

**NEW JERSEY DEPARTMENT OF HUMAN SERVICES**

**Division of Mental Health and Addiction Services**

**Request for Proposals (RFP)**

**Funding for Regional Coalitions to Utilize Environmental  
Strategies to Achieve Population-Level Change**

**Proposal Due: September 26, 2011**

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Date of Issuance: August 8, 2011

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## **Agency**

The Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) is issuing this Request for Proposals (RFP) to fund Regional Coalitions to deliver Environmental Prevention Programs and Strategies. In a separate RFP, DMHAS will also seek to fund a provider to deliver training and technical assistance services to coalitions that are funded through this announcement.

## **Purpose of this Announcement**

Funding for all services and activities described in this RFP will be provided by Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds and administered by DMHAS. Total funding available for this RFP is approximately \$3,300,000. Separate funds are also available to provide training, technical assistance, and evaluation support to coalitions. Information regarding this additional opportunity can be found in a separate RFP entitled, "Training, Technical Assistance, and Evaluation Support for Regional Prevention Coalitions."

The goals of this project are meant to address the prevention priorities identified by DMHAS' Prevention Strategic Planning Committee and to complement and reflect the first of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Eight Strategic Initiatives.

In August of 2010, DMHAS convened a Prevention Strategic Planning committee for the purpose of developing a five-year prevention strategic plan. The purpose of the DMHAS Prevention Strategic Plan is to focus statewide prevention efforts on specific data-driven priorities for which measurable change can be achieved at the state and regional levels.

The Strategic Planning committee included community stakeholders and State government partners. In conducting its work, the planning committee formed needs assessment, capacity, and planning sub-committees to analyze existing data on addictions in the state population and current prevention resources. These data provided the foundation for identifying and selecting the following prevention priorities:

- **Reduce underage drinking**
- **Reduce the use of illegal substances – with a special focus on the use of opioids among young adults 18-25 years of age**
- **Reduce prescription medication misuse across the lifespan**
- **Reduce the use of new and emerging drugs of abuse across the lifespan**

SAMHSA has identified eight Strategic Initiatives to focus its resources on areas of urgency and opportunity. The initiatives also will enable SAMHSA to respond to National, State, Territorial, Tribal, and local trends and support implementation of the Affordable Care Act and the Mental Health Parity and Addictions Equity Act.

## *SAMHSA's Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness*

This entails creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This Initiative will include a focus on the Nation's high-risk youth, youth in Tribal communities, and military families.

The promotion of positive mental health and the prevention of substance abuse and mental illness have been key components of SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's communities. The evidence base in this area continues to grow and was recently summarized by the 2009 Institute of Medicine (IOM) report, *Preventing Mental, Emotional, and Behavioral Disorders among Young People*. The Affordable Care Act is also placing emphasis on prevention and promotion activities at the community, State, Territorial, and Tribal levels. By means of this Federal Initiative, SAMHSA will work to take advantage of the opportunities presented by the Affordable Care Act and the growing evidence base behind prevention to achieve the following goals:

Goal 1.1: With primary prevention as the focus, build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness.

Goal 1.2: Prevent or reduce consequences of underage drinking and adult problem drinking.

Goal 1.3: Prevent suicides and attempted suicides among populations at high risk, especially military families, LGBTQ youth, and American Indians and Alaska Natives.

Goal 1.4: Reduce prescription drug misuse and abuse.

Additionally, the "National Prevention and Health Promotion Strategy", which was introduced on June 16, 2011, includes actions that public and private partners can take to help Americans stay healthy and fit. It helps move the nation away from a health care system focused on sickness and disease to one focused on wellness and prevention. Two of the seven priority areas identified in the plan are of particular relevance to the goals this RFP seeks to achieve: 1) preventing drug abuse and excessive alcohol use and 2) mental and emotional wellbeing.

On July 29, 2010 the United States Senate Committee on Appropriations considered and approved its version of Fiscal Year 2011 funding for the Department of Health and Human Services. It is worthwhile and timely to note the Committee's comment,

***"In addition, the Committee is instructing SAMHSA to maintain a specific focus on environmental and population based strategies to reduce drug use and underage drinking due to the cost effectiveness of these approaches."***

Environmental strategies establish or change written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use by the general population (Center for Substance Abuse Prevention, 2010). According to the Community Anti Drug Coalitions of America (CADCA), “coalitions that successfully employ environmental strategies can harness the community’s power to create change. A well-functioning coalition engages residents, law enforcement, schools, nonprofit organizations, the faith community, youth and other key groups to work in tandem to address community concerns. Coalitions are well positioned to ensure sustained action on pervasive community problems that have eluded simple solutions. And, coalitions enable residents to contribute to making a difference and creating the political will necessary to influence development and implementation of lasting policy.”

Environmental strategies are cost effective given the potential magnitude of change. Community mobilization is central to creating population level change. After data have been collected and analyzed, coalitions must assess their capacity to effectively address the identified problem(s). This is especially important when using environmental approaches. Historically, many coalitions have consisted largely of members whose focus has been working with individuals, families and other small groups to elicit change in knowledge, skills and attitudes. Implementing environmental strategies requires different skills, such as community organizing and/or development, and the involvement of different community actors. Additionally, selected environmental strategies should support and complement other prevention programs already in place and working in local communities and schools to impact the target service population.

CADCA emphasizes the fact that environmental programs and strategies are grounded in the field of public health, which emphasizes the broader physical, social, cultural and institutional forces that contribute to the problems that coalitions address, environmental strategies offer well-accepted prevention approaches that coalitions use to change the context (environment) in which substance use and abuse occur. Environmental strategies incorporate prevention efforts aimed at changing or influencing community conditions, standards, institutions, structures, systems and policies. Coalitions should select strategies that lead to long-term outcomes. These strategies can focus on norms, policies and regulations, availability, enforcement, etc. Environmental prevention approaches seek to change the overall context within which substance abuse occurs.

#### *Funding for Regional Coalitions to deliver Environmental Prevention Programs and Strategies*

DMHAS is soliciting applications from established or new/developing New Jersey coalitions to address substance abuse prevention priorities in their region based upon the DMHAS-identified State priorities. Each funded coalition will conduct a data-driven needs assessment to determine which of the DMHAS-identified statewide priorities should be addressed in its region and identify the appropriate strategy. Coalitions will

utilize the Strategic Prevention Framework (SPF), a five-step data driven planning process designed to identify and utilize environmental programs and strategies to achieve population-level change with respect to the identified priorities. Extensive training on the application of the SPF model will be provided at the mandatory bidders' conference and directly to funded coalitions.

### Strategic Prevention Framework

Step 1: Assessment - Profile population needs, resources, and readiness to address needs and gaps

Step 2: Capacity - Mobilize and/or build capacity to address needs

Step 3: Planning - Develop a comprehensive strategic plan

Step 4 Implementation - Implement evidence-based environmental prevention programs, policies, and/or practices

Step 5: Evaluation – Monitor, evaluate, sustain, and improve or replace those components that fail

According to SAMHSA, a coalition is defined as a formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy, and drug free community. Coalitions receiving DMHAS funds through this RFP are expected to adhere to the SAMHSA definition above and will be required to work within their region to identify and address regional substance abuse problems in alignment with the state-level priorities, utilizing a public health approach that employs environmental strategies. DMHAS seeks to fund existing or developing coalitions that have a successful history of delivering interventions to prevent substance abuse and other chronic diseases.

Coalitions are required to develop and utilize *environmental strategies* **EXCLUSIVELY** based on a *community systems perspective* that views a community as a set of persons engaged in shared social, cultural, political, and economic processes. Environmental strategies are grounded in the belief that substance abuse is a product of multiple environmental conditions and circumstances. According to this view, individuals do not engage in substance abuse solely on the basis of personal characteristics, but rather as a result of a complex set of factors in their environment. These include: the rules and regulations of the social institutions to which individuals belong, the norms of the communities in which they live, the mass media messages to which they are exposed, and the accessibility of alcohol, tobacco and illicit drugs. Therefore, effective prevention requires “intervention” in various facets of community life. More specifically, environmental strategies seek to: (1) limit access to substances, (2) change the culture and contexts within which decisions about substance use are made, and/or (3) reduce the prevalence of negative consequences associated with substance use (such as motor vehicle crashes, sexual assaults, etc.). Contractees will be required to utilize environmental strategies to strengthen the capacity of their coalition to reduce and prevent substance abuse in the region by generating positive, lasting environmental change. Selected environmental strategies

should complement other prevention programs already in place and working in local communities and schools to impact the target service population. These strategies can focus on norms, policies and regulations, availability, enforcement, etc. Environmental prevention approaches seek to change the overall context within which substance abuse occurs.

DMHAS will fund one coalition in seventeen (17) regions with annually renewable contracts for up to five years, based on availability of Federal funds and satisfactory project performance as well as compliance and completion of all required/requested reports. Contract awards are expected to range from approximately \$150,000 to \$225,000 yearly, depending upon the size and population of the region, with an anticipated start date of January 1, 2012. Actual funding levels will depend on the availability of funds. Please note that these awards are strictly federally funded, and as such, applicants should NOT expect State funds to replace these funds in the event of changes to New Jersey's Federal funding allocation nor is there a guarantee of Federal funds to continue the award beyond the contract period. Sustainability is a key component of coalition work and coalitions will receive extensive guidance and technical assistance in this area as research has consistently demonstrated that "planning for sustainability predicts sustainability".

All application and expenditure data pertaining to these contract funds must be independent of any other DMHAS or non-DMHAS funded program of the applicant/contractee. Awards under this RFP will be clustered separately from other existing components for contract application and reporting. Cost sharing is not required. This will be a five-year contract that is annually renewable. Annual continuation and renewal are subject to availability of funds, satisfactory performance, as well as compliance and completion of all required/requested reports.

If the coalition/applicant is not a 501 (c) (3) corporation, the coalition will be required to identify and contract with a fiscal sponsor in its region. Fiscal sponsors are 501(c) (3) charitable corporations that give unincorporated groups whose missions are aligned with their own a tax-exempt home. Although sponsored programs are not completely independent—they are legally part of the sponsor organization—they nevertheless retain programmatic autonomy and often have separate advisory boards making their strategic decisions. They are responsible for their own fund-raising and they absorb any shortfall and retain any surplus. Typically, the sponsor provides accounting, human resources, and other back-office services, with its cost covered by an administrative charge applied to the revenues or expenses of the sponsored program.

Due diligence is in order when groups choose a sponsor. A prospective sponsor should have the following:

- A mission and vision similar to that of the group seeking sponsorship;
- Sufficient financial resources to ensure continuous, uninterrupted operation;
- Strong systems and internal protocols and controls that are based on generally accepted financial and accounting principles and regulations;

- Written policies and procedures for administration and risk management;
- A long-term organizational commitment to fiscal sponsorship;
- Sufficient staff to fulfill the agreed-upon services; and
- Staff people trained to see their role as primarily customer service.

As indicated in the “Required Documentation” section of this RFP, applicants will be required to submit a copy of the Memorandum of Agreement between the coalition and fiscal sponsor, if applicable.

### *Training, Technical Assistance, and Evaluation Support for Coalition Grantees*

DMHAS also seeks to fund a provider to deliver training and technical assistance services to coalitions who are funded through this announcement. Information regarding this opportunity can be found in a separate RFP entitled, “Training, Technical Assistance, and Evaluation Support for Regional Prevention Coalitions”. Applicants may respond to both this Funding for Regional Coalitions to Utilize Environmental Strategies to Achieve Population-Level Change RFP and the Training, Technical Assistance, and Evaluation Support for Regional Prevention Coalitions RFP. However, an applicant cannot receive both coalition funding and funding to provide TA and/or Evaluation Support services. In the event that an applicant is recommended for funding under both RFPs, the applicant will be required to indicate which of the opportunities it will accept.

## **Background**

Contracts awarded through this RFP are intended to support *regionally-based coalitions*. For the purposes of this RFP, a coalition is defined as a formal arrangement for cooperation and collaboration between groups or sectors within a region, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy, and drug free community. Coalitions receiving DMHAS funds are required to work within their region to identify and address substance abuse problems within their region based on State-identified priorities. It is imperative that coalitions engage local leaders to better understand local challenges and to generate lasting change in the region. It is also vital that DMHAS-funded coalitions establish strong collaborative relationships with any other prevention and/or public health-focused coalitions in the region. The coalition’s plan to establish or strengthen these relationships must be detailed in the strategic plan.

Coalitions will be required to utilize *environmental strategies* based on a *community systems perspective* that views a community as a set of persons engaged in shared social, cultural, political, and economic processes. Environmental strategies are based on the belief that substance abuse is a product of multiple environmental conditions and circumstances. According to this view, individuals do not engage in substance abuse solely on the basis of personal characteristics, but rather as a result of a complex set of factors in their environment. These include: the rules and regulations of the social institutions to which individuals belong, the norms of the communities in

which they live, the mass media messages to which they are exposed, and the accessibility of alcohol, tobacco and illicit drugs. Therefore, effective prevention requires “intervention” in various facets of community life.

More specifically, environmental strategies seek to: (1) limit access to substances, (2) change the culture and contexts within which decisions about substance use are made, and/or (3) reduce the prevalence of negative consequences associated with substance use (such as motor vehicle crashes, sexual assaults, etc.). The purpose of these funds is to strengthen the capacity of coalitions to reduce and prevent substance abuse in the region by generating positive, lasting environmental change.

### *Assessing the Problem and Identifying Priority Problems and Issues*

In August of 2010 DMHAS convened a Prevention Strategic Planning committee for the purpose of developing a five-year prevention strategic plan. The purpose of the DMHAS Prevention Strategic Plan is to focus statewide prevention efforts on specific data-driven priorities, for which measurable change can be achieved at the state and regional levels.

- The Plan will align state, regional and community prevention efforts and resources with the identified priority issues.
- The Plan will guide prevention decision making and policy development at the state, county, and provider levels. The planning process is ongoing.

Following the federal Strategic Prevention Framework, the assessment committee analyzed data in three categories:

- Consequences and social costs of substance use and addictions;
- Consumption levels and prevalence of substance use;
- Causal factors (i.e., risk and protective factors) that predict population prevalence.

For each of the three categories above, criteria were applied to guide the decision making process and establish the statewide priorities. These rating criteria included:

- Frequency/Rates of consumption
- Severity of Consequences
- Data Trends
- Prevalence of Risk & Protective factors
- Other recent research

Information on readiness and system capacity, such as the current resources of the prevention system at the state, county, and local levels to address the initially identified priorities, was then applied to the prioritization process to identify the recommended priorities. Final determination of the following priorities was made by DMHAS:

- **Reduce underage drinking**
- **Reduce the use of illegal substances – with a special focus on the use of opioids among young adults 18-25 years of age**
- **Reduce prescription medication misuse across the lifespan**
- **Reduce the use of new and emerging drugs of abuse across the lifespan**

Funded coalitions will undertake a guided needs assessment process to identify one or more of the statewide priorities to address in their region. DMHAS will provide epidemiological data describing the scope and magnitude of substance abuse consequences and consumption patterns in each region. The technical assistance provider (which will be funded through the companion RFP entitled, “Training, Technical Assistance, and Evaluation Support for Regional Prevention Coalitions”) will then provide support to the coalition in conducting a rigorous and objective analysis of the data.

### *Regional Coalitions*

Through this RFP, the DHS/DMHAS, will develop a statewide capacity-building system of coalitions in support of healthier communities and to reduce alcohol and substance abuse, with an emphasis on youth development. The New Jersey Regional Prevention Coalition System provides new and more effective ways to build support for health and safety related initiatives in communities across the State.

The capacity-building system will include seventeen Regional Prevention Coalitions. For purposes of this project, a regional prevention coalition is an association of organizations that collaborate in the delivery of environmental strategies to address and reduce substance misuse and abuse in a specific geographical area. Further, a regional coalition is:

- A nonprofit legal entity, aimed at serving the public good in its region through the improvement of health that occurs as a result of the decrease in substance misuse and abuse in the region.
- A standing organization rather than a series of projects.
- Limited to the regional geographical area defined by DMHAS. The local nature of coalitions maximizes the ability of its member organizations to identify with one another, to come together around issues, and, when necessary, to challenge each other as peers.
- Organized around a defined and coordinated program of action for delivering prevention programming in its region.
- Made up of voluntary members who are representative of sectors or organizations, not persons. Coalitions **must** include representation from the sectors listed below:
  1. Youth (must be under the age of 18)
  2. Parents
  3. Business

4. Media
5. School
6. Youth-serving organization
7. Law Enforcement
8. Religious/Fraternal organization
9. Civic/Volunteer group
10. Healthcare Field (doctor, nurse, dentist, pharmacists, etc.)
11. State/Local/Tribal Government agency with expertise in substance abuse (County Alcohol and Drug Director and the Municipal Alliance Coordinator)
12. Other organizations involved in reducing substance abuse - including Municipal Alliances within the region

The goals of the coalitions are to:

- Meaningfully engage regional and local public health leaders and promote effective partnerships with them.
- Develop or enhance collaboration among communities to reduce the priority substance abuse problem identified.
- Mobilize youth and young adults for leadership and civic action.
- Demonstrate the effective use of evidence-based and promising Environmental Substance Abuse Prevention programs/strategies.

DMHAS has identified seventeen coalition regions in New Jersey. These regions were selected based on the “Prevention Needs Assessment Using Social Indicators: State of New Jersey Substance Abuse Prevention County Level Needs Assessment, 2008”. The “Prevention Needs Assessment” utilized archival data of social indicators to develop composite indices of risks to estimate the need for prevention services among New Jersey’s twenty one counties. Criteria including population, substance abuse treatment admissions and rates within the region as well as prevalence of alcohol and prescription drug misuse among middle and high-school students were also considered in identifying the seventeen regions. Additional criteria used to determine the regions included that:

- Each region must be comprised of at least one county
- Each region must have reported a minimum of 2000 treatment admissions (according to the latest available data) for the previous year

### *Regions*

1. Bergen County
2. Passaic County
3. Morris County
4. Hudson County
5. Essex County
6. Sussex and Warren Counties
7. Hunterdon, and Somerset Counties

8. Union County
9. Middlesex County
10. Monmouth County
11. Mercer County
12. Burlington County
13. Ocean County
14. Gloucester County
15. Camden County
16. Salem and Cumberland Counties
17. Atlantic and Cape May Counties

Region	Population <sup>1</sup>	Treatment Admissions <sup>2</sup>	Treatment Admission Rate <sup>3</sup>	Past 30 Day Use of Alcohol – Middle School Students <sup>4</sup>	Use of Prescription Drugs w/o a Prescription by High School Students in past year <sup>5</sup>
1. Bergen	905,116	3,125	349.1	8.9	9.8
2. Passaic	501,226	3,587	729.4	12.7	11.7
3. Morris	492,276	3,468	709.9	5.8	14.5
4. Hudson	634,266	3,567	599.9	15.9	9.6
5. Essex	783,969	7,743	1006.0	10.0	8.0
6. Sussex/Warren	257,957	2,712	1038.5	6.7	14.5
7. Hunterdon/Somerset	560,485	2,833	673.7	7.8	13.7
8. Union	536,499	3,918	744.3	11.7	6.3
9. Middlesex	809,858	4,239	536.6	7.7	10.9
10. Monmouth	630,380	6,156	955.7	9.6	15.5
11. Mercer	366,513	2,546	695.2	12.3	9.4
12. Burlington	448,734	2,255	505.5	11.9	14.1
13. Ocean	576,567	5,588	974.1	14.8	16.2
14. Gloucester	288,288	3,134	1081.0	14.2	14.0
15. Camden	513,657	5,743	1108.9	10.0	10.4
16. Salem/Cumberland	222,981	2,754	1193.5	13.2	10.7
17. Atlantic/Cape May	371,815	4,841	1415.5	13.2	15.3

1. 2010, US Census

2. 2009 NJSAMS

3. Per 100,000 population, DAS Substance Abuse Overview, 2009

4. Percent of all students, 2010

5. Percent of all students, 2008

## Who Can Apply?

The following eligibility criteria shall apply:

1. Eligibility for contracts is limited to applicants who are either public or private non-profit organizations/coalitions. Applicants to the companion RFP entitled, "Training, Technical Assistance, and Evaluation Support for Regional Prevention Coalitions" are eligible to apply for the opportunities described herein, but may only be awarded one contract, even if recommended for funding for both contracts.
2. Applicants must have a New Jersey address and be able to conduct business from a facility located in New Jersey.
3. Non public applicants must demonstrate that they are incorporated through the New Jersey Department of State, and provide documentation of their current non-profit status under Federal IRS 501(c) (3) regulations, as applicable. If the coalition is not a 501 (c) (3) corporation, the fiscal sponsor must apply on behalf of the coalition. Additional information regarding fiscal sponsorship is provided in the Appendix of this RFP.
4. All New Jersey and out of State Corporations must obtain a Business Registration Certificate (BRC) from the Department of the Treasury, Division of Revenue prior to conducting business in the State of New Jersey.
5. Proof of valid business registration with the Division of Revenue, Department of the Treasury, State of New Jersey, shall be submitted by the bidder and, if applicable, by every subcontractor of the bidder, with the bidder's bid. No contract will be awarded without proof of business registration with the Division of Revenue. Any questions in this regard can be directed to the Division of Revenue at (609) 292-1730. Form NJ-REG. can be filed online at [www.state.nj.us/njbgs/services.html](http://www.state.nj.us/njbgs/services.html)
6. Before performing work under the contract, all sub-contractors of the contractor must provide to the contractor proof of New Jersey business registration. The contractor shall forward the business registration documents on to the using agency.
7. Applicants must not be suspended or debarred by DMHAS or any other State or Federal entity from receiving funds.
8. An applicant that is a current DHS/DMHAS contractee must be in compliance with the terms and conditions of its current contract.
9. Applicants must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission.
10. Applicants must have a governing body that provides oversight as is legally permitted. No member of the Board of Directors can be employed as a consultant for the successful applicant.

NOTE: If, at the time of receipt of the proposal, the applicant does not comply with this standard, the applicant must submit evidence that it has begun to modify its structure and that the requirement will be met by the time the contract is executed. *If this required organizational structure is not in place before the start date, the contract will not be executed and the funding will be waived.*

11. Applicants must also attend the combination Mandatory Bidders' Conference/Training and Technical Assistance meeting from 9-5 on August 19, 2011 at the Hamilton Technology Center Auditorium located at 1200 Negrón Drive in Hamilton, NJ. (See directions attached).

## **RFP Package**

This RFP contains information regarding funding opportunities for potential applicants to develop or enhance Regional Coalitions to utilize environmental strategies to achieve population-level change. The RFP package includes the following:

- Details and instructions regarding applying for funding for regional coalitions
- Contract Application

## **How to Get a RFP Package**

- Contact Helen Staton  
Addiction Services  
P.O. Box 362  
Trenton, NJ 08625  
[helen.staton@dhs.state.nj.us](mailto:helen.staton@dhs.state.nj.us)  
(609) 633-8781
- Download the RFP from the following website:  
<http://www.state.nj.us/humanservices/providers/grants/rfprfi/>.
- Download the contract application forms from the following website:  
<http://www.state.nj.us/humanservices/das/information/contracts/> .
- Attend the Mandatory Bidders' Conference.

## **Due Date**

Proposals must be received by DMHAS by 5:00 p.m. on September 26, 2011, and include one (1) signed original and seven (7) copies. Faxed or electronic proposals, as well as those received after the deadline, will not be reviewed.

## **Where to Send Proposals**

Send the signed original and seven (7) copies of your proposal to DMHAS.

For United States Postal Service, please address to:

Helen Staton  
Addiction Services  
P.O. Box 362  
Trenton, NJ 08625  
(609) 633-8781

For UPS, FedEx, other courier service or hand delivery, please address to:

Helen Staton  
Addiction Services  
120 South Stockton Street, 3<sup>rd</sup> floor  
Trenton, NJ 08611  
(609) 633-8781

Please note that if you send your proposal package through United States Postal Service two-day priority mail delivery to the P.O. Box, your package may not arrive in two days. In order to meet the deadline, please send your package earlier than two days before the deadline or use a private carrier's overnight delivery to the street address.

You will NOT be notified that your package has been received. If you require a phone number for delivery, you may use (609) 633-8781.

## **Mandatory Bidders' Conference/Training and Technical Assistance Meeting**

A combination Mandatory Bidders' Conference/Training and Technical Assistance meeting will be held from 9-5 on August 19, 2011 at the Hamilton Technology Center Auditorium located at 1200 Negron Drive in Hamilton, NJ 08691. This Mandatory Bidders' Conference/Training and TA Meeting will provide applicants an opportunity to ask questions about the RFP requirements or the award process, as well as clarify any changes that may be made to this RFP. This ensures that all potential applicants will have equal access to information. Applicants are requested to notify Helen Staton by email at [helen.staton@dhs.state.nj.us](mailto:helen.staton@dhs.state.nj.us) regarding their intent to attend the Mandatory Bidders' Conference/Training and TA Meeting. When registering, please indicate if special accommodations are needed pursuant to the Americans with Disabilities Act. For interpretation services, please notify DMHAS as soon as possible in order to secure services. In the event services must be cancelled, a minimum of 48 hours notification to DMHAS is necessary.

Applicants are guided to rely upon the information in this RFP and the details provided at the Mandatory Bidders' Conference/Training and TA Meeting to develop their proposals. Substantive questions regarding intent or allowable responses to the RFP, outside the Mandatory Bidders' Conference/Training and TA Meeting, will **not** be answered individually. Any necessary response to questions posed by a potential applicant during the Mandatory Bidders' Conference that cannot be answered at that time will be furnished via electronic mail to all potential applicants registered as being in attendance. **Specific guidance will not be provided to individual applicants at any time.**

**Please note that food and drink is NOT permitted in the auditorium. A one hour lunch break will be provided, and there are multiple local restaurants along Route 130.**

## **Contract Overview/Expectations**

Through a statewide system of regionally-based substance abuse prevention coalitions, the goal of this project is to effectuate population-based regional change on the four identified priorities:

- **Reduce underage drinking**
- **Reduce the use of illegal substances – with a special focus on the use of opioids among young adults 18-25 years of age**
- **Reduce prescription medication misuse across the lifespan**
- **Reduce the use of new and emerging drugs of abuse across the lifespan**

Each DMHAS-funded coalition will utilize the SPF to identify which statewide prevention priorities and issues are prevalent in their region and utilize environmental strategies exclusively to reduce and prevent the harmful consequences related to those priorities and issues. **A total of approximately \$3,300,000 will be available for coalition funding.**

### *The Strategic Prevention Framework (SPF)*

The SPF was developed and introduced by SAMHSA. The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, State/tribal and community levels. The SPF approaches prevention by means of a population-based public health model that is predicated on a series of guiding principles that can be utilized at the federal, State/tribal and community levels. The SPF requires States and communities to systematically undertake the following process:

Step 1: Assessment - Profile population needs, resources, and readiness to address needs and gaps

Step 2: Capacity - Mobilize and/or build capacity to address needs

Step 3: Planning - Develop a comprehensive strategic plan

Step 4 Implementation - Implement evidence-based environmental prevention programs, policies, and/or practices.

Step 5: Evaluation – Monitor, evaluate, sustain, and improve or replace those components that fail.

This five step process is graphically displayed in Figure 1. Central to the five (5) steps are two (2) concepts critical to long-term prevention efforts—cultural competence and sustainability.



Five Steps of the Strategic Framework Process

Coalitions will be required to follow the five steps of the SPF in developing and implementing their project.

#### 1. Assessment

This step requires communities to profile population needs, resources, and readiness to address the problems and gaps in service delivery. Coalitions will use data provided by DMHAS to assess their region’s substance abuse-related problems. The coalition must use the data to identify the magnitude of the problem to be addressed, where the problem is greatest, and risk and protective factors associated with the problem. Coalitions must also assess community assets and resources, gaps in services and capacity and readiness to act.

#### 2. Capacity

In this step, coalitions mobilize and/or build capacity to address needs. Engagement of key stakeholders at the State, regional and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Key tasks may include, but are not limited to: convening leaders and stakeholders; strengthening the coalition; training community stakeholders, and service providers; and organizing agency networks.

As indicated above, it is vital that DMHAS-funded coalitions establish strong collaborative relationships with any other prevention and/or public health-focused coalitions in the region. The coalition’s plan to establish or strengthen these

relationships, as well as a description of the collaboration, must be detailed in the strategic plan.

### 3. Planning

Step 3 requires the coalition to develop a comprehensive Strategic Plan. Coalitions must develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan must be based on documented needs, build on identified resources/strengths, set measurable objectives, and include the performance measures and baseline data against which progress will be monitored. Plans are expected to be adjusted throughout the contract period as the result of ongoing needs assessment and monitoring activities. The issue of sustainability should be addressed throughout planning and implementation and should lead to the creation of a long-term strategy to sustain policies, programs and practices. The strategic plans must be data-driven and focused on addressing the most critical needs in the region based on the identified priority issues. **The Strategic Plan must be approved by DMHAS before implementation activities can begin.**

The Strategic Plan must include:

- A statement identifying the priority problem(s) identified and the coalition's commitment to addressing it/them;
- Needs assessment results, including the identification of high problem geographic areas and
- Intervening variables that contribute to the harmful consequences of drug/alcohol use specific to the priority problem(s) identified;
- Appropriate (i.e., logically connected and culturally competent) evidence-based environmental programs and strategies to address the priority issue;
- A statement of the coalition's capacity and infrastructure to address the priority problem(s) identified - including the specific capacity to implement planned activities—as well as a plan to increase capacity to implement the planned activities, where needed;
- An evaluation plan that has been developed in collaboration with the research and evaluation unit at DMHAS to assess community-level processes and outcomes;
- A discussion of how the coalition will develop a plan for sustaining the strategies after DMHAS funds have been depleted; and
- A realistic timeline for implementing the strategic plan.

### 4. Implementation

This step requires the coalition to implement evidence-based environmental prevention strategies and programs and infrastructure development activities. Once the Strategic Plan is approved by DMHAS, implementation may begin. Coalition members will use the findings from their needs assessment to guide selection and implementation programs and strategies proven to be effective in communities/regions such as their own. Funded coalitions must ensure that culturally competent

adaptations are made without sacrificing the core elements of the programs and strategies.

Expected outcomes are:

- A refined logic model that appropriately identifies causal factors, evidence-based environmental programs and strategies, and inputs.
- A flexible and responsive implementation process that responds to changing data and new information on problem behaviors in the region.
- Fidelity of implementation mechanisms that ensure innovative programs or adaptations of evidence-based programs are theoretically sound.
- Identification of procedures employed to maximize appropriate, culturally competent services for the population(s) of focus and minimize duplication of services.
- Participation in any DMHAS-convened project meetings to share lessons learned and resolve implementation issues.

## 5. Evaluation

During Step 5, coalitions will monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail. Ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness and service delivery quality. Coalitions should plan to allocate funds for evaluation activities.

### *Cultural Competence*

As part of the SPF process, it will be critical for each coalition to address both current capacity around cultural competency as well as its plans to integrate culturally competent processes into all five steps of the SPF. Coalitions will be asked to demonstrate an active commitment to cultural competency. Training and technical assistance related to assuring cultural competence in all steps of the SPF will be provided to all coalitions.

The following questions related to cultural competency must be answered by each coalition as a part of their strategic plan.

- What are the unique cultural, racial/ethnic, and linguistic need patterns within the region served by the coalition, and how does (or will) the coalition meet those needs?
- How does the coalition plan to enhance capacity to more effectively meet those needs in the future?
- What is the extent to which there is broad-based citizen participation, including those most affected by the consequences of substance abuse, in current substance abuse prevention efforts? How does the coalition plan to increase that participation?

- What is the extent to which coalition members represent the diversity of the region with respect to race, gender, geography, ethnicity, sexual orientation, and age?
- How will the coalition ensure that prevention strategies are culturally competent (use past experience to illustrate, as appropriate)?
- What is the coalition's past experience engaging in culturally competent and inclusive assessment, capacity development (i.e., mobilization of stakeholders and other resources), planning, strategy implementation, and evaluation? How will the coalition increase cultural competence and inclusion within these areas in the future? Are there any lessons learned about cultural competence and inclusion?

**These guiding principles are helpful when thinking about cultural competence:**

- Cultural competence is woven through a continuum with several guiding principles that enable coalitions to have positive interactions in culturally diverse environments:
- Each group has unique cultural needs. Your coalition should work to make room for several paths that lead to the same goal.
- Diversity within cultures is important. Recognize that cultural groups are complex and diverse; don't view them as a single entity.
- People have group identities and personal identities. It is important to treat people as individuals and also acknowledge their group identities.
- People are served in varying degrees by the dominant culture. Coalitions must recognize that what works well for the dominant cultural group may not work for members of other cultural groups.
- Culture is ever-present. Acknowledge culture as a predominant force in shaping behaviors, values, and institutions.

*Environmental Strategies*

Implementing environmental strategies requires considerable investigation to learn what formal and informal policies exist that influence environmental factors. For example, not knowing local ordinances related to alcohol will hinder progress. Coalitions should learn about state and local laws related to the sale of alcohol. In other words, coalitions must do their homework. It becomes the coalition's job to know everything that might be helpful about the laws, regulations, political environment, customs and norms in their region that will have an influence on the work they plan to do and the outcomes they hope to achieve.

Examples of homework for coalitions:

- Locate and read your state's alcohol laws
- Locate and read alcohol ordinances/policies within the region
- Understand the process for obtaining an alcohol retail license
- Understand the process for enforcement of alcohol retail licenses

- Understand the process for creating and modifying local land use regulations, i.e., zoning
- Learn about local law enforcement agencies and their roles within your region (i.e., jurisdictions, current efforts)
- Learn about the roles and responsibilities of judicial officers (i.e., magistrates, judges) in your region
- Learn the political process(es) in your region (i.e., election cycles, who is currently serving and their agendas, etc.)
- Conduct a local/state policy analysis (what already exists)
- Conduct a power analysis in your region (who has the power to change policy)
- Determine what other local agencies are doing to address the problem your coalition is concerned about

**Examples of Environmental Approaches for Alcohol, Tobacco and Illicit Drugs**  
Environmental policies to limit access

<b>Strategy</b>	<b>Alcohol</b>	<b>Tobacco</b>	<b>Illicit Drugs</b>
Purchase laws	Compliance checks: Minimum purchase Laws actively enforced	Removal of cigarette machines	Laws prohibiting sale, possession and distribution
Price controls	Excise tax; Ban on “2 for 1” drink specials	Excise tax; No free tobacco samples on military bases	Reduce supply to raise prices
Restrictions on retail sales or sellers	Limit number of sales licenses within a county/city/town	Synar checks; Limit number of sales licenses; Fines for selling to youth	Land use ordinances Enforced on blighted/ Abandoned properties; Physical design changes (increase lighting; plant shrubs, etc.); Restrictions on sale of pseudoephedrine and ephedrine and other meth precursor chemicals
Legal deterrence	Zero Tolerance laws for youth under 21 years; You Use/You Lose laws; Social Host Laws Source Investigation Programs	Fines for selling tobacco to youth	Workplace initiatives; Asset forfeiture laws
Counteradvertising	Ban alcohol sponsorships; Advertising restrictions	Surgeon General’s Warning/The Truth Campaign; Restriction on samples and coupons; Ban television advertising	National Anti-Drug Youth Media Campaign ads/ Web sites
Adapted from Environmental Prevention Strategies: An Introduction and Overview, Deborah A. Fisher, Ph.D.,			

*Coalitions and Social Media*

The use of social media tools is a powerful channel to reach target audiences with strategic, effective and user-centric health interventions. It is important that DMHAS-funded coalitions develop and make effective use of social media that is targeted to the population(s) of focus in their region.

According to CADCA, coalitions are by their very nature in the business of strategic social interaction. The central mission of any coalition is to develop a collective understanding across the region of the social issue at hand as well as to envision new ways of living that will yield better outcomes. Though a coalition works collaboratively to create a set of policies, enforcement efforts, and educational programs across all corners of the region, effective coalitions understand that it is through the many social interactions across the region that those strategic initiatives gain their full adoption as social practices, and ultimately, as “culture.”

It is no surprise, then, to see the rapid use of social media as a popular tool for social interaction for many segments of society and for a number of coalitions trying to bring about change. Social media is the overarching term used to describe a wide range of communication technologies that enable a “virtual” form of social interaction through digital programming. Virtual social interaction occurs in digital space, which only broadens and expands the interactions in ways that non-digital interaction cannot.

True to its interactive nature, social media creates and sustains “virtual communities,” that are much like our physical communities with an important difference: they are not bound by physical time or space. Though many of us participate in professional communities that must hold conferences or meetings to allow members to interact, virtual communities allow members to interact at anytime and from anywhere. Because of this, social media applications have been used to create communities that could never exist before the technology emerged.

The Centers for Disease Control and Prevention have developed a website that provides information on best practices related to the use of social media in public health: <http://www.cdc.gov/SocialMedia/Tools/guidelines/>

### *Training and Technical Assistance*

DMHAS will provide continuous and consistent training and technical assistance to coalitions throughout the SPF process and beyond to help build capacity and strengthen the coalition. These services will be delivered by a provider to be identified through the companion RFP entitled: “Training, Technical Assistance, and Evaluation Support for Regional Prevention Coalitions”. DMHAS seeks to build coalition capacity at multiple levels: the coalition, stakeholders in the coalition, and communities/individuals who are served by the coalition. DMHAS is committed to the idea that incorporating stakeholder perspectives and input into all aspects of coalition development and operation is imperative to the success of the coalition’s work. **The coalition must be a vital entity unto itself and not a “program” of a larger agency or organization.** As such, a significant portion of technical assistance will focus on

developing capacity within a stakeholder-driven operation to ensure strong, successful collaborative efforts.

Coalition members will also receive guidance in the analysis and interpretation of epidemiological data, strategic planning, logic model development, identification of baseline measures, evaluation of environmental strategies, the use of social media and other important skills and abilities.

### *Evaluation of the Coalition and its Efforts*

The strategic plan based on the use of an environmental management approach usually entails several strategies that may evolve and change over time. Therefore, an essential first step in the evaluation is to create a summary of the prevention strategy utilizing the logic model developed as a step in the SPF process. The logic model serves as the basis for the evaluation plan, noting both the interim steps and outcomes that can be measured and assessed. If an evaluation were to show that a program's goals and objectives were not achieved, coalition staff could ascertain where in the logic model's expected sequence an activity did not work as planned (e.g., high turnover resulting in some staff not being trained in Responsible Beverage Service - RBS). If the expected outcomes were obtained, having an evaluation that examined each step in the logic model would help to establish that the activity contributed directly to achieving the program's goals and objectives.

It is important that the evaluator be part of the planning process at this early stage. Evaluation support for all coalitions will be provided by an individual/organization funded under the companion RFP, entitled "Funding for Training, Technical Assistance, and Evaluation Support for Regional Prevention Coalitions". The evaluator may help to ensure that: (1) the needs assessment is well designed and can provide baseline (i.e., pre-intervention) data for the evaluation; (2) the intervention plan features policies and programs with demonstrated effectiveness or a solid foundation in behavior change theory; (3) the program's goals and objectives are precisely stated so that measurable outcomes can be specified; (4) each program component and policy can be linked logically to specific objectives; and (5) adequate resources are in place to ensure full and adequate implementation of the program plan.

The second step in the evaluation process is to develop process measures for documenting the nature, extent, and quality of program implementation. Stated simply, process measures are used to assess whether the prevention effort is being implemented as designed.

This information is critical. Once the intervention is underway, process data may be used to monitor progress and determine whether corrective steps are needed. If a particular intervention is not as effective as planned, having the process data would make it possible for evaluators to determine whether the ineffectiveness might have been due to inadequate implementation.

Outcome measures to assess a program's success or failure also need to be identified. There are two types of outcomes to consider: changes in behavior, and changes in structure or functioning of the environment.

### Behavioral Outcomes

When specifying behavioral goals and objectives, it is important to differentiate between intermediate and long-term outcomes.

The Coalition's logic model will specify a set of intermediate outcomes that are necessary for achieving the desired long-term outcomes. For a Responsible Beverage Server (RBS) training program, for example, intermediate outcomes include several staff behaviors outlined in the RBS protocol-refusing entrance to minors or intoxicated patrons, refusing service to patrons who could become intoxicated, arranging alternative transportation for patrons who should not drive, and providing free food and soft drinks for designated drivers.

Looking at long-term outcomes, evaluation plans usually include measures of behavior, because the ultimate goal of any prevention program is to reduce alcohol and other drug (AOD) problems, including illegal alcohol and other drug use. A typical RBS program assesses the purchase and consumption of alcohol and the use of alternative rides or designated drivers to avoid driving after drinking.

### Environmental Outcomes

An evaluation of programs focused on environmental change should not be restricted to measures of behavior and AOD-related consequences. Seeing meaningful change at this level might require several years, and there are many other factors beyond the control of communities and law enforcement that might influence individual outcomes (e.g., changes in alcohol excise taxes, new alcohol products, greater availability of low-priced illicit drugs).

Also important are measures of the environment itself. Measuring the environment as part of needs assessment and evaluation has two key benefits-identifying and raising awareness of environmental factors that contribute to AOD problems, and documenting intermediate outcomes of environmental change efforts that set the stage for changes in individual behavior.

There are two primary categories for environmental measurement: (1) self-reports; and (2) archival records and program documents. Self-reports may come from surveys, interviews, or focus groups with students, faculty, community residents, and others. Written records also are an important data source.

The combined use of process and outcome measures can help coalitions develop plans for strengthening or improving their program. If an environmental approach

appears to be successful, then consider broadening its scope or investing additional resources. If a particular approach appears to have failed, then diagnose what went wrong. Was the program implemented as planned? If not, can that be corrected? Might the approach have succeeded if even more resources were put into it? Or does it need to be abandoned in favor of a new idea?

Stated simply, evaluation is a management tool. Understanding the findings, and then using them to make program changes, requires the same deliberateness and care that originally went into developing, implementing, and evaluating the prevention program.

Coalitions will be required to report process and outcome information on DMHAS' Prevention Outcomes Management System (POMS). POMS will be enhanced to enable coalitions to report data regarding environmental programs and strategies.

No client who is admitted into a treatment facility, or a recipient of or participant in any prevention, treatment or recovery support services, shall be denied full access to, participation in and enjoyment of that program, service or activity available, or offered to others, due to the use of legitimately prescribed medications.

## **General Contracting Information**

The Department reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include, but are not limited to, State loss of funding for the contract, insufficient infrastructure agency wide, inability of the applicant to provide adequate services, indication of misrepresentation of information and/or non-compliance with any existing Department contracts and procedures or State and/or Federal laws and regulations.

All applicants will be notified in writing of the State's intent to award a contract. All proposals are considered public information and as such will be made available upon request after the completion of the RFP process.

All applicants will be required to comply with the Affirmative Action requirements of P.L. 1975 c. 127 (N.J.A.C. 17:27), P.L. 2005, c.51 and 271, Executive Order 117 and N.J.S.A. 52:34-13-2 Source Disclosure Certification (replaces Executive Order 129).

Contractees must uphold all programmatic standards outlined in the "Standards for Agencies Providing Substance Abuse Prevention Services for DMHAS," located at the end of this document. These standards are intended to ensure that prevention programs funded by DMHAS achieve their desired outcomes. A site visit may be conducted to applicants before a contract is awarded. The site visit will determine the applicant's capacity to maintain these standards.

Awardee(s) will be required to comply with the DHS contracting rules and regulations, including the Standard Language Document, the Department of Human Services' Contract Reimbursement Manual, and the Contract Policy and Information Manual. A

list of depository libraries where applicants may review the manuals can be found on the internet at

[http://slic.njstatelib.org/NJ\\_Information/NJ\\_by\\_Topic/NJ\\_Depositories.php](http://slic.njstatelib.org/NJ_Information/NJ_by_Topic/NJ_Depositories.php).

Additionally, manuals may be downloaded from the DHS website of the Office of Contract Policy and Management (OCPM) at

<http://www.state.nj.us/humanservices/ocpm/home/resources/>. The link for the DHS contract manuals is on the left. The awardees will be required to negotiate contracts with DHS/DMHAS upon award, and may also be subject to a pre-award audit survey.

The awards will be announced October 31, 2011 with a contract start date in January 1, 2012. Certain expenses incurred by successful applicants during the transition period after selection, but prior to the effective date of the contract, will not be reimbursed.

A contract awarded as a result of this RFP is annually renewable for five years. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. The contract may be extended for two (2) additional periods of up to one (1) year each, by mutual written consent of the contractee and the Assistant Commissioner at the same terms, conditions, and pricing. The length of each extension shall be determined when the extension request is processed.

All application and expenditure data pertaining to these contract funds must be independent of any other DMHAS or non-DMHAS funded program of the applicant/contractee. Award(s) under this RFP will be clustered separately from other existing components for contract application and reporting.

Contractees are expected to adhere to all applicable State and Federal cost principles. Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

An appeal based on the determination may be filed in writing to the Division Assistant Commissioner within seven calendar days following receipt of the notification. An appeal of the selection process shall be heard only if it is alleged that the Division has violated a statutory or regulatory provision in the awarding of the contract. An appeal will not be heard based upon a challenge to the evaluation of a proposal.

## **Proposal Requirements/Scoring**

Applicants must provide a written description of the proposed services. The narrative portion should be single-spaced with one inch margins, no smaller than 12 point font, not exceed 25 pages, and be organized in the order of the key concepts below. Items included in the Appendices do not count towards the narrative page limit. **All pages should be numbered, with the exception of the single audit report, IRS Form 990 and Pension Form 5500.**

Funding decisions will be based on such factors as the scope and quality of the proposal and appropriateness and reasonableness of the budget. The Review Committee will also be looking for evidence of cultural competence in each section of the narrative. The Review Committee may choose to visit any applicants' existing program(s) and/or review any programmatic or fiscal documents in the possession of DMHAS. Any disciplinary action in the past must be revealed and fully explained. The number of points after each heading shows the maximum number of points the Review Committee members may assign to that category. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

### **Needs Assessment – 20 points**

With the assistance of the evaluator, funded under the companion RFP entitled, “Funding for Training, Technical Assistance, and Evaluation Support for Regional Prevention Coalitions”, funded coalitions will undertake a comprehensive needs assessment to determine which identified State-level priorities to address in their region.

The needs assessment requested in this application is preliminary and should provide a basic description of need and capacity in the region the coalition proposes to serve. At the mandatory bidders’ conference, DMHAS will provide data relative to the identified State-level priorities to all potential applicants. Applicants are expected to review and analyze the data to determine which priority(ies) are the most pressing in their region.

- Define and describe the region to be served by your coalition. Provide a needs assessment of the population that you have identified and prioritized, including, at a minimum, substance use/abuse prevalence data and identification of major risk and protective factors in the region. The needs assessment must use data available within the last two years. Describe if there are gaps in the needs assessment data available to you, and if so, detail how these gaps can be filled in the future.

Provide any state and local data available that describe the substance abuse problem more thoroughly for the region represented in your proposal. Where there are not sufficient data available, provide a list of the usage indicators you believe to be relevant to the selected population and community.

- Describe comprehensively the “intervening variables,” “causal factors,” and risk and protective factors for the selected population that lead to the usage indicators described in part b. of this section.
- Resource Scan - Applicants are expected to provide a local assessment of other alcohol, and drug abuse prevention activities being conducted in the region. Please identify who else is providing substance abuse prevention activities in your region, the programs and services offered, and the population(s) targeted.

## **History and Experience – 15 points**

- Provide a brief narrative describing your coalition's history and experience in substance abuse prevention, its primary purpose, population(s) of focus, and the number of years of experience. Describe how the coalition's experience and success demonstrate its ability to successfully implement environmental programs and strategies on a regional scale. Also, please describe any experience the coalition has had in the use of the Strategic Prevention Framework.
- Describe the structure of the coalition. How are decisions made and communicated? What coalition structure do you incorporate to foster community involvement and volunteer participation? Please include any committee or subcommittee structures and decision-making processes in your answer.
- Who are the members of your coalition and what role do they and other key partners play in your coalition? Your answer should include, but not necessarily be limited to, the required 12 key sectors (outlined in the Regional Coalitions section of this document).
- How will the coalition recruit new members? How will the coalition engage and retain members?
- Provide a statement of need for programming of this sort in the region your coalition will serve – provide qualitative and quantitative information to substantiate the need.
- Describe how your coalition will continue to ameliorate the problem of substance abuse in your region and how it will ultimately enhance the lives of both the population(s) of focus and larger population of the region.
- Describe how you will maintain and strengthen the coalition and its prevention efforts over the next year.
- Describe how your coalition will train, encourage, and mobilize your current and future leaders, workers, and volunteers. How did/will you engage youth to meaningfully participate in your coalition?
- It is also vital that DMHAS-funded coalitions establish strong collaborative relationships with any other prevention and/or public health-focused coalitions in the region. Describe other coalitions in your region and your plan to establish or strengthen relationships with these coalitions. Also describe how you will propose to collaborate with them.
- If currently funded by DMHAS, has any disciplinary action been taken against your agency in the past five years? If so, please explain and include documentation as

an Appendix. Has your agency ever been debarred by any State, Federal or local government agency? If so, please explain and include documentation as an Appendix. Describe any active litigation in which your agency is involved. Also, describe any pending litigation of which your agency has been notified.

### **Staffing – 15 points**

- Identify who will be the Certified Prevention Specialist (CPS) Certified Health Education Specialist (CHES), or Master's/Ph.D. level preventionist who will be responsible for overseeing the work of the coalition, as required in the attached "Standards for Agencies Providing Substance Abuse Prevention Services for the DMHAS". Describe additional principal personnel for this initiative, their responsibility in implementation, their experience and expertise working with the coalition, their time dedicated to the initiative, and their competency in substance abuse or related prevention experience. Detail if they are current staff or to be hired, and include if staff will be bilingual. Attach resumes limited to two (2) pages each of current staff and any anticipated new hire(s) in an Appendix.
- Include job descriptions for key personnel with oversight and involvement in completing the responsibilities of the contract. Describe the proposed administrative structure for the coalition and provide a copy in chart form in an Appendix. Detail your fiscal sponsor's policies regarding background and credential checks.
- Identify who your evaluator is/will be and describe his/her experience in evaluating environmental programs and strategies.
- Identify fiscal staff (and their required qualifications) who are responsible for administering the program.
- Provide a list of your board members, their professional licenses and their organizational affiliations. Specifically identify whether any board member is also an employee of the organization applying for this funding or an employee of a Parent company affiliated with the applicant organization (if applicable). Indicate if the Board of Directors votes on items relating to DMHAS contracts.
- Provide a list of names of your consultants or the consultants that your coalition plans on utilizing for this initiative including their professional licenses and organizational affiliations. Identify whether any of these consultants are also board members and identify any reimbursement the member received as a board member over the last 12 months. Indicate which of these members are voting members?

- Identify and submit all related party transactions including related principal staff as well as professional affiliation agreements (see Annex B-Schedule 4 at the end of this RFP).

**Facilities/Equipment – 5 points**

- Indicate where the coalition’s staff will be “located”. Is the location equally accessible to all areas of your region?
- Where will meetings and activities be held? Again, is the location equally accessible to all areas of your region?
- Describe how tangible assets, such as computers and hardware, phones, and other special service equipment will be acquired or allocated for staff and/or others who may require these services.
- Describe facilities and equipment required to execute the project. Include in-kind resources as well as facilities and equipment to be purchased with project funds. Describe where recovery support services will be provided, as well as measures to ensure compliance with HIPAA and 42 CFR requirements.
- Clearly describe the facility’s Americans with Disabilities Act (ADA) accessibility for individuals with disabilities.

**Description of Services – 25 points**

- Based upon your coalition’s preliminary priorities, please describe your coalition’s first year plan, which must be focused on regional change. A regional coalition must focus on changing the full environment by identifying and implementing strategies and activities that will affect community norms and beliefs related to the substance abuse priority selected. Please remember, however, that funded coalitions will undertake a guided needs assessment process to confirm, re-define, or refine one or more of the priorities and intervening variables the coalition preliminarily proposed to address in its region. DMHAS will provide epidemiological data describing the scope and magnitude of substance abuse consequences and consumption patterns in each region. The technical assistance provider will then provide direction to the coalition in conducting a rigorous and objective analysis of the data. Also include a description of the specific, regional changes you expect will result from your activities this year.
- Describe how your coalition addresses/will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy and gender within your region.

- Describe any foreseen barriers to the implementation of this project and your plans to overcome them. Be sure to include community barriers, cultural, economic and academic barriers at a minimum.
- Describe your policies which prohibit discrimination against clients of substance abuse prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery from substance addiction with legitimately prescribed medication/s. Include your policy(ies) as an Appendix.
- What was your agency's last Continuous Quality Improvement effort? What was identified as an issue? What actions were taken? What was the outcome?

### **Budget Requirements - 20**

- As stated earlier, if the coalition is not a 501 (c) (3) corporation, it will be required to identify and contract with a fiscal sponsor. If appropriate, the fiscal sponsor will act as the applicant for this project. If the coalition will work with a fiscal sponsor, please describe how the sponsor was selected and provide the sponsor's credentials. A copy of the contract or memorandum of agreement/understanding between the coalition and fiscal sponsor must be included with this application.
- In this section, applicants must provide a one-year budget and budget justification based on the structure and goals of the coalition. Please include (as part of this budget) a narrative justification for each budget category.
- In addition, the following must be submitted as required documentation:
  1. A general operating budget utilizing DHS forms and Schedules, found in the Application for Contract Funds;
  2. Overall agency budget;
  3. Annual budget for this initiative;
  4. Detail initial start-up costs associated with this initiative; and
  5. Cost allocation plan with appropriate statistics and basis (not required for construction or renovation contracts).
  6. If the coalition is not a 501 (c) (3), please submit a copy of the coalition's MOU with the fiscal sponsor.
- What is your capability of doing financial reports and the frequency? (i.e. what software programs are you utilizing for financial reporting?). To whom do you report externally using electronic media? How often (i.e. quarterly, monthly)? Do you file any external monthly or quarterly expenditure reports electronically? Do you bill Medicaid? List all of the agencies that you bill electronically.
- Do any of your current and/or former paid employees and/or board members actively participate in lobbying activities? If so, please identify and detail any of the costs allocated to any of your state contracts? If your agency has any paid

registered lobbyists, identify and detail any of the costs allocated to your budget proposal.

- Does your agency have a line of credit? If so, what is the amount of your agency's line of credit? Who is the lender(s) who provides the line of credit? If an amount was borrowed, what was the reason; and, list month by month, for the last 12 months of credit utilization. Is it expected to continue over the next 12 months? Please explain.
- Are there any audits, other than the required single audit, pending or in progress? Who requested the audit? What is the firm's name and telephone number? What type of audit is this?

## **Required Documentation**

Applicants responding to this RFP shall submit their proposal organized in the following manner:

### **Part I -**

1. Signed cover letter;
2. Narrative response to the Proposal Requirements;
3. Completed contract application;
4. Board Resolution Validation Form and;
5. Two (2) original signed Standard Language Documents.

### **Part II - Appendices** – Items to be included to augment and support your application:

1. Coalition Information:
  - a. Coalition's mission statement;
  - b. Letters of support;
  - c. Memorandum of Agreement between coalition and fiscal sponsor, if applicable
  - d. Two sets of coalition meeting minutes
  - e. MOUs from each of the 12 required sectors
  - f. List of sector representation
  - g. An organization chart that describes **the coalition's** (NOT THE FISCAL SPONSOR'S) structure and its relationship to an umbrella agency, other entities, and staff positions funded by DMHAS
  - h. Job descriptions of key personnel;
  - i. Resumes of key personnel if on staff, limited to 2 pages each;
  - j. Current salary ranges, if not included in the job descriptions;
  - k. Copy of a Certificate of Incorporation in New Jersey and Business Registration;
  - l. Evidence of the coalition's or fiscal sponsor's IRS 501(c)(3), if applicable;
  - m. Affirmative Action Certificate of Employee Information Report and /or newly completed AA 302 form;
  - n. Department of Human Services Statement of Assurances (Attached to

- the RFP);
  - o. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Attached to the RFP);
  - p. Copy of the Annual Report-Charitable Organization (for information visit: [http://www.state.nj.us/treasury/revenue/dcr/programs/ann\\_rpt.shtml](http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml)); and
  - q. Documentation of prior disciplinary action, if any.
2. Policies:
- a. Copy of code of ethics and/or conflict of interest policy ;
  - b. Policies regarding the use of medications; and
3. Fiscal Documentation:
- a. Completed contract application, including the following to be completed using the budget forms located in the Application for Contract Funds:
    - i. List of current members of the Board of Directors and officers, including their titles and terms of service;
    - ii. Budget for initial 12-month period of the contract that should clearly delineate initial and operational costs for the period;
    - iii. Annualized budget for the operational cost associated with the second 12-month period; and
    - iv. Overall agency budget with cost allocation plan with appropriate statistics and basis.
  - b. List of all contracts and grants to be awarded to the coalition or fiscal sponsor by the Federal, State, local government or a private agency during the contract term, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
  - c. List of the names and addresses of those entities providing support and/or money to help fund the program for which the proposal is being made, including the funding amount;
  - d. N.J.S.A. 52:34-13-2 Source Disclosure Certification Form (replaces Executive Order 129 form);
  - e. Schedule 4 (Attached to the RFP);
  - f. Most recent and previous single audit report (A133) or certified statements for coalition or fiscal sponsor (submit only two copies);
  - g. Any other audits performed for coalition or fiscal sponsor in the last two years (submit only two copies);
  - h. If there are any audits pending or in progress for coalition or fiscal sponsor, list the firm completing this audit(s), contact name and telephone number; and
  - i. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 for coalition or fiscal sponsor, if applicable (submit only two copies).

## **Review and Award Information**

### **A) Schedule**

The following summarizes the application schedule:

August 8, 2011	Notice of Availability of Funds
August 19, 2011	Mandatory Bidders' Conference / Training and Technical Assistance Meeting
September 26, 2011	Deadline for receipt of proposals - no later than 5:00 p.m.
October 31, 2011	Award announcement
January 1, 2012	Anticipated award start date

## **B) Screening for Eligibility, Conformity and Completeness**

DMHAS staff will screen proposals for eligibility and conformity with the specifications in this RFP. The initial screen will be conducted to determine whether or not the proposal is eligible for review. To be eligible for review by the Committee, staff will verify with the proper authority and through a preliminary review of the proposal that:

1. the applicant is not debarred or suspended by DHS or any other State or Federal entity from receiving funding;
2. the applicant is an incorporated nonprofit organization/coalition;
3. all outstanding PoC's have been submitted to DMHAS, if applicable; and
4. Board requirements have been met.

Those proposals that fail this eligibility screen will not be reviewed. Those proposals found eligible for review will be distributed to the Review Committee as described below.

## **C) Review Committee**

DMHAS will convene a committee consisting of public employees who will conduct a review of each proposal accepted for review, in accordance with the review criteria. Committee members may be unfamiliar with some or all of the applicants. The Review Committee will be composed of individuals with expertise and experience in, but not limited to, the following areas: substance abuse screening, treatment, and prevention, policy and procedures, strategic planning, services for youth and other special populations, and other relevant areas of knowledge. Members may review any documentation available onsite at DMHAS to aid in the review, as well as request a site visit of any applicants proposed contract location or clarification regarding the submitted proposal. All potential reviewers will complete conflict of interest forms. Those with conflicts or the appearance of conflicts will be disqualified from participating in the review.

The Review Committee will score proposals and recommend for funding in the priority order of the scores (highest score = most highly recommended). A minimum score of 70 must be achieved in order to be considered for funding.

## **D) Funding Recommendations**

The Chair of the Review Committee will convey the recommendations to the Assistant Commissioner or Deputy Director of DMHAS who will make the final decision on the award.

Applicants are advised that awards may be made conditional upon changes suggested by the Review Committee and/or DMHAS staff. The requested changes, along with their requested implementation dates, will be communicated to the prospective awardees prior to award.

## **Post Award Requirements**

### **A) Documentation**

Upon award announcement, the successful applicant must submit one (1) copy of the following documentation (if not already submitted with the proposal) in order to process the contract in a timely manner:

1. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625-0362 as an additional insured;
2. Board Resolution authorizing who is approved for entering into a contract and signing related contract documents;
3. Two (2) signed originals of the Department of Human Services Standard Language Document;
4. Current Agency By-laws;
5. Current Personnel Manual or Employee Handbook;
6. Copy of Lease or Mortgage;
7. Certificate of Incorporation;
8. Conflict of Interest Policy;
9. Affirmative Action Policy;
10. Affirmative Action Certificate of Employee Information Report and/or newly completed AA 302 form (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
11. A copy of all applicable licenses;
12. Local Certificates of Occupancy;
13. Most recent State of New Jersey Business Registration;
14. Procurement Policy;
15. Current Equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item, a State identifying number or code, original date of purchase, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
16. All Subcontracts or Consultant Agreements, related to the DHS Contracts, signed and dated by both parties;

17. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
18. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
19. Updated IRS Form 990, if differs from one submitted with proposal;
20. Updated Pension Form 5500, if applicable, if differs from one submitted with proposal;
21. Copy of Annual Report;
22. N.J.S.A. 52:34-13.2 Source Disclosure Certification form (replaces Executive Order 129 compliance forms);
23. Department of Human Services Statement of Assurances (attached to the RFP); and
24. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (attached to the RFP).

**B) Award Requirements**

Awardees must adhere to the following:

1. Enter into a contract with DMHAS and comply with applicable DHS and DMHAS contracting rules and regulations;
2. Comply with all applicable State and Federal assurances, certifications and regulations regarding the use of these funds;
3. Inform the Program Management Officer of any publications/publicity based on the award;
4. Comply with all appropriate State licensure regulations; and
5. Comply with the Americans with Disabilities Act requirements.

**C) Other Information**

1. DMHAS may provide post contract support to awardee through technical assistance; and
2. DMHAS Program Management Officers will conduct site visits to monitor the progress in accomplishing responsibilities and corresponding strategy for overcoming these problems. An awardee's failure to comply with reporting requirements may result in loss of the contract. The awardee will receive a written report of the site visit findings and will be expected to submit a plan of correction.

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES**

**ADDENDUM TO REQUEST FOR PROPOSAL  
FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility which assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof which offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his

official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

**Department of Human Services  
Statement of Assurances**

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1.) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3.) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4.) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5.) federal Equal Employment Opportunities Act; and 6.) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.

- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

\_\_\_\_\_  
 Applicant Organization  
 Equivalent

\_\_\_\_\_  
 Signature: Chief Executive Officer or

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Typed Name and Title

6/97

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.  
THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

## Attachment D

Schedule 4: Related Organization

Report on this schedule any budgeted or actual purchases from related organizations. A related organization is one under which one party is able to control or influence substantially the actions of the other. Such relationships include but are not limited to those between (1) divisions of an organization; (2) organizations under common control through common officers, directors, or members, and (3) an organization and a director, trustee, officer, or key employee or his/her immediate family, either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest.

Costs of services, facilities, and supplies furnished by organizations related to the provider agency must not exceed the competitive price of comparable services, facilities, or supplies purchased elsewhere.



**HAMILTON TECHNOLOGY CENTER AUDITORIUM**

1200 Negrón Drive  
Hamilton, NJ 08691  
(609) 584-5051

**FROM THE NEW JERSEY TURNPIKE:**

- Take Exit 7A, and proceed west on I-195.
- Take Exit 5A (RT 130 south) to the Horizon Blvd. exit on the right @ first traffic light.
- Turn right on Horizon Blvd. and proceed to stop sign. The Technology Center will be in front of you.
- Make a left turn and the first right turn in front of the complex, which will be on your right on Negrón Drive.
- For Auditorium parking, once you have made the right turn onto Negrón Drive, proceed straight to the north side of the Center, passing the Center and making a right between the Center and the NJSP Communications Center, entering the Auditorium parking area.

**FROM THE PARKWAY:**

- Take the Parkway to Exit 98 and proceed west on I-195.
- Take Exit 5A (RT 130 south) to the Horizon Blvd. exit on the right @ first traffic light.
- Follow directions above under from the NJ Turnpike

**FROM TRENTON:**

- Take Rt. 29 South to I-195 East.
- Take Exit 5A (RT 130 south) to the Horizon Blvd. exit on the right @ first traffic light.
- Follow directions above under from the NJ Turnpike

**FROM ROUTE 1:**

- Take Rt. 1 to I-295 South.
- Take I-195 East (Shore Points)
- Take Exit 5A (RT 130 south) to the Horizon Blvd. exit on the right @ traffic light.
- Follow directions above under from the NJ Turnpike

## **Standards for Agencies Providing Substance Abuse Prevention Services for the DMHAS**

Revised June 2011

### **FORWARD**

This document outlines program requirements for agencies providing substance abuse prevention services for the Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS). This document supplements requirements specified in each contractee's "State of New Jersey Department of Human Services Standard Language Document for Social Service and Training Contracts".

The Office of Prevention is a unit of DMHAS within DHS. It is responsible for the administration of the Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant and Strategic Prevention Framework funds. This office maintains a staff of Program Officers who interact with and monitor all contractees to ensure their compliance with all program requirements.

Questions regarding the content of this document may be directed to:

Dr. Donald Hallcom  
Addiction Services  
New Jersey State Department of Human Services  
P.O. Box 362  
Trenton, New Jersey 08625-0362  
(609) 292-4414  
FAX (609) 292-1045

## **SECTION I - PURPOSE**

The purpose of this document is to outline the operational requirements for all agencies that receive DAS Provider Service Contracts for substance abuse prevention. These formal statements are the minimum standards to which the providers must adhere in order to provide quality prevention services to their clients and to meet their contract requirements.

Prevention contracts are intended to promote efforts that increase protective and resiliency factors at the individual, family, and community level to prevent the illegal use or abuse of alcohol, tobacco, and other substances by New Jersey's citizens of all ages.

NOTE: For purposes of this document, the words "guidelines" and "standards" are interchangeable.

## **SECTION II - FACILITY and OPERATIONAL REQUIREMENTS**

### **A. Location**

Every prevention program must have an identifiable physical location/facility, evidenced by a street address, from which client and/or administrative services are provided. This is required regardless of whether it is a free-standing program or a program within a multi-purpose organization. The name of the agency must be on a sign or directory visible to the public from outside the building or within a public access reception area.

### **B. Legal Status**

The agency/coalition (or its fiscal sponsor) must be county or other local government, a hospital, free standing clinic, or a public or incorporated non-profit organization which meets the Internal Revenue Service Code Section 501(c) 3.

### **C. Hours of Operation/Telephone**

Each prevention agency/coalition must establish and post in a visible public place, and in the agency, the agency's regular hours of operation as well as communicate this availability to the community in its promotional literature. The agency/coalition must be available by phone during these hours. All contracts are to operate throughout the year. Closure of the operation for "breaks" is not permitted.

### **D. Accessibility**

Each program should be accessible to persons with disabilities and must comply with the requirements of The Americans with Disabilities Act (ADA).

**E. Adherence to Codes**

Each program must adhere to local and state health and safety codes. If the facility is not a licensed health care facility, it must meet or exceed all fire, building and safety codes of the municipality in which it is situated. Current and valid certificates from the local government shall be on file and available for inspection.

**F. Supplies**

Appropriate and adequate supplies and equipment should be available to the staff to carry out the mission of the agency.

**SECTION III - STAFFING AND RELATED PERSONNEL POLICIES**

**A. Office of the Director**

Every prevention program must have one (1) person identified as the Director who has at least a Bachelor's degree from an approved institution, in a health, education, psychology, science, or human service field, and two (2) years of experience in program administration.

**B. Prevention Specialist Qualifications**

Prevention programs must have on staff, a Certified Prevention Specialist (CPS), (see Note below). A CPS will be responsible to supervise all program activities provided through this contract including the design and implementation of prevention services.

The qualifications for a CPS may be obtained by calling the Addiction Professionals Certification Board of New Jersey, Inc. at 4 Cornwall Drive, Suite 103, East Brunswick, New Jersey 08816, (Phone: #732-390-5900 or 1-800-325-7979 – Fax: 732-257-6070).

*Note: If the program does not employ a CPS, the agency will be required to hire or contract with an individual who possesses a CPS or:*

- (1) an individual who has completed a majority of course work (minimum of 100 hours) toward their CPS Certification and is scheduled to take the national examination for CPS; or
- (2) a Certified Health Education Specialist (CHES), who has completed, or is in the process of completing fifty (50) hours of training in substance abuse and who has committed to taking the national examination for Certified Prevention Specialists upon completion of fifty (50) hours of training in substance abuse. Inquiries regarding the Certified Health Education Specialist may be directed to the Commission for Health Education Credentials, (Phone number: 1-800-624-

3248), or

- (3) A Masters or Doctoral-level administrator or clinician with a minimum of three (3) years full-time experience in the field of substance abuse prevention.

### **C. Administrative Support**

A prevention program must have a staff which devotes adequate time to ensure full competency in all administrative requirements of the program. At a minimum, the administrative staffing pattern should include a Program Director and an Accountant/Bookkeeper.

A Bookkeeper must have a High School Diploma and formal training in bookkeeping and accounting principles and/or successful experience as a bookkeeper. Successful experience will be determined by DAS.

### **D. Table of Organization/Job Descriptions**

Each prevention agency/coalition must have on file a table of organization which reflects how the agency/coalition is structured to deliver its services and lines of authority among its staff or members. Written descriptions of duties, responsibilities and credentials are required for all jobs.

*According to budget criteria, staff working on substance abuse prevention contracts must spend a minimum of 60% of their time providing direct services.*

### **E. Staff Development Plan and Continuing Education**

Every prevention program must have in place a staff development plan to ensure that each staff member has knowledge and skills in the prevention field. The agency shall have written policies regarding a plan for continuing education of its staff. Such policies shall include support for attendance at conferences and symposia and similar activities which foster obtaining or maintaining prevention credentials. Educational/training opportunities shall be not less than twenty-eight (28) hours per year for each professional full-time employee.

### **F. Personnel Policies and Procedures**

Each agency/coalition (or its fiscal sponsor) shall have on file a policy and procedure manual that includes but is not limited to the following items:

- staff hiring procedures
- orientation protocols
- sick and vacation time policies
- staff evaluation procedures
- determination procedures

- fiscal controls
- conflict of interest policies
- hiring of consultants
- confidentiality of records assurance (see Attachment 3: Confidentiality of Drug and Alcohol Patient Information 42 U.S.C. 290dd-2, 42 C.F.R. Part 2)

## **SECTION IV - ADMINISTRATIVE REQUIREMENTS**

### **A. Administration**

The administration of the agency/coalition (or its fiscal sponsor) shall provide the staff with facilities, equipment and supplies needed to implement the prevention program in an efficient, economical and effective manner.

### **B. Administrative Policies and Procedures**

Every program shall have written policies and procedures on file for the use of vehicles which documents mileage, purpose and driver; purchase of equipment; leasing of equipment and facilities; rentals; inventory controls; fees for services; and medical emergencies. Policies and procedures are required to address justification of expenditures and the personnel authorized to approve both programmatic and fiscal needs.

### **C. Criteria for Board of Directors**

The agency or fiscal sponsor shall have a Board of Directors which shall assume legal responsibility for the management, operation, and financial viability of the agency. The Board of Directors shall be responsible for, but not limited to, the following:

1. Services provided and the quality of care rendered to participants.
2. Provision of a safe physical plant, equipped and staffed to maintain the agency and services.
3. Adoption and documented review of written by-laws, or their equivalent, in accordance with a schedule established by the Board of Directors.
4. Ensuring development and review of all policies and procedures in accordance with a schedule established by the Board of Directors.
5. Determination of the frequency of meetings of the Board of Directors and its committees, or equivalent; conducting such meetings, and documenting them through minutes.

6. Delineation of the duties of the officers of any committees, or equivalent, of the Board of Directors. When the governing authority establishes committees, their purpose, structure, responsibilities, and authority, and the relationship of the committee to other entities within the facility, shall be documented.
7. Establishment of the qualifications of members and officers of the Board of Directors, the procedures for electing and appointing officers, and the terms of service for members, officers, and committee chairpersons or equivalent.

#### **D. Administrative Records**

Each program shall maintain files that include but are not limited to: service grants and/or contracts for services from any source; insurance policies; certificates of need where applicable; rental agreements; and personnel records.

#### **E. Property**

Accurate property records, inventory control and maintenance for equipment and for all other non-expendable (non-consumable) personal property acquired under the contract must be maintained. Property records must provide a description of the property, identification number, date of acquisition, cost, present location and/or disposition of property. A physical inventory of non-expendable personal property must be taken and the results reconciled with the property records at least once every two (2) years to verify the existence, current utilization and continued need for the property. A control system must be in effect to ensure adequate safeguards to prevent loss. Damage or theft must be investigated and fully documented.

#### **F. Client and Programmatic Records**

Each program shall maintain records that document the delivery of services including the place, date, number of participants, the prevention strategies and activities that were utilized, and outcome related comments. When appropriate, (i.e., in events that employ CSAP strategies other than pure information in large events such as assemblies), the program shall also maintain records indicating the names of the participants, their ages, attendance records and other pertinent information.

#### **G. Confidentiality**

The program must have and enforce procedures protecting the confidentiality of participant information.

#### **H. Smoke-Free Environment**

- a. In accordance with the Synar Amendment (P.L.102, Section 321), programs shall:
  1. ensure that all primary prevention activities will be conducted in a smoke-free environment; and
  2. ensure that individuals under eighteen (18) years of age are not being permitted to smoke in any part of the agency or its premises.
- b. In accordance with the Pro-Children's Act of 1994 (P.L. 103-227), no smoking will be permitted in any portion of any indoor facility owned, leased, or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services for children under eighteen (18) years of age.

#### **I. Lavatory Facilities**

Lavatory facilities with sinks shall be available on premises.

#### **J. Insurance**

The agency/coalition (or its fiscal sponsor) is required to have sufficient fire and theft insurance to cover the fair market value of the equipment and building occupied by the agency.

#### **K. Affirmative Action**

The agency/coalition (or its fiscal sponsor) is required to have a formal non-discrimination policy and to have and enforce an affirmative action plan.

#### **L. Fiscal Control**

The agency/coalition (or its fiscal sponsor) has adequate internal controls, management and administrative procedures and qualified personnel to assure the appropriate use and accounting for all the resources of the agency. Further, the agency must have not less than one (1) annual audit by an approved public accountant, as required in the DHS Contract Manual, Terms and Conditions, and Federal Office of Management and Budget, Cost Principals.

#### **M. Other General State Requirements**

1. **Political Activity**  
Federal funds cannot be used for partisan political activity of any kind by any person or organization involved in the administration of federally-assisted programs. Hatch Act (5 U.S.C. 1501-1508) and Intergovernmental Personnel Act of 1970 as amended by Title VI of Civil Service Reform Act (P.L. 95-454 Section 4728).

2. **Davis-Bacon Act**  
When required by the Federal grant program legislation, all laborers and mechanics employed by contractors or subcontractors to work on construction projects financed by Federal assistance must be paid wages not less than those established for the locality of the project by the Secretary of Labor (40 Stat. 1494, Mar. 3, 1921, Chap. 411, 40 U.S.C. 276 A-5).
  
3. **Civil Rights**  
No person shall, on the ground of sex, race, color, national origin, age, or disability, be excluded from participation in or be subjected to discrimination in any program or activity funded, in whole or in part, by Federal funds. Discrimination on the basis of sex or religion is also prohibited in some Federal programs. (Age-42 U.S.C. 6101, et. seq.; Race-42 U.S.C. 2000d; Handicap-29 U.S.C. 794).

## **SECTION V- PROGRAMMATIC REQUIREMENTS**

### **A. Mission Statement**

Each agency/coalition that provides substance abuse prevention services must have a written mission statement on file, as well as a summary of its overall goals and services to fulfill this mission.

### **B. Cultural Sensitivity**

Services for clients must be culturally sensitive, and delivered by competent personnel in the language of the clients, when feasible.