January 14, 2010

Dear Cessation Program Provider:

The Alabama Department of Public Health (ADPH) is pleased to send you a Request for Application (RFA) for our “Alabama Tobacco Cessation Telephonic Quitline.”

ADPH is seeking competitive applications to operate the quitline to meet the needs of Alabamians seeking access to individualized counseling, educational materials, nicotine replacement therapy and referral to onsite cessation programs.

The enclosed RFA provides specific information and instructions for developing and submitting proposals. Please review the RFA carefully to obtain a clear understanding of its objectives, applicant criteria, and submission requirements. Proposals are due by 5 p.m. Central Time on February 25, 2010.

Sincerely,

Julie Hare
Alabama Tobacco Cessation Quitline Coordinator
Alabama Department of Public Health
Bureau of Health Promotion and Chronic Disease
Tobacco Prevention and Control Branch
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PURPOSE

The purpose of this request for application (RFA) is to enter into a grant agreement with a qualified firm to provide tobacco use screening, assessment, support materials, NRT patches, referrals to community-based cessation programs, and a proactive counseling tobacco treatment service statewide through a toll-free, tobacco cessation quitline. It is anticipated that this RFA may result in a grant agreement award to a single provider.

This RFA is designed to provide interested providers with sufficient basic information to submit proposals meeting minimum requirements, but is not intended to limit a proposal's content or exclude any relevant or essential data. Providers are at liberty and are encouraged to expand upon the specifications to evidence service capability under any agreement. Providers may only submit one proposal for evaluation. Providers are to assume the Alabama Department of Public Health has no knowledge of their operation and should provide detailed information as required in RFA.

BACKGROUND

Since April 1, 2005, the Alabama Tobacco Cessation Quitline has been a proactive, statewide, telephone-based resource that provides counseling, support materials, and/or referral information based on individuals’ readiness to quit at no cost to the caller. In 2006, the quitline added another component, providing nicotine replacement therapy, also at no cost to qualified callers. In 2010, in a separate RFA, quitline services will include a web-based cessation program for online users.

BURDEN OF TOBACCO USE

Tobacco use is the single most preventable cause of death and disease in the United States today. Tobacco use increases the risk for lung and other cancers and for cardiovascular and respiratory diseases. The American Cancer Society estimates that cigarette smoking is responsible for one of every five deaths in the United States, or approximately 440,000 deaths per year, 7,500 of them being Alabamians. Tobacco use is costly to Alabama. Each year smoking costs the state $1.49 billion in direct medical expenditures and $2.24 billion in lost productivity.
Alabama has high tobacco use rates. According to the 2008 Alabama Youth Tobacco Survey (ALYTS), the state’s youth (grades 9-12) smoking rate is 22.1 percent. Among the same population, nearly 11 percent use smokeless tobacco. According to the 2008 Behavioral Risk Factor Surveillance System (BRFSS), Alabama adult smoking ranks above the national average at 22.1 percent. Of everyday smokers, 52 percent have tried to quit for one day or longer (2008 BRFSS). Alabama smokeless tobacco rates are also above the national average. According to the 2007 Alabama Adult Tobacco Survey, 7.8 percent of adults use smokeless tobacco.

Significant disparities exist in terms of tobacco use among specific populations. Although no state-level studies have been conducted, it is believed that Native American smoking prevalence is significantly higher than that of non-natives in the state, based on 1998 findings of the Surgeon General. Smoking prevalence in the state is also income- and education-related, with individuals having lower incomes (less than $25,000) and those with lower educational levels (less than a college graduate) smoking at higher rates. The 2007 Pregnancy Risk Assessment Monitoring System indicates smoking during pregnancy rates are somewhat higher in Alabama than the national average (13.5 percent versus 11 percent nationally). In the 2008 Hispanic Tobacco and Health Survey in Alabama, more than 22 percent of Alabama Hispanics surveyed said they smoked.

**FUNDING AVAILABLE**

Funding for this proposal is not to exceed $416,293. This figure includes $98,114 for NRT patches, with $318,179 for quitline services. Payment is on a monthly reimbursement basis contingent upon the satisfactory completion of services for the period in which services were rendered.

**LENGTH OF GRANT AGREEMENT**

The length of the contract will be from the date of the award, March 30, 2010, through March 29, 2011, with possible annual renewal options through March 29, 2014. The start date for the grant agreement is March 30, 2010. Full implementation and ongoing monitoring of the system shall take place on or about April 1, 2010, with a minimum of down time after this implementation date.

**SCOPE OF SERVICE**

The Alabama Department of Public Health is seeking applicants skilled in administering quitlines to assist the Tobacco Prevention and Control Program (TPCP) in operating a statewide toll-free tobacco cessation quitline. The scope of service includes all aspects of the implementation and monitoring of a statewide quitline. Continuing quitline operations under the new contract without a break in service is essential to ADPH.

In order to maintain a comprehensive, viable program, contractor(s) providing the online and telephonic cessation services are expected to coordinate with each other and the TPCP staff. This may entail communications via scheduled coordination meetings as well as telephone and email communication. The same vendor may be awarded both contracts.
TARGET AUDIENCE

The primary audience is adults and youth who use tobacco products and want to quit. Priority populations within the primary audience include youth under the age of 24, pregnant women, low socioeconomic status populations, smokeless tobacco users, and minority groups.

DESIRED OUTCOMES

The following outcomes for tobacco cessation have been established for the state. The effectiveness of the quitline will be evaluated, in part, by these outcome measures.

- Increase the number of quit attempts by youth and adults.
- Increase the proportion of adult smokers who report they quit for one day or longer in the past 12 months (2008 BRFSS, 57.8 percent)
- Increase the proportion of youth smokers who report they quit for one day or longer in the past 12 months (2008 Alabama Youth Tobacco Survey, 52.7 percent)
- Increase referrals to community-based programs.

DISCUSSIONS WITH PROVIDERS (ORAL PRESENTATION)

An oral presentation by a provider to clarify a proposal may be required at the sole discretion of the State. However, the State may award a grant agreement based on the initial proposals received without discussion with the provider. If oral presentations are required, they will be scheduled after the submission of proposals. Oral presentations will be made at the provider’s expense.

DETAILED SCOPE OF WORK

There are 16 elements of the Scope of Work for the quitline. Providers must address how they will fulfill each element of the Scope of Work.

1. Service Delivery Protocol

The successful provider will develop quitline procedures. These should include delivery of the following capabilities using a consistent and systematic protocol:

- Provider must have capability to assess the caller's readiness to quit and to distinguish between callers.
- For callers who are ready to quit within 30 days, (1) provide counseling for successful quitting, (2) develop an individualized quit plan, (3) mail a Quit Kit, and (4) assess the caller's interest in follow-up support.
• For callers who are ready to quit within 30 days and interested, provide comprehensive, counselor-initiated follow-up support counseling.
• For callers who are ready to quit within 30 days, but not interested in receiving additional follow-up support, offer encouragement to call the quitline again for assistance if needed.
• For callers who are not ready to quit within 30 days, (1) provide appropriate motivational messages, (2) mail a Quit Kit, and (3) offer encouragement to call back when ready.
• For all callers, provide information about and referral to local cessation support services (if available at the time of call, in the caller’s location).
• For proxy callers, provide information they are seeking for others.
• For callers receiving counseling, offer the NRT patch after screening caller for medical contraindications. If the patch is not indicated, a form will be faxed to the caller’s doctor to determine if caller can receive the NRT patches.

Protocols for initial and follow-up counseling must be culturally competent and based on principles of motivational interviewing for inducing behavior change and a cognitive-behavioral approach to treating substance abuse. The counseling must be based on protocols that have been demonstrated to be effective in randomized clinical trials to prepare people to quit, remain abstinent, and incorporate the U.S. Public Health Service Clinical Practice Guidelines for Treating Tobacco Use and Dependency. Comprehensive follow-up counseling for callers will include three to five additional follow-up calls scheduled in a relapse-sensitive manner.

2. **System Capability**

Provide personnel, facilities, and equipment necessary to provide the toll-free telephone service (1-800-QUIT-NOW). The system must have capacity to handle multiple, simultaneous in-coming and out-going calls. Office space must accommodate administrative, counseling and support staff and confidential records as well as sufficient telephone lines, telephones and computer technology.

The call center may utilize automated services such as automatic call answering, extensions for particular services (e.g. “dial 1 [one] for educational materials”) in order to channel callers to the most appropriately trained staff, as long as the system is easy to use and quickly connects them to a live person who can provide the services they request during operating hours.

Provider must describe plan to manage emergencies such as flood, fire, weather-related or electrical disruptions of quitline services.

Describe the underlying technology for your telephone quitline system within the Detailed Response section of your Proposal.
3. **Hours of Operation**

Provide live response for at least 60 hours per week, keeping the current hours of 8 a.m. to 8 p.m. Monday through Friday as a minimum. Recorded information and callback capacity is required for the remaining hours of the week. Describe services/procedures for addressing calls that come in after hours. Peak times for calls should be continuously monitored, and hours of live staffing should be modified accordingly to meet peak volume times (e.g. evening hours and in collaboration with media events). The quitline will be closed for New Year’s Day, Martin Luther King, Jr.’s birthday, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve and Christmas.

4. **Volume**

Based on estimates from the past two years, it is anticipated that the quitline will receive 1,000 calls per month for screening and initial services. Proposals must be designed to accommodate at least this volume of calls.

5. **Staffing**

The staffing plan shall provide live call response by trained cessation specialists to individuals seeking cessation support for at least 60 hours per week. Sufficient specialists must be trained and available to allow calls to be handled in a timely manner with a minimum of returned calls. Describe the number of counselors, required pre-requisite experience and the average years of experience of these counselors for both the intake and counseling staff. Proposals should include a description of the supervisory staff and their qualifications. The staffing plan must address increased staff needs for times of high call volume (e.g. release of cessation television spots).

Describe staff qualifications for hiring and specific training provided prior to working with callers within the Detailed Response section of your Proposal.

6. **Language Capability**

A TDD line must be available to provide services to the hearing impaired. Spanish language services must be available for all clients. A system must also be in place to easily translate services in additional languages as needed. A third party translator is acceptable.

7. **Caller-initiated Counseling**

Callers who are ready to quit will be offered a 15-minute or longer counseling session through the quitline and a Quit Kit. Counseling will be provided by trained cessation specialists using proven effective counseling methods.
For all callers to the quitline:
   a) 90% of all direct calls must be answered live within 30 seconds during regular hours of operation.
   b) 100% of all messages are returned within one business day.
   c) Four to seven attempts must be made to each caller to be deemed “unreachable.”

8. Fax Referral-initiated Counseling

Provider must describe plan to manage a fax referral system. The fax referral system is designed to facilitate proactive outreach to tobacco users and provide follow-up to referring health care professionals and/or participating employers. Fax referral forms will be provided by ADPH on its web site.

For fax-referred tobacco users:
   a) Client must be contacted within one business day of receipt of fax referral.
   b) Four to seven attempts must be made to each client to be deemed “unreachable.”

Include a description of a patient progress report that is communicated back to the sending entity. Note procedure to be used and how referring entity’s satisfaction will be measured. Reports will be required identifying referrers and number of referrals to quitline and associated quit rates.

9. Proactive Follow-up Counseling

In addition to caller-initiated counseling services, comprehensive follow-up support initiated by the cessation specialists will assist callers with quitting. Counseling will include three to five additional scheduled follow-up calls so that most sessions are presented at the time period when users are likely to relapse. The service will be based on protocols that have been demonstrated to be effective in randomized clinical trials to prepare people to quit and stay off tobacco after quitting.

10. Nicotine Replacement Therapy

ADPH will provide funding to provider up to $98,114 for Nicotine Replacement Therapy patches to eligible callers enrolled in the proactive counseling program. Quitline provider will be responsible for dispensing NRT, ensuring its delivery to callers within three business days. Provider will provide a two-week supply of NRT to eligible callers, followed by another two-week supply if caller continues ongoing counseling. Callers are eligible for four weeks of NRT within a six-month period. Detail NRT patch costs, mailing costs and system for mailing NRT directly to caller. Identify NRT supplier and detail working relationship. NRT numbers and costs must be included in monthly report to TPCP.
A copy of the provider’s current medical screening questionnaire for contraindications in dispensing NRT should be detailed or attached. Detail protocol for callers with medical contraindications in working with healthcare provider for approval for NRT for caller.

11. Cessation Program Database

Develop and operate a computerized, regularly-updated, referral resource database of community cessation programs available to Alabamians. ADPH will be responsible for providing current resource listings to the successful provider.

12. Support Material Development

Develop and provide a culturally competent Quit Kit that addresses self-help cessation techniques for both cigarettes and smokeless tobacco. Kits should be tailored for pregnant women, Spanish-speaking individuals, and young people, meet low literacy level needs (4th grade reading level) and utilize pictures and graphics extensively. Adaptation from existing kits is acceptable. ADPH approval of the Quit Kit is required.

Quit Kits and other materials developed under this grant agreement will credit “Alabama Department of Public Health and [name of successful provider].”

13. Promotion to Tobacco Users

ADPH and the provider will collaborate to promote the quitline to the general public and individual tobacco users. ADPH will provide adequate advance notice about media events and campaigns. The successful provider will provide additional staffing in order to respond to the increased demand when appropriate. ADPH will provide communications plan detailing tobacco days in which media campaigns are planned. Provider is expected to coordinate staffing with media campaigns and record how media campaigns influence calls to Quitline.

14. Data Collection

A computerized tracking system to document quitline activity must be able to accurately tabulate aggregate data for discrete individuals, services provided, demographics of the caller and referrals. The system must be able to produce reports on the cost per caller, call patterns by time of day, day of week and month. Callers’ characteristics to be tracked include consumption level, intention to quit, past quit attempts, tobacco use policy in the home, insurance provider, and services accepted. Demographic information includes age, sex, city, public health area, education attainment of callers, number of children in the home, and if pregnant, diabetic or in the military. Additional statistics provided will be the amount of NRT dispersed, number of clients in NRT program and their quit rates. Live call answer rate, healthcare fax referrals and and sources listed as to how the caller learned about the quitline will be included. The North American Quitline Consortium’s Minimal
Data Set for Evaluation of Telephone Cessation Quitlines must be incorporated into the tracking system.

All data files must include a single unique identifier for each caller that allows data from multiple files to be linked together for analysis, and if necessary a linking file. The data files must be provided in a common format (Excel preferred) to allow for ease of analysis and measurement of impact and outcome of Quitline activities.

The provider must be able to collect data that measures the performance in terms of customer satisfaction, information such as waiting times for callers, survey of caller satisfaction (as approved by ADPH), as well as, accuracy of the counseling information given by the staff.

The successful provider must demonstrate compliance with the Health Insurance Portability and Accountability Act (HIPAA).

The provider must agree to collect any and all data that is required by the Centers for Disease Control or the Alabama Department of Public Health to satisfy reporting requirements for funders.

All raw data maintained by the provider is the property of ADPH, and will be provided to them at no cost at any time.

15. Evaluation

The provider must collect sufficient data and provide data analysis to implement a quality assurance and evaluation plan. The provider will obtain consent from caller to conduct evaluation of Quitline services at the seventh month post registration. The provider will develop and provide evaluation and quality improvement activities and reports. Evaluation activities must assess effectiveness of all components. The North American Quitline Consortium’s (NAQC) Minimal Data Set (MDS) for Evaluation of Telephone Cessation Quitlines must be implemented. ADPH must approve proposed evaluation plan before implementation.

16. Reporting

Providers must agree to the reporting schedule below.

- monthly call volume and NRT reports including information listed in #14 Data Collection
- quarterly satisfaction reports from callers and referring entities
- six-month evaluation and quality improvement report
- six-month progress report, including funder-required information
- end-of-year summary report, including funder-required information
The content and format for all reports will be developed in consultation with the successful provider. ADPH reserves the right to ask for additional reports at any time. Capacity to perform follow-up and provide quit rate reports must be in place at the start of the contract period.

**PROPOSAL REQUIREMENTS AND COMPANY QUALIFICATIONS**

1. The successful provider must participate in all required local, regional, or statewide meetings and/or trainings, and participate in all required site visits.
   a) Proposals must include at least three names with contact information of individuals who can support the provider’s proven track record with this type and size of project.
   b) The provider must be a member of the North American Quitline Consortium in order to be stay abreast of “best practices” for implementation with the quitline.
   c) Provider must agree to cooperate with web-based online services Quitline vendor, if separate, and share data and NRT information with them, as needed.

2. Provider must not accept funding from the tobacco industry during the contract period. The term “tobacco industry” includes individuals, companies or organizations involved in any way in the production, processing, distribution, promotion or sale of tobacco products. Any past funding relationships with the tobacco industry must be disclosed in response.

**PROPOSAL RESPONSE FORMAT**

Proposals should be no more than 25 double-spaced pages, with one-inch margins, and 12-point font. Attachments, such as resumes, sample materials and budgets, can be any length.

Please include the following background information:

- Name of company
- Mailing address
- Phone number
- Fax number
- Name of contact person
- E-mail address

All proposals must be organized and labeled with the following headings:
Executive Summary. The one or two-page executive summary is to briefly describe the provider's proposal. This summary should highlight the major features of the proposal. The reader should be able to determine the essence of the proposal by reading the executive summary.

Detailed Response. This section should constitute the major portion of the proposal and must contain at least the following information: A complete narrative of how the provider will fulfill the elements of the Scope of Work, the provider's ability and approach, and the resources necessary to fulfill the requirements. This should demonstrate the provider's understanding of the desired overall performance expectations. Clearly indicate any options or alternatives proposed.

Proposed Budget. Include a budget and budget justification for the proposed length of the grant agreement. Use CDC federal budget template at www.cdc.gov/od/pgo/funding/grants/Budget_Guidelines.doc Describe how the costs were determined. The total cost of the proposal should reflect:

- Personnel: salaries or wages
- Personnel: fringe benefits
- Travel
- Equipment
- Supplies and educational materials
- Indirect costs (Calculated on current federal amount of 19.2 percent of salaries)
- Evaluation cost; no more than 10 percent of the total budget may be directed to evaluation
- Other

The budget should not include costs for buildings, furnishings or food. Any training costs should be approved by ADPH before expenditure of funds. Subcontracts must also be approved by ADPH before expenditure of funds.

PROPOSAL SUBMISSION

The notification of the selected vendor is expected to be in early March 2010. One signed original unbound, unstapled copy, two copies and one identical electronic copy of your proposal must be received by the contact below by February 25, 2010 at 5:00 p.m. CST. The envelope should be marked “Telephonic Quitline Proposal.” Proposals received after the February 25 deadline will be late and ineligible for consideration. Questions regarding this RFA should also be directed to this contact by email.

Julie Hare
Quitline Coordinator
Tobacco Prevention and Control Program
Alabama Department of Public Health
201 Monroe Street, Suite 1270
Montgomery, Alabama 36104
334-206-3830
PROPOSAL EVALUATION CRITERIA

The Tobacco Prevention and Control Program (TPCP) will conduct a comprehensive, fair, and impartial evaluation of the proposals received as a result of this RFA. A Review Panel selected by the TPCP will evaluate proposals. The Review Panel may include persons not employed by ADPH, including experts in the field of tobacco use reduction and members of racial/ethnic communities or other relevant groups. The Review Panel will evaluate the proposals, rank them, and make an award recommendation to the TPCP.

Award will be made to the vendor providing the lowest cost-responsive proposal. ADPH reserves the right to reject any or all proposals and is not bound to accept the lowest-cost proposal if that proposal is not in the best interest of ADPH. In making an award, factors such as, but not limited to, the provider’s service capability, integrity, facilities, equipment, reputation, human and financial resources, as well as past performance will be considered.