepted from an applicant after the deadline for submittal of applications.

VI. AWARDING FUNDS INFORMATION

6.0 EVALUATION CRITERIA, POTENTIAL POINTS TO BE AWARDED AND PROCEDURES

All applications received will be reviewed by an evaluation committee and ranked accordingly. The evaluation committee will evaluate all applications against stated criteria. Applications from eligible applicants will be scored according to the following competitive criterion that is described under Part Two Technical Specifications.

Maximum Points (100 Total)

EVALUATION CRITERIA	MAXIMUM POINTS
• Organizational Experience including Staffing and Qualifications	5 points
• Problem/Need Statement	10 points
• Goals and Performance Expectations	10 points
• Target Population(s)	5 points
• Work Plan	10 points
• Care Coordination Service Delivery	10 points
• Data Collection and Evaluation	5 points
• Program Design	10 points
• Core Values	15 points
• Women's Treatment Standards	15 points
• Cultural and Linguistics Competence	5 points
TOTAL	100 POINTS

6.0.1 ORGANIZATIONAL EXPERIENCE INCLUDING STAFFING AND QUALIFICATIONS (5 Points):

The applicant has fully documented experience in providing community-based substance use disorder treatment services for the target population and is qualified to carry out the proposed program in a cost-effective manner.

The narrative should include at a minimum:

- a. A documented discussion of the organization's ability to provide:
 - 1) Community-based multidisciplinary prevention and treatment team including coordination of activities with other prevention and treatment teams in Milwaukee County.

- 2) Residential family centered treatment including women with dependent children up to the age of 5 years,
 - 3) Follow up continuing care services to each woman and her children for at least 2 years,
 - 4) Alcohol and other drug abuse intervention/treatment services to women and families; experience and ability to coordinate and collaborate with key organizations and to carry out other provisions of the grant. Include how your program incorporates items 1-4.
- b. The proposed budget is clearly targeted to achieving the project outcomes. The budget should be accurate and appropriate for the scope of the project, other agency's involvement, and the financial contribution is well defined.
 - c. A clear description of outcomes that will be used to measure the successes of the organization in providing services to women and families.
 - d. If a subcontractor is to be used, documentation of the subcontractor's qualifications and experience.
 - e. A clear description of the criteria used to measure the successes of the organization in providing family-centered treatment.
 - f. The applicant agency (or subcontractor, if applicable) either has existing qualified personnel or has proposed a functional staffing or volunteer pattern that is capable of supporting program activities.
 - g. Staff costs that will be charged to the grant have been fully justified and are reasonable and necessary for carrying out the program.
 - h. For those programs with significant minority populations within the service area, the agency has made or will make an effort to recruit, hire, and train minority staff/volunteers and provide in-service sensitivity training about gender responsive treatment, cultural competence, language and sexual orientation for all staff/volunteers.
 - i. For those programs that have Native American Tribes within the service area, the agency has made or will make regular and meaningful efforts to coordinate with identified Tribal leadership in order to provide culturally competent treatment and referrals.
 - j. Attach an organizational chart that indicates current and proposed positions that will implement this program.
 - k. The agency's will include as an attachment their current and proposed staffing pattern and organizational structure.
 - l. Attach copies of job descriptions, staff orientation outline and staff supervision and a list of required competencies for working with women and their families.
 - m. Description of the agencies' staff development plan.
 - n. Description of how your agency has or will implement trauma informed, recovery oriented system of care and integrated services into your women's treatment programs.

6.0.2 PROBLEM/NEED STATEMENT (10 Points)

The applicant's response shows that they have an excellent understanding of the programs and unmet needs in their community or region related to providing community-based AODA treatment for women and families. The proposal fully documents with statistical data, where available, the extent of the problem and fully demonstrates the inadequacy of existing programs in the program area to deal with the problem. If an agency has an existing program, documentation is provided that an expanded program is needed.

The narrative should include at a minimum:

- a. A clear discussion of whether this is a new program or whether it will be an expansion of an existing program.
- b. A full discussion of the exact unmet needs the program will address.
- c. Any data available to document the problems or unmet needs the program tends to address.
- d. A full discussion of how grant funds would expand/enhance service delivery and not supplant state and federal funds currently in use, if this is not a new program.
- e. The applicant's response shows that they have an excellent understanding of the programs and unmet needs in their community related to providing services to women and their families.
- f. The application fully documents with statistical data, where available, the extent of the problem and fully demonstrates the inadequacy of existing programs in the program area to deal with the

problem. This may include inadequate resources and other unmet assessment, treatment or other needs.

6.0.3 GOALS AND PERFORMANCE EXPECTATIONS (10 Points):

The goals and objectives are clearly stated and consistent with the goals and performance expectations of the RFP as reflected in this RFP. The goals are stated for clients as well as the service delivery and system goals. The applicant has made it very clear how these grant funds will be utilized in the development of a new program or to strengthen the current program so that it meets these goals. The strategies described are logical and appropriate responses to the description of the problems and unmet needs. The discussion indicates an excellent understanding of how this program will impact target populations and/or enhance current service delivery with clear timelines, identified outcomes and effective strategies to achieve these outcomes.

The narrative should, at a minimum, include:

- a. A statement of goals and objectives for the organization's proposed program regarding specific women/family outcomes and service systems outcomes (e.g. Reduced Alcohol/Drug Use; Improved Employment/Education; achieving healthy relationships, Reduced Crime and Criminal Justice; Reduced Homelessness; Improved Social Supports for Recovery; Retention in or Completion of Treatment) and how grant funds will be used to measure the stated outcomes.
- b. Statement on the organization's ability to meet the process indicators and outcomes listed in 1.6 of this RFP.
- c. A discussion of strategies the program will use to achieve outcomes and performance expectations, and address the problems and unmet needs identified; state why these strategies will be effective; discuss how you plan to overcome obstacles or barriers to service delivery; and state what you anticipate as the overall impact of your program.
- d. Statement of the organization's ability to meet the integrated service provision philosophy of care in all aspects of its program service delivery, design, and treatment and its plan to measure progress in this practice in day-to-day operations.
- e. Statement of the organization's ability to meet the Women's treatment standards, core values and Women's treatment philosophy of care in all aspects of its program delivery, design and treatment.

6.0.4 TARGET POPULATION (5 Points):

The target populations described in the application in Section 1 must be consistent with the stated goals of the RFP. If the application is for funds to develop a new program or expand or enhance the scope of existing programs, the application must identify the program's new target population. The applicant will identify a reasonable number of new individuals to be served by the program. The applicant will provide specific demographic information about the target population. In general, the composition of the target group should reflect the demographics of the community including adequate representation of racial/ethnic minorities. The location of the target population should be fully described including the geographic boundaries and special characteristics of the area. In general, the composition of the target population should reflect the needs of the demographic community; however, the adequate inclusion of racial/ethnic minorities should be clearly demonstrated in the target population where feasible and appropriate.

The narrative should, at a minimum, include:

- a. A description of the target population(s) that the program will serve.
- b. An estimated number of participants that will be served annually with the grant funds and how they will be referred to the program.
- c. If expanding and/or enhancing an existing program, clearly specify the increase in participants who will be served through these grant funds.
- d. If appropriate, a description of how participant eligibility will be determined.
- e. A description of the geographic boundaries in which the target population is located and special characteristics of the group.

- f. A description of the criteria to be used for inclusion or exclusion of participants and rationale used in making these clients recruitment and selection determinations.
- g. Describe situations under which participants will be sought and who will be responsible for these activities.
- h. Documentation to support identification and engagement into services of the clients and their families to be served.
- i. Identification of the number clients to be served.

6.0.5 WORK PLAN (10 Points):

The work plan described in the application is related to the goals of the program listed in Section 1.4, will facilitate the program accomplishing what has been proposed, and includes a reasonable timetable for implementation. Activities in the work plan are clearly assigned to personnel. The work plan is consistent with the objectives and can be accomplished given the time frames, staffing, and the budget proposed. Time frames for all tasks and activities in the work plan are appropriate to ensure that sufficient effort is planned.

The narrative for this section should, at a minimum, include:

- a. The work plan must detail all tasks, activities and procedures in a logical progression that will be used to achieve the goals.
- b. The work plan includes the assignment of responsibility to specific personnel and the timetable for each task or activity to be started and to be completed.

6.0.6 CARE COORDINATION SERVICE DELIVERY (10 Points):

The applicant demonstrates that necessary community and/or regional agencies have been or will be involved in the planning and execution of the program to achieve a coordinated approach to meet the needs of women and their families involved in various service systems. The application includes a description of how the applicant will work with appropriate local, county, tribal and/or regional agencies and child welfare, W-2, law enforcement agencies, court system, treatment agencies and providers, probation/parole agents and others to achieve multi-system coordination at the direct service worker level, and a detailed explanation as to how these coordination efforts will relate to the application.

The application must include letters of cooperation, memorandums of understanding or inter-agency agreements from all agencies whose involvement is essential for the success of the program; these should be included in the attachments.

The narrative should, at a minimum, include:

- a. A description of how the agency and direct service staff will work with appropriate community agencies (e.g., court system, treatment providers, law enforcement, technical colleges, corrections, mental health services, medical facilities, child welfare, etc.).
- b. A detailed explanation as to how these community support systems will assist in achieving the proposed goals for the women and her family and service system including discussion of how joint service plans are developed and how various fiscal resources are shared or assigned to this project.

6.0.7 DATA COLLECTION AND EVALUATION (5 Points):

The applicant will evaluate the grant program by use of outcome measurements that the Department approves.

The applicant's evaluation plan should follow the Goals and Work Plan. The applicant will discuss criteria of measurement that will demonstrate if the intended results have or have not been achieved. The applicant will be required to enter additional data fields into HSRS or comparable reporting system to identify clients receiving new or enhanced services. The agency's evaluation plan should follow the

WORK PLAN. The applicant will discuss criteria of measurement that will demonstrate if the intended results have or have not been achieved.

The narrative should, at a minimum, include:

- a. How the NOMS data, process indicators and outcomes (see Section 1.6) will be collected.
- b. Who will be responsible for collecting and analyzing these data?
- c. Who will be responsible for supervising the data collection and for taking corrective actions based on the results of the evaluation?
- d. Preparation, distribution, and use of reports summarizing program results.
- e. Procedures to be implemented to ensure privacy and confidentiality.

6.0.8 PROGRAM DESIGN (10 Points):

The applicant thoroughly describes the program design by demonstrating all aspects described in section 1.5 with emphasis on evidence-based strategies, women's specific and family-centered treatment that ensure effective services to women and their families.

6.0.9 CORE VALUES (15 Points)

The narrative should describe in this RFP how the Core values will be implemented in the agency's policies, procedures and quality improvement program. Refer to section 1.7.

6.0.10 WOMEN'S TREATMENT STANDARDS (15 points)

The narrative should describe the implementation the Wisconsin Women's Treatment Standards, philosophy, and the relation/cultural model referring the treatment standards in the program design and coordination of the service delivery systems. Refer to section 1. 8

6.0.11 CULTURAL/LINGUISTIC COMPETENCE (5 Points)

Organizations that provide services to diverse groups must understand the culture of the group that they are serving and must design and manage cultural and linguistic competent programs to address those groups.

- a. Evaluation: Program evaluation methods and instruments should be appropriate to the population/community being served. There should be a rationale for the use of the evaluation instruments that are chosen, including a discussion of the validity of the instruments in terms of the gender/age/culture of the group or groups targeted. The evaluators should be sensitized to the culture and familiar with the gender/age/culture/communication style whenever possible and practical.
- b. Implementation: There should be objective evidence/indicators that the organization understands the cultural/linguistic aspects of the community that will contribute to the program's success and knows how to recognize and avoid pitfalls.

6.1 APPLICANT RESPONSES

Applications submitted in reply to this RFP shall respond to the specifications stated herein. Failure to respond to the specifications may be a basis for an application being eliminated from consideration during the selection process.

In the event of an award, the contents of this RFP (including all attachments), RFP addenda and revision and the application from the successful applicant(s) will become contractual obligations. The Division reserves the right to negotiate the award amount, the programmatic goals, and the budget items with the selected applicant(s) prior to entering into an agreement.

Justifiable modification may be made in the course of the agreement only through prior consultation with and written approval of the Division. Failure of the successful applicant to accept these obligations may result in cancellation of the award.

6.2 WITHDRAWAL OF APPLICATIONS

Applications may be withdrawn by written notice. Applications may be withdrawn in person by the applicant or his/her authorized representative, providing his/her identity is made known and he/she signs a receipt for the application.

6.3 AWARD PROCEDURES

The Evaluation Committee's scoring will be tabulated and applications will be ranked according to the numerical score received. The evaluation committee has the option to conduct interviews and/or on-site inspections of the top ranked applications to include those results in the consideration of the evaluation points. The Division Administrator will make a final decision if a contract will be awarded. The Division reserves the right to reject any or all applications and to negotiate the award amount, authorized budget items, and specific programmatic goals with the selected applicant(s) prior to entering into an agreement. No more than one application per county will be funded.

6.4 NOTICE OF INTENT TO AWARD A CONTRACT

Each applicant whose application is reviewed by the Evaluation Committee shall receive written notice of the determination of approval or non-funding of the proposed project.

Each applicant whose application has not been approved shall be given an opportunity to discuss with the Division representative the reasons for non-funding or may write the Division representative requesting the reason for the decision.

Upon request, the Division representative will clarify non-funding reasons verbally or will respond in writing explaining the reasons for the project not being funded.

6.5 PUBLIC INFORMATION

It is the intention of the state to maintain an open and public process in the submission, review, and approval of awards. All material submitted by applicants will be made available for public inspection after notice of intent to award or not to award a contract based on the evaluation(s) of the application, which were submitted. No entire application submitted to the state may be marked as confidential, and any materials so marked, by being included in the application, will be considered public information.

6.6 ASSURANCES

An authorized official must sign the Assurances of Compliance with the Department of Health Services regulations form, and comply with all the requirements contained therein. This signed form is to be included in this section of the applicant's application.

PART II
TECHNICAL SPECIFICATIONS (APPLICATION INSTRUCTIONS)

1.0 GENERAL INSTRUCTIONS

Please read this section carefully. Applicants are cautioned that in completing the following Technical Specifications they are to provide complete information as possible. The only information evaluators will be given about a program is that which is contained within the application. For that reason, each copy must be a duplicate of the entire original, including any attachments.

The focus of the funding is for counties, tribal governing body and non-profits to address the multiple needs of women and their families to access family-centered services for their substance use disorder. These services must be gender, culturally and linguistically relevant and include, where appropriate, mental health, trauma responsive, therapeutic child care, transportation and community natural and recovery supports and other services and systems that are necessary to provide wraparound care to women and their families. Through best practices and evidence-based strategies, women and their families reduce substance use and improve family functioning, child health and safety. In order to determine the potential for a proposed program to achieve this aim, applications must fully address the program requirements and specifications that follow.

Applications must include the following items submitted in the order listed.

- I. Outline and Table of Contents (checklist form)
- II. Application Summary
- III. Abstract
- IV. Narrative
 - Section A - Administration
 - Section B - Program
- V. Detailed Budget Request
- VI. Assurance
- VII. Attachments

2.0 APPLICATION SUMMARY FORM INSTRUCTIONS

Complete the Application Summary following the instructions below. The Application Summary should be the second page in your application.

Section A - Agency Information

- Item 1 Enter the Project Title
- Item 2 The "Applicant Agency" is defined as the legal entity which assumes the liability for the administration of the grant funds and is responsible to DHS for the performance of the project activities.
- Item 3 Enter name, address, and telephone number of project director.
- Item 4 Enter name, address, and telephone number of project fiscal agent. The fiscal agent is the individual who is responsible for the receipt and administration of the project funds and for the submission of all fiscal reports to DHS.
- Item 5 Enter the Internal Revenue Services number assigned to the agency which is responsible for the employees hired under these project funds.
- Item 6 Enter the geographic boundaries. If the application is for coalition programming, indicate the other counties served.

- Item 7 If all or parts of the project will be subcontracted, fill in the name and address of the subcontractor.
- Item 8 Budget Summary
- The budget summary contains the total projected costs by cost category. All figures on this form should be rounded to the nearest dollar.
- Item 9 Enter the name, title, telephone number and signature of official.

II. Cocaine & other Substance Use Grant for Families Application Summary

Section A - AGENCY INFORMATION

1. Project Title

2. Applicant Agency

Telephone

Street Address

City

State Zip

3. Project Director

Telephone

Street Address

City

State Zip

4. Fiscal Agent

Telephone

Street Address

City

State Zip

5. Employer Identification No.

6. Describe Geographic Area Being Served including Milwaukee County, Cities and Tribes

7. Provide or attach (Identify attachment number below) names and addresses of all sub-contractors funded through this project

8. Annual Budget Summary (January 1, 2012 through December 31, 2012)

Budget Item

Amount

1. Salaries

2. Fringe

3. Travel

4. Equipment

5. Supplies and Operating Expenses

6. Contractual and Consultant Costs

7. Training

8. Other

9. Total

9. NAME, TITLE AND TELEPHONE NUMBER OF OFFICIAL AUTHORIZED TO COMMIT APPLICANT ORGANIZATION TO THIS AGREEMENT

Typed Name of Official

Telephone Number

Title

Signature

Date

APPLICATION FOR COCAINE & OTHER SUBSTANCE USE GRANT FOR FAMILIES

Agency Name: _____

Application Title: _____

Applicants are required to number all pages and to organize their application according to the following format. This form serves as a checklist of application contents and facilitates application evaluation. This page must be completed and attached to the front of the completed application as the first page.

I	Outline and Table of Contents (This page)	Page 1
II	Cocaine & Other Substance Use Grant for Families Application Summary	Page 2
III	Abstract	Page
IV	Narrative	Page
	Administration	Page
	Organizational Experience including Staffing and Qualifications	Page
	Program	Page
	Problem/Need Statement	Page
	Goals and Performance Expectations	Page
	Target Population	Page
	Work Plan	Page
	Care Coordination and Service Delivery	Page
	Data Collection and Evaluation	Page
	Program Design	Page
	Core Values	
	Women's Treatment Standards	
	Cultural and Linguistic Competence	Page
V	Budget	Page
	Budget Request	Page
	Budget Justification	Page
VI	Assurance of Compliance	Page
VII	Attachments	Page
	Letters of Support	Page
	Letters of Commitment	Page

Abstract (One Page)

Narrative

- A. Administration
 - 1. Organizational Experience including Staffing and Qualifications

- B. Project
 - 1. Problem/Need Statement
 - 2. Goals and Performance Expectations
 - 3. Target Population
 - 4. Work Plan
 - 5. Care Coordination and Service Delivery
 - 6. Data Collection and Evaluation
 - 7. Program Design
 - 8. Core Values
 - 9. Women's Treatment Standards
 - 10. Cultural and linguistics Competence

Budget

- 1. Budget Request
- 2. Budget Justification

3.0 ABSTRACT

The abstract must be one page only. The information in the abstract should provide a brief description of your Family-Centered Cocaine & other Substance Use Prevention & Treatment Program and provide documentation that you are clearly expanding the scope of your current program to women and their families, highlighting the main points from the Detailed Budget Request and Narrative Sections of your application.

4.0 NARRATIVE

A. ADMINISTRATION

1. Organizational Experience including Staffing and Qualifications (5Points)

The applicant has fully documented experience in providing community based AODA services for women and their families and is qualified to carry out the proposed program in a cost-effective manner.

The narrative should address all the elements in 6.0.1

B. PROGRAM

2 Problem/Needs Statement (10 Points)

The applicant's response shows that they have an excellent understanding of the programs and unmet needs in their community related to providing community based AODA services to women and their families. The application fully documents with statistical data, where available, the extent of the problem and fully demonstrates the inadequacy of existing programs in the program area to deal with the problem. This may include caseload information and unmet treatment need. If an agency has an existing program, documentation is provided that an expanded program is needed.

The narrative should address all the elements in 6.0.2

3. Goals and Performance Expectations (10 points)

The goals and objectives of the applicant's program are clearly stated and consistent with the goals and performance expectations of the RFP. The goals are stated for offenders as well as the service delivery and system goals. The applicant has made it very clear how these grant funds will be utilized in the development of a new program or to strengthen the current program so that it meets these goals. The

strategies described are logical and appropriate responses to the description of the problems and unmet needs. The discussion indicates an excellent understanding of how this program will impact target populations and/or expand/enhance current service delivery. Refer section 1.4.

The narrative should address all the elements in 6.0.3

4. Target Population (5 Points)

The target populations described in the application in Section 1 must be consistent with the stated goals of the RFP. If the application is for funds to develop a new program or expand or enhance the scope of existing programs, the application identifies the program's new target population. The applicant will identify a reasonable number of new individuals to be served by the program. The applicant will provide specific demographic information about the target population. In general, the composition should reflect the demographics of the community including racial/ethnic minorities where appropriate.

The narrative should address all the elements in 6.0.4

5. Work Plan (10 Points)

The work plan described in the application is related to the goals of the program listed in Section 1.4, will facilitate the program's accomplishing what has been proposed, and provides a timetable for implementation. Activities in the work plan are clearly assigned to personnel. The work plan is consistent with the objectives and can be accomplished given the time frames, staffing, and the budget proposed. Time frames for all tasks and activities in the work plan are appropriate to ensure that sufficient effort is planned.

The narrative should address all the elements in 6.0.5

6. Care Coordination Service Delivery (10 Points)

The applicant demonstrates that necessary community agencies have been or will be involved in the planning and execution of the program to achieve a coordinated approach to meet the needs of women and their families involved in various service systems. The application includes a description of how the applicant will work with appropriate treatment agencies, court systems, and/or corrections to achieve multi-system coordination at the direct service worker level, and a detailed explanation as to how these coordination efforts will relate to the application.

The narrative should address all the elements in 6.0.6

7. Data Collection and Evaluation (5 Points)

The applicant will evaluate the grant program by use of NOMS outcome measurements identified in Section 1.6 that the Department approves.

The applicant's evaluation plan should follow the Goals and Work Plan. The applicant will discuss criteria of measurement that will demonstrate if the intended results have or have not been achieved.

The narrative should address all the elements in 6.0.7

8. Program Design (10 Points)

The applicant thoroughly describes the program design emphasizing evidence-based strategies and will include all aspects described in Section 1.5.

The narrative should address all the elements in 6.0.8

9. Core Values (15 points)

The applicant thoroughly describes the Core values emphasizing the treatment programs policies and procedures. Refer section 1.7.

The narrative should address all the elements in 6.0.9.

10. **Women's Treatment Standards (15 points)**

The applicant thoroughly describes the **Relational-Cultural Model** - The relational model recognizes the centrality of relationships or connections in women's lives and their importance in the development of alcohol, tobacco, and drug problems. Substance abuse is considered a problem of "disconnection". The relational model stresses the development and repair of connections to others, the self, the spirit, and one's culture as critical for recovery. A relational approach examines how women's relationships affect health status, attitudes, and behaviors, including the impact of women's care-taking roles in the family and society. The relational model also assumes a family-focused perspective, using a broad definition of family to mean whomever a woman defines as her significant support and emotional system. This implies that a woman's children are included in her treatment and that prevention and treatment services are provided directly to her children.

The narrative should address all the elements in 6.1.0

11. **Cultural and Linguistic Competence (5 Points)**

All applicants are required to incorporate cultural and linguistic competencies as they work through the elements of the Grant. Cultural Competence means "A set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations." See the National Center for Cultural Competence at: <http://www.ncccurrericula.info/>. (Glossary)

Linguistic Competence

The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing. Linguistic competency requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity.

Developed by Tawara D. Goode and Wendy Jones, 8/00, Revised 8/03, 9/08, 3/09.

National Center for Cultural Competence, Georgetown University Center for Child & Human Development

The narrative should address all the elements in 6.1.1

5.0 BUDGET

All applicants are required to attach a detailed budget and narrative budget justification that supports the proposed program. A sample budget template is attached for assistance. It is not necessary to use the attached budget; an applicant may use a budget template of their choice as long as it addresses the elements in the attached sample template.

6.0 ASSURANCE OF COMPLIANCE

All applicants are required to complete the attached Assurance of Compliance form and include it in their application.

7.0 APPLICANT'S ATTACHMENTS

All applicants are required to submit letters of support and letters of commitment from collaborative agencies.

ANNUAL BUDGET DETAIL (sample)
 Period: January 1, 2012 – December 31, 2012

1. Project Personnel

(a) Position Title	(b) % of Time Budgeted	(c) Hr. Rate or Monthly Salary	(d) Hrs. Per Week	(e) No. of Months Budgeted	(f) Annual Cost (Sub-Total)
	%	\$			\$
	%	\$			\$
	%	\$			\$
	%	\$			\$
	%	\$			\$

SUB-TOTALS TOTALS

(g) Project Personnel Total Salary (Total from Column (f) above)					\$
2.	Fringe Benefits (List percentage of total Salary Cost in box)			%	\$
3.	Travel				\$
	(a) In-State Travel			\$	
	(b) Out-of-State Travel			\$	
	(c) Other			\$	
4	Equipment				\$
5.	Supplies and Operating Expenses				\$
6.	Consultant and Contractual Costs				\$
	(b) Training – Technical Assistance			\$	
	(c) Other			\$	
7.	Training				\$
	(a) Internal - Staff Development			\$	
	(b) Other			\$	
8.	Advertising				\$
9.	Other Expenses				\$
10.	Total				\$

NOTE: BUDGET DETAIL IS TO BE PROVIDED IN THE BUDGET JUSTIFICATION FOR (1) PROJECT PERSONNEL, (2) FRINGE BENEFITS, (3) TRAVEL, (4) EQUIPMENT, (5) SUPPLIES & OPERATING EXPENSES, (6) CONSULTANT AND CONTRACTUAL COSTS, (7) TRAINING, (8) ADVERTISING AND (9) OTHER EXPENSES

RECOMMENDED BUDGET TEMPLATE ATTACHED

ASSURANCE OF COMPLIANCE

Assurances of Compliance with Department of Health Services Regulations

(Completion of this form is consistent with the intent of Title VI, Civil Right Act & 45 CFR Part 80)

(Name of Applicant Agency, hereinafter called the "Applicant") **HEREBY AGREES THAT** it will comply with the following assurances:

The undersigned possesses legal authority and capacity to enter into this contract and a motion has been duly passed as an official act of the governing body of the application, authorizing the execution of this agreement, including all understandings and all assurances contained therein, and authorizing the person identified as the official representative for the Applicant to act in connection with the Applicant and to provide such additional information as may be required.

The Applicant agrees that (a) funds granted as a result of this request are to be expended for the purposes set forth in this application and in accordance with all applicable laws, regulations, policies and procedures of the State of Wisconsin or the Federal Funding Agency, as applicable; (b) no expenditures will be eligible for inclusion if occurring prior to the effective date of the grant; funds awarded by the Wisconsin Department of Health Services may be terminated at any time for violation of any terms and requirements of this agreement.

The Applicant ensures compliance with the Title VI of the Civil Rights Act of 1964 (P.L. 88-342), and all requirements imposed by or pursuant to the regulations of the Department of Health and Human Services (45 CRF Part 80) issued pursuant to that title. To that end, and in accordance with Title VI of that act and the regulations, no person in the United States shall, on the grounds of race, color or national origin, be excluded from participating in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity in which the designated agency received federal assistance, or financial assistance from the Department; and **HEREBY GIVES ASSURANCE THAT** it will immediately take any measures necessary to effectuate this agreement.

The Applicant ensures compliance with Title IX of the Education Amendment of 1972 which state that no person in the United States shall, on the basis of sex, be excluded from participating in, be denied the benefit of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives or benefits from Federal financial assistance.

The Applicant shall comply with Section 504, Rehabilitation Act of 1973 which prohibits discrimination on the basis of a physical condition or handicap and the Age Discrimination Act of 1975 which prohibits discrimination because of age.

The Applicant shall ensure the establishment of safeguards to prevent employees, consultants, or members of governing bodies from using their position for purpose that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business, or other ties as specified in Wisconsin Statutes 946.10 and 946.13.

(Type Name of) Applicant Organization: _____

(Type Name of) Authorized Representative: _____

(Signature of) Authorized Representative: _____ Date: _____