



REQUEST FOR PROPOSALS
FOR
Collaborative Mental Health Care Pilot Program

Funding up to \$1,200,000 Available

Bidders Conference: October 27, 2014

Time: 10:00am

Place: The Professional Center at DCF

30 Van Dyke Avenue, Room #141

New Brunswick, NJ 08901

Bids Due: December 10, 2014

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

Commissioner

October 3, 2014

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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 on October 27, 2014, at The Professional Center at DCF, 30 Van Dyke Avenue, Room #141, New Brunswick, NJ 08901. Questions will be accepted until October 24 at 12 noon in advance of the Bidder's Conference by providing them via email to DCFASKRFP@dcf.state.nj.us.*

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families' (DCF) Office of Child and Family Health (OCFH) announces the availability of \$1,200,000 in state funding for the purpose of establishing the "Collaborative Mental Health Care Pilot Program." The program shall implement a best practice collaborative care model between primary care physicians and child mental health specialists in order to provide for the timely screening, assessment, diagnosis, and treatment of behavioral health disorders of children, youth, and young adults served in the pilot program.

One funding award will be granted for the purpose of establishing a "Collaborative Mental Health Care Pilot Program" in two regions in New Jersey. Please see Exhibit C for a list of designated regions. The pilot program shall implement a best practice model to ensure appropriate screening, assessment, diagnosis, and treatment of children, youth, and young adults presenting in pediatric primary care settings with behavioral health disorders. This request for proposals (RFP) encourages the development of an integrated healthcare approach to addressing behavioral health conditions in a primary care setting that includes: screening of children, youth, and young adults for behavioral health disorders; timely access to psychiatric consultation for primary care pediatricians (PCPs); timely patient access to direct psychiatric services, when indicated; care coordination to support engagement with specialty care and collaborative treatment planning; and primary care pediatrician (PCP) education on best practices to implement and sustain a collaborative mental health care partnership in pediatric primary care settings. The successful applicant will establish a "hub" behavioral health team in each region that includes, at a minimum: a child and adolescent psychiatrist (CAP), a licensed clinical social worker (LCSW) care coordinator, and an administrative coordinator to implement this program.

This funding opportunity includes a program evaluation requirement. Twenty percent of the available resources (\$240,000) shall be dedicated to fund program and evaluation activities. One-time state funds are made available for the pilot program implementation and evaluation.

B. Background:

Pediatric primary care is ideally provided within a patient's medical home. The medical home model promotes care that is: accessible, continuous, comprehensive, collaborative, compassionate, culturally competent, and family-centered. Continuity provides the structure for a relationship over time with the child and family and is a key component of promoting healthy physical, social, and emotional development. To care for the whole child in the context of family, school, and community, the medical home needs to have effective and dynamic relationships among community agencies and services that may assist the child and family's diverse needs.

PCPs practicing within the medical home model have an important role in identifying and accessing care for children, youth, and young adults with behavioral health disorders. However, many PCPs report that they are not well-prepared to do so. PCPs typically report that they feel uncomfortable with addressing behavioral health concerns and lack the knowledge and skills needed to provide accurate diagnosis and recommend effective evidence-based treatment. Barriers to successfully providing these services in the primary care setting include lack of mental health training, insufficient time, lack of knowledge about community mental health care resources, and insufficient referral feedback from community mental health clinicians. In the face of these challenges, safe and effective child mental health care requires effective collaborative partnership between mental health clinicians and PCPs.

Collaborative mental health care partnerships are crucial to integrating mental health into pediatric primary care and improving access to timely and appropriate behavioral health services. Successful partnerships are characterized by effective collaboration, communication, and coordination between CAPs and PCPs in consultation with children, adolescents and their families. Through these partnerships, CAPs can have a significant positive impact on the psychiatric care of larger numbers of children, adolescents and their families through the promotion of prevention, early intervention, and treatment of childhood psychiatric illness.

Screening, triage, diagnosis, and initiation of treatment in primary care settings should be done in active collaboration with a CAP and/or an allied mental health provider, as needed, to improve service outcomes for children with mental illnesses. There should be active communication and coordination between the pediatric health home and mental health providers in other child systems including schools, child welfare, and the juvenile justice system. Effective treatment also requires ready access to intensive specialty care services, including those available within the

Children's System of Care, (CSOC) for youth with severe and complex mental illness.

The goals in building collaborative mental health care partnerships in the pediatric primary care setting include:

- Integration of culturally competent and evidence-based mental health services into the primary care setting.
- Promotion of optimal social and emotional development and emotional wellness.
- Early identification of mental health problems and interventions.
- Implementation of therapeutic and psychopharmacologic services.
- Improved care coordination among families, PCPs, and CAPs.
- Improved care coordination among community mental health clinicians, PCPs, and CAPs.
- Increased PCPs' comfort, knowledge, and abilities to screen, diagnose, and respond to mental health disorders, including referral for specialty care.
- Increased access to and quality of mental health services.
- Improve patient and family satisfaction with mental health services.
- Improved clinical outcomes.

Collaborative mental health care partnerships implement integrated care approaches in which the PCPs and CAPs partner with children, youth, young adults, and their families to prevent, identify, and manage mental health challenges that present in the primary care setting. An integrated approach to collaboration expands and strengthens the medical home by establishing treatment partnerships between PCPs and CAPs that include shared case management, care coordination, and integrated team case conferences. The Collaborative Mental Health Care Pilot Program shall facilitate these partnerships by establishing two dedicated regional behavioral health hub teams with each team responsible for implementing the program within its designated region.

C. Services to be Funded:

The successful applicant shall implement a collaborative mental health partnership program that employs an integrated, regionally-based behavioral health hub team approach to the delivery of behavioral health services in pediatric primary care settings. The applicant must have sufficient infrastructure to implement the program within the two regions it proposes to serve. The approach shall include the following core components:

- Universal screening of children, youth, and young adults for behavioral health disorders
- Timely access to psychiatric consultation for PCPs
- Timely patient access to direct psychiatric services, when indicated
- Care coordination to support fluidity of referral, engagement with specialty care at the appropriate levels of care, and collaborative treatment planning

- Practitioner enrollment and support, including best practice education and a web portal to support program implementation and operation
- Collaboration with systems partners, including the CSOC Contracted Systems Administrator (CSA) and Care Management Organizations (CMOs), as well as private third-party payers and treatment/service providers
- Data collection and reporting
- Program evaluation

Collaborative Mental Health Care Pilot Program Model

The Collaborative Mental Health Care Pilot Program shall provide screening, early intervention, routine assessment and treatment, specialty consultation, access to specialized treatment, and care coordination services. The allocation of these components across providers varies according to the severity, chronicity, and complexity of mental health challenges for individual children, youth, and young adults. To meet these responsibilities, the PCP, the consulting CAP, the care coordinator, and the appropriate specialty treatment service providers will play key roles. Within all levels of service, children, youth, adolescents, and families are essential partners in care, who will identify strengths and needs, collaborate on developing the plans of care, assist with care implementation, and serve as key informants in the evaluation of service outcomes and consumer satisfaction.

The program shall adhere to the following guidelines for determining the level of service to be provided based on the complexity of the patient's mental health needs:

- Preventive Services & Screening: Applicable to all children, youth, and young adults being seen in a primary care practice, to prevent and detect mental health problems.
- Early Intervention & Routine Care Provision: Applicable for children, youth, and young adults with identified but relatively uncomplicated, high prevalence behavioral health clinical problems. Assessment and management is typically performed by the PCP, with support available from a consulting psychiatrist.
- Specialty Consultation, Treatment & Coordination: Applicable for children, youth, and young adults with defined behavioral health disorder/problem at intermediate level of risk, complexity or severity, requiring enhanced specialist consultation or intervention that may include engagement with the CSOC CSA and CMO.
- Intensive Mental Health Services For Complex Clinical Problems: Applicable for children, youth, and young adults with a defined behavioral health disorder/problem at high level of risk, complexity or severity, requiring specialist consultation or intervention that may include multisystem service teams, including the CSOC CSA and CMO.

The program shall be delivered by a dedicated regional hub team of child mental health professionals and paraprofessionals that includes:

- CAPs who shall provide consultation support to PCPs that enables the PCPs to appropriately screen, diagnose, and treat children, youth, and young adults with

behavioral health disorders, and to refer children, youth, and young adults to specialty care when indicated.

- PCPs and other health care professionals who provide mental health screening and treatment services under the supervision of the PCPs, and who provide these services to children, youth, and young adults in a pediatric medical home.
- Licensed clinical social workers (LCSWs) who shall work closely with the hub team CAPs to provide care coordination services for children, youth, and young adults identified with behavioral health disorders in the pediatric medical home setting, including referral to and engagement with specialty care and other services.
- Administrative personnel to coordinate program activities and support the other members of the child mental health team; including coordination of case conferences, educational activities, and other administrative tasks as required to meet the goals and objectives of the program
- CAPs and LCSWs providing services through the program shall be located in and licensed to practice by the State of New Jersey.
- Each regional hub team shall be located no more than 15 miles from its dedicated region; the two regional hub teams may be co-located.

Universal Screening

Screening for and early detection of behavioral health problems is a core component of integrated care. Screening, triage, diagnosis, and initiation of treatment in the primary care setting should be done in active collaboration with a child and adolescent psychiatrist and/or allied mental health providers, as needed, to improve service outcomes for children with mental illnesses. Universal screening for behavioral health disorders using a standardized tool that has been validated for use with children, youth, and young adults is indicated for all children, youth, and young adults being seen in pediatric primary care settings. The Collaborative Mental Health Care Pilot Program will develop and implement a best practice model for universal screening of mental health and behavior disorders with adolescents and children in the county or region to be served by the program. The screening model shall include protocols for triage and referral for consultation, specialty care, and care coordination, as indicated.

Access to Psychiatric Consultation Services

“Real time” communication is important to collaborative mental health care partnerships. Answers to clinical questions ideally are provided to PCPs within a time frame that allows them to respond in a timely way to patients and their families. Compared to CAPs and other mental health clinicians, PCPs see a higher volume of patients and as such, their workflow requires efficient use of their decision-making and time. Consequently, timely access to consultation with CAPs who provide practical and understandable advice is essential. Timely access for communication is usually considered by PCPs as being in the context of minutes to the same day. Availability is generally weekdays or parts of weekdays, though some emergency availability is often a consideration. Timely access can be managed through the development of a

communication protocol. If the protocol works reliably and is used with adequate frequency, a growing sense of trust and confidence develops that encourages PCPs to extend their involvement in mental health care beyond their usual scope of practice. The communication protocol should include:

- Days and hours available
- Who will be available (i.e., CAPs or other child mental health clinicians working with the CAPs)
- Manner of availability (i.e., onsite, telephone, fax, email, shared electronic medical record, or telemedicine)
- What the specific consultation will and will not include
- How the recommendations will be communicated (i.e., verbal and/or written)
- How the PCPs will document the consultation in the patient record and what will be included in the documentation
- Procedures and criteria for routine, urgent, and emergency requests
- Process to communicate about interim medication follow-up by PCPs

CAPs can also help the PCPs identify their ability to handle psychiatric problems in their practices and when necessary, can help facilitate referrals to other mental health or community agencies. Consultation with CAPs can serve to triage primary care patients, based on acuity and complexity, to the appropriate level of service intensity (e.g., direct evaluation and treatment by the CAP, or emergency care and inpatient hospitalization when indicated).

Access to Psychiatric Services

CAPs generally need to provide direct psychiatric assessments. In consultation with a PCP, a CAP may determine, based on the description of illness acuity and complexity that a patient needs to be directly evaluated by the CAP. Collaborative partnerships are significantly strengthened by the provision of (or at least facilitation of) urgent patient evaluations and treatment recommendations. CAPs must be able to provide or facilitate timely psychiatric evaluations. These evaluations ideally should occur within two to four weeks of the initial referral. Co-location can most readily facilitate timely evaluations. Where co-location of services is not feasible, the presence of a dedicated team of mental health practitioners based at a centralized hub can provide targeted, local support for PCPs. Consultation or collaborative models will involve scheduling the evaluation in the offices of CAPs. The psychiatric evaluation or consultation should include biopsychosocial formulation, diagnostic impressions, and treatment/referral recommendations. Pragmatic and specific recommendations for the PCP are important to include in the consultation (i.e., medication management recommendations). Prompt communication of the findings and recommendations to the PCP is important. Initial communication regarding urgent findings requiring immediate response by the PCP should be within the next business day; otherwise a written evaluation summary should be within one to two weeks. All communication should be succinct and contain practical recommendations.

Care Coordination and Engagement with Specialty Care

Care coordination is essential for the successful integration of child psychiatric services within the primary care setting because a) mental health services are often administered and reimbursed through a different mechanism than medical services, b) the specialized mental health system is often very complicated and difficult for families to navigate, c) communication between specialty mental health providers and PCPs has historically been poor, and unlikely to improve without structural assistance, and d) for children with complex psychiatric needs, care coordination ensures that all involved parties coordinate their individual efforts for the benefit of the child. Given the complexity of navigating the healthcare system, care coordination is essential to helping children, adolescents, and their families access the appropriate level of psychiatric services. It is an essential component of effective collaborative partnerships.

Care coordination can range from the CAP providing advice to the PCP (i.e., provide critical information that allows the PCPs to advocate for and obtain necessary psychiatric services for their patients) to a designated care coordinator who provides case management services (i.e., finding available mental health clinicians or intensive psychiatric resources, including services that may be accessed through the CSOC CSA). CAPs and PCPs should consider the inclusion of a care coordinator in the program team who is well versed in utilizing the available community mental health resources, including resources available through private third-party insurance, Medicaid, and the CSOC.

Families, children, youth, and young adults, as developmentally appropriate, must have a primary decision-making role in their treatment. They should: be involved in making decisions regarding providers and others involved in the treatment team; be encouraged to express preferences, needs, priorities, and disagreements; collaborate actively in treatment plan development and in identifying desired goals and outcomes; be given the best knowledge and information to make decisions; make joint decisions with their treatment team; and participate actively in monitoring treatment outcomes and modifying treatment.

CAPs and PCPs providing consultation or direct care under the program are expected to adhere to the AACAP Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents which can be found at

<http://download.journals.elsevierhealth.com/pdfs/journals/0890-8567/PIIS0890856709601568.pdf>

Best Practice Education

The implementation of integrated care approaches in the primary care setting presents challenges for primary care and mental health practitioners, as they require significant realignment of the process of care. Patient flow, documentation, and communication among team members, are among the processes that will be impacted. Applicants

under this RFP are expected to include learning collaborative and process improvement components in their program design in order to assess capacity, plan, and effectively implement necessary practice changes to support screening, psychiatric consultation, access to direct psychiatric services, and care coordination to support engagement with specialty care and collaborative treatment planning.

CAPs participating in the Collaborative Mental Health Pilot Program are responsible for educating PCPs regarding child mental health issues and treatments that allow PCPs to extend their involvement in mental health care beyond their usual scope of practice. They are also responsible for guiding PCPs in the education of patients and their families. Learning methods may include case-based teaching, case conferences, integrated team meetings, and grand rounds.

Education content shall include:

- Training for PCPs regarding best practices relating to the screening, assessment, diagnosis, and treatment of behavioral health disorders in children, youth, and young adults, including protocols for accessing consultation and referral to specialty care, when indicated.
- Patient education regarding mental health provided by PCPs, including, but not limited to:
 - early warning signs, behaviors, and symptoms of behavioral health disorders;
 - coping skills, including, but not limited to, interventions and strategies to address challenging behaviors;
 - information about what to expect upon diagnosis of a mental or behavior disorder, how a disorder may affect other family members, and strategies for helping meet the needs of those family members; and
 - information about services and supports available in the community.

Collaboration with Systems Partners

The successful applicant under this RFP will establish a coalition of partners who have a stake in the development of collaborative mental health care partnerships who will have an active role in the implementation of the program and serve in an advisory capacity. These partners shall include the following from the pilot program county or region:

- Primary care providers
- Individual families and parent/family organizations
- Community mental health clinicians and programs
- The Children's System of Care Contracted Services Administrator and Case Management Organizations
- Public and private managed behavioral health organizations
- The county mental health administrator(s)
- Youth advocates, including mental health consumer advocates
- Other local stakeholders who are committed to supporting the pilot program

Program Evaluation

Evaluation of the pilot program is required in order to determine the program's success in meeting its goals and to provide outcome data that may support program expansion. The evaluation shall be conducted by a qualified institution or individual with knowledge of child and adolescent behavioral health disorders and demonstrated experience in evaluating programs of a similar scope and nature. The evaluator shall provide a written evaluation report to the successful applicant and to DCF within ninety (90) days of the conclusion of the pilot phase of the program which shall include recommendations for establishing a system of payment for services delivered by the pilot program or any successor program and recommendations for continuing and, if appropriate, expanding the pilot program in the State.

The evaluation shall collect baseline and follow-up data to measure:

- Improved knowledge level of primary care physicians about behavioral health disorders in children, youth, and young adults, and their families
- Increased comfort level of children, youth, and young adults, and their families, in discussing mental or behavioral health problems with primary care physicians
- Improved patient and family satisfaction and experience of care, including role in treatment decision-making
- Improved access to timely psychiatric consultation for the PCP
- Improved access to timely direct evaluation of children and families by the CAP
- Improved access to timely and appropriate specialty care for children, youth, and young adults, where indicated
- Improved quality of behavioral health care delivered in the primary care setting including more effective and appropriate use of psychotropic medications
- Improved clinical outcomes, as demonstrated by pre- and post-intervention clinical screening and assessment
- Improved dissemination and implementation of evidenced-based approaches to screening and consultation
- Improved engagement with specialty treatment
- Reduced unnecessary utilization of high service intensity levels (emergency room visits, inpatient hospitalizations, out of home placements)
- Improved care coordination/collaboration between PCPs and CAPs
- Improved cultural competence among PCPs and CAPs
- Number and characteristics of consultations and collaborative work
- Number and type of referrals to specialty care
- Number and type of effective linkages to specialty care

Program performance shall be measured through analysis of variables including:

- Number of screening encounters
- Number of CAP consultation requests
- Number of referrals for evaluation and completed evaluations

- Rates of psychiatric diagnosis
- Number of referrals to and successful linkages with specialty care
- Response times for consultations
- Wait times for evaluations
- Follow-up regarding specific clinical outcomes

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.

D. Funding Information:

For the purpose of this initiative, the Department will make available up to \$1,200,000 (prorated for the State contract year) from the date of the contract to June 30, 2015 for the Collaborative Mental Health Pilot Project. Contract renewals will be dependent upon performance and compliance. It is intended that the contract term will be for 12 months subject to appropriation. It is anticipated that eighty-five percent of the available resources will fund pilot program implementation and operation activities and twenty percent of the available resources (\$240,000) will fund program evaluation activities.

One proposal will be funded under this program.

The initial funding period for this program is from the contract to June 30, 2015. Contract renewals will be dependent upon performance and compliance.

Matching funds are not required.

Funds awarded under this program may not be used to supplant or duplicate existing funding.

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 or State Universities (State or private) 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. 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.
4. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
5. Where required, all applicants must hold current State licenses.
6. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
7. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
8. 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.
9. 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
10. 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:

October 3, 2014	Notice of Availability of Funds/RFP publication
October 24, 2014	Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us until 12:00PM
October 27, 2014	Mandatory Bidders Conference at 10:00AM
December 10, 2014	Deadline for Receipt of Proposals by 12:00PM

All proposals must be received by 12:00 PM on or before December 10, 2014. Proposals received after 12:00 PM on December 10, 2014 will **not** be considered. Applicants should submit **one (1) signed original** and **one CD ROM**, including a signed cover letter of transmittal 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 should submit **one (1) signed original** and **one CD ROM** with all documents including a signed cover letter of transmittal.

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 should submit **one (1) signed original** and **one CD ROM** with all documents including a signed cover letter of transmittal.

3) Online- <https://ftpw.dcf.state.nj.us>

DCF offers the alternative for our bidders to submit proposals electronically to the web address above. Online training is available at the bidder's conference and on our website at: www.nj.gov/dcf/providers/notices/

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission. Registration forms are available on our website. Registered AOR forms must be received 5 business days prior to the date the bid is due. You need to register only if you are submitting a proposal online.

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 five (5) 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:

- Proof of Insurance naming the Department of Children and Families as an additional insured
- Board Resolution Validation
- DCF Standard Language Document and Signature Pages
- Current agency by-laws
- Copy of lease or mortgage (if applicable)
- Certificate of Incorporation
- Affirmative Action policy and certificate
- A copy of all applicable professional licenses
- Copy of the agency's annual report to the Secretary of State

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 (15 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.

Describe the agency's background and experience in implementing the types of services described in the RFP.

Provide an indication of the organization's demonstrated commitment to cultural competency and diversity.

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 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) Need Justification (10 Points)

Provide documentation describing the need for the proposed services, including:

- Statements that demonstrate an understanding of the problem and the needs of the target population;
- A summary of existing services, including identified gaps in the current provision and availability of those services; and
- Citations of relevant statistics and discussions of studies that reflect the prevalence of the problem and the unmet needs of the target population

3) Project Approach (25 Points)

Specify a project approach that includes an overview of the proposed services and their anticipated impact on the target population, including:

- A description of the services to be provided, including the specific goals and objectives of each;
- A description of the activities or methods that program personnel will employ to achieve the service objectives;
- A description of any service coordination, collaborative efforts or processes that will be used to provide the proposed services (attach any affiliation agreements or Memoranda of Understanding);
- Information on the accessibility of services, including the hours and days that services will be available;
- A description of any fees for services, sliding fee schedules and waivers;
- A description of client data to be recorded, the intended use of that data and the means of maintaining confidentiality and security of client records; and
- Information on the level of service (LOS), including a definition of each unit of service and an indication of the level of service anticipated throughout the contract period.

Indicate the number, qualifications and skills of all staff, consultants, sub-grantees and/or volunteers 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; and resumes of any existing staff who will perform the proposed services.

Describe the management and supervision methods that will be utilized.

Provide a feasible timeline for implementing the proposed services. Attach a separate Program Implementation Schedule as part of the Appendix.

Describe how monthly, quarterly, and final program reports will be provided to DCF. Reports shall include:

- Narrative summaries of completed work plan activities and outputs, survey and outcome measure data, and next steps
- Aggregate data collected to inform program evaluation activities, including consultation and care coordination encounter data

Provide a justification for the standardized behavioral health disorders screening tool that will be utilized by the program. Attach a copy of the tool as part of the Appendix.

Describe how consultation services will be made available to any pediatric PCP in the selected regions, regardless of health care insurance or payers.

Describe the agency's plan to ensure ongoing access to psychiatric care, when indicated, including the role of the consulting CAPs in the provision of evaluation and medication monitoring.

Describe the agency's information technology infrastructure and capacity to support the program.

Describe the agency's plan to develop and deliver collaborative learning opportunities that support implementation and sustainability of the collaborative mental health care model. Attach a timeline of proposed educational activities.

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.).

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) Program Evaluation (25 Points)

Develop and attach a logic model for the program that includes the program goals, activities, and desired outcomes. Describe in detail the outcome measures that will be used to determine that the service goals and objectives of the program have been met. Provide a brief narrative of data collection procedures, frequency of assessments, and attach copies of any standardized assessment tools, and any draft or final program-specific data collection tools or questionnaires that will be used to determine the effectiveness of the program services. 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.

5) Budget Narrative (25 Points)

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services (LOS). Therefore, applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. Provide a line item budget and 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, including the 80% allocation for program implementation and the 20% allocation for program evaluation activities, must be clearly delineated and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or "other" items.

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 a CD ROM containing all the documents in PDF or Word format. 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. Proposal Cover Sheet*
2. Table of Contents
3. Proposal Narrative (in following order)
 - a. Applicant Organization
 - b. Needs Justification
 - c. Project Approach
 - d. Outcome Evaluation
 - e. Budget Narrative

Part II: Appendices

1. Job descriptions and resumes of key personnel
2. Proposed agency organizational charts
3. Staffing patterns
4. Program logic model
5. Behavioral health disorders screening and assessment tools (20 page limit)
6. Draft or final Program-specific data collection tools or questionnaires (20 page limit)
7. Current/dated list of agency Board of Directors/Terms of Office
8. Statement of Assurances*
9. Certification regarding Debarment*
10. DCF Annex B Budget Forms*
11. Chapter 51 Certification Regarding Political Contributions** (Required by for profit entities)
12. Source Disclosure Certification**
13. Ownership Disclosure-Certification and Disclosure Forms
Note: non-profit entities are required to file the Certification-Disclosure of Investigations starting at Page 3 through 5**
14. Copy of IRS Determination Letter regarding applicant's charitable contribution or non-profit status (if appropriate)
15. Copies of all applicable licenses/organization's licensure status (if appropriate)
16. 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 <http://www.dnb.com>

17. Copies of any audits or reviews completed or in process by DCF or other State entities from 2013 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
18. Applicable Consulting Contracts, Affiliation Agreements/Memoranda of Understanding, Letters of Commitment and other supporting documents.
19. Current Form 990 for non-profits
20. Current Single Audit Report for non-profits/ Current Audited Financial Statements for for-profit entities
21. Proposed Program Implementation Schedule
22. Timeline of proposed educational activities
23. Signed DCF Standard Language Document
24. Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)
25. Copy of agency's Conflict of Interest policy

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

C. Requests for Information and Clarification

Applicants shall not contact the Department directly, in person, or by telephone, concerning this RFP. Applicants may 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. Questions may be emailed in advance of the Bidders Conference to DCFASKRFP@dcf.state.nj.us.

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures at the technical assistance meeting indicated below. 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.

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.*).

EXHIBIT C	
<i>Mental Health Collaborative Designated Service Hubs</i>	<i>US 2013 Census population under 18 years old</i>
<i>Atlantic/Cape May Cumberland/Salem/Gloucester</i>	<i>198,793</i>
<i>Camden/Burlington</i>	<i>220,156</i>
<i>Essex</i>	<i>191,864</i>
<i>Bergen</i>	<i>202,647</i>
<i>Hunterdon/Somerset/Warren/Sussex</i>	<i>161,282</i>
<i>Mercer/Middlesex</i>	<i>265,511</i>
<i>Morris/Passaic</i>	<i>236,248</i>
<i>Ocean/Monmouth</i>	<i>279,408</i>
<i>Union/Hudson</i>	<i>265,618</i>