

**NORTHCARE NETWORK  
FY2025  
PREVENTION REQUEST FOR PROPOSAL**

**ISSUED BY:** NorthCare Network  
1230 Wilson Street  
Marquette, MI 49855

**PROJECT TITLE:** Request for Proposals (RFP)  
Primary Substance Use Disorder Prevention Programming  
NorthCare Network Substance Use Disorders:  
Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron,  
Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and  
Schoolcraft Counties

**RFP ISSUE DATE:** June 3, 2024

**PROPOSAL DUE:** Friday, June 21, 2024 by 4:00 pm EST  
**LATE SUBMISSIONS WILL NOT BE ACCEPTED**

**QUESTIONS:** [preventionservices@northcarenetwork.org](mailto:preventionservices@northcarenetwork.org)  
There will be a virtual Zoom meeting on Friday, June 14<sup>th</sup>  
at 1 pm to answer any questions. To request the Zoom  
link, please email  
[preventionservices@northcarenetwork.org](mailto:preventionservices@northcarenetwork.org)

**SUBMIT TO:** Prevention Services via e-mail at  
[preventionservices@northcarenetwork.org](mailto:preventionservices@northcarenetwork.org), a confirmation e-mail will  
be sent

**NORTHCARE NETWORK  
SUBSTANCE USE PREVENTION PROPOSAL FY 2025**

**TABLE OF CONTENTS**

<b>PART I – General Information for the Contractor</b>	<b>Page</b>	<b>3</b>
Purpose		
Issuing Office		
Data		
Requested Services to be Delivered		
Contract Period		
General Requirements		
Reporting Requirements		
Evaluation Requirements		
Information		
Independent Price Determination		
Prebid Webinars		
Proposals		
Acceptance of Proposal Content		
Negotiations		
Revisions		
<b>PART II – Request for Proposal Requirements</b>	<b>Page</b>	<b>7</b>
Cover Sheet for Proposal		
Current Staff List		
Prevention FTE Detail		
Plan Summary		
Coalition Action Plan Summary		
Program Budget Summary		
Youth Access to Tobacco Planning Chart		
<b>PART III – Criteria for Selection</b>	<b>Page</b>	<b>9</b>
Review		
Required Components		
Prior Contract		
Scoring Template		

---

**Proposal Template**

Proposal Cover Sheet, Prevention Staff List, Plan Summary,  
Coalition Plan Summary, Youth Access to Tobacco Planning Chart

**Additional Proposal Documents**

RFP Budget (includes summary and detail), Prevention FTE Detail

**NORTHCARE NETWORK  
SUBSTANCE USE PREVENTION PROPOSAL FY 2025**

**PART I - GENERAL INFORMATION FOR THE CONTRACTOR**

**1. PURPOSE**

NorthCare Network is letting out for fair and competitive bid this Request For Proposal (RFP) to licensed prevention organizations for the Fiscal Year 2025 (October 1, 2024 - September 30, 2025). Organizations with expertise in providing substance misuse disorder prevention services are eligible to bid.

**2. ISSUING OFFICE**

Through a contract with the Michigan Department of Health and Human Service (MDHHS) for prevention services this RFP is issued by NorthCare Network who is the sole point of contact for this RFP.

**3. DATA**

For the purpose of this RFP, data from the Michigan Community Epidemiological Profile (see link below) was used for state consequences. This profile was produced by the State Epidemiological Outcomes Workgroup (SEOW) and is intended to provide information on various prevention indicators that can be used for planning and data monitoring. Alcohol, drug and tobacco use consequences and consumption have been identified. Local consumption data is from the 2018/2019/2020 Communities That Care Youth Surveys.

**Alcohol Use**

**Consequences**

Between 2011 and 2020, alcohol related traffic crashes involving at least one driver, 16 to 20 years of age, who had been drinking, caused an annual average of 98.3 deaths and serious injuries.

**Local Consumption**

In 2018/2019/2020 18.09% of students (6th to 12th graders) reported having had at least one drink of alcohol on one or more of the past 30 days.

**Drug Use**

**Consequences**

In 2020, the percent of youth who reported opioids as their primary substance use at admission for substance use disorder treatment was 11.7%

**Local Consumption**

Nonmedical use of pain relievers among persons 6<sup>th</sup> – 12 grade students was 1.92%.

**Tobacco Use**

**Consequences**

Incidence of lung cancer 59.6 cases per 100,000 individuals between 2010-2018.

**State Consumption Rate**

In 2018/2019/2020, the percent of youth who smoked cigarettes during the past 30 days is at 17.33%

For additional information and the Michigan Community Epidemiological Profile, click [SEOW \(michigan.gov\)](https://seow.michigan.gov) .

# NORTHCARE NETWORK

## SUBSTANCE USE PREVENTION PROPOSAL FY 2025

### 4. REQUESTED SERVICES TO BE DELIVERED

The focus of this RFP is the provision of universal evidence-based substance misuse disorder prevention services in the NorthCare Network region.

Priorities for the FY25 proposals:

- Reduce underage drinking
- Reduce opioid prescription misuse, including non-medical opioid misuse and abuse
- Reduce underage marijuana use in youth and young adults
- Reduce stimulant use among youth
- Reduce Youth Access to Tobacco/Synar compliance
- Increase prevention services for adults ages 55 and older

At a minimum, evidence based universal prevention services for middle/high school youth and families as well as community based environmental promotion/education focused on elevated risk and/or reduced protective factors are required as part of the Behavioral Health Continuum of Care Model. In response to the opioid crisis, increased selective/indicated prevention services for at risk or substance use involved youth are encouraged.

### 5. CONTRACT PERIOD

The contract period for this RFP is October 1, 2024 through September 30, 2025.

### 6. GENERAL REQUIREMENTS

The following minimum requirements must be met to be to be considered for prevention funding:

- A. Currently possess [LARA Community Change, Alternatives, Information, and Training \(CAIT\)](#) Prevention License as required and must follow all licensing requirements.
- B. Prevention staff performing multiple prevention strategies must have prevention credentials or a registered development plan with the Michigan Certification Board for Addiction Professionals ([MCBAP](#)) as well as dedicate resources to support these plans. In addition, staff providing only one prevention strategy must attend the six-hour face to face or virtual Prevention Ethics course within twelve (12) months of hire.
- C. May be a private, public or private non-profit agency. Public and private non-profit agencies must have a governing board that is representative of the community and clients served and meet on a regularly scheduled basis.
- D. Provide the necessary administrative support for the operation of prevention programs proposed, including a financial system that meets generally accepted accounting principles and computer equipment/software needed to electronically submit data.
- E. Identify involvement in collaborative efforts to attract other sources of funding that will enhance local prevention programming.
- F. Understand and operate within an ethnic, racial, age and economically diversified population by providing accessible and acceptable services. In addition, Affirmative Action guidelines must be adhered to as they relate to personnel.
- G. Respond to opportunities to encourage local implementation of *the [Michigan Profile for Healthy Youth Survey](#)* (MiPhy). The MiPhy is an essential element of prevention

**NORTHCARE NETWORK**  
**SUBSTANCE USE PREVENTION PROPOSAL FY 2025**

programming as a consistent local data source on risk and protective factors most predictive of alcohol, tobacco, other drug use and violence.

- H. For coalitions only: must follow and be in adherence with the Communities that Care coalition model.
- I. For Designated Youth Tobacco Use Representatives/Agencies involved in Synar activities only: Select a minimum of 25% of vendors listed within each county during the designated vendor education initiative time period. During the selection process, please take into consideration:
  - Sites selected for last year's vendor education initiative.
  - New businesses.
  - Repeat violator sites identified as part of the Formal Synar Survey and the Non-Synar compliance check process.
  - Locations with higher risk factors for selling (i.e. to minority groups, close proximity to middle and high schools).
  - Types of businesses known to sell tobacco to youth at a greater frequency than others, such as, gas stations, bars and lounges, and restaurants.

**6. REPORTING REQUIREMENTS**

The selected agencies/programs will be required to supply or enter statistical and financial data on the forms developed by NorthCare Network as scheduled.

- A. Encounter data will be entered into the state's data collection system, currently the Michigan Prevention Data System ([MPDS](#)) by the 5th of the month following service delivery. If the data entry timeline cannot be met a request for an extension must be submitted in writing to [preventionservices@northcarenetwork.org](mailto:preventionservices@northcarenetwork.org).
- B. When additional funding is used to enhance prevention funded by NorthCare Network, all services must be entered into state's data entry system/MPDS.
- C. Financial reporting includes yearly budget submission, periodic budget amendments and monthly Financial Status Reports for reimbursement.

**7. EVALUATION REQUIREMENTS**

- A. Outcome-based evaluation plans which include documentation of client/program impact must be provided
- B. Local Communities That Care coalitions must be permitted to monitor program delivery based on their implementation/evaluation plans for all selected agencies/programs and participation in the development of those plans is recommended.

**8. INFORMATION**

- A. Proposals shall be prepared simply, economically, and according to the format established.
- B. News releases pertaining to the RFP will not be made without prior NorthCare Network approval.

**NORTHCARE NETWORK**  
**SUBSTANCE USE PREVENTION PROPOSAL FY 2025**

C. Information provided shall not be disclosed outside of NorthCare Network in whole or in part for any purpose other than to evaluate the proposal. If a contract is awarded NorthCare Network shall seek permission to use or disclose pertinent information. This restriction does not limit NorthCare Network's right to use information contained herein if obtained from another source.

**9. INDEPENDENT PRICE DETERMINATION**

By submission of a proposal, the organization certifies and in the case of joint proposal, each party certifies that the prices proposed have been arrived at independently, without

consultation, communication, or agreement, for the purpose of restricting competition. The individual signing the proposal certifies that he/she is the person responsible or authorized by the organization to set costs being offered.

**10. PROPOSALS**

Proposals must be submitted **electronically**. The proposal will remain valid for at least ninety (90) days.

**Submission must be sent by the deadline to:**

RFP Team at [preventionservices@northcarenetwork.org](mailto:preventionservices@northcarenetwork.org)

**11. ACCEPTANCE OF PROPOSAL CONTENT**

The contents of the proposal of the successful bidder will become contractual obligations if a contract ensues. Failure of the successful bidder to accept these obligations may result in cancellation of the award. NorthCare Network reserves the right to interview key personnel assigned to this project and to negotiate continuation funding with contractors on an annual basis. NorthCare Network further reserves the right to approve subcontractors for this project and to replace subcontractors found to be unacceptable.

**12. NEGOTIATIONS**

Negotiations may be undertaken with potential contractors whose proposals prove them to be qualified, responsible and capable of performing the work. NorthCare reserves the right to consider proposals or negotiate modifications including indirect rates at any time before the award is made and reserves the right to reject any and all proposals received as a result of this RFP. This RFP is made for information and planning purposes only.

**13. REVISIONS**

In the event it becomes necessary to revise any part of this RFP, addenda will be provided to all potential contractors who received the basic RFP.

**NORTHCARE NETWORK  
SUBSTANCE USE PREVENTION PROPOSAL FY 2025**

**PART II - RFP REQUIREMENTS**

**1. COVER SHEET FOR PROPOSAL**

Please complete all sections of this form.

**2. CURRENT STAFF LIST**

Include name, job title and credentials of each staff person **associated with this proposal**.

**3. PREVENTION FTE DETAIL**

Includes information regarding planned program services for each staff person and the calculation of their full time equivalent.

**3. PLAN SUMMARY (for programs, N/A for coalitions)**

The plan narrative must include items below, in **no more than one (1) page**, as relevant to your plan:

- A. Specific information on prevention programs should include implementation information including factors that may impact the implementation such as referrals, advertising and promotion or lack of MOUs.
- B. List the MOUs in place for program delivery (please include copies at time of submission).
- C. Information on how national/regional prevention efforts and/or programming will be used to subsidize local funding.

**4. COALITION PLANNING TOOL (for funded Communities that Care coalitions, N/A for programs) The coalition planning tool must be completed for all coalition leadership plans. This document must be completed for EACH coalition. Information must include:**

- A. Current Action Plan that outlines the community profile, community data summary, what steps the coalition is taking and how those steps will impact the desired outcomes on one or more of the identified substance use prevention priorities:

Reduce underage drinking, prescription, and over-the-counter drug misuse, including opiates, underage marijuana use, Youth Access to Tobacco

If there is not a current Coalition Action Plan, include a summary of where the coalition is in the data collection phase and/or creating of the Action Plan.

- B. Identify long term goals with measurable outcomes
- C. Briefly describe what progress has and has not been made regarding action items in the current action plan
- D. List of active members by workgroup (**active members are those participating in coalition work beyond meetings on a regular basis NOT events**)
- E. A plan for monitoring effectiveness of coalition efforts as well as the progress of the action plan
- F. Information on the where the community is in the [Communities That Care](#) process

**5. PROGRAM BUDGET DETAIL**

This form is designed to offer a detail of the proposed cost of the proposal **per county**. Complete one per county. If multiple services are delivered in a particular county all services

**NORTHCARE NETWORK  
SUBSTANCE USE PREVENTION PROPOSAL FY 2025**

are to be included.

If indirect cost rate is used, submit a copy of the rate calculations with a detailed explanation of calculations or submit the approved federally negotiated indirect cost rate, if applicable. If electing the de minimis rate of 15% of modified total direct costs, no other documents will be required. Indirect Cost allocations must be calculated in accordance with 2 CFR Part 200 Subpart E. For this contract, the ceiling amount reimbursable for indirect costs is 25%. If indirect rates developed on the basis of actual allowable costs result in a lower amount for indirect costs, the lower amount will be paid. NorthCare Network will not be obligated to pay any additional amounts for indirect costs above the ceiling rate.

**6. PROGRAM BUDGET SUMMARY**

The budget summary should include all budget details and represent the entire amount requested **per agency** not by county.

**7. YOUTH ACCESS TO TOBACCO SERVICES PLANNING FORM**

Only agencies involved in Synar activities need to complete this form. Include:

- A. Summary of how many vendors in the DYTUR Region will receive Vendor Education, and how education will be completed (phone, email, in-person, etc).
- B. If volunteers will be utilized, what role they will play beyond Synar checks.
- C. If any non-Synar checks are to be done, how many vendors will receive this?



**NORTHCARE NETWORK  
SUBSTANCE USE PREVENTION PROPOSAL FY 2025**

**PART III - CRITERIA FOR SELECTION**

**1. REVIEW**

All proposals received will be reviewed in detail by the issuing office for the purpose of selecting bidders with whom contracts will be signed. All components of the NorthCare Procurement Process will be followed.

**2. REQUIRED COMPONENTS**

- A – 1 Proposal Cover Sheet
- A – 2 Current Staff
- A – 3 FTE Calculations (Excel file)
- A – 4 Plan Summary
- A – 5 Coalition(s) Action Plan
- A – 6 Program Budget Summary (Excel file)
- A – 7 Program Budget Detail (Excel file)

If Required:

- A – 8 Indirect Cost Calculations/Federally Negotiated Indirect Cost Document
- A – 9 Youth Access to Tobacco Planning Chart

**3. PRIOR CONTRACT**

Consideration will be given to prior contract performance when scoring agency/program proposals which includes:

- Adherence to reporting timelines including FSR submissions, MPDS entry/quarterly reports
- Site visit results
- Consistency in delivering programs with fidelity including the use of fidelity check lists
- Percent of previous contract services rendered

**4. SCORING TEMPLATE**

The Scoring template used by Northcare Network evaluation team is included for your information.

**NORTHCARE NETWORK  
SUBSTANCE USE PREVENTION PROPOSAL FY 2025**

Proposal Cover Sheet

Applicant Legal Name:		
Address:	Telephone:	
Name, Title of Contact Information Regarding this Proposal:		
Name of Authorized Expeditor:		
LARA Substance Abuse License Number (s):		
Federal ID Number:		
Type of Applicant:		
<input type="checkbox"/> State	<input type="checkbox"/> Individual	<input type="checkbox"/> Other
<input type="checkbox"/> Federal	<input type="checkbox"/> Municipal	<input type="checkbox"/> Profit Organization
<input type="checkbox"/> Non-Profit Organization		

NorthCare Network	0.00
Other Funding	0.00
Local	0.00
Fees	0.00
<b>Total</b>	<b>\$ 0.00</b>

\_\_\_\_\_

Print Name of Authorized Representative

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**NORTHCARE NETWORK  
SUBSTANCE USE PREVENTION PROPOSAL FY 2025**

**Prevention Staff**

Include name, job title, check appropriate credentials of each staff person providing prevention services for this proposal and expiration date. For individuals without a development plan or credentials please provide information regarding plan for certification.

Name	Job Title	Dev Plan	CPC	CPS	Expiration Date

Note:

**NORTHCARE NETWORK  
SUBSTANCE USE PREVENTION PROPOSAL FY 2025**

Plan Summary

**NORTHCARE NETWORK  
SUBSTANCE USE PREVENTION PROPOSAL FY 2025**

Coalition Action Plan

Please provide actual Coalition Action Plans.

**NORTHCARE NETWORK  
SUBSTANCE USE PREVENTION PROPOSAL FY 2025**

Youth Access to Tobacco Planning Form

Please provide a summary of how many vendors in the DYTUR Region will receive Vendor Education, and how education will be completed (phone, email, in-person, etc).

If volunteers will be utilized, what role they will play beyond Synar checks. Please list specific volunteers that will be used.

If any non-Synar checks are to be done, how many vendors will receive this?