



STATE OF ALABAMA DEPARTMENT OF
PUBLIC HEALTH

Donald E. Williamson, MD
State Health Officer

January 17, 2014

Dear Cessation Program Provider:

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

ADPH is seeking competitive applications to operate the quitline to help Alabamians who want to quit tobacco use through individualized telephonic or online counseling, educational materials, and nicotine replacement therapy.

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. The proposals are due by 12 Noon CST on February 14, 2014.

Sincerely,

A handwritten signature in blue ink that reads "Julie Hare".

Julie Hare

Alabama Tobacco Cessation Quitline Coordinator
Alabama Department of Public Health
Bureau of Health Promotion and Chronic Disease
Tobacco Prevention and Control Branch
334-206-3830

Julie.Hare@adph.state.al.us

VH/JH
Enclosure

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
TOBACCO PREVENTION AND CONTROL PROGRAM**

**REQUEST FOR APPLICATIONS
ALABAMA TOBACCO CESSATION QUITLINE
2014**

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, Nicotine Replacement Therapy (NRT) patches, referrals to community-based cessation programs, and a proactive counseling tobacco treatment service statewide through a toll-free, tobacco cessation quitline, and interactive web site. 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 (ADPH) 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 NRT, also at no cost to qualified callers. In 2010, quitline services expanded to include a web-based cessation program.

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 (ACS) estimates that cigarette smoking is responsible for one of every five deaths in the United States, or approximately 440,000 deaths per year, 8,685 of them being Alabamians. Tobacco use is costly to Alabama. Each year smoking costs the state \$1.66 billion in direct medical expenditures and \$2.84 billion in lost productivity.

Alabama has high tobacco use rates. According to the 2012 Alabama Youth Tobacco Survey (ALYTS), the state's youth (grades 9-12) smoking rate is 19.3 percent. Among the same population, 12.6 percent use smokeless tobacco. According to the 2012 Behavioral Risk Factor Surveillance System (BRFSS), Alabama adult smoking ranks above the national average at

23.8 percent. Of everyday smokers, 59.3 percent have tried to quit for one day or longer (2012 BRFSS). Alabama smokeless tobacco rates are also above the national average. According to the 2012 Alabama Adult Tobacco Survey (ALATS), 17.2 percent of adults use smokeless tobacco (during the past 30 days).

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 2010 Pregnancy Risk Assessment Monitoring System indicates smoking during pregnancy rates are somewhat higher in Alabama than the national average (15.9 percent versus 10 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 \$466,610. This figure includes \$50,000 for NRT patches, with \$416,610 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 grant agreement will be from the date of the award, March 29, 2014, through March 28, 2015, with possible annual renewal options through March 28, 2017. The start date for the grant agreement is March 29, 2014. These dates may change if the Centers for Disease Control (CDC) funding year changes.

ELIGIBLE APPLICANTS

ADPH is seeking applicants with current operations and experience in administering quitlines, including creating, implementing and maintaining an interactive online and telephonic quitline service to assist the Tobacco Prevention and Control Program (TPCP) in treating all tobacco users. The scope of service includes all aspects of the implementation and monitoring of an Alabama statewide telephonic and web-based quitline.

Continuing quitline operations without a break in service is essential to ADPH. The applicant must state the date when the quitline would be fully operational to accept calls and serve online users.

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:

- Decrease the rate of smoking prevalence (2012 BRFSS, 23.8 percent)
- Increase the proportion of adult smokers who report they have made a quit attempt (2011 ALATS, 49 percent)
- Decrease the rate of prevalence of tobacco use among young people (2012 ALYTS, 22.1 percent)
- Decrease the rate of smoking prevalence disparity among African American males (2012 BRFSS, 27.5 percent)

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 14 elements of the Scope of Work for the quitline. Providers must address how they will fulfill each element of the Scope of Work. For the purposes of this grant agreement, users are defined as callers to the telephonic quitline and persons accessing the online cessation service.

I. 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 user's readiness to quit and to distinguish between users
- For users who are ready to quit within 30 days: (1) provide counseling for successful quitting, (2) develop an individualized quit plan, (3) mail or e-mail quitting materials, and (4) assess the user's interest in follow-up support
- For users who are ready to quit within 30 days and interested, provide comprehensive, counselor-initiated follow-up support counseling

- For users who are ready to quit within 30 days, but not interested in receiving additional follow-up support, offer encouragement to call the quitline or visit the web site again for assistance if needed
- For users who are not ready to quit within 30 days: (1) provide appropriate motivational messages, (2) mail or e-mail quitting materials, and (3) offer encouragement to contact the quitline when ready
- For all users, provide information about and referral to local cessation support services (if available at the time of contact, in the user's location). ADPH will provide a list of local cessation providers on an annual basis
- For proxy users, provide information they are seeking for others
- For users receiving counseling, offer the NRT patch after screening user for medical contraindications. If the patch is not indicated, a form will be faxed to the user's doctor to determine if user 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, incorporating 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 comply with the U.S. Public Health Service Clinical Practice Guidelines for Treating Tobacco Use and Dependency. Comprehensive follow-up counseling for users will include two to four additional follow-up contacts 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) and interactive online service. The system must have capacity to handle multiple, simultaneous in-coming and out-going calls and users. Office space must accommodate administrative, counseling, support staff, 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 the telephonic and online quitline program within the Detailed Response section of your proposal.

3. Hours of Operation

Provide live response for at least 59 hours per week, keeping the current hours of 8 a.m. to 8 p.m. Monday through Thursday, and 8 a.m. to 7 p.m. Friday as a minimum. Recorded information and callback capacity is required for the remaining hours of the week. Describe services/procedures for addressing calls and web site visitors 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 Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve, and Christmas, or as arranged and approved between the funder and the quitline.

The web site should be operational 24 hours a day, seven days a week, with live chat capability matching the hours of live response availability described above.

4. Volume

Based on estimates from the past two years, it is anticipated that the quitline will receive 1,000 calls and 200 website registrations per month for screening and initial services. Proposals must be designed to accommodate at least this volume of calls and online users.

5. Staffing

The staffing plan shall provide live response by trained cessation specialists to individuals seeking cessation support for at least 59 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 volume (e.g. release of media campaigns).

For all quitline users:

- Ninety percent of all direct calls must be answered live within 30 seconds during regular hours of operation
- One hundred percent of all messages are returned within two business days
- At least three attempts must be made to each caller to be deemed “unreachable”
- Respond to online users within 24 hours of initial contact

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

6. Language Capability

A telecommunication device for the deaf 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.

Describe language capability in your Detailed Response.

7. Proactive Counseling

Users who are ready to quit will be offered a 15-minute or longer counseling session through the quitline and quitting materials. Counseling will be provided by trained cessation specialists using proven effective counseling methods.

Describe the plan for delivering user-initiated counseling services.

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. Electronic referrals will be provided on the interactive web site.

For fax-referred tobacco users:

- Client must be contacted within one business day of receipt of fax referral
- Three attempts at different times 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. Monthly reports identifying distinct referrers and the number of referrals are required.

9. Nicotine Replacement Therapy

ADPH will provide funding to provider up to \$50,000 for NRT patches to eligible users enrolled in the proactive counseling programs. Quitline provider will be responsible for dispensing NRT, ensuring its delivery to users within three business days. Provider will provide a two-week supply of NRT to eligible users. Users are eligible for the two weeks of NRT within a one-year period. Detail NRT patches costs, mailing costs, and system for mailing NRT directly to user. 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 included. Detail the protocol to obtain approval from healthcare providers for NRT for users who have medical contraindications.

10. Support Material Development

Develop and provide a culturally competent Quit Kit that addresses self-help cessation techniques for all tobacco products. Kits should be tailored for pregnant women, Spanish-speaking individuals, 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 "ADPH and [name of successful provider]."

Attach proposed Quit Kit materials.

11. 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. ADPH will provide communications plan detailing tobacco days in which media campaigns are planned.

Describe experience in addressing staffing needs during periods of high volume.

12. 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 user and referrals. The system must be able to produce reports on the cost per user, volume patterns by time of day, day of week and month. User characteristics to be tracked include tobacco 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, county of residence, education attainment of callers, number of children in the home, if pregnant, diabetic, active duty military, and diagnosis of mental illness. 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 sources listed as to how the user learned about the quitline will be included. The North American Quitline Consortium's (NAQC) Minimal Data Set (MDS) for Evaluation of Telephone Cessation Quitlines must be incorporated into the tracking system.

All data files must include a single unique identifier for each user 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 Excel format to allow for ease of analysis, 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, and accuracy of the counseling information given by the staff. Attach a copy of the proposed customer satisfaction survey. Final survey used must be approved by ADPH.

Describe plans to collect the required data.

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 CDC or ADPH 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.

13. 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 users 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 NAQC MDS for Evaluation of Telephone Cessation Quitlines must be implemented. ADPH must approve proposed evaluation plan before implementation.

Describe evaluation plan.

14. Reporting

Providers must agree to the reporting schedule below:

- Monthly volume and NRT reports including information listed in #12 Data Collection
- Quarterly satisfaction reports from users 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
- Other funder-required reports as necessary

The content and format for all reports will be developed in consultation with the successful provider. Capacity to perform follow-up and provide quit rate reports must be in place at the start of the grant agreement 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.
 - 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
 - The provider must be a member of the NAQC in order to stay abreast of best practices for implementation with the quitline
2. Provider must describe background and experience in providing quitline services.
3. Provider must not accept funding from the tobacco industry during the grant agreement 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, surveys, 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:

- Complete narrative of how the provider will fulfill the elements of the Scope of Work
- Provider's ability and approach
- 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)
- 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 EVALUATION CRITERIA

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.

The panel will score proposals on the following criteria:

- Demonstrated ability to meet the 14 elements in Scope of Work (400 points)
- Proposal Response Format includes all requested information (50 points)
- Proposal Requirements and Company Qualifications are detailed (50 points)

Award will be made to the vendor providing the lowest cost, fully 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.

PROPOSAL SUBMISSION

The notification of the selected vendor is expected to be in early March 2014. 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 14, 2014, at noon CST.** The envelope should be marked "Quitline Proposal."

Proposals received after the February 14, 2014, 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 1276
Montgomery, Alabama 36104
334-206-3830
Fax: 334-206-2064
E-mail: Julie.Hare@adph.state.al.us