

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR PROPOSALS

**SERVICES FOR
SUBSTANCE ABUSE PREVENTION
PASSAIC COUNTY**

September 13, 2022

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Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Department Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for Passaic County Services for two prevention priorities: 1. Prescription Drug Misuse and 2. Illegal Substances. The guidelines and requirements specified in this document were developed by DMHAS in accordance with and support of the DMHAS Substance Abuse Prevention Strategic Plan. The RFP contains a funding opportunity provided by the Federal Substance Abuse Prevention and Treatment Block Grant and administered by DMHAS. Total funding availability, subject to appropriations, is \$201,300. Prescription drug misuse prevention services will be funded in the amount of \$100,300 annually and illegal substance abuse prevention services will be funded in the amount of \$101,000 annually. DMHAS anticipates making one (1) award for prescription drug misuse prevention services and one (1) award for illegal substance abuse prevention services. Bidders must submit separate proposals for each contract.

Bidders are encouraged to carefully review the RFP to determine which set of goals can best be achieved and which services can best be delivered. Bidders should pay special attention to the *“Standards for Agencies Providing Substance Abuse Prevention Services for the Department of Human Services/Division of Mental Health and Addiction Services (DHS/DMHAS),”* attached to this RFP. Only those bidders that have the capacity to uphold these operational and programmatic standards should consider applying for funds.

The successful bidder will ensure that the services provided ensure diversity, inclusion, equity, and cultural and linguistic competence to the target population. The successful bidder will continually assess and utilize demographic data of participants’ catchment area in its development and delivery of programming, evaluation, and program outcomes to ensure it is relevant to the population served. Additionally, the successful bidder will analyze data to implement strategies to increase program participation.

No funding match is required; however, bidders will need to identify any other sources of funding, both in-kind and monetary, that will be used. Bidders may not fund any costs incurred for the planning or preparing a proposal in response to this RFP from current DHS/DMHAS contracts.

The following summarizes the RFP schedule:

September 13, 2022	Notice of Funding Availability
September 20, 2022	Questions on RFP Due - no later than 4:00 p.m. ET
October 4, 2022	Deadline to submit written intent to apply - no later than 4:00 p.m. ET
October 4, 2022	Deadline to request DHS secure file transfer protocol (SFTP) site login credentials - no later than 4:00 p.m. ET
October 11, 2022	Deadline for receipt of proposals - no later than 4:00 p.m. ET
October 28, 2022	Preliminary award announcement
November 4, 2022	Appeal deadline

November 14, 2022
December 5, 2022

Final award announcement
Anticipated contract start date

II. Background and Population to be Served

DMHAS has a long history of providing support for community-based primary prevention services. Agencies in all 21 New Jersey counties deliver evidence-based, curricular programs to serve children, young adults, families and older adults. DMHAS collaborates with the Governor's Council on Alcoholism and Drug Abuse (GCADA) Municipal Alliances as well as County Alcohol & Drug Abuse Directors, County Mental Health Administrators (<https://www.nj.gov/humanservices/dmhas/home/admin/index.html>), and other federal, state, county, and local government entities in the administration of prevention services and programs.

DMHAS PREVENTION GOALS

DMHAS focuses on four (4) goals to achieve in meeting its mission related to substance abuse prevention, which are:

1. New Jersey's citizens have access to the prevention services they need, which are identified by means of an intensive data-driven needs assessment process;
2. Substance abuse and its harmful consequences are prevented;
3. Services and programs are cost-effective and resources are maximized; and
4. Partnerships with communities are created and sustained to assess, develop, implement, and advocate for prevention policies, programs, and services.

DMHAS PREVENTION FRAMEWORK

DMHAS seeks to institutionalize a systematic approach to prevention that synthesizes and strengthens knowledge from multiple disciplines and addresses substance abuse and its related societal concerns based upon the following tenets:

- Health is more than healthcare or the absence of injury or disease;
- The environment in which we live profoundly shapes our health and well-being;
- Prevention requires commitment and dedication; and
- Prevention offers hope by saving lives and money.

Additionally, DMHAS seeks to fund programs and strategies that:

- Apply a comprehensive strategy across diverse disciplines, populations, and issues;
- Respond to and address national priorities and directives as identified by Federal funders;
- Advance changes in social norms and systems;
- Advocate for solutions that concurrently impact multiple problems;

- Research, synthesize, and disseminate information that builds upon successes;
- Inspire a broad vision and fresh approach that incorporates a variety of strategies;
- Are responsive to, and reflective of, community needs including culturally diverse communities and individuals with special needs;
- Acknowledge the importance of a comprehensive approach to prevention that includes both individual and family-focused evidence based curricula as well as environmental approaches;
- Integrate a community and policy orientation into prevention practice that utilizes a multi-dimensional approach to risk and protective factors in order to impact multiple problems and communities; and
- Expand the field by encouraging new participants, dialogue, and explorations.

UTILIZING A PUBLIC HEALTH APPROACH TO PREVENTION

DMHAS acknowledges the importance and utility of a public health approach to substance abuse prevention that is based on the following six (6) key principles:

1. Prevention is an ordered set of steps along a continuum to promote individual, family, and community health, prevent behavioral disorders, support resilience and recovery, and prevent relapse;
2. “Prevention is prevention is prevention.” That is, the common components of effective prevention for the individual, family or community within a public health model are the same;
3. Common risk and protective factors exist for many substance abuse and mental health problems. Good prevention focuses on these common risk factors that can be altered. Risk and protective factors exist in the individual, the family, the community and the broader environment;
4. Resilience is built by developing assets in individuals, families, and communities through evidence-based health promotion and prevention strategies;
5. Systems of prevention services work better than service silos. Implementing these strategies within a broader system of services increases the likelihood of successful, sustained prevention activities. Collaborative partnerships enable communities to leverage scarce resources and make prevention everyone’s business; and
6. Baseline data, common assessment tools, and outcomes shared across service systems can promote accountability and effectiveness of prevention efforts.

This framework represents a foundation that, if integrated into the structure and function of the community system, can potentially impact and prevent alcohol and substance abuse, while reducing violence, teenage pregnancy, crime, absenteeism, school drop-out, delinquency and other social problems throughout the lifespan. As such, DMHAS seeks to ensure that all funded programs and strategies offer the potential to effectuate lasting change by ultimately improving the capacity of the prevention system to work with many sectors to improve the health status of all people in a community.

III. Who Can Apply?

To be eligible for consideration for this RFP, the bidder must satisfy the following requirements:

- The bidder must be a non-profit or governmental entity;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction for deficiencies submitted to DMHAS for approval prior to proposal submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of [New Jersey Consolidated Debarment Report](#)¹ or be suspended or debarred by any other State or Federal entity from receiving funds; and
- The bidder shall not employ a member of the Board of Directors as an employee or in a consultant capacity.

IV. Contract Scope of Work

DMHAS defines prevention as a proactive, evidence-based process that focuses on increasing protective factors and decreasing risk factors that are associated with alcohol and drug abuse in individuals, families, and communities. DMHAS' approach to alcohol and substance abuse prevention and the conceptual framework that supports it has continuously evolved over time. It is based on emerging national research findings and the State's experience in program development, implementation and evaluation. Current research regarding prevention continues to prove that effective substance abuse prevention must include evidence-based strategies for addressing risk and protective factors across multiple domains. In addition, these strategies must be implemented at appropriate levels of intensity and in appropriate settings such as schools, workplaces, homes and community venues. Community Anti-Drug Coalitions of America (CADCA) has developed the following effective strategies that are essential components of lasting community change (the first three (3) are of particular relevance to the types of programs this part of the RFP will fund):

1. Providing Information - Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication);
2. Enhancing Skills - Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development);

¹ <http://www.nj.gov/treasury/revenue/debarment/debarsearch.shtml>

3. Providing Support - Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs);
4. Enhancing Access/Reducing Barriers - Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., ensuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity);
5. Changing Consequences (Incentives/Disincentives) - Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges);
6. Physical Design - Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density); and
7. Modifying/Changing, Developing Policies - Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

The risk and protection-focused prevention framework that DMHAS has historically endorsed is based on the work of Hawkins and Catalano and recognizes specific research-based risk and protective factors that are present in four (4) domains or broad areas of life: Individual/Peer Relationships; Family Relationships; School Environment; and Community Environment. The most effective prevention programs incorporate strategies that address risk factors across more than one (1) of these domains.

DMHAS defines prevention as a process that not only addresses the reduction of risk factors, but also seeks to enhance or increase protective factors. Risk factors tell us what to focus on to reduce unhealthy behaviors such as substance abuse. Protective factors are those characteristics and processes that have been shown by research to mediate the negative effects of exposure to risk factors by young people. Information regarding risk and protective factors can be found online at: https://nj.gov/humanservices/dmhas/resources/services/prevention/risk_factors.html.

When using this framework, it is important to remember that:

- Individuals face alcohol and substance abuse risk factors in several domains;
- Different risk factors are related to different periods of development;
- The more risk factors that are present, the greater the risk for alcohol and substance abuse;
- When many risk factors are present, multiple protective factors have a buffering effect on risk, reducing the likelihood of substance abuse;
- Risk and protective factors show consistency over time and across different races, cultures and classes;

- While focusing on the multiple risks that individuals face, it is equally important to increase protective factors; and
- Prevention programs that strengthen the individual's protective factors by providing opportunities, skills and rewards and by developing consistent norms and standards for behavior across families, school, communities and peer groups are more likely to be effective.

This framework represents a foundation that, if integrated into the structure and function of the community system, can potentially impact and prevent not only alcohol and substance abuse, but assist in preventing violence, teenage pregnancy, crime, absenteeism, school drop-out, delinquency and other social problems throughout the lifespan. As such, DMHAS seeks to not merely fund the delivery of prevention programs, but to ensure that funded programs offer the potential to effectuate lasting change by ultimately improving the capacity of the prevention system to work with many sectors to improve the health status of all people in a community.

Passaic county has been assigned a funding allocation from the total funds available to the State of New Jersey, based on its relative need. The funding allocation is determined based on the presence and intensity of social indicators, past 30-day use rates, treatment admission rates, as well as need and risk factors within the county

Bidders are required to utilize evidence-based programs developed for use with individuals and families. Environmental-type programs such as Community Trials Intervention and Communities Mobilizing for Change will not be funded. Guidance on identifying appropriate evidence-based programs and approaches is available on the Substance Abuse and Mental Health Services Administration's (SAMHSA) website: https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf. A list of evidence-based programs can be found at GCADA Municipal Alliance Intervention List FY 2021-2025: [https://gcada.nj.gov/documents/alliance/forms/grant-cycle-2021-2025/GCADA Municipal Alliance Intervention List FY 2021-2025.pdf](https://gcada.nj.gov/documents/alliance/forms/grant-cycle-2021-2025/GCADA_Municipal_Alliance_Intervention_List_FY_2021-2025.pdf)

DMHAS highly recommends, though does not require, that bidders serve communities in the county in which the bidder has an office or administrative presence. Bidders that propose to serve communities in their county will receive priority.

Bidders will be required to address the risk and protective factors specific to the prevention priority as well as the population (e.g. families, middle or high school students, older adults, workplaces, etc.) they propose to serve. Bidders must provide quantitative data to substantiate the need for the substance abuse prevention services within the community and population they intend to target. Many of these data are available at <https://www.nj.gov/humanservices/dmhas/publications/>.

Additionally, helpful information provided by the Robert Wood Johnson Foundation and the University of Wisconsin is available online at <https://www.countyhealthrankings.org/app/new-jersey/2021/rankings/passaic/county/outcomes/overall/snapshot>.

In identifying the most significant prevention priorities that will be addressed by your program, it would be very worthwhile to consider the prevention priorities identified by the Municipal Alliances that are funded by GCADA and coordinate the bidder's efforts with those of the Municipal Alliance(s) in the community. A list of Municipal Alliance priorities can be found here: <https://gcada.nj.gov/documents/alliance/forms/Assessment.pdf>.

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 SAMHSA's Eight Strategic Initiatives.

The DMHAS Strategic 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:

1. Reduce underage drinking;
2. Reduce the use of illegal substances; and
3. Reduce prescription medication misuse across the lifespan.

The underage drinking priority is being addressed under an existing contract

Illegal Substances and Medication Misuse: Overdose mortality data has demonstrated an overall increase in overdose deaths from 2016 through 2020 with the exception of 2019 which showed a minor decrease from the 2018 total. The percentage of overdose deaths showed a 69% increase from 2016 to 2020. According to the National Institute on Drug Abuse (NIDA), opioid involved deaths accounted for 90% of all overdose deaths in 2018. Additionally, opioid involved deaths have seen a steady rise in both number and as a percentage of overdose deaths from 2014 to 2018 which is the most recent data available from NIDA (*NIDA. 2020, April 3. New Jersey: Opioid-Involved Deaths and Related Harms.)

Passaic County Overdose Deaths*

Age	2016	2017	2018	2019	2020
15-24	14 ¹	3 ¹	8 ^{1 2}	10 ^{1 2}	9 ^{1 2}
25-34	24	27	44	34	31
35-44	20	22	33	23	24
45-54	21	30	33	27	45
55-64	10 ²	19	21	23	35

65-74	0 ²	3 ²	3 ²	7 ²	7 ²
75-84	0 ²	1 ²	0 ²	1 ²	1 ²
85+	1 ²	0 ²	0 ²	1 ²	0 ²
Total	90	105	142	126	152

*wonder.cdc.gov accessed 03/22/22

1 Data is considered not reliable for this age group

2 The table generated by CDC WONDER only shows 'All other non-drug and non-alcohol causes' and 'Total' for this age group. The quantity of overdose deaths is assumed as the balance after subtracting from the 'Total'.

NJSAMS Passaic County Treatment Admissions 2017-2020

Year	Age	Alcohol	Heroin	Other Opiates	Marijuana
2017	<18	1	0	0	0
	18-24	102	203	31	55
	60+	73	51	1	4
	Total	176	254	32	59
2018	<18	0	3	0	54
	18-24	126	197	50	263
	60+	64	93	3	7
	Total	190	293	53	324
2019	<18	4	0	1	89
	18-24	137	153	52	255
	60+	125	133	2	2
	Total	266	286	55	346
2020	<18	4	0	0	50
	18-24	71	98	58	166
	60+	54	91	1	3

	Total	129	189	59	219
%Change	<18	75%	0%	100%	8,900%
2017-2019	18-24	34%	-25%	68%	287%
	60+	71%	161%	50%	-50%
	Total	51%	13%	72%	486%
%Change	<18	75%	0%	0%	500%
2017-2020	18-24	-30%	-52%	87%	202%
	60+	-37%	80%	0%	-25%
	Total	-27%	-26%	84%	271%

*Other opiates: Methadone (non-prescription use), Oxycontin, and Opiate Other (Fentanyl)

2020 statistics were artificially deflated due to the pandemic

Staffing

Effective January 1, 2015, all DMHAS-funded prevention providers are required to employ a staff member who has earned the Certified Prevention Specialist (CPS) credential. Credentials or degrees that will be accepted in lieu of the CPS are the Certified Health Education Specialist (CHES), Masters in Public Health (MPH), or a Doctoral degree in the medical, health, or behavioral sciences. This requirement is described in RFP Attachment I “Standards for Agencies Providing Substance Abuse Prevention Services for the DHS/DMHAS.”

The successful bidder will describe their efforts to ensure workforce diversity and inclusion in the recruiting, hiring, and retention of staff who are from or have had experience working with target population and other identified individuals served in this initiative. Additionally, the successful bidder will ensure that there is a training strategy related to diversity, inclusion, cultural competence, and the reduction of disparities in access, quality, and outcomes for the target population. The trainings will include education about implicit bias, diversity, recruitment, creating inclusive work environments, and providing languages access services.

Budget Note: According to budget criteria, staff working on this contract must spend a minimum of 60% of their time providing direct services.

Other

The successful bidder will include evidence of their commitment to equity and reduction of disparities in access, quality, and treatment outcomes of marginalized populations.

This includes a diversity, inclusion, equity, cultural/linguistic competence plan as outlined in the National Culturally and Linguistically Appropriate Standards (CLAS). The plan should include information about the following domains: workforce diversity (data informed recruitment), workforce inclusion, reducing disparities in access quality, and outcomes in the target population, and soliciting input for diverse community stakeholders and organizations. Additionally, the successful bidder should describe how it will use available demographic data from agency and target population catchment area (race/ethnicity/gender/sexual/orientation/language) to shape decisions pertaining to services, agency policies, recruitment, and hiring of staff.

Providers and their system partners will work together to identify and combat barriers that may impede the target population from seeking and accessing services. Obstacles to services may include misinformation and lack of knowledge regarding the target populations' race, ethnicity, sexual orientation, substance use, socioeconomic status, generational considerations, and language, etc.

The successful bidder will:

- Collaborate with system partners to ensure coordination, equity, and inclusion of care
- Deliver services in a culturally competent manner that exemplify National CLAS Standards
- Ensure services meet the language access needs of individuals served by this project (e.g., limited English proficiency, Deaf/ASL, Braille, limited reading skills).
- Coordinate and lead efforts to reduce disparities in access, quality, and program outcomes

The successful bidder must have in place established, facility-wide policies that prohibit discrimination against consumers of prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery with legitimately prescribed medication(s). These policies must be in writing, legible and posted in a clearly visible, common location accessible to all who enter the facility.

Moreover, no individual 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.

Capacity to accommodate individuals who present or are referred with legitimately prescribed medications can be accomplished either through direct provision of services associated with the provision or dispensing of medications and/or via development of viable networks/referrals/consultants/sub-contracting with those who are licensed and otherwise qualified to provide medications.

V. General Contracting Information

Bidders must currently meet or be able to meet the terms and conditions of the DHS contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. These documents are available on the [DHS website](#)².

Bidders are required to comply with the Affirmative Action Requirements of Public Law 1975, c. 124 (N.J.A.C. 17:27) and the requirements of the Americans with Disabilities Act of 1991 (P.L. 101-336).

Budgets should accurately reflect the scope of responsibilities in order to accomplish the goals of this project.

All bidders will be notified in writing of the State's intent to award a contract.

The contract awarded as a result of this RFP is anticipated to have an initial term of one year, and may be renewable at DMHAS' sole discretion and with the agreement of the successful bidder. Funds may be used only to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

In accordance with Policy P1.12 available on the [DHS website](#)³, programs awarded a contract pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

Should the provision of services be delayed through no fault of the provider, funding continuation will be considered on a case-by-case basis dependent upon the circumstances creating the delay. In no case shall the DMHAS continue funding when service commencement commitments are not met, and in no case shall funding be provided for a period of non-service provision in excess of three (3) months. In the event that the timeframe will be longer than three (3) months, DMHAS must be notified so the circumstances resulting in the anticipated delay may be reviewed and addressed. Should services not be rendered, funds provided pursuant to this agreement shall be returned to DMHAS.

The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder.

VI. Written Intent to Apply and Contact for Further Information

² <https://www.nj.gov/humanservices/olra/contracting/policy/>

³ <https://www.nj.gov/humanservices/olra/assets/documents/CPIManual.pdf>

Bidders must email SUD.upload@dhs.nj.gov no later than 4:00 p.m. ET on October 4, 2022 indicating their agency's intent to submit a proposal for the Services for Substance Abuse Prevention Passaic County. It is required that the bidder email their notice of intent to submit a proposal no later than the October 4, 2022 deadline. If a bidder's notice to intent to submit a proposal is received after the deadline their agency is not eligible to submit a proposal for consideration. Submitting a notice of intent to apply does not obligate an agency to apply.

Any questions regarding this RFP should be directed via email to SUD.upload@dhs.nj.gov no later than September 20, 2022. All questions and responses will be compiled and emailed to all those who submit a question or provide a notice of intent to apply. Bidders are guided to rely upon the information in this RFP and the responses to questions submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual bidders at any time.

VII. Required Proposal Content

All bidders must submit a written narrative proposal that addresses the following topics, and adheres to all instructions and includes required supporting documentation, noted below:

Funding Proposal Cover Sheet (Attachment A)

Bidder's Organization, History and Experience (15 points)

Provide a brief and concise summary of the bidder's background and experience in implementing this or related types of services and explain how the bidder is qualified to fulfill the obligations of the RFP. The written narrative should:

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the agency's work with the target population and marginalized underserved populations, and the number of years' experience working with the target population and marginalized underserved populations.
2. Describe the bidder's background and experience in providing substance abuse prevention services within 1. Prescription Drug Misuse, 2. Illegal Substances domains or related types of services. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area.
3. Include any information on how the agency has achieved desired outcomes in the past (i.e., an increase in protective factors and a reduction in risk factors within the domain). Include data to support these results.
4. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.
5. Describe the bidder's current status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be

explained with supporting documentation, such as an appendix, to the bidder's proposal.

6. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice. Failure to disclose active or pending litigation may result in the agency being ineligible for contract award at DMHAS' sole discretion.
7. Include a description of the bidder's ability and commitment to provide culturally competent services (CLAS Standards) and diversity (Law Against Discrimination, N.J.S.A. 10.5-1 et seq.). Attach a cultural competency plan as an addendum and discuss in the narrative how the plan will be updated and reviewed regularly.
8. Describe the bidder's plan to bring the initiative to a conclusion at the end of the contract.
9. Document that the bidder's submissions are up-to-date in the New Jersey Substance Abuse Management System, Unified Service Transaction Form, Quarterly Contract Monitoring Report and Bed Enrollment Data System.
10. Describe the bidder's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.

Needs and Resource Assessment (10 points)

Bidders should identify data sources when responding to the questions below.

1. Which risk factors in the community are related to the prevention priority the bidder has chosen to address? Include social indicator data to demonstrate how prevalent these risk factors are.
2. How prevalent are these problems/issues among the population proposed to serve?
3. How important are these problems/issues to different sectors of the community (e.g., parents, youth, service providers, the faith community, policymakers, etc.)?
4. What factors in the community, families, or individuals protect people from these problems/issues?
5. Which resources already exist in the community to address the targeted problem, either through reducing risk factors or strengthening protective factors?

Bidders are directed to use the following processes in conducting their needs assessment related to the identified prevention priorities.

- a. Consider the priorities according to:
 - Consequences and social costs in the bidder's county;
 - Consumption levels and prevalence of use; and
 - Causal factors (i.e., risk and protective factors) that predict population prevalence.
- b. Also use the following criteria to further refine the selection of prevention priorities:
 - Substances most commonly used/abused that impact the greatest numbers residents in the bidder's county; and

- Substances that lead to the most severe consequences for the greatest numbers of residents in the bidder's county.

Goals (15 points)

1. Prepare and present a five (5) year goal statement that the program will adopt based on the Needs and Resource Assessment.

Goals should be identified for all services that the program participants will receive from the beginning until the end of the program. Goals are broad statements that describe the desired long-term impact of what the agency wants to accomplish. The organization's goal statement should be the driving force behind the prevention programming the agency intends to implement. It should be the touchstone against which everything done on the project is measured. A good project goal statement is SMART (Specific, Measurable, Agreed-upon, Realistic and Time-framed).

- *Specific* - The goal should state exactly what the organization plans to accomplish. It should be phrased using action words (such as "design," "build," "implement," etc.). It should be limited to those essential elements of the project that communicate the purpose of the project and the outcome expected.
- *Measurable* - If you can't measure it, you can't manage it. In the broadest sense, the whole goal statement is a measure for your project; if the goal is accomplished, the project is a success. However, there are usually several short-term or small measurements that can be built into the goal. Caution: Watch for words that can be misinterpreted such as improve, increase, and reduce (by how much?). If you must include them, be sure to include how they will be measured.
- *Agreed-upon* - Those individuals in the organization who control the resources necessary to complete the project need to agree that it is important. In addition, those who will be impacted by the project should agree that it needs to be done (and this is a key aspect of your needs assessment).
- *Realistic* - This is not a synonym for "easy." Realistic, in this case, means "doable." It means that the learning curve is not a vertical slope; that the skills needed to do the work are available; that the project fits with the overall strategy and goals of the organization. A realistic project may push the skills and knowledge of the people working on it but it shouldn't break them. This consideration related to the "capacity" of the bidder to undertake the project.
- *Time-framed* - Probably one of the easiest parts of the goal to establish the deadline. Very little is ever accomplished without a deadline. Building the deadline into the project goal keeps it in front of the team and lets the organization know when they can expect to see the results. The deadline can specify when the project or program will begin, when it will achieve certain milestones, and when it will end.

Objectives (Outcome Statements) (10 points)

1. Describe the specific changes in attitude, knowledge and behavior of the program's participants or changes in the environment that will occur as a result of the program. Objectives should be identified for all services that the program participants will receive from the beginning until the end of the program.

Objectives (Outcome Statements) are changes that occur as a result of specific programs. Typically, objectives are related to changes in the following.

- *Knowledge* - What people learn or know about a topic (e.g., warning signs of marijuana use, effective ways for setting limits with adolescents).
- *Attitudes* - How people feel toward a topic (e.g., attitudes toward substance abuse, merchants' attitudes toward selling alcohol to minors).
- *Behaviors* - Changes in behavior (e.g., reduced use of alcohol among middle school youth, increased frequency in "carding" underage youth attempting to buy cigarettes).
- *Skills* - The development of skills to prevent substance abuse (e.g., peer refusal skills, parental supervision skills).

In order to be quantified and measurable, objectives must include the following information:

- Who or what is to change?
- In what direction will the changes occur (increase/decrease)?
- How much change (percentage) is anticipated?
- What is the projected time frame for change to occur?

Project Description (20 points)

In this section, the bidder is to provide an overview of how the services detailed in the scope of work will be implemented and the timeframes involved, specifically addressing the following:

Methods

Methods describe the services to be conducted to achieve the desired objectives. Bidders are required to use multiple strategies in multiple settings to work toward a common goal.

1. Bidders must choose evidence-based programs from one (1) of the registries listed below. Identify reasons the selected curriculum is appropriate to the risk and protective factors that have been selected and the goals and objectives of the proposed program.
2. Describe how the bidder will incorporate all curriculum components in order to ensure program fidelity.

3. Provide a narrative depicting the services that individuals and/or families will receive when they participate in the program. The narrative should describe how participants will be identified and the frequency with which services will be provided. A description of ancillary services that will support education services (i.e., mentoring, recreational and cultural activities, and community service) should be also be provided.
4. Describe the setting(s) or location(s) used for program implementation (i.e., school, church, or housing site). Note: the same settings may be used for more than one (1) program/strategy.
5. Describe how the proposed program/strategy fits with other community prevention activities that address the needs of the population to be served.
6. Describe when each proposed prevention activity will begin and end, and the expected program achievements for each.
7. Describe how the organization will collaborate with and coordinate its efforts with those of the local DMHAS-funded Regional Coalition.
8. Describe how the bidder will provide or create access to services and resources that support the proposed program. Include copies of signed Memoranda of Agreement (MOAs) and contracts detailing how parties will work together to offer more comprehensive services. These should be included as an appendix to the proposal(s).
9. Describe all anticipated barriers and potential problems the bidder foresees itself and/or the State encountering in the successful realization of the initiative described herein;
10. Describe all other resources needed by the bidder to satisfy the requirements of the contract resulting from this RFP.
11. Describe the organization's committees or workgroups that focus on efforts to reduce disparities in access, quality, and program outcomes for the target population. Include the membership of committee members and their efforts to review agency services/programs, correspond and collaborate with quality assurance/improvement, and make recommendations to executive management with respect to cultural competency.
12. Describe how the demographic makeup of the catchment area population (race, ethnicity, gender, sexual orientation, language, etc.) will shape the design and implementation of evidence based and best practice program approaches.
13. Summary of the policies that prohibit discrimination against individuals who are assisted in their prevention, treatment and/or recovery from substance use disorders and/or mental illness with legitimately prescribed medication(s).
14. A description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
15. The implementation schedule for the contract, including a detailed monthly timeline of activities, commencing with the date of award, through service initiation, to timely contract closure.

Awardees must utilize evidence-based programming. Bidders should select programs that target the risk and protective factors related to the priority they will be addressing. Links to information about possible evidence-based programs can be found in this

SAMHSA document: https://www.samhsa.gov/sites/default/files/20190719-samhsa-finding_evidence-based-programs-practices.pdf.

Staffing (5 points)

Bidders must determine staff structure to satisfy the contract requirements. Bidders should describe the proposed staffing structure and identify how many staff members will be hired to meet the needs of the program. Budget Note: According to Budget criteria, staff working on this contract must spend a minimum of 60% of their time providing direct services.

1. Describe the composition and skill set of the proposed program team, including staff qualifications. Effective January 1, 2015, all DMHAS-funded prevention providers are required to employ a staff member who has earned the CPS credential. Credentials or degrees that will be accepted in lieu of the CPS are the CHES, MPH, or a Doctoral degree in the medical, health, or behavioral sciences. Please attach copies of staff certificates or evidence of advanced degree and experience.
2. Provide details of the Full Time Equivalent (FTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including professional licensing and related experience. Details should include currently on-board or to be hired staff, with details of recruitment effort. Identify bilingual staff.
3. Describe program efforts to recruit, hire and train staff who are from or have experience working with target population.
4. Describe the management level person responsible for coordinating and leading efforts to reduce disparities in access, quality, and outcomes for the populations served. Information provided should include the individual's title, organizational positioning, education, and relevant experience.
5. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.
6. Identify the number of work hours per week that constitute each FTE in the bidder's proposal. If applicable, define the Part Time Equivalent work hours.
7. Description of the proposed organizational structure, including an organizational chart in an appendix to the bidder's proposal.
8. The bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
9. Describe the strategy to deliver topics related to diversity, inclusion, cultural competence, and the reduction of discrepancies in the access, quality, and program outcomes, which includes information on implicit bias, diversity, recruitment, creating inclusive working environments, and providing languages access services.
10. A list of the bidder's board members and their current terms, including each member's professional licensure and organizational affiliation(s). The proposal shall indicate if the Board of Directors votes on contract-related matters.
11. A list of consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s). Provide consultant agreements as an attachment.

Facilities, Logistics, Equipment (5 points)

The bidder should detail its facilities where normal business operations will be performed and identify equipment and other logistical issues, including:

1. A description of the manner in which tangible assets, i.e., computers, phones, other special service equipment, etc., will be acquired and allocated.
2. A description of the bidder's Americans with Disabilities Act accessibility to its facilities and/or offices for individuals with disabilities.
3. A description of the location(s) in which the program will be held. Please provide information about accessibility, safety, access to public transportation, etc.

Budget (20 points)

DMHAS will consider the cost efficiency of the proposed budget as it relates to the scope of work. Therefore, bidders must clearly indicate how this funding will be used to meet the program goals and/or requirements. In addition to the required Budget forms, bidders are asked to provide budget notes.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. All costs associated with the completion of the project must be delineated and the budget notes must clearly articulate budget items including a description of miscellaneous expenses and other costs.

1. A detailed budget using the Annex B Excel template is required. The Excel budget template will be emailed to those who submit an intent to. The Annex B Excel template must be uploaded as an Excel file onto the file transfer protocol site as instructed in VIII. Submission of Proposal Requirements. Failure to submit the budget as an Excel file may result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials and Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, clearly labeled sections:
 - a. Section 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and
 - b. Section 2 - Proposed one-time costs, if any, which will be included in the Total Gross Costs.
2. Budget notes detailing and explaining the proposed budget methodology, estimates and assumptions made for expenses and the calculations/computations to support the proposed budget are required. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget notes, to the extent possible, should be displayed on the Excel template itself.
3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
4. For all proposed personnel, the template should identify the staff position titles and staff names for current staff and total hours per workweek.

5. Identify the number of hours per clinical consultant.
6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.
7. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with DMHAS should limit its G&A expense projection to "new" G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs' G&A in the revenue section.
8. Written assurance that if the bidder receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award and in future contracts.

Appendices

The enumerated items (#1 through #14) must be included as appendices with the bidder's proposal.

Please note that if items #1 through #4 are not submitted and complete, the proposal will not be considered. The collective of appendices, items #1 through #11, is limited to a total of 50 pages.

Items #12 through #14 below are also required with the proposal unless **the bidder has a current contract with DMHAS and these documents are current and on file with DMHAS. Audits do not count towards the appendices' 50-page limit.**

1. Department of Human Services Statement of Assurances (Attachment C);
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Attachment D);
3. [Disclosure of Investment in Iran](#)⁴;
4. Statement of [Bidder/Vendor Ownership Disclosure](#)⁵;
5. Copy of documentation of the [bidder's charitable registration status](#)⁶;
6. Bidder mission statement;
7. Organizational chart;
8. Job descriptions of key personnel;
9. Resumes of proposed personnel if on staff, limited to two (2) pages each;
10. List of the board of directors, officers and terms;
11. Original and/or copies of letters of commitment/support
12. Pursuant to Policy Circular P1.11, a description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;

⁴ www.nj.gov/treasury/purchase/forms.shtml

⁵ www.nj.gov/treasury/purchase/forms.shtml

⁶ www.njconsumeraffairs.gov/charities

13. Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years; and
14. All interim financial statements prepared since the end of the bidder's most recent fiscal year. If interim financial statements have not already been prepared, provide interim financial statements (balance sheet, income statement and cash flows) for the current fiscal year through the most recent quarter ended prior to submission of the bid.

Additional attachments that are requested in the written narrative section such as the Cultural Competency Plan, MOAs, consultant agreements, and copies of staff certificates or evidence of advanced degree and not listed in items #1-14 under Appendices do not count towards the 50-page limit for appendices. Appendix information exceeding 50 pages will not be reviewed.

VIII. Submission of Proposal Requirements

DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should be no more than 15 pages, be single-spaced with one (1") inch margins, normal character spacing that is not condensed, and not be in smaller than twelve (12) point Arial, Courier New or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 18 it is 16 pages long, not 15 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. ET on October 11, 2022. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically using the DHS SFTP site. Additionally, bidders must request login credentials for this RFP by emailing SUD.upload@dhs.nj.gov no later than 4:00 p.m. ET on October 4, 2022, in order to receive unique login credentials for Services for Substance Abuse Prevention Passaic County to upload your proposal to the SFTP site. Email requests for login credentials must include the title of this RFP, individual's first name, last name, email address and name of agency/provider.

Proposals must be uploaded to the DHS SFTP site, <https://securexfer.dhs.state.nj.us/login> using your unique login credentials.

IX. Review of Proposals

There will be a review process for responsive proposals. DMHAS will convene a review committee of public employees to conduct a review of each responsive proposal.

The bidder must obtain a minimum score of 70 points out of 100 points for the proposal narrative and budget sections in order to be considered eligible for funding.

DMHAS will award up to 20 points for fiscal viability, using a standardized scoring rubric based on the audit, which will be added to the average score given to the proposal from the review committee. Thus, the maximum points any proposal can receive is 120 points, which includes the review committee's averaged score for the proposal's narrative and budget sections combined with the fiscal viability score.

In addition, if a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award.

Contract award recommendations will be based on such factors as the proposal scope, quality and appropriateness, bidder history and experience, as well as budget reasonableness. The review committee will look for evidence of cultural competence in each section of the narrative. The review committee may choose to visit all bidder finalists to review existing program(s) and/or invite all bidder finalists for interview. The bidder is advised that the contract award may be conditional upon final contract and budget negotiation.

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in [Policy Circular P1.04](#)⁷.

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by October 28, 2022.

X. Appeal of Award Decisions

All appeals must be made in writing and be received by DMHAS at the address below no later than 4:00 p.m. ET on November 4, 2022. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie L. Mielke, Assistant Commissioner
Department of Human Services
Division of Mental Health and Addiction Services
PO Box 362
Trenton, NJ 08625-0362
Fax: 609-341-2302

⁷ <https://www.nj.gov/humanservices/olra/contracting/policy/>

Or via email: Helen.Staton@dhs.nj.gov

Please note that all costs incurred in connection with appeals of DMHAS decisions are considered unallowable cost for the purpose of DMHAS contract funding.

DMHAS will review all appeals and render a final decision by November 14, 2022. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

Upon final contract award announcement, the successful bidder(s) must be prepared to submit (if not already on file), one (1) original signed document for those requiring a signature or copy of the following documentation (unless noted otherwise) in order to process the contract in a timely manner, as well as any other contract documents required by DHS/DMHAS.

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the [Annual Report-Charitable Organization](#)⁸;
3. A list of all current contracts and grants as well as those for which the bidder has applied from any Federal, state, local government or private agency during the contract term proposed herein, 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;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, P.O. Box 362, Trenton, NJ 08625-0362 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;
8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);

⁸ <https://www.njportal.com/DOR/annualreports/>

16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Current State of New Jersey Business Registration;
19. Procurement Policy;
20. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
24. Business Registration (online inquiry to obtain copy at [Registration Form](#)⁹; for an entity doing business with the State for the first time, it may register at the [NJ Treasury website](#)¹⁰;
25. Source Disclosure ([EO129](#))¹¹; and
26. Chapter 51 [Pay-to-Play Certification](#)¹².

XII. Attachments

- Attachment A – Proposal Cover Sheet
- Attachment B – Addendum to RFP for Social Service and Training Contracts
- Attachment C – Statement of Assurances
- Attachment D – Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions
- Attachment E – Mandatory Equal Employment Opportunity Language
- Attachment F – County Funding Amounts
- Attachment G – Prevention Classification Definitions
- Attachment H – Definition of Indicated Prevention Strategies
- Attachment I – Standards for Agencies Providing Substance Abuse Prevention Services for DHS/DMHAS

⁹ https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp

¹⁰ <http://www.nj.gov/treasury/revenue>

¹¹ www.nj.gov/treasury/purchase/forms.shtml

¹² www.nj.gov/treasury/purchase/forms.shtml

Attachment A – Proposal Cover Sheet

_____ Date Received

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**
Division of Mental Health and Addiction Services
Proposal Cover Sheet

Name of RFP: Services for Substance Abuse Prevention Passaic County

Incorporated Name of Bidder: _____

Type: Public _____ Profit _____ Non-Profit _____ Hospital-Based _____

Federal ID Number: _____ Charities Reg. Number (if applicable) _____

DUNS Number: _____

Address of Bidder: _____

Chief Executive Officer Name and Title: _____

Phone No.: _____ Email Address: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated individuals to be served: _____

Services to be provided in Passaic County (check one): _____ Prescription Drug Misuse
_____ Illegal Substances

Brief description of services by program name and level of service to be provided:

NOTE: In order to contract with the State of New Jersey, all providers applying for contracts, or responding to Request for Proposals, *MUST* be pre-registered with the online eProcurement system known as NJSTART. You may register your organization by proceeding to the following web site: <https://www.nj.gov/treasury/purchase/vendor.shtml> or via telephone: (609) 341-3500.

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

Attachment B – Addendum to RFP for Social Service and Training Contracts

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 that 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 that 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.

Attachment C – Statement of Assurances

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 that may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidders 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. 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 C.F.R. Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 C.F.R. Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act, 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et seq.; 45 C.F.R. 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 P.L. 1975 c. 127 (N.J.A.C. 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 C.F.R. 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. The applicant will have signed certifications on file 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

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

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

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 are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a 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.

Name and Title of Authorized Representative

Signature

Date

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 C.F.R. 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 whom 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 C.F.R. 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 C.F.R. 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 Non-Procurement 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 C.F.R. 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 E - Mandatory Equal Employment Opportunity Language

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**

Attachment F - County Funding Amounts

1. Reduce underage drinking
2. Reduce the use of illegal substances
3. Reduce prescription medication misuse across the lifespan

COUNTY	PRIORITY	FUNDING AMOUNT
Atlantic		
	Underage Drinking	\$122,200
	Illegal Substances	\$122,200
TOTAL		\$244,400
Bergen		
	Underage Drinking	\$137,000
	Prescription Drugs	\$112,000
	Illegal Substances	\$104,600
TOTAL		\$353,600
Burlington		
	Underage Drinking	\$116,000
	Illegal Substances	\$128,000
TOTAL		\$244,400
Camden		
	Underage Drinking	\$153,000
	Illegal Substances	\$119,000
	Prescription Drugs	\$92,000
TOTAL		\$364,000
Cape May		
	Underage Drinking	\$106,000
	Prescription Drugs	\$126,740

TOTAL		\$232,740
Cumberland		
	Underage Drinking	\$100,000
	Illegal Substances	\$118,400
TOTAL		\$218,400
Essex		
	Underage Drinking	\$86,000
	Prescription Drugs	\$159,000
	Illegal Substances	\$145,000
TOTAL		\$390,000
Gloucester		
	Underage Drinking	\$78,000
	Illegal Substances	\$130,000
TOTAL		\$208,000
Hudson		
	Underage Drinking	\$93,000
	Prescription Drugs	\$101,000
	Illegal Substances	\$81,600
TOTAL		\$275,600
Hunterdon		
	Underage Drinking	\$65,000
	Prescription Drugs	\$49,400
TOTAL		\$114,400
Mercer		
	Underage Drinking	\$93,000

	Illegal Substances	\$111,700
	Prescription Drugs	\$102,100
TOTAL		\$306,800
Middlesex		
	Underage Drinking	\$91,500
	Illegal Substances	\$112,900
	Prescription Drugs	\$101,880
TOTAL		\$306,280
Monmouth		
	Underage Drinking	\$91,500
	Illegal Substances	\$101,880
	Prescription Drugs	\$112,900
TOTAL		\$306,280
Morris		
	Underage Drinking	\$87,000
	Prescription Drugs	\$121,000
TOTAL		\$208,000
Ocean		
	Underage Drinking	\$82,000
	Illegal Substances	\$135,000
	Prescription Drugs	\$119,600
TOTAL		\$336,600
Passaic		
	Underage Drinking	\$100,000
	Illegal Substances	\$101,000

	Prescription Drugs	\$100,300
TOTAL		\$301,300
Salem		
	Underage Drinking	\$57,000
	Illegal Substances	\$59,000
TOTAL		\$116,000
Somerset		
	Underage Drinking	\$85,000
	Illegal Substances	\$83,300
TOTAL		\$168,300
Sussex		
	Underage Drinking	\$52,000
	Prescription Drugs	\$73,700
TOTAL		\$125,700
Union		
	Underage Drinking	\$121,000
	Illegal Substances	\$115,500
TOTAL		\$236,500
Warren		
	Underage Drinking	\$60,000
	Prescription Drugs	\$82,700
TOTAL		\$142,700
GRAND TOTAL		\$5,200,000

Attachment G - Prevention Classification Definitions

Universal prevention: The mission of universal prevention is to deter the onset of drug abuse by providing all individuals in a population with the information and skills necessary to prevent the problem. All members of the population share the same general risk for drug abuse, although the risk may vary greatly among individuals. Universal prevention programs are delivered to large groups without any prior screening for drug abuse risk status of the individual program recipients. The entire population is assumed at-risk for substance abuse. *Examples: Substance abuse education in schools, media and public awareness (i.e., Red Ribbon Week, Alcohol Awareness Month).*

Selective prevention strategies: Selective prevention targets specific subgroups of the population that are believed to be at greater risk than others. Age, gender, family history, place of residence (i.e., high drug use, or low-income neighborhoods) and victimization, or physical and/or sexual abuse may define the targeted subgroups. ***Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group.*** One individual in the subgroup may not be at personal risk for substance abuse, whereas another individual in the same subgroup may be abusing substances. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given in his or her membership in the at-risk subgroup. *Examples: Skills training for groups affected by environmental influences like high crime rate, unemployment and community disorganization.*

Indicated prevention strategies: Indicated prevention approaches are used for individuals who may or may not exhibit early signs of substance abuse but exhibit risk factors. Examples of risk factors include school failure, interpersonal social problems, delinquency, and other anti-social behaviors and psychological problems such as depression and suicidal behavior that increase their chances of developing a substance abuse problem. ***Indicated prevention programs typically address risk factors associated with the individual,*** such as conduct disorders and alienation from parents, schools, and positive peer groups. The aim of indicated prevention programs is not just the reduction in first time substance abuse but also reduction in the length of time the signs continue, delay of onset of substance abuse, and/or reduction in the severity of substance abuse. Individuals can be referred to indicated prevention programs by parents, teachers, school counselors, school nurses, youth workers, friends or the courts. *Examples: Youth already engaged in substance abuse and/or negative behaviors, such as truancy, early anti-social behavior, Children of Substance Abusers.*

Reference: *Drug Abuse Prevention: What Works*, National Institute of Drug Abuse, NIH Publication No. 97-45110

Attachment H - Definition of Indicated Prevention Strategies

Indicated Prevention Strategies

- Indicated prevention strategies identify individuals who are experiencing early signs of substance abuse and other related problem behaviors associated with substance abuse and target them with special programs.
- The individuals identified at this stage, though showing signs of early substance abuse, have not reached the point where a clinical diagnosis of substance abuse can be made.
- Indicated prevention strategies are used for individuals who may or may not be abusing substances, but exhibit risk factors such as:
 - school failure;
 - interpersonal social problems;
 - delinquency and other antisocial behaviors;
 - psychological problems such as depression; and
 - suicidal behavior that increases their chances of developing a drug abuse problem
- Indicated prevention strategies require a precise assessment of an individual's personal risk and level of related problem behaviors, rather than relying on the person's membership in an at-risk group as in the selected approach.
- Programs are frequently extensive and highly intensive; they typically operate for longer periods of time, at a greater frequency of contact and require greater effort on the part of participants than do selective or universal programs.
- Programs require highly skilled staff who have clinical training, counseling and other skills. In the field of substance abuse, an indicated prevention intervention would be a substance abuse program for high school students who are experiencing a number of problem behaviors, including truancy, failing academic grades, juvenile depression, suicidal ideation, and early signs of substance abuse.

Source: *"Reducing Risks for Mental Health Disorders: Frontiers for Preventive Intervention Research."* National Institute of Medicine

Attachment I – Standards for Agencies Providing Substance Abuse Prevention Services for DHS/DMHAS

**STANDARDS FOR AGENCIES PROVIDING SUBSTANCE ABUSE PREVENTION SERVICES
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES (DHS/DMHAS)**

Revised September 2014

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), Office of Prevention and Early Intervention. 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 and Early Intervention is a unit of DMHAS within DHS. It is responsible for the administration of the prevention set-aside portion of the Substance Abuse Prevention and Treatment Federal Block Grant. This office maintains a staff of Program Managers 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
Director of Prevention and Early Intervention Services
Division of Mental Health and Addiction Services
New Jersey State Department of Human Services
P.O. Box 362
Trenton, New Jersey 08625-0362
(609) 438-4187

SECTION I - PURPOSE

The purpose of this document is to outline the operational requirements for all agencies that receive DMHAS 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 which increase protective and resiliency factors 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 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 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 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.

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

Effective January 1, 2015, all DMHAS-funded prevention providers will be required to employ a staff member who has earned the Certified Prevention Specialist (CPS) credential. Providers who do not meet this requirement on January 1, 2015 will have until December 31, 2016 to hire a staff person or provide CPS training for an existing staff member. Credentials or degrees that will be accepted in lieu of the CPS are the Certified Health Education Specialist (CHES), Masters in Public Health (MPH), or a Doctoral degree in the medical, health, or behavioral sciences. This requirement is described in the "Standards for Agencies Providing Substance Abuse Prevention Services for the DHS/DMHAS." Please provide copies of staff certificates or evidence of advanced degree and experience.

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 DMHAS.

D. Table of Organization/Job Descriptions

Each prevention agency must have on file a table of organization which reflects how the agency is structured to deliver its services and lines of authority among its staff

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.

F. Personnel Policies and Procedures

Each agency 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 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 facility 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 risk factors being addressed that pertain to the population being served, the prevention strategies and activities that were utilized,

and outcome related comments. When appropriate, (i.e., in events that employ 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

1. In accordance with the Synar Amendment (P.L.102, Section 321), programs shall:
 - ensure that all prevention activities will be conducted in a smoke-free environment; and
 - ensure that individuals under 18 years of age are not permitted to smoke in any part of the agency or its premises.
2. 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 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 is required to have a formal non-discrimination policy and to have and enforce an affirmative action plan.

L. Fiscal Control

The agency 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 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 and Linguistic Competence

Culture and language have considerable impact on how clients access and respond to prevention services. All prevention contractees will be required to adhere to the standards and procedures listed below:

1. Promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with clients and each other in a culturally competent work environment.
2. Have a comprehensive management strategy to address culturally and linguistically appropriate prevention services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.
3. Develop and implement a strategy to recruit, retain and promote qualified, diverse and culturally competent prevention staff that are trained and qualified to address the needs of the racial, ethnic, and other minority communities being served.
4. Require and arrange for ongoing education and training for prevention staff in culturally and linguistically competent service delivery.
5. Provide all clients with limited English proficiency access to bilingual prevention staff or interpretation services.
6. Provide oral and written notices, including translated signage at key points of

contact, to clients in their primary language informing them of their right to receive no-cost interpreter services.

7. Translate and make available signage and commonly-used written client educational material and other materials for members of the predominant language groups in service areas.
8. Use a variety of methods to collect and utilize accurate demographic, cultural, epidemiological and clinical outcome data for racial and ethnic groups in the service area, and become informed about the ethnic/cultural needs, resources, and assets of the surrounding community.