



REQUEST FOR PROPOSALS
FOR
Licensed Substance Use Disorder Treatment
Continuum of Care for
Women with Dependent Children

Funding up to \$1,800,000

Mandatory Bidders Conference: June 15, 2017

Time: 2PM

Place: Place: DCF Professional Center, 30 Van Dyke Avenue, New Brunswick, NJ 08901

Questions will be accepted in advance of the Mandatory Bidder's Conference until June 13, 2017 at 12PM

Bids are due: August 15, 2017 at 12PM

Deadline for Receipt of Proposals: August 15, 2017

Allison Blake, PhD., L.S.W.

Commissioner

May 10, 2017

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Exhibit A—The State Affirmative Action Policy
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Funding Agency

State of New Jersey
Department of Children and Families
50 East State Street,
Trenton, New Jersey 08625

Special Notice:

Potential Bidders must attend a Mandatory Bidder's Conference at DCF Professional Center, 30 Van Dyke Avenue, New Brunswick, NJ 08901 on June 15, 2017 at 2:00 PM. Questions will be accepted in advance of the Bidder's Conference until June 13, 2017 12:00 PM by providing them via email to DCFASKRFP@dcf.state.nj.us. Technical inquiries about forms and other documents may be requested anytime

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families' (DCF) Division of Child Protection and Permanency (CP&P) announces the availability of up to \$1,800,000 in funding for a substance use disorder treatment continuum of services that includes long-term residential and outpatient treatment services for CP&P-involved, mothers and children. The continuum may also include outpatient substance use disorder treatment services for CP&P involved fathers. The proposed continuum of services shall include a minimum of twelve (12) long-term residential treatment beds for mothers and children. This opportunity is open to agencies operating at least one residential substance use disorder treatment facility currently licensed by the New Jersey Department of Human Services Office of Licensing (DHS OOL) or by the licensing authority recognized by the single state authority (SSA) for substance use disorders in another state to regulate substance use disorder treatment facilities.

These funds will be used to support a continuum of care for child welfare-involved mothers and children up to age 4. The program shall have the capacity to accommodate some mothers with up to three children (including pregnant women with up to two dependent children at the time of admission). A portion of the initial funds may also be used for start-up costs such as recruitment and hiring of staff, securing equipment, and minor renovations and refurbishing. One award will be issued; multiple agencies may submit a joint application, but there must be a lead applicant. Applications are limited to providers who will deliver services in one or more counties in New Jersey. Services must be located in New Jersey and may serve clients from across the State.

B. Background:

The Department is charged with serving and safeguarding the most vulnerable children and families in the State and ensuring that service delivery is directed towards their safety, protection, permanency and well-being.

Among other challenges, a significant proportion of families involved in the child welfare system are affected by substance use disorders, and the majority of these struggling caregivers are mothers.¹ In a report to Congress, the U.S. Department of Health and Human Services (HHS) stated that between one-third and two-thirds of children in the child welfare system were affected by substance use disorders.² Other estimates range from 40% to 80%, although no established methods are available to measure this nationally.³ An even higher percentage of parental substance use disorders are reported in cases where children have been removed. In New Jersey, more than 20,000 child welfare-involved parents or caregivers were referred for a substance use disorder evaluation in calendar year 2016.

Parental substance use disorders can have devastating effects on child's development. Children of substance abusing parents are more likely to experience sexual, physical, or emotional abuse and/or neglect than children in non-substance abusing households. Furthermore, a child's safety and risk for long term neglect is greater for younger children. Data also indicates that abused or neglected children from substance abusing families are more likely to be placed in foster care and are more likely to remain there longer than maltreated children from non-substance abusing families.⁴

Since substance use disorder treatment can be a lengthy process and the recovery process often takes longer than is allowed under the Adoption and Safe Families Act timelines, it is important that substance-abusing parents be engaged in treatment as soon as possible. Moreover, research has shown that mothers are more likely to be reunified with their children, as opposed to having their parental rights terminated, when they are able to (1) enter treatment faster, (2) remain in treatment for longer, and (3) successfully complete at least one treatment episode.⁵ One study noted that removed children whose mothers

¹ U.S. Department of Health and Human Services. 1999. Blending perspectives and building common ground. *A report to Congress on substance abuse and child protection*. Washington, DC: U.S. Government Printing Office.

² U.S. DHHS. (see footnote 1)

³ Young, N.K., M. Nakashian, S. Yeh, & S. Amatetti. 2006. Screening and Assessment for Family Treatment, Retention, and Recovery (SAFERR). DHHS Pub. No. 0000. Rockville, MD: Substance Abuse and Mental Health Services Administration.

⁴ *ibid.*

⁵ Green, B.L., Rockhill, A., and Furrer, C. 2007. Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review*, 29: 460-473.

achieved substantial or complete progress in treatment were more than twice as likely to be reunified with them.⁶

Longer stays have consistently been associated with better outcomes. Using four separate data sets, an analysis of residential substance use disorder treatment outcomes for women showed length of stay was a strong predictor of post-discharge abstinence rates, and clients who received 90 or more days of treatment were more likely to remain drug-abstinent. In this study, 68% to 71% of clients who received more than six months of treatment reported no drug or alcohol use since leaving treatment.⁷

For many child welfare-involved mothers with substance use disorders, treatment programs that treat only the drug and/or alcohol abuse are often not enough. These women tend to “enter substance abuse treatment with more serious dependencies and with more health and social problems than do men.”⁸ More specifically, women tend to experience and/or suffer from more psychological distress and mental health problems, more interpersonal conflicts with friends and family, increased exposure to childhood and adult trauma, and greater problems related to lack of employment and vocational skills.⁹

Thus, it comes as no surprise that these clients typically have higher rates of completion and better outcomes when their treatment programs also provide a range of evidence-based, trauma-informed supportive services. According to the research reviewed by Grella (2008), “women have higher rates of treatment completion and better outcomes [when] in a residential treatment program that has live-in accommodations for children, in outpatient treatment that includes the provision of family therapy, and when treatment includes comprehensive supportive services.”¹⁰ Women in residential treatment who are allowed to live with their children not only experienced greater completion but also great abstinence, higher self-esteem, and fewer problems with depression.¹¹ Furthermore, these women are more likely to be successful in completing treatment and achieving reunification when their treatment includes comprehensive services to meet their full range of needs, which may include mental health, domestic violence, housing, and employment

⁶ Choi, J., Huang, H., and Ryan, J. 2012. Substance abuse treatment completion in child welfare: Does substance abuse treatment completion matter in the decision to reunify families? *Child and Youth Service Review*, 34: 1639-1645.

⁷ Greenfield, L., Burgdorf, K., Chen, X., Porowskik, A., Roberts, T., & Herrell, J. 2004. Effectiveness of Long-Term Residential Substance Abuse Treatment for Women: Findings from Three National Studies. *The American Journal of Drug and Alcohol Abuse*, 30(3): 537-550.

⁸ Marsh, J.C. and Smith, B. D. 2011. Integrated Substance Abuse and Child Welfare Services for Women: A Progress Review. *Children and Youth Service Review*, 33(3): 466-472.

⁹ Grella, C. E. 2008. From Generic to Gender-Responsive Treatment: Changes in Social Policies, Treatment Services, and Outcomes of Women in Substance Abuse Treatment. *Journal of Psychoactive Drugs*, SARC Supplement 5: 327-343.

¹⁰ *ibid.*

¹¹ Osterling, K.L. & Austin, M.J. 2008. Substance Abuse Intervention for Parents Involved in the Child Welfare System: Evidence and Implications. *Journal of Evidence-Based Social Work*, 5(1/2): 157-189.

challenges. Relevant supportive services may consist of health and mental health services, case management, child care, transportation, vocational training, housing advocacy, etc.^{12,13,14}

Much like the push to establish gender-specific enhanced treatment services for mothers with substance use disorders, more recent research has begun examining the role of substance use disorder treatment programs designed to meet the unique needs of fathers. Men have been shown to enter treatment more frequently than women, yet there has been less emphasis on their roles as parents within substance use disorder treatment, in spite of increasing policies and programs promoting responsible fatherhood.¹⁵ In one study of 50 fathers engaged in methadone maintenance treatment, 96% reported an interest in group counseling and 84% reported an interest in individual counseling designed to serve men who want to be more effective parents.¹⁶ This study also illustrated the co-occurring challenges that may be present among fathers with substance use disorders: 50% reported police being called to a domestic violence incident, only 30% reported working at the time, and only 28% were presently living with their children. Another study of fathers and non-fathers participating in court-ordered treatment showed that 54% of men indicated a history of at least one traumatic life event; while they reported trauma symptoms, they were less comfortable with providing the details of those trauma experience(s).¹⁷ Though each of these studies has limitations, they highlight a need to provide better engagement and more comprehensive treatment services to fathers as well as mothers.

Enhanced child welfare substance use disorder treatment services currently exist within the CP&P service array. However, this RFP is intended to fulfill a need for a continuum of substance use disorder treatment services including residential treatment. Through a continuum of care model, providers will have more flexibility in meeting the individual needs of CP&P involved mothers and their children, as required by this RFP, and the needs of CP&P involved fathers, should the respondent agency choose to include such programming in its proposal.

¹² *ibid.*

¹³ Grella. 2008 (see footnote 9)

¹⁴ Marsh & Smith. 2011. (see footnote 8)

¹⁵ McMahon, T.J. 2013. Fathers Too! Building Interventions for Substance-Abusing Men. In N.E. Suchman, M. Pajulo, & L.C. Mayes (Eds.) *Parenting and Substance Addiction: Developmental Approaches to Intervention*, 447-468. New York: Oxford University Press.

¹⁶ McMahon, T.J., Winkel, J.D., Cuhman, N.E., & Rounsaville, B.J. 2007. Drug-Abusing Fathers: Patterns of Pair-Bonding, Reproduction, and Paternal Involvement. *Journal of Substance Abuse Treatment*, 33(3): 295-302.

¹⁷ Stover, C.S., Hall, C., McMahon, T.J., & Easton, C. 2013. Fathers entering Substance Abuse Treatment: An Examination of Substance Abuse, Trauma Symptoms and Parenting Behaviors. *Journal of Substance Abuse Treatment* 43(3): 335-343.

C. Services to be Funded:

The funds in this RFP will be awarded to develop a comprehensive program of integrated care to promote the safety and well-being of families and children affected by substance use and other co-occurring disorders. The program should be delivered with a trauma-informed, family-centered approach.

Overview/Expectations

Successful proposals will reflect DCF's core values and Case Practice Model, including a strengths-based approach, individualized planning, and family engagement/teaming. Services should include evidence-supported programs and practices.

In supporting clients' wellness and recovery, proposed programs should also integrate the Substance Abuse and Mental Health Services Administration's (SAMHSA) "Eight Dimensions of Wellness." SAMSHA has promoted whole life healthy living since 2007, specifically encouraging the use of these eight dimensions which include:

1. Emotional – Coping effectively with life and creating satisfying relationships;
2. Financial – Satisfaction with current and future financial situations;
3. Social – Developing a sense of connection, belonging, and a well-developed support system;
4. Spiritual – Expanding our sense of purpose and meaning in life;
5. Occupational – Personal satisfaction and enrichment derived from one's work;
6. Physical – Recognizing the need for physical activity, diet, sleep, and nutrition;
7. Intellectual – Recognizing creative abilities and finding ways to expand knowledge and skills; and
8. Environmental – Good health by occupying pleasant, stimulating environments that support well-being.

Target Population

The awarded program will serve active CP&P-involved mothers with up to three dependent children per woman ages birth through age four, and pregnant women with up to two children at the time of admission.¹⁸

The continuum of care may also provide CP&P involved fathers with outpatient substance use disorder treatment services. Applicants must

¹⁸ Older children may be considered on a case-by-case basis.

address whether or not services for fathers of any kind will be offered. DCF will consider services to fathers as a great benefit to this System of Care.

All referrals to the program shall be made through CP&P and may be facilitated by the Child Protection Substance Abuse Initiative (CPSAI). Referrals of pregnant women must be approved by the CP&P Local Office Manager prior to admission.

Service Model

The awarded agency will provide a continuum of care, designed to meet the needs of CP&P involved mothers with substance use disorders and their children. Proposals should include both long-term residential and outpatient services; should indicate all levels of care (i.e., long-term residential, halfway house, intensive outpatient, outpatient, etc.) that will be provided; and, how many slots of each level of care will be made available. The proposed continuum of services shall include a minimum of twelve (12) long-term residential treatment beds for mothers and children. Access to medication-assisted treatment, including methadone treatment, (MAT) must also be included as part of the continuum of services, either directly by the proposed program or through affiliation with MAT providers. The awarded provider shall deliver services that meet the specifications for the proposed level(s) of care description(s) for co-occurring enhanced treatment services detailed in the ASAM Criteria 2013.¹⁹

Applicants must submit a program implementation plan demonstrating that residential treatment services will be operational within twelve months of the contract award and outpatient services will be operational within six months of the contract award.

This funding provides the ability for awardees to deliver gender-specific substance use disorder treatment and other services that are reflective of the specialized needs of mothers with dependent children. The awarded program will deliver a comprehensive array of substance use and mental health treatment and related services for pregnant women and mothers with dependent children. Successful applicants shall provide a family-centered treatment approach to address the full range of the family's needs using evidence-supported practices for clinical treatment, clinical support, and community support services.

Proposed treatment models should, at a minimum, provide:

¹⁹ Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. 3rd ed. Carson City, NV: The Change Companies, 2013.

- Continuous, comprehensive service planning for the client, child(ren), and family to ensure for individualized and relevant services
- Trauma-informed, integrated treatment for substance use and mental health disorders
- Supportive services to remove barriers and allow for active participation in treatment (e.g., transportation, child care)
- Education, skill building, and supportive services to help clients transition from more restrictive, supportive environments to community supports
- Therapeutic interventions for the client, children, and family
- Recovery management and supports including recovery specialists that shall continue to be available to program participants post-discharge
- Wellness activities such as nutritional counseling, meal planning, and fitness opportunities

Proposed treatment models should NOT include any type of blackout period that would categorically exclude contact with family, friends, and/or children. Rather, orientation periods and/or treatment planning should specifically address clinically appropriate contact with these parties. Agencies should also have policies or practices in place to ensure clients retain access to reading materials or other items of personal interest that clients identify as supportive of their recovery and contribute to their ability to self-regulate.

Successful proposals should be tailored to the specific needs of CP&P involved families and should specify what enhanced services will be available, whether on-site or off-site through subcontracts or affiliation agreements, to meet the unique needs of mothers and their children in this program.

Throughout the continuum of care, child safety and well-being outcomes must be an integral component of treatment planning, reassessment, discharge and follow-up. The services shall seek to maximize child custody where appropriate and allow for the return or reunification of children not in the custody of the CP&P involved client and family.

As mentioned above, treatment must also include use of best practices including trauma-informed and evidence-based/evidence-informed programs and practices. Examples include but are not limited to:

- Cognitive-Behavioral Therapy
- Motivational Interviewing
- Strengthening Families
- Celebrating Families

- Seeking Safety
- Helping Women Recover and Beyond Trauma
- Trauma Recovery and Empowerment Model

Applicants are welcome to use alternate models with a documented evidence base that are appropriate for this population. The following on-line resources may help in identifying EBPs:

Evidence-Based Practice Registries (<http://cfcrights.org/wp-content/uploads/2011/10/EBP-Registry-Doc-FINAL.pdf>) compiled by the Larry King Center for Building Children's Futures (2011) provides information on twelve EBP registries with online links. A few of these are listed here:

- ***National Registry of Evidence-based Programs and Practices*** (NREPP) - SAMHSA sponsors this searchable online database - <http://www.nrepp.samhsa.gov/Index.aspx>
- **Office of Juvenile Justice and Delinquency Prevention (OJJDP) - Model Programs Guide** - <http://www.ojjdp.gov/mpg/>
- **Coalition for Evidence-Based Policy** <http://evidencebasedprograms.org/wordpress>
- **California Evidence-Based Clearinghouse (CEBC)** (<http://www.cebc4cw.org>)
- **Promising Practices Network (PPN)** (<http://www.promisingpractices.net/programs.asp>)
- **Child Trends** - http://www.childtrends.org/docdisp_page.cfm?LID=12147DD0-0FBE-4741-8FF095140FC97836
- **HomVEE (Home Visiting Evidence of Effectiveness)** - http://homvee.acf.hhs.gov/HomVEE_Executive_Summary.pdf
- **Washington Institute for Public Policy** - <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>

Recovery Management and Supports

Agencies will be expected to provide a range of services to support parents' recovery and reduce the risk and rate of relapse. Such services shall include peer support services delivered by recovery specialists, individualized relapse prevention planning to identify triggers and appropriate coping/response strategies, and access to medication-assisted treatment.

Peer support services (PSS) assist individuals with substance use disorders gain skills and resources needed to initiate and maintain

recovery by providing shared lived experience and mutual support. Peer workers hold out hope to those they serve, partnering with them to envision, and achieve a meaningful and purposeful life. PSS is not case management or clinical services. PSS will assist individuals in establishing and sustaining a physical, psychological, social, and emotionally safe environment supportive of recovery. PSS are aligned with the 10 Guiding Principles of Recovery: recovery emerges from hope; recovery is person-driven; recovery occurs via many pathways; recovery is holistic; recovery is supported by peers and allies; recovery is supported through relationship and social networks; recovery is culturally-based and influenced; recovery is supported by addressing trauma; recovery involves individual, family and community strengths and responsibility; recovery is based on respect

The successful applicant will incorporate PSS delivered by recovery specialists into the proposed program to promote parents' recovery, enhance motivation, and provide support. Recovery specialists shall begin developing an alliance with parents at intake and shall remain available to them to support successful discharge planning and transition to less intensive treatment and/or community services. Recovery specialists are expected to possess two (2) years' experience in the guiding principles of recovery that assist individuals to improve their health and wellness, live a self-directed life, and achieve their full potential and are required to attend 18 hours (3 days) of DMHAS mandated sponsored training to include peer role functions, responsibilities, and competencies, and shall obtain certification through a consumer-driven, recovery-oriented training program within 18 months of employment.

Successful applicants must also demonstrate a commitment to the use of medications to support recovery, and are expected to provide – either in-house, if appropriately licensed, or through affiliation agreements – access to the full array of medications that are indicated for treatment of substance use disorders including, but not limited to, buprenorphine, methadone, and naltrexone.

The awarded agency will be expected to provide tobacco cessation counseling and support including access to nicotine replacement therapy.

Staffing

Applicants shall use their experience and expertise as well as available literature to develop a staffing pattern that will best meet the goals and objectives of this model while adhering to DHS OOL facility licensure standards. Applicants must have DHS OOL-approved policies and

procedures for delivering integrated treatment for co-occurring mental health disorders.

Staffing needs to be reflective of the mothers and their children to be served in the continuum of care. Specifically, the proposal must identify that staff have the credentials and/or competency to serve individuals who have a co-occurring disorder. Professional staff should not provide services outside of their scope of practice. The proposal must also address how services will be delivered in a culturally competent fashion.

Collaboration

The awarded provider is expected to:

- Communicate timely with CP&P regarding emerging or urgent issues that may impact the case plan
- Participate in case conferences with CP&P case workers as required
- Provide CP&P biweekly written progress reports
- Assist CP&P in arranging visitation for other children in out-of-home placement
- Participate in other CP&P teaming meetings—Family Team Meetings, etc.
- Collaborate with other clinical supports in the CP&P Local Office
- Participate in interdisciplinary meetings with Child Welfare Systems and/or Courts, including monthly Child Welfare Consortia meetings (where applicable)
- Coordinate with screening and assessment providers (Child Protection Substance Abuse Initiative, Work First New Jersey-Substance Abuse Initiative, etc.), to facilitate the admission process and treatment planning

A successful applicant will also partner with and leverage other community agencies as a means of expanding resources and services available through this continuum of care.

Service/Agency Requirements

The funding in this RFP includes funding for a continuum of services including a minimum of twelve (12) licensed long-term residential substance use disorder treatment beds and outpatient services for CP&P involved women and children, The continuum may also include outpatient substance use disorder treatment services for CP&P involved fathers. Applicants should be able to demonstrate how funds will be used to support adherence to licensure treatment standards for the proposed residential and outpatient services as well as for the additional requirements outlined in this proposal, and should provide a detailed

budget and budget narrative that describes how services will be funded. Rate and/or reimbursement methods are subject to change.

All services must be provided in accordance with DHS OOL licensure regulations for adult residential and outpatient substance use disorder treatment services. Please refer to N.J.A.C. 10:161A and N.J.A.C. 10:161B, which can be found at: <http://www.state.nj.us/humanservices/providers/rulefees/regs/>. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) must be used to render diagnoses of substance use and mental health disorders. In addition, all level of care placement and continuing care decisions must be made in accordance with 2013 American Society of Addiction Medicine (ASAM) Criteria, Third Edition.²⁰

Any provider of services under this contract shall be required to coordinate with CP&P to implement plans of safe care for infants affected by substance use who are served by the program. Plans of safe care address the needs of the mother, infant and family to ensure coordination of, access to, and engagement in services, are developed prior to the birth event whenever possible, and ensure collaboration with treatment providers, health care providers, early childhood service providers, and other members of a multidisciplinary team as appropriate.

Any provider of services under this contract shall be required to provide biweekly treatment progress reports to CP&P case workers and supervisors using a DCF-approved reporting form, submit monthly program utilization rosters to the Office of Clinical Services, and enter admission and discharge data into NJSAMS as per licensure requirements.

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

Moreover, no client who is 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

²⁰ Mee-Lee D, Shulman GD, Fishman MJ, and Gastfriend DR, Miller MM eds. 2013. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. Third Edition. Carson City, NV: The Change Companies.

that program, service or activity available or offered to others due to the use of legitimately prescribed medications.

The parents seeking substance use disorder treatment services will likely be of diverse racial and ethnic backgrounds; therefore, applicants should demonstrate their program's ability to provide culturally appropriate services to a diverse population. Gender-specific services should be ethnically and culturally sensitive, and respond to gender-specific issues regarding reproductive health, sexuality, relationships, anger management, parenting, and other issues in a nonjudgmental manner in a supportive environment.

Other Project Requirements

All applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.

Applicants are also advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

Organ and Tissue Donation: As defined in section 2 of P.L. 2012, c. 4 (N.J.S.A.52:32-33), contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320b-8 to serve in this State.

Evaluation

DCF is interested in understanding the quality, impact, and consumer satisfaction with services provided in the awarded continuum of care. At a minimum, the awarded provider will be expected to monitor and report on items such as client engagement and retention; utilization of substance use disorder treatment slots; client wellbeing and progress towards treatment plan goals; child wellbeing; and, parenting/family functioning.

Applicants should clearly identify measurable outcomes for the initiative and should indicate which assessment or evaluation tools will be used to track progress towards outcomes. Successful applicants will provide a logic model to demonstrate how the proposed services will lead to the identified objectives and outcomes.

Applicants should also describe the agency's process for continuous quality improvement, including how the individuals served will have a meaningful role in the ongoing improvement process.

D. Funding Information:

An annualized amount of \$1,800,000 is subject to appropriation. Contracts may be renewed annually subject to appropriation and performance under the provisions of this RFP and the Contract.

One (1) proposal will be funded under this program.

Matching funds are not required.

Operational start-up costs are permitted during the initial contract year. Applicants must provide a reasonable justification and detailed summary of all expenses that must be met in order to begin program operations. Reasonable operational start-up costs (one-time) are permitted for provider applicants. One-time costs must come from accruals. Applicants must provide a justification and detailed summary of all anticipated costs that must be met in order to begin program operations. See Section II, Item 5.

Proposals that demonstrate the leveraging of other financial resources will receive additional consideration in the proposal review process. See Section II, Item 6.

Funds awarded under this program may not be used to supplant or duplicate existing funding. Proposed beds must be new or non-funded capacity NOT repurposed bed capacity.

Any expenses incurred prior to the effective date of the contract will not be reimbursed by DCF.

E. Applicant Eligibility Requirements:

1. Applicants must be for profit or not for profit corporations that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. If Applicant is under a corrective action plan with DCF (inclusive of its Divisions and Offices) or any other New Jersey State agency or authority, the Applicant may not submit a proposal for this RFP if written notice of such limitation has been provided to the Agency or

authority. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated and progress maintained to the satisfaction of DCF for the period of time as required by the written notice.

4. Applicants may not be suspended, terminated, or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
5. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
6. Where required, all applicants must hold current State licenses.
7. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
8. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
9. Applicants must operate at least one DHS OOL licensed residential substance use disorder treatment facility or a facility licensed by the authority recognized by the SSA in another State.
10. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at www.dnb.com
11. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

F. RFP Schedule:

| | |
|---------------------------------|--|
| June 13, 2017 at 12:00PM | Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us |
| June 15, 2017 at 2:00PM | Mandatory Bidders Conference |
| August 15, 2017 | Deadline for Receipt of Proposals by 12:00PM |

Proposals received after 12:00 PM on August 15, 2017 will **not** be considered. Applicants shall submit **one (1) signed original** and should submit **one CD ROM** as indicated below.

Proposals must be delivered either:

1) In person to:

Catherine Schafer, Director of Grants Management, Auditing and Records
Department of Children and Families
50 East State Street, 3rd floor
Trenton, New Jersey 08625-0717

Please allow time for the elevator and access through the security guard. Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

2) Commercial Carrier (hand delivery, federal express or UPS) to:

Catherine Schafer, Director of Grants Management, Auditing and Records
Department of Children and Families
50 East State Street, 3rd floor
Trenton, New Jersey 08625-0717

Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

3) Online:

DCF offers the alternative for our bidders to submit proposals electronically. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an AOR form.

AOR Registration forms and online training are available on our website at: www.nj.gov/dcf/providers/notices/

Forms are directly under the Notices section-See Standard Documents for RFPs

- [Submitting Requests for Proposal Electronically PowerPoint \(pdf\)](#)
- [Registration for the Authorized Organization Representative \(AOR\) Form](#)

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Registered AOR forms may be received 5 business days prior to the date the bid is due.

G. Administration:

1. Screening for Eligibility, Conformity and Completeness

DCF will screen proposals for eligibility and conformity with the specifications set forth in this RFP. A preliminary review will be conducted to determine whether the application is eligible for evaluation or immediate rejection.

The following criteria will be considered, where applicable, as part of the preliminary screening process:

- a. The application was received prior to the stated deadline
- b. The application is signed and authorized by the applicant's Chief Executive Officer or equivalent
- c. The applicant attended the Bidders Conference (if required)
- d. The application is complete in its entirety, including all required attachments and appendices
- e. The application conforms to the specifications set forth in the RFP

Upon completion of the initial screening, proposals meeting the requirements of the RFP will be distributed to the Proposal Evaluation Committee for its review and recommendations. Failure to meet the criteria outlined above, or the submission of incomplete or non-responsive applications constitutes grounds for immediate rejection of the proposal if such absence affects the ability of the committee to fairly judge the application.

In order for a bid to be considered for award, at least one representative of the Bidder must have been present at the Bidders Conference commencing at the time and in the place specified below. Failure to attend the Bidders Conference will result in automatic bid rejection.

2. Proposal Review Process

DCF will convene a Proposal Evaluation Committee in accordance with existing regulation and policy. The Committee will review each application in accordance with the established criteria outlined in Section II of this document. All reviewers, voting and advisory, will complete a conflict of interest form. Those individuals with conflicts or the appearance of a conflict will be disqualified from participation in the review process. The voting members of the Proposal Evaluation Committee will review proposals, deliberate as a group, and then

independently score applications to determine the final funding decisions.

The Department reserves the right to request that applicants present their proposal in person for final scoring. In the event of a tie in the scoring by the Committee, the bidders that are the subject of the tie will provide a presentation of their proposal to the evaluation committee. The evaluation committee will request specific information and/or specific questions to be answered during a presentation by the provider and a brief time-constrained presentation. The presentation will be scored out of 50 possible points, based on the following criteria and the highest score will be recommended for approval as the winning bidder.

| | |
|--|-----------|
| Requested information was covered- | 10 Points |
| Approach to the contract and program design was thoroughly and clearly explained and was consistent with the RFP requirements- | 20 Points |
| Background of organization and staffing explained- | 10 Points |
| Speakers were knowledgeable about topic- | 5 Points |
| Speakers responded well to questions - | 5 Points |

The Department also 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; the inability of the applicant to provide adequate services; the applicant's lack of good standing with the Department, and any indication, including solely an allegation, of misrepresentation of information and/or non-compliance with any State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

All applicants will be notified in writing of the Department's intent to award a contract.

3. Special Requirements

The successful Applicant shall maintain all documentation related to products, transactions or services under this contract for a period of five years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

Applicants must comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27, the State Affirmative Action policy. A copy is attached as **Exhibit A.**

Applicants must comply with laws relating to Anti- Discrimination as attached as **Exhibit B.**

H. Appeals:

An appeal of the selection process will be heard only if it is alleged that the Department has violated a statutory or regulatory provision in awarding the grant. An appeal will not be heard based upon a challenge to the evaluation of a proposal. Applicants may appeal by submitting a written request to

Office of Legal Affairs
Contract Appeals
50 East State Street 4th Floor
Trenton NJ 08625

no later than 10 (10) calendar days following receipt of the notification or by the deadline posted in this announcement.

I. Post Award Review:

As a courtesy, DCF may offer unsuccessful applicants an opportunity to review the Evaluation Committee's rating of their individual proposals. All Post Award Reviews will be conducted by appointment.

Applicants may request a Post Award Review by contacting:
DCFASKRFP@dcf.state.nj.us

Post Award Reviews will not be conducted after six months from the date of issuance of this RFP.

J. Post Award Requirements:

Selected applicants will be required to comply with the terms and conditions of the Department of Children and Families' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and

Information Manual. Applicants may review these items via the Internet at www.nj.gov/dcf/providers/contracting/manuals

Selected applicants will also be required to comply with all applicable State and Federal laws and statutes, assurances, certifications and regulations regarding funding.

Upon receipt of the award announcement, and where appropriate, selected applicants will be minimally required to submit one (1) copy of the following documents:

1. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA
2. DCF Third Party Contract Reforms Attestation
3. Proof of Insurance naming DCF as additionally insured from agencies
4. Bonding Certificate
5. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
6. ACH- Credit Authorization for automatic deposit (for new agencies only)

The actual award of funds is contingent upon a successful Contract negotiation. If, during the negotiations, it is found that the selected Applicant is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

Section II – Application Instructions

A. Proposal Requirements and Review Criteria:

All applications will be evaluated and scored in accordance with the following criteria:

The narrative portion of the proposal should be double-spaced with margins of 1 inch on the top and bottom and 1½ inches on the left and right. The font may be no smaller than 12 points. There is a 25 page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Five (5) points will be deducted for each missing document. If the deductions total 20 points or more, the proposal shall

be rejected as non-responsive. The narrative must be organized appropriately and address the key concepts outlined in the RFP. Items included in the transmittal cover letter, Annex B budget pages, and attachments do not count towards the narrative page limit.

Proposals may be fastened by a heavy-duty binder clip. Do not submit proposals in loose-leaf binders, plastic sleeves or folders.

Each proposal narrative must contain the following items organized by heading in the same order as presented below:

1) Applicant Organization (10 Points)

Describe the agency's history, mission and goals, and where appropriate, a record of accomplishments in working in collaboration with the Department of Children and Families and/or relevant projects with other State governmental entities.

Specify your licensed and potential capacity and the populations you have served at each relevant level of care.

Describe the agency's background and experience in providing a substance use disorder treatment continuum of care including treatment for co-occurring mental health problems and other supportive services.

What is your agency's experience in providing evidence-supported and/or trauma-informed practices or programs? Please include the names of any relevant programming you have implemented or utilized and provide evaluation or outcome data where available.

If currently funded by DCF, DHS, or any other state agency, has any corrective actions or audits been noticed to your agency? If so, please explain and include documentation as an Appendix. Appendix items shall include copies of any corrective action plans, audits or reviews completed or in process by DCF or other State entities from 2014 to the present. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant's position. If not applicable, include a written statement.

Provide an indication of the organization's demonstrated commitment to cultural competency and diversity. Explain how the provider is working toward a cultural competency plan that describes actions your agency will take to insure that policies, materials, environment, recruitment, hiring, promotion, training and Board membership reflect the community or the intended recipients of the services you provide and promote the

cultural competency of the organization and that resources and services will be provided in a way that is culturally sensitive and relevant.

Describe the agency's governance structure and its administrative, management and organizational capacity to enter into a third party direct State services contract with the Department of Children and Families. Note the existence (if any) of professional advisory boards that support the operations. If applicable, indicate the relationship of the staff to the governing body. Attach a current organizational chart.

Provide an indication of the agency's demonstrated capability to provide services that are consistent with the Department's values, goals, and objectives for the program to be funded. Include information on current programs managed by the agency, the funding sources and if available, any evaluation or outcome data.

2) Demonstration of Ability to be Operational (20 Points)

Provide a thoughtful, detailed and feasible timeline for implementing the proposed services. Residential treatment services must be operational within twelve months, and outpatient services must be operational within six months. Attach a separate Program Implementation Schedule as part of the Appendix.

Applicants must have at least one residential substance use disorder treatment facility currently licensed by DHS OOL or by the licensing authority recognized by the single state authority (SSA) for substance use disorders in another state to regulate substance use disorder treatment facilities. Attach a copy of the license as an appendix.

Describe the facility and the accommodations for the provision of treatment services including the geographic location(s). Include specific details regarding the areas where treatment services will occur, as well as areas for treatment services, visitation, and recreational areas. Be sure to clearly describe the facility's plan to comply with the Americans with Disabilities Act (ADA). Describe how space and other tangible assets, such as computers and hardware, phones, and other special service equipment will be acquired or allocated for staff and/or parents, who may require these services at the locations listed.

Applicants may propose to provide services in a currently licensed facility or may propose to provide services in a new facility.

If proposing to provide services in a currently licensed facility:

- Attach an attestation that either: an application for an amended license has been submitted to the DHS OOL or services can be

provided without requiring any amendments to the facility's existing license.

If proposing to provide services in a new facility, the applicant will be required to obtain a license from the DHS OOL:

- Request a preapplication functional review with DHS OOL and provide a description of the feedback the applicant has received from DHS licensing regarding the ability of the designated site to comply with licensing standards for the proposed services.
- Describe your plans to achieve licensure status for the new proposed services within the required timeframes.
- Attach an attestation that the appropriate certificate of occupancy for the new physical site has been or can be obtained from the local municipality where the proposed program will be sited.
- Attach an attestation that upon notification of the award, an application for licensure (including the required fee) will be submitted to DHS OOL.
- Attach an attestation that within one (1) month of the award, co-occurring policies and procedures for the new facility will be submitted to DHS OOL for review and approval.

3) Program Approach

(30 Points)

Describe your agency's philosophy of treatment, its mission statement, and any policies or documentation that demonstrates the delivery of client-centered treatment, including the capacity to provide trauma-informed, integrated treatment for substance use and mental health disorders, and implementation of recovery management principles.

Please describe your approach to substance use disorder treatment, including descriptions of the following:

- The intended level of services, including the number of treatment beds that will be dedicated to this program, the anticipated length of stay in each level of care, the anticipated volume of service units, and the total number of mothers, fathers, and children to be served annually
- Policy and/or procedures to facilitate the intake process and promote client engagement in services, including supports for individuals and families who may be on a waiting list for admission
- Engagement and retention techniques to prevent drop-out and improve completion rates for individuals and families who are admitted to services

- Orientation period requirements. (There shall NOT be a blackout period that categorically excludes contact with family, friends, or children or limits access to reading materials or items of personal interest identified by clients as supportive of their recovery.)
- Policy or practice procedures regarding clients who fail to maintain abstinence, including referral to a different level of care if appropriate. Describe any proposed recovery management supports that will be used to prevent the risk and rate of relapse.
- Policies or plans to ensure step-down care to services within the continuum and to services within the community as part of treatment planning and upon discharge
- Policies to coordinate medication management and ensure access to MAT and nicotine replacement therapy, including non-discrimination policies and staff training regarding MAT

Describe each of the following and attach Appendices as indicated:

- Agency policy regarding use of the DSM-5 and ASAM Criteria 2013 to support clinically driven variable lengths of stay, including a comprehensive biopsychosocial/spiritual assessment which determines the diagnosis and level of care; attach clinical documentation forms (i.e., treatment plans, progress notes, release of information forms, client rights and responsibilities, medical, drug screens, and discharge summary) as an Appendix.
- Agency policy regarding use of assessment/intake information to support continuous, comprehensive service planning for parents, children, and families, including clinical recommendations and supportive services for parents, how often treatment plans will be reviewed and updated, and how parents will be included in the treatment planning processes. Describe and attach (if applicable) any additional assessment tools that will be used as an Appendix.
- Agency policy and procedures for developing and implementing a seamless continuum of care plan which commences within the first week of treatment
- Agency policy and procedures for assessment and treatment of co-occurring substance use and mental health disorders, including agency's approval by the DHS OOL to provide treatment for co-occurring disorders (Attach a copy of the agency's license from OOL as an Appendix.)

- Agency discharge/transfer policies referencing ASAM Criteria 2013
- Agency policy or protocol for CP&P parents who leave against medical advice
- Agency policy or protocol for communication with CP&P staff, including casework staff and co-located clinical supports, around issues of motivation, engagement, and relapse, supporting movement through the continuum of care, and treatment compliance
- Agency policy or protocol for arranging child visitation, as clinically appropriate

Agency policy or protocol for communicating discharge plans with CP&P caseworkers that includes enough lead time to adequately address and arrange safe housing, if necessary

Describe how you will assist families with the transition from one level of care to the next, communicate with CP&P casework staff, and ensure discharge summaries are forwarded to the next level of care in a timely manner.

Describe the substance use disorder outpatient treatment services that will be provided for fathers, detailing how these services will be family-centered and support family stabilization, reunification, and permanency, as appropriate.

Describe partnerships with other service providers. Include letters of commitment and/or affiliation agreements in the Appendix.

Describe the proposed recovery supports and services. Identify and describe any recovery supports you are currently linked to in the community.

Describe the role of recovery specialists in your proposed program.

Describe how you will ensure access to medical care for pregnant women, mothers, and children.

Describe how you will coordinate with CP&P to implement plans of safe care for infants affected by substance use who are served by the program.

Describe the range of supportive services that will be provided for adult caregivers and their dependent children, including childcare and transportation. Include whether supportive services will be provided directly or by external providers, and indicate whether they will be provided on-site or off-site. Describe any existing partnerships you have that can be leveraged to expand the services available within the continuum of care.

Applicants must address whether or not services for fathers of any kind will be offered. DCF will consider services to fathers as a great benefit to this System of Care.

For services provided by other agencies, please include any affiliation agreements, contracts or letters of support in the Appendix. Also discuss the locations, hours and transportation available for these services.

Describe the specific children's services that will be offered to ensure their safety and wellbeing. Identify staff positions responsible for child services.

Describe the therapeutic interventions and wellness activities that will be provided to parents; and to parents and children.

Provide a detailed description of all evidence-supported and trauma-informed services that will be provided as part of your program. Include specific names of programs or practices as well as your experience with and plan for implementing them. If parents may be engaged in multiple evidence-supported interventions, describe how you will ensure that the effectiveness of each individual intervention is not impacted. Attach any tools that may be used to monitor parents' progress and outcomes.

Describe client data to be recorded, the intended use of that data and the means of maintaining confidentiality of client records.

Describe your agency's plan to work collaboratively with CP&P, other State systems, the Courts, the Substance Abuse Initiative (SAI) and various social service agencies. Include original Letters of Support/Affiliation Agreements from agencies/organizations (excluding State Agencies) you will work with to provide a full continuum of care for mothers and their children.

Describe how the proposed program will meet the needs of various and diverse cultures within the target community based on the Law Against Discrimination (N.J.S.A. 10:51 et seq.).

Facilities/Equipment:

Describe the facility and the accommodations for the provision of treatment services including the geographic location(s). Include specific details regarding the areas where treatment services will occur, as well as areas for children's services, waiting rooms, and recreational areas. Child care provided off-site must comply with the Child Care Center Licensing Law, N.J.S.A. 30:5B. Provide proof that intended off-site child care complies with these regulations. If provided off-site, include a copy of the license in an Appendix.

Describe and provide detailed information on the residential accommodations available for mothers with multiple children. Indicate how many children can be accommodated with each woman per room (up to three children per mother). Include the square footage of each room to demonstrate the agency's capacity to provide a minimum of 50 square feet per person as per licensure requirements. Provide a copy of the facility license for the residential facility.

Be sure to clearly describe the facility's Americans with Disabilities Act (ADA) accessibility for individuals with disabilities. Describe how space and other 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.

Staffing:

Indicate the number, qualifications and skills of all staff, consultants, and sub-grantees who will perform the proposed service activities. Attach, in the Appendices section of the application, an organizational chart for the proposed program operation; job descriptions that include all educational and experiential requirements; salary ranges; and resumes of any existing staff who will perform the proposed services.

The expectation is that recovery specialists will have specialized training, credentialing, or certification through a consumer-driven, recovery-oriented training program, and shall obtain the IC&RC Recovery Mentor Certification within eighteen months of this Certification becoming available in New Jersey (or within twelve months of employment, if this Certification is available at the time of employment). Describe how your recovery specialists will meet these requirements, including timeframes for when recovery specialists will be fully trained or credentialed.

Describe how the proposed staffing model will meet both DHS OOL licensing requirements and also fulfill staffing needs of the proposed

supportive services. If applicable, identify how staff will be assigned to specific modalities within each licensed component.

Describe the management and supervision methods that will be utilized. Ongoing clinical supervision must meet or exceed the requirements outlined in Subchapter 6. Clinical Supervision 13:34C-6.1-6.4 of the Division of Consumer Affairs, State Board of Marriage and Family Therapy Examiners Alcohol and Drug Counselor Committee statutes and regulations, including requirements for supervision of counselor interns.

Detail your agency's hiring policies with respect to background checks, including professional credentials and past criminal convictions. Describe the qualifications of the child care workers at your agency. Include affiliation agreements for any off-site services in an Appendix.

Describe your agency's staff development and training policy/plan including timeframes when all staff will be trained in ASAM Criteria 2013, Level of Care Index (LOCI), non-discrimination towards the use of MAT to support recovery, and issues of cultural competencies such as race, age, size, sexual orientation, gender identity, and differently abled.

The New Jersey Department of Children and Families endorsed Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child Standards in August 2013 (The "Standards"). The Standards are a preventative tool for implementing policies and procedures for organizations working with youth and children and through their implementation, an organization can minimize the risks of the occurrence of child sexual abuse.

The Standards are available at:

<http://www.state.nj.us/dcf/SafeChildStandards.pdf>

As an Appendix, provide a brief (no more than 2 pages double spaced) Standards Description demonstrating ways in which your agency's operations mirror the Standards.

4) Outcome Evaluation

(20 Points)

Describe the agency's capacity to collect, maintain, and use data. Include responses to the following questions in the narrative:

- Does the agency have a database system?
- If there is no existing database, how do you track data (i.e. excel spreadsheets)?
- Who is responsible for collecting data?
- Who is responsible for data input?
- Who analyzes and reports the data?
- How is the data used once analyzed?

At a minimum, applicants shall have the capacity to report performance relating to parent engagement and retention, utilization, and parent wellbeing.

Describe in detail the outcome measures that will be used to determine whether or not the service goals and objectives of the program have been met. Provide a brief narrative of data collection procedures and frequency of assessments. Attach copies of any validated assessment/evaluation tools, and any draft or final program-specific data collection tools or questionnaires that will be used to determine the effectiveness of the program's services, and to measure a parent's and/or her children's progress toward their treatment plan goals. Also include a brief description of the plan to collect and analyze the data in order to demonstrate and understand the program impact and results.

Describe your agency's process for continuous quality improvement and how parents will be included in this process.

Develop and attach a logic model for the proposed services that includes the program goals, activities/services, and desired outcomes.

5) Budget

(20 Points)

Applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. Applicants should detail any expenditures for enhanced services. Provide a line item budget and budget narrative for the proposed project/program. The narrative must be part of the 25 page proposal. The Budget forms are to be attached as an Appendix.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget should also reflect a 12 month operating schedule and must include, in separate columns, total funds needed for each line item, the funds requested in this grant, and funds secured from other sources. All costs associated with the completion of the project must be clearly delineated and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or "other" items. The completed budget proposal must also include a detailed summary of and justification for any one-time operational start-up costs. These costs should be reflected on a separate schedule.

The grantee is expected to adhere to all applicable State cost principles.

Standard DCF Annex B (budget) forms are available at: <http://www.state.nj.us/dcf/providers/contracting/forms/> and a description of General and Administrative Costs are available at <http://www.state.nj.us/dcf/providers/notices/>

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and should submit a CD ROM containing all the documents in PDF or Word format. There is a 25 page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Failure to submit any of the required documents requested in this RFP will result in a loss of five (5) points per item from the total points awarded for the proposal.

All supporting documents submitted in response to this RFP must be organized in the following manner:

| Part I: Proposal | |
|----------------------------|--|
| 1 | <input type="checkbox"/> Proposal Cover Sheet – Use the RFP forms found directly under the Notices section on Website: www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc |
| 2 | <input type="checkbox"/> Table of Contents – Please number and label with page numbers if possible in the order as stated in Part I: Proposal & Part II: Appendices for paper, CD, and electronic copies. |
| 3 | <input type="checkbox"/> Proposal Narrative in following order: 25 Page Limitation <ul style="list-style-type: none"> a. Applicant Organization b. Demonstration of Ability to Be Operational c. Program Approach d. Outcome Evaluation e. Budget Narrative |
| Part II: Appendices | |
| 4 | <input type="checkbox"/> Job descriptions of key personnel (required) and Resumes, if available, for key personnel (please do not provide home addresses or personal phone numbers |
| 5 | <input type="checkbox"/> Current and Proposed Agency Organization Chart |

| | | |
|----|--------------------------|---|
| 6 | <input type="checkbox"/> | Proposed Program Implementation Schedule |
| 7 | <input type="checkbox"/> | Logic Model |
| 8 | <input type="checkbox"/> | Program Evaluation Tools |
| 9 | <input type="checkbox"/> | Validated intake and assessment tools including any draft or final program-specific data collection tools or questionnaires that will be used to determine the effectiveness of the program's services, and to measure a parent's and/or her children's progress toward their treatment plan goals |
| 10 | <input type="checkbox"/> | Clinical Documentation Forms (e.g., treatment plans, intake and assessment forms, progress notes, release of information forms, client rights and responsibilities, medical, urine drug screen, and discharge summary) |
| 11 | <input type="checkbox"/> | Sample Treatment Plan and Discharge Summary |
| 12 | <input type="checkbox"/> | Requested Agency Policies and Protocols |
| 13 | <input type="checkbox"/> | Copies of all substance use disorder facility licenses from DHS OOL or another State's licensing authority |
| 14 | <input type="checkbox"/> | Copy of child care licensure (if being provided off site) |
| 15 | <input type="checkbox"/> | Attestation #1- (signed & dated) that the appropriate certificate of occupancy for the new physical site has been or can be obtained from the local municipality where the proposed program will be sited. |
| 16 | <input type="checkbox"/> | Attestation #2 – (signed & dated) that upon notification of the award, an application for licensure (including the required fee) will be submitted to DHS OOL. |
| 17 | <input type="checkbox"/> | Attestation #3 – (signed & dated) that within one (1) month of the award, co-occurring policies and procedures for the new facility will be submitted to DHS OOL for review and approval. |
| 18 | <input type="checkbox"/> | Applicable Consulting Contracts, Affiliation Agreements, Memoranda of Understanding, Letters of Commitment and other supporting documents related to this RFP. If not applicable, include a written statement. |
| 19 | <input type="checkbox"/> | DCF Annex B Budget Forms* |
| 20 | <input type="checkbox"/> | Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages) |

| | | |
|----|--------------------------|---|
| 21 | <input type="checkbox"/> | Copy of agency's Conflict of Interest policy |
| 22 | <input type="checkbox"/> | Copies of any corrective action plans, audits or reviews completed or in process by DCF or other State entities from 2014 to the present. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant's position. If not applicable, include a written statement. |
| 23 | <input type="checkbox"/> | Dated List of Names of Board of Directors including: a. Titles, b. Address, and c. Terms or- Managing Partners , if an LLC or Partnership |
| 24 | <input type="checkbox"/> | Signed Standard Language Document (SLD) [Version: Rev. June 6, 2014] Form: http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc |
| 25 | <input type="checkbox"/> | Document showing Data Universal Numbering System (DUNS) Number [2006 Federal Accountability & Transparency Act (FFATA)] Website: http://www.dnb.com Helpline: 1-866-705-5711 |
| 26 | <input type="checkbox"/> | System for Award Management (SAM) printout (or Renewal) showing "active" status (free of charge). Website: https://www.sam.gov/portal/public/SAM Helpline: 1-866-606-8220 |
| 27 | <input type="checkbox"/> | Business Associate Agreement/HIPAA , with signature under Business Associate [Version: Rev. 9-2013] Form: http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc |
| 28 | <input type="checkbox"/> | Affirmative Action Certificate -or- Renewal Application [AA302] sent to Treasury Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf |
| 29 | <input type="checkbox"/> | Certificate of Incorporation Website: http://www.nj.gov/treasury/revenue/filecerts.shtml |
| 30 | <input type="checkbox"/> | <u>For Profit</u> : NJ Business Registration Certificate with the Division of Revenue. See instructions for applicability to your organization. Website: http://www.nj.gov/njbusiness/registration/ If not applicable, include a written statement. |
| 31 | <input type="checkbox"/> | Agency By-laws or Management Operating Agreement if an LLC |
| 32 | <input type="checkbox"/> | Tax Exempt Certification (Non profits only) Website: http://www.state.nj.us/treasury/taxation/exemption.shtml |

| | | |
|----|--------------------------|---|
| 33 | <input type="checkbox"/> | Disclosure of Investigations & Other Actions Involving Bidder Form (PDF) Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf |
| 34 | <input type="checkbox"/> | Disclosure of Investment Activities in Iran (PDF) Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf |
| 35 | <input type="checkbox"/> | For Profit: Statement of Bidder/Vendor Ownership Form (PDF) See instructions for applicability to your organization. Form: http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf If not applicable, include a written statement |
| 36 | <input type="checkbox"/> | Chapter 271** Signed and dated Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf |
| 37 | <input type="checkbox"/> | Source Disclosure Certification Form [P.L. 2005, c 92-formerly Executive Order 129] Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf |
| 38 | <input type="checkbox"/> | For Profit: Two-Year Chapter 51/Executive Order 117 Vendor Certification -and- Disclosure of Political Contributions [Version: Rev 4/17/15]. See instructions for applicability to your organization. Website: http://www.state.nj.us/treasury/purchase/forms.shtml If not applicable, include a written statement |
| 39 | <input type="checkbox"/> | Annual Report to Secretary of State Website: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml |
| 40 | <input type="checkbox"/> | Certification Regarding Debarment Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf |
| 41 | <input type="checkbox"/> | Statement of Assurances - Use the RFP forms found directly under the Notices section: Website: www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc |
| 42 | <input type="checkbox"/> | Tax Forms: Non Profit: Form 990 Return of Organization Exempt from Income Tax For Profit: Form 1120 US Corporation Income Tax Return -or- LLC: Applicable Tax Form and may delete or redact any SSN or personal information |

* Standard forms for RFP's are available at: www.nj.gov/dcf/providers/notices/. Forms for RFP's are directly under the Notices section.

Standard DCF Annex B (budget) forms are available at: <http://www.state.nj.us/dcf/providers/contracting/forms/>

** Treasury required forms are available on the Department of the Treasury website at <http://www.state.nj.us/treasury/purchase/forms.shtml>. Click on Vendor Information and then on Forms.

Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual may be reviewed via the Internet at: www.nj.gov/dcf/providers/contracting/manuals

C. Requests for Information and Clarification

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures at the technical assistance meeting indicated in this RFP. All prospective applicants must attend a Bidders Conference and participate in an onsite registration process in order to have their applications reviewed. Failure to attend the Bidders Conference will disqualify individuals, agencies, or organizations from the RFP process.

Questions may be emailed in advance of the Bidders Conference to DCFASKRFP@dcf.state.nj.us. Applicants may also request information and/or assistance from DCFASKRFP@dcf.state.nj.us until the Bidders Conference. Inquiries will not be accepted after the closing date of the Bidders Conference.

Written questions must be directly tied to the RFP. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP. All inquiries submitted to DCFASKRFP@dcf.state.nj.us must identify, in the Subject heading, the specific RFP for which the question/clarification is being sought. Each question should begin by referencing the RFP page number and section number to which it relates.

Written inquiries will be answered and posted on the DCF website as a written addendum to the RFP at: <http://www.state.nj.us/dcf/providers/notices/>

Technical inquiries about forms and other documents may be requested anytime.

All other types of inquiries will not be accepted. **Applicants may not contact the Department directly, in person, or by telephone, concerning this RFP.**

Inclement weather will not result in the cancellation of the Bidders Conference unless it is of a severity sufficient to cause the official closing or delayed opening of State offices on the above date.

In the event of the closure or delayed opening of State offices, the Bidders Conference will be cancelled and then held on an alternate date.

EXHIBIT A
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE
CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically available at www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

EXHIBIT B

TITLE 10. CIVIL RIGHTS
CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS

N.J. Stat. § 10:2-1 (2012)

§ 10:2-1. Antidiscrimination provisions

Antidiscrimination provisions. Every contract for or on behalf of the State or any county or municipality or other political subdivision of the State, or any agency of or authority created by any of the foregoing, for the construction, alteration or repair of any public building or public work or for the acquisition of materials, equipment, supplies or services shall contain provisions by which the contractor agrees that:

a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;

b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;

c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and

d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L.1985, c.490 (*C.18A:18A-51 et seq.*).