



REQUEST FOR PROPOSALS

FOR

Licensable Long Term Residential Substance Abuse Treatment Services

**for Women with Dependent Children in one or more of
the following counties**

**Atlantic, Camden, Cape May, Cumberland, Gloucester,
or Salem County**

Funding of up to \$891,756

Questions and Answer Period Until: May 19, 2016 at 12:00 PM

Deadline for Receipt of Proposals: August 10, 2016

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

Commissioner

May 12, 2016

TABLE OF CONTENTS

Section I - General Information

A. Purpose	2
B. Background	2
C. Services to be Funded	5
D. Funding Information	14
E. Applicant Eligibility Requirements	14
F. RFP Schedule	15
G. Administration	17
H. Appeals	19
I. Post Award Review	19
J. Post Award Requirements	19

Section II - Application Instructions

A. Review Criteria	20
B. Supporting Documents	29
C. Requests for Information and Clarification	33

Exhibit A—The State Affirmative Action Policy

Exhibit B—Anti-Discrimination Provisions

Funding Agency

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

Special Notice: . Questions will be accepted until May 19, 2016 and shall only be submitted via email to DCFASKRFP@dcf.state.nj.us on or before May 19, 2016 at 12:00PM. 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 \$891,756 in funding for long-term residential (LTR) substance abuse treatment services for CP&P-involved women and their children. Applicants must currently operate at least one residential substance abuse treatment facility licensed by the New Jersey DHS Office of Licensing 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.

Existing bed capacity cannot be repurposed for this program; awarded funding will only be used to support new bed capacity.

These funds will be used to support up to twelve (12), but not fewer than eight (8), LTR substance abuse treatment beds for child welfare-involved women with up to two dependent children, ages birth through five, per woman. A portion of the initial funds may also be used for start-up costs such as recruitment and hiring of staff, securing furniture and equipment, and minor facility improvements to support capacity to serve families. One award will be issued. Joint applications may be submitted, but a lead agency must be identified; if selected, DCF's contract will be with the lead agency. Applications are limited to providers who will deliver services in one or more of the following counties: Atlantic, Camden, Cape May, Cumberland, Gloucester, and Salem.

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. Our vision is "To ensure a better today and even greater

tomorrow for every individual we serve,” and our mission is to ensure the safety, well-being, and success of New Jersey’s children and families. 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 single mothers.¹ In a report to Congress, the U.S. Department of Health and Human Services (DHHS) 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 abuse evaluation in calendar year 2015.

Parental substance use disorders have devastating effects on children. 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 abuse 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 enter treatment faster, remain in treatment for longer, and successfully complete at least one treatment episode.⁵ One study noted that children whose mothers achieve substantial or complete progress in treatment were more than twice as likely to be reunified.⁶

Longer stays in treatment programs have consistently been associated with better outcomes. Using four separate data sets, an analysis of residential substance abuse treatment outcomes for women showed length of stay was a strong predictor of post-discharge abstinence rates,

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.

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.

and clients who received 90 or more days of treatment were increasingly 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

Consequently, 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 in residential treatment programs that have 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 demonstrate not only a higher percentage of treatment completion but also a greater rate of 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 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}

Enhanced child welfare substance abuse treatment services currently exist within the CP&P service array. However, this RFP is intended to

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.

¹² *ibid.*

¹³ Grella. 2008 (see footnote 9)

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

fulfill an identified need for long-term residential substance abuse treatment services in the Southern Counties of New Jersey.

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 funds will be used to support up to twelve (12) but not fewer than eight (8) long-term residential substance abuse treatment beds for CP&P involved women and up to two of their dependent children. The program shall 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 shall include evidence-informed programs and practices.

In supporting clients' wellness and recovery, proposed programs shall 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
8. Environmental – Good health by occupying pleasant, stimulating environments that support well-being

The awarded provider must comply with the following level of care description for Long-Term Residential/Therapeutic Community which approximates ASAM Criteria 2013:

**CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL
TREATMENT SERVICES
Level 3.5**

Definition: Treatment is provided in a DHS OOL licensed long-term residential treatment facility which provides a structured recovery environment, combined with professional clinical services, designed to address addiction and life skills development for persons with substance-related disorders who require long-term residential treatment to support and promote recovery. Services include **no less than 9 hours per week of counseling and psycho-educational interventions on at least five (5) separate occasions.** A minimum of 7 hours per day of structured activities must be provided each day.

Medical Services: Must be provided per licensing requirements

Counseling / Therapy Services:

- Individual: 1 hour per week minimum
- Group: 5 hours per week minimum
- Family: To be included during course of treatment as clinically indicated

Psycho-education:

- Didactic sessions: 3 hours per week minimum
- Family Education and Information sessions: To be included during course of treatment as clinically indicated

Structured Activities: 7 hours a day required. Examples of activities:

- Counseling Services
- Psycho-education
- Vocational training
- Self-help groups
- Recreation

Target Population

The awarded program will serve active CP&P-involved women with up to two dependent children (ages birth through five¹⁵) per woman.

The program will provide treatment before and after delivery for pregnant women who are expected to retain custody of their newborns and/or for

¹⁵ Older children may be considered on a case-by-case basis.

women with a reunification plan. All referrals must be approved by the CP&P Local Office Manager prior to admission to the treatment program.
Service Model

The awarded agency will provide a residential treatment program with up to twelve (12) but not fewer than eight (8) LTR (Level 3.5) substance abuse treatment beds designed to meet the needs of CP&P involved women with substance use disorders and up to two of their dependent children. Medication-assisted treatment options, including but not limited to buprenorphine, methadone, and naltrexone, must be available to program participants.

Applicants must submit a detailed program implementation plan demonstrating that LTR residential treatment services will be fully operational and servicing clients within thirty (30) months of the award date.

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

Proposed treatment models shall, at a minimum, provide:

- Continuous, comprehensive service planning for the client, child(ren), and family to ensure 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 supports, including recovery coaches, that shall continue to be available to program participants post-discharge
- Access to medical care for the client and children
- Wellness activities such as nutritional counseling, meal planning, and fitness opportunities

- Access to self-help recovery supports, which are not limited to 12-step based programs

Proposed treatment models must 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 shall specifically address clinically appropriate contact with these parties. Agencies shall 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 shall be tailored to the specific needs of the CP&P involved client and family and must specify what enhanced services will be available, whether on-site or off-site through subcontracts or affiliation agreements, to meet the unique needs of women and their children in this program.

Child safety and wellbeing 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.

Treatment must also include use of trauma-informed and evidence-informed programs and practices. Examples may 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 evidence-informed practices:

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>
- **California Evidence-Based Clearinghouse (CEBC)** (<http://www.cebc4cw.org>)
- **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>
- **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>

Clients engaged in evidence-informed practices must have specific, measurable goals. If a client is engaged in multiple evidence-informed interventions, the provider must ensure that goals are aligned and the effectiveness of each individual intervention is not impacted.

Recovery Management and Supports

As part of substance abuse treatment, agencies will be expected to provide a range of services to support clients' recovery and reduce the risk and rate of relapse. Such services shall include recovery coaching, individualized treatment planning to identify triggers and appropriate coping/response strategies, and access to medication-assisted treatment.

The role of a recovery coach is distinct, important, and can take many forms, including, motivator and cheerleader, ally and confidant, truth-teller, role model and mentor, problem solver, resource broker, advocate, community organizer, lifestyle consultant, and friend.¹⁶ The successful applicant will incorporate recovery coaches into the proposed program to promote clients' recovery, remove barriers, serve as a guide and mentor, and link clients to recovery support resources.

¹⁶ White, W.L. (2006). *Sponsor, Recovery Coach, Addiction Counselor: The Importance of Role Clarity and Role Integrity*. Philadelphia, PA: Philadelphia Department of Behavioral Health and Mental Retardation Services.

Recovery coaches shall begin developing an alliance with clients at intake and shall remain involved with clients for up to a year following discharge from the program. Recovery coaches are expected to have specialized training, credentialing, or certification through a consumer-driven, recovery-oriented coach 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).

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.

Staffing needs to be reflective of the women 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 cannot 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 shall:

- Communicate timely with CP&P regarding emerging or urgent issues that may impact the case plan
- Participate in individual client case conferences with CP&P case workers no less than every thirty days, or more frequently as indicated
- Assist CP&P in arranging visitation for other children in out-of-home placement

- Participate in other CP&P scheduled meetings such as Family Team Meetings
- Collaborate with other clinical supports in the CP&P Local Office
- Attend all DCF required trainings
- Participate in interdisciplinary meetings with child welfare systems, Work First New Jersey Substance Abuse Initiative(SAI), and/or the Courts, including monthly Child Welfare/SAI 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

Applicants shall also demonstrate partnerships with other community agencies as a means of expanding resources and services available to clients and children.

Discharge/Step-down Planning

The awarded provider will assist clients with transitioning from one level of care to the next through referrals to appropriate programs, “warm handoffs” during the transition to another level of care, and linkage to ongoing recovery support services and community resources for clients being discharged.

Providers will be expected to communicate with CP&P in advance of discharges whenever possible, and shall ensure discharge summaries are shared with the next level of care provider and CP&P in a timely manner. The discharge summary shall include, but is not limited to, treatment issues identified throughout the course of treatment and continued at discharge, issues to be addressed as part of the aftercare, and any co-occurring issues identified and/or addressed while in treatment. The successful applicant will also convene a teaming meeting to include CP&P and other service providers prior to discharge in order to thoughtfully plan for clients’ ongoing needs and care.

Providers must demonstrate partnerships with at least one outpatient service provider in each of the counties listed in this RFP. These partnerships shall include providers with existing child welfare outpatient treatment slots where they exist.

Providers must include their policy or protocols regarding clients who leave against medical advice.

Service/Agency Requirements

The funding in this RFP includes reimbursement for licensed LTR substance abuse treatment slots for women and children at the annual enhanced child welfare rate of \$74,313 per slot. Applicants shall be able to demonstrate how the slot reimbursement rates will be used to support adherence to licensure treatment standards, and must describe the enhancements and supportive services that will be provided both on-site and off-site. Rate and/or reimbursement methods are subject to change.

All services must be provided in accordance with licensure regulations for residential substance abuse treatment services. All primary and satellite sites must be licensed. Please refer to N.J.A.C. 10:161A, 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.¹⁷

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

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

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

¹⁷ 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.

The average daily census for this program shall not fall below 90%.

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. At a minimum, the awarded provider will be expected to monitor and report on items such as client engagement and retention, utilization of substance abuse treatment slots, client wellbeing and progress towards treatment plan goals, child wellbeing, and parenting/family functioning.

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

DCF may seek assistance of a third party evaluator. The awarded provider must agree to partner with DCF and any outside evaluator DCF may contract with to assess the impact of the program.

Applicants must 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 up to \$891,756 will be made available for this initiative and is subject to appropriation. Contracts may be renewed annually subject to appropriation and performance under the provisions of this RFP and the Contract.

Funding will be provided at the all inclusive annual enhanced child welfare rate of \$74,313 per slot.

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

Matching funds are not required.

Additional start-up funds are not available. A portion of the initial funds may be used for start-up costs during the initial contract year such as recruitment and hiring of staff, securing furniture, vehicles and equipment, and minor facility improvements to support capacity to serve families; all start-up costs must be funded with accruals. Applicants must provide a reasonable justification and a detailed summary of all expenses 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.

Existing bed capacity cannot be repurposed for this program; awarded funds will only be used to support new 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 or universities (private or State) 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 an applicant is under a corrective action plan with DCF, or any other New Jersey State agency or authority, the applicant may not submit a proposal for this RFP. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action

plan have been eliminated to the satisfaction of DCF for a period of 6 months

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 currently operate at least one residential substance abuse treatment facility licensed by the New Jersey DHS Office of Licensing 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.
10. Applicants must provide a detailed and feasible timeframe for achieving full operational census within thirty (30) months of the award date.
11. 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.
12. 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:

May 12, 2016	Notice of Availability of Funds/RFP publication
May 19, 2016 at 12:00 PM	Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us
August 10, 2016	Deadline for Receipt of Proposals by 12:00PM

All proposals must be received by 12:00 PM on or before August 10, 2016. Proposals received after 12:00 PM on August 10, 2016 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, if required 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:

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. Proof of Insurance naming DCF as additionally insured from agencies
3. Bonding Certificate
4. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification

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 1 inch on the left and right. The font shall be ARIAL 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. 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, folders, or staples.

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 LTR substance abuse treatment services for women, other substance abuse treatment levels of care, and treatment for co-occurring mental health problems and other supportive services. Describe the outcomes that you currently measure, and provide recent outcome data in the narrative or as an appendix.

Describe the agency's experience working with the Division of Child Protection and Permanency. Discuss prior or current experiences where you've partnered or participated in case conferences/Family Team Meetings with CP&P.

Describe 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.

Indicate whether any disciplinary action been taken against your agency in the past five years by a state agency. If so, please explain and include documentation as an Appendix.

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

Proposed LTR substance abuse treatment services must be fully operational and servicing clients within thirty (30) months of the award date. Provide a thoughtful, detailed and feasible timeline for implementing the proposed services. Attach a separate Program Implementation Schedule as part of the Appendix.

Applicants must have at least one residential substance abuse treatment facility currently licensed by NJDHS OOL or the appropriate licensing authority in another State. Attach a copy of the license as an appendix. If licensed in another State, provide a web link to the State's regulations for licensure of residential substance use disorder treatment facilities.

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 women with multiple children. Indicate how many children can be accommodated with each woman per room (up to two 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 in accordance with licensure requirements. Indicate any restrictions on age limits for children in residence with their mothers.

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 clients, who may require these services at the locations listed.

This RFP seeks new capacity and thus requires a new facility licensure application to the Department of Human Services Office of Licensure (DHS OOL). Describe your plans to achieve licensure status for the new proposed LTR beds. 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. Include the following documents as Appendices:

- 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. An attestation that within 30 months of the award, an application to license the facility (including the required fee) will be submitted to DHS OOL.
-
- An attestation that within 30 months 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)

Services:

Describe your agency's philosophy of treatment, its mission statement, and any policies or documentation that demonstrates the delivery of client-centered treatment and implementation of recovery management principles.

Please describe your proposed approach to the requested substance use disorder treatment services, including the following:

- The intended level of services, including the number of LTR treatment beds that will be dedicated to this program, the anticipated length of stay in this level of care, the anticipated volume of service units, and the total number of clients served annually
- Engagement and retention techniques implemented to prevent drop out and improve completion rates
- Orientation periods (there must 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
- Proposed recovery management supports that will be used to prevent the risk and rate of relapse while in the program and post-discharge
- Policies or plans to ensure step-down care to services within the provider agency and/or to services within the community as part of treatment planning and upon discharge
- How the agency will coordinate medication management and ensure access to medication-assisted treatment and nicotine replacement therapy

Outline, describe, and attach each of the following as an Appendix:

- 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 create an individualized treatment plan, including clinical recommendations and supportive services for women and their children, how often treatment plans will be reviewed and updated, and how clients 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 abuse and mental health disorders, including agency's approval by the DHS OOL to provide treatment for co-occurring disorders (include a copy of the agency's license from OOL)
- Agency discharge policies referencing ASAM Criteria 2013

- Agency policy or protocol for CP&P clients 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 relapse, movement through the continuum of care, and treatment compliance
- Agency policy or protocol for communicating discharge plans with each client's CP&P caseworker that includes enough lead time to adequately address and arrange drug-free housing, if necessary

Describe how you will assist clients 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 provider in a timely manner.

Describe partnerships with at least one outpatient service provider in each of the counties listed in this RFP. Include letters of support 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 coaches in your proposed program.

Describe the range of supportive services (such as childcare and transportation) that will be provided for adult caregivers and their dependent children. 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.

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 how you will ensure access to medical care for residents and children.

Describe the therapeutic interventions and wellness activities that will be provided to clients, children, and families.

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

Provide a detailed description of all evidence-supported and trauma-informed services that will be provided as part of your continuum of care. Include specific names of programs or practices as well as your experience with and plan for implementing them. If clients 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 clients' 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 women 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.).

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. Include job descriptions that cite all educational and experiential requirements, as well as salary ranges. Include also the resumes of any existing staff who will perform the proposed services.

The expectation is that recovery coaches will have specialized training, credentialing, or certification through a consumer-driven, recovery-oriented coach 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 coaches will meet these requirements, including timeframes for when recovery coaches will be fully trained or credentialed.

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

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 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), 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; 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

(15 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 client engagement and retention, utilization, client wellbeing, child wellbeing, and parenting/family functioning.

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 client'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 clients 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. LTR substance abuse treatment slots will be reimbursed at the annual enhanced child welfare rate of \$74,313 per slot. Applicants must detail 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 must be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget must 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.

A portion of the initial funds may be used for start-up costs during the initial contract year such as recruitment and hiring of staff, securing furniture and equipment, and minor facility improvements to support capacity to serve families. Reasonable start-up costs may be included and must be detailed. The completed budget proposal must include a

detailed summary of, and justification for, any one-time operational start-up costs. These costs must 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/>

6) Leveraging (5 Points)

Describe your experience and the extent to which you will leverage other payers (e.g. Medicaid) for services within your continuum of care.

Describe any additional funding sources available to support these clients.

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	
<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
<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.
<input type="checkbox"/>	Proposal Narrative in following order: a. Applicant Organization b. Demonstration of Ability to Be Operational c. Program Approach

		d. Outcome Evaluation e. Budget Narrative f. Leveraging
Part II: Appendices		
1.	<input type="checkbox"/>	Job descriptions of key personnel, resumes if available for key personnel (please do not provide home addresses or personal phone numbers)
2.	<input type="checkbox"/>	Staffing patterns
3.	<input type="checkbox"/>	Current and Proposed Agency Organization Chart
4.	<input type="checkbox"/>	Proposed Program Implementation Schedule
5.	<input type="checkbox"/>	Logic Model
6.	<input type="checkbox"/>	Intake, Assessment, and/or Evaluation Tools
7.	<input type="checkbox"/>	Documentation Forms (e.g., treatment plans, progress notes, release of information forms, client rights and responsibilities, medical, urine drug screen, and discharge summary)
8.	<input type="checkbox"/>	Sample Treatment Plan and Discharge Summary
9.	<input type="checkbox"/>	Requested Agency Policies and Protocols
10.	<input type="checkbox"/>	Copies of all applicable licenses /Agency's licensure status including DHS OOL licenses for each site; if licensed to provide residential substance use disorder treatment in another state, include a link to the State's residential substance use disorder treatment facility regulations
11.	<input type="checkbox"/>	Attestation regarding attainment of certificate of occupancy
12.	<input type="checkbox"/>	Attestation regarding submission of licensure application
13.	<input type="checkbox"/>	Attestation regarding submission of co-occurring policies and procedures
14.	<input type="checkbox"/>	Copy of child care licensure (if being provided off site)
15.	<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.
16.	<input type="checkbox"/>	DCF Annex B Budget Forms*
17.	<input type="checkbox"/>	Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)
18.	<input type="checkbox"/>	Copy of agency's Conflict of Interest policy
19.	<input type="checkbox"/>	Copies of any 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.
20.	<input type="checkbox"/>	Dated List of Names of Board of Directors including: a. Titles, b. Address, and c. Terms
21.	<input type="checkbox"/>	Signed Standard Language Document (SLD) [Version: Rev. June 6, 2014] Form: http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
22.	<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
23.	<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
24.	<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
25.	<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
26.	<input type="checkbox"/>	Certificate of Incorporation Website: http://www.nj.gov/treasury/revenue/filecerts.shtml
27.	<input type="checkbox"/>	For Profit: 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.
28.	<input type="checkbox"/>	Agency By-laws
29.	<input type="checkbox"/>	Tax Exempt Certification Website: http://www.state.nj.us/treasury/taxation/exemption.shtml
30.	<input type="checkbox"/>	Disclosure of Investigations & Other Actions Involving Bidder Form (PDF) Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf

31.	<input type="checkbox"/>	Disclosure of Investment Activities in Iran (PDF) Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf
32.	<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
33.	<input type="checkbox"/>	Chapter 271** Signed and dated http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf
34.	<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
35.	<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
36.	<input type="checkbox"/>	Annual Report to Secretary of State Website: https://www1.state.nj.us/TYTR_COARS/JSP/page1.jsp
37.	<input type="checkbox"/>	Non Profit: Annual Report - Charitable Organizations Website: http://www.njpublicsafety.org/ca/charity/charfrm.htm If not applicable, include a written statement
38.	<input type="checkbox"/>	Certification Regarding Debarment Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf
39.	<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
40.	<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
41.	<input type="checkbox"/>	Most recent Audit or Financial Statement (certified by accountant or accounting firm) Audit: For agencies expending over \$100,000 in combined Federal/State Awards -or-

		<u>Financial Statement:</u> For agencies expending under \$100,000 Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf
42.	<input type="checkbox"/>	MacBride Principles Form Form: http://www.state.nj.us/treasury/purchase/forms/MacBridePrinciples.pdf

* 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 through a time-limited electronic Question and Answer Period. Inquiries will not be accepted after the closing date of the Question and Answer Period.

Questions must be submitted in writing via email to: DCFASKRFP@dcf.state.nj.us.

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 through DCFASKRFP@dcf.state.nj.us.

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

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.*).