

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

REQUEST FOR PROPOSALS TO PROVIDE
SUPPORTIVE HOUSING AND COMMUNITY SUPPORT SERVICES FOR INDIVIDUALS
DISCHARGED FROM STATE PSYCHIATRIC HOSPITALS WHO ARE DUALY
DIAGNOSED (DD-MI)

February 13, 2014

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Division of Mental Health and Addiction Services

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**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
REQUEST FOR PROPOSALS**

**Community Support Initiative For Individuals Discharged From State Psychiatric
Hospitals Who Are Dually Diagnosed (DD-MI)**

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 Request for Proposals (RFP) focuses on the Task Force's recommendation for the expansion of permanent supportive housing and other community support opportunities for individuals with mental health service needs and is consistent with the U.S. Supreme Court Olmstead decision.

Within this initiative, the DMHAS is announcing the availability of funds to develop or expand enhanced Supportive Housing Services to address the housing and community support needs of discharge-ready individuals dually diagnosed with a co-existing developmental disability and mental illness as identified by the DMHAS in Greystone Park, Trenton and Ancora State Psychiatric Hospitals. The individuals to be served will have co-existing mental health issues and developmental disabilities. Individuals served in the current initiative may also have co-existing medical conditions and/or substance abuse issues. Several have experienced extended periods of institutionalization, more than two years, and may require enhanced services to promote true community inclusion.

II. Background

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 state hospitals determined to no longer require that level of care. These persons, given the status of "Conditional Extension Pending Placement" (CEPP) have experienced delays in their discharge because of a lack of appropriate community housing and related support services, and/or reluctance to leave the hospital. The DMHAS is committed to discharging these persons as promptly as possible in compliance with its obligations under the Olmstead Settlement Agreement.

As part of the effort to meet the needs of this target population more effectively, the Division continues to collaborate with the Division of Developmental Disabilities to identify strategies

that facilitate discharge for these individuals into integrated, clinically appropriate supportive services in the community. While each Division's (DDD and DMHAS) system of institutional and community services has evolved its own system of assessments and needs determinations, the Divisions have identified a common vehicle for service development and delivery through the issuance of this RFP and the development of community-based services within the general framework of the DMHAS' community agency network. Activation of successful and comprehensive community support services for this population will require the selected agencies to engage key personnel from both Divisions. This will ensure that supports continue to be appropriate and that crucial feedback is provided regarding the success of this model. Ongoing oversight by the assigned DDD Case Manager and other DDD staff, as well as the DMHAS Program and Contract Analysts will be essential for a successful outcome of these programs.

III. Purpose of Request

The Division of Mental Health and Addiction Services seeks proposals to develop Supportive Housing (SH) and related community support services for individuals, identified by DMHAS who are dually diagnosed with a developmental disability and a mental illness who are on CEPP status in State Psychiatric Hospitals, some of whom may also have co-existing medical conditions, co-occurring substance abuse disorders, have experienced periods of extended institutionalization, and/or are reluctant to leave the hospital.

This funding will provide new housing opportunities for a minimum of 14 individuals statewide. The DMHAS will identify the individuals to be served through this funding, and will work with successful applicants in assessing service and support needs for successful community living. The provider agency must accept individuals identified by DMHAS as appropriate for the SH program, consistent with the consumer attributes delineated in this RFP, within the timeframes identified by DMHAS. Agency staff will begin working with identified individuals as soon as possible after contract award but prior to actual discharge to facilitate relationship building, determine housing preference and complete needs assessments.

Agencies responding to this RFP must articulate how they will provide Wellness and Recovery-oriented services to individuals they propose to serve. These services are to be provided in accordance with the requirements and goals described later in this RFP. 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 individuals as full partners in treatment and recovery.

For persons leaving the state psychiatric hospital, enhanced Supportive Housing services addresses the needs of individuals who 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 be provided in a manner that is flexible to an individual's needs thereby avoiding having to relocate an individual in response to his or her change in service needs. This will promote community tenure and facilitate permanence in the living arrangement.

Successful service models will demonstrate the integration of individuals served into ongoing productive activities of daily living, including but not limited to employment, supported employment, focused day program activities, volunteer activities, appropriate use

of leisure time, etc. The overall service focus will demonstrate the provision of supports that promote wellness, recovery and resiliency. Services will aim at achieving community integration, illness management, socialization, work readiness and employment, and developing peer support, and skills and opportunities that foster increased personal responsibility for one's life.

Individuals, and, where relevant, their guardians, are considered full partners, in planning their own care and support service needs, in identifying and directing the types of activities which would most help them maximize opportunities for successful community living. Staff support is provided through a flexible schedule, which must be adjusted as consumer needs or interests change. The supportive housing model encourages consumer use of other community mental health treatment and/or developmental disability services, employment, rehabilitation services and natural supports, as needed and appropriate. In order to avoid duplication of services, individuals served by PACT (Programs for Assertive Community Treatment or ICMS (Integrated Case Management Services) are not eligible for supportive housing services under contracts awarded pursuant to this RFP.

Housing opportunities and program design will demonstrate the principles of supportive housing including lease-based or similar occupancy agreements that prohibit removal due to hospital admission or lack of service participation. Preservation of housing is primary and recognized as essential to overall wellness and recovery. The housing setting will provide private bedrooms, comfortable shared living space and adequate kitchen and bathroom facilities. Programs developed pursuant to this RFP will be licensed as DMHAS supportive housing services programs and, as such, they must fully comply with the requirements in the DMHAS regulations (N.J.A.C. 10:37A) that address supportive housing as well as all additional requirements contained in this RFP.

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

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

IV. Funding Availability

Annualized funding of \$1.498 million, subject to State appropriation, is available statewide to provide enhanced supportive housing and related community support services to serve a minimum of 14 individuals, who are on CEPP status at a New Jersey State Psychiatric Hospital and are dually diagnosed with a developmental disability and a mental illness. It is

expected that costs for mental health services will be paid through the Medicaid State Plan. Individuals may also be eligible for the DDD Supports Program or Community Care Waiver (CCW) and will need to enroll if disability related supports are needed. Priority consideration will be given to those agencies that have already leveraged capital funding and have the ability to place individuals into new supportive housing units by July 31, 2014.

As appropriate, DMHAS will support the net expenses after Medicaid revenue and consumer contributions to housing expenses are deducted. Providers must comply with the current DMHAS Rental Subsidy Program Policy Guidelines, including calculation of rental subsidy and consumer's contribution to rent.

To the extent that they are currently able to bill Medicaid for services, applicants must include projected Medicaid revenues in their budget and comply with relevant DMAHS Medicaid Rules, including N.J.A.C. 10:76. When Community Support Services (CSS) regulations are adopted, providers must comply with these regulations and enroll as a provider of Medicaid services under these regulations.

V. Provider Qualifications

In order to be eligible for consideration for this Request for Proposal:

The applicant must be a government entity or a corporation duly registered to conduct business within the State of New Jersey.

The applicant is a fiscally viable for-profit or non-profit organization or government 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 and developmental disability.

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

The applicant, if applicable, should demonstrate a successful DHS OPIA Risk Management System History.

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). A copy of this manual 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.

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

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

The applicant must be able to demonstrate its experience in providing housing and supportive services in permanent, lease-based housing settings to the targeted dual diagnosed developmentally disabled/mental ill consumers described in this RFP.

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

Providers providing new housing development must comply with P.L. 2009 c.335 regulations.

VI. Target Population

The DMHAS, as part of its approved Olmstead Settlement Agreement, has prioritized 14 individuals for discharge during FY 14 under this funding announcement. By submitting a proposal to develop supportive housing and related community support opportunities under this announcement, providers agree to accept without reservation all individuals referred by DMHAS to the proposed program, subject to the terms of this announcement and subsequent services contract with DMHAS. Each proposal submitted may develop no more than five (5) housing opportunities as part of this funding announcement, in order to ensure sufficient agency resources, rigorous project focus, and timely acceptance of individuals into housing. Agencies may submit multiple proposals.

As of January 10, 2014, there were a total of 76 individuals with a developmental disability and hospitalized in the DMHAS state hospital system. Of that total, 36 individuals were classified as CEPP (discharge ready) and were residing in the following state hospitals:

Ancora Psychiatric Hospital (APH): 13

County of residence prior to hospitalization:

Atlantic - 2 Burlington - 1
Camden - 4 Gloucester - 3
Ocean - 3

Greystone Park Psychiatric Hospital (GPPH): 11

County of residence prior to hospitalization:

Essex – 3 Sussex - 1 Somerset – 1 Passaic – 1 Warren - 1
Morris – 1 Middlesex – 1 Hunterdon – 1 Union - 1

Trenton Psychiatric Hospital (TPH): 12

County of residence prior to hospitalization:

Burlington - 3 Hunterdon - 1 Union - 1
Mercer – 3 Monmouth – 4

The DMHAS and DDD jointly fund the Trinitas Regional Medical Center Statewide Clinical Consultation and Training (SCCAT) program. SCCAT clinicians can provide assistance for adult consumers in places of employment, day programs, and mental health and residential settings. SCCAT clinicians can provide face to face (outreach) assessments and/or telephone consultation. It is expected that agencies selected to provide residential support

services as a result of this RFP will consult with the SCCAT program should crisis situations arise. The SCCAT program is also available to provide training for program staff and other provider agencies that may provide community services for consumers residing in these residential programs.

Agencies must demonstrate evidence of affirmative linkage with primary medical care providers to ensure that individuals' health needs are addressed holistically in cooperation with the agency. Agencies must also demonstrate evidence of effective linkage to existing services for the dually diagnosed population, including both mental health and developmental disabilities services. Additionally, applicants must describe how they will address the challenging behaviors and/or substance abuse issues manifested by some individuals under crisis conditions that may interfere with successful continued community tenure.

Staff of DMHAS will attempt to tailor referrals based on agency proposals, but any agency submitting a proposal under this announcement must be prepared to accept jointly made referrals as a condition of contracting. Following the final award of funding for this initiative, provider agencies will have 6 weeks to identify the individuals who they will serve as a result of this RFP. The DMHAS reserves the right to not execute the finalized contract until the agency has accepted all of the individuals to be served in the current initiative.

VII. Housing Model and Supportive Housing Approach

Supportive Housing models can take a variety of forms, but all must be lease-based – whereby the consumer (or guardian as appropriate) holds a lease with the property owner (or sublease with the provider) with all the rights and privileges available as a tenant pursuant to New Jersey tenant-landlord laws – and each consumer must have their own bedroom. Housing can be offered in a range of building types, including single-family homes, apartments, and condominiums. Within these housing types, individuals may be the sole occupant or share the housing with housemates. Sharing housing with other individuals is commonly called “shared living,” and involves an arrangement whereby each consumer has their own bedroom but share common living and eating space. For this proposal, housing models that consist of clustered apartments and/or shared living environments where each individual has their own bedroom and optimally their own bathroom with a minimum of 12 hours per day of support will be considered.

The proposal must discuss the targeted service population's language, beliefs, norms, and values, as well as relevant socioeconomic factors affecting delivery of services and how the proposed service addresses issues of cultural competence and access.

Staff support is provided through a flexible schedule that is adjusted as consumer needs or interests change, up to and including 24/7 support. The supportive housing model encourages consumer use of community mental health and developmental disability resources, self-help centers, and employment and rehabilitation services, as needed and appropriate.

Applicants must include their rationale for choosing a particular housing model, including how the model will meet the needs of the individuals served, promote community inclusion

and independence, adhere to supportive housing principles and support an individual's wellness and recovery.

Agencies must tailor their offering of supportive housing with the needs and wishes of the intended individuals in mind. Since individuals' wishes vary, agencies need to be prepared to offer an array of housing models tailored to the specific needs of specific individuals.

VIII. Service Outcome Requirements

The Division will monitor program outcomes, including timeliness of full service activation, and may include 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 on a continuing basis. Successful applicants will be expected to participate and respond to data requests.

Additionally, program design must demonstrate how the agency will incorporate the following values and practices into ongoing operations:

- Consumer driven and centered - a fully collaborative partnership that encourages growth toward independence by recognizing consumer strengths and resources and addressing consumer-identified needs and priorities. Encouragement of consumer development of Wellness and Recovery Action Plans (WRAP) is highly desirable, but should not be required.
- 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 day programs) 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 primary mental health services.
 - Integration of primary healthcare, mental health treatment and developmental disability services – addressing the medical conditions and healthcare needs of consumers in addition to the mental health, developmental disability, and psychosocial needs.

We anticipate that in the first 12 months of a consumer's tenancy, the emphasis will be on the consumer's adjustment to community living. Therefore, the program will minimally achieve the following outcomes:

- i. Sustaining housing permanency is to be a main focus of services for all enrolled consumers. At least 85% of enrolled consumers will maintain this level of housing throughout the contract period.

- ii. 100% of enrolled consumers will be linked to preferred and/or needed mental health and/or disability services, primary care, and dental services within 1 month of residency and/or one month of identification of the preference/need when need is not identified when individual is initially placed in housing. "Linked" shall mean referred to, accepted and actively participating in service.
- iii. 100% of enrolled consumers will complete a Comprehensive Service Plan (CSP) as required by N.J.A.C. 10:37A. The program will incorporate the Wellness and Recovery Action Plan (WRAP) if the consumer has chosen to complete a WRAP into this CSP. The information gleaned through the WRAP will form the basis of the CSP. Consumers should be encouraged to share their WRAP plans with other involved service providers to promote consistency and focus on the consumer's stated needs, goals and preferences.
- iv. 95% of consumers will engage in community living skills development activities towards attaining community integration.

As consumers achieve residential stability, the program will encourage goal attainment in areas that further the recovery process. Therefore, as consumers express interest and establish community tenure, 9 – 12 months after moving into the community and in accordance with their expressed interests and goals, in addition to the above listed outcomes, the program minimally must achieve the following outcomes:

- i. 80% of consumers will be linked to and use natural and community based social and enriching supports such as self-help centers/groups, friends and family, religious or other spiritual activities, etc. if identified as a need towards attaining one or more goals.
- ii. 100% of enrolled consumers will be educated regarding Psychiatric Advance Directives (PAD) with a notation in the consumer's records indicating his or her interest in completing a PAD. For those who indicate an interest, a PAD will be completed within a three-month timeframe from date of noted interest. As the DMHAS identifies system-wide benchmarks for completion of PADs, the program will achieve those targets.

IX. Clustering and Fiscal Consequences Related to Performance

Programs awarded pursuant to this RFP will be separately clustered until the DMHAS determines, at its discretion, that the program is stable in terms of service provision, expenditures, and, as applicable, revenue generation. DMHAS has plans to operationalize the separation of housing from services to promote community integration. ***In anticipation of this change the budgets for the current initiative will consist of two columns clustered together.*** One column will consist of the support services (i.e., skill building activities, referral and linkage services) and the second column will consist of the housing costs (i.e., housing subsidies, conducting monthly housing inspections, managing housing subsidies). Specifically, the cluster will consist of the two aforementioned columns (housing and services). This will provide the organization with flexibility so that dollars can be moved between the two columns within the guidelines of DHS contracting rules.

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 services will be awarded no earlier than three months prior to commencement of service provision (including in-hospital consumer engagement activities). 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 6 months. Should occupancy not be achieved and consequently services not rendered, funds provided pursuant to this agreement shall be returned to the Division.

X. Requirements for Submission

Proposals must address the following:

1. **Funding Proposal Cover Sheet.** Please use the Cover Sheet included in the RFP and place it on top of the entire RFP package. **(1 point)**
2. **Indicate the number of consumers who will be placed into new permanent supportive housing units as a result of this initiative. (2 points)**
3. **Provide your proposed admission criteria (inclusionary, and exclusionary if applicable). (18 points)**
4. **Indicate your willingness to accept consumers referred by DMHAS staff and any barriers that you foresee in this process. Describe how the program will work to overcome any barriers if it is possible to do so.** Barriers may be related to housing funding sources that exclude consumers with certain criminal backgrounds, other residents of the program (i.e. domestic violence victims, age restrictions), etc. **(10 points)**
5. **Describe how physical and behavioral health care needs (i.e. those listed below) will be addressed by the proposed Supportive Housing Program.** Describe clear and effective strategies the Supportive Housing Program will use to address the identified consumers' needs in a community setting as well as their fears, concerns, and reluctance regarding returning to the community. Describe how you will address the difficult behaviors such as the following, manifested by some consumers that may interfere with successful community tenure: **(44 Total Points)**
 - Daily medication administration if needed **(10 points)**
 - Diabetes with difficulties self-administering insulin/blood checks **(10points)**
 - Skill teaching (cooking, cleaning, shopping) **(10 points)**
 - Ambulation Impairment **(4 points)**
 - Agitation, anger management issues, threatening behavior, poor impulse control, history of assaultive/aggressive behavior, etc. **(10 points)**

6. **Describe an active plan to address consumers' substance abuse issues,** including how you would provide or access substance abuse services, incorporate substance abuse education, treatment, and support into a consumer's array of services, and develop and maintain linkages and relationships with appropriate substance abuse services available in the community. **(7 points)**
7. **Describe how your Supportive Housing program will promote/encourage Community Integration?** Supportive Housing services should be consumer driven and centered, increase self-direction and personal responsibility for one's life, encouraging growth toward independence through education and skill development in activities of daily living, volunteer or paid employment, social relationships, recreation, transportation, and appropriate use of mental health and primary health care services **(8 points)**
8. **Describe how Wellness & Recovery principles will be integrated into the proposed service, especially regarding completion of the Comprehensive Service Plan, voluntary completion of a Wellness and Recovery Action Plan, and completion of Psychiatric Advance Directives as outlined in Section VIII of this RFP. (12 points)**
9. **After reaching the full volume of consumer caseload, specify the number of additional consumers you expect to serve (and in what time period) if additional rental subsidies and one-time funds are provided.** Service needs may decrease for the initial complement of consumers over time such that additional consumers can be added to the caseload in the future. **(5 points)**
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.). Please note that housing models that consist of clustered apartments and/or shared living environments where each individual has their own bedroom and optimally their own bathroom with a minimum of 12 hours per day of support will be considered.** 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 such as the Department of Community Affairs' Special Needs Partnership and the NJ Housing Mortgage Finance Agency Initiative. Projects that leverage financing for housing (for purchase, renovation, or operating funds (usually in the form of rental subsidies) from sources outside the Department of Human Services will also be prioritized. **(5 points)**
11. **Include rationale for choosing a particular housing design (scattered site, single family, shared, mixed use, etc.) and how it comports with supportive housing principles. (5 points)**
12. **List both the Municipality (ies) and County (ies) where housing will be located. (2 points)**
13. **Provide a complete list/source of capital (for purchases and renovations) to be used if you are purchasing or have purchased housing. Also provide a**

complete list/source of operating funding (project or tenant-based rental assistance) to be used. If you are not purchasing housing, how will the rent be paid (if DMHAS funded subsidies are needed, or other subsidies are available) (20 points)

- 14. Provide a detailed monthly timeline of activities from award notification, including procurement of housing, to engagement and placement of the target population. (5 points)**
- 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. (25 points)**
- 16. Provide a work week schedule detailing how you will deploy the staff identified above to assure 24/7 on-site coverage in accordance with an individual's assessed need so as to achieve optimum flexibility and responsiveness to consumers as his or her needs change. (15 points)**
- 17. Identify the units of service that you are committing to provide, defined in 15 contiguous minutes of face-to-face contact with the consumer, during the phase-in period and annually thereafter. Identify the average number of hours of service one consumer will receive per week at start-up. (5 points)**
- 18. Describe your experience and success in providing supportive services to, and the development of housing opportunities for individuals diagnosed with a mental illness and/or developmental disability in the community. (10 points)**
- 19. Statement of Assurances signed by Chief Executive Officer (Attachment C). (1 point)**
- 20. Signed Debarment Certification (Attachment D). (1 point)**
- 21. Completion of budget requirements as articulated in Section XI of this RFP. (45 points)**

Applicants who do not currently contract with the DMHAS 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.

Application program narratives must be no more than 15 pages in length, excluding budget detail and requested supporting documents, 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.

XI. Budget Requirements (45 points)

A program budget with the following characteristics must be submitted:

- a. Provide a detailed budget using the Annex B categories for expenses and revenues, utilizing the Excel template that will be e-mailed based on the attendance list from the Bidders' Conference. The budget must be presented in three clearly labeled separate columns:
 - i. One to show the full annualized operating costs and revenues excluding one-time costs;
 - ii. One to show only the one-time costs; and
 - iii. One to show the phase-in amount excluding one-time costs.
- b. Phase-in budget figures must be based on the date that the applicant proposes to commence services through the point at which the program is fully occupied. The budget must project revenues and explain assumptions of the methodology used to determine projections. The budget must also include funding needed (if any) to support rental subsidy costs.
- c. 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.
- d. 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. Please provide Budget Notes if you believe such notes would assist the reviewers. Enter notes, to the maximum extent possible, on the budget template file itself.
- e. Include name and addresses of any organization providing support other than third party payers.
- f. For personnel line items, staff names should not be included, but the staff position titles and hours per workweek are needed.
- g. Provide the number of hours associated with each line of any clinical consultant so that cost/hour may be considered by the evaluators.
- h. 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.
- i. 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 total G&A expense for the new program, and the savings from existing programs’ G&A as off-setting revenue.

Please note that Supportive Housing is not currently reimbursable under Medicaid guidelines. When such reimbursement becomes available in the future, awarded programs will be required to enroll in the Medicaid program, bill for all covered services for all covered individuals, and apply such revenue to their Supportive Housing program. DMHAS support will then be commensurately reduced.

- k. Provide written assurances that if your organization receives an award pursuant to this RFP:
 - i. The program will seek Medicaid reimbursement when such reimbursement becomes available.
 - ii. Maintenance of effort statement certifying that the proposed service, if awarded, will increase the level of service currently provided by the organization and the award will not fund or replace existing services.

l. The DMHAS has plans to operationalize the separation of housing from services. 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. ***In anticipation of this change the budgets for the current initiative will consist of two columns clustered together.*** One column will consist of the support services (i.e., skill building activities, referral and linkage services) and the second column will consist of the housing costs (i.e., housing subsidies, conducting monthly housing inspections, managing housing subsidies). Consequently, programs awarded pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation. Specifically, the cluster will consist of the two aforementioned columns (housing and services). This will provide the organization with flexibility so that dollars can be moved between the two columns within the guidelines of DHS contracting rules. ***Agency must clearly articulate and describe the costs in each column of their proposal.***

XII. Mandatory Bidders Conference

All applicants intending to submit a proposal in response to this RFP must attend a mandatory Bidders’ Conference. Proposals submitted by an applicant not in attendance will not be considered. The Bidders’ Conference will be held at the following time and place:

Date: February 24, 2014
Time: 10am-12 noon
Location: Department of Human Services
222 South Warren Street
1st Floor Conference Rooms A & B
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 Al Glebocki at Al.Glebocki@dhs.state.nj.us or (609) 777-0687 when registering. For sign language

interpretation, please notify Al Glebocki by February 21, 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 requested to register for the bidder's conference via the attached link: <http://njsams.rutgers.edu/training/SHCS/register.aspx> no later than one day prior to the Bidders' Conference.

XIII. Submission of Proposals

All proposals are due to the offices below no later than 4:00 PM, **March 24, 2014**. Submit your proposal in a single file PDF format via email to RFP.submissions@dhs.state.nj.us. Multiple PDF attachments and emails will not be accepted. Your email "**subject**" should include your agency name, and the proposal name and date.

Proposals are limited to 15 pages, with the exception of the budget and supporting documents – in a font size no smaller than 12. Additionally, one hard copy of the proposal with an original signature and six additional hard copies must be submitted to the attention of Al Glebocki no later than 4:00pm, **March 24, 2014** at the following address:

Division of Mental Health and Addiction Services
Capital Place One
222 South Warren Street, 3rd Floor
PO Box 700
Trenton, NJ 08625-0700

Four hard copies and an electronic version of the proposal shall also be submitted to the County Mental Health Administrator(s) for the county(ies) in which you are proposing to develop housing, unless the County Mental Health Administrator requests a different format. Please refer to the following web link regarding contact information for the respective Mental Health Administrators:
<http://www.state.nj.us/humanservices/dmhs/services/admin/>

Additionally, as noted in Section XI, the completed budget template file must be submitted as an excel e-mail attachment to RFP.submissions@dhs.state.nj.us.

XIV. Review of Proposals and Notification of Preliminary Award

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

A committee comprised of DMHAS and DDD Regional, Central Office, Contracts, and DMHAS State Hospital staff will review the proposals. 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 by no later than April, 11 2014 to ensure they are an integral part of the proposal evaluation process. Recommendations are to be submitted to Al Glebocki, Division of Mental Health and Addiction Services at RFP.submissions@dhs.state.nj.us or mailing address listed in Section XIII of this RFP.

The DMHAS recognizes the invaluable perspectives and knowledge that consumers and family members possess regarding psychiatric services. Input from consumer 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. County Mental Health Boards should review 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 30, 2014**.

XV. Appeal of Award Decisions

Appeals of any award determinations may be made only by the respondents to this request for proposals. All appeals must be made in writing and must be received by the DMHAS at the address below no later than 4:00p.m. on **May 7, 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, 3rd Floor
PO Box 700
Trenton, NJ 08625-0700

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 14, 2014**. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

Attachment A

Proposal Cover Sheet
(Must Precede Narrative Proposal)

Date Received:

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**

Name of RFP _____

Incorporated Name of Applicant: _____

Type: Public _____ Profit _____ Non-Profit _____ Hospital-Based _____

Federal ID Number: _____ Charities Reg. Number _____

Address of Applicant:

Contact Person: _____ Title: _____

Phone No.: _____ Email address: _____ Fax number: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated individuals to be served: _____

County in which housing and services are to be provided: _____

Brief description of services by program name and level of service to be provided*:

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 RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI 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.