

ATTACHMENT 1

Statement of Work Juvenile Court FASD Subcontracts

The SAMHSA FASD Center for Excellence is managed by Northrop Grumman under a prime contract (Number 283-07-3001) awarded from the Substance Abuse and Mental Health Services Administration. This FASD Subcontractors Program is a component of the work Northrop Grumman performs under its contract to operate the SAMHSA FASD Center for Excellence. Subcontracts will be awarded and managed by Northrop Grumman.

BACKGROUND

Youth with an FASD are significantly more likely to be involved with the juvenile courts. A study of 163 youth 12 to 21 years of age with an FASD showed that about 60 percent had trouble with the law, and 32 percent had been incarcerated (Streissguth, Barr, Kogan, & Bookstein, 1996). An FASD causes problems in attention, memory, judgment, and behavior that increase the risk of delinquency. These problems result from brain damage caused by prenatal alcohol exposure. Alcohol is one of the most potent teratogens that permanently damages the brain (Stratton, Howe, & Battaglia, 1996). There is a spectrum of effects depending on the amount of consumption and the time of exposure during pregnancy.

An FASD is a life-long and largely invisible disability. FASD is underreported, and obtaining an exact estimate of prevalence is difficult. In 2001, it was estimated that about 1 percent of children have an FASD (May & Gossage, 2001). A recent study concluded that this estimate is “substantially low” (May et al, 2006). The percentage of youth with an FASD in the juvenile courts is believed to be significantly higher than in the general population. There have been only two studies that suggest how many youth with an FASD may be entering the juvenile courts.

A study of youth remanded for a psychiatric and psychological assessment in the juvenile justice system in British Columbia found that 23.3 percent (67 of 287 youth screened) had an FASD (Fast, Conry, & Looock, 1999). The other study is of youth in foster care under court jurisdiction. This study identified children with fetal alcohol syndrome (FAS), which is a less common but more easily diagnosed FASD. There were 600 children in foster care in the state of Washington who were screened for fetal alcohol syndrome, and 10 screened positive. Of these ten, seven were confirmed with a diagnosis of FAS. The results of the FASD diagnostic evaluation were not available for the other three at the time the study was published, but they could have received a diagnosis. Thus, 7 to 10 of the 600 children in foster care had FAS or 1.16 to 1.67 percent (Astley et al., 2002). For the general population, it has been estimated that 0.05 to 0.2 percent of children have fetal alcohol syndrome (May & Gossage, 2001). The study by Astley et al. suggests the rate of fetal alcohol syndrome for children in foster care may be 10 to 20 times greater than in the general population.

In January 2005, juvenile court subcontractors began developing their programs to conduct FASD screening, diagnosis, and intervention with youth involved with the courts. The Substance Abuse and Mental Health Services Administration had contracted with Northrop Grumman to fund and manage the subcontractor program under its contract to operate the SAMHSA FASD Center for Excellence. These juvenile courts used the screening criteria in Appendix C and referred youth for FASD diagnostic evaluations. After more than a year, two courts, Hennepin

County and 17th Judicial District of Colorado, had obtained FASD diagnostic evaluations for about half of those that had screened positive. Based on their experience, it is estimated that between 14 and 16 percent of the youth in these courts had an FASD. While the court projects were not intended as prevalence studies, the prevalence is high enough to suggest that FASD is a significant problem in juvenile courts, which must be addressed.

Intervention with youth who have an FASD is based on the belief that such intervention activities will be more successful when accommodations are made that respond to the disabilities of the youth. Not knowing or not understanding the disabilities that may underlie the youths' behavior is likely to result in ineffective and frustrating efforts. We know, from a retrospective study, that the odds of escaping adverse life outcomes (such as trouble with the law and incarceration) for those with an FASD are increased 2 to 4 times by obtaining a diagnosis of an FASD earlier in life and having a stable home environment (Streissguth et al., 2004). So it is logical that knowing a child has an FASD will enable more appropriate interventions that can be successful.

PURPOSE

The purpose of the juvenile court FASD diagnosis and intervention initiative is to support and assist family and juvenile courts in the United States and the District of Columbia to improve the functioning and quality of life of children and youth and their families by diagnosing those with an FASD and providing interventions based on the diagnosis.

WHO ARE INVITED TO SUBMIT PROPOSALS

Eligible offerors are juvenile delinquency, dependency, drug, mental health, family, and tribal courts who serve adjudicated delinquent youth on probation or dependent children who have been placed in the legal custody of the child protection system by the courts because of abuse or neglect. An agency that has legal authority to provide services to adjudicated delinquent youth on probation and dependent children who have been placed in the legal custody of the child protection system by the courts because of abuse or neglect is also an eligible offeror. Family and juvenile courts who propose to serve status offenders or youth in detention, secure placement facilities, or diversion programs are not eligible offerors. These subcontracts are NOT designed to support academic research.

FUNDING SOURCE AND METHOD OF FUNDING

Northrop Grumman Corporation will fund subcontractors to perform the activities and tasks and prepare the deliverables described in this statement of work. Northrop Grumman Corporation has a contract from the Substance Abuse and Mental Health Services Administration (SAMHSA). For Northrop Grumman to fulfill its contractual obligations to SAMHSA, it requires subcontractors to meet their obligations described in this statement of work.

The mechanism of funding is a subcontract and not a grant. A subcontract is a mutually binding legal relationship. The recipient of the subcontract is obligated to furnish specific services and deliverables defined in this statement of work. Northrop Grumman is obligated to pay for the services and deliverables that meet specifications. The deliverables must meet specifications, be judged acceptable, and be delivered in a timely manner. This subcontract is a time and materials subcontract. Payment can be withheld until a past due satisfactory deliverable is provided. The subcontract also provides for option years. Option years will be executed based on the satisfactory delivery of deliverables, performance of activities, and the continued availability of

funding from SAMHSA. Northrop Grumman will provide training and support to assist the subcontractors in attaining acceptable results.

Working under a subcontract is different than working under a government grant. A government grant is a legal instrument for transferring money to a recipient in order to accomplish a public purpose. There is usually no substantial involvement by the government in the performance of the grant. A subcontract has more specific requirements and Northrop Grumman will have substantial interaction with your project.

Funds awarded through this subcontract, other than for normal and recognized executive/legislative relationships, may not be used for lobbying Congress, state legislatures, or other government officials. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of information designed to support or defeat legislation pending before Congress or state legislatures. This includes grassroots lobbying, which consists of appeals to members of the public suggesting they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way.

Funding cannot be used to purchase equipment, including audiovisual and computer equipment, including software.

PERIOD OF PERFORMANCE

The period of performance is from February 1, 2008 (or date of award) to May 31, 2012. There will be an initial six month award and then 4 option years. The final period is for 10 months, not a full year.

The first 6 months is a planning period. The subsequent periods are for implementation of the plans and evaluation.

Base Period—February 1, 2008 to July 31, 2008

Option Period 1—August 1, 2008 to July 31, 2009

Option Period 2—August 1, 2009 to July 31, 2010

Option Period 3—August 1, 2010 to July 31, 2011

Option Period 4—August 1, 2011 to May 31, 2012

TECHNICAL DIRECTION AND SUPPORT

The staff from the SAMHSA FASD Center for Excellence will support the subcontractors. The Center staff will maintain monthly phone contact with subcontractors and may perform one site visit per year. The Center will provide technical assistance on strategic planning and evaluation. FASD prevention subcontractors will be provided evidence-based interventions as well as consultants and training to assist in their implementation. FASD diagnosis and intervention subcontractors will be provided consultation and training as needed and available for FASD screening, diagnosis, and intervention treatment. FASD prevention and FASD diagnosis and intervention are relatively new fields. Subcontractors will be asked to participate on conference calls and share ideas and lessons learned.

Northrop Grumman is the prime contractor for SAMHSA and will manage the subcontracts. The FASD Subcontractors Program is part of the activities Northrop Grumman performs under its

contract to operate the SAMHSA FASD Center for Excellence. The training and technical assistance resources of the SAMHSA FASD Center for Excellence will be used to support the subcontractors. Project directors are to attend the SAMHSA FASD Center for Excellence's annual Building FASD State Systems in May. The goal of the Center and these subcontractors is to advance the fields of FASD prevention and FASD diagnosis and intervention.

REQUIREMENTS AND TASKS

Goal—The goal of FASD diagnosis and intervention programs working with delinquent and dependent children and youth is improved functioning. Outcomes desired include reduced probation violations, no more than two placements in a 12-month period (i.e., one placement change) for a dependent child; and improved school performance of dependent and delinquent school-age children. Subcontractors may choose to have additional outcomes related to other state and federal requirements.

The Program—The juvenile courts are to implement and evaluate policies and procedures to screen adjudicated delinquent youth on probation or dependent children and youth; refer for diagnosis those who have screened positive; and intervene with juveniles diagnosed with an FASD. The offeror will integrate FASD screening, diagnosis, intervention, and followup into the juvenile court. Predisposition hearing procedures, alternate charging and disposition programs, or innovative probation programs may be a part of the initiative. An eligible offeror must provide a letter of intent from the judge who will have direct oversight of the FASD initiative. The role of the judge is critical to the success of the planning, implementation, and evaluation of the FASD initiative.

Subcontractors will be required to use an FASD screening tool developed by the SAMHSA FASD Center for Excellence. This was developed based on a literature review, input from an expert panel, and the experience of previous subcontractors that used the tool. Subcontractors will be provided training to use the FASD screening tool. A description of the screening and referral criteria is in Appendix C.

Offerors are required to submit a letter of intent from their proposed FASD diagnostic center(s) or team with their proposal. The letter must identify the diagnostic criteria used by the diagnostic center or team, the number of FASD diagnostic evaluations the center performed in the last year, the number of FASD diagnostic evaluations the Center can provide for the offeror, and the disciplines represented on the team (e.g., physician-pediatrician, dysmorphologist, other specialty-psychologist, and occupational therapist). (See Proposal Instructions.)

Subcontractors should plan to conduct screening and diagnosis that will result in people being diagnosed *and* provided appropriate treatment interventions. The subcontractor must ensure that the diagnostic center can accommodate all its referrals within a reasonable time. Similarly, the subcontractor must ensure that it can provide or arrange for appropriate services for everyone diagnosed. The subcontractor will monitor screening, diagnosis, and treatment services and develop ways to expand capacity, as needed. When sufficient services are available, the subcontractor can screen all those entering their program and refer for diagnosis all those that screen positive. When sufficient services are not available, screening activity may need to be curtailed. Obtaining sufficient intervention services for those diagnosed should be part of the subcontractor's strategy and plan to sustain the initiative.

Subcontractors will screen and refer delinquent or dependent children and youth for a diagnostic evaluation. Those obtaining a diagnosis will be provided services indicated in the diagnostic evaluation report. Treatment interventions may include a wide range of services including medical, psychological, educational, vocational, family, and other interventions. Interventions may also include parent and guardian training and respite care. Subcontractors will need to have the capacity to provide treatment interventions identified in the diagnostic evaluation or be able to arrange to obtain those services. Case management and followup are required as part of the intervention.

Some larger delinquency or dependency courts may have more children than they can screen, diagnose, and provide intervention. In these situations, courts may focus on priority age groups. The priority populations are dependent children 0-5 years of age and delinquent children less than 16 years of age.

Subcontractors will train staff and create a system that prompts judges and staff to appropriately consider the diagnosis of FASD in the handling and disposition of the youth. A staff person within the juvenile court must be identified to manage and ensure the performance of all aspects of the program.

Those working with dependent children 0-5 should coordinate with the Part C coordinator in their state, where possible. The coordinator can be found at this Web site <http://www.nectac.org/search/confinder.asp>. These coordinators may help find needed intervention resources.

The field of FASD screening, diagnosis, and intervention is still developing an evidence-base for its activities. These subcontracts are intended to help advance the field. Data collection and documentation of activities are significant parts of the subcontract requirements. Outcome measures for the interventions will be refined during the planning period based on input from the subcontractors. Subcontractors will be required to collect and provide to Northrop Grumman individual client demographic and outcome data (using the common outcome measures). Northrop Grumman is required under its SAMHSA contract to provide this individual client data to SAMHSA.

Major Program Activities

The activities the Juvenile Court subcontractors will perform include:

Plan, Organize, and Integrate the Activities into Juvenile Court

- Plan and evaluate the implementation of FASD screening, referral for diagnosis, and intervention in the juvenile court.
- Develop and execute plans to sustain the implementation of the FASD screening, diagnosis, and intervention activities in the court.
- Strive to develop a coordinated system of care for those with an FASD.
- Develop and implement policies and procedures that support the implementation of FASD screening, diagnosis, and intervention.
- Prepare an evaluation report of the program each year and adjust the strategy as needed.

Document Activities and Experiences

- Collect and report data to document the execution of key activities of the program.
- Document the challenges and effective strategies for integrating FASD screening, diagnosis, and intervention into the juvenile court.
- Document through selective case histories those that have an FASD, their needs, and the benefits they receive through interventions. Include information about the support needed from their families and ways to help families provide this support.

Collect, Manage, and Deliver Data on Individuals Served

- Collect individual client data using the outcome and demographic measures provided by Northrop Grumman. Some measures may come from SAMHSA and some will be developed with input from the subcontractors. Common measures will be used by subcontractors. Individual data will need unique non-personal identifiers. No personal identifying information is to be transmitted to Northrop Grumman. Data will be collected at entry to the program, at followup visits, exit from the program, and at followup to assess outcomes.
- Provide the individual client data in the format requested by Northrop Grumman. A database will be provided for subcontractors to enter and provide their data or other means will be provided to submit the data. Data needs to be submitted every April 1 and October 1 starting October 1, 2008. Northrop Grumman is required under its contract to provide this individual client data to SAMHSA.
- Modify existing juvenile court data systems or develop new systems to evaluate and support the implementation of the FASD screening, diagnosis, and intervention.

Results Expected

The subcontractors are expected to achieve the following results:

Data

- Data on the number entering the service, the number screened for an FASD, and the number referred for a diagnostic evaluation. Demographic data on the clients screened will be required.
- Data on the screening criteria that caused the individual to be referred for a diagnosis.
- Data on the outcome of the FASD diagnostic evaluation, including the diagnosis provided.
- Data on the numbers diagnosed that received intervention and the numbers that do not receive intervention.
- Data on progress on outcome measures at intervention visits, as appropriate.
- Data measuring the outcomes at followup periods of one year or more. Common outcome measures will be developed by Northrop Grumman with input from subcontractors.

Descriptions of the Program and Experiences

- Descriptions of the barriers and ways to facilitate implementing FASD screening, diagnosis, and intervention into the juvenile court.
- Descriptions of treatment interventions provided to the clients based on their FASD diagnoses.

- Descriptions of the various sources of treatment interventions used with clients. A description of the system of care being developed for delinquent and dependent children and youth diagnosed with an FASD.
- Descriptions of the experiences of clients and families in obtaining diagnosis and interventions and improvement in functioning.
- Description of model approaches to integrating FASD screening, diagnosis, and intervention programs in the juvenile court.

Program Changes

- Integrated FASD screening, diagnosis, and intervention within the juvenile court.
- Alternative disposition or placement opportunities for children and youth
- Procedures for sharing diagnostic evaluation outcomes of clients with service providers, including the use of consent forms.
- Policies (administrative or legislative) that support the continued implementation of FASD screening, diagnosis, and intervention in family and juvenile courts.

Tasks to Be Performed in First 6 Months

During the first 6 months (the project planning period) offerors will accomplish the tasks listed below. Reports describing the results of these tasks are deliverables. Outlines for these deliverables and additional guidance for completing the tasks are in Appendix A and B.

Task 1. Identify, Build, and Maintain a Task Force

The task force should include a wide variety of stakeholders. These may include members of the target audience, judges, probation officers, law enforcement, attorneys, representatives of the selected referral agencies, and potential funding sources. In addition, experts in treatment interventions and evaluation should be included. Because each community and juvenile court is different, the composition of the task force needs to reflect that community. The task force needs to be a workable size, usually not more than 15-20 people. The task force can be an existing task force, a component of a broader task force on children and youth or a new task force. It should assist in planning and implementation of the needs assessment, provide guidance and make recommendations throughout the project.

Task 2. Design and Conduct a Needs Assessment and Submit a Written Report

Each offeror should develop an assessment method; however, the assessment must be designed to assist the offeror in developing a 4-year strategic plan. The assessment should document the needs, utilization patterns, and services for delinquent and dependent youth that may be diagnosed with an FASD. The needs assessment describes the current “as is” situation for parents, guardians and children as it relates to providing FASD screening, diagnosis, and intervention for adjudicated delinquent and dependent children.

At a minimum the needs assessment report should describe:

- The **goal of the initiative**.
- The **juvenile court system and current intervention outcomes**.
- The **target population**
- The **questions** the assessment is designed to answer.

- The **methods** used to collect the data and the sources of the data. Offerors should not plan or conduct surveys in the initial period because of the time needed to obtain the required approval by the Office of Management and Budget.
- **The results or data collected.** (See Appendix A and B) This may include, for example:
 - Potential obstacles to participation, such as access to transportation
 - Number of adjudicated delinquent juveniles entering the system per month and the length of their probation
 - Number of dependent children entering the system each month
 - Offense/Dependency profile
 - Disposition of children and youth
 - Demographic characteristics
 - Other characteristics-e.g., education level, literacy, employment, living situation, frequency and duration of contact with the juvenile justice system and functional capacity of the population served
- **Other relevant information** that provides insight into what may influence the population or suggests factors that should be considered, such as:
 - Referral sources and other services that clients use that may be relevant or that may reinforce efforts of the juvenile court
 - People or institutions that may influence the population served
 - Parental or guardian involvement
- **Implications and Recommendations** for the Juvenile Court Initiative, including
 - Analysis of the above data and a description of the implications of integrating FASD screening, diagnosis, and intervention into the courts and achieving the program goal
 - Strengths, weaknesses, opportunities, and threats related to integrating FASD activities and achieving program goals
 - Recommendations for this juvenile court initiative

Task 3. Develop a Strategic Plan

The data and analysis from Task 2, and any other relevant information, should be used to create a comprehensive 4-year strategic plan. The strategic plan describes 1) what is desired to be achieved and how it will be achieved, 2) what activities are planned and why they were selected, 3) how the strategy will be implemented, and 4) how you will evaluate the initiative. The strategic plan should include the following:

Task 3.1. Develop the Strategy

- **The legal mandate, mission and goals** of the juvenile court or lead agency, if it is not the juvenile court.
- **The goals and objectives of the initiative**, including outcome and process objectives.
 - **Goals** define the overall or general purpose of the initiative.
 - **Outcome objectives** are specific and measurable descriptions of the change in outcomes your initiative intends to achieve (e.g., reduction in probation violations, stability in placement, and improved school functioning-attendance and

performance). Outcome objectives define what is expected to change in measurable terms, how much it is expected to change, when the change is expected to be detected, and within what population the change will occur.

- **Process objectives** define in specific and measurable terms the direct result or outputs of your activities. The process objectives describe what, how much, when, and within what population the results are to be seen. An example would be the number of people counseled and referred by a specific date.
- **Relevant services provided by other organizations** that might complement or compete with the FASD activities.
- **Organizational strengths and weaknesses** relevant to achieving the goals and objectives.
- **The services and activities** to be implemented to achieve the proposed goals and objectives. Estimate the number and characteristics of the clients who will receive the integrated services.
- **Policies and procedures needed** to support the FASD initiative.
- **Level of management and staff** support for initiating and implementing FASD activities.
- **Systems change issues**, including adapting the juvenile court system to allow integration of the proposed initiative, adapting the proposed initiative to the existing system, and obtaining or increasing management and staff support for the new services or activities.
- **Opportunities to intervene** through the current policies and procedures and juvenile court and other service delivery organizations to support or achieve the objectives of the initiative.
- **Resources available to implement the activities.** Describe the resources the family and juvenile court can use to supplement this funding during option years. Describe how your project will attain additional resources to sustain the initiative after funding ends.

Task 3.2. Develop the Implementation Plan.

The implementation plan should include the following:

- **An implementation schedule for the identified activities**, including activities to be performed, the staff responsible for implementing the activities, the actions each person needs to perform, and the methods to be used to monitor activities.
- **A discussion of potential problems and solutions** relevant to implementing the initiative.
- **A description of the methods, including training**, that will be used to obtain staff cooperation to implement the activities, and of the mechanisms to obtain staff input.
- **A description of the administrative procedures** that will be implemented to ensure that needed activities are performed.
- **Consent forms** required to obtain data and records from relevant agencies.

Task 3.3. Develop the Evaluation Plan.

The evaluation should be designed to monitor and evaluate your process, to evaluate the effectiveness of the interventions, and to be used to continuously improve the effectiveness of the initiative. It should provide the following:

- **Data that establish that the activities proposed in the implementation plan are being performed and that milestones or outputs are being achieved.**

- **Data indicating the outcomes achieved by the initiative.** Northrop Grumman will work with the subcontractor to ensure that these measures and data meet the requirements of the SAMHSA. The outcome measures will be the same as those specified in SAMHSA's National Outcome Measures, where appropriate. Additional outcome measures will be developed with the subcontractors (FASD diagnosis and intervention) where SAMHSA National Outcome Measures do not exist.
- **Evaluation design.**
- **Data collection** and plan to deliver data to Northrop Grumman. The subcontractor plan needs to include the following:
 - Describe plan to ensure data is collected at screening, followup visits, exit from the program, and followup.
 - Describe personnel and procedures to ensure data is entered into a database with unique identifiers for each client. (Northrop Grumman will provide the database.)
 - Describe plan to review accuracy of data in database and send it to Northrop Grumman every April 1 and October 1.

OPTION YEAR ACTIVITIES

In the option years, offerors will implement the plan developed and accepted during the first 6 months of the subcontract. Specific option year activities will be determined by the offeror's strategic plan.

Offerors will:

- Train staff to implement the initiative
- Implement the initiative and make adjustments as needed
- Maintain the task force
- Document the implementation of the initiative
- Conduct the evaluation and report the evaluation of the initiative
- Collect screening, diagnostic, intervention, and follow up data
- Enter all data into a database with unique identifiers for the clients and submit to Northrop Grumman every April 1 and October 1 starting October 1, 2008
- Attend the annual Building FASD State Systems Meeting

DELIVERABLES

Monthly Deliverables

- Monthly progress reports. The offeror will submit a brief report every month describing activities and achievements. The report will highlight accomplishments, describe activities, address the project timetable, document training activities, and identify problems or issues. Northrop Grumman will provide the report format.
- Monthly invoices reporting allowable expenses in the format provided by Northrop Grumman.
- Monthly phone conferences with the Northrop Grumman project officer.

Deliverables in Initial Six Month Planning Period

Each deliverable should be provided in sequence for review, comment, and final acceptance by Northrop Grumman. The offeror is to provide a schedule in which each deliverable will be submitted.

- Task force description (Task 1).
- A report on the findings from the needs assessment (Task 2).
- A report on strategy (Task 3.1).
- A written implementation plan (Task 3.2).
- A written evaluation plan. (Task 3.3)
- The final report with all the above approved and revised reports is due no later than July 15, 2008.
- Attendance at a 2-day kickoff meeting. Within 30-45 days after award, Northrop Grumman will convene a contract kickoff meeting in Rockville, MD. The project director and one additional staff member are required to attend the meeting. If possible, the evaluation or data person should attend the kickoff meeting. An additional staff person may also attend at the option of the subcontractor. Offerors should budget sufficient funds in their pricing proposal to cover staff time, travel, lodging, and per diem costs for this meeting.
- Attendance at the 2008 Building State Systems Meeting. This meeting that will be held in May in the center of the country. The project officer should attend.
- Attendance at a 2-day training on FASD screening. The training will occur in the 5th or 6th months or early in the first option year. Budget for the training to occur in the first 6 months in Rockville, Maryland.

Note: Outlines for these deliverables and additional guidance for completing the tasks are in Appendix A and B.

Deliverables Every 6 Months

Every 6 months subcontractors are to provide a summary report of their expenses in the past 6 months and a projection of their expenses in the following 6 months. More frequent reports may be requested depending on spending patterns. A format for these reports will be provided. The reports due July 1 of each year will have a summary of expenses through May31 and projected expenses for June and July. These reports will be due as follows:

Report Due Date	Summary of Expenses For Period:	Forecast of Expense for Period:
July 1, 2008	February 1, 2008 to July 1, 2008	August 1, 2008 to January 31, 2009
February 28, 2009	August 1, 2008 to January 31, 2009	February 1, 2009 to July 31, 2009
July 1, 2009	February 1, 2009 to July 31, 2009	August 1, 2009 to January 31, 2010
February 28, 2010	August 1, 2009 to January 31, 2010	February 1, 2010 to July 31, 2010
July 1, 2010	February 1, 2010 to July 31, 2010	August 1, 2010 to January 31, 2011
February 28, 2011	August 1, 2010 to January 31, 2011	February 1, 2011 to July 31, 2011
July 1, 2011	February 1, 2011 to July 31, 2011	August 1, 2011 to January 31, 2012
February 28, 2012	August 1, 2011 to January 31, 2012	February 1, 2012 to May 31, 2012

Deliverables in the Option Years

- Attend the annual Building FASD State Systems Meeting and deliver a poster presentation on the objectives of the initiative, methods, results, conclusions, and recommendations. The

project director should attend. (The 2008 BFSS meeting will not require the subcontractor to present a poster.)

- A 1-year implementation plan will be required for each option year. The first implementation plan for the first option year will be completed in the initial 6-month planning period. The subsequent implementation plans will be due July 1 of each year, starting July 1, 2009. Appendix B contains guidance for preparing these plans.
- Data from the juvenile court sites delivered to Northrop Grumman every April 1 and October 1 starting October 1, 2008. In October, the data system for the subcontractors will need to be established and the report will demonstrate the data system capability.
- A 12-month report (August 1 to July 1) with a summary of key results achieved, process evaluation and documentation of the initiative every September 15 starting September 15, 2009. The list under “Results Expected” describes the content for the evaluation reports. These reports should include descriptions of the insights and lessons learned integrating FASD diagnosis and intervention into the juvenile court.
- A two-page article reporting the objectives, methods, current accomplishments or results, and discussion of the initiative to be published on the www.fasdcenter.com Web site. This article will be due September 30 of each option year starting September 30, 2008.

All reports should be sent by e-mail:

Northrop Grumman
Attn: Brenda Bowie
Northrop Grumman Corporation
2101 Gaither Road, Suite 600
Rockville, MD 20850
Brenda.bowie@ngc.com

Also, send e-mail copies to the Northrop Grumman project officer assigned to the subcontractor.

FUNDING LEVELS

Northrop Grumman expects to provide approximately 5 juvenile court with subcontracts. Offerors will propose budgets for the base period and options listed below.

- Base Period—February 1, 2008 to July 31, 2008
- Option Period 1—August 1, 2008 to July 31, 2009
- Option Period 2—August 1, 2009 to July 31, 2010
- Option Period 3—August 1, 2010 to July 31, 2011
- Option Period 4—August 1, 2011 to May 31, 2012

It is expected that the initial six month planning period will be for a lower amount than for the subsequent 6 months of implementation.

Funds cannot be used to supplant existing funds.

Northrop Grumman recognizes that it is difficult to budget for the full period of performance. The initial subcontract budget ceiling will be set to the amount proposed to be spent by the subcontractor in the first 2.5 years. The ceiling will be increased for the Option Year 3 based on the spending patterns of the first two implementation years, the budget provided with the

proposal, and the satisfactory performance of work. The final ceiling increase will occur for Option Year 4. The final ceiling is unlikely to be increased above the amount budgeted in the proposal.

Annual continuation awards for the option periods will depend on the availability of funds and the progress achieved. Northrop Grumman may or may not fund option years at its sole discretion.

Only juvenile courts can estimate the cost factors to implement the statement of work and complete the deliverables. The number of children and youth a juvenile court can serve will be dependent on the funds available. An approximate target range is provided to assist juvenile courts in preparing budgets that can be funded. Juvenile court budgets for the entire period of performance are expected to range between \$820,000 (or less) to \$1,160,000.

This range is NOT intended to provide targets for offerors; the budget should reflect the cost of performing the work. Budgets that appear to have been prepared to meet a target amount, (especially at the higher end of the range) rather than reflect the costs of the work will be set aside for closer scrutiny.

Similarly, lower total cost proposals will not be automatically favored. The costs should be realistic to perform the work. If the total costs are significantly below the range because the program serves fewer people, that will be acceptable. Smaller programs are expected to have lower total costs. The cost should fit the work to be performed and the number served by the program.

Proposed costs per person served by the program will be compared and used as one criterion for selection. Cost per person served will be compared across *similar* programs and similar areas. For example, costs per person served from similar programs from large urban areas will be compared.

Offerors should explain their costs in the business volume. This will help reviewers decide if costs are reasonable and realistic.

REFERENCES

- Streissguth, A.P., Barr, H.M., Kogan, J., & Bookstein, F.L., (1996). Understanding the occurrence of secondary disabilities in clients with fetal alcohol syndrome (FAS) and Fetal Alcohol Effects (FAE). Final Report, Centers for Disease Control and Prevention Grant. (#RO4/CCR008515).
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End of Statement of Work

Proposal Instructions

All proposals must be submitted electronically. Mailed or faxed proposals will NOT be accepted. For instructions on how to submit your proposal electronically, go to <http://fasdcenter.com>. You will find instructions, resources, and a link to the Web site on which you will submit your proposal. If you have questions about how to submit your proposal after going to this Web site, call 800-875-2562 (at the voicemail menu, press 1) for assistance or e-mail pcsupport@altum.com.

Proposals must be signed by an official authorized to bind your organization.

The Technical Volume 2 of the proposal should describe how each aspect of the Statement of Work will be accomplished. The proposed activities should be clear and specific. The narrative must describe how and when you will achieve each task and deliverable during the first 6 months and briefly describe plans for the option years.

The Technical Volume 2 should provide as much detail as is needed to reflect a clear understanding of the nature of work being undertaken. General statements that the offeror will comply with the Statement of Work or do what is required are insufficient.

The proposal content is the basis on which the proposal will be judged. Reviewers will evaluate the proposals using the Evaluation Criteria included in this section. The outline of the proposal provided below follows the evaluation criteria. Details of what should be included in the proposal are indicated in the Evaluation Criteria. Be sure to refer to it as you write your proposal. Also, please follow this outline so reviewers will be able to accurately assess your work.

The Technical Volumes will be scored and ranked. Those that are in the acceptable competitive range will have their budgets evaluated and compared. Proposals that provide the best value considering technical and cost factors will be selected.

The Technical Volume consists of an abstract and Sections A through D described below. Section A through C and Section D are to be saved and uploaded as separate files. The total number of pages for Sections A through C may not exceed 30. The proposal must be prepared in Times New Roman, 12 point, with 1-inch margins. Tables and charts may be prepared in a smaller readable font.

SECTION A: ELIGIBILITY AND DESCRIPTION OF JUVENILE COURT SYSTEM AND POPULATIONS SERVED (35 POINTS)

This section provides the reviewers with the background and justification for your project. Reviewers will assess the completeness and clarity of the descriptions as well as their adequacy.

- Eligibility-Establish eligibility by providing information required (see Evaluation Criteria)
- Juvenile Court Capacity and Need
- Experience of the Juvenile Court

Provide evidence of organizational experience that demonstrates an ability to plan, implement, and evaluate the proposed project. Briefly describe at least two projects of a similar nature and size that the offering organization has conducted successfully.

In addition, provide a brief description of up to three past grants or contracts your organization on the “Past Grants and Contracts” form. These grants or contracts do not need to be related to FASD. Provide the title, period of performance, value, funding agency, a brief description, and the contact information of the project officer on the form. You are to download the “Past Grants and Contracts” form from the online proposal submission Web site.

- Target Population
- Capacity of FASD Diagnostic Center

SECTION B: TECHNICAL APPROACH (40 POINTS)

The technical approach should describe how the organization will achieve each task described in the Statement of Work. Explain how you will integrate screening, diagnostic and intervention services for the target population into the juvenile court in the strategy section. Reviewers will assess the completeness, clarity, and comprehensiveness of the approach to completing the task. Reviewers will also assess the extent to which your proposed approach to the tasks is realistic, given the budget and timeframe in which you will be working.

- Task Force Plan
- Needs Assessment Plan
- Strategy
- Sustainability Approach
- Brief Implementation Plan
- FASD Screening, Diagnosis and Intervention
- Evaluation and Data Collection Plan

SECTION C: PROJECT MANAGEMENT AND STAFFING PLAN (25 POINTS)

- Experience

Describe qualifications, experience, and intended roles of budgeted and in-kind staff who will work on this initiative. Provide a project organization chart. Indicate the position of the FASD project director.

Describe the qualifications and experience of the staff person responsible for developing the evaluation, and collecting and analyzing the data. Also, include a brief description of your state’s computer and Internet capabilities needed to perform this work.

Identify who will be responsible for completing and submitting reports to Northrop Grumman.

- Project Management

Specify the percentage of time the project director will be dedicated to this project. You must designate the project director as key or essential personnel. The project director may not be changed without project officer approval. Describe the project director’s prior performance, and demonstrated ability in effective program management, and in cost and quality control. Supporting materials shall include a resume submitted in Section D showing education, training, and experience in effectively managing programs of a scope

and complexity comparable to this initiative. A background in FASD diagnosis and intervention would be an advantage but is not required.

■ **Subcontracting Rationale**

Describe the work that will be performed by subcontractors and the rationale for using the lower-tier subcontractors. Submit the lower-tier subcontractors' proposals with their proposed budgets. These proposals do not count in the 30-page allocation for Sections A through C. If proposals were not obtained, signed letters of intent or memorandums of understanding with the cost for the work are needed. You will be asked to scan and upload these proposals on the electronic proposal submission Web site.

Letters of intent for the FASD diagnostic center(s) need to be scanned and uploaded on the proposal submission Web site. Be sure the letter includes the content required (see Evaluation Criteria).

General letters of support for this proposal are not requested and will not be accepted.

SECTION D: BIOGRAPHICAL SKETCHES AND JOB DESCRIPTIONS

This section is not scored; however it will be assessed in the final review as documentation that the offeror has sufficient qualified personnel to complete the tasks required by this subcontract. The proposed personnel will be evaluated on the basis of experience and qualifications to provide the skills necessary to the successful performance of the Statement of Work.

Section D needs to be provided as a separate file on the online submission Web site.

Provide a list of the positions and names of the persons budgeted. Provide resumes for each person bid.

If you are bidding a person not currently employed by the offeror, you must include a signed letter of commitment from the individual. The letter must indicate that the person is available to start work at project inception at the rate listed in the proposal budget.

Absence of the resumes in Section D or letters of intent, if lower-tier subcontractors or other agencies are proposed to perform part of the Statement of Work, *may* result in the proposal being rated "incomplete" in the final review.

Evaluation Criteria for Proposals

The proposals will be evaluated on the likelihood of performing the activities and achieving the results described in the statement of work. The evaluation of the proposals will be based on the technical and administrative capabilities of the offeror and the reasonableness of the costs. The following evaluation criteria will be used to rate the technical proposals.

ELIGIBILITY

Offerors must meet the eligibility criteria to be considered for a family or juvenile court subcontract.

- The offeror is a juvenile delinquency, dependency, drug, mental health, family, and tribal court in one of the 50 states or the District of Columbia or the offeror is legally authorized by the family or juvenile court to provide services to adjudicated delinquent youth on probation or dependent children and youth who have been placed in the legal custody of the child protection system by the courts because of abuse or neglect is an eligible offeror.
- All offerors must include a letter of intent with at least one FASD diagnostic center or team in the local area. This letter of intent must include:
 - The number of FASD diagnostic evaluations completed in the past year
 - The diagnostic criteria or system the diagnostic center uses
 - The number of FASD diagnostic evaluations per month the FASD diagnostic center agrees to perform for the project
 - A statement that it will conduct diagnostic evaluations on the age group that your project has proposed to address
 - The disciplines represented on the diagnostic team (e.g., physician--pediatrician, dysmorphologist, other specialty--psychologist, speech pathologist, occupational therapist)
- An eligible offeror must provide a Letter of Commitment from the Judge who will have direct oversight of the FASD initiative.

EVALUATION OF TECHNICAL VOLUME

SECTION A. SERVICE DELIVERY ORGANIZATION AND POPULATION SERVED (35 POINTS)

Juvenile Court Capacity and Need Includes:

- Description of how the proposed FASD initiative fits into the court's program. Proposal describes why the court needs the project now and the benefits it hopes to achieve long term.
- Judicial involvement in the project, structure and organization of the juvenile court system (flow chart), how frequently the child or youth appears before the judge, the frequency of the hearings and what is expected to take place, and the estimated length of time the child or youth will participate in the initiative (e.g., length of probation or followup).
- Court process for handling failure to comply with terms of probation and potential solutions for children and youth diagnosed with an FASD who fail to comply with probation requirements (Delinquent youth only).

- Treatment provider(s) that will be used to deliver the services and the possible interventions that will be employed (e.g., medical, counseling, vocational, educational, transportation). (If possible, describe how the diagnostic evaluation will be used in developing the individual treatment plan. Explain how interventions will be tailored to the individual needs of the children and youth.)
- Responsibility for providing case management, what services will be provided, how frequently cases will be monitored, and the expected caseload per case manager.
- Services provided to youth who are not compliant with the treatment plans
- Coordination with Part C early intervention services, if applicant is serving children in the dependency court who have substantiated cases of abuse or neglect.

Experience of the Juvenile Court Includes:

- Prior experience providing services to children and youth diagnosed with developmental disability, mental health problem, or an FASD.
- Program has experience with data collection and evaluation, client followup, and implementing new policies and procedures within the court system.
- FASD training within the last two years, including date, name of training, training participants, and trainer(s).

Target Population Description Includes (can be presented in a table or list):

- Number of youth adjudicated delinquent and placed on probation or determined to be dependent (abused or neglected) in the past year (specify the year and source of data).
- Number of children whose probation is revoked each month.
- Number of children and youth for whom an intervention will be provided in a year. Indicate the number of those diagnosed that are expected to receive an intervention.
- Age breakdown of children to be addressed by the initiative (priority target populations include dependent children 0-5 years of age and delinquent youth less than 16 years of age).

Capacity of the proposed FASD Diagnostic Center or Team

- The number of FASD diagnostic evaluations per month the FASD diagnostic center can perform is close to the number of referrals the offeror expects to make to the center. Information requested from the FASD diagnostic center or team is provided in the proposal. Provide the current average waiting time (in days) for an FASD diagnostic evaluation and the expected waiting time when the project is operational. Include statement that the diagnostic center or team will conduct FASD diagnostic evaluations with the age group proposed in the proposal.
- Program or System Capacity. Program has services or referral sources for services commonly needed by those with an FASD diagnosis (e.g., medical services, speech or occupational therapy, mental health treatment).

SECTION B. TECHNICAL APPROACH (40 POINTS)

Task Force Plan

- The task force’s proposed members are appropriate.

- Methods to be used to identify, recruit, and sustain members of the task force are appropriate.
- The role of the task force in planning, implementation, evaluation, and sustainability is clear.

Needs Assessment Plan

- The approach, activities, and dates of completion for organizing and conducting the needs assessment are clear and appropriate. (See Appendix B).

Strategy

- Offeror describes the juvenile or family court population.
- The goals and outcome objectives are realistic and are presented in the manner described in Appendix B.
- Juvenile court offeror's program includes process objectives that state how many children and youth will be screened and how many are expected to be diagnosed. (These objectives can be modified during the planning period, but should reflect the expectations of the offeror.)
- Approach to integrating FASD screening, diagnosis, and intervention into the courts is clear and reasonable.

Sustainability

- The offeror describes realistic approaches to obtaining in-kind and financial resources in the option years and for the long term.
- The offeror has demonstrated ability to sustain similar programs.

Brief Implementation Plan

- Offeror provides realistic times for submitting the deliverables and performing the major activities required in the statement of work.
- Offeror demonstrates a clear understanding of how to perform the tasks successfully and achieve the purpose of the initiative.
- Offeror provides a credible description of how the FASD screening, diagnosis, and intervention activities can be integrated into the juvenile court.
FASD Screening, Diagnosis and Intervention
- Offeror provides a statement agreeing to use the FASD screening and referral criteria provided by Northrop Grumman.
- Offeror describes how it will obtain diagnoses for the children and youth, and ways it could coordinate the care indicated by the FASD diagnostic evaluation.
- Explain how and when eligible participants will be identified, screened, diagnosed, and followed.

Evaluation and Data Collection Plan

- The data collection plan is clear and demonstrates that the required data can be collected.
- The approach to developing the outcome and process evaluation is credible.

- Offeror provides a clear description of how their staff are able to collect data at entry, followup visits, exit from the program, and followup.
- Offeror provides a clear description of who will enter the data and prepare the files for delivery to Northrop Grumman.

SECTION C. PROJECT MANAGEMENT AND STAFFING PLAN (25 POINTS)

Experience

- Project director and staff have experience in planning, implementing, and evaluating programs similar to those proposed. Experience in FASD diagnosis and intervention are a plus. Includes staff with evaluation and data collection and management experience.
- Offeror proposes staff that is qualified to develop the evaluation, collect the data, analyze the data, and conduct followup on participants.
- Offeror identifies who is responsible for completing and submitting reports to Northrop Grumman.

Project Management

- Project director is dedicated fulltime or at least 80 percent time to the project. Alternatives to a dedicated project director will be scored lower, but will be considered. Offerors proposing less than an 80 percent FTE project director must include a credible management plan with staff (e.g., a project director and coordinator team) within the offering organization that has the authority and ability to manage and conduct the program
- Agencies that subcontract more than 50 percent of the budget and program must provide reasons. They also must describe how they will manage the lower-tier subcontract. Implications of lower-tier subcontracting on project sustainability need to be addressed.

EVALUATION OF THE BUSINESS VOLUME

The business proposals will be evaluated separately. Business proposal will only be evaluated if the technical proposal is deemed competitive.

Reasonable and Realistic Budget

- Budget. Budget is reasonable relative to the work proposed and people served. Budget includes the information requested. Cost per person served and cost per person receiving intervention will be used to compare proposals. Comparisons will be made among similar programs in similar types of areas (e.g., urban, rural). The variable cost of living in different areas will be taken into consideration.
- Lower-tier Subcontractors. If subcontractors are used, the proposal from the subcontractor is included with the business proposal.

Appendix A

Guide to Preparing Selected Deliverables

Juvenile Court Initiatives

Deliverables will be reviewed based on how well they correspond with what is described in the statement of work and the quality of the submission. The information with what is described in the Guide will help you prepare deliverables that meet the requirements in the statement of work.

Please prepare your deliverables using the outline provided below:

Minimum Elements to Include in the Task Force Description

The elements listed below are not listed in the statement of work, but are considered important for the description and organization of the task forces.

Task Force Description

I. Description of the Task Force

- A. Charge to the task force and the authority to make decisions related to the project (usually advisory)
- B. Decisionmaking process
- C. Description of the roles and authority of leaders and staff
- D. Membership qualifications, types of organization to be represented, and eligibility criteria
- E. Description of the roles and duties of each individual member selected
- F. Terms of office
- G. Selection and termination process for task force members

II. Organization of the Task Force

- A. List of invited or confirmed task force members
The statement of work states, “The task force should include a wide variety of stakeholders. These may include members of the target audience, judges, probation officers, law enforcement, attorneys, representatives of the selected referral agencies, and potential funding sources. In addition, experts in treatment interventions and evaluation should be included.”
- B. Planned frequency of meetings and expected dates of meetings
- C. Orientation or training planned for task force members

Minimum Elements to Include in the Needs Assessment Report

Use the outline below as a guide for preparing your needs assessment report. It covers all the elements included in the statement of work (bold items). Additional items or content may be inserted, as needed. A template of this outline is provided at the end of this guide for your use in preparing your needs assessment report.

I. Introduction

- A. **Legal mandate, mission and goals of the juvenile court.** If the lead organization is not the court, describe both the juvenile court and lead organization.
- B. **Purpose of the needs assessment** related to selecting or refining the target audience and developing the strategies and activities to implement.
- C. **The goal** of this initiative in terms of changes in outcomes and in behaviors.
- D. **The juvenile court**, including current intervention outcomes and areas for improvement.
- E. **The target population** entering the juvenile court described by demographic variables and location.

II. Methods

- A. **The methods** used to collect the data and the sources of the data. Offerors should not plan or conduct surveys in the initial period because of the time needed to obtain the required approval by the U.S. Office of Management and Budget.
- B. **The questions** the assessment is designed to answer.—(For possible information to collect, see the list under “Results” below. The questions should be selected based on their likelihood of refining the target audience, identifying what influences the target audience to perform the desired behaviors, and suggesting the interest the population may have in participating or using various services or intervention activities. In addition, the needs assessment should identify the needs and influences on staff and other organizations to perform required tasks or services.)

III. Results (Specific elements below are suggested.)

- A. **Relevant characteristics of the population served and analysis.** Data will likely include:
 - Number of children or youth entering the system per month
 - Offense profile
 - Dependency profile
 - Disposition of juveniles
 - Demographic characteristics
 - Other characteristics—for example, education level, literacy, employment, living situation, frequency and duration of contact with the juvenile justice system, and functional capacity of the population served
- B. Current probation violation rates, stability in placement rates, recidivism rates, school performance statistics and other outcomes or results.
- C. A description of how the needs and characteristics of the children and youth with FASD may affect intake and disposition.

- D. Other relevant information that provides insight into what may influence the population or suggests factors that may facilitate or obstruct success:
- Sources of referral or other services the juveniles use that may be relevant (other services that may reinforce efforts of the juvenile courts)
 - People or institutions that may have an influence on the success or outcome achieved with the juveniles
 - Indicators of the types of activities or service characteristics the population may or may not be willing or interested in using

IV. Implications and Recommendations for the initiative

- A. **Discuss the data** in terms of refining the target audience, factors that influence the target audience, and insights relevant to the development of the intervention and integrating it into the service delivery organization. Identify potential obstacles and opportunities to succeed.
- B. **Provide the reasons FASD diagnosis and intervention is needed in the juvenile court.**
- C. **Discuss recommendations for juvenile court procedures and processes.**

MINIMUM ELEMENTS TO INCLUDE IN THE FINAL REPORT OF THE STRATEGIC PLAN

The proposed 4-year strategic plan should address the elements listed below. The strategic plan includes the proposed strategy, implementation plan, and evaluation plan. These elements listed in the statement of work for the proposed strategy are reordered here for a more logical presentation of your plan. Additional information may be included, as appropriate.

In addition, the description and assessment of the process used to organize the task force, perform the needs assessment, and prepare the strategic plan are required. This is to document your process and what you learned so others conducting a similar process can use your approach and what you learned to improve it.

Strategic Plan

I. Proposed Strategy

- A. **The legal mandate, mission, and goals** of the juvenile court or lead agency, if it is not the juvenile court; and how FASD identification, diagnosis, and treatment activities relate to these.
- B. **Service delivery system and audience of interest.**
- C. **The goals of this initiative** in terms of changes in health outcomes and behavior.
- D. **Outcome objectives. Specific measurable descriptions of the change in outcomes your initiative intends to achieve.** Outcome objectives define what is expected to change in measurable terms, how much it is expected to change, when the change is expected to be detected, and within what population the change will occur. Outcomes include health outcomes and behavior changes.
- E. **Process objectives.** Specific and measurable descriptions of activities and outputs of these activities. The process objectives describe major activities and the outputs of these activities. Process objectives describe *what, how much, when, and within what*

population major activities will be performed and results achieved. An example would be the number of people counseled and referred by a specific date.

- F. **Combination of strategies and methods** to be implemented that have some evidence that they will likely to achieve the goals and objectives. The evidence and rationale for selecting and combing these strategies should be provided. (The combination of strategies forms your proposed strategy.)
- G. **Comprehensive system of care.** Explain how FASD has been integrated into the juvenile court.
- H. **Plans for long-term or sustained funding** of FASD services and activities. Provide evidence of continued funding for the program and planned activities after funding from Northrop Grumman ends.

II. Rationale or Support for the Proposed Strategy

- A. **Needs assessment data.** Data on the needs and interests of the audience.
- B. **Resources available to implement the activities.** Describe the resources the organization can use to supplement this funding during option years. Describe how your project will attain additional resources to sustain the initiative after funding ends.
- C. **Relevant services provided by other organizations** that might complement or compete with the FASD activities, including but not limited to
 - Mental health service providers and diagnostic center for FASD (must be approved by the FASD Center for Excellence)
 - Limitations on the availability of these services and the typical waiting time for juveniles to obtain these services
- D. **Organizational strengths and weaknesses** relevant to achieving the goals and objectives.
- E. **Services and activities** to be implemented to achieve the proposed goals and objectives. Estimate the number and characteristics of the juveniles who will receive the services. This section should include a discussion of the screening and diagnostic methods that will be implemented.
- F. **Policies and Procedures** needed to support the FASD initiative.
- G. **Opportunities to intervene** through the current service delivery system to achieve the objectives of the initiative.
- H. **Level of management and staff support for initiating and implementing FASD activities.**
- I. **Systems change issues**, including adapting the chosen service delivery system to allow integration of the proposed initiative, adapting the proposed initiative to the existing system, and obtaining or increasing management and staff support for the new services or activities.

III. Implementation Plan

The implementation plan should include:

- A. **A discussion of anticipated problems and solutions** relevant to implementing the initiative.

- B. **A description of methods, including training**, that will be used to obtain staff cooperation to implement the activities, and of the mechanisms to obtain staff input.
- C. **A description of the administrative procedures** that will be implemented to ensure that needed activities, the actions each person needs to perform, and the methods to be used to monitor activities.
- D. **An implementation schedule** for the identified activities, including activities to be performed, the staff responsible for implementing the activities, the actions each person needs to perform, and the methods to be used to monitor activities.

IV. Evaluation Plan

The evaluation plan should include:

- A. **Process evaluation.** Data and assessment that establish that the activities proposed in the implementation plan are being or are not being performed and the milestones or outputs are being achieved.
- B. **Outcome evaluation.** Data indicating the outcomes described in the objectives are achieved by the initiative.
 - 1. Measures-Subcontractors will need to use common outcome measures to be provided by Northrop Grumman, based on SAMHSA's National Outcome Measures.
 - 2. Evaluation design and when data will be collected.
- C. **Data collection and plan** to deliver data to Northrop Grumman
 - 1. Describe plan to ensure data is collected at intake, followup visits, and exit from the program.
 - 2. Describe personnel and procedures to ensure data is entered into a database with unique identifiers for each client. (Northrop Grumman will provide the database.)
 - 3. Describe plan to finalize data and send it to Northrop Grumman every April 1 and October 1.

OUTLINE FOR NEEDS ASSESSMENT REPORT

Use the outline below to prepare your needs assessment report. It covers all the elements included in the statement of work. Additional items or content may be inserted, as needed. Please use this order of presentation.

I. Introduction

- A. Purpose of the needs assessment
- B. Goals of this initiative
- C. Selected juvenile court to integrate new practices
- D. Population to be served

II. Methods

- A. Data collection methods and sources
- B. Assessment questions

III. Results

- A. Data and analysis:
 - 1. Describe and refine the population
 - 2. Describe how the population currently uses the services
 - 3. Describe knowledge, attitudes, and intentions related to the desired behaviors
- B. Relevant information:
 - 1. Types of activities or service characteristics population is or is not willing to use
 - 2. Referral sources and other services clients may use or that reinforce efforts
 - 3. People or institutions that influence the population

IV. Implications and Recommendations

- A. Refinement of the target audience
- B. Factors that influence the audience
- C. Potential opportunities, obstacles, strengths, and weaknesses relevant to program development
- D. Insights relevant to developing the intervention and integrating it into the juvenile court
- E. Reasons FASD diagnosis and intervention are needed in the juvenile court

OUTLINE FOR FINAL REPORT OF THE STRATEGIC PLAN

Use the outline below to prepare the deliverable. The proposed 4-year strategic plan includes the proposed strategy, implementation plan, and evaluation plan. The elements listed in the statement of work for the proposed strategy are reordered here. Additional information may be included, as appropriate.

The description and assessment of the process used to organize the task force, perform the needs assessment, and prepare the strategic plan are important. This is to document your process and what you learned so others conducting a similar process can use your approach and what you learned to improve it.

Strategic Plan

I. Proposed Strategy

- A. Give the legal mandate, mission, and goals of the juvenile court or organization
- B. Audience of interest
- C. Goals of this initiative
- D. Outcome objectives
- E. Process objectives
- F. Combination of strategies or methods
- G. Comprehensive system of care
- H. Plans for long-term or sustained funding of FASD services and activities

II. Rationale or Support for the Proposed Strategy

- A. Needs assessment data
- B. Resources available to expand and continue this initiative
- C. Complementary or competing services of other organizations
- D. Organizational strengths and weaknesses
- E. Services and activities to be implemented to achieve goals and objectives
- F. Policies and procedures
- G. Opportunities to intervene in the juvenile court
- H. Level of management and staff support
- I. Systems change issues

III. Implementation Plan

- A. Potential problems and solutions
- B. Training and other methods to obtain cooperation of staff to implement the initiative
- C. Administrative procedures that remind or reinforce implementation of activities
- D. Implementation schedule, assignments, and methods to monitor implementation

IV. Evaluation Plan

- A. Process evaluation
- B. Outcome evaluation
- C. Data collection and delivery plan

Appendix B

Guidance for Northrop Grumman FASD Subcontractors

ORGANIZING, PRESENTING, AND ANALYZING THE NEEDS ASSESSMENT DATA

The needs assessment should identify the needs of the target audience that, when addressed, should help achieve the goals of improved functioning of the person with FASD. The needs assessment should also identify areas in which your program (or other organizations) needs to change to address the needs of the target audience.

The reporting of the mass of data collected during the needs assessment may be daunting until the data is sorted into categories. Presentation of the data into meaningful categories will aid in the use of the data and its interpretation. Below are some tips for presenting and analyzing the needs assessment data.

Results Section: Organize and Present the Data Without Interpretation

The results section should clearly present the data obtained to answer the major questions the needs assessment was to answer. Data collected that do not relate to the questions, but are relevant to the problem of FASD prevention or treatment, should also be presented.

Organize data according to the major questions your needs assessment was designed to answer. Clearly separate the data collected to obtain insights into the behaviors and influences on the behaviors of the target population and data about the service delivery organization.

Report your results according to the source of data. For example, if you conducted focus groups with pregnant women who drink alcohol and staff who treat these women, report the results separately and clearly indicate the source of the data when reporting. Report data from the secondary sources separately. The results section presents the data you collected, not the analysis.

Analysis of the Data: Sort, Name, Interpret

Analyze the data to answer the major questions your needs assessment was designed to answer. The analysis involves sorting the data. First, keep the data from consumers separate from the professionals. With those data separated, sort the data into the categories created by the major questions asked by your needs assessment.

There are basically two ways to sort data:

- Group data that seem similar and then title this group of data.
- Start with categories derived from theories that predict the relevant behavior or other models and organize the data into those predetermined categories.

Either method may be used. The advantage of the first method for an initial organization of the data is that it may allow the analysis to find patterns not dictated by preconceived ideas. The advantage of the latter is that it organizes the data into categories that have been shown to be meaningful in terms of the relevant behavior.

An easy way to sort data is to place a symbol or letter next to each major question asked in your needs assessment and then go through your data and mark each piece of information related to that question with the corresponding symbol or letter.

As you sort the data, you will find patterns. Write these down. While sorting the data, you may notice findings you did not anticipate. You can create new categories for these data as well.

During the analysis, major themes relevant to the development of the strategy will be identified. Write these as they are found. These will go into your section on “Implications and Recommendations for the Initiative.”

Implications and Recommendations for the Initiative

Summarize the specific needs and characteristics of the target audience discovered in the needs assessment that must be addressed to improve FASD diagnosis or treatment. What are the new findings that provide a better understanding of the target audience and that must be addressed in the strategy? For each need identified present recommendations for the strategy.

In addition, summarize the findings related to the juvenile court and describe what must be changed to address FASD.

Another way to summarize the data and present the recommendations is to describe the recommendations and provide the supporting data for those recommendations drawn from the needs assessment.

Transition to Strategy Development

With the new understanding of the target audience and the juvenile court (and other referral organizations), you can analyze the current program relative to the challenge of improving the functioning of FASD.

You can analyze the organization’s strengths, weaknesses, opportunities, and threats. This helps you to look at the implications of your needs assessment and other information in terms of your program.

- **Strengths.** What current strengths can you build upon, or what areas of your program may not need to improve?
- **Weaknesses.** What areas in the program need to be improved or are not meeting current needs?
- **Opportunities.** What situations outside or inside the service delivery organization can be used to help intervene or treat FASD?
- **Threats.** What situations outside or inside the service delivery organization could thwart efforts to intervene or treat FASD? What situations need to be addressed or avoided?

STRATEGY DEVELOPMENT GUIDANCE FOR NORTHROP GRUMMAN FASD SUBCONTRACTORS

This guidance document describes and clarifies each element required in the proposed strategy and provides the outline you are to use to present your proposed strategy. These are the only writing guidelines you need to prepare the deliverable of the proposed strategy.

There are two main sections in the proposed strategy report. The first section describes your proposed strategy and the second describes the rationale or support for the selection of the proposed strategy. The order in which the sections are listed and the order of the elements within the sections are NOT the order in which you need to perform them to develop your strategy. In fact, during the strategy development process, most of section II should be completed before section I.

Your proposed strategy needs to be clear and specific and have the following qualities to be accepted:

- Responds logically to the needs and situation of the target audience and your organization identified in the needs assessment.
- Fits into the organization conducting the intervention.
- Provides justification that the intervention will be effective.
- Demonstrates that the strategy is feasible and likely to be implemented as described.

I. Proposed Strategy

A. Legal mandate, mission, and goals of the juvenile court or lead agency and relationship to initiative

Give the legal mandate, mission, and goals of the juvenile court or lead agency and how the FASD activities relate to these.

B. Service delivery system and target

Describe the characteristics of the target audience AND the number of people receiving services from the service delivery system currently.

C. Goals

The goals for the initiative describe the desired changes in health or behaviors. They can be taken from the needs assessment report unless they have changed. This is an example of a goal, “Significantly increase the number of stable placements for dependent children diagnosed with an FASD.

NOTE: The goals should **not** describe program activities (e.g., provide intensive probation supervision to 90 percent of youth referred for screening and diagnosed with an FASD. This is a process objective and not a goal.)

D. Outcome objectives

Outcome objectives define what is expected to change in measurable terms, how much it is expected to change, when the change is expected to be detected, and within what

population the change will occur. Outcomes can include health outcomes or behavior changes.

NOTE: When describing how much change is expected, include percent AND the number of people expected to change.

This section does not need to be in a narrative form. The outcome objectives can be written using the following format:

Example:

Who: Target population.
What: A measurable result, event, action, or outcome expected to change or occur due to the program.
How Much: How many of the target population will receive benefit that is defined in the “What”? (Be specific. Give the number and the percentage)
When: When will you be able to show that you have achieved the WHAT. (This is a date, and if recurring, a definition of how the improvement will be measured.)

Example:

Who: Dependent children with an FASD.
What: Not being moved from the initial placement home more than one time within a twelve month period.
How much: 60% of dependent children diagnosed with an FASD (If 5% of dependent children have an FASD, this would be 24 children per year. 60% of 24 children is 14 children.)
When: By July 1, 2006 and every year by July 1.

- E. **Process objectives**—Process objectives describe major activities and the outputs of these activities. Process objectives describe what, how much, when, and within or by what population major activities will be performed and results achieved. An example would be the number of people counseled and referred by a specific date.

This section also does not need to be in narrative form. The process objectives can be written using the following format:

Example:

Who: Dependent children.
What: Screen dependent children for an FASD.
How much: 100% of all children declared dependent each month.
When: By January 1 and then quarterly.

- F. **Combination of strategies and methods** to be implemented that have some evidence that they will likely achieve the goals and objectives. The evidence and rationale for selecting and combining these strategies should be provided. (The combinations of strategies form your proposed strategy.)

G. **Comprehensive System of Care**

Explain how treatment of FASD will be integrated into the juvenile court.

H. **Policies and Procedures**

Describe policies and procedures that will be implemented to support the prevention of treatment of FASD.

II. **Rationale or Support for the Proposed Strategy**

In this section, you summarize the supporting information and rationale for the selection of the combination of strategies, service delivery system, and overall approach. Information in the Implications and Recommendations section of the Needs Assessment Report that greatly influenced strategy development should be summarized in this section.

A. **Needs assessment data.** Data on the needs and interests of the audience

B. **Resources available to implement the activities.** Describe the resources the juvenile court can use to supplement this funding during option years. Describe how your project will attain additional resources to sustain the initiative after funding ends.

C. **Relevant services provided by other organizations** that might complement or compete with the FASD activities

Discuss those services provided by other organizations that complement or compete with the FASD activities. If you are relying on another organization or program to be an essential referral source or provider of services, include a letter of agreement from that organization that specifies clearly that it will perform the services or activities.

This section should describe the Diagnostic Center and include a letter of intent. Describe the process for referral, the capacity for diagnosing children and youth, and limitations on the availability of services. Explain what will occur if children and youth have to wait to obtain diagnostic services.

D. **Organizational strengths and weaknesses.**

Analyze the juvenile court's strengths and weaknesses for achieving goals and objectives and conducting the FASD initiative. This helps you to summarize and apply your needs assessment data and other information that you used to help you select your strategy.

Strengths. What current strengths will you build upon or utilize?

Weaknesses. What areas in the program need to be improved or are not meeting current needs?

E. **Services and activities to be implemented to achieve the proposed goals and objectives.**

Estimate the number of clients that are expected to receive the services that are integrated into the service delivery system and include this as a process objective above. Identify the characteristics of the children/juveniles who will receive the services.

Discuss the screening and diagnostic methods that will be implemented. The FASD screening tool identified by the Center must be used. There are no evidence-based treatment approaches for treatment of individuals with an FASD, but there are suggestions at the above referenced Web site. Please provide a justification for the intervention you are proposing to implement.

- F. **Policies and procedures** needed to support FASD initiative.
- G. **Opportunities to intervene** through current juvenile court and referral organizations to achieve the objectives of the initiative. Describe the opportunities to intervene within the current delivery system identified during the needs assessment. Taking advantage of these opportunities should help the initiative achieve the goals and outcome objectives. This section explains why you selected the intervention and how it fits into the service delivery system.
- H. **Level of management and staff support** for initiating and implementing FASD activities. Describe ways the program will increase and maintain management and staff support.
- I. **Systems Change Issue**
Describe the system change requirements for success. This includes adapting the service delivery system to allow integration of the proposed strategy and activities and adapting the proposed strategy to fit into the existing system. Describe expected obstacles and ways they will be overcome.

IMPLEMENTATION PLAN GUIDANCE FOR NORTHROP GRUMMAN FASD SUBCONTRACTORS

This outline is intended to assist you in preparing your annual implementation plan. The plan should describe how you will implement and evaluate the strategy created.

Implementation Plan

1. Please **list outcome and process objectives** for this period of performance. Use the same format for the objectives.
2. Describe the **potential problems and solutions** relevant to continued implementation of the initiative.
3. Describe the **administrative procedures** that will be implemented to ensure that needed activities are performed (e.g., placing patient counseling reminders in medical records).
4. Describe the methods to **obtain and continue staff cooperation** (e.g., training) to implement the activities, as well as the mechanisms to obtain staff input.
5. Provide an **implementation schedule** for the planned activities. This should include the activities to be performed, the staff responsible for implementing the activities, when the activities are to be completed, and the methods to be used to monitor the completion of the activities.

EVALUATION PLAN

GUIDANCE FOR NORTHROP GRUMMAN FASD SUBCONTRACTORS

This outline is intended to assist you in preparing your evaluation plan. This describes and clarifies the elements included in the statement of work (bold items), as well as questions to consider in crafting your plan. Common data elements required by all subcontractors will be provided by Northrop Grumman (most of these measures will be from the SAMHSA National Outcome Measures).

There are two main sections in the proposed evaluation plan: process evaluation and outcome evaluation.

EVALUATION PLAN

A. Process Evaluation

Process evaluation documents and assesses your implementation process. The process evaluation will help others who may want to start a program like yours. The process evaluation establishes whether and how well the activities and intervention proposed in the implementation plan are being performed and whether the milestones or outputs are being achieved.

- List the process objective.
- Describe record keeping to assess if the activities and intervention are implemented as intended:
 - Include who will collect the data.
 - Include when/how often the data will be collected.
 - Include how you will measure or determine whether activities, milestones, or outputs described in the implementation plan are achieved, and how well they are achieved. Measures can include attendance rosters, chart review, referral log, etc. (Example: if one of your process objectives is to provide a specific training to staff, how will you measure if this is achieved? Attendance sheets, successful completion of the training by ___% of staff by ___ date, etc., are good measures.)
 - Discuss how the data will be stored and accessed for reporting (logs, Excel, SPSS, etc.).

B. Outcome Evaluation

Outcome evaluation assesses how well outcomes described in the objectives are achieved in the initiative.

- List the outcome objectives.
- Discuss when and how you will collect data before the intervention (pre) and after the intervention (post). The data collected before the intervention can be from the needs assessment or the client intake assessment information. The same data would be collected after the intervention at the followup time indicated by the outcome objective.
- Discuss who will collect the data, and when/how often. (Examples: Are data collected when the client first arrives? Two months later? When the intervention is completed? Two months after the intervention?)

- Discuss how you will measure the outcome (a standardized instrument, a self-report questionnaire, a review of records, etc.).
- List the types of questions that will be asked to elicit the data and what the questions are based on (for example, are they quantity/frequency questions?). Specific questions may be developed in the implementation year.
- Discuss how this measurement is integrated into the program. (Do your current procedures collect data that you can use, or can you add questions or measures to existing instruments?) Collection of outcome data should be integrated as part of the service delivery organization activities or recordkeeping.

C. Data Collection and Plan to Deliver Data to Northrop Grumman

- Describe plan to ensure data is collected at intake, followup visits, and exit from the program.
- Describe personnel and procedures to ensure data is entered into a database with unique identifiers for each client. (Northrop Grumman will provide the database.)
- Describe the plan to review accuracy of data in the database and send it to Northrop Grumman every April 1 and October 1.

Appendix C

Criteria for Referral for an FASD Diagnostic Evaluation

All treatment subcontractors will use the criteria described below to refer children, youth, and adults for an FASD diagnostic evaluation. Treatment interventions for those diagnosed with an FASD will be based on the FASD diagnostic evaluation.

The referral criteria provided here is based on criteria developed by an expert panel and the experience using the criteria in the field. The expert panel developed the referral criteria for children in child welfare and youth adjudicated delinquent. The criteria are suitable for use with children or youth with behavioral, mental, or developmental problems. The criteria are not suitable for use with asymptomatic children or youth in the general population. Programs addressing adults will apply the criteria for youth 8-18 years of age (excluding the items referring to school performance).

CHILDREN 0-7 YEARS OF AGE

Children between the ages of 0 and 7 who meet *any one* of the following three criteria during screening will be referred for a FASD diagnostic assessment:

- Face Rank 3 or 4 when screened using the FAS Photographic Screening Tool.
- Sibling who previously received a diagnosis of an FASD.
- Has a birth mother with confirmed drug or alcohol history at some point other than pregnancy, and the infant has any of the following: growth deficit, a CNS or developmental abnormality, or a note in medical record indicating dysmorphia. These criteria are expected to be assessed through records reviews, interviews with the parent or guardian, or child protective services.

Children 0 to 7 years of age that have confirmed prenatal alcohol or drug exposure should be monitored for developmental delays. A plan for monitoring should be established. If the child shows developmental delays or other symptoms and has confirmed prenatal alcohol exposure, a referral for an FASD diagnostic evaluation will be made.

One dependency court found that more than half its infants and young children had confirmed prenatal alcohol or drug exposure. Such large number can overwhelm a diagnostic center. In addition, it is difficult to assess brain damage or dysfunction in infants which is necessary for a diagnosis of an FASD. Therefore the subcontractor decided to monitor infants and young children who had prenatal drug or alcohol exposure. When developmental delays or other problems appear, the child would be referred for an FASD diagnostic evaluation.

YOUTH 8-18 YEARS OF AGE

Youth between the ages of 8-18 years of age who had *any one* of the following indicators during screening will be referred for an FASD diagnostic evaluation.

- Previous diagnosis of an FASD
- Sibling who previously received a diagnosis of an FASD

- Face Rank 3 or 4 when screened using the FAS Photographic Screening Tool (Astley & Clarren)
- Confirmed prenatal alcohol exposure

In the absence of meeting the above criteria, a subcontractor may consider a referral for an FASD diagnostic evaluation or search for more information when the following is known:

- There is evidence that the mother had a drinking problem in the past (e.g., arrested for driving while under the influence or received treatment for alcohol abuse) AND
- The child has school performance problems (e.g., if the juvenile had failing grades in math or other courses, has repeated a grade, shows other academic deficits, had an IEP, or exhibits significant behavioral problems indicated by expulsions or suspensions)

When making the decision to make the referral, the subcontractor should recognize that confirmed prenatal alcohol use will be needed for a diagnosis of an FASD other than FAS.