STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR PROPOSALS

TO PROVIDE
SUPPORTIVE HOUSING SERVICES FOR PERSONS DISCHARGED FROM STATE PSYCHIATRIC HOSPITALS

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Division of Mental Health and Addiction Services

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I. Introduction

The New Jersey Division of Mental Health and Addiction Services (DMHAS) continues to implement the recommendations put forth in the Governor's Task Force on Mental Health final report (herein referred to as the Task Force report) issued March 2005. The recommendations of the Task Force serve as a catalyst for the transformation of the mental health system, focusing on treatment, wellness and recovery.

This current RFP focuses on the Task Force's recommendation for the expansion of permanent supportive housing opportunities for mental health consumers and is consistent with the U.S. Supreme Court Olmstead decision.

The DMHAS is announcing the availability of funds to develop Supportive Housing for 105 consumers in four different initiatives. These services are being specifically developed to address the housing and community support needs of individuals in a NJ State Psychiatric Hospital who no longer require inpatient treatment. DMHAS-funded rental subsidies, administered in a manner consonant with the principles of supportive housing, will be paired with the full range of services provided for each of the initiatives listed below. Respondents are required to submit separate proposals for any of the four different initiatives listed below in which they have an interest. For example, should you choose to pursue funding under the Generic Supportive Housing initiative and Medically-Enhanced Supportive Housing you must submit two proposals (a separate proposal for each initiative). Each of the four initiatives will be reviewed and scored separately and independent of the other initiatives in this RFP.

Generic Supportive Housing: The DMHAS seeks to award a minimum of 50 supportive housing opportunities for individuals in a NJ state psychiatric hospital through this initiative. Applicants may submit a proposal to serve a maximum of 10 individuals in this initiative. Additionally, a minimum of 10 supportive housing opportunities will be developed in each of the state hospital catchment areas. The state hospital catchment areas are as follows:

a. Greystone Park Psychiatric Hospital catchment area includes Bergen, Essex, Hudson, Morris, Sussex, Passaic, Warren, Hunterdon, Somerset and Union.
b. Trenton Psychiatric Hospital catchment area includes Mercer, Monmouth, Middlesex.
c. Ancora catchment area includes Atlantic, Camden, Cape May, Cumberland, Gloucester, Salem, Ocean and Burlington.

All proposals will be scored and ranked together and for the initial three awards, the highest ranking proposal in each hospital catchment area will be awarded[1]. Once these initial three awardees are determined, the DMHAS will award the remaining top ranking proposals out of all of the proposals submitted. The DMHAS will award a total of $2,000,000 to serve 50 individuals in this initiative.

Forensically-involved commitment – Supportive Housing: - The DMHAS seeks to award a minimum of 15 supportive housing opportunities for individuals in a NJ state psychiatric hospital with forensic involved commitment to be served by enhanced Supportive Housing statewide. Applicants may submit a proposal to serve a maximum of 5 individuals in this initiative. Additionally, a minimum of one proposal will be awarded in each hospital catchment area. All proposals will be scored and ranked together and for the initial three awards, the highest ranking proposal in each hospital catchment area will be awarded[1]. Once these initial three awardees are determined, the DMHAS will award the remaining top ranking proposals out of all of the proposals submitted. The DMHAS will award a total of $1,125,000 to serve 15 individuals in this initiative.

Medically Enhanced Residential Intensive Support Team - Mercer/Middlesex: The DMHAS seeks to develop one Residential Intensive Support Team (RIST) to cover Mercer and Middlesex counties. RIST will provide a minimum of 25 supportive housing opportunities for individuals in a NJ state psychiatric hospital who have a significant co-existing medical condition. The DMHAS will award up to $1,250,000 to serve 25 individuals in this initiative.

Medically Enhanced Supportive Housing **(Morris, Union and Camden/Gloucester counties):** The DMHAS seeks to award a minimum of 15 supportive housing opportunities for individuals in a NJ state psychiatric hospital who have significant co-existing medical conditions. The DMHAS will issue one award in each of the following counties: Camden/Gloucester (bi-county award), Morris or Union. Applicants must submit a proposal to serve a minimum of 5 individuals. The DMHAS will award up to $750,000 to serve 15 individuals in this initiative.[2]

I. Background

[1] Should a proposal not be submitted for a particular hospital catchment area or the DMHAS determines that a proposal (or proposals) submitted for a particular hospital catchment area do not meet the minimum standard for an award, the DMHAS reserves the right not to award a proposal in a particular state hospital catchment and will issue awards amongst the other hospital catchment area.

[2] Should a proposal not be submitted for a particular county or the DMHAS determines that a proposal (or proposals) submitted for a particular county do not meet the minimum standard for an award, the DMHAS reserves the right not to award a proposal in that county and will issue an award to the highest ranking proposal not yet awarded in this initiative.

While the Division has a long history of seeking to develop and expand the network of community housing opportunities for persons with serious mental illness, this current RFP is part of a larger initiative related to the Olmstead Settlement Agreement, under which the DMHAS has committed to effecting the timely discharge of persons in the State Hospital system determined to no longer require that level of care. Providers are being asked to submit separate proposals for each of the targeted initiatives listed above for which they have an interest in applying.

Proposals that seek to develop or access housing units by leveraging resources beyond DMHAS are preferred and will earn additional points in the scoring of the proposals. The objective is to encourage the creative coupling of DMHAS funding for support services with capital or housing program funds from other mainstreamed housing resources. No capital funding is available from DMHAS through this initiative. RIST, Forensic Supportive Housing, and Medically Enhanced Supportive Housing programs are eligible for sponsor-tenant based DMHAS rental subsidies, or funding to support actual housing expenses, if owned by the applicant. These subsidies will continue to be assigned to the program should the consumer leave the program. The Supportive Housing program for 50 consumers is eligible for tenant based rental subsidies unless the agency owns the property, is purchasing the property, or is working with a developer on a Low Income Housing Tax Credit or other project that requires a match in Project Based rental subsidies. In that case, project based subsidies or funding to off-set actual housing expenses will be awarded.

III. Purpose of Request

The purpose of this RFP is to effectuate the discharge of 105 individuals from the State Hospital System who require supportive housing, medically enhanced supportive housing, or RIST services. The DMHAS will identify the consumers to be served in each initiative with this funding, and will work with successful applicants in assessing service and support needs for successful community living. The provider agency must accept consumers identified by DMHAS as appropriate for the Supportive Housing program, consistent with the consumer attributes delineated in this RFP. The provider agency will begin working with identified consumers as soon as possible after contract award but prior to actual discharge to facilitate relationship building, determine housing preference and assess needs.

Supportive housing and RIST involves lease-based housing opportunities paired with flexible support services that meet the individual's varying needs and preferences. The model is endorsed as an opportunity to support innovative, person-centered service provision and to champion the inclusion of consumers as full partners in treatment and recovery.

The DMHAS has plans to operationalize the separation of housing from services in Supportive Housing contracting. This will further promote community integration through a greater sense of autonomy and meaningful choice and determination in selecting where a consumer wants to live and who provides them with services to support their recovery in the community. Consequently, DMHAS funded rental assistance will be primarily tenant-based (consumers pay 40% of their adjusted gross income towards the rent) in this RFP. On a case-by-case basis, project-based subsidies may be provided to agencies that are

developing new projects, own the property, or are working with a developer whose funding stream requires a match in subsidy costs. Consumer rents cannot exceed the designated Fair Market Rent (FMR) for both location and type of unit, or exceed the net operating costs of the housing project (for agency-owned properties).

For persons leaving the state psychiatric hospital, services should address the needs of consumers who may require intensive but varying degrees of support in the transition from hospital to community living. The goal is to provide supports and services that will result in the individual maintaining permanency in their housing. Specifically, services will aim at achieving community integration, physical and behavioral health management, socialization, work readiness and employment, and developing peer support, skills and opportunities that foster increased personal responsibility for one's life. The proposed model must demonstrate how the individuals served are full partners in planning the services they receive and how they direct the types of activities that would be of greatest benefit in assisting them in maximizing opportunities for successful community living. The supportive housing model for these consumers may require 24/7 staffing on-site or in immediate proximity (clustered sites with on-site staff within cluster) at the time of discharge. These services may be titrated down over time in accordance with an individual's needs. Some individuals served may need home health aides for assistance with activities of daily living, including showering, dietary restrictions/assistance with eating, toileting, etc.

Proposals that seek to develop or access housing units by leveraging resources beyond the DMHAS are preferred and will be prioritized for funding. The objective is to encourage the creative coupling of Division funding for support services with capital or housing program funds, such as Sandy Special Needs Housing Trust Fund (sponsored by the NJ Housing Mortgage and Finance Agency), Section 811 housing, Department of Community Affairs programs, Public Housing Authorities, private sector funding opportunities, and other mainstream housing resources. No capital funding is available from DMHAS through this initiative.

Each proposal will be expected to describe how the applicant will accommodate discharges so as to reach a full capacity **no later than three months after contract award of proposed service**. Service phase-in timelines will be a significant factor in the evaluation of proposals. DMHAS expects that additional consumers will be served by the supportive housing programs funded through this initiative as the consumers who were initially enrolled achieve greater levels of self-sufficiency, competence and utilization of extended support networks, thus requiring consistently less support services from the staff; and as additional rental subsidies become available.

IV. Program Descriptions of Initiatives

Generic Supportive Housing

The Division of Mental Health and Addiction Services seeks proposals to develop Supportive Housing and related services for 50 persons awaiting discharge from the State Psychiatric Hospital system. All of the consumers will have a diagnosis of a serious mental illness, however many of the consumers to be served have co-existing medical conditions, co-occurring substance abuse disorders and/or a co-existing developmental disability, have

experienced periods of long-term institutionalization, and are expected to require staff availability for a minimum of 7 hours per day of face-to-face contact at the time of discharge.

Supportive housing involves lease-based housing opportunities paired with flexible support services that meet the individual's varying needs and preferences. The model is endorsed as an opportunity to support innovative, person-centered service provision and to champion the inclusion of consumers as full partners in treatment and recovery.

For persons leaving the state psychiatric hospital enhanced Supportive Housing program services are expected to address the needs of consumers who may require intensive but varying degrees of support in the transition from hospital to community living. In so doing the consumer is assisted in maintaining permanency in their housing. It is expected these services will reduce the need to relocate consumers due to fluctuation in status by adjusting service intensity to address consumer need, thereby facilitating increased permanence in the living arrangement.

Forensically-involved commitment – Supportive Housing

The 15 consumers to be served pursuant to this announcement are those individuals in the state psychiatric hospitals who are ready for discharge and have a history of forensic commitment(s). A description of the legal histories of the individuals served through this initiative includes those who are forensically-involved including Megan's Law Registrants and persons whose criminal histories include having been convicted or adjudicated NGRI by a court for one or more of the following: murder, aggravated assault, manslaughter, aggravated sexual assault, sexual assault, criminal sexual contact, robbery in the first degree, aggravated assault, aggravated arson, arson, kidnapping or a crime that is similar to one of the aforementioned crimes.

Consistent with the supportive housing model, services are to be provided based on each individual's need. It is anticipated they will initially require a minimum of 12 hours per day of service and may require 24/7 staffing on-site or in the immediate proximity (clustered sites with on-site staff within cluster) at the time of discharge. Some consumers will be prescribed long-acting injectable medications. A few may need home health aides for assistance with activities of daily living, including showering, dietary restrictions/assistance with eating, toileting (including toileting during the night). Staff shall possess the clinical skills needed to address issues such as poor impulse control, conflict resolution, intermittent explosive disorder, arson history, self-injurious behavior (i.e., burning, cutting, teeth pulling), florid psychosis, sexually problematic behaviors. Staff will need the skills to develop a daily living plan (structured day activities).

Opportunistic offenders (and others) may require all-male staff at all times and staff should be familiar with consumers' individual high risk behaviors and triggers. Supervision will be required to develop an appropriate service and treatment plan that addresses the individual's needs which may include preventing opportunities for re-offending, linkages to parole, and close collaboration with courts and other components of the criminal justice system, as needed. Linkages to sex offender treatment must be made for some individuals, and some will require individual and/or group therapy (the provider may either provide and/or arrange for this service). Most individuals will require on-site drug and alcohol relapse prevention with transportation and assurance of follow-up at AA/NA or Co-occurring

(addiction use disorder and mental illness) self-help meetings – linkage with a sponsor, joining a home group, etc.

Gradual transition into the community for a longer duration of time than specified in Administrative Bulletin 5:11 may be necessary with longer brief visits to ensure safety. Brief visits must incorporate a realistic dialogue between the community agency staff and hospital treatment team (i.e., "How did it go?"; "What did you see?" and/or "This is how we handle it."). Much collaboration during the transition process will be required. Ongoing dialogue with law enforcement prior to, during, and after discharge may be required. For individuals on conditional release or who require parole supervision or Krol[3] court oversight, agency staff will monitor compliance with post-discharge conditions (e.g., program attendance, urine drug screens, medication). The agency shall have protocols in place to ensure the immediate notification of the appropriate authorities when violations of conditions occur or there is recognition of the re-emergence of high risk behaviors.

Division staff will attempt to tailor referrals based on agency proposals, but any agency submitting a proposal under this initiative must be prepared to accept DMHAS referrals as a condition of contracting. The DMHAS reserves the right not to execute a contract with a provider until the provider has accepted individuals to be served.

Mercer/Middlesex Medically Enhanced RIST Team

RIST, initially developed during SFY 2003, was designed to fully support the promotion of consumer empowerment within the continuum of funded residential programming. The RIST approach to intensive residential support is flexible in design and mobile. Individuals served in RIST are full partners in planning their own care and support service needs including the ability to identify and direct the types of activities which would most help them to live fully integrated lives in the community. Staff support is provided through a flexible schedule which may be adjusted as consumer needs or interests change. RIST, as a supportive housing model, encourages consumer use of other community mental health treatment, employment and rehabilitation services, as desired, needed and appropriate.

As a model of supportive housing, RIST involves DMHAS-funded rental subsidies to provide permanent leased based housing opportunities paired with flexible support services that meet the individual's varying needs and preferences. The model is based on a "Housing First" philosophy and endorsed as an opportunity to support innovative, person-centered service provision and to champion the inclusion of consumers as full partners in treatment and recovery.

The Medically Enhanced RIST team is expected to provide a holistic, integrated approach to primary care and behavioral healthcare in order to educate and support 25 individuals in making healthy lifestyle choices (i.e. smoking cessation, engaging in an exercise program, promoting sobriety, eating healthy foods). The team is expected to assist with monitoring physical characteristics such as cholesterol, blood pressure, weight, waist circumference and blood sugar to promote consumers' wellness and recovery lifestyle. Agencies must demonstrate evidence of affirmative linkage and integration with primary medical care

[3] Law governing the commitment of an individual accused of a crime who is acquitted "by reason of insanity." State v. Krol, 68 N.J. 236, 344 A.2d 289 (1975).

providers to ensure that each individual's health needs are addressed. This integration may be evidenced by collaborative agreements between the RIST team and primary care practitioner(s), medical consultation formally built into the RIST service, or medical staff (e.g. registered nurse, nurse practitioner and physician).

Providers are encouraged to adapt the "Eight Dimensions of Wellness" published in the *Psychiatric Rehabilitation Journal* by Margaret Swarbrick (2006). The "Eight Dimensions of Wellness" may be found at http://store.samhsa.gov/shin/content//SMA12-4568/SMA12-4568.pdf. The dimensions are:

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.

The successful applicant will demonstrate how services will be provided holistically, within the context of the "Eight Dimensions of Wellness" model.

The organization awarded through this initiative must agree to send a minimum of two staff to Wellness Coaching training should such training be offered in the future, and to utilize the information/tools learned into practice in the proposed service.

Medically Enhanced Supportive Housing

This Request for a Proposal (RFP) is designed to integrate primary healthcare and mental health treatment, and facilitate the discharge of 15 individuals in State Psychiatric facilities who have chronic medical conditions. Individuals eligible for services through this funding will have medical conditions requiring on-going monitoring and, in some cases, hands on support.

Successful applicants agree to serve those consumers the Division identifies. These consumers may have the following medical conditions: insulin dependent diabetes, histories of polydipsia, incontinence, limited mobility, catastrophic illness, COPD conditions resulting in oxygen dependency, feeding tubes and other medical conditions that need or require some level of monitoring.

The providers must clearly identify how the medical conditions and other psychosocial needs will be addressed. Applicants are encouraged to establish partnerships and affiliations with existing community based medical providers in addition to any direct services they will provide.

V. Funding Availability

Target Population or Type of Program	No. served statewide	Special Consideration	Total DMHAS Funding Available	Average Funding (including subsidy) per person
Supportive Housing	50	10 consumers per proposal	$2,000,000	$40,000
Forensically-Involved Supportive Housing	15	5 consumers per proposal	$1,125,000	$75,000
Medically Enhanced RIST program (Mercer/Middlesex)	25	1 team consisting of 25 consumers	$1,250,000	$50,000
Medically Enhanced Supportive Housing	15	5 consumers in Morris, 5 in Union, and 5 in Camden/Gloucester	$750,000	$50,000

All funding, subject to State appropriation, is to serve a minimum of 105 individuals being discharged from the State Psychiatric Hospital System in supportive housing, medically enhanced supportive housing or RIST. Priority consideration will be given to those agencies that have already leveraged capital funding and have the ability to place consumers into new housing units by the end of FY14.

VI. Provider Qualifications

1. The applicant must be a fiscally viable for-profit, non-profit organization or governmental entity and document demonstrable experience in successfully providing mental health support, rehabilitation, and treatment or housing services for adults with serious and persistent mental illness.

2. The applicant must currently meet DMHAS residential licensing standards or be capable of meeting such standards were a contract to be awarded.

3. Applicants for Supportive Housing and/or RIST must be able to demonstrate the ability to provide, or experience and success in providing, housing and supportive services in permanent, lease-based housing settings to the targeted mental health consumer described in this RFP.

4. The applicant must be willing to accept into service those consumers identified by the DMHAS.

5. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal 501 (c) (3) regulations, as applicable.

6. The applicant must demonstrate the ability to comply with all rules and regulations for any DMHAS program element of service proposed by the applicant.

7. The applicant must be duly registered to conduct business in the State of New Jersey.

8. The applicant must comply with, the terms and conditions of the Department of Human Services contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM).These manuals can be accessed from the webpage of the Office of Contract Policy and Management webpage at: http://www.state.nj.us/humanservices/ocpm/home/resources/.

Applicants may contact the Division of Mental Health and Addiction Services Contract Unit at 609-777-0628 with general questions about the requirements in these manuals.

VII. Target Population

The DMHAS, as part of its Olmstead Settlement Agreement, will develop a minimum of 105 supportive housing opportunities for individuals in a NJ state psychiatric hospital who no longer require inpatient treatment under this funding announcement. Providers submitting a proposal in response to this RFP agree to accept consumers referred to the proposed program, should they receive an award, subject to the terms of this announcement and subsequent services contract with DMHAS.

The consumers to be served pursuant to this announcement may need ADA (American's with Disabilities Act) compliant housing opportunities and may have barriers to discharge due to the severity of their mental illness. These individuals may also experience a lack of community programs capable of meeting their needs (including physical health needs of varying intensity and complexity). In some cases, the consumers' have a sense of fear about returning to community life and will need assistance regarding their reluctance to return to the community.

Successful proposals will describe clear and effective strategies to address the identified consumers' needs in a community setting as well as their fears, concerns and reluctance regarding returning to the community. Agencies should particularly be able to serve consumers with the following conditions:

- Incontinence
- Polydipsia
- Challenging behaviors (vocal, behavioral, etc.) and/or active fixed delusions
- Diabetes (difficulty with self-administering insulin, resistance and/or difficulty in learning)

- Ambulation impairment (All units should be ADA compliant)
- Cognitive impairment (due to either brain injury or developmental disability)
- Metabolic syndrome (central obesity, increased triglycerides, fasting plasma glucose and/or increased blood pressure, low HDL cholesterol)

Specific consumer names and records will only be made available to the agencies awarded funding under this announcement, to preserve consumer confidentiality in accordance with the provision of the Health Insurance Portability and Accountability Act (HIPAA) and NJ confidentiality laws.

Agencies must demonstrate evidence of affirmative linkage with primary medical care providers to ensure that consumers' health needs are addressed holistically in cooperation with the agency. Additionally, applicants must describe how they will address the difficult behaviors and resistance to community placement manifested by some consumers that may interfere with discharge and/or successful community tenure.

Division staff will attempt to tailor referrals based on agency proposals, but any agency submitting a proposal under this announcement must be prepared to accept DMHAS referrals as a condition of contracting. The DMHAS reserves the right to delay executing a contract until the program has accepted the individuals to be served in this current initiative.

VIII. Service Outcome Requirements

The Division anticipates a full evaluation of program outcomes, including timeliness of full service activation, consumer satisfaction, community tenure, and achievement of identified wellness and recovery related goals. Successful applicants must agree to participate and respond to Division-generated data requests and evaluation protocols.

Program performance must encompass the following values and practices:

- Consumer driven and centered – a fully collaborative partnership that addresses consumer-identified needs and priorities:

- Flexible, individualized services – a mix of assistance, support, and services provided in the individual's home, including 24/7 (evening and weekends) on-site presence when needed; 24 hour on-call rapid response; and coordination with other programs (including but not limited to supported employment, self-help centers, outpatient, educational resources and partial care services, should the consumer desire such services) to comprehensively support achievement of consumer goals;

- Outcome orientation – service provision will result in the attainment of measurable consumer outcomes;

- Personal assistance approach – a personal assistance style with an emphasis on education and skill development in activities of daily living, volunteer or paid employment, social relationships, recreation, and appropriate use of mental health and primary care services.

IX. Clustering and Fiscal Consequences Related to Performance

Programs awarded pursuant to this RFP will be separately clustered until such time as the DMHAS determines, at its sole discretion, that the program is stable in terms of service provision, expenditures, and, as applicable, revenue generation. ***As noted in Section III above, the DMHAS has plans to operationalize the separation of housing from services in Supportive Housing contracting. In anticipation of this change the budgets for the initiatives funded through this RFP will consist of two columns clustered together. One column will consist of the support services, and the second column will consist of the housing costs.***

Contract commitments will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in a reduction of compensation.

Operating expenses for supportive housing services will be awarded to commence no earlier than three months prior to commencement of service provision (including consumer engagement activities within the state hospital). Should occupancy be delayed, through no fault of the service provider, funding continuation will be considered on a case-by-case basis based upon the circumstances creating the delay. In no case shall the Division be required to continue funding when service commencement commitments are not met and in no case shall funding be provided for a period of non- or incomplete occupancy in excess of 3 months. Should occupancy not be achieved and consequently services not rendered, funds provided pursuant to this agreement shall be returned to the Division.

X. Budget Requirements

The budget requirements articulated in this section pertain to all four Supportive Housing initiatives in the current RFP (Generic Supportive Housing, Forensically-Involved Supportive Housing, Mercer/Middlesex Medically-Enhanced RIST and Medically-Enhanced Supportive Housing.

1. Provide a detailed budget using the Annex B categories for expenses and revenues, utilizing the Excel template which will be e-mailed based on the attendance list from the Bidders' Conference. The excel budget template will be structured to have the annualized budget presented in separate columns for services and housing. Applicants must clearly articulate and describe the costs and revenues in each column in their proposal. The budget must be presented in three clearly labeled separate columns:

i. One column to show the full annualized operating costs excluding one-time costs;
ii. One column to show only the one-time costs; and
iii. One column to show the phase-in amount excluding one-time costs. Phase-in budget figures must be based on the date that the applicant proposes to commence operations until such time as services and placements are fully phased-in, irrespective of contract year.

2. The phase-in and annualized budgets must project revenues and explain assumptions of the methodology used to determine projections. The budgets must also include funding needed to support rental subsidy costs if required.

3. All budget data, if approved and included in signed contracts, will be subject to the provisions of the DHS Contract Policy & Information Manual, and the DHS Contract Reimbursement Manual. These manuals can be accessed from the Office of Contract Policy and Management (OCPM) webpage at: http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/. The Contracting Manuals' link is available from the webpage sidebar.

4. Budget Notes are often useful to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide adequate information could result in lower ranking of the proposal. Enter notes, to the maximum extent possible, on the budget template file itself.

5. Include name and addresses of any organization providing support other than third party payers.

6. For personnel line items, staff names should not be included, but the staff position titles and hours per workweek are needed.

7. Provide the number of hours associated with each line of any clinical consultant so that cost/hour may be considered by the evaluators.

8. Staff fringe benefit expenses may be presented as a percentage factor of total salary costs, and should be consistent with your organization's current Fringe Benefits percentage.

9. If applicable, General & Administrative (G & A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Because administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, applicants that currently contract with DMHAS should limit your G & A expense projection to "new" G & A only by showing the full amount of G&A as an expense and the offsetting savings from the other programs in the revenue section.

Please note that Supportive Housing is not currently reimbursable under Medicaid guidelines. However, the DMHAS and the Division of Medical Assistance and Health Services are developing regulations that will enable providers to bill for the Community Support Services provided in the supportive housing environment. Please see link for information regarding Community Support Services http://www.state.nj.us/humanservices/dmhs/info/CSS_Notice_to_providers.pdf. When this reimbursement becomes available, applicants successfully responding to this RFP will be required to enroll in the Medicaid program, bill for all covered services, for all covered individuals and to apply such revenue to their Supportive Housing programs. Applicants that are eligible to bill Medicaid for case management services are expected to do so, and should show projected Medicaid revenue in their proposed budget.

Required Respondent Assurances: Express written assurance that if your organization receives an award pursuant to this RFP you will pursue all available sources of revenue and

support upon award and in future contracts including your agreement to obtain approval as a Medicaid-eligible provider. Failure to maintain certification may result in termination of the service contract.

XI. Requirements for Proposal Submission

Generic Supportive Housing

1. **Funding Proposal Cover Sheet**. Please use the Cover Sheet included in the RFP and place it on top of the entire RFP package. The Cover Sheet must indicate which of the 4 initiatives are being addressed. Only one initiative per proposal is permitted, however agencies are able to submit more than one proposal. (1 pt)

2. **Indicate the number of consumers that will be placed into <u>new</u> permanent housing units as a result of this initiative**. (2 pts)

3. **Provide your proposed admission criteria (inclusionary, and exclusionary). (10 pts)**

4. **Indicate your willingness to accept consumers referred by DMHAS staff and any barriers that you foresee in this process.** Barriers may be related to housing funding sources which exclude consumers with certain criminal backgrounds, other residents of the program (i.e. domestic violence victims, age restrictions), etc. **(3 pts)**

5. **Describe how each of the physical and behavioral health care needs listed below will be addressed.** Articulate clear and effective strategies that will be used in the proposed program to address the identified consumers' needs in a community setting that may interfere with successful community tenure. **(20 pts)**

    - Diabetes with difficulties self-administering insulin/blood checks
    - Florid psychosis/active fixed delusions
    - Polydipsia
    - Medication monitoring/prompting and any required blood work in order to optimize medication adherence
    - Independent living skills (budgeting, shopping, cooking, cleaning, mail, etc.)

6. **Describe an active plan to address consumers' substance abuse issues, drug and alcohol relapse prevention or harm reduction strategies (both on-site and off).** Indicate how substance abuse education, treatment, and support will be incorporated into a consumer's array of services; describe plans for developing and maintaining linkages and relationships with appropriate substance abuse services available in the community. **(10 pts)**

7. **Describe how the proposed program will promote/encourage Community Integration?** Services should be consumer driven and centered, increase self-direction and personal responsibility for one's life, and include skill development in activities of daily living, social relationships, recreation, transportation, and appropriate use of mental health and primary health care services. Describe how the program will

promote community integration, which must minimally address the following areas: career services (employment/supported education, housing, socialization/recreation, worship, citizenry and transportation) **(10 pts).**

8. **Describe how Wellness & Recovery principles will be integrated into the services provided in the proposed service (e.g., use of Wellness and Recovery Action plans, Psychiatric Advance Directives, smoking cessation and other physical health initiatives that encourage growth toward independence through education, volunteer and employment opportunities). (10 pts)**

9. **After reaching the full volume of consumer caseload, specify the number of additional consumers you expect to serve if additional rental subsidies and one-time funds are provided. Indicate the timeframe when additional consumers will be served.** Service needs are, over time, expected to decrease for the initial complement of consumers such that additional consumers can be added to the caseload in the future. **(2 pts)**

10. **Provide a brief description of the housing model(s) that will be made available (single family homes, shared living, scattered site apartments, apartment building with mixed use, condominiums, etc.).** Collaboration between service providers and housing developers is encouraged. Such collaborations must be evidenced by a Memorandum of Understanding (MOU) that delineates roles and responsibilities of the respective parties. Preference will be given to projects that demonstrate housing opportunities are already available, and to other similar projects already under development. **(5 pts)**

11. **Include rationale for choosing this particular housing design (scattered site, single family, shared, mixed use, etc.). (3 pts)**

12. **Indicate municipality (ies)/county (ies) where housing will be located. (2 pts)**

13. **Provide a complete list of capital and operating funding to be used (source of capital and project or tenant-based rental assistance) if you are purchasing housing. If you are not purchasing housing, how will the rent be paid (do you need DMHAS funded subsidies, or are other subsidies available)? (2 pts)**

14. **Provide a detailed monthly timeline of activities from award notification to engagement and placement of the target population. (5 pts)**

15. **Discuss the number of staff (direct service, administrative and support) that will be used for this initiative. Provide specific titles and qualifications for the staff to be added, as well as a rationale for selection of those staff persons.** Please DO NOT attach complete job descriptions. **(10 pts + 10 bonus points if applicant can demonstrate how they will recruit and retain a minimum complement of 25% of combined supervisory and direct service staff as Certified Psychiatric Rehabilitation Practitioners).**

16. **Provide a work week schedule detailing how you will deploy the staff identified above to assure 24/7 on-site coverage if needed so as to achieve optimum flexibility and responsiveness to consumers as consumer needs change. (10 pts)**

17. **Identify the units of service that you are committing to provide, defined as 15 contiguous minutes of face-to-face contact with the consumer, during the phase-in period and annually thereafter.**

    17a. Identify the average number of hours of service one consumer will receive per week at start-up.
    17 b. Identify the average number of hours of service one consumer will receive annually.
    17c. identify the maximum number of hours per week that can be provided per consumer and how long this maximum number of hours can be sustained to assist a consumer in transition from the hospital to the community or when in the community and additional supports are needed**. (20 pts)**

18. **Statement of Assurances signed by Chief Executive Officer (Attachment C). (1 pt)**

19. **Signed Debarment Certification (Attachment D) (1 pt)**

20. **Past performance related to an organization's ability to process referrals, accept, place and serve individuals from state psychiatric hospitals will be considered in the proposal evaluation process.** Specifically, any agency that has an occupancy rate of less than 90% as of their December 2013 QCMR (Quarterly Contract Monitoring Report) in supportive housing and/or residential services will lose 7 points from their total points earned for this initiative. **(-7 pts)**

21. **Completion of budget requirements as articulated in Section X of this RFP. (40 pts)**

Applicants who do not currently contract with the Division must also include the following:

a. Organization history including mission, and goals.
b. Overview of agency services.
c. Documentation of incorporation status.
d. Agency organization chart.
e. Agency code of ethics and /or conflict of interest policy.
f. Most recent agency audited financial statements.
g. Listing of current Board of Directors, officers and terms of each.
h. Documentation that agency meets qualifying requirements for DHS program contract.
i. Current Agency Licensure/Accreditation Status.

Application program narratives must be no more than 15 pages in length, excluding budget detail, with a font size no smaller than 12. Pages must be clearly numbered, and proposals should not be stapled, in binders, or bound in any way as to preclude easy photocopying.

Forensically Involved Commitment – Supportive Housing

1. **Funding Proposal Cover Sheet**. Please use the Cover Sheet included in the RFP and place it on top of the entire RFP package. The Cover Sheet must indicate which of the 4 initiatives are being addressed. Only one initiative per proposal is permitted, however applicants may submit more than one proposal. **(1 pt)**

2. **Indicate the number of consumers that will be placed into <u>new</u> permanent housing units as a result of this initiative**. (2 pts)

3. **Provide your proposed admission criteria (inclusionary, and exclusionary). (10 pts)**

4. **Indicate your willingness to accept consumers referred by DMHAS staff, any barriers that you foresee in this process and how you will work to overcome these barriers.** Barriers may be related to housing funding sources which exclude consumers with certain criminal backgrounds, other residents of the program (i.e. domestic violence victims, age restrictions), etc. **(3 pts)**

5. **Describe how the proposed program will actively address consumers' legal issues and/or sexually problematic behaviors.** Include assessment for triggers and ability to protect consumers and the public, prevention of re-offending, linkage to parole, treatment provision/linkage, follow-up with psychiatric services, and continuity of the hospital's treatment planning goals. Include planned dialogue and relationship with law enforcement. **(15 points)**

6. **Describe how the proposed program will work with law enforcement (i.e., probation, the courts, the municipalities).** Articulate what the applicant will do to assist individuals to comply with registration requirements (for Megan's Law status), terms of probation if applicable and preparing and providing written or oral status reports to the court. In addition, the applicant must articulate how they will work with law enforcement agencies including parole**,** probation, the courts, and the Attorney General's office of the respective county where the individual is tiered to notify them if an individual violates any legal conditions imposed by the courts or Megan's Law. **(10 points)**

7. **Describe how each of the behavioral health care needs listed below will be addressed.** Articulate clear and effective strategies that will be used in the proposed program to address the identified consumers' needs in a community setting that may interfere with successful community tenure. **(20 pts)**

    - Poor impulse control
    - Medication monitoring/prompting and any required blood work in order to optimize medication adherence
    - Challenging behavior (this may include urinating in public places, exposing self, public masturbation, threating behavior, etc.)

- Transportation (for both opportunistic offenders and those who are not considered opportunistic)
- Agency communication with hospital treatment team during transition

8. **Describe an active plan to address consumers' substance abuse issues, drug and alcohol relapse prevention or harm reduction strategies (both on-site and off);** Indicate how substance abuse education, treatment, and support will be incorporated into a consumer's array of services; describe plans for developing and maintaining linkages and relationships with appropriate substance abuse services available in the community. **(10 pts)**

9. **Describe how the proposed program will promote/encourage Community Integration?** Services should be consumer driven and centered, increase self-direction and personal responsibility for one's life, and include skill development in activities of daily living, social relationships, recreation, transportation, and appropriate use of mental health and primary health care services. Describe how the program will promote community integration, which must minimally address the following areas: career services (supported employment/supported education, housing, socialization/recreation, worship, citizenry and transportation) **(10 pts)**

10. **Describe how Wellness & Recovery principles will be integrated into the services provided in the proposed service (e.g., use of Wellness and Recovery Action plans, Psychiatric Advance Directives, smoking cessation and other physical health initiatives that encourage growth toward independence through education, volunteer and employment opportunities). (10 pts)**

11. **After reaching the full volume of consumer caseload, specify the number of additional consumers you expect to serve if additional rental subsidies and one-time funds are provided. Indicate the timeframe when additional consumers over the initial complement of consumers will be served. (2 pts)**. Service needs are, over time, expected to decrease for the initial complement of consumers such that additional consumers can be added to the caseload in the future.

12. **Provide a brief description of the housing model(s) that will be made available (single family homes, shared living, scattered site apartments, apartment building with mixed use, condominiums, etc.).** Collaboration between service providers and housing developers is encouraged. Such collaborations must be evidenced by a Memorandum of Understanding (MOU) that delineates roles and responsibilities of the respective parties. Preference will be given to projects that demonstrate housing opportunities are already available, and to other similar projects already under development. **(5 pts)**

13. **Include rationale for choosing this particular housing design (scattered site, single family, shared, mixed use, etc.). (3 pts)**

14. **Indicate municipality (ies)/county (ies) where housing will be located, and describe the surrounding area.** Articulate any considerations regarding the

selection of the locale of the housing based on an individual's needs and/or legal background. **(5 pts)**

15. **Provide a complete list of capital and operating funding to be used (source of capital and project or tenant-based rental assistance) if you are purchasing housing. If you are not purchasing housing, how will the rent be paid (do you need DMHAS funded subsidies, or are other subsidies available)? (2 pts)**

16. **Provide a detailed monthly timeline of activities from award notification to engagement and placement of the target population. (5 pts)**

17. **Discuss the number of staff (direct service, administrative and support) that will be used for this initiative. Provide specific titles and qualifications for the staff to be added, as well as a rationale for selection of those staff persons.** Please DO NOT attach complete job descriptions. **(10 pts + 10 bonus points if applicant can demonstrate how they will recruit and retain a minimum complement of 25% of combined supervisory and direct service staff as Certified Psychiatric Rehabilitation Practitioners).**

18. **Provide a work week schedule detailing how you will deploy the staff identified above to assure 24/7 on-site coverage if needed so as to achieve optimum flexibility and responsiveness to consumers as consumer needs change. (10 pts)**

19. **Identify the units of service that you are committing to provide, defined as 15 contiguous minutes of face-to-face contact with the consumer, during the phase-in period and annually thereafter.**

    19a. Identify the average number of hours of service one consumer will receive per week at start-up.
    19b. Identify the average number of hours of service one consumer will receive annually.
    19c. identify the maximum number of hours per week that can be provided per consumer and how long this maximum number of hours can be sustained to assist a consumer in transition from the hospital to the community or when in the community and additional supports are needed.

20. **Statement of Assurances signed by Chief Executive Officer (Attachment C). (1 pt)**

21. **Signed Debarment Certification (Attachment D) (1 pt)**

22. **Past performance related to an organization's ability to process referrals, accept, place and serve individuals from state psychiatric hospitals will be considered in the proposal evaluation process.** Specifically, any agency that has an occupancy rate of less than 90% as of their December 2013 QCMR (Quarterly Contract Monitoring Report) in supportive housing and/or residential services will lose 7 points from their total points earned for this initiative. **(-7 pts)**

23. **Completion of budget requirements as articulated in Section X of this RFP. (40 pts)**

Applicants who do not currently contract with the Division must also include the following:

a. Organization history including mission, and goals.
b. Overview of agency services.
c. Documentation of incorporation status.
d. Agency organization chart.
e. Agency code of ethics and /or conflict of interest policy.
f. Most recent agency audited financial statements.
g. Listing of current Board of Directors, officers and terms of each.
h. Documentation that agency meets qualifying requirements for DHS program contract.
i. Current Agency Licensure/Accreditation Status.

Application program narratives must be no more than 15 pages in length, excluding budget detail, with a font size no smaller than 12. Pages must be clearly numbered, and proposals should not be stapled, in binders, or bound in any way as to preclude easy photocopying.

Bi-County Medically Enhanced Mercer/Middlesex RIST

1. **Funding Proposal Cover Sheet**. Please use the Cover Sheet included in the RFP and place it on top of the entire RFP package. The Cover Sheet must indicate which of the 4 initiatives are being addressed. Only one initiative per proposal is permitted, however agencies are permitted to submit more than one proposal. **(1 pt)**

2. **Indicate the number of consumers that will be placed into <u>new</u> permanent housing units as a result of this initiative**. **(2 pts)**

3. **Provide your proposed admission criteria (inclusionary, and exclusionary). (10 pts)**

4. **Indicate your willingness to accept consumers referred by DMHAS staff and any barriers that you foresee in this process.** Barriers may be related to housing funding sources which exclude consumers with certain criminal backgrounds, other residents of the program (i.e. domestic violence victims, age restrictions), etc. **(3 pts)**

5. **Describe how each of the physical and behavioral health care needs listed below will be addressed.** Articulate clear and effective strategies that will be used in the proposed program to address the identified consumers' needs in a community setting that may interfere with successful community tenure. Articulate the methodology that will be used to motivate, engage, link, monitor, and follow-up on primary care issues. **(20 pts)**

   - Diabetes with difficulties self-administering insulin/blood checks
   - Florid psychosis/active fixed delusions
   - Polydipsia

- Independent living skills (budgeting, shopping, cooking, cleaning, mail, etc.)
- Describe how the agency will support consumers in managing their primary care needs, making these services available seven days a week. This may include medication administration including insulin.

6. **Specifically identify a minimum of two of the following health risks and the tools and methods that will be used to monitor outcomes in these areas and methods that will be used to engage individuals in their own wellness planning.** The list of health risks/conditions that the applicant can choose from are: a pulmonary condition, metabolic syndrome, cardiovascular disease, diabetes, obesity and tobacco use. **(10 pts)**

7. **Clearly articulate at least one measureable outcome for each of the "Eight Dimensions of Wellness" outlined on page 6.** The outcomes for the sixth dimension "Physical" may be the same as the outcomes articulated above. **(10 pts)**

8. **Describe an active plan to address consumers' substance abuse issues, drug and alcohol relapse prevention or harm reduction strategies (both on-site and off).** Indicate how substance abuse education, treatment, and support will be incorporated into a consumer's array of services; describe plans for developing and maintaining linkages and relationships with appropriate substance abuse services available in the community. **(10 pts)**

9. **Describe how the proposed program will promote/encourage Community Integration?** Services should be consumer driven and centered, increase self-direction and personal responsibility for one's life, and include skill development in activities of daily living, social relationships, recreation, transportation, and appropriate use of mental health and primary health care services. Describe how the program will promote community integration, which must minimally address the following areas: career services (supported employment/supported education, housing, socialization/recreation, worship, citizenry and transportation)**. (10 pts)**

10. **Describe how Wellness & Recovery principles will be integrated into the services provided in the proposed service (e.g., use of Wellness and Recovery Action plans, Psychiatric Advance Directives, smoking cessation and other physical health initiatives that encourage growth toward independence through education, volunteer and employment opportunities). (10 pts)**

11. **After reaching the full volume of consumer caseload, specify the number of additional consumers you expect to serve if additional rental subsidies and one-time funds are provided. Indicate the timeframe when additional consumers over the initial complement of consumers will be served.** Service needs are, over time, expected to decrease for the initial complement of consumers such that additional consumers can be added to the caseload in the future. **(2 pts)**

12. **Provide a brief description of the housing model(s) that will be made available (single family homes, shared living, scattered site apartments, apartment building with mixed use, condominiums, etc.).** Collaboration between service providers and housing developers is encouraged. Such collaborations must be evidenced by a Memorandum of Understanding (MOU) that delineates roles and responsibilities of the respective parties. Preference will be given to projects that demonstrate housing opportunities are already available, and to other similar projects already under development. **(5 pts)**

13. **Include rationale for choosing this particular housing design (scattered site, single family, shared, mixed use, etc.). (3 pts)**

14. **Indicate municipality (ies)/county (ies) where housing will be located. (2 pts)**

15. **Provide a complete list of capital and operating funding to be used (source of capital and project or tenant-based rental assistance) if you are purchasing housing. If you are not purchasing housing, how will the rent be paid (do you need DMHAS funded subsidies, or are other subsidies available)? (2 pts)**

16. **Provide a detailed monthly timeline of activities from award notification to engagement and placement of the target population. (5 pts)**

17. **Discuss the number of staff (direct service, administrative and support) that will be used for this initiative. Provide specific titles and qualifications for the staff to be added, as well as a rationale for selection of those staff persons.** Please DO NOT attach complete job descriptions. **(10 pts + 10 bonus points if applicant can demonstrate how they will recruit and retain a minimum complement of 25% of combined supervisory and direct service staff as Certified Psychiatric Rehabilitation Practitioners)**

18. **Provide a work week schedule detailing how you will deploy the staff identified above to assure 24/7 on-site coverage if needed so as to achieve optimum flexibility and responsiveness to consumers as consumer needs change. (10 pts)**

19. **Identify the units of service that you are committing to provide, defined as 15 contiguous minutes of face-to-face contact with the consumer, during the phase-in period and annually thereafter.**

    19a. Identify the average number of hours of service one consumer will receive per week at start-up.
    19b. Identify the average number of hours of service one consumer will receive annually.
    19c. identify the maximum number of hours per week that can be provided per consumer and how long this maximum number of hours can be sustained to assist a consumer in transition from the hospital to the community or when in the community and additional supports are needed. **(20 pts)**

20. **Statement of Assurances signed by Chief Executive Officer (Attachment C). (1 pt)**

21. **Signed Debarment Certification (Attachment D) (1 pt)**

22. **Past performance related to an organization's ability to process referrals, accept, place and serve individuals from state psychiatric hospitals will be considered in the proposal evaluation process**. Specifically, any agency that has an occupancy rate of less than 90% as of their December 2013 QCMR (Quarterly Contract Monitoring Report) in supportive housing and/or residential services will lose 7 points from their total points earned for this initiative. **(-7 pts)**

23. **Completion of budget requirements as articulated in Section X of this RFP. (40 pts)**

Applicants who do not currently contract with the Division must also include the following:

a. Organization history including mission, and goals.
b. Overview of agency services.
c. Documentation of incorporation status.
d. Agency organization chart.
e. Agency code of ethics and /or conflict of interest policy.
f. Most recent agency audited financial statements.
g. Listing of current Board of Directors, officers and terms of each.
h. Documentation that agency meets qualifying requirements for DHS program contract.
i. Current Agency Licensure/Accreditation Status.

Application program narratives must be no more than 15 pages in length, excluding budget detail, with a font size no smaller than 12. Pages must be clearly numbered, and proposals should not be stapled, in binders, or bound in any way as to preclude easy photocopying.

Medically Enhanced Supportive Housing

1. **Funding Proposal Cover Sheet**. Please use the Cover Sheet included in the RFP and place it on top of the entire RFP package. The Cover Sheet must indicate which of the 4 initiatives are being addressed. Only one initiative per proposal is permitted, however agencies are permitted to submit more than one proposal. **(1 pt)**

2. **Indicate the number of consumers that will be placed into <u>new</u> permanent housing units as a result of this initiative**. **(2 pts)**

3. **Provide your proposed admission criteria (inclusionary, and exclusionary). (10 pts)**

4. **Indicate your willingness to accept consumers referred by DMHAS staff and any barriers that you foresee in this process.** Barriers may be related to housing funding sources which exclude consumers with certain criminal backgrounds, other residents of the program (i.e. domestic violence victims, age restrictions), etc. **(3 pts)**

5. **Describe how each of the physical and behavioral health care needs listed below will be addressed.** Articulate clear and effective strategies that will be used in the proposed program to address the identified consumers' needs in a community setting that may interfere with successful community tenure. **(20 pts)**

    - Incontinence
    - Diabetes with difficulties self-administering insulin/blood checks
    - Ambulation Impairment
    - Metabolic Syndrome
    - Polydipsia
    - Medication monitoring/prompting and any required blood work in order to optimize medication adherence
    - If needed, daily living skills including showering, eating, toileting, etc.

6. **Describe an active plan to address consumers' substance abuse issues, drug and alcohol relapse prevention or harm reduction strategies (both on-site and off).** Indicate how substance abuse education, treatment, and support will be incorporated into a consumer's array of services; describe plans for developing and maintaining linkages and relationships with appropriate substance abuse services available in the community. (10 pts)

7. **Describe how your program promote/encourage Community Integration?** Services should be consumer driven and centered, increase self-direction and personal responsibility for one's life, and include skill development in activities of daily living, social relationships, recreation, transportation, and appropriate use of mental health and primary health care services. Describe how the program will promote community integration, which must minimally address the following areas: career services (supported employment/supported education, housing, socialization/recreation, worship, citizenry and transportation)**. (10 pts)**

8. **Describe how will Wellness & Recovery principles be integrated into the services provided in the proposed service?** Include in description for each of the following: Wellness and Recovery Action plans, Psychiatric Advance Directives, smoking cessation and other physical health initiatives, encouraging growth toward independence through education, volunteer and employment opportunities; and daily living plans. (10 pts)

9. **After reaching the full volume of consumer caseload, specify the number of additional consumers you expect to serve if additional rental subsidies and one-time funds are provided. Indicate the timeframe when additional consumers over the initial complement of consumers will be served.** Service needs are, over time, expected to decrease for the initial complement of consumers such that additional consumers can be added to the caseload in the future. **(2 pts)**

10. **Provide a brief description of the housing model(s) that will be made available (single family homes, shared living, scattered site apartments, apartment building with mixed use, condominiums, etc.).** Collaboration

between service providers and housing developers is encouraged. Such collaborations must be evidenced by a Memorandum of Understanding (MOU) that delineates roles and responsibilities of the respective parties. Preference will be given to projects that demonstrate housing opportunities are already available, and to other similar projects already under development. **(5 pts)**

11. **Include rationale for choosing this particular housing design (scattered site, single family, shared, mixed use, etc.). (3 pts)**

12. **Indicate municipality (ies)/county (ies) where housing will be located. (2 pts)**

13. **Provide a complete list of capital and operating funding to be used (source of capital and project or tenant-based rental assistance) if you are purchasing housing. If you are not purchasing housing, how will the rent be paid (do you need DMHAS funded subsidies, or are other subsidies available)? (2 pts)**

14. **Provide a detailed monthly timeline of activities from award notification to engagement and placement of the target population. (5 pts)**

15. **Discuss the number of staff (direct service, administrative and support) that will be used for this initiative. Provide specific titles and qualifications for the staff to be added, as well as a rationale for selection of those staff persons.** Please DO NOT attach complete job descriptions. **(10 pts + 10 bonus points if applicant can demonstrate how they will recruit and retain a minimum complement of 25% of combined supervisory and direct service staff as Certified Psychiatric Rehabilitation Practitioners)**

16. **Provide a work week schedule detailing how you will deploy the staff identified above to assure 24/7 on-site coverage if needed so as to achieve optimum flexibility and responsiveness to consumers as consumer needs change. (10 pts)**

17. **Identify the units of service that you are committing to provide, defined as 15 contiguous minutes of face-to-face contact with the consumer, during the phase-in period and annually thereafter.**

    17a. Identify the average number of hours of service one consumer will receive per week at start-up.
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    17c. identify the maximum number of hours per week that can be provided per consumer and how long this maximum number of hours can be sustained to assist a consumer in transition from the hospital to the community or when in the community and additional supports are needed. **(20 pts)**

18. **Statement of Assurances signed by Chief Executive Officer (Attachment C). (1 pt)**

19. **Signed Debarment Certification (Attachment D) (1 pt)**

20. **Past performance related to an organization's ability to process referrals, accept, place and serve individuals from state psychiatric hospitals will be considered in the proposal evaluation process**. Specifically, any agency that has an occupancy rate of less than 90% as of their December 2013 QCMR (Quarterly Contract Monitoring Report) in supportive housing and/or residential services will lose 7 points from their total points earned for this initiative. **(-7 pts)**

21. **Completion of budget requirements as articulated in Section X of this RFP. (40 pts)**

Applicants who do not currently contract with the Division must also include the following:

a. Organization history including mission, and goals.
b. Overview of agency services.
c. Documentation of incorporation status.
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e. Agency code of ethics and /or conflict of interest policy.
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h. Documentation that agency meets qualifying requirements for DHS program contract.
i. Current Agency Licensure/Accreditation Status.

Application program narratives must be no more than 15 pages in length, excluding budget detail, with a font size no smaller than 12. Pages must be clearly numbered, and proposals should not be stapled, in binders, or bound in any way as to preclude easy photocopying.

XII. Mandatory Bidders' Conference

All applicants intending to submit a proposal in response to this request must attend a mandatory Bidders' Conference. Proposals submitted by an applicant not in attendance will not be considered.

DATE: February 12, 2014
TIME: 9:30 – 11:30
LOCATION: 222 South Warren Street
1st Floor Conference Room
Trenton, NJ 08625

The meeting room and facility will be accessible to individuals with physical disabilities. In addition, anyone who may require other special accommodations should notify Cathy Boland at Cathy.Boland@dhs.state.nj.us or (609) 777-0753 when registering. For sign language interpretation, please notify Cathy Boland by February 7, 2014. Once reserved, a

minimum of 48 hours is necessary to cancel this service, or else the cost will be billed to the requestor. Potential respondents to this RFP are required to register for the bidder's conference via the attached link: http://njsams.rutgers.edu/training/SHS/register.aspx. If you require assistance with this link, please contact Diana Gittens, Office of Treatment and Recovery Support, at 609-777-0708, no later than two days prior to the Bidders Conference.

XIII. Submission of Proposals

Submit your proposal in a single file PDF format and the excel budget via email to ***RFP.submissions@dhs.state.nj.us*** *by 4:00 PM on March 12, 2014.* Your email "subject" should include your agency name, and the proposal name (***Generic Supportive Housing, Forensically-involved Commitment – Supportive Housing, Bi-County Mercer/Middlesex RIST Team, or Medically Enhanced Supportive Housing***). Additionally, submit the budget template as an excel (not PDF) e-mail attachment addressed to aforementioned email address ***RFP.submissions@dhs.state.nj.us***. Include a copy of the budget template in hard copies submitted. Additionally, six hardcopies of the proposal narrative and budget, one with an original signature, must be submitted to the attention of Ms. Boland no later than 4:00 pm, March 12, 2014 at the following address:

Cathy Boland, Coordinator of Housing and Homeless Services
Division of Mental Health and Addiction Services
Office of Treatment and Recovery Supports
222 South Warren Street, 3rd Floor.
PO BOX 700
Trenton, NJ 08625

Proposals are not to be bound, stapled, placed into folders or binders of any kind that preclude easy photocopying. A simple, removable binder/gem clip is preferred. Please note that no format other than the PDF and six hardcopies of the proposal narrative and budget, one with an original signature will be accepted for this RFP. Proposals submitted after the deadline will not be considered.

Four hardcopies of the proposal and one copy in single file PDF format sent electronically must also be submitted by the same deadline to the County Mental Health Administrator(s) in the county(ies) in which housing is proposed for development – unless the County Mental Health Administrator requests a different format.

XIV. Review of Proposals and Notification of Preliminary Award

There will be a review process for all timely submitted proposals which meet all the requirements outlined in this RFP.

A committee comprised of DMHAS Regional, Central Office, Contracts, and State Hospital staff will review the proposals. Past performance related to an organization's ability to process referrals, accept, place and serve individuals from state psychiatric hospitals will be considered in the proposal evaluation process.

Recommendations from the County Mental Health Boards will be requested and carefully considered in the award determination process. Recommendations from the County Mental Health Boards should be submitted no later than April 1, 2014 to ensure they are an integral part of the proposal evaluation process.

DMHAS recognizes the invaluable perspectives and knowledge that consumers and family members possess regarding psychiatric services. Input from consumers and family members are integral components of a system that holds Wellness and Recovery principles at its core. Consequently, the Division will convene an advisory group consisting of consumers and family members to meet with members of the RFP review committee and provide their input regarding each of the proposals submitted. This input will be incorporated into the final deliberations of the review committee.

The DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Division's best interests in this context include, but are not limited to, loss of funding, inability of the Applicant(s) to provide adequate services, and indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing Department Contracts, and procedures set forth in DHS CPIM Policy Circular P1.04.

The DMHAS will notify all applicants of preliminary award decisions by April 16, 2014.

XV. Appeal of Award Decisions

Appeals of any award determinations may be made only by the respondents to this proposal. All appeals must be made in writing and must be received by the DMHAS at the address below no later than 4:00p.m. April 24, 2014. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Lynn Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services
222 South Warren Street
P. O. Box 700
Trenton, NJ 08625

Please note that all costs incurred in connection with any appeals of DMHAS decisions are considered unallowable costs for purposes of DMHAS contract funding.

The DMHAS will review any appeals and render final decisions by May 5, 2014. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

XVI. NJ County Mental Health Administrators

County (Region)	Name	Address	Phone/Fax/E-mail
Atlantic (South)	Sally Williams	Mental Health Administrator 101 South Shore Road Northfield, NJ 08225	(609) 645-7700, Ext. 4307 (609) 645-5809 (Fax) E -mail: williams_sally@aclink.org
Bergen (North)	Michele Hart Loughlin	Bergen County Department of Health Services Division of Mental Health 327 East Ridgewood Avenue Paramus, NJ 07652-4895	(201) 634-2745 E-mail : MHARTLO@co.bergen.nj.us
Burlington (South)	Anna Payanzo Rachel Morgan	Mental Health Administrator 795 Woodlane Road P. O. Box 6000 Mt. Holly, NJ 08060	(609) 265-5545 (609) 265-5382 (Fax) E-mail: apayanzo@co.burlington.nj.us rmorgan@co.burlington.nj.us
Camden (South)	Marilyn Corradetti	Mental Health Coordinator 2500 McClellan Avenue Suite 110 Pennsauken, NJ 08109-4212	(856) 663-3998 x224 (856) 663-7182 (Fax) E-mail: mhadmin@cpachvi.org
Cape May (South)	Patricia Devaney	Cape May Courthouse DN 907 County Admin. Building 4 Moore Rd. Cape May Court House, NJ 08210	(609) 465-1055 E-mail: devaneyp@co.cape-may.nj.us
Cumberland (South)	Juanita Nazario	Department of Human Services 99 W. Broad St. Bridgeton, NJ 08302	(856) 451-3727 (856) 455-5756 (Fax) E-mail: juanita@co.cumberland.nj.us
Essex (North)	Joseph Scarpelli, D.C.	County of Essex Office of Mental Health Administrator 204 Grove Ave. Cedar Grove, NJ 07009	(973) 571-2821/ 2822 (973) 571-2820 (Fax) E-mail: jscarpelli@health.essexcountynj.us

County (Region)	Name	Address	Phone/Fax/E-mail
Gloucester (South)	Kathy Spinosi	Gloucester Cty. Institute of Technology 1340 Tanyard Road Sewell, NJ 08080	(856) 681-6128 x2036 (856) 681-6133 (Fax) E-mail: kspinosi@co.gloucester.nj.us
Hudson (North)	Robin James	HC Dept of Health & Human Services 595 County Ave, Bldng # 2 Secaucus, NJ 07094	Tel: (201) 369-5280 ext. 4250 Fax: (201) 395-5662 E-mail: rjames@hcnj.us
Hunterdon (Central)	Cathy Zahn	Dept. of Human Services 8 Gaunt Place P. O. Box 2900 Flemington, NJ 08822-2900	(908) 788-1372 (908) 806-4204 (Fax) E-mail: czahn@co.hunterdon.nj.us
Mercer (Central)	Michele Madiou	Mercer Co. Div. of Mental Health 640 South Broad Street P. O. Box 8068 Trenton, NJ 08650	(609) 989-6574/6529 (609) 989-6032 (Fax) E-mail: mmadiou@mercercounty.org
Middlesex (Central)	Penny Grande	Mental Health Administrator Middlesex County Office of Human Services JFK Square, 5th Floor New Brunswick, NJ 08901	(732) 745-4313 (732) 296-7971 (Fax) E-mail: penny.grande@co.middlesex.nj.us
Monmouth (Central)	Barry W. Johnson	Mental Health Board 3000 Kozloski Road P. O. Box 3000 Freehold, NJ 07728-3000	(732) 431-6451 (732) 866-3595 (Fax) E-mail: Barry.Johnson@co.monmouth.nj.us
Morris (North)	Laurie Becker	Department of Human Services 30 Schuyler Place P. O. Box 900 Morristown, NJ 07963-0900	(973) 285-6852 (973) 285-6713 (Fax) E-mail: lbecker@co.morris.nj.us

County (Region)	Name	Address	Phone/Fax/E-mail
Ocean (Central)	Jill Perez **Contact**: Tracy Maksel, Asst. M.H. Admin.	Department of Human Services 1027 Hooper Ave, Building 2 P. O. Box 2191 Toms River, NJ 08754-2191	(732) 506-5374 (732) 341-4539 (Fax) E-mail: jperez@co.ocean.nj.us tmaksel@co.ocean.nj.us
Passaic (North)	Francine Vince	Passaic County Division of Mental Health 401 Grand Street, 5th. Floor Paterson, NJ 07505	phone: (973) 225-3188 fax: (973) 881-2733 E-mail: francinev@passaiccountynj.org
Salem (South)	Kathy Spinosi	Gloucester Cty. Institute of Technology 1340 Tanyard Rd. Sewell, NJ 08080	(856) 681-6128 x2036 (856) 681-6133 (Fax) E-mail: kspinosi@co.gloucester.nj.us
Somerset (Central)	Pam Mastro	Somerset County DHS P. O. Box 3000 Somerville, NJ 08876-1262	(908) 704-6310 (908) 704-1629 (Fax) E-mail: mastro@co.somerset.nj.us
Sussex (North)	Christine Florio Melissa Latronica	County of Sussex One Spring Street Newton, NJ 07860	(973) 948-6000 x1381 (973) 948-6664 (Fax) E-mail: cflorio@sussex.nj.us mlatronica@sussex.nj.us
Union (Central)	Katie Regan	Union County Admin. Building Elizabethtown Plaza Elizabeth, NJ 07207	(908) 527-4846 (908) 558-2562 (Fax) E-mail: kregan@ucnj.org
Warren (Central)	Shannon Brennan	Warren County DHS 202 Mansfield Street Belvidere, NJ 07823	(908) 475-6092 or 6080 (908) 475-6085 (Fax) E-mail:- sbrennan@co.warren.nj.us

Attachments

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STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES

Cover Sheet

(Please place on top of submitted proposal)

Please check ONE of the following to identify attached response:

_____Initiative 1: Supportive Housing
_____Initiative 2: Forensically Involved Commitment – SH
_____Initiative 3: Bi-County Mercer/Middlesex RIST
_____Initiative 4: Medically Enhanced Supportive Housing

Proposal Summary Information

Incorporated Name of Applicant: _____

Type: _____

Public _____ Profit _____ Non-Profit _____ , or Hospital-Based _____

Federal ID Number: _____ Charities Reg. Number _____

Address of Applicant: _____
_____

Address of Service(s): _____
_____

Contact Person(name/title): _____ Phone No.: _____
Fax_____ Email_____

Total dollar amount requested: _____ Fiscal Year End: _____
Total Match Required: _____ Match Secured: Yes _____ No _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

County where housing and services are to be provided_____

Total number of new beds to be made available_____

Authorization: Chief Executive Officer: _____
(Please print)

Signature: _____ Date: _____

Attachment B

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES

Addendum to Request for Proposal for Social Service and Training Contracts

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document, "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof that offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

Attachment C

Department of Human Services

Statement of Assurances

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.

- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.

- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RLI, including development of specifications, requirements, statement of works, or the evaluation of the RLI applications/bids.

- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352;34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).

- Will comply with all applicable federal and State laws and regulations.

- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.

- Is in compliance, for all contracts in excess of $100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.

- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.

- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.

- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

_____	_____
Applicant Organization	Signature: Chief Executive Officer or Equivalent
_____	_____
Date	Typed Name and Title

6/97

Attachment D

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.
THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

_____
Name and Title of Authorized Representative

_____
Signature Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible,

or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.