

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Division of Mental Health and Addiction Services

Request for Proposals (RFP)

**New Jersey Screening, Brief Intervention and Referral to
Treatment (NJ SBIRT)**

Proposal Due: October 19, 2012

Date of Issuance: September 7, 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) for a health collaborative or healthcare system in the State of New Jersey to implement the NJ SBIRT project.

Purpose of this Announcement

In May 2011, the Office of the Governor submitted a grant application for federal funding under the Substance Abuse and Mental Health Services Administration (SAMHSA) grant announcement TI-11-005: Cooperative Agreements for Screening, Brief Intervention and Referral to Treatment (SBIRT). The Office of the Governor designated the Department of Human Services (DHS), then Division of Addiction Services with administrative authority under the grant application. The since re-organized Division of Mental Health and Addiction Services (DMHAS) has recently been awarded \$7.5 million in funding by SAMHSA for the grant application to implement a new five-year initiative named NJ SBIRT. Initially, in its federal grant application, New Jersey identified the Trenton Health Team Inc., a collaborative of Trenton healthcare provider agencies as its proposed partner in this project. The DHS, DMHAS is now opening up this partnership opportunity for any health collaborative or healthcare system in the State of New Jersey which meets the eligibility criteria established in this RFP to competitively bid to be DMHAS' partner in this project. The federal RFA, New Jersey's grant application narrative, and other materials that were used in deliberations with the Trenton Health Team will be distributed at the mandatory bidders' conference to ensure that bidders have equal access to information.

DMHAS is seeking proposals from health collaboratives and healthcare systems in the State of New Jersey to implement NJ SBIRT by providing pre-screening, full screening, brief intervention, brief treatment, and referral to specialty treatment for adults in primary care and community health settings, for substance misuse and substance use disorders. The health collaborative or healthcare system is to include a mix of primary care and other community health settings such as health centers, federally qualified health centers (FQHC), hospitals, emergency departments, behavioral health providers and office based practices. A primary care clinic or practice, licensed by the NJ Department of Health and serving both Medicaid and non-Medicaid populations must be included among the proposed NJ SBIRT project sites. Bidders must commit not less than 65% of the proposed budget to carry out SBIRT services. While primary care is the major focus of services, 10%-15% of services must be in community settings.

Applicants must implement SBIRT services within four months of contract start date. Strong proposals will demonstrate capacity to implement services within two months of contract start date.

NJ SBIRT will enhance the State's continuum of care for substance misuse and substance use disorders in primary care and community health settings. Its goals are

to: 1) reduce alcohol and drug consumption and its negative health impact; 2) increase abstinence; 3) reduce costly health care utilization among New Jersey residents accessing primary care and community health services in settings such as health centers, federally qualified health centers (FQHC), hospitals, emergency departments and office based practices; and 4) promote policy and systems changes to identify and overcome barriers to consumers accessing and engaging in treatment. These barriers include fragmented service delivery systems, lack of coverage and payment mechanisms, and lack of primary care provider knowledge of substance misuse and substance use disorders. It also seeks to identify and sustain systems and policy changes to increase access to treatment in generalist and specialist settings. These goals will be accomplished through the following objectives:

1. Support access to, and engagement in, clinically appropriate services for persons at-risk (asymptomatic) for, or diagnosed with, a substance use disorder through universal pre-screening of consumers presenting for primary care and community health services at identified sites delivering screening, brief intervention, brief treatment and linkage with specialty treatment through standardized screening, assessment, referral protocols and evidence-based practices.
2. Establish a mechanism for monitoring performance against targets for: a) reducing alcohol and drug misuse among SBIRT consumers; b) increasing the number of consumers with asymptomatic, risky use or substance use disorders who receive an intervention in each sub-recipient community; c) increasing the number of SBIRT primary care and community health setting service sites; and d) providing treatment within approved cost parameters for each modality. DMHAS will establish, maintain and fund a specialty treatment network of licensed substance abuse providers serving the catchment area(s) of the NJ SBIRT project sites. Dedicated funds not to exceed \$250,000 per year will be allocated to serve the needs of SBIRT consumers who qualify under existing state fee-for-service initiatives.
3. Identify the number of individuals receiving each type of service.
4. Collect baseline and follow-up data on a representative sample of clients receiving brief intervention, brief treatment, and/or referral to treatment to track the percent of service recipients who: a) have no past month substance use; b) have no or reduced alcohol or illegal drug consequences; c) are living in a stable housing environment in the community; d) are employed/in school; e) have no or reduced involvement with the criminal/juvenile justice system; f) have increased social connectedness; g) have good or improved health and mental health status; h) are accessing services; and i) are retained in services.
5. Develop sustainability of integrated primary and behavioral health care, and expand/enhance the continuum of care for substance misuse and substance use disorders through the use of behavioral health information technology to identify and coordinate care for individuals with chronic health conditions and substance use disorders;
6. Produce a cost-benefit analysis of the healthcare cost savings achieved through NJ SBIRT using behavioral health information technology to provide cost data across healthcare and specialty care settings;

7. Adopt and utilize the SBIRT reimbursement codes created by the Centers for Medicare and Medicaid Services (CMS) as appropriate in the proposed SBIRT project sites, and in support of expanding and sustaining NJ SBIRT statewide.

The health collaborative or healthcare system must include a Medically Underserved Area (MUA) in their service area which may be a whole county or a group of counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. For a list of MUAs check the following website: <http://bhpr.hrsa.gov/shortage/shortageareas/index.html>. The population of focus is all adults (18 years and over) presenting for medical care at healthcare delivery sites established by the health collaborative or healthcare system as NJ SBIRT project sites. The population will be identified and recruited into NJ SBIRT at these access points with universal pre-screenings. Full screening and brief advice will be offered to all adults who pre-screen positive. Bidders should detail in their proposals how they will fully integrate SBIRT service elements into existing medical practice at the proposed SBIRT project sites. Bidders should detail how they will accomplish SBIRT consumer retention in the brief intervention and brief treatment elements of service. Bidders should also detail how SBIRT consumers referred to specialty treatment will be assisted with treatment initiation, engagement and health monitoring.

The total award amount of this contract is approximately \$5,231,665 for up to five years to overwrite NJ SBIRT personnel costs, and other NJ SBIRT operating expenses. Approximately \$1,047,720 will be available for the first year of the NJ SBIRT project. One partner will be selected for a single award. The award will be contingent upon DMHAS securing the required federal approval of a Change of Scope request.

Keeping within the established SBIRT cost band in this RFP, bidders must detail in their proposals, the number of adults projected to receive: Screenings, Brief Intervention services, Brief Treatment, and Referral to Specialty Treatment. A minimum of 8,000 adults should be screened in the first year, resulting in at least 40,000 adults screened over the course of the 5-year project. Some of these adults will be duplicates based on the bidder's proposed screening protocol.

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. The award under this RFP will be clustered separately from other existing components for contract application and reporting. Cost sharing is not required.

Actual funding levels will depend on the availability of funds. This contract will be renewable annually for up to five (5) years. Annual continuation and renewal are subject to availability of funds, satisfactory performance, as well as compliance and completion of all required/requested reports. The contract may be extended for two (2) additional periods of up to one (1) year each, by mutual written consent of the contractee and the Assistant Commissioner at the same terms, conditions, and pricing. The length of each extension shall be determined when the extension request is processed.

Background

NJ SBIRT is grounded in a public health model of holistic care. Its purpose is to expand and enhance the continuum of care by making evidence based services, proven effective in reducing substance use and associated harmful negative health consequences, universally available to adult patients ages 18 and over. In addition to universal screening for the early identification of substance use risk, clinically appropriate brief intervention, brief treatment, referral to specialty treatment and care coordination services should also be available to those in need, including a Specialty Treatment Network of licensed substance abuse providers that will be developed and managed by DMHAS.

Importantly, this initiative also supports DMHAS' ongoing efforts to demonstrate the cost benefit achieved with effective services by reducing drug and alcohol consumption, increasing abstinence, reducing costly health care utilization and promoting sustainability and shared behavioral health information technology. From a policy and systems perspective, NJ SBIRT will also work to overcome barriers that prevent consumers from accessing and engaging in treatment including fragmented service delivery systems, lack of coverage and payment mechanisms, and developing healthcare provider knowledge about substance misuse and available intervention and treatment options.

Aligned with SAMHSA's strategies of health reform and reducing the impact of substance abuse and mental illness on America's communities, the initiative will demonstrate a measurable impact on the lives of healthcare consumers as well as potential for real healthcare cost savings. DMHAS will present a rigorous cost benefit analysis, linking consumer outcomes with Medicaid utilization costs, to New Jersey Medicaid and the State's Office of Management and Budget that will support the activation of Medicaid reimbursement codes for SBIRT services in varied primary care and community health settings. As funding mechanisms are made available, and other important barriers to treatment are overcome, this important initiative will not only be sustained in the community but replicable in primary care and other health settings throughout New Jersey, further advancing statewide behavioral health and primary care integration efforts.

Who Can Apply?

The following eligibility criteria shall apply:

1. Eligibility for contracts is limited to fiscally viable non-profit health collaboratives and healthcare systems in the State of New Jersey organized with the voluntary support and participation of health care providers such as local general hospitals, clinics, pharmacies, health centers, primary care and behavioral health care providers, and public health and social services agencies. Proposed NJ SBIRT

project sites must include a primary care clinic or practice licensed by the NJ Department of Health, which serves both Medicaid and non-Medicaid populations.

2. Applicants must include a Medically Underserved Area (MUA) in their service area which may be a whole county or a group of counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. For a list of MUAs check the following website: <http://bhpr.hrsa.gov/shortage/shortageareas/index.html>.
3. Each provider organization must have at least two years of experience (as of May 2011) providing relevant services. Bidders must submit official documentation of required experience.
4. Each provider organization must comply with all applicable licensing, accreditation and certification requirements (as of May 2011). Bidders must submit official documentation of same.
5. Applicants are required to have an Electronic Health Record system in place for the collection and management of client-level, clinical information or shared health information capability.
6. Applicants must have a New Jersey address and be able to conduct business from a facility located in New Jersey.
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. 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.
9. Proof of valid business registration with the Division of Revenue, Department of the Treasury, State of New Jersey, shall be submitted by the applicant and, if applicable, by every subcontractor of the applicant, with the applicant'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.
10. 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.
11. Applicants must not be suspended or debarred by DMHAS or any other State or Federal entity from receiving funds.

12. Applicants must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission, if applicable.
13. Applicants must have a governing body that provides oversight as is legally permitted. The applicant's governing board includes individuals representing the interests of health care providers, including, but not limited to: general hospitals, clinics, private practice offices, physicians, and behavioral health care providers, patients and other social service agencies or organizations located in the designated area. 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.*
14. Applicants must also attend the Mandatory Bidders' Conference at 1:30 p.m. on September 21, 2012 at DHS, located at 222 South Warren Street 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
Division of Mental Health and Addiction Services
P.O. Box 362
Trenton, NJ 08625
helen.staton@dhs.state.nj.us
(609) 633-8781
- Download the RFP from the following website:
<http://www.state.nj.us/humanservices/providers/grants/rfp/rfi/>.
- Download the contract application forms from the following website:
<http://www.state.nj.us/humanservices/das/information/contracts/> .
- Attend the Mandatory Bidders' Conference.

Due Date

Proposals must be received by DMHAS by 5:00 p.m. on October 19, 2012, and include one (1) signed original and seven (7) copies. Faxed or electronic proposals, as well as those received after the deadline, will not be reviewed.

Where to Send Proposals

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

For United States Postal Service, please address to:

Helen Staton
Division of Mental Health and Addiction Services
P.O. Box 362
Trenton, NJ 08625
(609) 633-8781

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

Helen Staton
Department of Human Services
Division of Mental Health and Addiction Services
222 South Warren Street
Trenton, NJ 08608
(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 in the first floor conference rooms at 1:30 p.m. on September 21, 2012 at DHS, located at 222 South Warren Street in Trenton. This Mandatory Bidders' Conference will provide applicants an opportunity to ask questions about the RFP requirements or the award process, as well as clarify any changes that may be made to this RFP. This ensures that all potential applicants will have equal access to information. Applicants are requested to notify Helen Staton by email at helen.staton@dhs.state.nj.us regarding 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 via electronic mail to all potential applicants registered as being in attendance. **Specific guidance will not be provided to individual applicants at any time.**

Contract Overview/Expectations

The NJ SBIRT project enhances the State's existing continuum of care through the provision of new screening, brief intervention, brief treatment, and referral to specialty treatment services. NJ SBIRT's population of focus is all adults (18 years and over) presenting for medical care at any of the healthcare delivery sites established by a health collaborative or healthcare system as NJ SBIRT project sites. The population will be identified during patient intake/triage at these access points.

A. NJ SBIRT Services to Be Provided by the Health Collaborative or Healthcare System

Universal Pre-Screening

Recruitment into NJ SBIRT occurs with universal pre-screening of adults for substance use risk when presenting for care at the project sites. Pre-screening tools, AUDIT C and NIDA Single Item Drug Use Screen (see website links below), must be offered. The estimated 30% of adults who pre-screen positive¹ (Goplerud & McFeature, 2011) should be offered a subsequent full screen to better ascertain level of risk.

AUDIT C

http://www.thenationalcouncil.org/galleries/business-practice%20files/tool_auditc.pdf

NIDA Single Item Drug Screen

<http://www.thenationalcouncil.org/galleries/business-practice%20files/SBIRT%20Webinar,%20PPP%20final.pdf>

Full Screen and Brief Advice

¹ Goplerud, Eric and McFeature, Bill (April 2011). Implementing SBIRT in Community Health and Community Behavioral Health Centers, SAMHSA/HRSA Primary Health/Behavioral Health Integration Project Seminar.

Full screen and brief advice should be offered to all adults having positive pre-screen results. Full screening using the AUDIT and DAST (see website links below), should occur either before or immediately following the medical encounter. Government Performance and Results Act data (GPRA) must be collected from all consumers at the time of the full screen/brief advice (see Attachment F). DMHAS estimates that up to 25% of those universally screened would have a positive result (Goplerud & McFeature, 2011). Adults in this cohort should be offered brief advice and a score-based progressive intervention of brief intervention, brief treatment or referral to specialty treatment.

AUDIT

http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf

DAST

http://adai.washington.edu/instruments/pdf/Drug_Abuse_Screening_Test_105.pdf

Brief Intervention

Adults meeting the criteria should be offered a brief intervention. It is estimated that up to 70% of adults with a positive screen may require this level of service² (Madras et al, 2009). A Brief intervention usually entails between 1-5 sessions and should utilize a client centered, non-judgmental, motivational interviewing (MI) technique. GRPA data must be collected from all service consumers at the time of the session(s). Bidders should detail in their proposals how they will accomplish SBIRT consumer retention in brief intervention. The bidder must describe how BI services will be implemented and reimbursed at all proposed SBIRT project sites, making sure that contract funds do not supplant other payment sources for this discrete service. Consumers will be discharged from SBIRT services if no additional care is needed beyond brief intervention.

Brief Treatment

Adults who meet criteria should be offered brief treatment by an appropriately licensed professional. Up to 14% of adults with a positive screen are expected to require brief treatment (Madras et al, 2009). All consumers receiving brief treatment services should be assessed for co-occurring disorders using an evidenced-based instrument. An appropriately licensed professional will document a brief treatment plan and clinical notes and collect required GPRA data. The maximum number of brief treatment sessions is 12; if the consumer requires additional service, they should be referred to specialty treatment services. Bidders should detail in their proposals how they will accomplish SBIRT consumer retention in brief treatment. The bidder must describe how BT services will be implemented and reimbursed at all proposed SBIRT project sites, making sure that contract funds do not supplant other payment sources for this discreet service.

² Madras, Bertha K., Compton, Wilson M., Avula, Deepa, Stegbauer, Tom, Stein, Jack B., and Clark, H. Westley (2009). "Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and six months." *Drug Alcohol Depend*, Jan 1, 99(1-3), p. 280–295.

Referral to Specialty Treatment

DMHAS will establish, maintain and fund a specialty treatment network of licensed substance abuse providers serving the catchment area(s) of the NJ SBIRT project sites. Dedicated funds not to exceed \$250,000 per year will be allocated to serve the needs of SBIRT consumers who qualify under existing state fee-for-service initiatives. Adults meeting the scoring criteria will be referred to specialty treatment. For adults whose scores indicate high risk for either alcohol or drug abuse or dependence and who are non-responsive to, or who refuse an initial brief intervention or brief treatment, must be referred for specialty treatment. It is estimated that 16% of adults with a positive screen will require a referral to specialty treatment (Madras et al, 2009). All consumers receiving Referral to Specialty Treatment will be assessed for co-occurring disorders using an evidenced-based instrument.

An appropriately licensed professional will conduct a financial and program eligibility determination using the web-based New Jersey Substance Abuse Monitoring System (NJSAMS) DASIE module. Once service needs and consumer eligibility are established, a NJ SBIRT staff member will facilitate referral on behalf of the consumer for appointment scheduling to ensure they are linked to an appropriate level of care for further assessment and treatment. All adults assessed as having a co-occurring disorder will be referred to a co-occurring capable provider.

Bidders should detail in their proposals how they will facilitate referral to specialty treatment services for the SBIRT consumer and how the consumer will be assisted with initiation, engagement and health monitoring. Bidders should detail what services will be provided to minimize any challenges a consumer may experience accessing treatment. For example, transportation services to the initial appointment with the treatment provider can be provided for the consumer.

Required GPRA data will be collected and entered into a GPRA Module that will be developed in NJSAMS. Through a shared electronic health record or shared health information capability, NJ SBIRT staff members can follow-up with SBIRT consumers referred to specialty treatment to assist them in keeping their appointments, thus reducing barriers to treatment initiation and create cost savings. Based on observation of various national and state initiation and engagement rates among distinct populations from 25% to 60% (NIATx, SAI, NJ 211 Helpline), up to 50% of the SBIRT population of focus is expected to engage in specialty treatment services. NJ SBIRT project staff can use shared health information technology to manage the integrated health needs of this same cohort by monitoring health status of those with a co-morbid chronic health condition(s).

The successful applicant will be required to work with DMHAS' SBIRT Specialty Treatment Network of licensed providers. DMHAS will develop and manage this Network for the NJ SBIRT project by issuing a new network application through the DMHAS' existing network application process. Using this process, DMHAS will recruit local providers agreeing to accept SBIRT referrals from the NJ SBIRT project sites at

the current fee-for-service schedule, with scoring preference given to those with co-occurring capability. Since funding for this specialize SBIRT local network will be relatively modest, many SBIRT referred consumers are expected to be eligible for existing services funded through federal, state and county dollars, including Substance Abuse, Prevention and Treatment Block Grant funded programs and initiatives for targeted populations including the DUII program for drunk driving offenders, the WFNJ-SAI program for welfare to work recipients, and the MATI program providing medication-assisted treatment services for opiate dependent consumers.

DMHAS and county-funded treatment slots are available for consumers not meeting existing network eligibility criteria. Referring NJ SBIRT Project staff will determine eligibility at the time of referral, ensuring appropriate utilization of dedicated funding streams. The SBIRT Specialty Treatment Network will be the payor of last resort.

B. Program Costs

The total award amount of this contract is approximately \$5,231,665 for up to five years to overwrite NJ SBIRT personnel costs, and other NJ SBIRT operating expenses. Approximately \$1,047,720 will be available for the first year of the NJ SBIRT project. Applicants must detail all personnel and project costs in their budget. Eligible expenses include:

1. Staffing for NJ SBIRT Services
2. Data Software/Equipment
3. Training
4. Client incentives for follow-up interviews
5. Other operating costs

In addition, SBIRT grant recipient must comply with the following funding restrictions:

- Grant recipient must devote not less than 65% of their award to expand and enhance their services system to carry out the SBIRT services for the adults presenting in primary care and community health settings.
- While, primary care is the major focus of services, 10% to 15% of services must be in community health settings.
- No more than 15% of total award may be used for developing the infrastructure necessary for expansion of services.
- Client incentives cannot be cash and the value of incentive cannot exceed \$20.

SAMSHA has established a cost range of \$200 to \$1,200 for Screening/Brief Intervention/Brief Treatment/Outreach/Pretreatment Services.

C. Needs Assessment

Applicants must include a Medically Underserved Area (MUA) in their service area which may be a whole county or a group of counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health

services. For a list of MUAs check the following website: <http://bhpr.hrsa.gov/shortage/shortageareas/index.html>. In its proposal, the applicant will identify the areas/communities where this service will be implemented and the need for this service, as well as the current resources and continuum of care for persons at risk for, or diagnosed with, a Substance Use Disorder (Substance Abuse or Dependence), including the provider and practitioner resources, in the generalist and specialist systems. Applicants will explain why the existing services are insufficient or inappropriate to respond to the demand for services and the treatment needs of the population of focus chosen for your proposed project. Data from local, state (e.g., NJ Household Survey, Substance Abuse Overviews, etc.) and/or national (US Census) sources should be cited.

NJ Substance Abuse Overviews:

<http://www.state.nj.us/humanservices/das/news/reports/statistical/>

2010 US Census:

<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

D. Target Population and Numbers to be Served

NJ SBIRT's population of focus is all adults (18 years and over) presenting for medical care at any of the NJ SBIRT project sites. In its proposal, the applicant will describe how it will increase access and availability of services to a larger number of persons at risk, or diagnosed with, a Substance Use Disorder (Substance Abuse or Dependence) as a result of the award. State clearly the number of additional persons to be served (annually and over the entire project period) in each element of SBIRT (i.e., number of persons projected to receive Screening Only, number of persons projected to receive Screening and Brief Intervention [BI], and number of persons projected to receive Screening and Brief Treatment [BT] or Screening and Referral to Other Types of Treatment for Substance Use Disorders [RT]) and the number of persons to receive clinically appropriate treatment in all other modalities within the system. A minimum of 8,000 adults will be screened in the first year, resulting in at least 40,000 adults screened over the course of this 5-year project. Some of these adults will be duplicates based on the bidder's proposed screening protocol. Applicants must show that the targets are feasible and reasonable; and describe how the population of focus will be identified, recruited, and retained.

E. Evidence Based Services

Brief Intervention (BI) services should be delivered using Motivational Interviewing (MI), a client versus clinician-centered approach that considers an individual's readiness to change including: acknowledging the significance of the decision to change behavior; realizing that change is to the consumer's best interest; and attaining appropriate achievable actions such as reducing alcohol use, stopping smoking, etc. It is more

focused and goal oriented than non-directive counseling. Per Rollnick & Miller (1995)³, “the examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.” MI has been employed successfully in primary care settings as the BI phase of addiction treatment (Emmons & Rollnick, 2001)⁴. MI counseling adaptations are described on SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP, 2007)⁵. Community-based SA treatment clinics have also incorporated an MI counseling style into the initial intake/orientation to improve program retention (NREPP, 2007).

Brief Treatment (BT) emphasizes motivations to change and consumer empowerment. BT differs from BI in that the goal is to provide tools to change basic attitudes and handle a variety of underlying problems including a limited number of highly focused, structured clinical sessions aimed at reducing harmful alcohol and/or other SU use while eliminating hazardous use. While BT can focus on various levels of severity, NJ SBIRT services will be delivered to those at moderate risk or in the early stages of dependence and will generally involve 2-6 sessions of cognitive-behavioral or motivational enhancement therapy (MET) with those seeking help (Babor, et al., 2007)⁶. MET is NJ SBIRT’s clinical practice for BT. This model supports the use of a motivational counseling style and can include, but is not limited to, the following basic principles and components: assesses the client’s readiness for change and provides treatment interventions matched to the client’s stage of change; can be a stand-alone treatment or may lead to other traditional treatment levels of care; works to enhance self-efficacy; does not require abstinence as a goal especially for non-dependent users; involves families and significant others in the consumer’s support system, and utilizes a recovery management approach. Rollnick & Miller (1995) describes MET as a systematic, non-directive intervention approach for evoking change based on principles of motivational psychology and designed to produce rapid, internally-motivated change mobilizing the consumer’s own resources. It may be delivered as an intervention in itself, or used as a prelude to further treatment. Research strongly supports MET strategies as effective in producing change in problem drinkers (Ball, et al., 2007)⁷.

³ Rollnick S., & Miller, W.R. (1995). What is motivational interviewing? *Behavioral and Cognitive Psychotherapy*, 23, 325-334.

⁴ Emmons, K., and Rollnick, S. (2001). “Motivational interviewing in health care settings. Opportunities and limitations.” *Am J Prev Med.*, 20(1), p. 68-74.

⁵ National Registry of Evidence-based Programs and Practices review (2007). <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=130>

⁶ Babor, Thomas F. et al. (2007). “Screening, Brief Intervention, and Referral to Treatment (SBIRT): Toward a Public Health Approach to the Management of Substance Abuse.” Co-published simultaneously in *Substance Abuse* (The Haworth Medical Press, an imprint of The Haworth Press, Inc.) Vol. 28, No. 3, 2007, p. 7-30; and: *Alcohol/Drug Screening and Brief Intervention: Advances in Evidence- Based Practice* (ed: Richard Saitz, and Marc Galanter) The Haworth Medical Press, an imprint of The Haworth Press, Inc., p. 7-30.

⁷ Ball, Samuel A., Martino, Steve, Nich, Charla, Frankforter, Tami L., Van Horn, Deborah, Crits-Christoph, Paul, Woody, George E., Obert, Jeanne L., Farentinos, Christiane, and Carroll, Kathleen M. (2007). “Site matters: Multisite

The contractee must screen for co-occurring disorders using an evidenced-based instrument approved by DMHAS.

The applicant must describe its ability to deliver the evidence-based services/practices proposed by DMHAS for each treatment modality (BI, BT) and identification of co-occurring disorders. Discuss the evidence that shows that this practice is effective with the population of focus.

Describe how the proposed practice will address the following issues in the population(s) of focus, 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.

F. Staffing

In its proposal, applicants must describe the composition of its NJ SBIRT project staff. For each NJ SBIRT project staff member, applicants must identify his/her role, level of effort (i.e. number of weekly hours devoted to the project), and qualifications (i.e. degree(s), number of years of experience, license(s) and credential(s)). Applicants must submit a job description for all proposed key personnel under the grant. Applicants must detail in their proposal the number of Screenings Only, Screenings and Brief Intervention [BI], and Screenings and Brief Treatment [BT] or Screenings and Referral to Other Types of Treatment for Substance Use Disorders [RT]) each NJ SBIRT project staff member will conduct annually and over the lifetime of the project.

G. Training and Technical Assistance

DMHAS will make available initial and on-going training and technical assistance to NJ SBIRT project staff involved in the delivery of services. There will be an orientation kick-off to familiarize staff with SBIRT methods, purpose, goals, logic model, project design, implementation and operational policies and procedures. Staff will receive immersion training in the tools and evidence-based practices described in this RFP. DMHAS will also provide project staff with on-going technical assistance in compliance with State and Federal regulations mandating cultural competence in working with diverse populations.

The Physician Clinical Support System for primary care (PCSS-P) will facilitate registration of staff delivering SBIRT services into their peer mentoring program. The

randomized trial of motivational enhancement therapy in community drug abuse clinics.” *Journal of Consulting and Clinical Psychology*, Aug, 75(4), p. 556-567.

PCSS-P is funded by the National Institute on Drug Abuse and is coordinated by the American Society of Addiction Medicine.

H. Data Collection

NJ SBIRT project staff will collect and enter data into the DMHAS New Jersey Substance Abuse Monitoring System (NJSAMS) GPRA Module for each individual screened including the outcome of screening and successful engagement and retention for each service as applicable. Project staff will be trained by DMHAS to use the GPRA web-based module, as appropriate to their project role and responsibilities, and will have access to DMHAS' helpline which provides technical assistance to NJSAMS users. Data will be submitted according to the timeframes established by DMHAS.

Contractee is required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA Modernization Act of 2010). Applicants must document its ability to collect and report the required data in their proposal. Contractee will be required to report performance on the following performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services and social connectedness. This information will be gathered using the CSAT Discretionary Services Client Level GPRA Tool (see Attachment F) which can be found at <http://www.samhsa.gov/grants/tools.aspx>, along with instructions for completing it.

Data will be collected at intake to services, six months post intake, and discharge. Grantees are expected to obtain an intake coverage rate of 100% and a six month follow-up rate of 80%. GPRA data collection interviews by the contractee must be face-to-face at intake for services and six months post intake. Contractee is required to have an Electronic Health Record (EHR) system for the collection and management of most or all client-level, clinical information or shared health information capability. The three categories of services or combinations of services to be provided to individuals include:

- Screening Only;
- Screening and Brief Intervention (BI); and
- Screening and Brief Treatment (BT) or Screening and Referral to Other Types of Treatment for Substance Use Disorders (RT).

Varying levels of data are required on clients in each category of care. Intake and discharge data are required on all clients as specified below. Drug use, employment status, housing status, criminal justice status, social connectedness, access and retention will all be measured using the sections of the GPRA tool as detailed below. Also noted below are follow-up data specifications. Follow-up data will be required on 10% of the clients served in **each** category of care requiring intervention/treatment (BI, BT, and RT). Applicants must describe the follow-up method to be used and specifically

address (1) recruitment into the follow-up pool (2) ongoing tracking and patient engagement with staff over the six-month period, (3) final contact with the patient and completing the six-month interview, (4) creating a detailed locator form with varied locator information to assist follow-up staff, and (5) allowing incentives for follow-up interviews as authorized by DMHAS. Incentives cannot be cash and the value of incentive cannot exceed \$20. Consent for follow-up must be obtained from clients who receive BI, BT or RT.

The following are the reporting requirements for each category of services or combination of services to be provided to individuals:

Screening Only

For clients who are screened and who, based on the results of the screen, should not require any level of substance abuse intervention or treatment services, the following will be required for each grantee and/or each community, if applicable:

Baseline Client Level Data

Baseline (at screening) GPRA data elements limited to demographics must be collected on all clients in this category. (See Sections A and B of the GPRA tool.) Contractee will be required to use the AUDIT-C, NIDA Single Item Drug Screen, AUDIT, and DAST to screen adults. The screening and collection of the GPRA information must be face-to-face. This individual client level data will be used to count unduplicated clients served. No further data collection will be required on these clients.

Screening and Brief Intervention (BI)

For all clients who are screened and who, based on the results of the screen, should or do receive brief intervention, the following must be collected and reported:

Baseline Client Level Data

Baseline (at screening) GPRA data elements limited to the demographic and substance use domains must be collected on all clients in this category of service. (See Sections A and B of the GPRA tool) This individual client level data will be used to count unduplicated clients served. It is important that all clients complete a tracking information sheet in the event they are selected for follow-up.

Discharge Client Level Data

For all clients in this category, discharge data must be entered. If a Brief Intervention is completed more than 7 days from the time of intake, Sections A,

B, J and K of the GPRA tool must be completed on the client. If the intervention is 7 days or less from the time of intake, Sections A, J and K should be completed.

Only unduplicated target counts will be accepted. Periodic re-screening is encouraged but a single individual may be counted only once for each scoring category. For example, a person who scores negative can be counted for the project only once as a negative regardless of any later screening also showing negative. The same person scoring positive for a BI later can be counted as BI once with the same applying to BT and RT for the life of the program.

Follow-up Client Level Data

For a representative 10% sample of clients in this category who should have or did receive brief intervention, the follow-up GPRA items asked are limited to the substance use domain and follow-up sections of the tool. (See Sections A, B and I of the GPRA tool.) Data must be collected at 6 months after baseline and entered. DMHAS will provide the contractee with the sample. Contractee is expected to achieve a follow-up rate of at least 80% of those selected for the follow-up sample.

For example, if 100 patients are screened and should receive Brief Intervention, 10 clients will be in the selected sample to be followed up. Contractee will be required to attempt to locate all 10 clients. It is required that, at a minimum, eight of these clients complete a follow-up interview.

Aggregated Data

The contractee will be required to collaborate with DMHAS to provide data about the costs for the delivery of screening and brief intervention by facility type, region and sub-recipient, if applicable.

Screening and Brief Treatment (BT) or Screening and Referral to Other Types of Treatment for Substance Use Disorders (RT)

For all clients that are screened and require either extended interventions or other treatment, the following must be collected and reported:

Baseline Client Level Data

Baseline data (at screening) using all of the GPRA data elements must be collected on all clients in this category of service. (See Sections A through G of the GPRA tool.) It is important that all clients complete a tracking information sheet and consent in the event they are selected for follow-up.

Discharge Client Level Data

For all clients in this category, discharge data must be entered. If an Extended Intervention is completed more than 7 days from the time of intake, Sections A through G, J and K of the GPRA tool must be completed on the client. If the treatment is 7 days or less from the time of intake, Sections A, J and K of the GPRA tool must be completed.

Follow-up Client Level Data

For a representative 10% sample of clients in this category who, based on the results of their screening, should have or did receive services beyond brief intervention, follow-up data (all domains, see Sections A through I of the GPRA tool) are to be collected at 6 months after the initiation of substance abuse treatment services. DMHAS will provide the contractee with the sample. Contractee is expected to achieve a follow-up rate of at least 80% of those selected.

For example, if 100 patients are screened and should receive Brief Treatment, 10 clients will be in the sample to be followed up. Contractee will be required to attempt to locate all 10 clients. It is required that, at a minimum, eight of these clients complete a follow-up interview.

In addition, if 100 patients were screened and should receive a Referral to Treatment, 10 clients will be in the sample to be followed-up. Contractee will be required to attempt to locate all 10 clients. It is required that, at a minimum, eight of these clients complete a follow-up interview.

Aggregated Data

The contractee will be required to collaborate with DMHAS to provide data about the costs for the delivery of screening and brief treatment by facility type and region, and sub-recipient, if applicable.

Contractee must comply with GPRA data collection and reporting requirements, including continuous reporting⁸ of progress in meeting the targets approved by DMHAS for the number of persons to be served and the collection of the specified GPRA Core Client Outcomes at specified time points.

I. Expected Treatment Outcomes and SBIRT Evaluation and Cost-benefit Analysis

Expected Treatment Outcomes

NJ SBIRT treatment outcomes will be collected and measured by DMHAS in 1) service engagement and retention and 2) reduction in use and negative consequences associated with use among brief treatment and specialty treatment consumers. DMHAS

⁸ Continuous reporting is defined as entering client level data into the GPRA web-based data system within 7 business days of collection.

expects the contractee to meet the following targets for engagement and retention in services. The 50% engagement target for consumers referred to brief treatment is based on analysis of data from the National Institute of Alcohol Abuse & Alcoholism⁹ (NIAAA 1994, 2000 and The George Washington University Medical Center). The 50% engagement target for consumers referred to specialty treatment is based on this analysis and the anticipated benefits of treatment initiation, engagement and health monitoring services for SBIRT consumers referred to specialty treatment. The 4-session retention target for consumers who engage in brief treatment is based on the NIAAA and GWUMC data analysis referenced above. The 191 and 186 day retention targets for consumers engaged in outpatient (OP) and intensive outpatient (IOP) is based on DMHAS NJSAMS length of stay data for consumers who engage in these services.

Engagement and Retention Targets	Brief Treatment	Specialty Treatment
Engagement - % of clients referred who engage in services (attending 1 or more session)	50%	50%
Retention - Average length of stay in services (length of episode of care in days)	4 sessions	191 days-OP; 186 days-IOP

DMHAS expects to attain the following outcomes targets for consumers completing brief treatment and specialty treatment. These targets are based on the current NJ state outcomes for the Federal NOMS for consumers who engage in OP and IOP specialty treatment.

Drug and Alcohol Use Targets	Brief Treatment	Specialty Treatment
Reduced or no past month alcohol use	93%	
Reduced or no past month illegal drug use	90%	
No past month alcohol use		93.5%-OP; 93.2%-IOP
No past month illegal drug use		89.8%-OP; 84.8%-IOP

NJ SBIRT Evaluation and Cost-Benefit Analysis

DMHAS will contract with a university or other organization with public health research expertise to conduct an independent evaluation of NJ SBIRT. The evaluation will have three goals: 1) to determine the impact of SBIRT on healthcare utilization and Medicaid costs through the linkage of data between NJ SBIRT and NJ Medicaid using advanced statistical methods; 2) to provide TA and consultation specific to cost-benefit analysis; and 3) to address the following outcome and process questions posed by the Center for Substance Abuse Treatment:

Outcome Questions:

⁹ National Institute on Alcohol Abuse and Alcoholism (1994, 2000a, 2000b). Ensuring Solutions to Alcohol Problems. The George Washington University Medical Center. http://www.ensuringsolutions.org/usr_doc/Chronic_Disease_Comparison_Chart.pdf

1) What was the effect of the intervention on participants? 2) What program/contextual factors were associated with outcomes? 3) What individual factors were associated with outcomes? 4) How durable were the effects?

Process Questions:

1) How closely did implementation match the plan? 2) What types of changes were made to the original plan? 3) What led changes in the original plan? 4) What effect did these changes have on the planned intervention and performance assessment? 5) Who provided what services, to whom, in what context, and at what cost?

The successful bidder will be required to partner with DMHAS and provide the needed support in these activities.

J. Cultural Competence

NJ SBIRT project staff members must have the ability to explore and respect patient beliefs, values, meaning of illness, preferences, and needs; build rapport and trust with consumers and their families; be aware of their own biases or assumptions; maintain and be able to convey unconditional positive regard for consumers and their families; and be aware of health disparities and discrimination affecting disadvantaged communities. In its proposal, applicant must describe how it will ensure culturally competent services are delivered in all components of the project.

K. Other

All providers of drug treatment services that might be utilized under these contracts 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.

Licensed substance abuse treatment facilities must submit a facility-wide policy which supports a client who is receiving medication assisted therapy (MAT). Specifically, agencies will have to be able to demonstrate that if a client is denied admission on the grounds that the facility does not have the capacity to support the client's MAT, it shall refer the client to an appropriate facility and shall document the referral. Furthermore, if a facility admits a client pursuing MAT and the client requires pharmaceutical services it shall support, or at a minimum shall not interfere with the client's MAT.

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

General Contracting Information

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

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

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

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

The award will be announced on November 2, 2012 with a contract start date of November 16, 2012. Certain expenses incurred by successful applicant 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 up to 5 years. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. The contract may be extended for two (2) additional periods of up to one (1) year each, by mutual written consent of the contractee and the Assistant Commissioner at the same terms, conditions, and pricing. The length of each extension shall be determined when the extension request is processed.

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

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

Proposal Requirements/Scoring

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

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

Section A: Statement of Need (10 points)

In this section data from local, state (e.g., NJ Household Survey, Substance Abuse Overviews, etc.) and/or national (US Census) sources should be cited.

Describe the need for services for each community in which SBIRT will be implemented. Include as much documentation as possible, with the focus on differentiating clinically appropriate treatment for persons at risk for, or diagnosed with, a Substance Use Disorder (Substance Abuse or Dependence).

Present evidence that you will develop these services in an area that includes a MUA.

Describe for each community in which SBIRT will be implemented the current resources and continuum of care for persons at risk for, or diagnosed with, a Substance Use Disorder (Substance Abuse or Dependence), including the provider and practitioner resources, and the funding streams available for intervention and treatment services in the generalist and specialist systems. Explain why the existing services are insufficient or inappropriate to respond to the demand for services and the treatment needs of the population of focus chosen for your proposed project.

Describe how the applicant organization currently plans for, funds, and provides intervention and treatment services within its continuum of care (including SBIRT if it is part of the current continuum of care) and how SBIRT (or SBIRT expansion) can be integrated into the financing and provider systems. Include a discussion of the use of patient placement criteria and standardized screening and sequential assessment protocols, if these are used, and the modalities in which persons are placed.

Describe for each community in which SBIRT will be implemented the potential for policy and systems change and the strategies to rapidly initiate SBIRT.

Section B: Proposed Evidence-Based Service/Practice (15 points)

Describe the purpose of the proposed project, including a clear statement of its goals and objectives.

Identify how you plan to implement the evidence-based services/practices that are proposed for each treatment modality (BI, BT) and the source of your information. Discuss the evidence that shows that this practice is 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 a different intervention for your population of focus.

Discuss the evidenced-based co-occurring screening tool you plan to use. Provide a justification for the use of this tool, including the evidence that supports their use with the population of focus.

Identify and justify any modifications or adaptations you will need to make to the proposed practice to meet the goals of your project and why you believe the changes will improve the outcomes.

Describe how the proposed practice will address the following issues in the population(s) of focus, 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.

Provide a logic model that links need, the services or practice to be implemented, and outcomes. (See Attachment E for a sample logic model.)

Section C: Proposed Implementation Approach (35 points)

Provide a detailed Project Implementation Plan that explains how you propose to use project funds in conjunction with other available funding sources to provide SBIRT services. All funding sources that are or could be used to pay for screening, brief intervention, brief treatment and treatment of Substance Use Disorders (e.g., Medicaid, Medicare, Community Health Center grants, commercial insurance, and Health Care Subsidy Fund) should be addressed. The focus should be on the three major funding streams that you will use to increase support and decrease barriers.

Describe how the SBIRT will be integrated into the current service flow at all of the proposed primary care and community health SBIRT sites.

Detail how your organization will adopt and utilize the CMS SBIRT codes in each of the proposed NJ SBIRT project sites.

Applicants must provide a detailed start-up plan. SBIRT services must be implemented within four months of contract start date. Strong proposals will demonstrate capacity to implement services within two months of contract start date.

Provide a chart or graph depicting a realistic time line, including implementation start-up, for the entire project period 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.]

Describe how you will increase the number of generalist settings that provide SBIRT in each sub-recipient community as a result of the award and redirection of other funding sources.

Describe how you will provide SBIRT within the continuum of care, within the geographic areas proposed, including a description of the modalities and services to be provided, the protocols that will be used for standardizing screening, assessment, determining the level of service required, referral, brief intervention, brief treatment, and follow up. Provide a justification for the procedures to be used, including a discussion of the evidence-based services/practices that you propose to implement.

Describe how you will screen and assess clients for the presence of co-occurring substance use (abuse and dependence) and mental health disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

Discuss the language, beliefs, norms, values and socioeconomic factors of the population(s) of focus that must be considered in delivering programs to this population, and how the proposed approach addresses these issues.

Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project.

Include letters of support from community organizations supporting the project as an attachment, one of which must be a local prevention provider agency.

Provide a plan describing existing barriers to treatment (e.g., laws, regulations, eligibility, requirements for service receipt, facility and provider eligibility requirements, varied funding streams, coverage limitations, a lack of patient placement criteria or standardized screening and sequential assessment protocols, etc.) in each community in which SBIRT will be implemented. Include in the plan a discussion of how you will overcome barriers to accessing clinically appropriate care, using the SBIRT approach. Whenever possible, apply findings from recent literature and other information that demonstrates a thorough understanding of the issues faced in introducing SBIRT into the applicant's continuum of care. Include literature citations in your proposal.

Describe the linkages to be developed between the participating specialist(s) and community agencies for referrals, cooperation in case management, and information sharing.

Describe how you will increase access and availability of services to a larger number of persons at risk, or diagnosed with, a Substance Use Disorder (Substance Abuse or Dependence) as a result of the award. State clearly the number of additional persons to be served (annually and over the entire project period) through the contract in each element of SBIRT (i.e., number of persons projected to receive Screening Only, number of persons projected to receive Screening and Brief Intervention [BI], and number of persons projected to receive Screening and Brief Treatment [BT] or Screening and Referral to Other Types of Treatment for Substance Use Disorders [RT]) and the number of persons to receive clinically appropriate treatment in all other modalities within the system. A minimum of 8,000 clients will be screened in the first year, resulting in at least 40,000 clients screened over the course of this 5-year project (some of these adults will be duplicates based on the bidder's proposed screening protocol). Show that the targets are feasible and reasonable. Clearly describe your screening protocols to achieve the expected minimum targets and provide a percentage of screens that will represent unduplicated clients. Describe if screenings will occur at well visits and/or sick visits and the frequency of screenings.

Describe how the population of focus will be identified, recruited, and retained.

Describe the expected outcomes of treatment (e.g., decreased drug use in those patients receiving services through SBIRT) and the means by which you determined these targets. Show that the targets are feasible and reasonable.

Describe your plan to continue the project 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.

If applicable, describe your organization's capacity to accommodate any and all clients who take legitimately prescribed medications who are referred to or present for

admission into a DMHAS licensed drug treatment facility. Include your policy(ies) as an Appendix. Describe your policies which prohibit discrimination against clients of substance abuse prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery from substance addiction with legitimately prescribed medication/s. Include your policy(ies) as an Appendix.

Section D: Staff and Organizational Experience (20 points)

Describe the history, mission, structure, governance and target population of your health collaborative or healthcare system. The applicant must submit official documentation of the required 2 years experience (as of May 2011) providing relevant services.

List all collaborative partners that will be designated NJ SBIRT project sites.

Describe how your health collaborative or healthcare system shares health information technology and how it will be utilized to support this project.

Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.

Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and 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 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.

Detail the number of Screenings Only, Screenings and Brief Intervention [BI], and Screenings and Brief Treatment [BT] or Screenings and Referral to Other Types of Treatment for Substance Use Disorders [RT]) each NJ SBIRT project staff member will conduct annually and over the lifetime of the project.

Detail how supervision over clinical staff will be conducted.

Describe the proposed organizational structure and provide a copy in chart form in an Appendix.

Discuss how key staff has demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).

Describe the resources available for the proposed project (e.g., facilities, equipment), and 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.

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 population(s) of focus. If the ADA does not apply to your organization, please explain why.

Detail your agency's hiring policies regarding background and credential checks, as well as past criminal convictions.

If currently funded by DMHAS, has any disciplinary action been taken against your agency in the past five years? If so, please explain and include documentation as an Appendix. Has your agency ever been debarred by any State, Federal or local government agency? If so, please explain and include documentation as an Appendix. Describe any active litigation in which your agency is involved. Also, describe any pending litigation of which your agency has been notified.

Provide a list of your board members, their professional licenses and their organizational affiliations. Specifically identify whether any board member is also an employee of the agency applying for this funding or an employee of a Parent company affiliated with the applicant agency (if applicable). Indicate if the Board of Directors votes on items relating to DMHAS contracts.

Provide a list of names of your consultants or the consultants that your agency plans on utilizing for this RFP, including their professional licenses and organizational affiliations. Identify whether any of these consultants are also board members and identify any reimbursement the member received as a board member over the last 12 months. Indicate which of these members are voting members.

Identify and submit all related party transactions including related principal staff as well as professional affiliation agreements (Attachment D- Schedule 4).

Section E: Performance Assessment and Data (15 points)

Detail your organization's ability to use the New Jersey Substance Abuse Monitoring System (NJ-SAMS).

Document your ability to collect and report on the required performance measures as specified in Section H. Data Collection of this RFP. Describe your plan for data collection, management, analysis and reporting. Describe your plan to obtain consent for follow-up from clients who receive BI, BT or RT. Specify and justify any additional measures or instruments you plan to use.

Describe how data will be used to manage the project and assure continuous quality improvement. Describe how information related to process and outcomes will be routinely communicated to program staff.

Describe your plan and ability to work with DMHAS in conducting the performance assessment as specified in Section I. Expected Treatment Outcomes and NJ SBIRT Evaluation of this RFP.

What was your agency's last Continuous Quality Improvement effort? What was identified as an issue? What actions were taken? What was the outcome?

Section F: Budget/Fiscal Information (5 points)

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 DMHAS 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?

Note: Applicant must be fiscally viable to be eligible for this contract. Applicants must submit required fiscal documentation such as the most recent and previous single audit report (A133) or certified statements. The following section Required Documentation provides a full list of required documentation that you must submit with your proposal.

Required Documentation

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

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. Mission statement;
 - b. Organizational chart;
 - c. Job descriptions of key personnel;
 - d. Resumes of key personnel if on staff, limited to 2 pages each;
 - e. Current salary ranges, if not included in the job descriptions;
 - 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 (Attached to the RFP);
 - j. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Attached to the RFP);
 - k. Copy of the Annual Report-Charitable Organization (for information visit: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml); and
 - l. 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. Letters of Support/Affiliation Agreements;
4. Fiscal Documentation:
 - a. 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: Related Organization (Attached to the RFP);
- 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:

September 7, 2012	Notice of Availability of Funds
September 21, 2012	Mandatory Bidders' Conference
October 19, 2012	Deadline for receipt of proposals - no later than 5:00 p.m.
November 2, 2012	Award announcement
November 16, 2012	Anticipated award start date

B) Screening for Eligibility, Conformity and Completeness

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

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

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

C) Review Committee

DMHAS will convene a committee consisting of public employees who will conduct a review of each proposal accepted for review, in accordance with the review criteria.

Committee members may be unfamiliar with some or all of the applicants. Members may review any documentation available onsite at DMHAS to aid in the review, as well as request a site visit of any applicants proposed contract location or clarification regarding the submitted proposal. All potential reviewers will complete conflict of interest forms. Those with conflicts or the appearance of conflicts will be disqualified from participating in the review.

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

D) Funding Recommendations

The Chair of the Review Committee will convey the recommendations to the Assistant Commissioner 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

The award will be contingent upon DMHAS securing the required federal approval of a Change of Scope request.

A) Documentation

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

1. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625-0362 as an additional insured;
2. Board Resolution authorizing who is approved for entering into a contract and signing related contract documents;
3. Two (2) signed originals of the Department of Human Services Standard Language Document;
4. Current Agency By-laws;
5. Current Personnel Manual or Employee Handbook;
6. Copy of Lease or Mortgage;
7. Certificate of Incorporation;
8. Conflict of Interest Policy;
9. Affirmative Action Policy;
10. Affirmative Action Certificate of Employee Information Report and/or newly completed AA 302 form (AA Certificate must be submitted within 60 days of

- submitting completed AA302 form to Office of Contract Compliance);
11. A copy of all applicable licenses;
 12. Local Certificates of Occupancy;
 13. Most recent State of New Jersey Business Registration;
 14. Procurement Policy;
 15. Current Equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item, a State identifying number or code, original date of purchase, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
 16. All Subcontracts or Consultant Agreements, related to the DHS Contracts, signed and dated by both parties;
 17. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
 18. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
 19. Updated IRS Form 990, if differs from one submitted with proposal;
 20. Updated Pension Form 5500, if applicable, if differs from one submitted with proposal;
 21. Copy of Annual Report;
 22. N.J.S.A. 52:34-13.2 Source Disclosure Certification form (replaces Executive Order 129 compliance forms);
 23. Department of Human Services Statement of Assurances (attached to the RFP); and
 24. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (attached to the RFP).

B) Award Requirements

Awardees must adhere to the following:

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

C) Other Information

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

written report of the site visit findings and will be expected to submit a plan of correction.

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

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

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

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

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

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

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

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

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

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

**Department of Human Services
Statement of Assurances**

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

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

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

Applicant Organization

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.

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.

Sample Logic Model

Resources (Inputs)	Program Components (Activities)	Outputs (Objectives)	Outcomes (Goals)
Examples	Examples	Examples	Examples
<p>People Staff – hours Volunteer – hours</p> <p>Funds</p> <p>Other resources Facilities Equipment Community services</p>	<p>Outreach Intake/Assessment Client Interview</p> <p>Treatment Planning Treatment by type: Methadone maintenance Weekly 12-step meetings Detoxification Counseling sessions Relapse prevention Crisis intervention</p> <p>Special Training Vocational skills Social skills Nutrition Child care Literacy Tutoring Safer sex practices</p> <p>Other Services Placement in employment Prenatal care Child care Aftercare</p> <p>Program Support Fundraising Long-range planning Administration Public Relations</p>	<p>Waiting list length Waiting list change Client attendance Client participation</p> <p>Number of Clients: Admitted Terminated <u>Inprogram</u> Graduated Placed</p> <p>Number of Sessions: Per month Per client/month</p> <p>Funds raised Number of volunteer hours/month</p> <p>Other resources required</p>	<p><u>Inprogram:</u> Client satisfaction Client retention</p> <p><u>In or postprogram:</u> 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</p>

CSAT GPRA Client Outcome Measures for Discretionary Programs

Revised 9/13/2010

Public reporting burden for this collection of information is estimated to average 21 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

THIS SECTION IS FOR THE FOLLOWING GRANTS ONLY [REPORTED ONLY AT INTAKE/BASELINE]:
SBIRT (Items 2, 2a, & 3) and, CAMPUS SBI (Items 2 & 2a).

2. How did the client screen for your SBIRT or Campus SBI program?

- Negative
- Positive

2a. What was his/her screening score? AUDIT = |_|_|_|_|

CAGE = |_|_|_|_|

DAST = |_|_|_|_|

DAST-10 = |_|_|_|_|

NIAAA Guide = |_|_|_|_|

ASSIST/Alcohol Subscore = |_|_|_|_|

Other (Specify) _____ = |_|_|_|_|

Campus SBI: GO TO SECTION A “PLANNED SERVICES.”

3. Was he/she willing to continue his/her participation in the SBIRT program?

- YES
 - NO
-

A. RECORD MANAGEMENT - PLANNED SERVICES [REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE]

Identify the services you plan to provide to the client during the client's course of treatment/recovery. [CIRCLE 'Y' FOR YES OR 'N' FOR NO FOR EACH ONE.]

Modality	Yes	No
<i>[SELECT AT LEAST ONE MODALITY.]</i>		
1. Case Management	Y	N
2. Day Treatment	Y	N
3. Inpatient/Hospital (Other Than Detox)	Y	N
4. Outpatient	Y	N
5. Outreach	Y	N
6. Intensive Outpatient	Y	N
7. Methadone	Y	N
8. Residential/Rehabilitation	Y	N
9. Detoxification (Select Only One) <input type="checkbox"/>		
A. Hospital Inpatient	Y	N
B. Free Standing Residential	Y	N
C. Ambulatory Detoxification	Y	N
10. After Care	Y	N
11. Recovery Support	Y	N
12. Other (Specify) _____	Y	N

Treatment Services	Yes	No
<i>[SELECT AT LEAST ONE SERVICE.]</i>		
<i>[SBIRT GRANTS: YOU MUST CIRCLE 'Y' FOR AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]</i>		
1. Screening	Y	N
2. Brief Intervention	Y	N
3. Brief Treatment	Y	N
4. Referral to Treatment	Y	N
5. Assessment	Y	N
6. Treatment/Recovery Planning	Y	N
7. Individual Counseling	Y	N
8. Group Counseling	Y	N
9. Family/Marriage Counseling	Y	N
10. Co-Occurring Treatment/Recovery Services	Y	N
11. Pharmacological Interventions	Y	N
12. HIV/AIDS Counseling	Y	N
13. Other Clinical Services (Specify) _____	Y	N

Case Management Services	Yes	No
1. Family Services (Including Marriage Education, Parenting, Child Development Services)	Y	N
2. Child Care	Y	N
3. Employment Service		
A. Pre-Employment	Y	N
B. Employment Coaching	Y	N
4. Individual Services Coordination	Y	N
5. Transportation	Y	N
6. HIV/AIDS Service	Y	N
7. Supportive Transitional Drug-Free Housing Services	Y	N
8. Other Case Management Services (Specify) _____	Y	N

Medical Services	Yes	No
1. Medical Care	Y	N
2. Alcohol/Drug Testing	Y	N
3. HIV/AIDS Medical Support & Testing	Y	N
4. Other Medical Services (Specify) _____	Y	N

After Care Services	Yes	No
1. Continuing Care	Y	N
2. Relapse Prevention	Y	N
3. Recovery Coaching	Y	N
4. Self-Help and Support Groups	Y	N
5. Spiritual Support	Y	N
6. Other After Care Services (Specify) _____	Y	N

Education Services	Yes	No
1. Substance Abuse Education	Y	N
2. HIV/AIDS Education	Y	N
3. Other Education Services (Specify) _____	Y	N

Peer-To-Peer Recovery Support Services	Yes	No
1. Peer Coaching or Mentoring	Y	N
2. Housing Support	Y	N
3. Alcohol- and Drug-Free Social Activities	Y	N
4. Information and Referral	Y	N
5. Other Peer-to-Peer Recovery Support Services (Specify) _____	Y	N

A. RECORD MANAGEMENT - DEMOGRAPHICS [ASKED ONLY AT INTAKE/BASELINE]

1. What is your gender?

- MALE
- FEMALE
- TRANSGENDER
- OTHER (SPECIFY) _____
- REFUSED

2. Are you Hispanic or Latino?

- YES
- NO
- REFUSED

[IF YES] What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

	Yes	No	Refused
Central American	Y	N	REFUSED
Cuban	Y	N	REFUSED
Dominican	Y	N	REFUSED
Mexican	Y	N	REFUSED
Puerto Rican	Y	N	REFUSED
South American	Y	N	REFUSED
Other	Y	N	REFUSED [IF YES, SPECIFY BELOW]
	(Specify) _____		

3. What is your race? Please answer yes or no for each of the following. You may say yes to more than one.

	Yes	No	Refused
Black or African American	Y	N	REFUSED
Asian	Y	N	REFUSED
Native Hawaiian or other Pacific Islander	Y	N	REFUSED
Alaska Native	Y	N	REFUSED
White	Y	N	REFUSED
American Indian	Y	N	REFUSED

4. What is your date of birth?*

____/____/____ **[*THE SYSTEM WILL ONLY SAVE MONTH AND YEAR. TO MAINTAIN CONFIDENTIALITY DAY IS NOT SAVED.]**

YEAR

- REFUSED

5. Are you a veteran?

- YES
- NO
- REFUSED
- DON'T KNOW

B. DRUG AND ALCOHOL USE

		Number of Days	REFUSED	DON'T KNOW
1.	During the past 30 days, how many days have you used the following:			
a.	Any alcohol <i>[IF ZERO, SKIP TO ITEM B1c.]</i>	_ _ _	○	○
b1.	Alcohol to intoxication (5+ drinks in one sitting)	_ _ _	○	○
b2.	Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)	_ _ _	○	○
c.	Illegal drugs <i>[IF B1a OR B1c = 0, RF, DK, THEN SKIP TO ITEM B2.]</i>	_ _ _	○	○
d.	Both alcohol and drugs (on the same day)	_ _ _	○	○

Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV
 *NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).

Number of Days	RF	DK	Route*	RF	DK
-------------------	----	----	--------	----	----

2. During the past 30 days, how many days have you used any of the following: [IF THE VALUE IN ANY ITEM B2a THROUGH B2i > 0, THEN THE VALUE IN B1c MUST BE > 0.]

- | | | | | | | | |
|----|---|-----------|---|---|------|---|---|
| a. | Cocaine/Crack | ____ ____ | ○ | ○ | ____ | ○ | ○ |
| b. | Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane) | ____ ____ | ○ | ○ | ____ | ○ | ○ |
| c. | Opiates: | | | | | | |
| 1. | Heroin (Smack, H, Junk, Skag) | ____ ____ | ○ | ○ | ____ | ○ | ○ |
| 2. | Morphine | ____ ____ | ○ | ○ | ____ | ○ | ○ |
| 3. | Diluadid | ____ ____ | ○ | ○ | ____ | ○ | ○ |
| 4. | Demerol | ____ ____ | ○ | ○ | ____ | ○ | ○ |
| 5. | Percocet | ____ ____ | ○ | ○ | ____ | ○ | ○ |
| 6. | Darvon | ____ ____ | ○ | ○ | ____ | ○ | ○ |
| 7. | Codeine | ____ ____ | ○ | ○ | ____ | ○ | ○ |
| 8. | Tylenol 2,3,4 | ____ ____ | ○ | ○ | ____ | ○ | ○ |
| 9. | Oxycontin/Oxycodone | ____ ____ | ○ | ○ | ____ | ○ | ○ |
| d. | Non-prescription methadone | ____ ____ | ○ | ○ | ____ | ○ | ○ |
| e. | Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel) MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline | ____ ____ | ○ | ○ | ____ | ○ | ○ |
| f. | Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank) | ____ ____ | ○ | ○ | ____ | ○ | ○ |

B. DRUG AND ALCOHOL USE (Continued)

Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV
 *NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).

2. **During the past 30 days, how many days have you used any of the following: [IF THE VALUE IN ANY ITEM B2a THROUGH B2i > 0, THEN THE VALUE IN B1c MUST BE > 0.]**

		Number of Days	RF	DK	Route*	RF	DK
g.	1. Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol—also known as roofies, roche, and cope)	_ _ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
	2. Barbiturates: Mephobarbital (Mebacut); and pentobarbital sodium (Nembutal)	_ _ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
	3. Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy)	_ _ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
	4. Ketamine (known as Special K or Vitamin K)	_ _ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
	5. Other tranquilizers, downers, sedatives or hypnotics	_ _ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
h.	Inhalants (poppers, snappers, rush, whippets)	_ _ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
i.	Other illegal drugs (Specify) _____	_ _ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>

3. **In the past 30 days have you injected drugs? [IF ANY ROUTE OF ADMINISTRATION IN B2a THROUGH B2i = 4 or 5, THEN B3 MUST = YES.]**

- YES
- NO
- REFUSED
- DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW SKIP TO SECTION C.]

4. **In the past 30 days, how often did you use a syringe/needle, cooker, cotton or water that someone else used?**

- Always
- More than half the time
- Half the time
- Less than half the time
- Never
- REFUSED
- DON'T KNOW

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time? [DO NOT READ RESPONSE OPTIONS TO CLIENT.]

- SHELTER (SAFE HAVENS, TRANSITIONAL LIVING CENTER [TLC], LOW DEMAND FACILITIES, RECEPTION CENTERS, OTHER TEMPORARY DAY OR EVENING FACILITY)
- STREET/OUTDOORS (SIDEWALK, DOORWAY, PARK, PUBLIC OR ABANDONED BUILDING)
- INSTITUTION (HOSPITAL, NURSING HOME, JAIL/PRISON)
- HOUSED: **[IF HOUSED, CHECK APPROPRIATE SUBCATEGORY:]**
 - OWN/RENT APARTMENT, ROOM, OR HOUSE
 - SOMEONE ELSE'S APARTMENT, ROOM OR HOUSE
 - DORMITORY/COLLEGE RESIDENCE
 - HALFWAY HOUSE
 - RESIDENTIAL TREATMENT
 - OTHER HOUSED (SPECIFY) _____
- REFUSED
- DON'T KNOW

2. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs? [IF B1a OR B1c > 0, THEN C2 CANNOT = "NOT APPLICABLE".]

- Not at all
- Somewhat
- Considerably
- Extremely
- NOT APPLICABLE [USE ONLY IF B1a AND B1c = 0.]
- REFUSED
- DON'T KNOW

3. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities? [IF B1a OR B1c > 0, THEN C3 CANNOT = "NOT APPLICABLE".]

- Not at all
- Somewhat
- Considerably
- Extremely
- NOT APPLICABLE [USE ONLY IF B1a AND B1c = 0.]
- REFUSED
- DON'T KNOW

C. FAMILY AND LIVING CONDITIONS (Continued)

4. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems? *[IF B1a OR B1c > 0, THEN C4 CANNOT = "NOT APPLICABLE".]*

- Not at all
- Somewhat
- Considerably
- Extremely
- NOT APPLICABLE *[USE ONLY IF B1a AND B1c = 0.]*
- REFUSED
- DON'T KNOW

5. *[IF NOT MALE,]* Are you currently pregnant?

- YES
- NO
- REFUSED
- DON'T KNOW

6. Do you have children?

- YES
- NO
- REFUSED
- DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW SKIP TO SECTION D.]

a. How many children do you have? *[IF C6 = YES, THEN A VALUE IN C6a MUST BE > 0.]*

____|____| REFUSED DON'T KNOW

b. Are any of your children living with someone else due to a child protection court order?

- YES
- NO
- REFUSED
- DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW SKIP TO ITEM C6d.]

c. *[IF YES,]* How many of your children are living with someone else due to a child protection court order? *[THE VALUE IN C6c CANNOT EXCEED THE VALUE IN C6a.]*

____|____| REFUSED DON'T KNOW

3. C. FAMILY AND LIVING CONDITIONS (Continued)

- d. For how many of your children have you lost parental rights? *[THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.] [THE VALUE IN ITEM C6d CANNOT EXCEED THE VALUE IN C6a.]*

____|____| REFUSED DON'T KNOW

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? *[IF ENROLLED,] Is that full time or part time? [IF CLIENT IS INCARCERATED CODE D1 AS "NOT ENROLLED."]*

- NOT ENROLLED
- ENROLLED, FULL TIME
- ENROLLED, PART TIME
- OTHER (SPECIFY) _____
- REFUSED
- DON'T KNOW

2. What is the highest level of education you have finished, whether or not you received a degree?

- NEVER ATTENDED
- 1ST GRADE
- 2ND GRADE
- 3RD GRADE
- 4TH GRADE
- 5TH GRADE
- 6TH GRADE
- 7TH GRADE
- 8TH GRADE
- 9TH GRADE
- 10TH GRADE
- 11TH GRADE
- 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT
- COLLEGE OR UNIVERSITY/1ST YEAR COMPLETED
- COLLEGE OR UNIVERSITY/2ND YEAR COMPLETED/ASSOCIATES DEGREE (AA, AS)
- COLLEGE OR UNIVERSITY/3RD YEAR COMPLETED
- BACHELOR'S DEGREE (BA, BS) OR HIGHER
- VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL
- REFUSED
- DON'T KNOW

D. EDUCATION, EMPLOYMENT, AND INCOME (Continued)

3. Are you currently employed? [CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK. [IF CLIENT IS "ENROLLED, FULL TIME" IN D1 AND INDICATES "EMPLOYED FULL TIME" IN D3, ASK FOR CLARIFICATION. IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE D3 AS "UNEMPLOYED, NOT LOOKING FOR WORK."]]

- EMPLOYED FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN)
- EMPLOYED PART TIME
- UNEMPLOYED, LOOKING FOR WORK
- UNEMPLOYED, DISABLED
- UNEMPLOYED, VOLUNTEER WORK
- UNEMPLOYED, RETIRED
- UNEMPLOYED, NOT LOOKING FOR WORK
- OTHER (SPECIFY) _____
- REFUSED
- DON'T KNOW

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from... [IF D3 DOES NOT = "EMPLOYED" AND THE VALUE IN D4a IS GREATER THAN ZERO, PROBE. IF D3 = "UNEMPLOYED, LOOKING FOR WORK" AND THE VALUE IN D4b = 0, PROBE. IF D3 = "UNEMPLOYED, RETIRED" AND THE VALUE IN D4c = 0, PROBE. IF D3 = "UNEMPLOYED, DISABLED" AND THE VALUE IN D4d = 0, PROBE.]

		RF	DK
a. Wages	\$ __ __ , __ __	<input type="radio"/>	<input type="radio"/>
b. Public assistance	\$ __ __ , __ __	<input type="radio"/>	<input type="radio"/>
c. Retirement	\$ __ __ , __ __	<input type="radio"/>	<input type="radio"/>
d. Disability	\$ __ __ , __ __	<input type="radio"/>	<input type="radio"/>
e. Non-legal income	\$ __ __ , __ __	<input type="radio"/>	<input type="radio"/>
f. Family and/or friends	\$ __ __ , __ __	<input type="radio"/>	<input type="radio"/>
g. Other (Specify)	\$ __ __ , __ __	<input type="radio"/>	<input type="radio"/>

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested?

|__|__| TIMES REFUSED DON'T KNOW

[IF NO ARRESTS, SKIP TO ITEM E3.]

2. In the past 30 days, how many times have you been arrested for drug-related offenses? *[THE VALUE IN E2 CANNOT BE GREATER THAN THE VALUE IN E1.]*

____|____| TIMES REFUSED DON'T KNOW

E. CRIME AND CRIMINAL JUSTICE STATUS (Continued)

3. In the past 30 days, how many nights have you spent in jail/prison? *[IF THE VALUE IN E3 IS GREATER THAN 15, THEN C1 MUST = INSTITUTION (JAIL/PRISON). IF C1 = INSTITUTION (JAIL/PRISON), THEN THE VALUE IN E3 MUST BE GREATER THAN OR EQUAL TO 15.]*

____|____| NIGHTS REFUSED DON'T KNOW

4. In the past 30 days, how many times have you committed a crime? *[CHECK NUMBER OF DAYS USED ILLEGAL DRUGS IN ITEM B1c ON PAGE 4. ANSWER HERE IN E4 SHOULD BE EQUAL TO OR GREATER THAN NUMBER IN B1c BECAUSE USING ILLEGAL DRUGS IS A CRIME.]*

____|____|____| TIMES REFUSED DON'T KNOW

5. Are you currently awaiting charges, trial, or sentencing?

- YES
- NO
- REFUSED
- DON'T KNOW

6. Are you currently on parole or probation?

- YES
- NO
- REFUSED
- DON'T KNOW

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

1. How would you rate your overall health right now?

- Excellent
- Very good
- Good
- Fair
- Poor
- REFUSED
- DON'T KNOW

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (Cont.)

2. During the past 30 days, did you receive:

a. Inpatient Treatment for:

[IF YES]

Altogether

	YES	for how many nights	NO	RF	DK
i. Physical complaint	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Mental or emotional difficulties	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Alcohol or substance abuse	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Outpatient Treatment for:

[IF YES]

Altogether

	YES	for how many times	NO	RF	DK
i. Physical complaint	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Mental or emotional difficulties	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Alcohol or substance abuse	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. Emergency Room Treatment for:

[IF YES]

Altogether

	YES	for how many times	NO	RF	DK
i. Physical complaint	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Mental or emotional difficulties	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Alcohol or substance abuse	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (Cont.)

3. During the past 30 days, did you engage in sexual activity?

- Yes
- No → [SKIP TO F4.]
- NOT PERMITTED TO ASK → [SKIP TO F4.]
- REFUSED → [SKIP TO F4.]
- DON'T KNOW → [SKIP TO F4.]

[IF YES] Altogether, how many:

	Contacts	RF	DK
a. Sexual contacts (vaginal, oral, or anal) did you have?	_ _ _ _	<input type="radio"/>	<input type="radio"/>
b. Unprotected sexual contacts did you have? <i>[THE VALUE IN F3b SHOULD NOT BE GREATER THAN THE VALUE IN F3a.] [IF ZERO, SKIP TO F4.]</i>	_ _ _ _	<input type="radio"/>	<input type="radio"/>
c. Unprotected sexual contacts were with an individual who is or was: <i>[NONE OF THE VALUES IN F3c1 THROUGH F3c3 CAN BE GREATER THAN THE VALUE IN F3b.]</i>			
1. HIV positive or has AIDS	_ _ _ _	<input type="radio"/>	<input type="radio"/>
2. An injection drug user	_ _ _ _	<input type="radio"/>	<input type="radio"/>
3. High on some substance	_ _ _ _	<input type="radio"/>	<input type="radio"/>

4. Have you ever been tested for HIV?

- Yes..... [GO TO F4a.]
- No..... [SKIP TO F5.]
- REFUSED..... [SKIP TO F5.]
- DON'T KNOW..... [SKIP TO F5.]

4a. Do you know the results of your HIV testing?

- Yes
- No

5. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:

	Days	RF	DK
a. Experienced serious depression	_ _ _	<input type="radio"/>	<input type="radio"/>
b. Experienced serious anxiety or tension	_ _ _	<input type="radio"/>	<input type="radio"/>
c. Experienced hallucinations	_ _ _	<input type="radio"/>	<input type="radio"/>
d. Experienced trouble understanding, concentrating, or remembering	_ _ _	<input type="radio"/>	<input type="radio"/>
e. Experienced trouble controlling violent behavior	_ _ _	<input type="radio"/>	<input type="radio"/>
f. Attempted suicide	_ _ _	<input type="radio"/>	<input type="radio"/>
g. Been prescribed medication for psychological/emotional problem	_ _ _	<input type="radio"/>	<input type="radio"/>

[IF CLIENT REPORTS ZERO DAYS, RF OR DK TO ALL ITEMS IN QUESTION 5, SKIP TO SECTION G.]

6. How much have you been bothered by these psychological or emotional problems in the past 30 days?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely
- REFUSED
- DON'T KNOW

G. SOCIAL CONNECTEDNESS

1. **In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.**
- YES **[IF YES] SPECIFY HOW MANY TIMES _____** REFUSED DON'T KNOW
 NO
 REFUSED
 DON'T KNOW
2. **In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?**
- YES **[IF YES] SPECIFY HOW MANY TIMES _____** REFUSED DON'T KNOW
 NO
 REFUSED
 DON'T KNOW
3. **In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?**
- YES **[IF YES] SPECIFY HOW MANY TIMES _____** REFUSED DON'T KNOW
 NO
 REFUSED
 DON'T KNOW
4. **In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?**
- YES
 NO
 REFUSED
 DON'T KNOW
5. **To whom do you turn when you are having trouble? [SELECT ONLY ONE.]**
- NO ONE
 CLERGY MEMBER
 FAMILY MEMBER
 FRIENDS
 REFUSED
 DON'T KNOW
 OTHER SPECIFY: _____

I. FOLLOW-UP STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP]

1. What is the follow-up status of the client? *[THIS IS A REQUIRED FIELD: NA, REFUSED, DON'T KNOW, AND MISSING WILL NOT BE ACCEPTED].*

- 01 = Deceased at time of due date
- 11 = Completed interview within specified window
- 12 = Completed interview outside specified window
- 21 = Located, but refused, unspecified
- 22 = Located, but unable to gain institutional access
- 23 = Located, but otherwise unable to gain access
- 24 = Located, but withdrawn from project
- 31 = Unable to locate, moved
- 32 = Unable to locate, other (SPECIFY) _____

2. Is the client still receiving services from your program?

- Yes
- No

[IF THIS IS A FOLLOW-UP INTERVIEW STOP NOW, THE INTERVIEW IS COMPLETE.]

J. DISCHARGE STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE]

1. On what date was the client discharged?

|_|_|_| / |_|_|_| / |_|_|_|_|_|_|
MONTH DAY YEAR

2. What is the client's discharge status?

- 01 = Completion/Graduate
- 02 = Termination

If the client was terminated, what was the reason for termination? [SELECT ONE RESPONSE.]

- 01 = Left on own against staff advice with satisfactory progress
- 02 = Left on own against staff advice without satisfactory progress
- 03 = Involuntarily discharged due to nonparticipation
- 04 = Involuntarily discharged due to violation of rules
- 05 = Referred to another program or other services with satisfactory progress
- 06 = Referred to another program or other services with unsatisfactory progress
- 07 = Incarcerated due to offense committed while in treatment/recovery with satisfactory progress
- 08 = Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress
- 09 = Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress
- 10 = Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress
- 11 = Transferred to another facility for health reasons
- 12 = Death
- 13 = Other (Specify) _____

3. Did the program test this client for HIV?

- Yes..... [SKIP TO SECTION K.]
- No [GO TO J4.]

4. [IF NO] Did the program refer this client for testing?

- Yes
- No

4. K. SERVICES RECEIVED

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE]

Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE DAY FOR MODALITY.]

Modality	Days
1. Case Management	_ _ _ _
2. Day Treatment	_ _ _ _
3. Inpatient/Hospital (Other Than Detox)	_ _ _ _
4. Outpatient	_ _ _ _
5. Outreach	_ _ _ _
6. Intensive Outpatient	_ _ _ _
7. Methadone	_ _ _ _
8. Residential/Rehabilitation	_ _ _ _
9. Detoxification (Select Only One) <input type="checkbox"/>	
A. Hospital Inpatient	_ _ _ _
B. Free Standing Residential	_ _ _ _
C. Ambulatory Detoxification	_ _ _ _
10. After Care	_ _ _ _
11. Recovery Support	_ _ _ _
12. Other (Specify) _____	_ _ _ _

Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED.]

Treatment Services	Sessions
[SBIRT GRANTS: YOU MUST HAVE AT LEAST ONE SESSION FOR ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]	
1. Screening	_ _ _ _
2. Brief Intervention	_ _ _ _
3. Brief Treatment	_ _ _ _
4. Referral to Treatment	_ _ _ _
5. Assessment	_ _ _ _
6. Treatment/Recovery Planning	_ _ _ _
7. Individual Counseling	_ _ _ _
8. Group Counseling	_ _ _ _
9. Family/Marriage Counseling	_ _ _ _
10. Co-Occurring Treatment/Recovery Services	_ _ _ _
11. Pharmacological Interventions	_ _ _ _
12. HIV/AIDS Counseling	_ _ _ _
13. Other Clinical Services (Specify) _____	_ _ _ _

Case Management Services	Sessions
1. Family Services (Including Marriage Education, Parenting, Child Development Services)	_ _ _ _
2. Child Care	_ _ _ _
3. Employment Service	
A. Pre-Employment	_ _ _ _
B. Employment Coaching	_ _ _ _
4. Individual Services Coordination	_ _ _ _
5. Transportation	_ _ _ _
6. HIV/AIDS Service	_ _ _ _
7. Supportive Transitional Drug-Free Housing Services	_ _ _ _
8. Other Case Management Services (Specify) _____	_ _ _ _

Medical Services	Sessions
1. Medical Care	_ _ _ _
2. Alcohol/Drug Testing	_ _ _ _
3. HIV/ AIDS Medical Support & Testing	_ _ _ _
4. Other Medical Services (Specify) _____	_ _ _ _

After Care Services	Sessions
1. Continuing Care	_ _ _ _
2. Relapse Prevention	_ _ _ _
3. Recovery Coaching	_ _ _ _
4. Self-Help and Support Groups	_ _ _ _
5. Spiritual Support	_ _ _ _
6. Other After Care Services (Specify) _____	_ _ _ _

Education Services	Sessions
1. Substance Abuse Education	_ _ _ _
2. HIV/AIDS Education	_ _ _ _
3. Other Education Services (Specify) _____	_ _ _ _

Peer-To-Peer Recovery Support Services	Sessions
1. Peer Coaching or Mentoring	_ _ _ _
2. Housing Support	_ _ _ _
3. Alcohol- and Drug-Free Social Activities	_ _ _ _
4. Information and Referral	_ _ _ _
5. Other Peer-to-Peer Recovery Support Services (Specify) _____	_ _ _ _