

NORTHAMPTON COUNTY  
DRUG AND ALCOHOL DIVISION  
2021-2022 REQUEST FOR PROPOSALS  
Prevention, Intervention and Outpatient Treatment Services  
Recovery Oriented Systems of Care Services

INFORMATION REQUIRED FROM APPLICANTS

I. COVER PAGE

II. AGENCY DESCRIPTION (Limit Two Pages)

In the introduction, you will provide basic information about your agency and your proposal.

The following information must be included:

- A. Length of existence; years licensed by the Department of Drug and Alcohol Programs, current license status.
- B. Mission and Philosophy Statement.
- C. Population(s) to be served. (i.e.; Male/Female, Pregnant Women, Women with Children, Adults, Adolescents, Bilingual)
- D. Statement of staff experience working with various cultures and languages. List number of staff who speak more than one language and who are bi/multi-cultural.
- E. Major agency changes in function or service capacity that are anticipated in fiscal year, or have taken place this past year.
- F. Explain how the agency will collect, analyze data and provide outcomes of service to the SCA.

III. SERVICE(S)/PROJECT(S) DESCRIPTION

In this section, you must describe in more detail:

- A. Service(s) you propose to provide (include Screening, Interim services—at outpatient treatment sites, and how you will provide same per DDAP requirements). For Prevention and Recovery Support Services, programs should be defined individually and include the target population, number of individuals intended to serve, and intended activity code(s).
- B. Site(s) where services will be provided including, location, hours of operation, space, accessibility and proximity to public transportation.

### III. SERVICE(S)/PROJECT(S) DESCRIPTION (Continued)

#### Quality Assurance Process:

Treatment – Copy of Client Satisfaction Survey currently used as required by SCA, who reviews surveys and how often, results of surveys, including number distributed, number completed and explanation as to WHY clients did or did not fill out a survey if they completed the program; how results were used; interim services provided (Assessment, IOP & OP only), type of service, number served, various results of services provided.

Prevention: One Sample of participant evaluation, pre and post-test, confirmation letter to recipient of services, course outline, handout, presenter's summary of services rendered, and any other pertinent information used for evaluation.

### IV. COST AND PRICE ANALYSIS

- A. Please complete the Budget Packet file with budget, rate and personnel information for each program being proposed. **If there is more than one program, please submit a separate Budget Packet for each program.** Please see the Instructions tab of the Budget Packet for more detailed information.
- B. Program funded/cost reimbursement services must adhere to all elements of the DDAP Fiscal Manual. Consult manual to make sure that all elements required are explained in the Proposal submitted.
- C. Proposed prevention and ROSC services should be outlined to include cost, frequency, and duration for each activity. Please submit supporting documentation for each service.

### V. ADDITIONAL REQUIRED DOCUMENTATION

- A. Current Board of Directors including addresses, phone numbers and times, dates and locations of Board meetings. If there is a local board/committee for an agency that has their headquarters outside Northampton County, list those members on a separate sheet.
- B. Copy of latest audit (**if NOT already on file at SCA**). If no audit has been performed then please submit the agency's financial statements for the most recently completed fiscal year. Please refer to Appendix C of the current contract with Northampton County to ensure all audit requirements are met.
- C. Signed statement that program is in compliance with Acts 33 and 34 regarding Child Abuse Clearances in Pennsylvania.
- D. Statement regarding HIV/AIDS & TB policies including client at-risk counseling, testing and partner notification procedures.
- E. Articles of Incorporation (if changed).