



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

REQUEST FOR PROPOSALS

**Opioid Overdose/ Infectious Disease Prevention,  
Education and Support for  
Substance Use Disorder and  
Mental Health Agencies**

February 11, 2026

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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 an authorized New Jersey Department of Health (NJ DOH) Harm Reduction Center (HRC) to develop and provide overdose prevention and infectious disease prevention education, as well as purchase and distribute life-saving supplies to statewide NJ DOH licensed substance use disorder (SUD) and mental health (MH) agencies. This RFP is funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response (SOR) grant. The SOR grant project period is scheduled through September 29, 2027. Funding for this RFP is subject to the availability of Federal funding. Total funding of \$550,000 is anticipated to be available for the initial year of this program through September 29, 2026 and \$250,000 for up to four subsequent years if DMHAS receives SOR grant funding and subject to the availability of federal funding. DMHAS anticipates making one (1) award.

Through this initiative, the successful bidder will provide life-saving education, training, and supplies to NJ DOH licensed SUD and MH treatment agencies. The goal of this initiative is to reduce the risks of SUDs including fatal overdoses, drug-related infectious diseases, and skin and soft tissue infections. The initiative intends to address the unmet need of people who use drugs by integrating access to both education and life-saving supplies in licensed treatment facilities. Life-saving training and education is critical to creating a person-centered system that meets people where they are and promotes the health of individuals. Integrating these services at licensed SUD and MH treatment facilities helps maintain a continuum of prevention and care that adequately meets the needs of individuals who use drugs. The initiative promotes overdose prevention and response, infectious disease prevention and access to life-saving care.

The successful bidder shall ensure that the services provided ensure cultural and linguistic competence to the target population. The successful bidder shall continually assess and utilize demographic data of participants' service areas in its development and delivery of programming, evaluation, and program outcomes to ensure it is relevant to the population served. Additionally, the successful bidder shall analyze data to implement strategies to increase program participation.

No funding match is required; however, bidders shall identify any other sources of funding, both in-kind and monetary, that shall be used on their proposal budget. 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 **anticipated** RFP schedule:

February 11, 2026	Notice of Funding Availability
February 19, 2026	Questions on RFP are due no later than 4:00 p.m. ET
March 9, 2026	Deadline to submit written intent to apply - no later than 4:00 p.m. ET

March 9, 2026	Deadline to request DHS secure file transfer protocol (SFTP) site login credentials - no later than 4:00 p.m. ET
March 16, 2026	Deadline for receipt of proposals - no later than 4:00 p.m. ET
TBD	Appeal deadline - no later than 4:00 p.m. ET

Bidders are responsible for monitoring the DHS website<sup>1</sup> for updates to the RFP schedule. All responses to the questions will be posted on the DMHAS website. Please review the website for responses.

## **II. Background and Population to be Served**

SAMHSA's Center for Substance Abuse Treatment (CSAT) released the Federal Fiscal Year (FFY) 2025 SOR funding opportunity for states and territories in May 2024. Funding was made available for grants to states and territories via a formula based on opioid misuse and overdose mortality rates. The goals of the SOR include the development of programs to reduce fatal overdoses and opioid and stimulant misuse. SOR funding aims to improve access to medications for opioid use disorders that are approved by the federal Food and Drug Administration (methadone, buprenorphine, and naltrexone). SOR funding supports the continuum of prevention, treatment, and recovery for opioid use disorder (OUD) and the continuum of care for stimulant misuse and use disorders, including cocaine and methamphetamine.<sup>1</sup>

Overdose prevention services and treatment facilities for mental illness and substance use disorders have been historically siloed in the United States. Current recommendations call for integration of these services.<sup>2</sup> In 2023, 58% of patients discharged from substance use treatment in New Jersey also reported mental illness and co-occurring disorders. Given the high rates of co-occurring SUD and mental illness in New Jersey, it is critical to engage this population by integrating treatment services with overdose prevention and infectious disease prevention supplies and education.<sup>3</sup> Among patients engaged in SUD treatment, there is a significant unmet need for overdose prevention and infectious disease prevention supplies and many participants express the importance of offering these services as a treatment goal.<sup>4,5</sup> Many patients engaged in SUD treatment report continued substance use, but a majority of those patients did not report access to overdose prevention and infectious disease prevention services.<sup>6</sup> Integrating overdose prevention and infectious disease prevention services will address this gap in care and meet the needs of people who are engaged in treatment facilities but still use non-prescribed substances. This vulnerable population is at high risk of overdose, infectious disease, and skin and soft tissue infections. Integrating overdose prevention and infectious disease prevention services may help to reduce this risk.

Overdose prevention and infectious disease prevention strategies are evidence-based and effective at reducing overdose deaths and transmission of infectious diseases

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<sup>1</sup> <https://www.nj.gov/humanservices/providers/grants/rfp/>

among people who use drugs and serve as a pathway to ongoing care, including SUD treatment and other healthcare services.<sup>7</sup>

Of increasing relevance, as of 2022, New Jersey ranks as the state with the highest rates of xylazine drug reports.<sup>8</sup> Xylazine has been linked to wounds and skin and soft tissue infections that may persist for years. Changes in the drug supply and the rise of high potency illicit synthetic opioids have been associated with increased harm of substance use.<sup>9</sup> Complications related to xylazine highlight the urgency of access to overdose prevention and infectious disease prevention supplies. It is critical to provide life-saving care and integrate services to adapt to the changing drug supply.

The landscape of overdose prevention services in New Jersey has been significantly molded by various legislative changes across multiple administrations throughout the past twenty years.

Notably, in July 2023, harm reduction rules or regulatory changes established pursuant to P.L. 2021, c.396, formally established the procedures entities must follow when applying to register as Harm Reduction Centers (HRCs) with the New Jersey Department of Health, as well as the operational requirements by which an authorized center may provide harm reduction services. The new rules also clarified various rights of the centers, including the ability to provide authorized harm reduction services at fixed and/or mobile locations. As of June 2025, there are fifty-three (53) authorized HRCs in the State of NJ. The number was just seven (7) in August 2023.

In January 2024, P.L. 2023, c.224 was approved which decriminalized all test strips, including xylazine test strips, and other drug-checking equipment.

### **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, for-profit or governmental entity;
- The bidder, at time of submission of proposal, must be authorized by the NJ Department of Health as a Harm Reduction Center;
- The bidder must review and be capable of complying with Allowable and Unallowable Harm Reduction Services and Supplies (Attachment I) if awarded a contract;
- 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](#)<sup>2</sup> or be suspended or debarred by any other State or federal entity from receiving funds;
- Pursuant to DHS Contract Policy and Information Manual Policy Circular 8.05, the bidder shall not have a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include Provider Agency staff members, officers and Governing Board Members. A bidder must have written Conflict of Interest policies and procedures that satisfy the requirements of P8.05, thereby ensuring that paid Board members do not participate in transactions except as expressly provided in the P8.05 circular; 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**

##### **Program Description**

DMHAS expects that the funding awarded to the successful bidder will significantly improve licensed SUD and MH agency leadership, as well as their agency's clinical and peer staff's level of knowledge and training on opioid overdose prevention and use of life-saving supplies, and as a result, better address the needs of people who use drugs. The successful bidder is expected to value a person-centered approach that encourages providers to meet patients/clients where they are. The successful bidder will assist both SUD and MH agencies in providing opioid overdose prevention and infectious disease prevention supplies to their patients/clients. The successful bidder will distribute supplies to include, but not limited to fentanyl testing strips, xylazine testing strips, basic wound care supplies, safer sex items, overdose prevention items and educational pamphlets.

In addition to the above-mentioned, the successful bidder should also provide a minimum of fifty (50) mobile life-saving supplies toolkits (hereinafter referred to as [Rovers](#)<sup>10</sup>) statewide within a two-year period, with a specific focus on distribution to NJ DOH licensed ambulatory Opioid Treatment Programs (OTPs) through the span of the initiative. The successful bidder must comply with 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](#)<sup>3</sup>.

As of June 2025, there were 41 licensed ambulatory OTPs in NJ. [Rovers](#) are mobile toolkits on wheels that were built for the purpose of holding overdose prevention and infectious disease supplies. Rovers are essential to the initiative as they encourage trust

<sup>2</sup> <https://www.nj.gov/treasury/revenue/debarment/>

<sup>3</sup> <https://www.nj.gov/humanservices/olra/contracting/policy/>

between provider and patient, reduce stigma, and create open and honest communication. The successful bidder shall develop a procurement process for the Rovers and submit it to DMHAS for approval. The successful bidder should coordinate trainings on the use of Rovers and the use of life-saving supplies to providers. The successful bidder is also expected to provide technical assistance for trained agencies on an as needed basis. Rovers may be equipped with supplies to include, but not limited to the following:

- Drug checking equipment (e.g., fentanyl and xylazine testing strips)
- Wound care supplies
- Safer sex items;
- Overdose prevention items; and
- Educational pamphlets (tailored to the needs of the client population).

The successful bidder will ensure the Rovers are stocked throughout the project period.

Services provided by the successful bidder should include, but are not limited to, trainings, workshops, consultation, coaching, supervised practice, and simulations. The proposal should include the method in which the bidder will provide services to leadership, and clinical and peer staff (e.g., face-to-face, web-based, etc.). The proposal should address agency and staff obstacles to implementing life-saving overdose prevention and infectious disease prevention practices and values within agencies and develop solutions to overcome those obstacles. The successful bidder's proposal must include strategies to promote their services to the target population. The proposal should be inclusive of staff qualifications, a schedule of services and a plan for sustainability. The successful bidder will provide training and consultation services in a way that does not reduce service delivery, while supporting individual staff members' learning. To fulfill the RFP, the prospective awardee will demonstrate a minimum of the following:

- Success with providing trainings and technical assistance that led to the implementation and distribution of overdose prevention and infectious disease supplies;
- Success with engaging agency leadership and clinical and peer staff in activities that improve knowledge and awareness of overdose prevention and infectious disease principles and supplies;
- Applied knowledge of stimulant use disorder, OUD and medications for opioid use disorder (MOUD);
- Skill to measure improvement in the overdose prevention and infectious disease knowledge of leadership and clinical and peer staff within the contract period;
- Qualifications to provide trainings, coaching, and consultation services that increase knowledge of overdose prevention and infectious disease principles and supplies; and,
- Demonstrate patient/client centered care in serving people who use drugs, including demonstration of the incorporation of personal recovery perspectives in planning/implementation/evaluation of training and supply distribution.

Providers and their system partners shall work together to identify and combat barriers that may impede the population in need from seeking and accessing services.

The successful bidder shall:

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

### **Allowable and Unallowable Services and Supplies**

The bidder must review and be capable of complying with Allowable and Unallowable Harm Reduction Services and Supplies (Attachment I) if awarded a contract. Bidder must submit signed Confirmation Bidder has read Allowable And Unallowable Harm Reduction Services and Supplies Attestation (Attachment H) with their proposal.

### **Staffing**

The successful bidder shall describe their efforts to ensure a broad representation of workforce and recruit, hire, and retain staff who are from or have had experience working with the population in need and other identified individuals served in this initiative. Additionally, the successful bidder shall ensure that there is a training strategy related to improving access, quality, and outcomes of services for the target population.

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.

### **Data Collection/Evaluation**

The successful bidder will be required to comply with DMHAS' program evaluation by responding to data requests from DMHAS' evaluator, participating in the data collection system and tools to be developed for this program. The successful bidder will document data such as demographics and units of service delivered using data collection forms to be provided by DMHAS.

## **Other**

All data, technical information, materials gathered, originated, developed, prepared, used or obtained in the performance of the requested services, including but not limited to, all papers, reports, surveys, plans, charts, records, analyses or publications produced for, or as a result of, this agreement (hereinafter "Work Product") shall bear an acknowledgement of DMHAS' support and shall be the property of DMHAS. The successful bidder shall submit any such work product to DMHAS sixty (60) days prior to the publication or presentation. DMHAS shall have sixty (60) days from the date the document is delivered to review. A party shall agree to abide by the policies of the applicable journals and presentations organizers as to such matter as the public release or availability of data related to the publication or presentation, including poster presentations (collectively "Publications"). All parties shall mutually agree to resolve any difference which may arise during the review of a Publication. Authorship of Publications of the research results will be determined in accordance with appropriate scientific and academic standards and customs. Proper acknowledgements will be made for the contribution of each party to the research. Due consideration shall be given to the scheduling of any Publication to allow time to: (a) seek protection of any intellectual property which may be developed by one of the parties, such period not to exceed thirty (30) days and (b) identify confidential information which one party may wish to delete. It is recognized that due to the nature of the services of the RFP, articles may be jointly authored, and such joint authorship shall be so recognized where appropriate. No work product produced utilizing funds or data obtained under this Agreement shall be released to the public without the prior written consent of DMHAS. DMHAS shall have the right to edit such work product and shall further have the right to add co-authorship or disclaimers as it, in its sole discretion, deems appropriate. DMHAS shall assume all responsibilities relative to determining compliance and effect of the Open Public Records Act (N.J.S.A. 47:1A-1) as it pertains to work products provided by the successful bidder.

DMHAS reserves a royalty-free, non-exclusive and irrevocable license to reproduce, publish or otherwise use, and to authorize others to use, the work products (deliverables) developed pursuant to the RFP.

## **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 website](#)<sup>4</sup>.

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. The contract may be renewable for up to four (4) additional one-year terms, at DMHAS' sole discretion, 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](#)<sup>5</sup>, 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 successful bidder, 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. Additionally, please take note of the Community Mental Health Services Regulations N.J.A.C. § 10:37-1.1 et. seq., which apply to all contracted mental health services. These regulations can be accessed on the [DHS website](#)<sup>6</sup>.

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<sup>4</sup> <https://www.nj.gov/humanservices/olra/contracting/policy/>

<sup>5</sup> <https://www.nj.gov/humanservices/olra/documents/CPIManual.pdf>

<sup>6</sup> <http://www.nj.gov/humanservices/providers/rulefees/regs/>

## **VI. Written Intent to Apply and Contact for Further Information**

Bidders must email [SUD.upload@dhs.nj.gov](mailto:SUD.upload@dhs.nj.gov) no later than 4:00 p.m. ET on March 9, 2026 indicating their agency's intent to submit a proposal for the Opioid Overdose/ Infectious Disease Prevention, Education and Support RFP. The bidder must email their notice of intent to submit a proposal no later than the March 9, 2026 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](mailto:SUD.upload@dhs.nj.gov) no later than 4:00 p.m. ET on February 19, 2026. 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 (RFP Attachment A)**

#### **Bidder's Organization, History and Experience (10 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 opioid overdose prevention and infectious disease prevention, the target population and marginalized underserved populations, and the number of years' experience working in overdose prevention and infectious disease prevention, 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 statewide.
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. The successful bidder shall include evidence of their commitment to the National CLAS standards and should include information regarding each of the key components and domains referenced in the National Culturally and Linguistically Appropriate Services (CLAS) standards.
7. Describe the bidder's plan to bring the initiative to a conclusion at the end of the contract.
8. If applicable, 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.
9. Describe the bidder's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.
10. Provide the bidders ownership chart that shows the financial and voting interests, among other attributes. The company ownership chart must identify the types of legal entities and FEIN.
11. A Department Contract is not a Marketable Asset that may be purchased from a Provider Agency by another organization through an Acquisition, Affiliation, Consolidation, Merger, etc. Provide details of recent or pending Acquisition, Affiliation, Consolidation, or Merger of the bidder.

### **Project Description (35 points)**

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

1. Describe the bidder's approach to providing opioid overdose prevention and infectious disease education and supplies that address the unmet need for life-saving supplies in licensed SUD and MH treatment facilities.
  - a. Provide a description of all anticipated barriers and potential problems the bidder foresees individuals facing when seeking these services and how the bidder will develop solutions to overcome these obstacles; and
  - b. the bidder's plan to justify targeted opioid overdose prevention and infectious disease education and distribution of supplies for target populations in specific areas or agencies statewide.
2. Explain how the bidder will improve the knowledge of life-saving opioid overdose prevention and infectious disease principles and the need for distribution of supplies to agency leadership and clinical and peer staff.
3. Describe the specific teaching and training techniques that will be utilized for leadership and clinical and peer staff at SUD and MH agencies.

4. Describe how the bidder will purchase and distribute opioid overdose prevention and infectious disease supplies (list supplies planned to be distributed) to agencies that are trained.
5. Describe the procurement process of how Rovers will be distributed to agencies, with a specific focus on distribution to licensed Opioid Treatment Programs (OTPs).
6. Describe how the bidder will provide training and technical assistance for Rovers.
7. Describe how this initiative will significantly improve access to opioid overdose prevention and infectious disease services and how it will positively affect the health of clients.
8. Describe how the bidder will assess and monitor that opioid overdose prevention and infectious disease education and supplies are provided to individuals throughout the grant period.
9. Describe the organization's committees or workgroups that focus on efforts to improve access, quality, and program outcomes for the population in need. 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 National Culturally and Linguistically Appropriate Services (CLAS) standards.
10. Describe how the makeup of the service area population (shall shape the design and implementation of evidence based and best practice program approaches and interpretation of outcomes.

#### **Outcome(s) and Evaluation (10 points)**

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

1. The bidder's approach to measurement of leadership, clinical and peer staff satisfaction.
2. The bidder's approach to educating agency staff of how to best evaluate client satisfaction with overdose prevention and infectious disease prevention education and supplies.
3. The bidder's measurement of the achievement of identified goals and objectives.
4. The evaluation of contract outcomes.
5. Description of all tools to be used in the evaluation.
6. 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.
7. Tools and activities the bidder shall implement to ensure fidelity to the evidence-based practice.
8. The assessment, review, implementation, and evaluation of quality assurance and quality improvement recommendations particularly noting any improvements in access, quality, and treatment/program outcomes.
9. Assurance that the bidder shall complete the data collection tool developed by DMHAS and cooperate with the DMHAS evaluator.

#### **Staffing (15 points)**

Bidders must determine staff structure to satisfy the contract requirements. Bidders should describe the proposed staffing structure and identify how many staff members shall 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 improve 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 improving access, quality, and program outcomes 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). Each consultant must be further described as to whether they are also a board member and, if so, whether they are a voting member. The bidder must identify all reimbursement the consultant received as a board member over the last twelve (12) months.

### **Facilities, Logistics, Equipment (10 points)**

The bidder should detail its facilities where normal business operations shall 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., shall 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 shall 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 shall 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 Excel Budget template is required. Bidders must submit pricing using the Excel Budget template accompanying this RFP. Bidders should refer to Instructions for Excel Budget Template (Attachment E) for a clear understanding of how to work within the template file. The Budget 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 shall 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 shall pursue all available sources of revenue and support upon award and in future contracts, including agreement to obtain approval as a Medicaid-eligible provider.

### **Attachments/Appendices**

The enumerated items of Required Attachments #1 through #12 and Appendices #1 through #8 must be included with the bidder's proposal.

**Please note that if Required Attachments #1 through #8 are not submitted and complete, the proposal will not be considered. Furthermore, the failure to provide documents necessary to assess fiscal viability (as identified in Attachments #9 through #11) may result in the disqualification of the bidder’s proposal.**

The collective of Required Attachments #1 through #8 and Appendices #1 through #8 is limited to a total of 50 pages. Audits and interim financial statements (Required Attachments #9, #10 and #11) do not count towards the appendices’ 50-page limit. Attachments/Appendix information exceeding 50 pages will not be reviewed.

### **Required Attachments**

1. Funding Proposal Cover Sheet (RFP Attachment A). If project funding includes federal funds, no entity may receive a subaward from DMHAS unless the entity has provided its unique entity identifier to DMHAS (on the Proposal Cover Sheet) and DMHAS may not make a subaward to an entity unless the entity has provided its unique entity identifier to DMHAS.
2. Department of Human Services Statement of Assurances (RFP Attachment C);
3. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
4. [Disclosure of Investment in Iran](#)<sup>7</sup>;
5. [Certificate of Non-Involvement in Prohibited Activities in Russia and Belarus](#)<sup>8</sup>;
6. Statement of [Bidder/Vendor Ownership Disclosure](#)<sup>9</sup>;
7. [Disclosure of Investigations and Other Actions Involving Bidder](#)<sup>10</sup>
8. Attachment H – Confirmation Bidder has read Allowable and Unallowable Harm Reduction Services and Supplies Attestation (Attachment I)
9. Pursuant to Policy Circular P 1.11, 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;
10. Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years;

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<sup>7</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

<sup>8</sup> <https://www.nj.gov/treasury/administration/pdf/DisclosureofProhibitedActivitesinRussiaBelarus.pdf>

<sup>9</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

<sup>10</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

11. 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; and
12. Department of Human Services Commitment to Defend and Indemnify Form (Attachment G).

### **Appendices**

1. Copy of documentation of the [bidder's charitable registration status](#)<sup>11</sup>;
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. Provide an ownership chart that shows the financial and voting interests, among other attributes. The company ownership chart must identify the types of legal entities and FEIN, limited to four (4) pages.

## **VIII. Submission of Proposal Requirements**

### **A. Format and Submission 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 10 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 13 it is 11 pages long, not 10 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 March 16, 2026. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically using the DHS secure file transfer protocol (SFTP) site. Proposals should be submitted in the following three files.

1. PDF file of entire proposal consisting of proposal narrative, budget, budget notes, attachments and appendices. Do not include interim and audited financial statements and Single Audits (A133) which should be submitted in a separate PDF file (see #3 below). Label file with the following title: Name of Agency/Provider Opioid Overdose and Infectious Disease Prevention, Education and Support Proposal

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<sup>11</sup> [www.njconsumeraffairs.gov/charities](http://www.njconsumeraffairs.gov/charities)

2. Excel file of budget using the DMHAS Excel budget template. Label file with the following title: Name of Agency/Provider Opioid Overdose and Infectious Disease Prevention, Education and Support Budget
3. PDF file of interim and audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years. Label file with the following title: Name of Agency/Provider Opioid Overdose and Infectious Disease Prevention, Education and Support Audit

Additionally, bidders must request login credentials for this RFP by emailing [SUD.upload@dhs.nj.gov](mailto:SUD.upload@dhs.nj.gov) no later than 4:00 p.m. ET on March 9, 2026, in order to receive unique login credentials for the Opioid Overdose/ Infectious Disease Prevention, Education and Support 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.

#### B. Confidentiality/Commitment to Defend and Indemnify

Pursuant to the New Jersey Open Public Records Act (OPRA), N.J.S.A. 47:1A-1 et seq., or the common law right to know, proposals can be released to the public in accordance with N.J.A.C. 17:12-1.2(b) and (c).

Bidder should submit a completed and signed Commitment to Defend and Indemnify Form (Attachment G) with the proposal. In the event that Bidder does not submit the Commitment to Defend and Indemnify Form with the proposal, DHS reserves the right to request that the Bidder submit the form after proposal submission.

After the opening of the proposals, all information submitted by a Bidder in response to a Bid Solicitation is considered public information notwithstanding any disclaimers to the contrary submitted by a Bidder. Proprietary, financial, security and confidential information may be exempt from public disclosure by OPRA and/or the common law when the Bidder has a good faith, legal/factual basis for such assertion.

As part of its proposal, a Bidder may request that portions of the proposal be exempt from public disclosure under OPRA and/or the common law. Bidder must provide a detailed statement clearly identifying those sections of the proposal that it claims are exempt from production, and the legal and factual basis that supports said exemption(s) as a matter of law. DHS will not honor any attempts by a Bidder to designate its price sheet, price list/catalog, and/or the entire proposal as proprietary and/or confidential, and/or to claim copyright protection for its entire proposal. If DHS does not agree with a Bidder's designation of proprietary and/or confidential information, DHS will use commercially reasonable efforts to advise the Bidder. Copyright law does not prohibit access to a record which is otherwise available under OPRA.

DHS reserves the right to make the determination as to what to disclose in response to an OPRA request. Any information that DHS determines to be exempt from disclosure under OPRA will be redacted.

In the event of any challenge to the Bidder's assertion of confidentiality that is contrary to the DHS' determination of confidentiality, the Bidder shall be solely responsible for defending its designation, but in doing so, all costs and expenses associated therewith shall be the responsibility of the Bidder. DHS assumes no such responsibility or liability.

In order not to delay consideration of the proposal or DHS' response to a request for documents, DHS requires that Bidder respond to any request regarding confidentiality markings within the timeframe designated in DHS' correspondence regarding confidentiality. If no response is received by the designated date and time, DHS will be permitted to release a copy of the proposal with DHS making the determination regarding what may be proprietary or confidential.

## **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. In the event no bidder obtains the required minimum scores, DMHAS shall have discretion to award the contract to the highest scoring bidder(s).

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](#)<sup>12</sup>.

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

## **X. Appeal of Award Decisions**

All appeals must be made in writing by 4:00 p.m. ET on Date to Be Determined, by emailing it to [SUD.upload@dhs.nj.gov](mailto:SUD.upload@dhs.nj.gov) (subject line must include “Appeal and Opioid Overdose and Infectious Disease Prevention, Education and Support RFP”) and/or mailing or faxing it to:<sup>13</sup>

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

The written appeal must clearly set forth the basis for the appeal.

Any appeals sent to an email/address/fax number not mentioned above, will not be considered.

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. 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);

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<sup>12</sup> <https://www.nj.gov/humanservices/olra/contracting/policy/>

<sup>13</sup> [https://www.nj.gov/humanservices/dmhas/regulations/bulletins/Mental%20Health/9\\_11.pdf](https://www.nj.gov/humanservices/dmhas/regulations/bulletins/Mental%20Health/9_11.pdf)

2. Copy of the [Annual Report-Charitable Organization](#)<sup>14</sup>;
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;
24. Business Registration (online inquiry to obtain copy at [Registration Form](#)<sup>15</sup>; for an entity doing business with the State for the first time, it may register at the [NJ Treasury website](#)<sup>16</sup>;
25. Source Disclosure ([EO129](#))<sup>17</sup>;

<sup>14</sup> <https://www.njportal.com/DOR/annualreports/>

<sup>15</sup> [https://www1.state.nj.us/TYTR\\_BRC/jsp/BRCLLoginJsp.jsp](https://www1.state.nj.us/TYTR_BRC/jsp/BRCLLoginJsp.jsp)

<sup>16</sup> <http://www.nj.gov/treasury/revenue>

26. Chapter 51 [Pay-to-Play Certification](#)<sup>18</sup>; and
27. Successful bidder's active Unique Entity Identifier ("UEI"), if project funding includes any federal grant resources. The UEI is a 12-character alphanumeric ID assigned to an entity registered at SAM.gov. It replaced the DUNS, and is distinct from the entity's Employer Identification Number (EIN or Employer ID). The UEI provided must match the successful bidder's legal business name and address, and it must be updated annually (or sooner if changes occur) and maintained during the period of subaward.

## **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 – Instructions for Excel Budget Template
- Attachment F – Mandatory Equal Employment Opportunity Language
- Attachment G – Commitment to Defend and Indemnify Form
- Attachment H – Confirmation Bidder has read Allowable and Unallowable Harm Reduction Services and Supplies Attestation (Attachment I)
- Attachment I – Allowable and Unallowable Harm Reduction Services and Supplies Attestation

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<sup>17</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

<sup>18</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://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: Opioid Overdose/ Infectious Disease Prevention, Education and Support RFP

Incorporated Name of Bidder: \_\_\_\_\_

Type: Public \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ Hospital-Based \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Charities Reg. Number (if applicable) \_\_\_\_\_

\*Unique Entity Identifier (UEI) 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: \_\_\_\_\_

County in which services are to be provided: \_\_\_\_\_

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.

\*If project funding includes federal funds, no entity may receive a subaward from DMHAS unless the entity has provided its unique entity identifier to DMHAS and DMHAS may not make a subaward to an entity unless the entity has provided its unique entity identifier to DMHAS.

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

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**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.

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Name and Title of Authorized Representative

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Signature

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Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 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 - Instructions for Excel Budget Template

The Excel template, posted with the RFP, contains a template spreadsheet. Please open the respective template file tab and read the below guidance at the same time. This will allow for a clear understanding of how to work within the template file.

1. In the turquoise section, you will enter the proposed costs for this RFP. This should include all information from budget categories A-F, G/A, as well as ***your number of consumers to serve***. FTE's in Category A are to be broken down between direct care, administration, and support. FTE's will not appear until three cells are completed: hours worked per employee on contract (column C), hours worked per employee per week (column D), and the amount of salary (column H) respectively. Category B is to be broken down between medical/clinical consultants, and non-medical/clinical consultants.
2. There is also a One-Time budget section at the bottom in the turquoise section for your use. Onetimes are shown separately, but included in Total Gross Costs right after Gross Costs.
3. Please use the ***"Explanatory Budget Notes"*** column to help support anything that you feel needs to be explained in written word for evaluators to understand your intent regarding any cost/volume data populated in your template submission. Please provide notes, as well as, calculations that support any and all offsetting revenue streams. If you double up expenses on one budget line, please provide the individual expense details in the budget notes. Many cells are protected, but you can expand rows to give more room in the notes column should you need it.
6. General and Administrative Costs should be recorded in the template per the instructions in the RFP. That is, only additional G&A associated with this proposal should be included, not your normal G&A rate.
7. Make sure to remember to place your Agency Name and Region or County in the subject line when you send your template in ***Excel*** format.

**SAVE ALL YOUR WORK, REVIEW AND PREPARE TO SEND IN EXCEL FORMAT.**

## **Attachment F - 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, affection-al 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, up-grading, 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, col-or, 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; or

Employee Information Report Form AA-302 (electronically provided by the Division through the Division's website at:  
[http://www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance)).

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program 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 Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

## Attachment G – Commitment to Defend and Indemnify Form

### Department of Human Services Commitment to Defend and Indemnify Form

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ (“Company”) agree that the Company will defend, and cooperate in the defense of, any action against the State of New Jersey (“State”) or the New Jersey Department of Human Services (“DHS”) arising from, or related to, the non-disclosure, due to the Company’s request, of documents submitted to the State of New Jersey and DHS, and relating to the Request for Proposals for **Opioid Overdose/ Infectious Disease Prevention, Education and Support for Substance Use Disorder and Mental Health Agencies** (“RFP”), which may become the subject of a request for government records under the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq. (“OPRA”). The Company agrees to indemnify and hold harmless the State and DHS against any judgments, costs, or attorney’s fees assessed against the State of New Jersey or DHS in connection with any action arising from, or related to, the non-disclosure, due to the Company’s request, of documents submitted to the State and DHS, and relating to the RFP, which may become the subject of a request for government records under OPRA.

The Company makes the foregoing agreement with the understanding that the State and DHS may immediately disclose any documents withheld without further notice if the Company ceases to cooperate in the defense of any action against the State arising from or related to the above-described non-disclosure due to the Company’s request.

I further certify that I am legally authorized to make this commitment and thus commit the Company to said defense.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Entity Represented

\_\_\_\_\_  
Date

**Attachment H – Confirmation Bidder Has Read Allowable and Unallowable Harm Reduction Services and Supplies Attestation (Attachment I)**

The Bidder has read Allowable and Unallowable Harm Reduction Services and Supplies Attestation (Attachment I).

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Attachment I – Allowable and Unallowable Harm Reduction Services and Supplies Attestation**

September 18, 2025

**Re: SAMHSA Notice and Attestation: Allowable and Unallowable Harm Reduction Services and Supplies**

Dear Provider:

You are receiving this letter because you receive funding through the New Jersey Department of Human Services' Division of Mental Health and Addiction Services (DMHAS) that originates from the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

On July 29, 2025, SAMHSA issued guidance to “provide clarity on what supplies and services previously defined under the umbrella of harm reduction can be supported with SAMHSA funding.” The guidance states that federal grant recipients, including providers that receive federal funding through DMHAS, shall not use grant funds to support “harm reduction” or “safe consumption” efforts determined by SAMHSA to “facilitate illegal drug use and its attendant harm.” Please refer to the attached list of supplies and services that CAN and CANNOT be supported with SAMHSA funding. Here is a link to the [July 29, 2025 guidance](#) document.

In addition, kindly complete the attached attestation and return it to DMHAS no later than September 30, 2025, to [Melanie Brandecker](#) with Harm Reduction Attestation in the subject line,

Thank you for your anticipated cooperation.

Sincerely,

Gordon V. Horvath, Jr.  
Chief Financial Officer

C: Valerie Mielke  
Renee Burawski  
David Helfand  
David Kensler  
Lisa Ciaston  
John Fogliano  
Suzanne Borys  
Adam Bucon  
Priya Nambiar  
Michael Kiyaga  
Prerak Patel  
Elise Rossbach

## ALLOWABLE AND UNALLOWABLE HARM REDUCTION SERVICES AND SUPPLIES

The following are supplies and services that **CAN be supported with SAMHSA funding**:

### Life-Saving Overdose Prevention and Response Services

- Opioid overdose reversal supplies, including the purchase of naloxone and nalmeferene (OORMs)
- Substance test kits, including fentanyl test strips and xylazine test strips
- Medication lock boxes and medication disposal kits
- Overdose reversal education and training services
- Distribution mechanisms (e.g., bags or metal boxes/containers) for OORMs

### Infectious Disease Prevention Services

- Wound care supplies
- FDA-approved home testing kits for viral hepatitis (i.e., HBV and HCV) and HIV
- Sharps disposal kits
- Educational materials on HIV and viral hepatitis, and prevention, testing, treatment, and care services
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, testing, treatment, and care services — including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother-to-child transmission, and partner services
- Referral to hepatitis A and hepatitis B vaccinations (to reduce risk of viral hepatitis infection)
- Provision of education on HIV and viral hepatitis prevention, testing, and referral to treatment services
- Education and activities to reduce risk of STIs, including distributing condoms
- Provision of information on local resources and/or referrals for PrEP

### Other Supplies and Services

- Nicotine cessation therapies
- Food (e.g., snacks, protein drinks, water). Food is limited to \$10 per person and must be used in the course of service engagement.

The following are supplies and services that **CANNOT be supported with SAMHSA funding**:

- **No federal funding** can be used directly or through subsequent reimbursement of grantees to purchase pipes or other supplies for safer smoking kits, nor syringes or needles used to inject illicit drugs. Grant funds cannot be used to purchase any other drug paraphernalia.
- Sterile water, saline, or ascorbic acid (vitamin C) used to facilitate drug use.
- Any other supplies to promote or facilitate drug use not listed as acceptable above.

**ALLOWABLE AND UNALLOWABLE HARM REDUCTION SERVICES AND SUPPLIES  
ATTESTATION**

Please sign and return this attestation by Sept. 30, 2025 to: [Melanie.Brandecker@dhs.nj.gov](mailto:Melanie.Brandecker@dhs.nj.gov)

I, \_\_\_\_\_, authorized representative for \_\_\_\_\_  
\_\_\_\_\_ ("PA"), hereby affirm and attest that PA :

1. **CAN** use SAMHSA funds, either directly, indirectly or through subsequent reimbursement of grantees, to support or purchase in accordance with Department of Human Services Contract Policy and terms of contract, any of the following:
  - a. Life-Saving Overdose Prevention and Response Services
    - Opioid overdose reversal supplies, including the purchase of naloxone and nalmefene (OORMs)
    - Substance test kits, including fentanyl test strips and xylazine test strips
    - Medication lock boxes and medication disposal kits
    - Overdose reversal education and training services
    - Distribution mechanisms (e.g., bags or metal boxes/containers) for OORMs
  - b. Infectious Disease Prevention Services
    - Wound care supplies
    - FDA-approved home testing kits for viral hepatitis (i.e., HBV and HCV) and HIV
    - Sharps disposal kits
    - Educational materials on HIV and viral hepatitis, and prevention, testing, treatment, and care services
    - Navigation services to ensure linkage to HIV and viral hepatitis prevention, testing, treatment, and care services — including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother-to-child transmission, and partner services
    - Referral to hepatitis A and hepatitis B vaccinations (to reduce risk of viral hepatitis infection)
    - Provision of education on HIV and viral hepatitis prevention, testing, and referral to treatment services
    - Education and activities to reduce risk of STIs, including distributing condoms
    - Provision of information on local resources and/or referrals for PrEP
  - c. Other Supplies and Services
    - Nicotine cessation therapies
    - Food (e.g., snacks, protein drinks, water). Note: Food is limited to \$10 per person and must be used in the course of service engagement.
2. **CANNOT** and **SHALL NOT** use SAMHSA funds, either directly, indirectly, or through subsequent reimbursement of grantees, to support or purchase any of the following:
  - a. pipes or other supplies for safer smoking kits;
  - b. syringes or needles used to inject illicit drugs;
  - c. any other drug paraphernalia;
  - d. sterile water, saline, or ascorbic acid (vitamin c) used to facilitate drug use; and/or
  - e. any other supplies to promote or facilitate drug use not listed as acceptable below.

I affirm and attest that the foregoing statements made by me are true. I understand that if PA fails to comply with any of the above, DMHAS reserves all rights of remedy and enforcement, including but not limited to recoupment of funds.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

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<sup>1</sup> FY 2024 State Opioid Response Grants Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-sor-nofo-ti-24-008.pdf>

<sup>2</sup> Chang JE, Lindenfeld Z, Hagan H. Integrating Harm Reduction into Medical Care: Lessons from Three Models. *J Am Board Fam Med*. 2023 May 8;36(3):449-461. doi: 10.3122/jabfm.2022.220303R3. Epub 2023 May 11. PMID: 37169587; PMCID: PMC10636714.

<sup>3</sup> Substance Abuse Overview 2023 Statewide (2024) *New Jersey Drug and Alcohol Use Treatment*. <https://nj.gov/humanservices/dmhas/documents/pdf/statistical/substance-abuse-overview/2023/Statewide.pdf>

<sup>4</sup> Shang, M., Thiel, B., Liebschutz, J.M. *et al*. Implementing harm reduction kits in an office-based addiction treatment program. *Harm Reduct J* 20, 163 (2023). <https://doi.org/10.1186/s12954-023-00897-5>

<sup>5</sup> Andraka-Christou B, Randall-Kosich O, Totaram R. Designing an “Ideal” Substance Use Disorder Treatment Center: Perspectives of People Who Have Utilized Medications for Opioid Use Disorder. *Qualitative Health Research*. 2021;31(3):512-522. doi:10.1177/1049732320971231

<sup>6</sup> Krawczyk, N., Allen, S.T., Schneider, K.E. *et al*. Intersecting substance use treatment and harm reduction services: exploring the characteristics and service needs of a community-based sample of people who use drugs. *Harm Reduct J* 19, 95 (2022). <https://doi.org/10.1186/s12954-022-00676-8>

<sup>7</sup> NIDA. Harm Reduction. *National Institute on Drug Abuse* (2022). <https://nida.nih.gov/research-topics/harm-reduction>

<sup>8</sup> Cano M, Daniulaityte R, Marsiglia F. Xylazine in Overdose Deaths and Forensic Drug Reports in US States, 2019-2022. *JAMA Netw Open*. 2024 Jan 2;7(1):e2350630. doi: 10.1001/jamanetworkopen.2023.50630. PMID: 38180756; PMCID: PMC10770774.

<sup>9</sup> Shang, M., Thiel, B., Liebschutz, J.M. *et al*. Implementing harm reduction kits in an office-based addiction treatment program. *Harm Reduct J* 20, 163 (2023). <https://doi.org/10.1186/s12954-023-00897-5>

<sup>10</sup> <https://www.reduceharm.org/rovers>