

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

REQUEST FOR PROPOSALS

**RISK MESSAGING
REGARDING ALCOHOL, MARIJUANA & ILLICIT SUBSTANCE USE AND MISUSE
FOR YOUTH AND THEIR PARENTS**

August 19, 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 of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for prevention services for youth in New Jersey and their parents using risk messaging to address alcohol, cannabis and illicit substance use/misuse. Funding for services is provided by the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant supplement and the American Rescue Plan Act of 2021 from the Substance Abuse and Mental Health Services Administration (SAMHSA). DMHAS anticipates making one award which addresses both youth/young adults and parents/caregivers in New Jersey. Approximately \$1,000,000 is available for this initiative. Due to funding requirements, \$500,000 needs to be expended by 2/14/23; the additional \$500,000 will be expended by 9/30/24.

Public health risk communication involves the systematic dissemination of information to diverse audiences (e.g., individuals, communities, and institutions) facilitating their informed, independent decision making about the existence, nature, and/or severity of risks and hazards affecting health, safety, and the environment. Working under circumstances fraught with uncertainty, confusion, and a sense of urgency, public health risk communication practitioners must communicate with constituencies in ways that build, maintain, and/or restore trust and credibility while also persuading individuals to enact self-protective behaviors to minimize adverse health outcomes.

Public health risk communication messages must convey to diverse audiences accurate and objective knowledge about and an understanding of the health-affecting risk or hazard. To optimize effectiveness, however, public health risk communication messages must also reflect local relevance and cultural competence, engender cooperation, and encourage constructive dialogue (DiClemente, R. and Jackson, J, 2017).

Today, risk communication is recognized as the two-way and multi-directional communications and engagement with affected populations so that they can take informed decisions to protect themselves and their loved ones. It can and should utilize the most appropriate and trusted of channels of communication and engagement. It needs to bring together a diverse range of expertise in the field of communication, social sciences (mass media, emergency and crisis communication, social media, health education, health promotion, communication for behavior change, etc.) and systems strengthening techniques in order to achieve public health goals in emergencies.

The goals of risk communication are to share information vital for saving life, protecting health and minimizing harm to self and others; to change beliefs; and/or to change behavior (SAMHSA, Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health, 2020). The literature on the purposes of risk communication generally takes a management perspective. Accordingly, risk communication may serve to: raise awareness; encourage protective behavior; inform to build up knowledge on hazards and risks; inform to promote acceptance of risks and management measures; inform on how to behave during events;

warn of and trigger action to impending and current events; reassure the audience (to reduce anxiety or 'manage' outrage); improve relationships (build trust, cooperation, networks); enable mutual dialogue and understanding; involve actors in decision making (FDA, Communication Risks and Benefits: An evidence-based Users, 2011).

Research indicates that as of 2020 among persons age 12+ in New Jersey, 14.65% have a substance use disorder (cannabis, illegal substances and illicit use of prescription psychotherapeutic medications), 11.11% have an alcohol use disorder and 3.24% misused prescription pain relievers (SAMHSA, Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health, 2020).

The successful bidder will ensure that the services provided ensure diversity, inclusion, equity, and cultural and linguistic competence to the target populations. The successful bidder will continually assess and utilize socio-demographic data regarding in its development and delivery of programming, evaluation, and program outcomes to ensure it is appropriate for the population being served.

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 for this project. 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:

August 19, 2022	Notice of Funding Availability
August 26, 2022	Questions on RFP Due - no later than 4:00 p.m. EST
September 9, 2022	Deadline to submit written intent to apply - no later than 4:00 p.m. EST
September 9, 2022	Deadline to request DHS secure file transfer protocol (SFTP) site login credentials - no later than 4:00 p.m. EST
September 16, 2022	Deadline for receipt of proposals - no later than 4:00 p.m. EST
October 14, 2022	Preliminary award announcement
October 21, 2022	Appeal deadline - no later than 4:00 p.m. EST
October 28, 2022	Final award announcement
November 18, 2022	Anticipated contract start date

II. Background and Population to be Served

Underage use and misuse of alcohol, cannabis and illicit substances (including misuse of prescription drugs) is an important public health issue that affects the entire population. The US Drug Enforcement Administration reports that prescription drugs, including opioids and benzodiazepines, are responsible for more overdose deaths than "street drugs" such as cocaine, heroin, and methamphetamines (US Drug Enforcement Administration). Data for NJ indicate that in 2019, there were 3,021 drug-related deaths (NJcares.gov), which claimed 10.5 times as many lives as homicides (287) (CDC

Underlying Cause of Death, Results, 2021), 8.2 times as many lives as firearm deaths (368) (CDC, Underlying Cause of Death, Results, 2021), 5.4 times as many lives as motor vehicle crashes (558) (New Jersey State Police, 2019), and 4 times as many lives as suicides (762) (CDC, Underlying Cause of Death, Results, 2021). According to the CDC, in 2019, an average of 38 people died each day from overdoses involving prescription opioids nationally, totaling more than 14,000 deaths for the year (CDC, Wide-ranging online data for epidemiologic research, 2020). The CDC noted that people addicted to prescription pain relievers are 40 times more likely to use heroin than those who do not, a figure which confirms that commonly prescribed medications can be a gateway to the use of more dangerous substances (CDC, Today's Heroin Epidemic Infographics). The 2016 American Society of Addiction Medicine (ASAM) Facts and Figures notes that "four in five new heroin users started out misusing prescription painkillers." In 2020, there were 82,254 treatment admissions reported to the New Jersey Department of Human Services, Division of Mental Health and Addiction Services by substance abuse treatment providers. Of these, 48% were for heroin and other opiates (DMHAS, Substance Abuse Overview 2020). As previously stated, National Survey on Drug Use and Health data show that among persons age 12+ in New Jersey 14.65% have a substance use disorder (including cannabis, illegal substances and illicit use of prescription psychotherapeutic medications), 11.11% have an alcohol use disorder and 3.24% misused prescription pain relievers (SAMHSA, Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health, 2020). Some youth are at an increased risk for behaviors that can lead to poor health outcomes, such as high-risk substance use. The majority of adults who meet the criteria for having a substance use disorder started using substances during their teen and young adult years (Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*, 2016). According to Miller (Miller, Jacqueline W et al., Binge drinking and associated health risk behaviors among high school students, 2007), underage drinking contributes to the 3 leading causes of death (unintentional injury, homicide, and suicide) among persons aged 12 to 20 years. Most adverse health effects from underage drinking stem from acute intoxication resulting from binge drinking. Additionally, 44.9% of high school students reported drinking alcohol during the past 30 days (28.8% binge drank and 16.1% drank alcohol but did not binge drink). Although girls reported more current drinking with no binge drinking, binge-drinking rates were similar among boys and girls. Binge-drinking rates increased with age and school grade. Students who binge drank were more likely than both nondrinkers and current drinkers who did not binge to report poor school performance and involvement in other health risk behaviors such as riding with a driver who had been drinking, being sexually active, smoking cigarettes or cigars, being a victim of dating violence, attempting suicide, and using illicit drugs (Miller, Jacqueline W., et al., Binge drinking and associated health risk behaviors among high school students, 2007). This highlights a strong need for an effective risk messaging program to address the misuse of all these substances.

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;
- If the bidder is a substance use disorder treatment provider, the bidder must be licensed by the Department of Health Certificate of Need Licensing Office prior to the start of services;
- For applicant 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 submission of proposal;
- 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 Report¹ or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors as an employee or in a consultant capacity; and
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue. This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies.

IV. Contract Scope of Work

Successful bidder will be expected to:

- Promote collaboration and integration of programs providing risk messaging services to youth and their families;
- Increase knowledge of risk messaging service providers regarding public health and prevention communication strategies;
- Address issues that impede access to and compromise the quality of prevention and related services for diverse and underserved youth;
- Utilize multiple modes of messaging, such as Facebook, YouTube and other social media and innovative approaches; and
- Employ a youth development approach (explained below).

DMHAS encourages programs that serve young people to integrate the principles and practices of youth development into its prevention service models. A youth development approach extends and enhances traditional harm reduction and prevention models by focusing on strengthening the protective factors that contribute to promoting healthy outcomes for all young people. A youth development approach focuses on young people's assets (capacities, strengths) and not solely on their deficits (negative behaviors, problems). This approach requires a shift away from a crisis mentality that concentrates on stopping problems, to one that implements strategies designed to increase young

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

people's exposure to positive and constructive relationships and activities that promote healthy and responsible choices. Programs that use a youth development approach work with young people to help them realize their fullest potential. Successful bidders will be expected to incorporate the following youth development principles and practices into their proposed programs to serve youth:

- Focus on building young people's strengths and promoting positive outcomes;
- View young people as resources, contributors and leaders for the program;
- Involve multiple sectors of the community in contributing to the well-being of young people; and
- Employ a long-term outlook that recognizes the importance of ongoing positive opportunities and relationships to help young people succeed as adults.

Successful proposals will demonstrate that the bidder:

- Provides a risk messaging campaign that is ethnically, culturally and linguistically appropriate, and delivered at a literacy level suitable for the audience.
- Responds to the range of cultural and gender norms that may inhibit or support the adoption and practice of safer behaviors and addresses those within the proposed program.
- Involves diversity in youth in the planning and design of the proposed program. Funded programs are expected to maintain ongoing involvement by youth in an advisory capacity, and applicants should describe the method for doing so.
- Coordinates services with other health and human service providers and participates in local planning groups. Funded programs are expected to collaborate with DMHAS, local health departments, and other health and human service providers in identifying and responding to emerging trends that affect young people.
- Provides services guided by New Jersey's Risk Communication Primer https://www.nj.gov/health/er/documents/risk_comm_primer.pdf
- Includes messaging that focuses on positive incentives and highlights positive outcomes when adopting the positive opposite behavior of alcohol, cannabis and illicit substance use. <https://oxfordre.com/communication/view/10.1093/acrefore/9780190228613.001.0001/acrefore-9780190228613-e-268#.YWmDNvbzm0.mailto>

The successful bidder will:

- Include evidence of their commitment to equity and reduction of disparities in access, quality, and program outcomes of marginalized populations. This includes a diversity, inclusion, equity, cultural/linguistic competence plan as outlined in the National CLAS standards. 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.

- 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.
- Work with system partners 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. Collaborate with system partners to ensure coordination, equity, and inclusion in messaging.
- 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 will be required to provide monthly narrative descriptions of the program's progress in meeting work plan objectives, quarterly service data and demographics reports, and collaborate with the DMHAS-identified evaluator.

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 applicant 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.

Data Collection/Evaluation

The successful bidder will comply with the Division's program evaluation by responding to data requests from DMHAS and participating in the data collection system to be developed for this program.

The successful bidder will work with the Division's program evaluation team and other collaborative partners to identify specific program outcomes demonstrating the effectiveness of this approach and the reach of the program to the targeted youth/young adult and parent's/caregivers audience.

Other

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 Department of Human Services (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 website².

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 may be renewable at DMHAS' sole discretion and with the agreement of the successful bidder. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

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

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

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. Additionally, please take note of the Community Mental Health Services Regulations, N.J.A.C. 10:37, which apply to all contracted mental health services. These regulations can be accessed on the DHS website³.

VI. Written Intent to Apply and Contact for Further Information

Bidders must email SUD.upload@dhs.nj.gov no later than 4:00 p.m. EST on September 9, 2022 indicating their agency's intent to submit a proposal for the Risk Messaging Regarding Alcohol, Marijuana & Illicit Substance Use and Misuse for Youth and Their Parents RFP. It is required that the bidder email their notice of intent to submit a proposal no later than the September 9, 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 4:00 p.m. EST on August 26, 2022. All questions and responses will be compiled and emailed to all those who submit a question and/or provide a notice of intent to apply. Bidders are guided to rely upon the information in this RFP and the responses to questions that were submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual applicants 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 (RFP Attachment A)

Bidder's Organization, History and Experience (20 points)

Bidders must have a substantive and well-documented history of providing risk messaging or behavior change marketing experience

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 qualification to fulfill the obligations of the RFP. The written narrative should:

³ <http://www.nj.gov/humanservices/providers/rulefees/regs/>

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 implementing this 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. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.
4. 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.
5. 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.
6. 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. 10.5-1et seq.). Attach a cultural competency plan as an addendum and discuss in the narrative how the plan will be updated and reviewed regularly.
7. If applicable, describe the bidder's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.

Project Description (35 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:

1. The bidder's proposed approach to the business opportunity or problem described in the State's RFP, including the following.
 - a. how the bidder's approach satisfies the requirements as stated in the RFP;
 - b. the bidder's understanding of the project goals and measurable objectives;
 - c. the bidder's needs assessment to justify the services;
 - d. all anticipated collaboration with other entities in the course of fulfilling the requirements of the contract resulting from this RFP i.e. a description of how the bidder will coordinate with local organizations in tailoring messages to regional population groups
 - e. all anticipated barriers and potential problems the bidder foresees itself and/or the State encountering in the successful realization of the initiative described herein; and
 - f. all other resources needed by the bidder to satisfy the requirements of the contract resulting from this RFP.
2. The evidence-based practice(s) that will be used in the design and implementation of the program.

3. 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.
4. 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 and interpretation of program outcomes.
5. The bidder's capacity to accommodate all individuals who take legitimately prescribed medications and who are referred to or present for admission if it is a licensed SUD provider.
6. 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).
7. A description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
8. 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.

Outcome(s) and Evaluation (10 points)

Provide the following information related to the projected outcomes associated with the proposal as well any evaluation method that will be utilized to measure successes and/or setbacks associated with this project:

1. The bidder's approach to measurement of consumer satisfaction with the project.
2. The bidder's measurement of the achievement of identified goals and objectives.
3. The number of different messages provided and the reach of those messages.
4. The evaluation of contract outcomes.
5. Description of all tools to be used in the evaluation.
6. The assessment, review, implementation, and evaluation of quality assurance and quality improvement recommendations particularly noting any reduction of disparities and barriers in access, quality, and program outcomes.
7. Assurance that the bidder will complete the data collection tool developed by DMHAS and cooperate with the DMHAS evaluator.
8. Details about any outside entity planned for use to conduct the evaluation, including but not limited to the entity's name, contact information, brief description of credentials and experience conducting program evaluation.
9. Tools and activities the bidder will implement to ensure fidelity to the evidence-based practice.

Staffing (10 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.

1. Describe the composition and skill set of the proposed program team, including staff qualifications.
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. The approach for supervision of clinical staff, if applicable.
11. 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.
12. 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).

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 (ADA) 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 a timely intent to apply. 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, including agreement to obtain approval as a Medicaid-eligible provider.

Appendices

The enumerated items of Required Attachments #1 through #7 and Appendices #1 through #8 must be included with the bidder's proposal.

Please note that if Required Attachments #1 through #4 are not submitted and complete, the proposal will not be considered. Required Attachments #5 through #7 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.

The collective of Required Attachments #1 through #5 and Appendices #1 through #8, is limited to a total of 50 pages. Audits (Required Attachments #6 and #7) do not count towards the appendices' 50-page limit. Appendix information exceeding 50 pages will not be reviewed.

Required Attachments

1. Department of Human Services Statement of Assurances (RFP Attachment C);
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
3. [Disclosure of Investment in Iran](#)⁴;
4. Statement of [Bidder/Vendor Ownership Disclosure](#)⁵;
5. Pursuant to Policy Circular P. 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;
6. Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years; and
7. 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.

Appendices

1. Copy of documentation of the [bidder's charitable registration status](#)⁶;
2. Bidder mission statement;
3. Organizational chart;
4. Job descriptions of key personnel;
5. Resumes of proposed personnel if on staff, limited to two (2) pages each;
6. List of the board of directors, officers and terms;
7. Original and/or copies of letters of commitment/support; and
8. Cultural Competency Plan.

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

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

⁶ www.njconsumeraffairs.gov/charities

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 not exceed 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. EST on September 16, 2022. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically using the DHS secure file transfer protocol (SFTP) site. Additionally, bidders must request login credentials by emailing SUD.upload@dhs.nj.gov no later than 4:00 p.m. EST on September 9, 2022, in order to receive unique login credentials for the Risk Messaging Regarding Alcohol, Marijuana & Illicit Substance Use and Misuse for Youth and Their Parents RFP 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 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 P1.04⁷.

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by October 14, 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. EST on October 21, 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
5 Commerce Way
PO Box 362
Trenton, NJ 08625
Fax: 609-341-2302

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 October 28, 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

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

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 Organization⁸;
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, PO 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);
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;

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

24. Business Registration (online inquiry to obtain copy at Registration Form⁹; for an entity doing business with the State for the first time, it may register at the NJ Treasury website¹⁰;
25. Source Disclosure (EO129)¹¹; and
26. Chapter 51 Pay-to-Play Certification¹².

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

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: **Risk Messaging Regarding Alcohol, Marijuana & Illicit Substance Use and Misuse for Youth and Their Parents**

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: _____

Region in which services are to be provided: Statewide

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 (RFPs), *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 (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 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 (ADA), 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 PL 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 is 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 – References

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US Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

US Drug Enforcement Administration <http://www.dea.gov>

World Health Organization. An Introduction to Risk Communication, August 2014. <https://www.who.int/publications/i/item/an-introduction-to-risk-communication>