

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Division of Mental Health and Addiction Services

Request for Proposals (RFP)

ADDICTION SERVICES RECOVERY CENTER

Proposal Due: March 14, 2012

Date of Issuance: January 4, 2012

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Agency

The Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) is issuing this Request for Proposals (RFP) to develop a second Addictions Recovery Center in New Jersey with priority for its location given to the following six (6) counties: Atlantic, Camden, Gloucester, Mercer, Monmouth, and Ocean.

Purpose of this Announcement

DMHAS is soliciting proposals for the development of a second Addictions Recovery Center with priority for its location given to the following six (6) counties: Atlantic, Camden, Gloucester, Mercer, Monmouth, and Ocean. The Addictions Recovery Center will be a place where individuals can access peer support, information about substance abuse treatment and recovery support services, and information about other community resources in a supportive alcohol- and drug-free environment. This will represent a service expansion for recovery support services.

Approximately \$325,000 for services and operations may be available from DMHAS per year for a period of up to three years. Approximately one award will be made. This funding is designed for applicants to deliver peer-to-peer recovery support services that help prevent relapse and promote sustained recovery from alcohol and drug use disorders. Successful applicants will provide peer-to-peer recovery support services that are responsive to community needs and strengths, and will carry out a performance assessment of these services. This award is intended to support peer leaders from the recovery community in providing recovery support services to people in recovery and their family members, and to foster the growth of communities of recovery that will help individuals and families achieve and sustain long-term recovery.

All application and expenditure data pertaining to these contract funds must be presented independently of any other DMHAS or non-DMHAS funded program of the applicant/contractee. Cost sharing is not required; however self-sustainability after contract expiration will be a consideration in making the award. Actual funding levels will depend on the availability of funds. This will be a one year contract that is renewable annually for three years. Annual continuation and renewal are subject to availability of funds, satisfactory performance, as well as compliance and completion of all required/requested reports.

Background

In 2009 DMHAS supported, through the RFP process, the development of New Jersey's first Addictions Recovery Center which is located in Paterson and run through a contract with Eva's Village. DMHAS is proposing to develop a second Addictions Recovery Center to be located in Atlantic, Camden, Gloucester, Mercer, Monmouth, or Ocean County and will also serve as a model program for a client-centered recovery-oriented

system of care. Recovery support is an essential part of the continuum of care since addiction is a chronic biologically based disease of the brain and as such requires a system of care designed to treat a chronic condition rather than an acute illness. With other chronic conditions, e.g., diabetes, hypertension, heart disease, that are characterized by periods of wellness and acute episodes of care, the care system and intervention are designed to manage the illness in order to promote sustained periods of wellness and eliminate or minimize the need for acute care. Similarly, the addiction treatment system must adapt so as to support the process of sustained recovery.

Several states have recognized the importance of peer run services and addiction recovery-based centers to support individuals in their individual journeys to recovery. In Connecticut, four Recovery Community Centers (RCCs) have been developed which are overseen by the Connecticut Community for Addiction Recovery (CCAR). CCAR is an organization that advocates at the State level for policies and priorities that are pro-recovery, develops and delivers numerous training programs to those in recovery as well as addiction professionals, and maintains a recovery housing database and website. These centers are a “recovery oriented sanctuary anchored in the heart of the community.” It is a place where recovery-related workshops, trainings, meetings, services and social events are consistently delivered. The centers in Connecticut have demonstrated positive outcomes, with 96% of participants being drug and alcohol free, 78% finding jobs or returning to school and 87% finding safe and affordable housing.

The Vermont Recovery Network (VRN) has developed nine recovery centers where individuals can find peer-to-peer support, information about recovery, substance abuse services and community resources in a supportive alcohol and drug free environment. The centers host numerous weekly meetings to support those in recovery and their families. The impact and use of these centers continues to grow as they become an increasing critical component of the substance abuse services continuum of care. The VRN reports that 32% of their visitors have never attended treatment, 88% report the centers help them “maintain and enhance” their recoveries and 77% report the centers helped them reduce the length and frequency of relapse.

In some states, the recovery support centers have also been an important center for community-based leadership to develop a self-led advocacy movement in support of recovery, effectively battling the stigma of addiction with the positive strides in their own lives.

Through New Jersey’s Addictions Recovery Center, DMHAS intends to expand the continuum of care to include an array of services that support individuals in their recovery from addiction. Recognizing the need to support individuals in their pathway to recovery, the Recovery Center will be a place where individuals who have completed or left treatment, or who have never entered formal treatment, can find a nurturing and empowering environment in which they can learn new skills and develop a social network. The Addictions Recovery Center will help prevent relapse and provide support for sustained recovery within the community. Services will be provided by peers who will also serve as positive role models.

During 2010, there were 70,594 discharges from substance abuse treatment in New Jersey. Of these, 17,861 or 25%, quit or dropped out of treatment. While ALL clients can benefit from recovery support services, those clients who did not complete treatment may find recovery support beneficial and a gateway back into treatment and/or sustained recovery. It is clear that there are significant numbers of people who could benefit from ongoing recovery programs. While these figures are drawn from those who enter the formal treatment system, there is a group of people of unknown size who have never accessed formal treatment who could also benefit from recovery services. This will also be an opportunity for those for whom access to treatment is not possible or delayed due to insufficient capacity within the system. The DMHAS Recovery Center will offer training, social, educational and recreational opportunities. There will be classes focused on wellness, nutrition and illness management, including classes on self-care, stress management, financial management, literacy education, job and parenting skills. Housing assistance (e.g., finding apartments and roommates) will also be provided, and there will be telephone support available to Addictions Recovery Center participants. It is expected that this peer-delivered service will result in improved social functioning, reduced substance abuse and an improved quality of life, including more social connectedness.

Moreover, the Addictions Recovery Center will serve as a safe place for recovering individuals to gather in support of one another and experience sober living in a community setting. Addictions clients can benefit from a continued connection to others also in recovery. It is the ideal place for those in recovery to receive peer-to-peer support, attain guidance in a number of life-skill areas such as employment, education, cooking/nutrition, parenting, and wellness activities. An Addictions Recovery Center that is developed, run and maintained by others in recovery will help to foster the recovery lifestyle and will be a place where those in recovery can have the opportunity to give back to their community thereby fostering senses of empowerment and independence in those individuals. The Addictions Recovery Center will offer social support and give those in recovery a place where they feel they can go and feel that they belong.

In summary, this project will:

- Expand the continuum of care for addictions services in New Jersey;
- Strengthen the linkage between treatment and recovery;
- Increase support for sustained recovery within the community;
- Support individuals in their recovery and provide them with a sense of hope;
- Help prevent relapse;
- Improve life skills;
- Provide a center for community based leadership to grow and develop, and
- Lead to improved outcomes, such as:
 - Abstinence from alcohol
 - Abstinence from other drugs
 - Increased employment
 - Increased enrollment education/vocational training

Increased social connectedness
Reduced involvement in the criminal justice system
Reduced homelessness

Who Can Apply?

The following eligibility criteria shall apply:

1. Applicants must be an incorporated nonprofit organization.
2. Applicants must have at least 2 years experience as of January 2012 providing peer recovery support services or other relevant services engaging the recovery community in the design and delivery of recovery support services.
3. Applicants must comply with all applicable local (city, county) and State licensing, accreditation, and certification requirements, as of January 2012.
4. Applicants must have a New Jersey address and be able to conduct business from a facility located in New Jersey.
5. All New Jersey and out of State Corporations must obtain a Business Registration Certificate (BRC) from the Department of the Treasury, Division of Revenue, prior to conducting business in the State of New Jersey. Proof of valid Business Registration with the Division of Revenue, Department of the Treasury, State of New Jersey, shall be submitted by the bidder and, if applicable, by every subcontractor of the bidder, with the bidder's bid. No contract will be awarded without proof of business registration with the Division of Revenue. Any questions in this regard can be directed to the Division of Revenue at (609) 292-1730. Form NJ-REG. can be filed online at www.state.nj.us/njbgs/services.html.
6. Before performing work under the contract, all sub-contractors of the contractor must provide to the contractor proof of New Jersey Business Registration. The contractor shall forward the business registration documents on to the using agency.
7. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal IRS regulations, as applicable.
8. Applicants must not be suspended or debarred by DMHAS or any other State or Federal entity from receiving funds.
9. An applicant that is a current DHS/DMHAS contractee must be in compliance with the terms and conditions of its current contract.
10. Applicants must have all outstanding Plans of Correction (PoC) for deficiencies

submitted to DMHAS for approval prior to submission of a proposal in response to this RFP.

11. Applicants must have a governing body that provides oversight as is legally permitted. No member of the Board of Directors can be employed as a consultant for the successful applicant.

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

12. Applicants must attend the Mandatory Bidders' Conference at 10:00 a.m. on January 25, 2012 at DMHAS, 120 S. Stockton Street, 3rd Floor in Trenton.

Proposal Package

The proposal package includes the following:

- RFP including narrative instructions for this specific contract
- Contract Application

How to Get a Proposal Package

- Contact Helen Staton
DMHAS
P.O. Box 362
Trenton, NJ 08625
(609) 633-8781
- Download the RFP from the following website at <http://www.state.nj.us/humanservices/providers/grants/rfprfi/>
- Download the contract application forms from the following website at <http://www.state.nj.us/humanservices/das/information/contracts/>

Due Date

Proposals must be received at DMHAS by 5:00 p.m. on March 14, 2012, and include one (1) signed original and five (5) copies. Faxed or electronic proposals, as well as those received after the deadline, will not be reviewed.

Where to Send Proposals

Send the original and five (5) copies of your proposal to DMHAS.

For United States Postal Service, please address to:

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

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

Helen Staton
DMHAS
120 South Stockton Street, 3rd floor
Trenton, NJ 08611
(609) 633-8781

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

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

Mandatory Bidders' Conference

A Mandatory Bidders' Conference will be held at 10:00 a.m. on January 25, 2012 at DMHAS, 120 South Stockton Street, 3rd floor in Trenton. This conference will provide applicants the only opportunity to ask questions about the RFP requirements or the award process. At no other time will State staff answer substantive questions. This is necessary to ensure that all potential applicants will have equal access to information. All potential applicants must attend the Mandatory Bidders' Conference.

Applicants are requested to notify Helen Staton by email at helen.staton@dhs.state.nj.us of their intent to attend the Mandatory Bidders' Conference. When registering for the Mandatory Bidders' Conference, please indicate if special accommodations are needed pursuant to the Americans with Disabilities Act. For interpretation services, please notify DMHAS as soon as possible in order to secure services. In the event services must be cancelled, a minimum of 48 hours notification to DMHAS is necessary.

Applicants are guided to rely upon the information in this RFP and the details provided at the Mandatory Bidders' Conference to develop their proposals. Substantive questions regarding intent or allowable responses to the RFP, outside the Mandatory Bidders' Conference, will not be answered individually. Any necessary response to questions posed by a potential applicant during the Mandatory Bidders' Conference that cannot be answered at that time will be furnished in writing to all potential applicants registered as being in attendance. If a question is raised after the Mandatory Bidders' Conference, all attendees of the Mandatory Bidders' Conference will be advised in writing of the clarification. Specific guidance will not be provided to individual applicants at any time.

Contract Overview/Expectations

A. Core Values

The successful respondent to this RFP will design an Addictions Recovery Center that will fulfill SAMHSA's recovery oriented system of care principles. It must encompass the following core values:

Keeping Recovery First

"Keeping Recovery First" will be a dominant core value in the Addictions Recovery Center in that it is designed as a resource to enable people who are in or seeking recovery to do just that. If persons in or seeking recovery lose focus on their recovery, they leave themselves vulnerable or at risk, usually in the form of a trigger or relapse situation.

The Addictions Recovery Center's overarching goal is to support recovery and have recovery from substance abuse be the focus of all activities, events, services and support. It will not be a place to receive substance abuse treatment.

Participatory Process

The Addictions Recovery Center will be staffed by individuals in recovery and be run by a Board which includes recovering individuals. This board will oversee development and planning. It will be a Center that the recovering community can come and volunteer their time to assist their peers in recovery through teaching, painting, cooking, etc. Peers will develop what their peers would benefit from the most and assess need for their own particular community of addicted individuals.

Authenticity of Peers Helping Peers

The Addictions Recovery Center will be developed, run by, maintained and managed by individuals recovering from addictions through multiple pathways for the purpose of providing services to others in recovery.

Leadership Development

The Addictions Recovery Center will help develop leaders who can enrich the recovery community. An individual may have a specific skill to share with others who can share

this knowledge through an informal class or small group. A requirement of this RFP is to describe the proposed leadership development plan.

Cultural Diversity and Inclusion

The Addictions Recovery Center will include members of that particular region's recovering community. Many times alcoholics are separated (self-segregated or otherwise) from drug addicts and recovering drug addicts separate themselves from recovering opioid-dependent individuals utilizing methadone treatment. The awardee will market the Addictions Recovery Center to State and County-funded programs as well as private agencies so the clientele will be from all socio-economic backgrounds. The Center will be inclusive of various groups, treatment protocols, self-help affiliations, or lack thereof. It will also be sensitive to differences related to age, culture, religion/spirituality, language, gender, race/ethnicity, disabilities, mental health issues, and sexual orientation. It will recognize that there are many pathways to recovery and will not discriminate against those who choose medication-assisted recovery.

B. Target Population and Numbers to Be Served

The applicant will document the need for the service in their county or region using quantitative and qualitative data. This can include administrative data, social area indicators, focus groups, key informant interviews, etc. The target population will be determined by the agency that successfully responds to this RFP. An additional population of focus are those individuals who have a history of intravenous drug use. The Addictions Recovery Center should serve at least 200 individuals per month, with at least 25 being unduplicated. Out of the 2,400 individuals expected for a calendar year, 300 will be unduplicated individuals. Over the three-year course of the project, 900 unduplicated individuals are expected to be served. In addition, telephone support is to be provided as part of this proposal (see D. Recovery Support Services to be Provided). It is expected that at least 100 follow-up calls will be made to participants per month, and another 25 calls will be outreach calls to clients in local outpatient programs.

C. Program Model

The following will serve as a guideline for the development of the Addictions Recovery Center.

Organizational Structure

The Addictions Recovery Center will create a Recovery Center Board which will be comprised of at least 51% representatives from the local recovery community. While treatment providers are eligible to apply for this RFP, they will need to form a Recovery Center Board that is autonomous from its existing agency's Board.

Site Configuration

The Addictions Recovery Center should be, at a minimum, 2,500 square feet, be ADA compliant and have these standard areas:

- Group/Training room that seats a minimum of 50 individuals;
- Computer area that can comfortably hold at least three computers (high speed internet capable);
- Two offices: one for the Senior Peer Services Coordinator and the other for additional staff;
- Reception area;
- Telephone room, private for making telephone recovery support calls with at least five phones and phone lines;
- Lounge area for reading and socializing;
- Resource area that would include up-to-date educational material, books, brochures, DVDs, videos, audio tapes, etc.;
- Kitchen area;
- Supervised child play/activity area;
- Exercise or meditation space; and
- Creative arts area.

Location

The Addictions Recovery Center will have a prominent, visible location, whose sole purpose is to promote recovery; it literally brings recovery from church basements onto Main Street. It will be easily accessible to those without personal transportation.

Hours of Operation

The Addictions Recovery Center will be open at least six days per week, one of which will be a weekend day. There will be at least five nights the Addictions Recovery Center will remain open until 9 p.m. The Addictions Recovery Center should be open at least 45 hours per week. Thus the Center's schedule may flexible; it may be open from 10 am to 2 pm, close for a few hours, then reopen from 5 pm to 9 pm. This example is for illustrative purposes only.

Staffing

At a minimum, an effective Addictions Recovery Center requires the following paid staff:

- One full-time Senior Peer Services Coordinator, in effect, the "director" of the Addictions Recovery Center. Ideally, this person will be intimately familiar with the local recovery community and knowledgeable of all local social services, businesses, faith organizations and neighborhoods. This person should also have strong fund-raising experience as well as some management experience
- One Associate Peer Services Coordinator to assist the Senior Peer Services Coordinator
- One Administrative Assistant

The Senior Peer Services Coordinator will be given an annual budget to provide programming, training, workshops and social events. The Senior Peer Services Coordinator is responsible for planning, implementing and supervising a comprehensive schedule of events, activities, and support services to fulfill the mission of the Center. The paid staff and selected volunteers of the Addictions Recovery Center will participate in local and statewide fundraising activities. The staff will be representative of the recovering community, whether it be their personal addiction recovery, professional involvement in addictions and recovery, or being a part of a close friend or family member's recovery. Paid and volunteer staff will also have on-going training and involvement in cultural competency, lifespan development issues, race and ethnicity, immigrant population concerns, sexual orientation and sexual identity issues.

Volunteers

Volunteers are a number one resource and similarly, the Addictions Recovery Center will adopt this approach. The Addictions Recovery Center will make an outstanding effort to recruit, screen, train, engage, supervise and recognize volunteers. Volunteers will be representative of the community that the Addictions Recovery Center will serve.

Programming

- All program efforts at the Addictions Recovery Center will be overseen by the paid staff and are influenced by the Recovery Center Board and the local recovery community.
- Recovery coaching that includes peer one-on-one interaction will be an integral part of the Addictions Recovery Center.
- Volunteers will be trained to provide child care services for parents when they participate in activities at the Addictions Recovery Center. Volunteers will be trained in child safety and child development issues.
- Employment support will be provided to individuals in recovery to help build personal recovery capital.
- Peer volunteers will deliver training and will have been trained to conduct such education programs.
- The Center will organize and/or host social activities that are member and committee driven and supported by peer volunteers.
- Monthly membership meetings will be held.
- A monthly schedule of activities will be published. This schedule will be posted prominently in the Addictions Recovery Center itself and available on the internet.
- The Center will host an event during the month of September that promotes the National Alcohol and Drug Addiction Recovery Month in the local community.

General Guidelines

The Addictions Recovery Center must:

- Be volunteer-driven, member-inspired and premised on peer support.

- Have clear policies and procedures that are readily available to the membership and reviewed every year.
- Have Rules of Conduct clearly posted.
- Have computers for individuals in recovery with high-speed internet connections.
- Have at least one large screen TV, DVD player, and VCR for training, workshops and seminars.
- Have all staff and appropriate volunteers be trained to utilize the internet to access services for individuals in recovery.
- Have a Community Resources Book with pertinent forms and applications to be updated quarterly.
- Publish a quarterly newsletter detailing past activities and events. The newsletter will serve to publicize future activities and events.
- Develop a basic website for the Addictions Recovery Center which posts hours, contact information, schedule of events and other related information. There are many inexpensive web-hosting services available that can be utilized for this purpose.
- Comply with NJ laws requiring a smoke-free environment.
- Be American With Disabilities Act (ADA) compliant.
- Welcome and support all recovery pathways that sustain mental health and abstinence from addiction including medications, faith-based, etc.
- Accommodate the needs of individuals with disabilities, such as the deaf/hard of hearing, visually impaired, etc. This may include access to the Language Line, allocating funds for interpreter services, including a TTY line, including materials in Braille, ensuring computers are equipped with a JAWs reader, etc.

D. Recovery Support Services to be Provided

Below are some examples of services and activities that might be provided.

Recovery Support Services

A variety of services to maintain and sustain recovery, including recovery mentors, phone outreach to individuals leaving treatment and/or new in recovery or working on relapse prevention, and information and referral to licensed treatment services.

Social Events/Recreational Activities

The Addictions Recovery Center will be a sober and drug free setting for socials, dances, pot luck dinners, special speakers or lectures, plays, performances, readings and receptions. These events will be a realistic alternative for people to go to on an evening when staying home alone may be another reason to use drugs. Activities occurring outside the Addictions Recovery Center may also be planned, e.g., bowling or movie nights.

Wellness Classes

The Addictions Recovery Center can host any of the following to foster wellness for individuals in recovery. These are not necessarily substance use related, yet they are

part of lifestyle changes that can assist those in recovery in integrating healthy decisions into their sober lives. Examples may include:

- *Illness Management*- Helping people recognize triggers that may lead to relapse and develop strategies to avert problems.
- *Addiction/Alcoholism Literacy*- General information about the facts and science of the disease; its significance and suggested approaches in managing a chronic disease, including options for protecting, enhancing recovery; preventing relapse; quieting cravings, dealing with pain and pain management; etc.
- *Smoking Cessation*- Many in recovery are smokers. Having smoking cessation classes or nicotine support will greatly enhance the recovery for those addicted to other substances.
- *Relaxation and Meditation*- Guided meditation can enhance well being and positive outlook for those in recovery. Classes can show how meditation can be done and the recovering person can bring this back home to continue the lessons learned when undergoing a stressful situation.
- *Nutrition*- While in their active addiction, people are not necessarily concerned with what they are consuming. Classes on nutrition will benefit those in recovery so they can understand why food choice is important to their overall mental and physical wellbeing.
- *Creative Arts*- Creative arts activities have been demonstrated to promote health and wellness and support healing from a variety of chronic conditions. Structured opportunities to engage in arts activities will provide an opportunity for individuals in recovery to engage in satisfying forms of self-expression that support and reinforce a recovery lifestyle.

Other Classes

A variety of other classes may be offered as well and will reflect the interests of participants. Some examples are presented below.

- *English as Second Language (ESL)* - New Jersey is an ethnically and culturally diverse State. Depending on the location, the Recovery Center may offer ESL classes if the clientele warrants a need.
- *Literacy Classes* – Classes that will help adults learn to read.
- *Parenting Skills* - Classes can be coordinated regarding parenting and childcare for mothers and fathers in recovery. Childcare can be a part of the Recovery Center as a service and also as a training device for those who need help interacting, disciplining and caring for their children.
- *Vocational Evaluation*- This can help recovering individuals evaluate training or education needs in order to get lasting and meaningful employment. Community Learning/College application assistance can be offered to those wanting to take classes or matriculate into a program. “Homework help” nights can be initiated for those taking GED or college classes that would be facilitated by either staff or a volunteer.

- *Financial Literacy and Management* - Classes can be given to help plan a budget, help with consumer debt consolidation, how to open a bank account and plan savings.

Support Groups

A support group is an informal resource that provides healing components to a variety of problems and challenges, such as addiction; a unique characteristic is the mutual support members can provide to one another. These could include all-recovery groups, family support groups, other self-help, etc. Also, the Addictions Recovery Center can host meetings for established groups such as AA, NA, etc.

Learning Circles

These are peer-driven and peer-led learning groups providing awareness and knowledge on various topics that support and strengthen recovery. Some examples are: reducing debt, knowing your rights, seeking forgiveness, etc.

Telephone Support

The Recovery Mentors and other volunteers will use telephone lines at the Addictions Recovery Center to make follow-up recovery support phone calls to those who have visited the Addictions Recovery Center, as well as to those individuals leaving treatment who have expressed an interest in and consented to follow-up from the Addictions Recovery Center. The call is a form of support and 'check-in' and will reinforce the feeling of community to those using the Addictions Recovery Center and foster a sense of caring within this community. The Recovery Mentor calling can answer any questions the attendee may have, give ideas about how the Addictions Recovery Center may be used, talk about upcoming events, or just call to say, "Hello." This will serve as a follow-up if the attendee has not come into the Addictions Recovery Center for more than a pre-designated period of time. Consent for follow-up contact will be required.

Housing Assistance

Those new in recovery may need assistance finding a place to live. The Addictions Recovery Center can assist those in finding safe housing and/or finding roommates who are also in recovery.

Language Assistance

The Center will offer telephone support via the language line for individuals who do not speak English.

Employment Assistance

The Center will help participants search for jobs online, provide resume writing assistance, practice interviews, and dress for success.

Childcare Assistance

The Center will help participants locate and access childcare in the community, as well as provide childcare/babysitting services during Addictions Recovery Center hours so participants can attend meetings and participate in programs.

Special Programs

Programs will be developed with the community's involvement to address special issues and concerns of: age (youth, entering adulthood, entering parenthood, retirement-age and/or elderly), gender, race, ethnicity, assimilation into American culture for immigrants, sexual orientation, diverse recovery pathways, domestic violence supports, etc. Discussion groups, cultural sharing days and workshops will be created.

Fundraising

The Center will sponsor activities such as bake sales, recovery walks, performances, picnics, etc. to help generate income which is the key to sustainability.

E. Recruitment of Target Population/Peer Leaders

It is expected that the applicant awarded the contract to develop the Addictions Recovery Center will aggressively market the program. A line item should be included in the budget for developing promotional materials/brochures that can be distributed that are language and culturally appropriate to the community. The successful applicant will need to outreach to treatment providers, community leaders, and various support groups to "get the word out." Materials will also be developed in Spanish or other languages appropriate to the target population. Client recruitment procedures will need to be included in the proposal to this RFP.

The awardee will also need to outreach to the community to recruit volunteers/peer workers. A staff and volunteer orientation program will be developed and applications kept on file.

F. Role of Members of the Recovery Community in Planning and Implementation

Applicants are required to include members of the recovery community in the design and implementation of the program, including hiring peers to run the program and seeking out peers to be volunteers. This will ensure appropriate community representation.

G. Cultural Competence

Cultural appropriateness should be evident at all levels of this proposal. It is important that the Addictions Recovery Center have paid and volunteer staff who is representative of the diversity of the community that it will serve. Peer-provided services need to represent cultural diversity, as research on self-help groups has found that the group context and the characteristics of the group members influence whether someone will return after his or her initial contact with the Addictions Recovery Center.

Membership in the Advisory Board at the proposed Addictions Recovery Center will include diverse representation from local agencies and organizations. In developing policies, programs and practices, the Advisory Board will pay close attention to respecting traditions and recognizing the multiple complexities in language interpretation, cultural variation, and the variation in literacy levels in all language groups. The awardee will be expected to recruit, retain and train staff from cultural, economic, and linguistic backgrounds that complement the clients to be served. Provider staff will understand how culture affects the provision of high-quality and accessible services by offering care, understanding and respect to the target population's beliefs, interpersonal styles, attitudes, behaviors, and cultural values. The Advisory Board will encourage Board members to address issues of cultural appropriateness at each stage of the planning, from assessing readiness issues through the perspectives of stakeholders to the selection and implementation of programs, policies and practices that are appropriate for diverse populations. It is expected that at least one member of the Board will have expertise in cultural competence.

H. Incentives

The Addictions Recovery Center may offer incentives to help engage interest. Some examples could be weekly drawings for a gift card to a local store or supermarket, or monthly drawings for a gift basket contributed by a local business or organization. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. In no case may the value of an incentive exceed \$20.

I. Data Communications

The Addictions Recovery Center will provide high speed Internet lines with computers for job searches, housing, and e-mail contact. Computer services for online recovery support groups will be made available. Free email accounts can be obtained through various websites. It will also provide phone line and fax line for same.

J. Other Groups

The Center can allow AA/NA/Other recovery support groups to hold meetings on site, but the process must be equally accessed so that no one group is given preferential treatment. This will give the Center a source for clients as well as give support groups a location to hold meetings. The Center can develop its own peer-driven support group if the members feel it would be beneficial. The Addictions Recovery Center must be inclusive of a variety of self-help groups and offer itself as a resource to a broad range of addictions self-help communities.

K. Data Collection and Evaluation Requirements

Outcomes

It is expected that clients will experience positive changes in social skills and increase social interaction in a sober setting. The Addictions Recovery Center provider will collect data in the areas of client substance use, family and living condition, employment status, social connectedness, access to treatment, retention in treatment and criminal justice status. This data will be collected at baseline, six months and one year after baseline. The Center's Administrative Assistant will be responsible for data entry and the Center's Evaluator will review the data and ensure its quality. In addition, the DMHAS in-kind evaluator will provide a level of extra oversight, also reviewing the data.

Service Activity

Since this is an Addictions Recovery Center, it will be important to collect activity information, beyond client level information. A data collection system will be developed by the awardee or purchased, similar to that in use at the Recovery Center at Eva's Village, called the Community Connection Asset Mobilization Process (CCAMP), to track the volume of visitors to the center on a weekly basis, the number of different programs offered, attendance at these programs, informational material distributed, outreach attempts to the community, etc. Also, since the program will offer telephone support, the number and type of calls received will be recorded.

Client Satisfaction Survey

The Center will be required to collect Client Satisfaction surveys that will be used to monitor satisfaction with the Center. A Client Satisfaction Survey for this program has been developed by DMHAS. A copy of the Satisfaction Survey is included in Attachment 9. Each client visiting the center will be given the questionnaire to complete every six months. The questionnaire will be available in both Spanish and English, and in other languages as determined by the Center Board. Clients will be informed of the content of the questionnaire, its purpose, and their right of refusal to participate either entirely or by not answering individual questions and that this right will not affect their continued participation at the Recovery Center. The client will be asked to sign a consent form. Provisions will be made by the Addictions Recovery Center provider so that clients will be able to complete the questionnaires privately. Completed questionnaires will be placed in envelopes, sealed, and given to the center for data entry. The data obtained from the satisfaction questionnaires will serve primarily managerial purposes by providing regular and continuous feedback regarding client satisfaction with the services provided.

L. Use of Data for Project Management and Continuous Quality Improvement

The awardee will establish a quality and performance improvement plan and committee to oversee the implementation of this plan. The awardee will be required to set performance targets related to access, engagement, and continuity of services and will be required to review and evaluate these data within the committee as well as report to DMHAS and the Advisory Board. The committee will identify areas in need of improvement and develop corrective action plans with specific tasks and timetables to address these areas. The committee will also be required to review these measures in relation to the client satisfaction surveys and demographic data. Any disparities will be

identified and plans of correction developed and implemented to address these disparities. All activities of the committee will be reported to the advisory board and to DMHAS.

Performance Assessment

Applicants should budget a minimum of \$12,000 for a part-time evaluator with a maximum hourly rate of \$100. A minimum of 120 hours of evaluation time is expected. The Center's evaluator will assess Center progress and discuss findings with the Center's management to ensure that program improvement issues are addressed.

Outcome Questions

The Center Evaluator will assess Addictions Recovery Center outcomes such as: abstinence from alcohol/other drugs, increased employment, social connectedness, etc. every six months to see if there is improvement over time. The number of individual recovery plans developed over time will be measured. Differences by racial/ethnic groups will be examined. For those who choose to end services with the Center, there will be a 6-month follow-up.

Process Questions

The Center Evaluator will analyze data for the center, and examine differences for racial/ethnic groups. The process evaluation will also examine how closely the implementation matches the original plan and include explanations for any deviations. Information will be captured on the types of services being provided and the use of these services.

Other

DMHAS will conduct one structured interview with the Addictions Recovery Center Director to discuss his or her experience in providing services for the clients and their families. Interviews with Addictions Recovery Center staff will be held at the end of the 3rd and 6th month and then as needed. Information collected from the interviews will assist in project development, direction and collection of evaluation data. DMHAS will coordinate and hold mandatory quarterly meetings with the Center Director and Center staff. These meetings will give the Addictions Recovery Center opportunities to discuss direction, problems, and issues with the project for the purpose of providing DMHAS with feedback and guidance for project improvement as well as facilitate relationships and problem solving. There will also be collaboration with Eva's Village so that the two Centers will have the opportunity for peer to peer technical assistance.

M. Sustainability

The contractee must have plans for sustaining the program when funding ends after three years. The contractee shall incorporate self-funding and income-generating opportunities to sustain the Addictions Recovery Center without State funding after three years and allow for expansion of services and locations. These funding resources may include but are not limited to:

- Public donations
- Suggested donations for classes
- Fund raising events such as family-oriented recovery day, fairs, sporting events
- Corporate sponsors
- Public and private grants
- Fees for use of space by outside groups

N. Other

Services must begin to be delivered within 6 months of the DMHAS award.

This DMHAS RFP does not allow the inclusion of indirect costs. All allowable charges should be clearly specified and cost allocated.

All providers of services under this contract must have in place established, facility-wide policies which prohibit discrimination against clients of substance abuse prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery from substance addiction with legitimately prescribed medication/s. These policies must be in writing in a visible, legible and clear posting at a common location which is accessible to all who enter the facility.

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

General Contracting Information

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

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

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

Awardee will be required to comply with the DHS contracting rules and regulations, including the Standard Language Document, the Department of Human Services'

Contract Reimbursement Manual, and the Contract Policy and Information Manual. A list of depository libraries where applicants may review the manuals can be found on the internet at http://www.njstatelib.org/NJ_Information/NJ_by_Topic/NJ_Depositories.php. Additionally, manuals may be downloaded from the DHS website of the Office of Contract Policy and Management (OCPM) at <http://www.state.nj.us/humanservices/ocpm/home/resources/>. The link for the DHS contract manuals is on the left. The awardees will be required to negotiate contracts with DHS/DMHAS upon award, and may also be subject to a pre-award audit survey.

The award will be announced April 11, 2012. Upon official notification from DMHAS of an award, certain expenses incurred by successful applicants during the transition period after selection, but prior to the effective date of the contract, may be reimbursed upon approval.

A contract awarded as a result of this RFP is annually renewable for three years, based on continuing DMHAS funding for the project. 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.

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

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

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

Proposal Requirements and Scoring

Applicants must provide a description of the proposed services. The narrative portion should be single-spaced with 1 inch margins, no smaller than 12 point in Times New Roman font, not exceed 20 pages, and be organized by each heading to address the following key concepts. Items included in the Appendices do not count towards the narrative page limit. **All pages should be numbered, with the exception of the single audit report, IRS Form 990 and Pension Form 5500.**

Proposals accepted for review will be evaluated according to responses provided. Reviewers will be looking for evidence of cultural competence in each section of the

proposal and will consider how well you address the cultural competence aspects of the evaluation criteria when scoring your application. The number of points after each heading is the maximum number of points the review committee may assign to that section of your proposal. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall section score. A minimum score of 70 must be achieved in order to be considered for the award.

Statement of Need (10 points)

- Clearly state whether your application is proposing service expansion, service enhancement, or both. Describe the population of focus and the geographic area to be served, and justify the selection of both with respect to the recovery community. Also include demographic information on the recovery community, e.g., race, ethnicity, age, socioeconomic status, geography.
- Describe the nature of the problem and extent of the need (e.g., current prevalence rates or incidence data) for the population of focus based on data. The statement of need should include a clearly established baseline for the project. Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from local epidemiologic data or trend analyses, State data (e.g., from DMHAS's State Needs Assessments, Household Surveys and Substance Abuse Overviews), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports). For data sources that are not well known, provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Discuss how a recovery-oriented system of care would address the needs of the population of focus. Identify the types of services and linkages that need to be used to provide a recovery-oriented system of care. Describe how the additional services and linkages, including primary health care and mental health care, would enhance the existing services and expand access to care.

Proposed Service/Best Practice (15 points)

- Clearly state the purpose, goals and objectives of your proposed project. Describe how achievement of the goals will produce meaningful and relevant results (e.g., increase access, availability, prevention, outreach, pre-services, treatment and/or intervention, and maintain recovery).
- Identify the best practices/services/supports/linkages, including recovery support services, that you propose to implement (refer to "D. Recovery Support Services to be Provided") and the source of your information. Discuss the evidence that shows that these practices are effective with your population of focus. If the evidence is limited or non-existent for your population of focus, provide other information to

support your selection of the services, supports and linkages for your population of focus.

- Document the evidence that the practices/services/supports/linkages, including recovery support services you have chosen are appropriate for the outcomes you want to achieve.
- Identify and justify any modifications or adaptations you will need to make – or have already made – to the proposed practices/services/supports/linkages to meet the goals of your project and why you believe the changes will improve the outcomes.
- Explain why you chose these practices/services/supports/linkages over other evidence-based practices/services/supports/linkages. If these are not evidence-based practices/services/supports/linkages, explain why you chose this intervention over other interventions.
- Describe how the proposed project will address the following issues in the recovery community, while retaining fidelity to the chosen practice:
 - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
 - Language and literacy;
 - Sexual identity – sexual orientation and gender identity; and
 - Disability.
- Demonstrate how the Addictions Recovery Center will meet your goals and objectives. Provide a logic model that links need, the services or practice to be implemented, and outcomes. (See Attachment 5 for a sample logic model.)

Proposed Implementation Approach (25 points)

- Describe how the proposed service(s) or practice(s) will be implemented.
- Address all components noted under “C. Program Model”.
- Describe how you will assess clients for the presence of co-occurring substance use (abuse and dependence) and mental disorders, and use the information obtained to develop appropriate recovery approaches for the persons identified as having such co-occurring disorders.
- Describe your required linkages to primary health care and mental health care, and at least two additional linkages with systems/services appropriate to the recovery community, and discuss your plan for establishing these linkages.

- Describe how your program incorporates elements of recovery-oriented systems of care and how it uses the principles and elements of recovery-oriented systems of care. (See Attachment 6).
- Provide a realistic time line for the entire project period (chart or graph) showing key activities, milestones, and responsible staff. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.] Please note that service delivery is to begin within 6 months of this award.
- Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire project period), including the types and numbers of services to be provided and anticipated outcomes.
- Describe how the population of focus will be identified, recruited, and retained. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population of focus, discuss how the proposed approach addresses these issues in outreaching, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.
- Describe how project planning, implementation and assessment will include input from the recovery community and reflect the values of recovery-oriented systems of care.
- Describe how the project components will be embedded within the existing service delivery system. Identify any other organizations, including primary health care and mental health care organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from community organizations supporting the Recovery Center as an appendix to your proposal.
- Show that the necessary groundwork (e.g., planning, consensus development, development of memoranda of agreement, identification of potential facilities) has been completed or is near completion so that the project can be implemented and service delivery can begin as soon as possible and no later than 6 months after grant award.
- Describe the potential barriers to successful conduct of the Addictions Recovery Center and how you will overcome them.
- Describe your plan to continue the Addictions Recovery Center after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.
- Describe your policies which prohibit discrimination against clients of substance abuse prevention, treatment and recovery support services who are assisted in their

prevention, treatment and/or recovery from substance addiction with legitimately prescribed medication/s. Include your policies as an Appendix.

- Describe your plan for developing an autonomous board for the Addictions Recovery Center and ensuring that at least 51% of the members are from the local recovery community.
- Describe your plan for services and activities that will be provided at the Addictions Recovery Center, utilizing the information contained in the Contract/Overview section of this RFP.
- Describe your plan for providing telephone support and how staff/volunteers will be trained to provide this support.
- Describe your plan for program sustainability.

Staff and Organizational Experience (20 points)

- Provide a brief narrative describing your agency's history, its primary purpose, capability, target population and the number of years of experience. Describe your experience providing peer recovery support services. How does your agency's experience and success demonstrate your ability to provide the expected services?
- Demonstrate that your organization has linkages to the recovery community and ties to grassroots/community-based organizations that are rooted in the culture and language of the recovery community.
- If currently funded by DMHAS, has any disciplinary action been taken against your agency in the past five years? If so, please explain and include documentation as an Appendix to your proposal. Has your agency ever been debarred by any State, Federal or local government agency? If so, please explain and include documentation as an Appendix. Describe any active litigation that your agency is involved with and any pending litigation of which your agency has been notified.
- Provide a complete list of staff positions for the Addictions Recovery Center, showing the role of each and their level of effort and qualifications. Describe the number of key paid personnel who will be involved with the contract, including their qualifications, i.e., professional licensing and related experience. Detail if they are current staff or to be hired, and include if staff will be bilingual. Attach resumes limited to 2 pages each of current staff and any anticipated new hire(s) in an Appendix. Include job descriptions for key personnel with oversight and involvement in completing the responsibilities of the contract. Include the Project Director and other key personnel. Describe the proposed organizational structure and provide a copy in chart form in an Appendix.

- Detail your agency’s hiring policies regarding background and credential checks, as well as past criminal convictions.
- Provide a list of names of your consultants or the consultants that your agency plans on utilizing for this RFP. Which of your consultants are on the Board of Directors or are employees? Which are voting members?
- Does your Board of Directors vote on items relating to DMHAS contracts?
- Describe your plan for recruiting volunteers to work at the Center and how they will be trained and screened for safety. Describe your plan to fingerprint staff and volunteers who will provide childcare/babysitting services and assuring there are no citations for child abuse/neglect.
- Describe your plan to manage paid and volunteer staff, including an initial and ongoing staff training plan. How will staff performance be measured?
- Describe your plan for peer leader development.
- Discuss how key staff has demonstrated experience in serving the recovery community and are familiar with the culture and language of the recovery community. If the population of focus is multicultural and multi-linguistic, describe how the staff is qualified to serve this population.

Performance Assessment and Data (10 points)

- Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for the Recovery Center. Refer to “K. Data Collection and Evaluation Requirements.”
- Describe how data will be used to manage the project and assure continuous quality improvement. Refer to “L. Use of Data for Project Management and Continuous Quality Improvement.”
- Provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 10% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served. The range should range from \$1,000 to \$2,500, as per the recommended federal cost band for recovery services.

Facilities/Equipment (10 points)

- Describe the resources available for the Addictions Recovery Center (e.g., facilities, equipment), and provide evidence that services will be provided in a location that is

adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the recovery community. Describe how the space will be configured.

- Describe how tangible assets, such as computers and hardware, phones, and other special service equipment will be acquired or allocated for staff and/or clients, who may require these services at the locations listed. Describe website basic maintenance and updating.
- Describe accessibility to public transportation, pedestrian safety and availability of parking. Include your plan for phone lines for telephone support. Provide the hours of operation.

Budget Requirements (10 points)

- Identify fiscal staff (and their minimum qualification) who are responsible for administering your program. What is your capability of doing financial reports and the frequency (i.e. what software programs are you utilizing for financial reporting)? To whom do you report externally using electronic media? How often (i.e., quarterly, monthly)? Do you file any external monthly or quarterly expenditure reports electronically? Do you bill Medicaid? List all of the agencies that you bill electronically.
- Do any of your current and/or former paid employees and/or board members actively participate in lobbying activities? If so, please identify and detail any of the costs allocated to any of your state contracts? If your agency has any paid registered lobbyists, identify and detail any of the costs allocated to your budget proposal.
- Does your agency have a line of credit? If so, what is the amount of your agency's line of credit? Who is the lender(s) who provides the line of credit? If an amount was borrowed, what was the reason; and, list month by month, for the last 12 months of credit utilization. Is it expected to continue over the next 12 months? Please explain.
- Are there any audits, other than the required single audit, pending or in progress? Who requested the audit? What is the firm's name and telephone number? What type of audit is this?
- Explain start-up costs for the Addictions Recovery Center. These include telephone system, computers and printers, furniture, electronics such as TV and DVD/VCR and equipment leases. Describe costs for lectures, workshops and certified professional instruction. Program operating expenses should include rent for a 2,500 square foot space, utilities, telephone/DSL internet lines and software expenses. Describe any incentive funds needed and funds needed for consumers who do not have transportation to and from the Recovery Center. Funding may also be used for transportation to special recovery functions or events. Include expenses for

resource materials including books, magazine subscriptions, newspapers, professional/educational and consumer oriented DVD/Videos. Describe advertising and outreach expenses.

- In addition, the following must be submitted as required documentation, and are not included in the narrative page limit:
 1. A general operating budget utilizing DHS forms and Schedules, found in the Application for Contract Funds;
 2. Overall agency budget;
 3. Annual budget for this initiative;
 4. Detail initial start-up costs associated with this initiative;
 5. Cost allocation plan with appropriate statistics and basis (not required for construction or renovation contracts). It should include the annualized cost of this initiative

Required Documentation

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

Part I:

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

Part II - Appendices to augment and support your proposal:

1. Agency Information:
 - a. Agency mission statement;
 - b. Organizational chart;
 - c. Job descriptions and current salary ranges of key personnel using format in Attachment 8;
 - d. Resumes of project staff, limited to 2 pages each, using format in Attachment 8;
 - e. Letters of Support/Affiliation Agreements;
 - f. Copy of a Certificate of Incorporation and Business Registration;
 - g. Evidence of the applicant's nonprofit status under federal IRS regulations;
 - h. Affirmative Action Certificate of Employee Information Report and /or newly completed AA 302 form;
 - i. Department of Human Services Statement of Assurances (Attachment 2);
 - j. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Attachment 3);
 - k. Copy of the Annual Report-Charitable Organization (for information visit: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.html); and

- I. Documentation of agency's prior disciplinary action, if any.
2. Agency Policies:
 - a. Copy of agency code of ethics and/or conflict of interest policy ;
 - b. Co-occurring policies and procedures;
 - c. Policies regarding the use of medications; and
 - d. Policies regarding Recovery Support, specifically peer support services.
3. Fiscal Documentation:
 - a. Completed contract application, including the following to be completed using the budget forms located in the Application for Contract Funds:
 - i. List of current members of the Board of Directors and officers, including their titles and terms of service;
 - ii. Budget for initial 12-month period of the contract that should clearly delineate initial and operational costs for the period;
 - iii. Annualized budget for the operational cost associated with the second 12-month period; and
 - iv. Overall agency budget with cost allocation plan with appropriate statistics and basis.
 - b. List of all contracts and grants to be awarded to the agency by the Federal, State, local government or a private agency during the contract term, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
 - c. List of the names and addresses of those entities providing support and/or money to help fund the program for which the proposal is being made, including the funding amount;
 - d. N.J.S.A. 52:34-13-2 Source Disclosure Certification Form (replaces Executive Order 129 form);
 - e. Schedule 4 (Attachment 4);
 - f. Most recent and previous single audit report (A133) or certified statements (submit only two copies);
 - g. Any other audits performed in the last two years (submit only two copies);
 - h. If there are any audits pending or in progress, list the firm completing this audit(s), contact name and telephone number; and
 - i. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500, if applicable (submit only two copies).

Review and Award Information

A) Schedule

The following summarizes the application schedule:

January 4, 2012	Notice of Availability of Funds
January 25, 2012	Mandatory Bidders' Conference
March 14, 2012	Deadline for receipt of proposals - no later than 5:00 p.m.
April 11, 2012	Award announcement
July 1, 2012	Anticipated award start date

B) Screening for Eligibility, Conformity and Completeness

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

1. the applicant is not debarred or suspended by DHS or any other State or Federal entity from receiving funding;
2. the applicant is an incorporated nonprofit organization under standards of the Internal Revenue Service and has been providing recovery services to their local community for a minimum of 2 years as of January 2012;
3. all outstanding PoC's have been submitted to DMHAS, if applicable; and
4. Board requirements have been met.

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

C) Review Committee

DMHAS will convene a committee consisting of public employees who will conduct a review of each proposal, in accordance with the review criteria. Committee members may be unfamiliar with some or all of the applicants. All potential reviewers will complete conflict of interest forms. Those with conflicts or the appearance of conflicts will be disqualified from participating in the review.

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

D) Review Criteria

Funding decisions will be based on such factors as the scope and quality of the application and appropriateness and reasonableness of the budget. The Review Committee will also be looking for evidence of cultural competence in each section of the narrative. The Review Committee may choose to visit any applicants' existing program(s) and/or review any programmatic or fiscal documents in the possession of DMHAS. Any disciplinary action in the past must be revealed and fully explained.

E) Funding Recommendations

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

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

Post Award Requirements

A) Documentation

Upon award announcement, the successful applicant must submit one (1) copy of the following documentation in order to process the contract in a timely manner:

1. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Addiction Services, PO Box 362, Trenton, NJ 08625-0362 as an additional insured;
2. Board Resolution authorizing who is approved for entering into a contract and signing related contract documents;
3. Two (2) signed originals of the Department of Human Services Standard Language Document;
4. Current Agency By-laws;
5. Current Personnel Manual or Employee Handbook;
6. Copy of Lease or Mortgage;
7. Certificate of Incorporation;
8. Conflict of Interest Policy;
9. Affirmative Action Policy;
10. Affirmative Action Certificate of Employee Information Report and/or newly completed AA 302 form (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
11. A copy of all applicable licenses;
12. Local Certificates of Occupancy;
13. Most recent State of New Jersey Business Registration;
14. Procurement Policy;
15. Current Equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item, a State identifying number or code, original date of purchase, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
16. All Subcontracts or Consultant Agreements, related to the DHS Contracts, signed and dated by both parties;
17. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
18. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
19. Updated IRS Form 990, if differs from one submitted with proposal;
20. Updated Pension Form 5500, if applicable, if differs from one submitted with proposal;
21. Copy of Annual Report;

22. Department of Human Services Statement of Assurances (attached to this RFP);
23. N.J.S.A. 52:34-13-2 Source Disclosure Certification form (replaces Executive Order 129 compliance forms); and
24. Certification Regarding Debarment, Suspension, Ineligibility (attached to this RFP).

B) Award Requirements

Awardee must adhere to the following:

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

C) Other Information

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

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

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

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

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

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

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

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

or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

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

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

**Department of Human Services
Statement of Assurances**

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

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

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

Applicant Organization

Signature: Chief Executive Officer or Equivalent

Date

Typed Name and Title

6/97

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

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

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

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

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

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

Attachment 4

Schedule 4: Related Organization

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

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

DHS (REV 7/86)

Agency: _____
 Contract #: _____

STATE OF NEW JERSEY
 DEPARTMENT OF HUMAN SERVICE
 SCHEDULE 4: RELATED ORGANIZATION
 Page ____ of _____

Purpose:
 Budget Preparation
 Expenditure Report
 Period Covered: _____ to _____

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

Logic Model

A Logic Model is a tool to show how your proposed project links the purpose, goals, objectives, and tasks stated with the activities and expected outcomes or “change” and can help to plan, implement, and assess your project. The model also links the purpose, goals, objectives, and activities back into planning and evaluation. A Logic Model is a *picture* of your project. It graphically shows the activities and progression of the project. It should also describe the relationships among what resources you put in (inputs), what you do (outputs), and what happens or results (outcomes). Based on both your planning and evaluating activities, you can then make a “logical” chain of “if-then” relationships.

Look at the graphic on the following page to see the chain of events that links the inputs to program components, the program components to outputs, and the outputs to outcomes (goals).

The framework you set up to build your model is based on a review of your Statement of Need, in which you state the conditions that gave rise to the project with your target group. Then you look at the Inputs, which are the resources, contributions, time, staff, materials, and equipment you will invest to change these conditions. These inputs then are organized into the Program Components, which are the activities, services, interventions and tasks that will reach the population of focus. These outputs then are intended to create Outputs such as changes or benefits for the consumer, families, groups, communities, and organizations. The understanding and further evidence of what works and what does not work will be shown in the Outcomes, which include achievements that occur along the path of project operation.

Examples of **Inputs** (resources) depicted in the sample logic model include people (e.g., staff hours, volunteer hours), funds and other resources (e.g., facilities, equipment, community services).

Examples of **Program Components** (activities) depicted in the sample logic model include outreach; intake/assessment (e.g., client interview); treatment planning/treatment by type (e.g., methadone maintenance, weekly 12-step meetings, detoxification, counseling sessions, relapse prevention, crisis intervention); special training (e.g., vocational skills, social skills, nutrition, child care, literacy, tutoring, safer sex practices); other services (e.g., placement in employment, prenatal care, child care, aftercare); and program support (e.g., fundraising, long-range planning, administration, public relations).

Examples of **Outputs** (objectives) depicted in the logic model include waiting list length, waiting list change, client attendance, and client participation; number of clients, including those admitted, terminated, in program, graduated and placed; number of sessions per month and per client/month; funds raised; number of volunteer hours/month; and other resources required.

The **Inputs, Program Components** and **Outputs** all lead to the **Outcomes** (goals). Examples of Outputs depicted in the logic model include in program (e.g., client satisfaction, client retention); and in or post-program (e.g., reduced drug use-self reports, urine, hair; employment/school progress; psychological status; vocational skills; safer sexual practices; nutritional practices; child care practices; and reduced delinquency/crime).

[Note: The logic model presented is not a required format and DMHAS does not expect strict adherence to this format. It is presented only as a sample of how you can present a logic model in your application.]

Sample Logic Model

Resources (Inputs)	Program Components (Activities)	Outputs (Objectives)	Outcomes (Goals)
Examples	Examples	Examples	Examples
<p>People</p> <ul style="list-style-type: none"> Staff – hours Volunteer – hours <p>Funds</p> <p>Other resources</p> <ul style="list-style-type: none"> Facilities Equipment Community services 	<p>Outreach</p> <ul style="list-style-type: none"> Intake/Assessment Client Interview <p>Treatment Planning</p> <p style="padding-left: 40px;">Treatment by type:</p> <ul style="list-style-type: none"> Methadone maintenance Weekly 12-step meetings Detoxification Counseling sessions Relapse prevention Crisis intervention <p>Special Training</p> <ul style="list-style-type: none"> Vocational skills Social skills Nutrition Child care Literacy Tutoring Safer sex practices <p>Other Services</p> <ul style="list-style-type: none"> Placement in employment Prenatal care Child care Aftercare <p>Program Support</p> <ul style="list-style-type: none"> Fundraising Long-range planning Administration Public Relations 	<p>Waiting list length</p> <ul style="list-style-type: none"> Waiting list change Client attendance Client participation <p>Number of Clients:</p> <ul style="list-style-type: none"> Admitted Terminated <u>Inprogram</u> Graduated Placed <p>Number of Sessions:</p> <ul style="list-style-type: none"> Per month Per client/month <p>Funds raised</p> <p>Number of volunteer hours/month</p> <p>Other resources required</p>	<p><u>Inprogram:</u></p> <ul style="list-style-type: none"> Client satisfaction Client retention <p><u>In or postprogram:</u></p> <ul style="list-style-type: none"> Reduced drug use – self reports, urine, hair Employment/school progress Psychological status Vocational skills Social skills Safer sexual practices Nutritional practices Child care practices Reduced delinquency/crime

Recovery-Oriented Systems of Care

Recovery-Oriented Systems of Care (ROSCs) support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems. ROSCs offer a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathway to recovery. ROSCs encompass and coordinate the operations of multiple systems, providing responsive, outcomes-driven approaches to care. ROSCs require an ongoing process of systems improvement that incorporates the experiences of those in recovery and their family members.

The stakeholders in attendance at SAMHSA/CSAT's National Summit on Recovery held in 2005 identified elements of recovery-oriented systems of care as follows:

- Person-centered;
- Family and other ally involvement;
- Individualized and comprehensive services across the lifespan;
- Systems anchored in the community;
- Continuity of care (pretreatment, treatment, continuing care, and recovery support);
- Partnership-consultant relationship, focusing more on collaboration and less on hierarchy;
- Strengths-based (emphasis on individual strengths, assets, and resilience);
- Culturally responsive;
- Responsive to personal belief systems;
- Commitment to peer recovery support services;
- Inclusion of the voices of recovering individuals and their families;
- Integrated services;
- System-wide education and training;
- Ongoing monitoring and outreach;
- Outcomes-driven;
- Based on research; and
- Adequately and flexibly financed (CSAT, 2007, p. 12-13).

To access the complete report from CSAT's National Summit on Recovery go to: <http://www.rcsp.samhsa.gov/resources/index.htm#summit>.

Recovery Support Services Examples

Recovery support services (RSSs) are non-clinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to and coordination among allied service providers, and a full range of human services

that facilitate recovery and wellness contributing to an improved quality of life. These services can be flexibly staged and may be provided prior to, during, and after treatment. RSSs may be provided in conjunction with treatment, and as separate and distinct services, to individuals and families who desire and need them. RSSs may be delivered by peers, professionals, faith-based and community-based groups, and others. RSSs are a key component of ROSCs.

Recovery support services are typically provided by paid staff or volunteers familiar with how their communities can support people seeking to live free of alcohol and drugs, and are often peers of those seeking recovery. Some of these services may require reimbursement while others may be available in the community free of charge.

Examples of recovery support services include the following:

- Transportation to and from treatment, recovery support activities, employment, etc.
- Employment services and job training
- Case management/individual services coordination, providing linkages with other services (legal services, TANF, social services, food stamps, etc.)
- Outreach
- Relapse prevention
- Referrals and Assistance in Locating Housing
- Child care
- Family/marriage education
- Peer-to-peer services, mentoring, coaching
- Life skills
- Education
- Parent education and child development
- Substance abuse education

Definitions for Recovery Support Services

Transportation

Commuting services are provided to clients who are engaged in treatment- and/or recovery support-related appointments and activities and who have no other means of obtaining transportation. Forms of transportation services may include public transportation or a licensed and insured driver who is affiliated with an eligible program provider.

Employment Services and Job Training

These activities are directed toward improving and maintaining employment. Services include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, résumé writing, interviewing skills, and tips for retaining a job. Other services include training in a specific skill or trade to assist individuals to prepare for, find, and obtain competitive employment such as skills training, technical skills, vocational assessment, and job referral.

Case Management

Comprehensive medical and social care coordination is provided to clients to identify their needs, plan services, link the services system with the client, monitor service delivery, and evaluate the effort.

Relapse Prevention

These services include identifying a client's current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.

Referrals and Assistance in Locating Housing

This includes referral to local sober houses, access to housing databases, and assistance in locating housing.

Child Care

These services include care and supervision provided to a client's child(ren), less than 14 years of age and for less than 24 hours per day, while the client is participating in treatment and/or recovery support activities. These services must be provided in a manner that complies with State law regarding child care facilities.

Family/Marriage Counseling and Education

Services provided to engage the whole family system to address interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family reunification, and strategies to reduce or minimize the negative effects of substance abuse use on the relationship.

Peer-to-Peer Services, Mentoring, Coaching

Mutual assistance in promoting recovery may be offered by other persons who have experienced similar substance abuse challenges. These services focus more on wellness than illness. Mentoring and coaching may include assistance from a professional who provides the client counsel and/or spiritual support, friendship, reinforcement, and constructive example. Mentoring also includes peer mentoring which refers to services that support recovery and are designed and delivered by peers—people who have shared the experiences of addiction recovery. Recovery support is included here as an array of activities, resources, relationships, and services designed to assist an individual's integration into the community, participation in treatment, improved functioning or recovery.

Life Skills

Life skills services address activities of daily living, such as budgeting, time management, interpersonal relations, household management, anger management, and other issues.

Education

Supported education services are defined as educational counseling and may include academic counseling, assistance with academic and financial applications, and aptitude and achievement testing to assist in planning services and support. Vocational training

and education also provide support for clients pursuing adult basic education, i.e., general education development (GED) and college education.

Parent Education and Child Development

An intervention or treatment provided in a psycho-educational group setting that involves clients and/or their families and facilitates the instruction of evidence-based parenting or child development knowledge skills. Parenting assistance is a service to assist with parenting skills; teach, monitor, and model appropriate discipline strategies and techniques; and provide information and advocacy on child development, age appropriate needs and expectations, parent groups, and other related issues.

Questions and Answers Regarding the Recovery Center

Q. *Are there any limitations on faith-based involvement or reimbursement for services?*

A. While faith-based recovery support services may be made available at the Recovery Center, it should be noted that the Recovery Center is intended to be responsive to the needs of all individuals in recovery including those individuals who may or may not choose to be involved with faith-based recovery supports. The Recovery Center must be inclusive of a variety of self-help groups and offer itself as a resource to a broad range of addictions self-help communities. The successful applicant will deliver an array of services that welcome and support all recovery pathways that sustain mental health and abstinence from addiction.

The successful applicant must also adhere to the federal charitable choice regulations, which can be viewed at:

<http://www.tie.samhsa.gov/Documents/pdf/42%20CFR%20Parts%2054%20and%2054a.pdf>

In short, under Charitable Choice, States, local governments, and religious organizations, each as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the State to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary ("services recipient") has no religious objection.

Q. *Is it acceptable to incorporate color, graphics, and/or photographs in the RFP given that appropriately utilized they could do a better job of communicating requested information and organizational readiness than words alone?*

A. Yes, it is not limited to black and white text only. You can incorporate color, graphics and/or photographs throughout your narrative. Additionally, items may be included as an attachment.

Q. *To ensure that there is no confusion with our legal officers and Board of Trustees necessary to operate a 501c3 business, could we utilize another term to describe the "Recovery Center Board"? This might be Recovery Center Steering Committee or Advisory Board. The group cannot be "autonomous", they must be accountable to the legal corporate Board. I understand this group whatever we*

call them would consist of at a minimum 51% representatives from the local recovery community.

- A. There are two options to the creation of the Recovery Center Board that meets the 51% representation:
1. A nonprofit agency applying for these funds could have their existing Board of Directors meet the 51% representation
 2. A nonprofit agency applying for these funds could create a Recovery Center Steering Committee that meets the 51% representation that would have decision making authority for the operation of the Recovery Center but that would be held to the legal and fiscal accountability of the nonprofit agency's Board of Directors.
 - In this instance, DMHAS is agreeable to utilizing the term Recovery Center Steering Committee.

.....

Recovery Center Additional Clarifications

Please note that in the RFP the term "initial start up costs" is referenced. These costs are actually considered preliminary pre-award costs that would come out of the \$325,000 maximum contract award. They are not above and beyond that amount. Thus, when detailing "initial start up costs," you are using a portion of the funds from the \$325,000. An example of an allowable preliminary cost to be taken prior to the official start date of the contract would be advertising for a position, the purchase of chairs, etc.

Resume and Job Description Format

Resumes shall include the following and be no more than 2 pages each:

- (1) Name of staff member.
- (2) Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study.
- (3) Professional experience.
- (4) Honors received and dates.
- (5) Recent relevant publications.
- (6) Other sources of support. [Other support is defined as all funds or resources, whether Federal, non-Federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

Job Description shall include the following and be no more than 1 page each:

- (1) Title of position.
- (2) Description of duties and responsibilities.
- (3) Qualifications for position.
- (4) Supervisory relationships.
- (5) Skills and knowledge required.
- (6) Prior experience required.
- (7) Personal qualities.
- (8) Amount of travel and any other special conditions or requirements.
- (9) Salary range.
- (10) Hours per day or week.

New Jersey Recovery Center Satisfaction Survey

TODAY'S DATE					
MONTH		DAY		YEAR	
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

MARKING INSTRUCTIONS	
<ul style="list-style-type: none"> • Use a No. 2 pencil only. • Make solid marks that fill the response completely. • Erase cleanly any marks you wish to change. • Make no stray marks on this form. 	
CORRECT: ●	INCORRECT: ☉ ☒ ☓ ☔

Following are some questions about your experiences in the New Jersey Recovery Center. Please indicate how much you agree or disagree with each statement on a scale of 1 to 5, where 1 is strongly agree, 5 is strongly disagree and 3 is neutral, which means you do not have a strong opinion one way or the other. If the statement is about something that you have not experienced, use the "does not apply" response.

Section 1

Please answer the following about the services you receive at the NJRC.

	Strongly Agree	I am Neutral	Strongly Disagree	Does Not Apply		
1. I like the services that I receive here.	1	2	3	4	5	9
2. If I had other choices, I would still come here for services.	1	2	3	4	5	9
3. I would recommend the NJRC to a friend or family member.	1	2	3	4	5	9
4. The services I receive here are helpful.	1	2	3	4	5	9
5. Classes and workshops start at the time when they are supposed to	1	2	3	4	5	9
6. The location of the Center is convenient (parking, public transportation, etc.).	1	2	3	4	5	9
7. Classes, lectures and workshops are available at times that are good for me.	1	2	3	4	5	9
8. Staff here believe that I can grow, change, and recover.	1	2	3	4	5	9
9. I feel free to complain.	1	2	3	4	5	9
10. I feel free to give suggestions for new services.	1	2	3	4	5	9
11. I feel comfortable asking questions about my recovery.	1	2	3	4	5	9
12. Staff act appropriately and professionally.	1	2	3	4	5	9
13. Staff are sensitive to my cultural/ethnic background (age, race, religion, language).	1	2	3	4	5	9
14. Staff are sensitive to my needs as a parent.	1	2	3	4	5	9
15. Staff help me obtain the information I need so that I can take charge of managing my illness.	1	2	3	4	5	9
16. I have a say in what services are offered in the NJRC.	1	2	3	4	5	9
17. Staff I work with are competent and knowledgeable.	1	2	3	4	5	9
18. Some of the programs offered here are not helpful.	1	2	3	4	5	9
19. I have been given information about becoming a Recovery Mentor.	1	2	3	4	5	9
20. The resource materials (books, DVD's magazines, journals) are helpful.	1	2	3	4	5	9

SECTION 2

As a result of services I receive at the NJRC:

Strongly Agree
I am Neutral
Strongly Disagree
Does Not Apply

21. I deal more effectively with my daily problems.	1	2	3	4	5	9
22. I feel better about myself.	1	2	3	4	5	9
23. I am better able to control my life.	1	2	3	4	5	9
24. I am better able to deal with crisis.	1	2	3	4	5	9
25. I feel more connected to the recovery community	1	2	3	4	5	9
26. I am getting along better with my family.	1	2	3	4	5	9
27. I do better in social situations.	1	2	3	4	5	9
28. I do better in school/work-related activities.	1	2	3	4	5	9
29. My housing situation has improved.	1	2	3	4	5	9
30. I can deal better with people and situations that used to be a problem for me.	1	2	3	4	5	9
31. I have a better understanding of recovery resources available to me	1	2	3	4	5	9
32. I have a better understanding of my illness.	1	2	3	4	5	9

SECTION 3

33. What is your gender?

- Female
- Male

34. Are you of Hispanic/Latino origin?

Y N

35. Which one of the following best describes your race?

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White

37. What is your birth date?

MONTH		DAY		YEAR			
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4		4	4	4	4	4	4
5		5	5	5	5	5	5
6		6	6	6	6	6	6
7		7	7	7	7	7	7
8		8	8	8	8	8	8
9		9	9	9	9	9	9

38. What type of services do you currently use at the NJRC? (choose all that apply)

- Computer Skills
- Day Care Services
- Discussion Groups
- Education
- Health & Wellness
- Housing Assistance
- Life Skills
- Nutrition/Cooking
- Parenting
- Relaxation/Meditation
- Smoking Cessation
- Social Events
- Support Groups
- Telephone Support
- Transportation Services to & from the NJRC
- Workgroups

36. What is your educational level?

- Less than high school
- High School graduate/GED
- Some College
- College Degree (BA/BS)
- Advanced Degree

39. How long have you been using the NJRC?

- Less than 1 Month
- 1 - 3 Months
- 3 - 6 Months
- 6 Months - 12 Months
- More than 1 Year

40. How often do you usually come to the NJRC?

- Daily
- 3-4 days/week
- 1-2 days/week
- Once every 2 weeks
- Once/Month
- Just Once in a While