



STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

REQUEST FOR PROPOSALS

FOR

Licensed Substance Abuse Treatment

Continuum of Care for

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

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

Funding of \$1,800,000

Mandatory Bidders Conference: November 6, 2014

Time: 2:00 PM

Place: 30 Van Dyke Avenue, New Brunswick, NJ 08901

Deadline for Receipt of Proposals: January 6, 2015 at 12:00 PM

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

Commissioner

October 15, 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 November 6, 2014 at 2:00 PM at 30 Van Dyke Avenue, New Brunswick, NJ 08901. Questions will be accepted in advance of the Bidder's Conference by providing them via email to DCFASKRFP@dcf.state.nj.us or before November 5, 2014 at 12:00 PM*

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families' (DCF) Division of Child Protection and Permanency (CP&P) announces the availability of up to \$1,800,000 in funding -for a substance abuse treatment continuum of care, including residential and outpatient treatment services for CP&P-involved women and their children. The continuum may also include non-residential substance abuse treatment services for CP&P involved fathers. This opportunity is open to agencies with at least one residential substance abuse treatment facility currently licensed by the Department of Human Services' (DHS) Division of Mental Health and Addiction Services (DMHAS).

These funds will be used to support a continuum of care for child welfare-involved women with up to three dependent children per woman ages birth through twelve (12). A portion of the initial funds may also be used for start-up costs such as recruitment and hiring of staff, securing equipment, and minor renovations and refurbishing. One award will be issued; multiple agencies may submit a joint application, but there must be a lead applicant. Applications are limited to providers who will deliver services in one or more of the following counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean, 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.

Among other challenges, a significant proportion of families involved in the child welfare system are affected by substance use disorders, and the majority of these struggling caregivers are mothers.¹ In a report to Congress, the U.S. Department of Health and Human Services (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 17,000 child welfare-involved parents or caregivers were referred for a substance abuse evaluation in calendar year 2013.

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 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, 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

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.

six months of treatment reported no drug or alcohol use since leaving treatment.⁷

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

Thus, it comes as no surprise that these clients typically have higher rates of completion and better outcomes when their treatment programs also provide a range of evidence-based, trauma-informed supportive services. According to the research reviewed by Grella (2008), “women have higher rates of treatment completion and better outcomes [when] in 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 not only experienced greater completion but also great abstinence, higher self-esteem, and fewer problems with depression.¹¹ Furthermore, these women are more likely to be successful in completing treatment and achieving reunification when their treatment includes comprehensive services to meet their full range of needs, which may include mental health, domestic violence, housing, and employment challenges. Relevant supportive services may consist of health and mental health services, case management, child care, transportation, vocational training, housing advocacy, etc.^{12,13,14}

Much like the push to establish gender-specific, enhanced treatment services for mothers with substance use disorders, more recent research has begun examining the role of substance abuse treatment programs designed to meet the unique needs of fathers. Men have been shown to enter treatment more frequently than women, yet there has been less

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)

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

Enhanced child welfare substance abuse treatment services currently exist within the CP&P service array. However, this RFP is intended to fulfill a need for substance abuse treatment services, including residential, in the Southern Counties. Through a continuum of care model, providers will have more flexibility in meeting the individual needs of CP&P involved women and their children.

C. Services to be Funded:

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

Overview/Expectations

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

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

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

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

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

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

Target Population

The awarded program will serve active CP&P-involved women with up to three dependent children per woman ages birth through twelve.¹⁸

The continuum of care may also provide CP&P involved fathers with non-residential substance abuse treatment services.

All referrals should come from CP&P.

Service Model

The awarded agency will provide a continuum of care, designed to meet the needs of CP&P involved women with substance use disorders and their children. Proposals should include both residential and outpatient services, and should indicate both the levels of care (i.e., long term residential, short term residential, halfway house, intensive outpatient, outpatient, etc.) that will be provided as well as how many slots of each level of care. Medication-assisted treatment must also be included as part of the continuum of services.

Applicants must submit a program implementation plan demonstrating that residential treatment services will be operational within 120 days, and outpatient services will be operational within 45 days.

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

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 require 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-supported practices for clinical treatment, clinical support, and community support services.

Proposed treatment models should, at a minimum, provide:

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

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

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

Throughout the continuum of care, child safety and well-being outcomes must be an integral component of treatment planning, reassessment,

discharge and follow-up. The services shall seek to maximize child custody where appropriate and allow for the return or reunification of children not in the custody of the CP&P involved client and family.

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

- Cognitive-Behavioral Therapy
- Motivational Interviewing
- Strengthening Families
- Celebrating Families
- Seeking Safety
- Helping Women Recover and Beyond Trauma
- Trauma Recovery and Empowerment Model

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

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

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

Recovery Management and Supports

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 should include peer recovery coaching, individualized planning to identify triggers and appropriate coping/response strategies, and the use of medication-assisted treatment.

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

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

Staffing

Applicants should 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 DMHAS 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 should not provide services outside of their scope of practice. The proposal must also address how services will be delivered in a culturally competent fashion.

Collaboration

The awarded provider is expected to:

- Communicate timely with CP&P regarding emerging or urgent issues that may impact the case plan
- Participate in 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 teaming meetings—Family Team Meetings, etc.
- Collaborate with other clinical supports in the CP&P Local Office

- Participate in interdisciplinary meetings with Child Welfare Systems and/or Courts, including monthly Child Welfare Consortia meetings (where applicable)
- Coordinate with screening and assessment providers (Child Protection Substance Abuse Initiative, Work First New Jersey-Substance Abuse Initiative, etc.), to facilitate the admission process and treatment planning

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

Service/Agency Requirements

The funding in this RFP includes reimbursement for licensed substance abuse treatment slots at the attached DMHAS rate schedule (see Exhibit C) as well as funding for which the applicant may propose to deliver all other services and enhancements. Applicants should be able to demonstrate how the slot reimbursement rates will be used to support adherence to licensure treatment standards and should also provide a detailed budget and budget narrative that describes what other enhanced services will be provided and how they will be funded. Rate and/or reimbursement methods are subject to change.

All services must be provided in accordance with licensure regulations for residential and outpatient substance abuse treatment services. Please refer to N.J.A.C. 10:161A and N.J.A.C. 10:161B, which can be found at: <http://www.state.nj.us/humanservices/providers/rulefees/regs/>. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) must be used to render diagnoses of substance use and mental health disorders. In addition, all level of care placement and continuing care decisions must be made in accordance with 2013 American Society of Addiction Medicine (ASAM) Criteria, Third Edition.¹⁹

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.

¹⁹ 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.

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

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

Other Project Requirements

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

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

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

Evaluation

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

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

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

D. Funding Information:

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

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

Matching funds are not required.

Operational start-up costs are permitted during the initial contract year. No more than twenty (20) percent of the \$1,800,000 budget may be used for one time start-up costs. Applicants must provide a reasonable justification and 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.

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

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

E. Applicant Eligibility Requirements:

1. Applicants must be for profit or not for profit corporations that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. 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 have at least one DMHAS licensed residential substance abuse treatment facility.
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 15, 2014	Notice of Availability of Funds/RFP publication
November 5, 2014 at 12:00PM	Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us
November 6, 2014 at 2:00PM	Mandatory Bidders Conference
January 6, 2015	Deadline for Receipt of Proposals by 12:00PM

All proposals must be received by 12:00 PM on or before January 6, 2015. Proposals received after 12:00 PM on January 6, 2015 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.

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

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

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

If currently funded by DMHAS, has any disciplinary action been taken against your agency in the past five years? If so, please explain and include documentation as an Appendix.

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

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

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

2) Demonstration of Ability to be Operational (10 Points)

Residential treatment services must be operational within 120 days, and outpatient services must be operational within 45 days. Provide a feasible timeline for implementing the proposed services. Attach a separate Program Implementation Schedule as part of the Appendix.

If not currently licensed for a proposed level of care/modality, please describe your plans to achieve licensure status within the specified timeframes. Applicants must have at least one residential substance abuse treatment facility currently licensed by DMHAS.

3) Program Approach (30 Points)

Describe the intake and assessment process that will be used to create an individualized treatment plan, including clinical recommendations and

supportive services, for women and their children and any father's programming if included in the proposal. Outline 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 assessment tools that will be used.

Describe how your agency will provide assessment and treatment of co-occurring substance abuse and mental health disorders.

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

- The type and number of slots for each Level of Care to be provided and a rationale for the proposed scope of services
- Engagement and retention techniques to prevent drop out and improve completion rates
- Any orientation periods provided. There should NOT be a blackout period that categorically excludes contact with family, friends, or children or limits access to reading materials or items of personal interest identified by clients as supportive of their recovery.
- Policy or practice procedures regarding clients who fail to maintain abstinence, including referral to a different level of care if appropriate. Describe any proposed recovery management supports that will be used to prevent the risk and rate of relapse.
- Policies or plans to ensure step-down care to services within the continuum and to services within the community as part of treatment planning and upon discharge
- How your agency will coordinate medication management and ensure access to medication-assisted treatment and nicotine replacement therapy.

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

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.

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 or programs or practices as well as your experience with and plan for implementing them.

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.).

Facilities/Equipment:

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

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

restrictions on age limits for children in residence with their mothers. Provide a copy of the facility license for the residential facility.

Be sure to clearly describe the facility's Americans with Disabilities Act (ADA) accessibility for individuals with disabilities. Describe how space and other tangible assets, such as computers and hardware, phones, and other special service equipment will be acquired or allocated for staff and/or clients, who may require these services at the locations listed.

Describe your agency's experience using or ability to use the New Jersey Substance Abuse Monitoring System (NJ-SAMS).

Staffing:

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

Describe how the proposed staffing model will meet both DMHAS licensing requirements and also fulfill staffing needs of the proposed supportive services. If applicable, identify how staff will be assigned to specific modalities within each licensed component.

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

Detail your agency's hiring policies regarding background and credential checks, as well as past criminal convictions. Describe the qualifications of the child care workers at your agency. Include affiliation agreements for any off-site services in an Appendix.

Describe your agency's staff development and training policy/plan.

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

The Standards are available at:
<http://www.state.nj.us/dcf/SafeChildStandards.pdf>

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

4) Outcome Evaluation

(20 Points)

Develop and attach a logic model for the continuum of care that includes the program goals, activities/services, and desired outcomes. At a minimum, awardees should 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 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 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 services and whether client's and/or children are making progress towards 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.

5) Budget

(20 Points)

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

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget should also reflect a 12 month operating schedule and must include, in separate columns, total funds needed for each line item, the funds requested in this grant, and funds secured from other sources. All costs associated

with the completion of the project must be clearly delineated and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or “other” items. The completed budget proposal must also include a detailed summary of and justification for any one-time operational start-up costs. These costs should be reflected on a separate schedule. No more than 20% of the \$1,800,000 budget can be used for start up costs.

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 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. Demonstration of Ability to be Operational
 - c. Program Approach
 - d. Outcome Evaluation
 - e. Budget Narrative
 - f. Leveraging

Part II: Appendices

1. Job descriptions of key personnel, resumes if available for key personnel
2. Existing and proposed agency organizational charts
3. Staffing patterns
4. Current/dated list of agency Board of Directors/Terms of Office
5. Proposed Program Implementation Schedule
6. Logic Model
7. Assessment and/or evaluation tools (if appropriate)
8. Sample Treatment Plans
9. Statement of Assurances*
10. Certification regarding Debarment*
11. DCF Annex B Budget Forms*
12. Chapter 51 Certification Regarding Political Contributions** (Required by for profit entities)
13. Source Disclosure Certification**
14. 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**
15. Copy of IRS Determination Letter regarding applicant's charitable contribution or non-profit status (if appropriate)
16. Copies of all applicable licenses/organization's licensure status (if appropriate) including DMHAS licenses for each site
17. Copy of child care licensure (if being provided off site)
18. 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>
19. 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
20. Applicable Consulting Contracts, Affiliation Agreements/Memoranda of Understanding, Letters of Commitment and other supporting documents. If your proposal includes a collaboration a Letter of Commitment is required.
21. Current Form 990 for non-profits
22. Current Single Audit Report for non-profits/ Current Audited Financial Statements for for-profit entities
23. Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)

* 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

DMHAS TREATMENT RATES FOR SLOTTED SERVICES

Level of Care	Annual Rate	Daily Rate
Residential Long-Term	\$24,353	\$66.72
Residential Short-Term	\$58,189	\$159.42
Halfway House	\$20,395	\$55.88
Partial Care	\$9,867	\$27.03
Intensive Outpatient	\$6,783	\$18.58
Outpatient	\$2,720	\$7.45
Outpatient Methadone Maintenance	\$3,111	\$8.52