



Brian M. Hughes, County Executive
April Aaronson, Director, Mercer County Department of Human Services
Marygrace Billek, Alcohol and Drug Director
Mercer County Office of Addiction Services

ATTENTION:
This is a Request for Proposals
Responses due April 22, 2005, by 4:00 p.m.

**SUBSTANCE ABUSE TREATMENT AND PREVENTION SERVICES FOR MERCER
COUNTY RESIDENTS**

PROGRAM PURPOSE/SUMMARY

The Mercer County Department of Human Services, through the Office of Addiction Services, is accepting applications for fiscal period July 1, 2005 through June 30, 2006 to provide addiction treatment services for Mercer County's indigent and working poor residents.

The purpose of county funding is to augment existing sources of support to allow community agencies to provide high quality, full continuum substance abuse services. These comprehensive programs are targeted for Mercer County residents with acute and chronic substance use and abuse problems. Programs must utilize modalities most appropriate to client level of functioning and to ensure that clients receive services in the least restrictive setting possible. Services are to give priority to those residents who do not otherwise have access to substance abuse treatment due to the lack of insurance, or are under-insured. Applicants are expected to ensure that family members are included in the treatment planning and provision of services. We encourage services to be offered within coordinated networks. Applicant agencies may offer proof of coordination such as consortia or affiliation agreements, letters of endorsement, or other means.

PROGRAM GOALS

- To provide substance abuse services to indigent and working poor Mercer County residents and their affected families.
- To decrease the numbers of individuals who are without addiction services in Mercer County.
- To increase the number of community substance abuse treatment and prevention resources available to Mercer County residents, and thereby reduce waiting times for accessing services. Mercer County is striving for a "treatment on demand" system of

addiction care.

POPULATION TO BE SERVED

The target population is uninsured and under-insured residents of Mercer County. Mercer County dollars will only support services to uninsured and under-insured residents of Mercer County.

DESCRIPTION OF SERVICE

Services will Provide:

- Direct, face-to-face services (except where otherwise noted) based upon the identified level of care.
- Access, through assessment and evaluation, and linkage to other levels of care where indicated and appropriate.
- Access to psychiatric evaluation and medication management and monitoring where indicated and appropriate.
- Education and resources on substance abuse treatment as indicated.
- Program recipients with case-management and linkage to services where appropriate.
- Linkage to entitlement and other benefit services.

Specifications:

Funding will be made available in the specified categories, up to the indicated amounts.

Most services are in the Professional Services category and can only be contracted with duly licensed agencies and/or individuals serving Mercer County residents in county-based locations. Several services are not covered by the Professional/Licensed category and are subject to Competitive Contracting requirements. See Categories: Professional = P or Competitive Contracting = CC to identify each service.

1. Outpatient Services:

- A. Outpatient services for adults and adolescents. Service provision must meet the ASAM PPC II Level I standard of care for Outpatient services. This service provides regularly scheduled individual, group and /or family counseling services for less than 9 hours per week. Services include access to medical (including psychiatric services) and support services designed to rehabilitate substance abusers. This service may be provided as aftercare for individuals discharged from a higher level of care.
- B. Outpatient services for Drug Court and Intoxicated Drivers. This service provision must meet the ASAM PPC II Level I. This program must offer evaluation and assessment, education, individual and group treatment and referrals to appropriate alternate levels of care when indicated. This program is generally identified by a standardized curriculum for education, required 12-step attendance and urine drug screen monitoring.

Up to \$87,247: FUNDING CATEGORY: P or CC

Three Current Providers

2. Detoxification Services: Non-Hospital Based

Drug and/or alcohol detoxification and other medically monitored services that are delivered to substance abusers in a 24-hr (residential) program, in a non-hospital, licensed residential setting. In addition to effecting withdrawal from psychoactive substances and providing medical stabilization, these programs provide concurrent assessment, counseling and other intensive interventions for the purpose of placing substance abusers in continued treatment. This service provision must meet the ASAM PPC II Level III-7D.

Up to \$38,000: FUNDING CATEGORY: P

Three Current Providers

3. Residential Services – Short Term:

This service is provided at a licensed residential treatment facility which provides a highly structured recovery environment with needed professional clinical services, designed to address specific addiction and living skills problems for persons who are deemed invested in intervention through short term residential treatment. This service must meet the ASAM PPC II Level III-7.

Up to \$101,295: FUNDING CATEGORY: P
Two Current Providers

4. Residential Services – Extended Care

Extended long-term residential services for addicted males; must meet ASAM PPC II Level III.1. Provides long-term, room, board and personal care services for chronically debilitated substance abusers. The structured recovery environment is designed to address addiction, interpersonal skills and emotional coping skills. Treatment is directed toward helping persons overcome the denial of addiction, enhancing treatment acceptance and motivation, preventing relapse and promoting reintegration into the community.

Up to \$31,500: FUNDING CATEGORY: P
One Current Provider

LEVEL OF FUNDING

Each funding allocation has been defined in the funding allocation section. A cap of 10% will be placed on operating and general and administrative (G&A) costs for this program. An additional 5% will be allowed for programming supplies, such as books, workbooks and incentives.

TIMETABLE:

Distribution Date:	March 24, 2005
Application Deadline:	April 22, 2005
Review Date:	April 25, 2005
Notification:	May 2, 2005
Award Date:	June 1, 2005 (for a July 1, 2005 start-up)

This RFP will be distributed by mail, email, and on the County website for accessibility to interested parties. Funding allocation is contingent upon the availability of funds and the passage of the 2005 Mercer County Budget.

A team of reviewers consisting of the Office of Addiction Services Staff, the LACADA and other Human Services employees will review the application and make funding recommendations to the Freeholder Board by the First week of May. Contract and funding notification will be made at that time.

Breach of Contract Clause (For No-bid Professional Services Contracts)

The Professional Business Entity shall adhere to the provisions of Mercer County Ordinance No. 2004-14 in all aspects. Failure to do so will constitute a breach of the terms of the contract. It shall be a specific breach of terms of the contract for the Professional Business Entity: (i) make or solicit a contribution in violation of Mercer County Ordinance No. 2004-14; (ii) knowingly conceal or misrepresent a contribution or solicitation given or received; (iii) make or solicit contributions through intermediaries for the purpose of concealing or misrepresenting the source of the contribution (iv) fund contributions made by third parties, including consultants, attorneys, family members, and employees; (v) engage in any exchange of contributions to circumvent the intent of Mercer County Ordinance No.

2004-14; or (vi) directly or indirectly through or by any person or means, do any act which would subject that entity to the restrictions of Mercer County Ordinance No. 2004-14.

This information is available in alternate formats such as large print, diskette or audio-tape by calling (609) 989-6897.

A proposal must be submitted for each category that you are seeking funding. Clearly indicate what category you are applying for in each submission.

MERCER COUNTY DEPARTMENT OF HUMAN SERVICES CRITERIA FOR PROPOSAL REVIEW

PROJECT DESCRIPTION

Program description demonstrates clear and concise approach to meeting objectives of the project. **Out of 30**

PROJECT ADMINISTRATION

The submitted proposal addresses the agency's demonstrated experience in operating the proposed project which includes its track record for serving the Mercer County target population (including specific methods to ensure that residents of greatest economic and social need receive services.) Clearly delineated lines of authority and responsibility for the administration of the project. **Out of 30**

EVALUATION:

Goals and objectives are defined and measurable, there are at least 2 process outcomes and 3 programmatic outcomes, related to the proposed project. **Out of 20**

BUDGET REVIEW

Administrative costs within acceptable limits. Effective coordination/integration of proposed Mercer County funding with existing resources. **Out of 20**

ATTACHMENT A: STANDARDS FOR PROPOSAL SUBMISSION

Proposals should be submitted in the following format with no more than ten (10), single-spaced narrative pages answering questions related to how programming will be achieved. The funding proposal cover sheet is attached to

this proposal, and should be used as the first page of your submission document. Please submit one (1) original with attachments and nine (9) copies without attachments, of the proposal, for review.

Please complete the Project/Program Description, Project/Program Administration, Evaluation of Goals and Objectives, and the Fiscal sections (identified by Roman numerals I-IV) by answering each of the elements identified in the outlined format. In presenting the required Cover Sheet information, use the attached (included) form. **This form is to be used as your proposal cover sheet, and should be the first page of your proposal.** You may use additional sheets as needed for the fiscal section. Be sure to use the appropriate headings in the same sequence as outlined below, failure to do so, will make the review of your proposal difficult and will result in points lost.

I. **PROJECT/PROGRAM DESCRIPTION:**

- **AGENCY OVERVIEW** - Briefly describe the philosophy/mission of the applicant agency. Include information on the history of delivering substance abuse treatment services. Describe how the applicant/organization involves consumers in the operations, service planning or evaluation of services. All applicants are expected to collaborate with other service providers to ensure client success. Describe how you will collaborate with other social service agencies to accomplish the goals you will set forth in this project.
- **SPECIFIC PROJECT/PROGRAM** - Describe the service component/project that is being purchased with the funding.
- **RATIONALE/MISSION OF PROJECT/PROGRAM** - Describe the need that is being addressed, the methods/modalities to implement the program design and how it meets a need(s) identified within the community. Document the need by using demographic data and other local data sources.
- **DESCRIBE CULTURAL COMPETENCE CAPABILITY** - Describe how the proposed project meets the ethnic/cultural backgrounds and linguistic needs of clients to be served. Describe how you address cultural capacity/diversity issues within your agency and program.

II. **PROJECT/PROGRAM ADMINISTRATION:**

- **ORGANIZATIONAL CHART** - Detail the supervision lines of this project/program in relationship to overall agency operation. Include an organizational chart as part of the attachments, with lines of supervision within the proposed program and between the program and sponsoring agency.
- **KEY STAFF** - Identify staff and their respective functions in implementing this program. Include brief job descriptions as attachments, for staff paid by the grant.
- **STAFF DEVELOPMENT** - Describe policy for staff growth and development and your organizations plan for on-going training and professional development of staff that work in the proposed program.

PROJECT/PROGRAM DURATION:

- **LOCATION & HOURS OF OPERATION** - Specify location of program and hours of service provision.

Be sure to list program service days/holiday schedule.

- **NEW PROJECT SPECIFICS** - For new projects, please include a timeline of implementation, including advertising, hiring, start up and program admissions.

TARGET POPULATION/ELIGIBILITY:

- **POPULATION** - Describe who will be served.
- **RATIONALE** - Describe the rationale for selecting a population(s) to be served.
- **GEOGRAPHIC SERVICE AREA** - Describe geographic service area for this project/program.
- **ELIGIBILITY CRITERIA** - List eligibility criteria.

ADMISSION CRITERIA:

- **REFERRAL/ENROLLMENT PROCESS** - Describe referral/enrollment process. Identify reports/forms/documents needed for referral/admission.
- **WAITING LIST** - Describe maintenance of a waiting list.
- **INTAKE** - Describe method for prioritization of intake requests. Describe the intake process and the type of evaluation method(s) used.
- **TIME TO ACCEPTANCE/ADMISSION** - What is the length of time from referral to acceptance/admission?

ACCESSIBILITY:

- Explain accessibility (both programmatic and physical plant) for target population. Describe handicapped limitations, if any.
- **PUBLIC TRANSPORTATION** - Describe availability of public transportation routes.
- **BARRIERS** - Identify barriers to access, including language, site specifics related to physical plant, or other existing programmatic barriers.

LEVELS OF SERVICE/UNITS: (How you deliver the service)

- **UNIT OF SERVICE DEFINED** - What is the definition of Unit of Service (e.g., time, face-to-face contact, bed day, etc.)?
- **EXPECTED LOS** - What is the expected Level of Service (LOS) for each unit? What are the minimum and maximum number of unduplicated individuals who can be served in a contract period?

- **MAXIMUM SERVED AT ONE TIME** - Maximum number of individuals served in the program at one time?

FEES/CONTRIBUTIONS:

- **OTHER SOURCES OF PROGRAMMATIC FINANCIAL SUPPORT** - List fees, contributions, donation policy (if any), and expected revenues for the program from other sources. Also, describe why or why not third party billing is used and expected revenues.
- **CO-PAYMENT SYSTEMS** - If applicable, describe co-payment systems, and attach the scale used to make these determinations. This is considered an attachment, not part of the narrative document.

CLIENT SERVICE PLANNING:

- **CLIENT SERVICE PLAN DEVELOPMENT** - Describe how a client service plan will be developed to meet needs of consumers and their affected families from time of admission to discharge. Discuss the client and family involvement with case planning. Specify staff responsible for the plan.
- **SERVICE PLAN REVIEW** - What are the time frames and intervals used to evaluate the status of the plan?
- **SERVICE PLAN DOCUMENTATION** – How is this documentation achieved, where is it kept. Attach a sample of the client planning form, as an attachment, not as part of the narrative.

DISCHARGE PLANNING:

- **DISCHARGE PROCEDURE** - Describe the procedure for discharge. Please include plans for family involvement, if applicable. Identify the staff responsible for discharge planning.
- **ADMINISTRATIVE DISCHARGE** - Specify the criteria for administrative discharge from the program. Describe the actions that are taken and how clients are assured that their further substance abuse treatment needs are met, even if your agency is not providing the service.

AFTERCARE/TRACKING/FOLLOW-UP:

- **AFTERCARE PLANNING** - Describe the project's role in aftercare planning.
- **AFTERCARE EVALUATION** - Describe the system for tracking/collection of follow-up data and time frames for that follow-up.

III. EVALUATION OF GOALS AND OBJECTIVES:

- **PROGRAMMATIC GOAL(S)** – Provide a broad statement of what the program is designed to accomplish.

- **OBJECTIVES** – Describe in detail the specific, measurable, achievable, time-specific strategies to meet the aforementioned goal(s).
- **IMPLEMENTATION ACTIVITIES** – Articulate the action steps that will allow the program to reach its goals/objectives.
- **MEASURABLE OUTCOMES** – Describe the expected measurable impact on the consumer or system served, regarding the specific objectives outlined above. The proposed outcomes must be quantifiable and measurable as to the specific benefits to the consumers served in the program. Note: levels of services and attendance rates, for example, will not suffice.
- **DATA COLLECTION** – Describe the method(s) of collecting data to be used for evaluation purposes.
- **DETERMINING PROGRAM EFFECTIVENESS** - Describe the methodology for determining the project/program effectiveness.
- **CONTINUED FUNDING REQUESTS** - If this program has been previously funded by the Mercer County Division of Mental Health, please identify outcomes and program success from the previously funded year.

IV. **FISCAL:**

- **ACCOUNTING PRACTICES** - Please describe your agency's accounting practices.
- **MAINTAINENCE OF FINANCIAL RECORDS** - Please describe how your agency maintains fiscal records.
- **SOURCES OF ADDITIONAL FUNDING** - Please list additional funding sources that will support this program.

**ATTACHMENT B
BUDGET INFORMATION SUMMARY EXPENSE FORM
PAGE __ OF**

Agency Name: _____
 Address: _____
 Phone: _____
 Chief Executive Officer: _____
 Prepared by: _____

Agency Federal I.D. # _____
 Charities Registration # _____
 Non-Profit ___ For-Profit ___ Public ___
 Budget Period _____ to _____
 Agency Fiscal Year End _____
 Date: _____

BUDGET CATEGORY	TOTAL	COUNTY	STATE	UNITED WAY	PRIVATE	OTHER
A. PERSONNEL						
B. CONSULTANT/PROFESSIONAL FEES						
C. MATERIAL/SUPPLIES						
D. FACILITY COSTS						
E. SPECIFIC ASSISTANCE TO CLIENTS						
F. OTHER						
G. TOTAL OPERATING COSTS						
H. EQUIPMENT						
I. TOTAL COSTS						
J. LESS REVENUE						
K. NET COSTS						

ATTACHMENT B
RELATED ORGANIZATION / SUBCONTRACTEES
PAGE __ OF __

AGENCY NAME: _____

CONTRACT NUMBER: _____

Period Covered _____ to _____

NAME OF RELATED ORGANIZATION (S)	TYPES OF SERVICES, FACILITIES AND/OR SUPPLIES FURNISHED BY THE RELATED ORGANIZATIONS	EXPLAIN RELATIONSHIP	COST	NAME OF PROGRAM AND COLUMN CHARGED

ATTACHMENT B
BUDGET NARRATIVE

Please justify the need and cost calculation for each line item shown on your budget forms in narrative format.

PLEASE PROVIDE ONE COPY OF THE FOLLOWING AS ATTACHMENTS:

Brochure
Organizational Chart
Certificate of Incorporation
Certificate of Liability Insurance
Proof of 501C-3 Status, if applicable
Most recent *audited financial statement*
Letters of Stakeholder Support

THE DEADLINE IS 4:00 P.M., April 22, 2005; NO EXCEPTIONS.

Please submit your proposal to:

*Mercer County Department of Human Services
Office of Addiction Services, Rm. 231
640 S. Broad St.
Room 230
P.O. Box 8068
Trenton, NJ 08650-0068
Attn: Marygrace Billek, Director Office of Addiction Services*

Questions may be directed to Marygrace Billek, Mercer County Department of Human Services, 609-989-6897.

FUNDING PROPOSAL COVER SHEET

AGENCY NAME:

MAILING ADDRESS:

TELEPHONE:

AGENCY CONTACT PERSON:

EMAIL OF CONTACT PERSON:

PROGRAM NAME:

SITE ADDRESS:

TELEPHONE:

PROGRAM DIRECTOR:

REQUESTED AMOUNT: