



**SEDGWICK COUNTY, KANSAS
DIVISION OF FINANCE DEPARTMENT**

Purchasing Department

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[https://www.sedgwickcounty.org/finance/purchasing/
requests-for-bid-and-proposal/](https://www.sedgwickcounty.org/finance/purchasing/requests-for-bid-and-proposal/)

REQUEST FOR PROPOSAL

RFP #23-0076

**ASSISTANCE WITH THE EVALUATION AND PERFORMANCE MEASUREMENT PLAN
OF THE OVERDOSE PREVENTION OD2A: LOCAL GRANT**

December 5, 2023

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm to provide ongoing assistance with evaluation and performance measurement for OD2A: LOCAL grant activities and projects. If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request for Proposal. Responses are due no later than **1:45 pm CST, TUESDAY, JANUARY 16, 2024**.

All contact concerning this solicitation shall be made through the Purchasing Department. Proposers shall not contact county employees, department heads, using agencies, evaluation committee members or elected officials with questions or any other concerns about the solicitation. Questions, clarifications and concerns shall be submitted to the Purchasing Department in writing. Failure to comply with these guidelines may disqualify the Proposer’s response.

Sincerely,

Joseph Thomas

**Joe Thomas
Purchasing Director**

JT/ks

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I. About this Document

This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the county is seeking a solution, as described on the cover page and in the following Background Information section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As defined in Charter Resolution No. 68, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a proposer's approach meets the desired requirements and needs of the county. Criteria that will be used and considered in evaluation for award are set forth in this document. The county will thoroughly review all proposals received. The county will also utilize its best judgment when determining whether to schedule a pre-proposal conference, before proposals are accepted, or meetings with proposers, after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified proposer submitting the best proposal. **Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.**

The nature of this work is for a public entity and will require the expenditure of public funds and/or use of public facilities, therefore the successful proposer will understand that portions (potentially all) of their proposal may become public record at any time after receipt of proposals. Proposal responses, purchase orders and final contracts are subject to public disclosure after award. All confidential or proprietary information should be clearly denoted in proposal responses and responders should understand this information will be considered prior to release, however no guarantee is made that information will be withheld from public view.

II. Background

Sedgwick County, located in south-central Kansas, is one of the most populous of Kansas' 105 counties. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas' counties. Organizationally, the county is a Commission/Manager entity, employs about 2,500 persons, and hosts or provides a full range of municipal services, e.g. – public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

Sedgwick County has a total population 523,828 as of 2021. A majority of this population (395,699) live in Wichita, the largest city in Kansas. The Sedgwick County Health Department (SCHD) serves all within the county, providing services related to immunizations, family planning, disease investigation, data analysis, and supporting pregnant women and those with young children, among other services.

Sedgwick County opioid deaths have increased over time. Local data shows an increase in opioid-associated deaths from 28 in 2018 to 90 in 2020. Drug-associated deaths have increased from 28 deaths in 2000 to 153 deaths in 2020. County resident-associated deaths are most closely tied to opioids. Opioid-related emergency room visits in Sedgwick County amounted to almost twice as much as the state of Kansas as a whole in 2021.

Overdose affects individuals, families, and communities, and there is an urgent need to support overdose prevention at the local level. SCHD has been awarded [the Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities](#) (OD2A: LOCAL) (OD2A) federal cooperative agreement. This funding supports jurisdictions in collecting high quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform prevention and response efforts. OD2A focuses on understanding and tracking the complex and changing nature of the drug overdose epidemic and highlights the need for seamless integration of data into prevention strategies. OD2A funding focuses on opioids, stimulants, and polysubstance use involving opioids and/or stimulants. OD2A funds collaborative efforts on linkage to care, training of medical providers and the community, harm reduction, and increased data monitoring.

Some OD2A activities require the SCHD to contract with other organizations for the duration of the grant period which begins September 1, 2023 and ends August 31, 2028. Funding is provided by the Centers for Disease Control and Prevention (CDC) yearly as grant deliverables are met and funding is available.

III. Project Objectives

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm or firms to provide ongoing assistance in project evaluation and performance measurement for OD2A: LOCAL grant activities and projects. The following objectives have been identified for this contract:

1. Acquire technical expertise to assist SCHD in evaluation and performance measurement for OD2A: LOCAL grant activities and projects that meets the parameters, conditions and mandatory requirements presented in the document.
2. Acquire assistance with creation and implementation of the grant’s Evaluation and Performance Measurement plan that meets the parameters, conditions and mandatory requirements presented in the document.
3. Acquire assistance with creation and implementation of the grant’s required Needs Assessment that meets the parameters, conditions and mandatory requirements presented in the document.
4. Acquire planning and performance of the Targeted Evaluation Project (TEP) that meets the parameters, conditions and mandatory requirements presented in the document.
5. Establish contract pricing with the proposer that has the best proven performance, service and customer satisfaction.
6. Acquire services with the most advantageous overall cost to the county.

IV. Submittals

Carefully review this Request for Proposal. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate with an electronic response, the RFP number must be entered in the subject line and email the entire document with supplementary materials to:

Purchasing@sedgwick.gov

Should you elect to participate with a physical response, the response must be sealed and marked on the lower left-hand corner with the firm name and address, bid number, and bid due date. Submit one (1) original **AND** one (1) electronic copy (.PDF/Word supplied on a flash drive) of the entire document with any supplementary materials to:

Joe Thomas
Sedgwick County Purchasing Department
100 N. Broadway, Suite 610
Wichita, KS 67202

SUBMITTALS are due **NO LATER THAN 1:45 pm CST, TUESDAY, JANUARY 16, 2024.** If there is any difficulty submitting a response electronically, please contact the Purchasing Technicians at purchasing@sedgwick.gov for assistance. Late or incomplete responses will not be accepted and will not receive consideration for final award. If you choose to send a hard copy of your proposal, Sedgwick County will not accept submissions that arrive late due to the fault of the U.S. Postal Service, United Parcel Service, DHL, FedEx, or any other delivery/courier service.

Proposal responses will be acknowledged and read into record at Bid Opening, **which will occur at 2:15 pm CST on the due date.** No information other than the respondent’s name will be disclosed at Bid Opening. We will continue to have Bid Openings for the items listed currently. If you would like to listen in as these proposals are read into the record, **please dial our Meet Me line @ (316) 660-7271 at 2:15 pm.**

V. **Scope of Work**

The OD2A: LOCAL grant and overdose prevention requires a multifactor, community-wide, data-driven approach. Collection, evaluation, and measurement of data are critical to the success of activities. SCHD and community, healthcare and public safety partners will utilize data to inform and execute action steps to decrease overdoses in at-risk areas through Grant Component A (enhanced linkage to care coordination, increased harm reduction education and distribution, increased training for the healthcare system about substance use disorder and clinician and health service best practices, and enhanced overdose surveillance activities), and Grant Component B (testing of drug products and paraphernalia). Data for this work will be collected among the many partners dedicated to substance use training, screening, linkage to care, treatment, and harm reduction, especially among priority populations (Black African American, people ages 15-25, people who are unhoused and veterans).

This Request for Proposal process will identify one organization or business that can provide assistance to the SCHD for ongoing evaluation of the grant activities. SCHD staff will monitor and perform some evaluation, and the vendor will provide technical expertise throughout the grant, will collaborate with SCHD on the detailed Evaluation and Performance Measurement plan and will assist with the required Needs Assessment within the first 6 months of the award. In addition, the vendor will plan for and perform the Targeted Evaluation Project (TEP) and will evaluate one translational product by years 4 and 5 of the funding period. Each part of the evaluation will include collaboration with and updating for CDC approval. See Reference 1 for the Evaluation Quarterly Report, and References 2 and 3 for the initial Components A and B Evaluation and Performance Measurement Plans SCHD submitted to the CDC. These plans will be expanded during the grant period as defined below.

Technical Expertise

Throughout the grant period, vendor will provide technical expertise to SCHD on creation, implementation, and monitoring of performance measurements and grant activities for Components A and B.

Evaluation and Performance Measurement Plan

Within the first six months of the award, vendor will assist SCHD to update and provide details to the Components A and B SCHD Evaluation and Performance Measurement plan for the grant. The detailed plan will include 1) Describing the data to be collected or generated; 2) Creating standards for collection of data; 3) Describing the mechanisms for or limitations to providing access to and sharing of the data (include a description of provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights); 4) Addressing access to identifiable and de-identified data; 5) Creating a statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; 6) Implementing plans for archiving and long-term preservation of the data and 7) Evaluating the overall system of data tracking and dissemination to identify potential gaps or uses for data.

Needs Assessment

Within the first six months of the award, vendor will assist SCHD to create, implement and evaluate a Community Needs Assessment focused on substance use disorder, pain management, connection to resources and overdose data surveillance. The Assessment will include conducting community listening sessions in vulnerable communities and conducting interviews of key informants from the public and from community agencies. Vendor will assist SCHD with writing and reviewing the results of the Community Needs Assessment through development of reports and website content.

Targeted Evaluation Project (TEP)

By year 4 of the grant, vendor will lead and complete one TEP, which, for this funding, is an in-depth evaluation of grant navigation activities related to linkage to care and linkage to harm reduction services. This TEP will provide a greater understanding of the navigation activities and will guide program improvement. The TEP will provide recipients and CDC with a substantially greater understanding of facilitators and barriers to implementing navigation activities across settings with different types of navigators. The vendor will update the TEP plan submitted with the grant application and describe in detail the process for addressing navigation activities; the evaluation design and key evaluation questions; the methods, scale and scope of the evaluation; and the plan for conducting the TEP; data collection methods such as surveys, key informant interviews and document review. The vendor will evaluate outcomes of key evaluation questions, evaluate indicators for outcome and measurable achievements, and evaluate and communicate how findings will be used to guide program improvement. The vendor will write the final report with review by SCHD and CDC.

Translational Product Evaluation

By year 5 of the grant, vendor will lead and complete one evaluation of detailing kits that will be created and implemented during the grant period by graduate students. The detailing kits contain materials for healthcare providers about pain management best practices. Students will meet with providers in small groups or individually to review the materials and answer specific questions to inform understanding. The students will evaluate each detailing session. The vendor will develop and implement the evaluation plan and analyze the information from each detailing session, creating an evaluation report of the project.

Table A. FUNDING FOR ASSISTANCE WITH THE EVALUATION AND PERFORMANCE MEASUREMENT PLAN OF THE OD2A: LOCAL GRANT
(Subject to change based on budget variations year to year. Funds are non-negotiable.)

Service	Year 1 (09/01/2023 – 08/31/2024)	Year 2 (09/01/2024 – 08/31/2025)	Year 3 (09/01/2025 – 08/31/2026)	Year 4 (09/01/2026 – 08/31/2027)	Year 5 (09/01/2027 – 08/31/2028)
Evaluation and Performance Measurement	\$60,000	\$50,000	\$47,300	\$40,000	\$45,300

Specific Activities

Vendor must communicate with SCHD at least biweekly (every two weeks) on all activities under this contract. Proposer must meet the parameters, conditions and mandatory requirements for evaluation and performance measurement as outlined below. Funding for each year may vary, will be monitored by SCHD, and will not exceed annual amount. SCHD will perform quarterly site visits to ensure deliverables are accomplished. The site visit report is found in Reference 1 OD2A Evaluation Quarterly Report. Payment for services can be invoiced monthly. Properly submitted invoices and/or billing statements will be paid within thirty (30) calendar days of receipt by County. Funding can be withheld if deliverables are not met.

1. Provide Technical Expertise

Vendor will assist SCHD with the activities listed below throughout the grant period. Needs will vary from month to month. SCHD and vendor will agree on the vendor's time of assistance and activities at least one week prior to the next month.

- Track grant activity outputs.
- Analyze current and new workflows and data quality.
- Evaluate effectiveness of referrals (did patient utilize referral, did patient meet established goals, was warm hand-off question answered in appropriate time, etc.).
- Evaluate effectiveness and usefulness of educational materials and toolkits.
- Evaluate current use and enhancements of ODMAP data, including data quality.
- Evaluate health system collaborative by tasks accomplished, community-wide projects performed, engagement in the meetings and activities.

- Survey community partners to determine effectiveness, usefulness, and ease of use for partner data sharing system.
- Evaluate overall system of data tracking and dissemination to identify potential gaps or uses for data.
- Evaluate effectiveness of grant funded positions.
- Assist with preparing for a CDC cross-site evaluation, sharing data already collected (e.g., required performance measures) and/or participating in new data collection activities (e.g., qualitative interviews).
- Assist with quarterly data submission to CDC and creation of standard reports for Component B.

2. Assist with updating and finalizing the Evaluation and Performance Measurement Plan

Vendor will assist with the **Evaluation and Performance Measurement plan** within the first 6 months of the award (9/1/23 through 3/1/24)

- Assist with evaluation of the overall system of data tracking and dissemination to identify potential gaps or uses for data.
- Assist with writing and reviewing the plan.

3. Assist with creating and implementing the Needs Assessment

Vendor will assist with the **Needs Assessment** within first 6 months of award (9/1/23 through 3/1/24)

- Assist with community listening session data collection tools and analysis of data.
- Assist SCHD with writing and reviewing the results of the Community Needs Assessment through development of reports and website content.

4. Lead, implement and document evaluation of translational product

Vendor will lead this work by Grant Year 5

- The **translational product** is development and implementation of detailing kits and the training of healthcare providers performed by graduate students on pain management best practices.
 - Develop and implement evaluation plan with key evaluation questions, indicators and outcomes by 8/31/24.
 - Create evaluation tools for graduate students to use at the detailing sessions by 10/31/24.
 - Obtain data from graduate students after they finish each detailing session from 11/1/24 through 8/31/26.
 - Analyze information from each detailing session from 11/1/24 through 8/31/27.
 - Write detailed report on the overall project effectiveness and complete review by SCHD and CDC by 6/30/28.

5. Complete a Targeted Evaluation Project (TEP)

Vendor will lead this work by Grant Year 4

- The TEP is an in-depth program evaluation of navigation for linkage to care and linkage to harm reduction services implemented during the cooperative agreement.
 - Update TEP plan by 9/30/24.
 - Create and evaluate potential key evaluation questions, indicators, data collection methods, and data sources by 9/30/24.
 - Create data collection methods. This may include surveys, key informant interviews, and/or document review by 12/31/24.
 - Evaluate outcomes of key evaluation questions from 12/31/24 through 8/31/26. Report quarterly.
 - Evaluate indicators for outcomes and measurable achievements from 12/31/24 through 8/31/26. Report quarterly.
 - Create and monitor monthly the timeline of key steps for conducting the TEP from 9/30/24 through 8/31/26. Report monthly.
 - Create and conduct evaluation activities from 12/31/24 through 8/31/26. Report monthly.
 - Evaluate and communicate how findings will be used to guide program improvement by 8/31/26.
 - Share progress on developing and conducting TEPs within a community of practice (CoP) from start of CoP through 8/31/28.
 - Between 9/1/26 and 8/31/27 (Year 4), share the resulting products from the TEP with CDC and other recipients to promote inter-program learning. When preparing for the presentation, ensure review by SCHD and CDC at least 14 days prior to CoP.

6. Vendor must participate in at least 3 of 4 quarterly CoP calls/webinars with CDC and other grant recipients per year.

- Vendor must provide SCHD actions related to evaluation and adapt SCHD project evaluation methods and activities as needed based on information learned in the calls.
- If vendor cannot participate, vendor will provide to SCHD a summary of activities and other items to share on the call at least one day prior to the CoP.

7. Other requirements. Vendor must:

- Have at least one statistician and one PhD or DrPH trained in epidemiologic methods on staff.
- Be able to evaluate education, project training, and other OD2A activities using **CDC Approach to Evaluation**, including the use of Logic Models.
- Utilize statistical software.
- Write and review reports for the public, public safety, medical professionals, community organizations, and public health professionals.
- Provide written monthly progress reports due to SCHD by the first of each month. These include:
 - Any requested technical expertise provided to SCHD on the development of and activities within the Evaluation and Performance Measurement Plan and the Needs Assessment.
 - Progress on evaluation of the Translational Product.
 - Progress on the TEP.
 - All other grant activities performed by the vendor.

VI. Outcomes

- Provide technical expertise on activities and outputs per Section V. Scope of Work/XII Scope of Work Check List and measure outcomes for the OD2A grant.
- Work with SCHD to update and finalize the **Evaluation and Performance Measurement plan** by 3/1/24.
- Work with SCHD to create and implement the **Needs Assessment** by 3/1/24.
- Lead, implement, and document evaluation of TEP and share results between 9/1/26 and 8/31/27.
- Lead, implement, and document evaluation of the translational product by 6/30/28.

VII. Project Deliverables as per Scope of Work

- a. Daily – Vendor must respond to emails regarding SCHD request for assistance within one business day. Response does not necessarily mean completion of the request.
- b. Weekly – Vendor must provide review of written document within 5 business days of request unless extenuating circumstances.
- c. Biweekly – Vendor must communicate about the grant activities with SCHD staff via email or meeting at a minimum by Friday every other week.
- d. Monthly - Vendor must provide written monthly progress reports by the first of each month.
- e. Quarterly – Vendor must participate in the Community of Practice.
- f. Once per grant period – Vendor must develop, implement and document TEP and evaluation of the translational product.

VIII. Sedgwick County's Responsibilities

- Provide information, as legally allowed, in possession of the county, which relates to the county's requirements or which is relevant to this project.
- Designate a person to act as the County Contract Manager with respect to the work to be performed under this contract.

County reserves the right to make inspections at various points of the project. Vendor agrees to openly participate in said inspections and provide information to the county on the progress, expected completion date and any unforeseen or unexpected complications in the project.

IX. Proposal Terms

A. Questions and Contact Information

Any questions regarding this document must be submitted via email to Joe Thomas at joseph.thomas@sedgwick.gov by **5:00 pm CST, December 18, 2023**. Any questions of a substantive nature will be answered in written form as an addendum and posted on the purchasing website at <https://www.sedgwickcounty.org/finance/purchasing/requests-for-bid-and-proposal/> under the Documents column associated with this RFP number by **5:00 pm CST, December 28, 2023**. Firms are responsible for checking the website and acknowledging any addenda on their proposal response form.

B. Minimum Firm Qualifications

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this Request for Proposal. Firms must meet or exceed these qualifications to be considered for award. Any exceptions to the requirements listed should be clearly detailed in proposer’s response. Proposers shall:

1. Have developed and implemented evaluations and performance measurement plans similar to the parameters, conditions and mandatory requirements specified in this RFP.
2. Have training in evaluation and performance measurement standards and best practices.
3. Have experience in coordinating evaluations of comparable size and complexity to that being proposed.
4. Have at least one statistician and one PhD or DrPH trained in epidemiologic methods on staff.
5. Be able to evaluate education, project training, and activities using [CDC Approach to Evaluation](#), including the use of Logic Models.
6. Utilize statistical software.
7. Write and review reports for the public, public safety, medical professionals, community organizations, and public health professionals.
8. Have knowledge of and comply with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of Kansas, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the county shall be followed with respect to the contract.
9. Municipal and county government experience is desired, however, the county will make the final determination based on responses received and the evaluation process.
10. Have the capacity to acquire all bonds, escrows or insurances as outlined in the terms of this RFP.
11. Provide project supervision (as required).
12. Have quality assurance procedures to ensure timely, accurate, and efficient evaluations.
13. Have appropriate material, equipment and labor to perform specified services.

C. Evaluation Criteria

The selection process will be based on the responses to this RFP. County staff will judge each response as determined by the scoring criteria below. Purchasing staff are not a part of the evaluation committee.

Component	Points
a. Responses to (XIII. Operational Form)	30
b. Ability to meet or exceed Scope of Work (XII. Scope of Work Check List)	20
c. Qualifications and Expertise (XIV. Qualifications and Expertise Form)	25
d. References	10
e. Pricing and (XV. Budget Narrative)	10
f. Completed proposal (all documents required were received)	5
Total Points	100

Pricing examples

Assume the following cost proposals (**examples only**)

- A. \$50,000.00
- B. \$38,000.00
- C. \$49,000.00

Company B with a total price of \$38,000.00 is the low offer. Take the low offer and divide each of the other offers into the low offer to calculate a percentage. This percentage is then multiplied by the number of points available for the cost. In this case, 10 points are allocated to cost.

- A. $\$38,000.00 \text{ divided by } \$50,000.00 = .76$ $.76 * 10$ 7.6 points
- B. $\$38,000.00 \text{ divided by } \$38,000.00 = 1.00$ $1.00 * 10$ 10 points
- C. $\$38,000.00 \text{ divided by } \$49,000.00 = .77$ $.77 * 10$ 7.7 points

Any final negotiations for services, terms and conditions will be based, in part, on the firm's method of providing the service and the fee schedule achieved through discussions and agreement with the county's review committee. The county is under no obligation to accept the lowest priced proposal and reserves the right to further negotiate services and costs that are proposed. The county also reserves the sole right to recommend for award the proposal and plan that it deems to be in its best interest.

The county reserves the right to reject all proposals. All proposals, including supporting documentation shall become the property of Sedgwick County. All costs incurred in the preparation of this proposal shall be the responsibility of the firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints.

D. [Request for Proposal Timeline](#)

The following dates are provided for information purposes and are subject to change without notice. Contact the Purchasing Department at (316) 660-7255 to confirm any and all dates.

Distribution of Request for Proposal to interested parties	December 5, 2023
Questions and clarifications submitted via email by 5:00 pm CST	December 18, 2023
Addendum Issued by 5:00 pm CST	December 28, 2023
Proposal due before 1:45 pm CST	January 16, 2024
Evaluation Period	January 17 – February 7, 2024
Board of Bids and Contracts Recommendation	February 8, 2024
Board of County Commission Award	February 14, 2024

E. [Contract Period and Payment Terms](#)

A contractual period will begin following Board of County Commissioners (BoCC) approval of the successful firm(s) and continue through August 31, 2028.

County may cancel its obligations herein upon thirty-day (30) prior written notice to the other party. It is understood that funding may cease or be reduced at any time, and in the event that adequate funds are not available to meet the obligations hereunder, either party reserves the right to terminate this agreement upon thirty (30) days prior written notice to the other. Payment will be remitted following receipt of monthly detailed invoice.

Payment and Invoice Provisions

<https://www.sedgwickcounty.org/media/55477/payment-and-invoice-provisions.pdf>

F. **Insurance Requirements**

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. If required, proposer’s professional liability/errors and omissions insurance shall (i) have a policy retroactive date prior to the date any professional services are provided for this project, and (ii) be maintained for a minimum of three (3) years past completion of the project. Proposer shall furnish a certificate evidencing such coverage, with county listed as an additional insured including both ongoing and completed operations, except for professional liability, workers’ compensation and employer’s liability. **Certificate shall be provided prior to award of contract.** Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after county receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas (**must be acknowledged on the bid/proposal response form**).

NOTE: If any insurance is subject to a deductible or self-insured retention, written disclosure must be included in your proposal response and also be noted on the certificate of insurance.

It is the responsibility of proposer to require that any and all approved subcontractors meet the minimum insurance requirements.

Workers’ Compensation:	
Applicable coverage per State Statutes	
Employer’s Liability Insurance:	\$500,000.00
Commercial General Liability Insurance (on form CG 00 01 04 13 or its equivalent):	
Each Occurrence	\$1,000,000.00
General Aggregate, per project	\$2,000,000.00
Personal Injury	\$1,000,000.00
Products and Completed Operations Aggregate	\$2,000,000.00
Automobile Liability:	
Combined single limit	\$500,000.00
Umbrella Liability:	
Following form for both the general liability and automobile	
<input type="checkbox"/> Required / <input checked="" type="checkbox"/> Not Required	
Each Claim	\$1,000,000.00
Aggregate	\$1,000,000.00
Professional Liability/ Errors & Omissions Insurance:	
<input checked="" type="checkbox"/> Required / <input type="checkbox"/> Not Required	
Each Claim	\$1,000,000.00
Aggregate	\$1,000,000.00
Pollution Liability Insurance:	
<input type="checkbox"/> Required / <input checked="" type="checkbox"/> Not Required	
Each Claim	\$1,000,000.00
Aggregate	\$1,000,000.00

Special Risks or Circumstances:

Entity reserves the right to modify, by written contract, these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

IF PROPOSER IS PROVIDING CONSTRUCTION SERVICES:

In addition to the above coverages, proposer shall also provide the following:

Builder’s Risk Insurance:	In the amount of the initial Contract Sum, plus the value of subsequent modifications and cost of materials supplied and installed by others, comprising the total value for the entire Project on a replacement cost basis without optional deductibles. Entity, proposer, and all Subcontractors shall be included as named insured’s.
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G. Indemnification

To the fullest extent of the law, the provider, its subcontractor, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the provider’s performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney’s fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

H. Confidential Matters and Data Ownership

The successful proposer agrees all data, records and information, which the proposer, its agents and employees, which is the subject of this proposal, obtain access, remains at all times exclusively the property of Sedgwick County. The successful proposer agrees all such data, records, plans and information constitutes at all times proprietary information of Sedgwick County. The successful proposer agrees that it will not disclose, provide, or make available any of such proprietary information in any form to any person or entity. In addition, the successful proposer agrees it will not use any names or addresses contained in such data, records, plans and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data. In addition, the successful proposer agrees it will not sell, give or otherwise make available to any person or entity any names or addresses contained in or derived from such data, records and information for the purpose of allowing such person to sell or offer for sale any property or service to any person or entity named in such data. Successful proposer agrees it will take all reasonable steps and the same protective precautions to protect Sedgwick County's proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information. Proposer agrees that all data, regardless of form that is generated as a result of this Request for Proposal is the property of Sedgwick County.

I. Proposal Conditions

<https://www.sedgwickcounty.org/media/31338/proposal-terms-conditions.pdf>

General Contract Provisions

<https://www.sedgwickcounty.org/media/31337/general-contractual-provisions.pdf>

Mandatory Contract Provisions

<https://www.sedgwickcounty.org/media/31336/mandatory-contractual-provisions.pdf>

Independent Contractor

<https://www.sedgwickcounty.org/media/54780/independent-contractor-addendum.pdf>

Sample Contract

<https://www.sedgwickcounty.org/media/39236/sample-contract.pdf>

Federal Certifications Addendum Sedgwick County

<https://www.sedgwickcounty.org/media/59719/federal-certifications-addendum-updated-for-changes-to-ug-11-12-2020-no-signature-line.pdf>

Suspension and Debarment

<https://www.sedgwickcounty.org/finance/purchasing/suspension-and-debarment/>

X. Required Response Content

All proposal submissions shall include the following:

1. Firm profile: the name of the firm, address, telephone number(s), contact person, year the firm was established, and the names of the principals of the firm.
2. At minimum, three (3) professional references, besides Sedgwick County, with email addresses, telephone numbers, and contact persons where work has been completed within the last three (3) years.
3. Respond to XI (Response Form), XII (Scope of Work Check List), XIII (Operational Form), XIV (Qualifications and Expertise Form), and XV (Budget Narrative) in Proposal. References 1, 2, and 3 are informational only.
4. A disclosure of any personal or financial interest in any properties in the project area, or any real or potential conflicts of interest with members of the Sedgwick County Board of County Commissioners or county staff.
5. A description of the type of assistance that will be sought from county staff, including assistance required from the county to lessen the costs of this project.
6. Proof of insurance meeting minimum insurance requirements as designated herein.
7. Those responses that do not include all required forms/items may be deemed non-responsive.

XI. Response Form

**REQUEST FOR PROPOSAL
RFP# 23-0076**

**ASSISTANCE WITH THE EVALUATION AND PERFORMANCE MEASUREMENT PLAN
OF THE OD2A: LOCAL GRANT**

The undersigned, on behalf of the proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the county, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME _____

DBA/SAME _____

CONTACT _____

ADDRESS _____ **CITY/STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____ **HOURS** _____

STATE OF INCORPORATION or ORGANIZATION _____

COMPANY WEBSITE ADDRESS _____ **EMAIL** _____

NUMBER OF LOCATIONS _____ **NUMBER OF PERSONS EMPLOYED** _____

TYPE OF ORGANIZATION: Public Corporation _____ Private Corporation _____ Sole Proprietorship _____

Partnership _____ Other (Describe): _____

BUSINESS MODEL: Small Business _____ Manufacturer _____ Distributor _____ Retail _____

Dealer _____ Other (Describe): _____

Not a Minority-Owned Business: _____ **Minority-Owned Business:** _____ **(Specify Below)**

_____ African American (05) _____ Asian Pacific (10) _____ Subcontinent Asian (15) _____ Hispanic (20)

_____ Native American (25) _____ Other (30) - Please specify _____

Not a Woman-Owned Business: _____ **Woman-Owned Business:** _____ **(Specify Below)**

_____ Not Minority -Woman Owned (50) _____ African American-Woman Owned (55) _____ Asian Pacific-Woman Owned (60)

_____ Subcontinent Asian-Woman Owned (65) _____ Hispanic Woman Owned (70) _____ Native American-Woman Owned (75)

_____ Other – Woman Owned (80) – Please specify _____

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: _____ Yes _____ No

UEI (UNIQUE ENTITY IDENTIFIER) NO. _____

INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII: _____ Yes _____ No

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFB/RFP web page and it is the proposer's responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp .

NO. _____, DATED _____ ; NO. _____, DATED _____ ; NO. _____, DATED _____

In submitting a proposal, proposer acknowledges all requirements, terms, conditions, and sections of this document. Proposal submission format should be by order in which sections are listed throughout the document. All minimum and general requirements should be specifically addressed and detailed in proposer's response. **Exceptions to any part of this document should be clearly delineated and detailed.**

Signature _____ Title _____

Print Name _____ Dated _____

XII. Scope of Work Checklist

Proposer must respond with their capacity to perform the items below.

ITEM NUMBER	SCOPE OF WORK ITEM	PROPOSER RESPONSE <i>Respond "Yes" if able to perform the checklist item. Respond "No" if NOT able to perform checklist item. For items 3-9, describe your response.</i>
1.	Provide assistance to SCHD with activities outlined in V. Scope of Work Technical Expertise.	
2.	Ability to complete activities outlined in Reference 1. Quarterly Report.	
3.	Have training in evaluation and performance measurement standards and best practices.	
4.	Have at least one statistician and one PhD or DrPH trained in epidemiologic methods.	
5.	Can evaluate education, project training, and other OD2A activities using CDC Approach to Evaluation, including Logic Models.	
6.	Utilize statistical software.	
7.	Have knowledge of and comply with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of Kansas, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the county shall be followed with respect to the contract.	
8.	Have capacity to acquire all bonds, escrows or insurances as outlined in the terms of this RFP.	
9.	Have appropriate material, equipment and labor to perform specified services.	

XIII. Operational Form

Proposer must answer all questions as completely as possible.

Pages should be double-spaced with 11-point Times New Roman font and have one inch margins.

1. In eight pages or less, describe how proposer's firm would accomplish activities in Scope of Work Section V, including a description of internal project supervision.
2. Describe quality assurance procedures to ensure timely, accurate, and efficient evaluation. Include the review process for presentations and surveys; process for development, analysis, and auditing of survey data; process for meeting project timelines; process for updating presentations according to new guidelines; and process for ensuring technology equipment is functioning properly. If needed, proposer may attach current written processes in the format of the proposer organization. There is no page limit for question 2.

XIV. Qualifications and Expertise Form

Proposer must answer all questions as completely as possible.

Pages should be double-spaced with 11-point Times New Roman font and have one inch margins.

1. In eight pages or less, describe past work or projects developing and implementing evaluations and performance measurement similar (comparable in size and complexity) to what is shown in Evaluation and Performance Measurement Plans (References 2 and 3)
2. In four pages or less, describe past experience in coordinating data management and analysis comparable in size and complexity to that being proposed.
3. In four pages or less, describe any previous work with overdose prevention projects, especially any evaluation projects.
4. In two pages or less, describe any experience writing and reviewing reports for the public, public safety, medical professionals, community organizations, and public health professionals.
5. In two pages or less, describe previous work with municipal and county governments.

XV. Budget Narrative

Proposer is to complete below or re-create a similar Budget Narrative for the work to be performed under this RFP.

**ASSISTANCE WITH THE EVALUATION AND PERFORMANCE MEASUREMENT PLAN
OF THE OD2A: LOCAL GRANT**

(Subject to change based on budget variations year to year. Funds are non-negotiable.)

	Year 1 (09/01/2023 – 08/31/2024)	Year 2 (09/01/2024 – 08/31/2025)	Year 3 (09/01/2025 – 08/31/2026)	Year 4 (09/01/2026 – 08/31/2027)	Year 5 (09/01/2027 – 08/31/2028)
OD2A Not to Exceed	\$60,000	\$50,000	\$47,300	\$40,000	\$45,300
Totals from Budget Narrative Below					

PERSONNEL

Position Title	Rate	Amount Year 1	Amount Year 2	Amount Year 3	Amount Year 4	Amount Year 5

OTHER (Please explain)

Category	Amount Year 1	Amount Year 2	Amount Year 3	Amount Year 4	Amount Year 5

INDIRECT/OVERHEAD

Category	Amount Year 1	Amount Year 2	Amount Year 3	Amount Year 4	Amount Year 5
Indirect/overhead					

Narrative Explanation:

Reference 1.

OD2A Evaluation Quarterly Report
Grant Year 1

<u>Provide Technical Expertise Objectives:</u>	Goal	Q1	Q2	Q3	Q4
Respond to emails regarding SCHD request for assistance (goal: respond within one business day).					
Review written documents (goal: review within five business days of request unless extenuating circumstances).	Report quarterly				
Communicate about grant activities with SCHD via email or a meeting (goal: communicate at least by Friday every other week).	27 (per year)				
Meet weekly OD2A activity goals developed jointly by SCHD and vendor each month (goal: once a week, 4 times a month, 12 times a quarter).	48 (per year)				
Provide written monthly progress report on activities to SCHD (goal: by the first of each month, 3 times a quarter).	12 yearly				
Participate in quarterly Community of Practice (CoP) calls with CDC. (goal: participate 3 of 4 CoP calls annually).	3 per year				
If unable to participate in CoP, provide summary to SCHD (goal: provide summary within one business day).					

Narrative and timeline on Providing Technical Expertise:

<u>Evaluation and Performance Measurement Plan and Needs Assessment Activities Objectives:</u>	Goal	Q1	Q2	Q3	Q4
E1. Meet weekly activity goals to complete products. Weekly goals are developed jointly by SCHD and vendor each month (goal: once a week, 4 times a month through 3/1/24).	48 (per year)				
E6. Meet weekly activity goals to assist with monitoring the Evaluation and Performance Measurement Plan. Weekly goals are developed jointly by SCHD and vendor each month (goal: once a week, 4 times a month, 12 times a quarter).	48 (per year)				

Narrative and reports on all findings for Evaluation and Performance Measurement Plan and Needs Assessment Activities:

TEP and Translational Product (TP) Objectives:	Goal	Q1	Q2	Q3	Q4
TEP1. Update TEP plan (goal: by 9/30/24).	Report Quarterly				
TEP2. Create and evaluate potential key evaluation questions, indicators, data collection methods, and data sources (goal: by 9/30/24).	Report Quarterly				
TEP3. Create data collection methods and have them reviewed by SCHD and CDC (goal: by 12/31/24).	Report Quarterly				
TEP4. Evaluate outcomes of key evaluation questions from 12/31/24 through 8/31/26 (goal: report quarterly).	4 (per year)				
TEP5. Create and conduct evaluation activities from 12/31/24 through 8/31/26 (goal: report monthly).	12 (per year)				
TEP6. Evaluate and communicate how findings will be used to guide program improvement (goal: by 8/31/26).					
TEP7. Share progress on developing and conducting TEPs within a CoP. If cannot meet, provide summary to SCHD at least one business day prior to CoP meeting (goal: quarterly from start of CoP through 8/31/28) .	4 (per year)				
TEP8. Document evaluation of the TEP and share results to SCHD and CDC. Ensure review by SCHD and CDC at least 14 days prior to CoP (goal: during assigned time between 9/1/26 and 8/31/27).	12 (per year)				
TP1. Develop and implement evaluation plan with key evaluation questions, indicators and outcomes (goal: by 8/31/24).					
TP2. Create evaluation tools for graduate students to use at the detailing sessions (goal: by 10/31/24).					
TP3. Obtain data from graduate students after they finish each detailing session (goal: obtain detailing sessions data once a month from 11/1/24 through 8/31/26).	12 (per year)				
TP4. Analyze information from each detailing session (goal: quarterly from 11/1/24 though 8/31/27).	4 (per year)				
TP5. Write detailed report on the overall project effectiveness, have it reviewed, and finalize and present translational product to SCHD and CDC (goal: complete by 6/30/28).					

Narrative on TEP and Translational Product objectives:

Reference 2.

Component A: Evaluation & Performance Measurement Plan

This was submitted by SCHD with the OD2A grant application and is provided as a reference in this RFP. The plan will be updated by SCHD and the vendor and then reviewed by CDC prior to implementation.

Sedgwick County Health Department
Overall Evaluation Approach

SCHD will perform some evaluation of grant activities in-house but will rely on a vendor selected in an RFP process for technical expertise throughout the grant, collaborate on the detailed Evaluation and Performance Measurement plan, assist with the required Needs Assessment, plan and perform the Targeted Evaluation Project (TEP) and evaluate translational products.

Describe how health equity will be integrated throughout your evaluation efforts:

- Health equity will be integrated into Sedgwick County Health Department's (SCHD) evaluation efforts in multiple ways. SCHD will have a care coordinator at the Substance Abuse Center for Kansas (SACK), which will focus on substance use disorder needs in the unhoused population. The Wichita-Sedgwick County Point-In-Time Homeless Count identified 690 people experiencing homelessness in 2022, an 11.5% increase from 2020. Additionally, Sedgwick County saw 120 opioid-associated deaths in 2022, with almost 50 of those being from the unhoused population. SCHD's evaluation efforts for the care coordinator for this population will focus on ensuring that means of outreach and connection to care are successfully connecting the unhoused population with needed resources through data collection and sharing.
- SCHD will also be working with the Mental Health and Substance Abuse Coalition to support their vendor database, which will help providers, law enforcement, and emergency rooms view where someone in their care has previously received services, while maintaining client confidentiality and consent. The program will pull records from the Homeless Management Information System (HMIS), Kansas Health Information Network (KHIN), Integrated Referral and Intake System (IRIS), law enforcement and corrections records management systems, and other databases as determined. SCHD will evaluate the effectiveness of this program, including evaluating which populations are being connected to care to ensure the program is being utilized equitably and effectively.

Describe the approach to considering the needs of priority populations (e.g., persons at increased risk of overdose; persons disproportionately affected by overdose) and people with lived experience during program/evaluation planning and development:

- There are currently health care and other community organizations that work specifically with priority populations in Sedgwick County which SCHD will partner with for the OD2A grant. SCHD will further aid these efforts by hiring on much-needed team members and providing the resources for these partners to continue applying quality care. Those with lived experiences will be asked to help develop training and educational materials, as well as care and treatment information. Those with lived experiences offer a unique resource to the community in the form of wisdom. These populations can tell their story, offer different perspectives, and provide a support pillar for others in the community to lean on. Evaluation would come in the form of data sharing and periodic reports over their work with hard to reach and priority populations.

Describe how the evaluation will measure the impact of tailored activities for groups disproportionately affected by overdose:

- Evaluation will measure impact through lowering overdose numbers, allowing for quicker adjustment to illicit drug trends, and providing more options to groups disproportionately affected by overdose. By improving linkages to and retention in care, overdose numbers should decrease because there will be more options available for treatment and paths towards care. By being more hands-on with groups disproportionately affected by overdose, SCHD will learn (with/from partners) more about illicit drug trends and respond more quickly and accordingly. This will allow for SCHD to provide essential information and education to the overdose affected groups but also to the community as a whole. Providing more options for care and treatment ensures more people affected by overdose will have more opportunities. Opportunities guided by a care coordinator will reinforce care and treatment in groups disproportionately affected by overdose.

Describe how evaluation data will be used to inform program improvement and disseminated to various partners, collaborators, and affected groups (e.g., persons with lived experience and other priority populations). (Dissemination methods should vary depending on the audience):

- Consistent reports and follow-ups with partners will nurture and environment for better data sharing. Evaluation data is paramount to the success of collaborative efforts with partners. The data and evaluations that partners share with SCHD will be used to analyze trends in overdose and gaps in access to care. These evaluations will also give SCHD insight into which populations are being focused and cared for and those who need more attention and resources. Evaluation data will allow for periodic adjustment to resource allocation and manpower allocation. Data will be shared with partners via a password protected portal. Data for the public will be shared on the SCHD Drug Misuse Dashboard.

Evaluation of all required prevention activities: Utilize Navigators and Data for Linkage

Describe the type of evaluation to be conducted (i.e., process, outcome, or both):

- SCHD will be utilizing both process and outcome evaluations for linkage to care and harm reduction services.

Describe the timeline of evaluation efforts and how findings will be used to guide program improvement:

- SCHD will begin evaluation efforts in Year 1. An evaluation of the Community Health Worker reporting system will begin in quarter 2 of Year 1 based on the system created in quarter 1 (activity 1A1). Evaluation of the harm reduction system regarding outreach to people in need of care will begin in quarter 3 of Year 1 (activity 2A1).

Key Evaluation Question 1: Community Health Worker Integration at Organizations: To what extent were personal goals completed by individual clients with support from Community Health Workers?

Indicators:

- Percent of client personal goals completed.

Outcomes: Increased number of clients helped to stay in treatment.

Data Collection Methods: Community Health Worker interviews clients and enters into case management database.

Data Sources: Community Health Worker case management database using client interview.

Key Evaluation Question 2: Post-overdose follow-up system: To what extent were clients and/or families (family=at least one person closely connected to client) successfully connected to resources post-overdose?

Indicators:

- Percent of clients and/or families connected to resources.

Outcomes: Increased client/families connected to resources; decreased overdoses.

Data Collection Methods: Wichita Police Department collect information about person who overdosed by interviews and documentation. WPD provides information to COMCARE, community mental health center. COMCARE staff contact family and enter information into database. Aggregated data are sent to SCHD.

Data Sources: Wichita Police Department and COMCARE databases; client family provides data via WPD interview or documents.

Key Evaluation Question 3: To what extent were healthcare professionals providing referrals to support and/or treatment for SUD?

Indicators:

- Number of providers who receive SBIRT training and then implement SBIRT.
- Number of providers who receive SBIRT training that make referrals to SUD treatment.
- Number of clients who complete referrals.
- Detailing kits-number of kits given to providers .

Outcomes: Increased numbers of clients entering and reentering care.

Data Collection Methods: Among providers who completed SBIRT training: Increased in knowledge using immediate course evaluation survey and 30 and 60 days follow-up survey. Annual survey of providers who completed SBIRT training to determine if using SBIRT. Tracking made and completed referrals in referral database. Tally of number of detailing kits distributed.

Data Sources: Eccovia database. IRIS referral database. Training surveys completed by participants.

Key Evaluation Question 4: Care Coordinator for Unhoused: To what extent did clients enter or reenter care for SUD?

Indicators:

- Percent of client personal goals completed.
- Percent of Care Coordinator clients in vendor/Eccovia database that re-enter care.
- Percent of Care Coordinator clients that enter care for the first time.

Outcomes: Increased numbers of clients entering and reentering care.

Data Collection Methods: Care Coordinator interviews clients and enters notes into case management database over time. Vendor/Eccovia database collects limited client information on treatment from providers in Sedgwick County.

Data Sources: Vendor/Eccovia database; Care Coordinator case management database.

Key Evaluation Question 5: Faith-Based Organizations: To what extent were faith-based organization mental health and SUD crisis plans written and implemented?

Indicators:

- Number of faith-based organizations with implemented mental health and SUD crisis plans.
- Number of faith-based organizations with tested crisis plans.

Outcomes: Increased mental health and SUD response capacity in faith-based organizations.

Data Collection Methods: Among organizations who completed training: verify implementation and evaluate process via key informant interview.

Data Sources: Key informant interviews performed by SCHD staff with organization; knowledge of plan.

**Evaluation of all required prevention activities:
Overdose Education and Naloxone Distribution**

Describe the type of evaluation to be conducted (i.e., process, outcome, or both):

- SCHD will be utilizing both process and outcome evaluations for overdose education and naloxone distribution.

Describe the timeline of evaluation efforts and how findings will be used to guide program improvement:

- SCHD will begin evaluation efforts in Year 1. An evaluation of naloxone distribution efforts by partners will begin in quarter 1 (activity 2A1). Evaluate efforts will continue into Years 2-5. Findings will help direct partners on how and where to distribute naloxone to achieve the highest impact. Overdose education efforts will be evaluated starting in Year 1, quarter 2 (activity 1A3 and 1A5). Findings will help to improve trainings in future years.

Key Evaluation Question 1: Naloxone distribution: To what extent were naloxone distribution and tracking processes improved?

Indicators:

- Per event, ratio of amount of naloxone distributed divided by number of people who are spoken to.
- Number of follow-up naloxone uses reported to SCHD.
- Percentage of events held in high-risk ZIP Codes.

Outcomes: Improved tracking of naloxone distribution; improved tracking of naloxone use after distribution; reduced fatal and nonfatal overdoses.

Data Collection Methods: Partners distributing naloxone (ex. Safe Streets) report amount distributed to SCHD after event occurs via electronic reporting survey system. Public who use naloxone report use to partners who report to SCHD or directly to SCHD.

Data Sources: Partner tracking databases; ArcGIS Survey123; general public via reports to partners or SCHD.

Key Evaluation Question 2: Respond to Acute Events: To what extent were acute overdose events identified and responded to by SCHD and partners?

Indicators:

- Number of acute events that were responded to per protocols (once developed in Year 1).
- Percent of improvements made after evaluation of an acute event.

Outcomes: Improved response to overdose spikes in Sedgwick County; improved partner satisfaction with response to acute events; reduced fatal and nonfatal overdoses.

Data Collection Methods: Data from partners reported to SCHD partner SharePoint site. SCHD monitors data and identifies overdose spike. SCHD notifies partners about overdose spike per protocols established in Year 1. Partners respond with actions taken to SCHD via electronic survey system. SCHD sends electronic survey after improvements implemented to evaluate partner satisfaction.

Data Sources: ESSENCE; ODMAP; Regional Forensic Science Center autopsies and drug testing; wastewater surveillance; Wichita Police Department drug analysis from evidence; Alchemer survey system; ArcGIS Survey123 for actions taken.

Key Evaluation Question 3: Evaluation of public safety education: To what extent does providing training on substance use screening, SUD, and anti-stigma affect law enforcement?

Indicators:

- Number of attendees at public safety education events or trainings.
- Percent of participants who experienced an increase in knowledge from pre- to post-training.
- Percent of participants who reported changing towards a less stigma-associated attitude from pre- to post-training.
- Percent of participants who reported completing SUD awareness activities or behaviors 30 days after training.
- Number of policy or procedure changes implemented per organization.

Outcomes: Increase knowledge about screening, SUD, and anti-stigma among law enforcement; reduction in stigma-associated attitudes among law enforcement regarding SUD; increase in SUD awareness activities or behaviors.

Data Collection Methods: Collection of attendance data through sign-ins or registration; survey administered after education and trainings. Reports from partners hosting education and trainings via SCHD SharePoint.

Data Sources: Partner tracking and post event reports via Alchemer survey software.

Key Evaluation Question 4: Evaluation of community education: To what extent does providing trainings promoting wellness and educating about SUD impact the community?

Indicators:

- Number of attendees at education events or trainings.
- Percent of participants who experienced an increase in knowledge from pre- to post-training.
- Percent of participants who reported changing towards a less stigma-associated attitude from pre- to post-training.
- Percent of participants who reported completing SUD awareness or wellness activities or behaviors 30 days after training.

Outcomes: Increase knowledge about SUD, wellness, and anti-stigma; reduction in stigma-associated attitudes regarding SUD; increase in SUD awareness and wellness activities or behaviors.

Data Collection Methods: Collection of attendance data through sign-ins or registration; survey administered after education and trainings. Reports from partners hosting education and trainings via SCHD SharePoint.

Data Sources: Partner tracking and post event reports via Alchemer survey software.

Evaluation of all required prevention activities: Guideline-concordant care for prescribing

Describe the type of evaluation to be conducted (i.e., process, outcome, or both):

- This evaluation will primarily be outcome based.

Describe the timeline of evaluation efforts and how findings will be used to guide program improvement:

- Trainings will be developed in Year 1. Evaluation will begin in quarter 4 of Year 1 and continue through Years 2-5. Detailing kits will be developed in quarter 3 of Year 1 and will be evaluated in Years 2-5.

Key Evaluation Question 1: Training for health care providers on pain management: To what extent is there an increase in knowledge among health care providers about pain management and clinical guidelines, including accessing resources?

Indicators:

- Number of attendees at trainings.
- Percent of participants who experienced an increase in knowledge from pre- to post-training.
- Percent of participants who reported increased confidence in pain management from pre- to post-training.
- Percent of participants who reported completing pain management activities or behaviors (including providing referrals) 30 days after training.
- Number of policy or procedure changes implemented per organization.

Outcomes: Increase knowledge about pain management and clinical guidelines among providers; increase in pain management activities or behaviors.

Data Collection Methods: Regular focus group of health care providers about SUD. Attendance of health care providers at training events. A survey for health care providers measuring satisfaction and performance regarding training about pain management.

Data Sources: Partner tracking and post event reports via Alchemer survey software.

Key Evaluation Question 2: Evaluation of health care provider education on SUD and anti-stigma: To what extent does providing training on SUD and anti-stigma affect health care providers?

Indicators:

- Number of attendees at education events or trainings.
- Percent of participants who experienced an increase in knowledge from pre- to post-training.
- Percent of participants who reported changing towards a less stigma-associated attitude from pre- to post-training.
- Percent of participants who reported completing SUD awareness activities or behaviors 30 days after training.
- Number of policy or procedure changes implemented per organization.

Outcomes: Increase knowledge about SUD and anti-stigma among health care providers; reduction in stigma-associated attitudes among health care providers regarding SUD; increase in SUD awareness activities or behaviors.

Data Collection Methods: Regular focus group of health care providers about SUD. Collection of attendance data through sign-ins or registration; survey administered after education and trainings. Reports from partners hosting education and trainings via SCHD SharePoint.

Data Sources: Partner tracking and post event reports via Alchemer survey software.

Key Evaluation Question 3: Training for health care providers on expanded naloxone prescription or referral: To what extent are providers utilizing naloxone prescription or referrals after training?

Indicators:

- Number of attendees at education events or trainings.
- Percent of participants who experienced an increase in knowledge from pre- to post-training.
- Percent of participants who reported prescribing naloxone or providing a referral for naloxone at least once 30 days after training.
- Number of policy or procedure changes implemented per organization

Outcomes: Increase knowledge about naloxone prescribing and referrals resources among health care providers; increase in naloxone prescribing or referral.

Data Collection Methods: Collection of attendance data through sign-ins or registration; survey administered after education and trainings. Reports from partners hosting education and trainings via SCHD SharePoint.

Data Sources: Partner tracking and post event reports via Alchemer survey software.

Key Evaluation Question 4: Detailing kits on pain management: To what extent are providers adopting pain management best practices outlined in detailing kits?

Indicators:

- Percent of providers who have implemented at least one pain management best practice after receiving detailing kit.
- Number of policy or procedure changes implemented per organization.

Outcomes: Increased providers following pain management best practices.

Data Collection Methods: Number of detailing kits distributed collected by SCHD staff. Thirty-day follow-up and annual survey sent to providers who received detailing kit to determine what practices have been implemented.

Data Sources: Thirty-day follow-up and annual survey of providers in Alchemer.

Performance Measures

List potential performance measures related to the NOFO logic model short-term and intermediate-term outcomes:

- Increase the number of clients who enter, reenter, or remain in treatment by 20% in five years.
- Increase the number of providers who are implementing SBIRT by 10% in five years.
- Increase the number of providers who are following pain management best practices by 10% in five years.
- Increase the percent of targeted naloxone distribution events in high-risk ZIP Codes by 20% in five years.
- Increase in the percent of participants in anti-stigma or SUD awareness trainings who experience an increase in knowledge by 20% each year.

Describe how you will collect the performance measures and the frequency of data collection:

- Performance measure data will be collected from partners via the electronic partner data reporting Microsoft SharePoint site. Data will be collected on a monthly basis.

Describe how you will assure quality of performance data:

- SCHD Data Analysts will review data provided by partners. If data is not submitted on time or does not meet established quality metrics based on the data type (ex. missing data), the Data Analyst will reach out to the partner to discuss the concerns.

Describe how key program partners will participate in the evaluation and performance measurement planning processes:

- Partners will be key in the evaluation and performance measurement process. Those partners who are directly participating with SCHD for the OD2A activities will be invited to assist SCHD with establishing performance measures specific to their particular activities. Once consensus is reached for these activities, partners will be requested to provide data on a monthly basis. The SCHD contracted evaluator will assist with these processes.

Describe barriers to obtaining and calculating proposed measures:

- The primary barrier to obtaining and calculating proposed measures is a lack of data and understanding of available data, although SCHD is planning to address this barrier in Year 1 by conducting an environmental scan. Another barrier will be developing data collection methods, including standardized metrics for partners.

Targeted Evaluation Project (TEP)**Describe your overall approach to the TEP including potential key evaluation questions, indicators, data collection methods, and data sources:**

- The SCHD contracted evaluator will perform the TEP. The best way for navigators or care coordinators to be evaluated is through linkages to care and linkage to harm reduction services. Introducing a care navigator and creating a hub of care information are early steps. Establishing a network of care and options will be the beginning responsibilities of the care coordinator. Potential key evaluation questions would be: “How many people from this population are being connected to this specialized care facility? How many people have been admitted and are returning to this specialized care facility?” Some positive indicators of targeted evaluation would be trend changes in street drugs or death adjustments regarding overdose. Data collection will be obtained through periodic reports and data sharing between SCHD and the care navigator. Data sources are available through a variety of partners that have agreed to support one another to decrease overdose locally. Having a care coordinator work with multiple partners and be able to reference those in need accordingly would be invaluable.

Describe the annual timeline of key steps for conducting the TEP (e.g., Year 1 planning and development, Year 2 conduct evaluation activities) and how findings will be used to guide program improvement:

- Year 1: Planning and Development for TEP
 - Quarter 1:
 - Develop procedures and expectations with partners.
 - Identify outcomes and associated metrics to track.
 - Quarter 2:
 - Prepare TEP Project Measures and draft plan.
 - Meet with community workers to assess progress and metric reporting.
 - Quarter 3:
 - Finalize TEP plan draft.
 - Meet with community workers to assess progress and metric reporting.
 - Quarter 4:
 - Meet with community workers to assess progress and metric reporting.
- Year 2-5: Conduct Evaluation Activities
 - Monitor TEP plan and metrics.
 - Meet with community workers to assess progress and metric reporting.
 - Make adjustments to procedures and expectations based on results from metric reporting.

Evaluation Translational Product**Describe how you will identify which evaluated prevention activity will result in a translational product:**

- Detailing kits covering best practices for providers are an efficient way to quickly get information across through explanation and visual data. These detailed toolkits provide information to clinicians and will be evaluated by student interns for effectiveness. Education and information will be paramount to success in Sedgwick County.

Describe the potential dissemination channels and intended audiences of the product:

- Dissemination channels include the partners that SCHD will work with and other healthcare providers. The information will be disseminated at trainings held by SCHD and vendors and through the Medical Society of Sedgwick County. Primary audiences are health care providers who work with high-risk populations who may need additional information about best prescribing practices. SCHD’s evaluation vendor will perform the evaluation of the translational product.

Community Needs Assessment

Describe your approach to conducting a community needs assessment and how priority populations will be included:

- SCHD will conduct listening sessions at locations identified to be high risk during the 2019 Community Health Assessment (CHA). SCHD utilized listening sessions during the CHA, but the listening sessions for the OD2A needs assessment will be focused on substance use disorder, pain management, and connection to resources. SCHD will also utilize key informant interviews of agencies for the needs assessment.

Describe the potential dissemination channels and intended audiences of the needs assessment:

- SCHD will post results from the needs assessment on their public website and will disseminate the results to all partners involved in the OD2A process. SCHD will also host a community session, where members of the community can come and learn about the needs assessment results.

Evaluation Community of Practice (CoP)

Describe how you plan to participate in and contribute to the evaluation CoP:

- At least one SCHD staff person and evaluation vendor will attend each of the quarterly CoP meetings, including providing information about SCHD actions that may be utilized by other OD2A funded organizations. SCHD will also utilize information provided at the CoP to review our own evaluation plans to ensure we are following best practices.

Cross-Site Evaluation

- SCHD participates in a similar process currently with the Academy of Sciences in Kansas. In this program, SCHD and other Kansas counties review surveys developed in Alchemer survey software to ensure standardization when possible across counties. This includes presenting information about surveys conducted by SCHD and providing input into survey question development.

Reference 3.

Component B: Evaluation & Performance Measurement Plan

This was submitted by SCHD with the OD2A grant application and is provided as a reference in this RFP. The plan will be updated by SCHD and the vendor and then reviewed by CDC prior to implementation.

Sedgwick County Health Department in Partnership with the Sedgwick County Regional Forensic Science Center

I. Evaluation of all required prevention activities: Drug Products and Paraphernalia Testing

Describe the type of evaluation to be conducted: SCHD will utilize both process and outcome evaluations for component B.

Describe the timeline of evaluation efforts and how findings will be used to guide program improvement: SCHD will begin evaluation efforts in Year 2. Laboratory testing timelines will be evaluated at least quarterly to identify challenges. Feedback from partners will be requested to improve dissemination of data.

Key Evaluation Question 1: To what extent were laboratory testing timelines being met?

Indicators: Number of items processed in accordance with workplan.

Outcomes: Increased awareness of common drugs of abuse.

Data Collection Methods: Laboratory testing at Regional Forensic Science Center Laboratory.

Data Sources: Regional Forensic Science Center Laboratory Information Management System.

Key Evaluation Question 2: To what extent were partners utilizing information obtained from drug products and/or paraphernalia for preventative action?

Indicators: Number of partners who access drug product and/or paraphernalia testing information on SCHD data hub.

Outcomes: Increased use of drug product and/or paraphernalia testing results to indicate where to target intervention efforts.

Data Collection Methods: District Coroner, Wichita Police Department, and Sedgwick County Sheriff collect drug products and/or paraphernalia being seized for non-prosecution and provide to RFSC for testing. RFSC conducts drug testing and provides results to SCHD.

Data Sources: RFSC drug testing results tracking system with Webi.

II. Performance Measures

List potential performance measures related to the NOFO logic model short-term and intermediate-term outcomes:

- Increase capacity to test 90% of seized drug cases within 60 days by year 3. Increase the real-time understanding of overdose events related to specific drug product and/or paraphernalia from 0% to 50% of partners through key informant interviews by year 4.

Describe how you will collect the performance measures and the frequency of data collection:

- Performance measure data will be collected from RFSC via the Microsoft SharePoint site and Webi.

Describe how you will assure quality of performance data:

- RFSC will maintain accreditation and review quality manuals annually.

Describe how key program partners will participate in the evaluation and performance measurement planning processes:

- RFSC will be invited to the evaluation process to help review all component B performance measures at least quarterly.

Describe barriers to obtaining and calculating proposed measures:

- RFSC has identified two potential barriers: Availability of drug products and/or paraphernalia and maintaining a fully trained staff.