

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

REQUEST FOR PROPOSALS

**Women's Intensive Supportive Housing (WISH)
Program**

March 9, 2015

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Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Division of Mental Health and Addiction Services (DMHAS) for appropriate supportive housing and services for pregnant and/or parenting women with substance use disorders who are homeless or at risk of homelessness and being discharged from or have successfully completed long-term residential or halfway house treatment in a Department of Human Services (DHS) licensed substance use treatment facility in the past 30 days. Program consumers' gross annual household income must be less than or equal to 350% federal poverty level. Total annualized funding is \$187,000 for the development of a Women's Intensive Supported Housing (WISH) team to provide case management and supportive services to the identified consumers and their children. It is anticipated that one (1) award will be made for a one (1) year contract that is annually renewable and subject to state and federal appropriations.

In order to meet the needs of the individuals served through this RFP, ten (10) DMHAS sponsored rental subsidies will be made available up to an estimated \$200,000 total. No capital funding is available through DMHAS for this initiative. One-time funding of approximately \$60,275 will be available for security deposits, furnishings and utility start-up costs, also to be managed by the *Supportive Housing Connection* throughout the New Jersey Housing and Mortgage Finance Agency (NJHMFA).

Additional DMHAS sponsor-tenant based rental subsidies beyond the initial ten (10) subsidies may be available depending on initial rental costs and available funding. As the program expands, the WISH team will be expected to provide services to additional consumers and their family members.

DMHAS will contract with a bidder that will serve identified WISH Program consumers in supportive housing and has demonstrated success in managing permanent supportive housing programs. For the purposes of this RFP, supportive housing means permanent leased-based housing enriched with flexible services. DMHAS' outpatient treatment system will be able to accommodate the substance use disorder treatment needs of the consumers in the program. It is expected that individuals in the WISH program will be referred and linked to appropriate providers located nearby or that are readily accessible through public transportation, comprehensively address the family's physical and behavioral needs in the areas of primary medical health (e.g., regular care, maintaining appointments, medication compliance, medication literacy), substance use disorder counseling and treatment, domestic violence counseling, mental health (including Post Traumatic Stress Disorder [PTSD]), dental care, and HIV/STD prevention, treatment and support services (including access to condoms and rapid HIV/AIDS testing) as appropriate. The development of innovative housing services is encouraged, based on best practice models, accompanied by the use of independent living skills to promote self-sufficiency.

The following summarizes the RFP schedule:

March 9, 2015	Notice of Availability of Funds
March 23, 2015	Mandatory Bidders Conference
April 20, 2015	Deadline for receipt of proposals – no later than 5:00 p.m.
May 20, 2015	Preliminary award announcement
May 27, 2015	Appeals deadline
June 3, 2015	Final award announcement
July 1, 2015	Anticipated award start date

II. Background and Population to be Served

According to the Annual Homeless Assessment Report to Congress (AHAR 2013), more than 600,000 Americans are homeless on a given night. In exploring factors associated with women who are homeless, literature from the Substance Abuse and Mental Health Services Administration (SAMHSA) suggests significantly higher prevalence rates of domestic violence, serious health problems, hospitalization, severe mental illness, and substance use disorders. Nearly half never lived independently prior to losing their housing arrangement, and that housing arrangement mainly disintegrated between the woman and extended family members, spouse, or significant other. The majority of women who are homeless using shelters have children, and it is estimated that 84 percent of homeless adults with families are women.

While families may be facing homelessness for the first time, many are caught in a cycle of poverty, mental illness, trauma, and substance use disorders. Supportive housing is a successful, cost-effective, combination of affordable housing with services that help people live more stable, productive lives. It offers permanent housing with services that work for individuals and families who face these complex challenges.

Access to safe, affordable and substance-free housing is a critical component of treatment and ongoing recovery support according to the National Association of State Alcohol and Drug Abuse Directors (NASADAD) report “Guidance to the States: Treatment Standards for Women with Substance Use Disorders”. Substance use disorder treatment providers seeking to provide comprehensive care must address the issue of where a woman resides during and after treatment, including during residential treatment. Providers must make provisions for adequate housing part of their program’s continuum of care. When developing individual treatment plans for women, providers should review environmental circumstances to determine the condition of housing and whether it is safe, affordable and drug free. Safe housing is an essential component for achieving sobriety for women who are participating in treatment. Being discharged into homelessness after having been housed in safe clinical long-term residential or halfway house substance use treatment programs, can be a trigger for relapse for women, thus placing their children at risk. Creating a viable plan for obtaining affordable, safe, drug-free housing needs to be part of early treatment planning and housing must be in place prior to discharge.

Data from the DMHAS New Jersey Substance Abuse Monitoring System (NJSAMS) were used to examine outcome measures for three (3) women's long-term residential programs. There were 398 discharges from these programs in FY 2014. For all three (3) programs the women were not employed at admission and not employed at discharge. Similarly, the women were not enrolled in school or job training at admission or discharge. Homelessness at discharge ranged from approximately 4% to 1%. The average length of stay ranged from 86 to 147 days. The percentage of women who completed long term residential treatment ranged from approximately 36% to 44%. While there were good outcomes for abstinence from alcohol and other drugs at discharge, the relatively poor outcomes in the other significant life areas will make it difficult for these women to sustain their recovery.

Data from the DMHAS Supported Housing pilot that was developed as part of the Medication Assisted Treatment Initiative (MATI) indicated a positive increase in the number of consumers having their minor children living with them, and in those seeking reunification with them from baseline to six (6) months later.

While the predominant service model successfully addresses the symptom of family dysfunction and substance use disorder, in order to fully address the complex needs of families and build upon gains families have achieved in residential substance use disorder treatment settings, a comprehensive model (i.e., supportive housing) is needed.

Independent evaluations have consistently demonstrated the efficacy of supportive housing to end homelessness, institutional cycling and improve outcomes for the most vulnerable people. Supportive housing has been shown to support the following positive outcomes for tenants.

1. Increased housing stability - an analysis of outcomes from two family supportive housing projects with voluntary services found that the two (2) programs had retention rates of 94% and 95% after one (1) year (Corporation for Supportive Housing's Closer to Home evaluation);
2. Tenants generally utilized voluntary support services - medical (81%), mental health (80%), substance use (56%), benefit advocacy (51%), and employment services (41%) (Corporation for Supportive Housing's Closer to Home evaluation);
3. Reduced substance use - a 2009 evaluation of the Seattle Eastlake project found supportive housing tenants dramatically reduced alcohol use within twelve (12) months (24% less drinks per day, 65% less days intoxicated); and
4. Less public costs - as a result of reduced crisis care use, supportive housing reduces public costs. Supportive housing resulted in 71% lower costs among the most costly 10% of homeless persons in Los Angeles (Economic Roundtable).

These outcomes confirm that permanent housing is crucial to recovery. Permanent housing represents safety and permanency, allowing individuals to focus on wellness and recovery and, where clinically necessary, treatment. The WISH Program

represents an attempt to address a small portion of the critical need by eliminating housing as an obstacle to recovery and wellness for eligible women and their families.

The population to be served is pregnant and/or parenting women with substance use disorders who are homeless or at risk of homelessness and being discharged from, or have successfully completed, long-term residential or halfway house treatment in a DHS licensed substance use disorder treatment facility in the past 30 days.

III. Who Can Apply?

To be eligible for consideration for this RFP, the bidder must satisfy the following requirements:

- The bidder must document experience in successfully providing case management and supportive housing services to the target population;
- The bidder must have effective linkages with appropriate not-for profit agencies or service providers in the community in which the proposed program will be located or be readily accessible through public transportation, and who could serve as resources for and/or provide off-site services to tenants;
- The bidder must have a linkage agreement or memorandum of understanding with a child welfare prevention program to provide the necessary prevention services for children and adolescents in the household who are under the supervision of child welfare;
- The successful bidder must have an affiliation agreement with University Behavioral Health Care (UBHC) to authorize referral to a local substance use disorder treatment program to provide the necessary services for the WISH consumer;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, all outstanding Plans of Correction (PoC) for deficiencies must be submitted to DMHAS for approval prior to submission;
- The bidder must be a public or private non-profit or governmental entity;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements;
- The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/debarred/debarsearch.htm> or be suspended or debarred by any other State or Federal entity from receiving funds.
- The bidder shall not employ a member of the Board of Directors in a consultant capacity;
- The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder;
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue, i.e., this statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies;
- The bidder must comply with the terms and conditions of the DHS' 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 documents are available on the web at: <http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/>; and

- The bidder must attend the Mandatory Bidders Conference as described in the RFP.

IV. Contract Scope of Work

The WISH Program combines permanent supportive housing and a support team for women being discharged from or having successfully completed long-term residential treatment or halfway house substance use disorder treatment within the past 30 days. The goal of the program is to promote long-term recovery, personal growth, and the positive well-being of involved children. These supports can often mean the difference between relapse and recovery. WISH combines the benefits of wrap around services with those of supportive housing and will be available to ten (10) consumers and their children. Although housing is not contingent on participation in treatment, optimally consumers will initially participate in a minimum of five (5) hours of substance use disorder treatment per week including: at least one (1) hour of individual therapy and family therapy, as well as group therapy, either in the home, in a common room located in a multi-dwelling housing site, or at a community-based treatment program. As the consumer progresses, the number of hours of treatment may decrease based on clinical need. The WISH Program will include a support team to arrange for consumers' treatment through UBHC who will use DMHAS' outpatient substance use disorder treatment system. The team will also provide supplementary services, often lacking in traditional residential treatment, that help consumers both retain their housing and make best use of community resources that foster drug-free living.

1. The *Supportive Housing Connection* will manage all rental subsidies needed for this project.
2. The Supportive Housing Connection will sign a master lease with the landlord/s if the consumer is not able to secure a lease in her own name due to past credit or legal history.
3. If needed, the successful bidder will sub-lease apartments to the WISH consumer and a copy of each sub-lease must be maintained as part of their file. The lease must include the names of all members living in the household, including significant others.
4. All adult tenants residing in the unit are required to contribute 40% of their gross annual household income toward rent. Income may include employment, public assistance, SSI/SSDI, unemployment, pensions, alimony, or other public benefits. Program consumers' gross annual household income cannot be more than three and a half times (350%) the federal poverty level.
5. The successful bidder will provide case management and support services that focus on the safety, permanency and well-being of the child and the recovery of the parent.
6. The successful bidder must comply with data collection requests by DMHAS.
7. The successful bidder will ensure that the program has an appropriate staffing plan with sufficient numbers of staff with appropriate qualifications and training

for the target population and salaries commensurate with these qualifications. The successful bidder will initially train staff and conduct ongoing training.

8. The successful bidder will have the capacity to provide continuing training to staff that would focus on evidence-based practices for families coping with addiction issues and for children who have suffered multiple traumas and who are at-risk for poor attachment to caregivers, developmental delays, mental health issues, school failure, etc.

The primary programmatic components are detailed below.

A. Women's Intensive Supportive Housing (WISH) Team

A key factor in the success of this project is the WISH team, and funding will support its development. Participants placed in housing will be supported by the team to help them obtain and retain tenancy in housing that is appropriate to their recovery needs. Apartments or other housing units will be rented by the WISH agency in the existing local rental market. Ten (10) DMHAS sponsored rental subsidies will be made available up to an estimated \$200,000 total and managed by the *Supportive Housing Connection*. Consumers will hold a lease in their own name whenever possible. The *Supportive Housing Connection* will be responsible for paying the rental subsidy and security deposit to the landlord and the consumer will pay their portion of the rent directly to the landlord. The WISH team will provide supportive services, described more fully in the Performance Expectations and Requirements section, so that consumers can access primary health care facilities and programs that provide appropriate community-based specialty health care services, including mental health and substance use disorder treatment, educational, vocational, employment-related counseling, and other services supportive of recovery. The team will also support tenants' continuing tenure by providing services to tenants that develop life skills for independent living as well as links to services that focus on treatment, wellness and recovery.

The WISH team will be comprised of the following mandatory positions.

Program Director (1 Full Time Equivalent [FTE])

An LPC, LCSW or other clinical license will be responsible for the operation of the program and must be able to work with and negotiate with landlords and property managers on behalf of tenants. The Program Director will build relationships in the community to ensure access to quality services for families. The Program Director shall demonstrate evidence of working with substance use disorder population and/or evidence of addiction coursework. The Program Director will also be responsible for case manager duties as needed (see below). S/he will also be responsible for ensuring the following:

- Communicating regularly with the DMHAS Coordinator of Women's Services
- Communicating with UBHC if substance use disorder treatment is needed;
- Demonstrating progress toward program goals;
- Supervising program staff;
- Coordinating and monitoring of program services;

- Collaborating with systems partners to ensure coordination of care;
- Delivering services in a culturally competent and linguistic manner; and
- Improving the scope and capacity of the delivery system in order to ensure program sustainability.

Case Manager (1 FTE)

The case manager must possess a Bachelor's level CADAC, LCADC, or Master's in health, psychology, counseling, social work, education or other behavioral health profession. The Case Manager must possess the knowledge, skills and experience necessary to competently perform case management activities. The case manager must have at least three (3) years' experience working with high need families involved with substance use and mental health disorders. The Case Manager shall demonstrate evidence of working with substance use populations or evidence of addiction coursework. The Case Manager will work with families to support and strengthen their capacity to engage in health practices and to maintain stable homes. Additional Case Manager responsibilities include:

- Providing an evidence-based comprehensive case management assessment that includes life domains such as housing, finances, transportation, legal services, vocational, employment, health care, and family strengths/needs;
- Developing an Integrated Family Case Plan that is consumer-centered and includes strategies for recovery. The plan shall identify priorities, desired outcomes and the strategies and resources to be used in obtaining outcomes based on the case management assessment;
- Providing screening, brief intervention and referral to substance use treatment;
- Linking consumers with systems that provide them with resources, services and opportunities; and
- Advocating on behalf of the family.

The WISH team will be expected to be available to provide services for ten (10) consumers and their family members as needed. After normal business hours, the WISH team must be accessible by telephone so that coverage is 24 hours a day/seven (7) days a week to achieve optimum flexibility and responsiveness to consumer. It is expected that at all times the caseload will not fall below ten (10). Experience and the continued availability of rental subsidies will determine if the number of individuals accommodated by the team can exceed ten (10) as consumers achieve greater levels of self-sufficiency, competence and utilization of extended support networks. Depending on the consumer's needs, the level of service intensity provided by the WISH team may vary. Up to a maximum of ten (10) additional sponsor-tenant based rental subsidies beyond the initial ten (10) subsidies may be available (depending on initial rental costs and available funding). As the program expands, the WISH team will be expected to provide services to additional consumers and their family members.

The total budget for the WISH team is up to approximately \$187,000 per year to underwrite the supportive services team. Eligible expenses unique to the operation of the WISH team include:

- Staff;
- Office space;
- Supplies; and
- Equipment, including a vehicle, a lap-top computer, and cell phones for use by WISH team.

B. Rental Subsidies

Ten (10) DMHAS sponsored rental subsidies will be made available up to an estimated \$200,000 total. DMHAS rental subsidy program guidelines must be followed, and no apartments can be rented over the Fair Market Rent as published by the New Jersey Department of Community Affairs (DCA) Housing Choice Voucher Program Payment Standards (See Attachment A for current Fair Market Rent). The housing subsidies will be made available through a *Supportive Housing Connection* administered by the NJHMFA. No capital funding is available from DMHAS through this initiative.

The roles and responsibilities of the *Supportive Housing Connection* include:

- Providing tools such as a website that provides information on available, affordable housing to assist consumers in locating housing;
- Conducting initial and annual housing inspections to ensure the housing complies with quality standards;
- Serving as a Tenant Services Liaison to address disputes between the landlord and tenant that were unable to be resolved between the landlord and tenant (with the help of their advocate or service provider);
- Paying the landlord the housing subsidy payment and security deposit; and
- Providing the applicant (service provider) with one (1) time lease up dollars to purchase furnishings and pay utility deposits as necessary.

Proof of consumers' full residential custody, with birth certificates for each child in the residence must be provided to the *Supportive Housing Connection*. The *Supportive Housing Connection* will determine the number of bedrooms required for the family unit. Oversight, monitoring, tracking and final approval of the subsidies will be handled by the *Supportive Housing Connection*. The WISH team will be required to complete applications for each consumer requiring a subsidy to ensure she meets income and program eligibility criteria and will submit them to the *Supportive Housing Connection* for review and approval.

Rental subsidy funds managed by the *Supportive Housing Connection* will be based upon the amount of funding needed to support the ten (10) actual rental subsidies. These funds may be adjusted throughout the contract year as the number of approved rental subsidies subsides or the amount of each subsidy fluctuates. Additional sponsor-tenant based rental subsidies beyond the initial ten (10) subsidies may be available depending on initial rental costs and available funding.

Consumers are required to pay 40% of their gross annual household income towards rent directly to the landlord. In addition, consumers are required to pay and maintain all

utilities. For those consumers with no income, the team will assist the consumer in obtaining employment and/or benefits for which they are eligible.

The team will assist all consumers in completing an application process for rental assistance that includes income verification, credit and criminal background checks, application for Federal Housing Choice Vouchers as administered by the State Rental Assistance Program (SRAP) of the New Jersey DCA, and the provision of any other documentation as requested.

The information obtained from background checks is not intended to be used to exclude anyone from participation in the program. Instead, it will be used as part of the assessment of what kinds of supports a consumer will need to achieve long-term tenancy, e.g., basic understanding of housing budgets and the use of credit, as well as how to be a good tenant, and how to maintain a positive working relationship with a parole officer if the consumer is a parolee.

It is expected that the WISH provider will attempt to secure Housing Choice or SRAP vouchers for the housing consumers being served by the team so that the pool of rental subsidies DMHAS provides can be sustained. It is recognized that there may be exclusionary criteria, e.g., involvement in drug-related criminal activity, which may prevent the consumer from obtaining these vouchers.

C. One-Time Funds

Approximately \$60,275 in one-time funds is available, as consumers may be entitled to these funds for the following eligible expenses:

- Security deposits equal to one and half months' rent – no more than Fair Market Rents, managed and paid by the *Supportive Housing Connection* to the landlord;
- Furnishings - up to \$3,000 per consumer and their family, managed and paid by the *Supportive Housing Connection* to the awardee; and
- Utilities start-up costs - up to \$300 per consumer and their family, managed and paid by the *Supportive Housing Connection* to the awardee.

Consumers are not to be given checks, cash, and credit or gift cards for the one (1) time start-up purchases. The WISH team and consumers should shop together to purchase the minimum furnishings if needed: bed, chest of drawers, couch, living room table(s), bathroom accessories/towels, bedding, kitchen table and chairs, cooking items, vacuum, alarm clock, lamp(s). Within the \$3,000, a bicycle up to \$150 can be purchased. An itemized list of purchases and costs must be kept in the consumer's record.

D. Consumer Eligibility and Placement

Access to safe, affordable and substance-free housing is a critical component of treatment and ongoing recovery support. Creating a viable plan for obtaining affordable,

safe, drug-free housing needs to be part of early treatment planning and should be in place before discharge from residential programs. Any pregnant and/or parenting woman with a substance use disorder who is homeless or at risk of homelessness and being discharged or successfully completed long-term residential or halfway house substance use treatment within the past 30 days is eligible for the WISH Program. An individual with a co-occurring disorder may also be considered, as long as the primary disorder is substance use. The eligibility of a family seeking housing under the WISH program will be determined by a collaborative identification process between the Licensed Substance Use Disorder Residential Treatment or Halfway House facility and successful bidder. Housing will be family oriented and sensitive to family needs and able to accommodate women with more than one (1) child and women with minor children of all ages. Final approval will be provided by DMHAS and the DHS Housing Office.

E. Support Services

To deliver the core services required for this program, the successful bidder will assist a woman in accessing permanent housing, developing adequate independent living skills and maintaining her housing and a substance free lifestyle.

- In conjunction with each family, develop an individualized housing-related needs assessment and support services plan, including an action plan with clearly stated goals and outcomes that include the individual as well as all members of the family. The plan should adequately address the family's access to preventive, ongoing, and emergency services as well as the interval at which the support plan will be reviewed. The plan should be designed to ensure the safety, permanence and well-being of the child and the recovery of the parent(s).
- Directly provide case management and skill building in the areas of: medication self-management, rehabilitation, relapse prevention, and personal assistance that enables healthy parenting, improves daily living skills and assists access to appropriate public benefits and services necessary to live successfully in the community,
- Through linkages/referrals to appropriate providers located nearby or that are readily accessible through public transportation, comprehensively address the family's physical and behavioral needs in the areas of primary medical health (e.g., regular care, maintaining appointments, medication compliance, medication literacy), substance use disorder treatment, domestic violence counseling, mental health (including PTSD), dental care, and HIV/STD prevention, treatment and support services (including access to condoms and rapid HIV/AIDS testing) as appropriate.
- Coordinate all substance use disorder treatment services with UBHC for each WISH consumer and family members directly with appropriate DHS-licensed providers located nearby or at a central location that is readily accessible to public transportation.
- Promote the WISH consumer's recovery to her fullest potential by conducting assessment of skills, including literacy, providing educational opportunities

- (GED, certification programs), job readiness skills, vocational training, employment placement and retention and career development.
- Encourage the WISH consumer's direct participation into ongoing program implementation and management, through regular community meetings, advisory boards, or other means.

The successful bidder will design programs that reflect values and practices appropriate to the Housing First model, principally, programs that are:

- Consumer-driven and consumer-centered - establishing fully collaborative partnerships with the housing consumer that encourage growth towards independence, sobriety and recovery by both recognizing consumer strengths and resources, on the one hand, and addressing jointly identified consumer needs and priorities, on the other;
- Recovery-oriented - integrating services that encourage, support and sustain consumer-driven recovery by developing a consumer's knowledge of referral resources for any needed services;
- Flexible in response to individual service preferences - by providing a mix of assistance, support services and on-call crisis response in the individual's home 24 hours a day and 7 days per week as needed, and coordinating the timing of in-home service delivery with the hours of operation of other service programs outside the home;
- Team-based - by recruiting and retaining team members comprised of specialists experienced in providing motivational counseling, vocational rehabilitation, education, and housing counseling to persons with substance use disorders, including those with co-occurring mental health disorders.
- Outcome based – service provision will result in the attainment of measurable consumer outcomes; and
- 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, and recreation.

F. Performance Expectations and Requirements

Tenants are full partners with the WISH team in planning for their own support service needs. The team develops a supportive relationship with the tenant by helping her find, lease, and, where appropriate, furnish an apartment. With the assistance of the WISH team, the consumer decides which activities would maximize her opportunities for successful community living and help achieve her life's goals. In turn, the WISH team responds to the consumer's choices with support services coordinated with the consumer's needs, interests, and schedules.

In the event that a consumer is unable to remain in his/her housing due to the need for extended residential, psychiatric hospitalization, detoxification or residential substance use treatment, the *Supportive Housing Connection* will continue to pay the rental subsidy for the apartment for the consumer for up to six (6) months. The agency team will assist with financial management during this time. DMHAS and the *Supportive*

Housing Connection, in conjunction with the agency, will make a final determination on consumer termination from the program, if the absence will exceed six (6) months.

In general, the WISH team will be expected to assist consumers in maintaining long-term housing opportunities. The team will provide services in the home to tenants that both ensure their long-term tenancy and help them to identify and access resources in the community that will help them achieve their long-term wellness and recovery goals.

The WISH team will assist and engage the consumer with transitioning to another level of care (outpatient substance use disorder treatment) to ensure continuity of care upon approval by UBHC. As the consumer progresses, the number of hours for treatment may decrease based on clinical need. The team must provide documentation that the consumer has been offered the treatment, and whether or not the consumer is attending treatment.

The WISH Case Managers are required and must document that each family was offered a visit minimally one (1) hour per week by a staff member, and whether that visit was accepted. The consumer will determine the type and frequency of services desired. The services provided will be responsive to the consumer's needs. The team must document that each family is offered a visit minimally one hour per week by a staff member and also document their participation in the visit and any substance use treatment.

There is also a performance expectation that at least 60% of the consumers will be engaged in part-time or full-time employment or enrolled in a vocational training or other educational program. For those consumers who obtain employment during the course of the project, there is an expectation that their rent contribution will increase to reflect changes in their income.

The WISH team will be expected to:

- Develop a Recovery Plan with each consumer which should include culturally competent and relevant services and identify the individual goals with measurable objectives the consumer wishes to achieve, assess the strengths the individual has that can be used to work towards those goals, identify barriers that can inhibit goal attainment, and monitor the progress made toward attaining those goals;
- Support consumers as they move through the stages of change to encourage them in their recovery;
- Provide case management services to ensure that consumers are both informed about and able to access the full range of treatment opportunities or other support services, such as legal, financial, educational, vocational, or employment counseling, that may be available to them at the time the consumer chooses to use them;
- Provide supportive services so that consumers can access primary health care facilities and programs that provide appropriate community-based specialty health care services for the parent and child;

- Assist consumer with accessing recovery support services;
- Refer consumers and help them access substance use and mental health treatment;
- Engage/motivate consumers to encourage them to voluntarily access those services that would benefit them; and
- Help consumers maintain healthy community, family and social functioning.

The range of services that the WISH team will be required to offer includes:

- Case management/supportive services;
- Medication monitoring;
- Trauma informed and trauma specific care;
- Independent living skills training (e.g., housekeeping, shopping, etc.);
- Parenting skills training;
- Job skill development training;
- Illness self-management;
- Crisis intervention;
- Pre-vocational services, including work readiness;
- Financial literacy and asset building training;
- Benefits/entitlements access and coordination;
- Sober social and recreational support;
- Housing related services (e.g., housing search, liaison with landlords, reviewing leases and maintaining a copy, maintaining copies of rent receipts, etc.); and
- Medical and non-medical transportation services.

The team will also ensure that coordination and linkages are made to services such as:

- Drug/alcohol treatment services;
- Financial;
- Public entitlement programs where appropriate (e.g., SSI/SSDI, WIC, Food Stamps, etc.);
- Community mental health treatment (e.g., outpatient, partial care, emergency, etc.);
- Child care;
- Other case management providers (e.g., SAI, ICM, DCP&P, CSOC, Labor/WFD, etc.);
- Rehabilitation/vocational;
- Employment;
- Education;
- Legal;
- Medical/dental;
- 12-Step/self-help groups; and
- Other social services as needed.

Not all individuals will be involved with Child Protection and Permanency (CP&P); however, if individuals referred are already involved with CP&P it is expected that the

agency work collaboratively with them to address the behavioral health needs of children in the home and help to ensure the “safety, permanency and well-being of children and to support families.”

G. Program Evaluation

The successful bidder will be expected to participate in the evaluation of program outcomes, including continuity of tenancy, support services provided for achievement of identified wellness and recovery related goals, and consumer satisfaction. Other outcomes to be assessed will focus on education and employment, criminal justice involvement, social connectedness, consumer well-being and quality of life. Evaluation will also address the utilization of emergency medical, psychiatric or substance use disorder services, utilization of public assistance, Medicaid expenditures, and voluntary participation in treatment services.

The successful bidder will be required to comply with the Division’s program evaluation by responding to data requests from DMHAS, participating in the data collection system to be developed for this program, facilitating completion of consumer satisfaction questionnaires and any other monitoring activities. When requested, the successful bidder will document units of service delivered using data collection forms developed by DMHAS.

H. Other

The successful bidder must adhere to all applicable State and Federal cost principles. Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

All providers of drug treatment services under these contracts must have in place established, facility-wide policies that prohibit discrimination against consumers of substance use disorder prevention, treatment and recovery support services assisted in their prevention, treatment and/or recovery from substance addiction with legitimately prescribed medication(s). These policies must be in writing in a visible, legible and clear posting at a common location accessible to all who enter the facility.

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

Capacity to accommodate consumers who present or are referred with legitimately prescribed medications can be accomplished either through direct provision of services associated with the provision or dispensing of medications and or via development of viable networks/referrals/consultants/sub-contracting with those who are licensed and otherwise qualified to provide medications.

Specifically, the successful bidder will be required to demonstrate that if a consumer is denied admission on the grounds that the facility does not have the capacity to support the consumer's medication assisted treatment (MAT), it shall refer the consumer to an appropriate facility and shall document the referral. Furthermore, if a facility admits a consumer pursuing MAT and the consumer requires pharmaceutical services, it shall support, or at a minimum shall not interfere with, the consumer's MAT.

V. General Contracting Information

All bidders will be notified in writing of the State's intent to award a contract. All proposals are considered public information and as such will be made available for a defined period after announcement of the contract awardees and prior to final award, as well as through the State Open Public Records Act process at the conclusion of the RFP process.

The contract awarded as a result of this RFP may be annually renewable at DMHAS' sole discretion with the agreement of the awardee. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

In accordance with DHS Policy P1.12 available on the web at www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html, 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.

Should service provision be delayed through no fault of the provider, funding continuation will be considered on a case-by-case basis based upon the circumstances creating the delay. In no case shall the DMHAS continue funding when service commencement commitments are not met, and in no case shall funding be provided for a period of non-service provision in excess of three (3) months. In the event that the timeframe will be longer than three (3) months, DMHAS must be notified so the circumstances resulting in the anticipated delay may be reviewed and addressed. Should services not be rendered, funds provided pursuant to this agreement shall be returned to the Division.

The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder.

The timeframe for filling vacancies that occur after initial implementation and initial full occupancy is achieved must comport with DMHAS Administrative Bulletin 5:11, which may be found on the DMHAS website at <http://www.state.nj.us/humanservices/dmhas/regulations/bulletins/>.

VI. Mandatory Bidders Conference

A bidder intending to submit a proposal in response to this RFP must attend a Mandatory Bidders Conference. It is the responsibility of the bidder to arrive promptly at the beginning of the Mandatory Bidders Conference and sign in to confirm attendance. A proposal submitted by a bidder not in attendance will not be considered. The Mandatory Bidders Conference will be held as follows:

Date: March 23, 2015
Time: 10:00 a.m.
Location: Trenton Psychiatric Hospital
Stratton Auditorium, 100 Sullivan Way, Trenton, NJ

The Mandatory Bidders Conference will provide the bidder with an opportunity to ask questions about the RFP requirements, the award process, and to clarify portions of the RFP. This ensures that all potential bidders have equal access to information. Questions regarding intent or allowable responses to the RFP, outside the Mandatory Bidders Conference, are not permitted. Any necessary response to questions posed by a potential bidder during the Mandatory Bidders Conference that cannot be answered at that time will be furnished via electronic mail to all potential bidders registered as being in attendance. Specific individual guidance will not be provided to individual bidders at any time.

Potential respondents to this RFP are requested to register for the Mandatory Bidders Conference via the registration link: <http://njsams.rutgers.edu/training/WISH/register.aspx>. Additionally, if you require assistance with this registration link, please contact RFP.Submissions@dhs.state.nj.us no later than two (2) days prior to the Mandatory Bidders Conference.

The meeting room and facility is accessible to individuals with physical disabilities. Anyone who requires special accommodations should notify RFP.Submissions@dhs.state.nj.us. For sign language interpretation, please notify RFP.Submissions@dhs.state.nj.us at least five (5) business days in advance of the Mandatory Bidders Conference. Once reserved, a minimum of 48 hours is necessary to cancel this service, or else the cost will be billed to the requestor.

VII. Proposal Content

Proposals must address the following topics, and be submitted according to the following sections:

Funding Proposal Cover Sheet (RFP Attachment B)

Bidder History and Experience (15 points)

1. A brief narrative describing the bidder's history and mission, its primary purpose, target population and the number of years' experience working with the target population.
2. The bidder's experience in providing motivational case management, housing, employment enhancement, mental health and addiction services to those with a co-occurring mental illness and substance use disorder who are homeless, or at risk of homelessness. Description of how the agency's experience and success demonstrate its ability to provide the expected services.
3. If applicable, the bidder's current DHS license(s) and modality, including actual capacity and licensed capacity (as indicated on the license). The bidder's current DMHAS funding, including if the bidder is in any DMHAS Fee-For-Service Provider Network. Indicate if the bidder has any other current licenses and its modalities.
4. The bidder's current status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be explained with supporting documentation as an appendix to the bidder's proposal.
5. Description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice.
6. Describe the bidder's ability to provide culturally competent services.

Project Description (40 points)

1. A detailed description of the services to be provided by the proposed WISH team and the methods the team will use to deliver services.
2. A detailed description of how the WISH team will work with UBHC to coordinate access to the appropriate substance use disorder treatment level of care.
3. A description of the bidder's approach for providing directly or through linkages the services set forth under "Performance Expectations and Requirements".
4. A description of the motivational interventions that will be used to engage the consumer in appropriate services or treatment options.
5. A description of measures that will be taken to ensure that services are provided in a culturally competent, linguistically appropriate, and sensitive manner.
6. A contingency plan that addresses situations where the WISH consumer must leave the home due to inpatient treatment, hospitalization, incarceration, etc. that specifies where the children will be placed during the absence of the WISH consumer (e.g., living with other family members, placed in foster care, etc.).
7. A detailed description of the bidder's emergency response plan including response to medical and psychiatric emergencies, including an explanation of personnel training for assessing risk and safety, handling emergencies, coordinating with medical, mental health, law enforcement, and other professionals, and implementing health and safety procedures. The emergency plan should also address situations such as child safety, fire, sexual harassment, disaster, and other incidents that may jeopardize the health and safety of residents.

8. Stated outcomes to be achieved by families to be served and description of how the program would effectively assist them to achieve those outcomes.
9. A description of the effectiveness of the bidder's approach to transitioning families into permanent supported housing.
10. A description of the bidder's active participation in community- and city-wide consortia and networks appropriate to the needs of program participants.
11. A description of the bidder's collaboration and relationship working with the local boards of social services.
12. A description of how the special needs of the housing consumer will be addressed.
13. A description of how the proposed team will coordinate the services they provide with other support services available in the wider community.
14. A description of how the psychiatric, medical and prescription medicine needs of the consumer will be addressed.
15. A description of how the bidder will ensure that consumers are offered the minimum required counseling and how the bidder will refer consumers to and access other substance use treatment services if needed.
16. A description of the approach for developing and monitoring the consumer's Recovery Plan.
17. A statement and explanation of the project goals and measurable objectives. All goals must be clearly and directly linked to the desired outcomes of the project. All objectives under each goal should also be clear and measurable. A description of the program activities to achieve the stated goals and objectives, any anticipated barriers in meeting the goals, and plans to overcome them.
18. A description of the bidder's plan for reviewing the consumer's income.
19. A description of the bidder's understanding of the "Housing First" model.
20. A description of the specific consumer outcomes related to personal recovery, successful tenancy and increased self-sufficiency.
21. Explanation of the bidder's understanding of person-centered planning for wellness and recovery, and description of how the bidder's understanding characterizes service delivery across the range of services to be provided within this program.
22. Include as an appendix the inter-agency cooperative or affiliation agreements for any community-based service provision previously referenced in the bidder's proposal.
23. A description of the population to be served in the bidder's proposed program and anticipated service needs.
24. Specify the process through which potential program participants would be identified and recruited into program, including a description of inclusionary and exclusionary criteria for consumer selection.
25. A description of the process and time-frame for program implementation, including how quickly the proposed WISH team can be assembled, trained and made operational. Include a description of the proposed target population enrollment and housing placement levels per month and a timeline of activities.

26. Provide a work week schedule detailing how you will deploy staff to ensure 24 hours per day/ 7 days a week coverage to achieve optimum flexibility and responsiveness to consumers.
27. Provide a table of organization that specifies the proposed WISH program's structure in relationship to the agency and its other operations.
28. Licensed substance use treatment facilities must submit a facility-wide policy which supports a consumer who is receiving medication assisted therapy (MAT).
29. A description of how the agency will work with the Children's System of Care (CSOC) and Child Protection and Permanency (CP&P), including what the bidder would include as key elements to a memorandum of understanding or affiliation agreement with CSOC and CP&P.
30. A description of the bidder's capacity to accommodate any and all consumers who take legitimately prescribed medications who are referred to or present for admission into a licensed substance use treatment facility. Describe the policies which prohibit discrimination against consumers who are assisted in their prevention, treatment and/or recovery from substance use disorders with legitimately prescribed medication/s.
31. A description of the agency's last Continuous Quality Improvement effort, including items identified as issues, actions that were taken and outcomes.
32. The sustainability plan for the project at the end of the contract.

Staffing (20 points)

1. Staffing (FTE numbers) required to provide intended services. Describe proposed staff qualifications, i.e., professional licensing and related experience. An indication as to if proposed staff is currently on-board or must be hired, with an indication of all staff who are bilingual. Describe the bidder's innovative recruitment-retention strategies.
2. Resumes, limited to two (2) pages each, for all proposed staff are required in an Appendix to the bidder's proposals. Each resume shall include job descriptions for key personnel with oversight and involvement in completing the responsibilities of the contract.
3. The number of work hours per week that constitute each FTE and PTE in the bidder's proposal.
4. The composition and skill set of the proposed program team, including staff qualifications.
5. The proposed organizational structure of this team and the mechanism for staff deployment that will achieve optimum flexibility and responsiveness to consumers. Provide an organizational chart in an appendix to the bidder's proposal.
6. The bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
7. The approach for supervision of clinical staff.
8. A list of the bidder's board members, including each member's professional licensure and organizational affiliation(s). The bidder's proposals must identify each board member who is also an employee of the bidder or an affiliate of the

bidder. The proposals shall indicate if the Board of Directors votes on contract related matters.

9. A list of names of consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s). Each consultant must be further described as to whether they are also a board member and, if so, whether they are a voting member. The bidder must identify all reimbursement the member received as a board member over the last twelve (12) months.

Facilities, Logistics, Equipment (10 points)

1. A description of the plan for office space, vehicle, and any needs specific to this project.
2. A description of the manner in which tangible assets, i.e. computers, phones, other special service equipment, etc., will be acquired and allocated.
3. A description of the bidder's Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.

Budget (15 points)

1. A detailed budget using the Annex B standard budget categories for expenses and revenues: A. Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facilities Costs, E. Specific Assistance to Clients, F. Other, General and Administrative Distribution, and Revenues including Client Generated Fees, Public & Private Grants and Other Agency Funds. Utilize the Excel budget template which will be emailed based on the attendance list from the Mandatory Bidders Conference. The budget must be presented in two (2) clearly labeled separate columns:
 - a. One column detailing the full annualized operating costs and revenues excluding one-time costs; and
 - b. One column detailing the one-time costs.
2. Budget Notes that may be useful to help explain costs and assumptions made for certain non-salary expenses and the calculations behind various revenue estimates. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget Notes, to the extent possible, should be displayed on the budget template file itself.
3. The name and address of each organization, other than third-party payers, providing support.
4. For personnel line items, staff position titles, i.e. not staff names, and hours per workweek.
5. The number of hours per clinical consultant such that cost/hour may be evaluated.
6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current Fringe Benefit percentage.

7. 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. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with the DMHAS should limit G&A expense projection to “new” G&A only by showing the full amount of G&A as an expense and the off-set savings from other program’ G&A in the revenue section.
8. Written assurance that if the bidder receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award and in future contracts, including agreement to obtain approval as a Medicaid-eligible provider.

Appendices

The following items must be included as appendices with the bidder’s proposal, limiting appendices to a total of 100 pages:

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of key personnel if on staff, limited to two (2) pages each with staff’s personal information such as home address, telephone, email address, etc. redacted;
5. A description of all pending and in-progress audits, the requestor, the firm’s name and telephone number, and the audit type;
6. List of the board of directors, officers and terms of office of each;
7. Documentation of the bidder’s charitable registration status;
8. Original and/or copies of letters of commitment/support;
9. Department of Human Services Statement of Assurances (RFP Attachment D);
10. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment E);
11. Source Disclosure Certification Form; and
12. Disclosure of Investment in Iran (RFP Attachment F).

The documents listed below are required with the proposal, **unless the bidder has a current contract with DMHAS and these documents are already on file with DMHAS.**

1. Most recent single audit report (A133) or certified statements(submit only hard two copies); and
2. Any other audits performed in the last two (2) years (submit only two (2) hard copies).

VIII. Submission of Proposals

DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion should be single-spaced with one (1”) inch margins, no smaller than twelve (12) point Arial, Courier New or Times New Roman font, and not exceed 20 pages in length. For example, if the bidder’s narrative starts on page 3 and ends on page 23 it is 21

pages long, not 20 pages. Proposal budget detail and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 5:00 p.m. Eastern Standard Time on April 20, 2015. Five (5) copies and one (1) original of the proposal narrative, budget and appendices (six [6] total proposal packages) must be submitted to the following address:

For US Postal Service delivery:

Helen Staton
Division of Mental Health and Addiction Services
PO Box 700
Trenton, NJ 08625-0700

or

For private delivery vendor such as UPS or FedEx:

Helen Staton
Division of Mental Health and Addiction Services
Capital Place One, 4th Floor
222 South Warren Street
Trenton, NJ 08611

The bidder may mail or hand deliver its proposal, however, DMHAS is not responsible for items mailed but not received by the due date. Note that if US Postal Service two (2) day priority mail delivery to the post office box listed above may result in the bidder's proposal not arriving timely, and, therefore, being deemed ineligible for contract award. The bidder will not be notified that its proposal has been received. The State will not accept facsimile transmission of proposals.

In addition to the required hard copies, the bidder must also submit its proposal in a PDF formatted file via email to RFP.submissions@dhs.state.nj.us. The email "subject" should include the bidder's name and the proposal name.

The bidder must also submit the completed budget template file as an excel attachment to RFP.submissions@dhs.state.nj.us.

IX. Review of Proposals

Proposals received after the due date and time will not be evaluated. There will be a review process for all timely submitted proposals. DMHAS will convene a review committee of public employees to conduct a review of each proposal accepted for review.

The bidder must obtain a minimum score of 70 points out of 100 points in order to be considered eligible for funding, as well as meet the threshold score for budget and

scope of work sections. Criteria scores and thresholds will become available when proposals become available for public inspection.

Award decisions will be based on such factors as the proposal scope, quality and appropriateness, as well as budget reasonableness. The review committee will look for evidence of cultural competence in each section of the narrative. The review committee may choose to visit a bidder's existing program(s) and/or review any programmatic or fiscal documents in the possession of DMHAS. The bidder is advised that contract award may be conditional upon contract negotiation. The requested changes, along with their requested implementation dates, will be communicated to the prospective awardees prior to final award.

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in DHS Policy Circular P1.04 (<http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html>).

DMHAS will notify all bidders of awards, contingent upon the satisfactory final negotiation of a contract, by May 20, 2015.

X. Appeal of Award Decisions

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and received by DMHAS at the address below no later than 5:00 p.m. Eastern Standard Time on May 27, 2015. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Lynn A. Kovich, Assistant Commissioner
Division of Mental Health & Addiction Services
222 South Warren Street, 3rd Floor
PO Box 700
Trenton, NJ 08625-0700

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

DMHAS will review all appeals and render a final decision by June 3, 2015. Contract award(s) will not be considered final until all timely appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

Upon award announcement, the successful bidder(s) must be prepared to submit, at a minimum, one (1) copy of the following documentation (if not already submitted with the proposal) in order to process the contract in a timely manner, as well as any other documents required by DMHAS.

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit only hard two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml);
3. A list of all current contracts and grants as well as those for which the bidder has applied for from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 700, Trenton, NJ 08625-0700 as an additional insured;
5. Board Resolution authorizing who is approved for entering into a contract and signing related contract documents;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;
8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Current State of New Jersey Business Registration;
19. Procurement Policy;
20. Current Equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item, a State identifying number or code, original date of purchase, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DHS Contracts, signed and dated by both parties;

22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated; and
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal.

XII. Attachments

Attachment A – Fair Market Rent

NJ Division of Mental Health and Addiction Services

Fair Market Rent

Effective October 1, 2014

(Revised 10/08/14)

COUNTY	0-BDR	Maximum rent allowed		Written permission from DMHAS required to use these rates (See Subsidy Program Policy)	
		1-BDR	2-BDR	3-BDR	4-BDR
Atlantic	792	917	1139	1575	1830
Bergen	1177	1272	1371	1776	2014
Burlington	799	929	1119	1394	1518
Camden	799	929	1119	1394	1518
Cape May	671	761	1025	1442	1526
Cumberland	753	870	1071	1289	1616
Essex	971	1059	1265	1550	1732
Gloucester	799	929	1119	1394	1518
Hudson	990	1089	1291	1643	1813
Hunterdon	1021	1184	1458	1818	2417
Mercer	900	1017	1225	1577	1823
Middlesex	1021	1184	1458	1818	2417
Monmouth	917	1083	1345	1865	2193
Morris	971	1059	1265	1550	1732
Ocean	917	1083	1345	1865	2193
Passaic	1177	1272	1371	1776	2014
Salem	799	929	1119	1394	1518
Somerset	1021	1184	1458	1818	2417
Sussex	971	1059	1265	1550	1732
Union	971	1059	1265	1550	1732
Warren	755	921	1124	1409	1571

Rents taken from the NJ DCA Housing Choice Voucher Program Payment Standards

Attachment B – Proposal Cover Sheet

Date Received

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**
Division of Mental Health and Addiction Services
Proposal Cover Sheet

Name of RFP _____

Incorporated Name of Bidder: _____

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

Federal ID Number: _____ Charities Reg. Number (if applicable) _____

Address of Bidder: _____

Chief Executive Officer Name and Title: _____

Phone No.: _____ Email Address: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

County in which services are to be provided: _____

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

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

Attachment C– Addendum to RFP for Social Service and Training Contracts

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 D – Statement of Assurances

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

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.

Attachment F – Disclosure of Investment Activities in Iran
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Applicant / Bidder: _____

PART 1: CERTIFICATION

APPLICANT / BIDDER MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list (on the web at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>) created and maintained by the New Jersey Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the person or entity.

I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed on the NJ Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

OR

I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as nonresponsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

Using attached sheets, provide a detailed, accurate and precise description of the activities of the bidding person/ entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above.

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (print): _____

Signature: _____

Title: _____

Date: _____

Attachment G – Directions to Mandatory Bidders Conference Trenton Psychiatric Hospital

FROM THE NORTH USING THE NJ TURNPIKE (SOUTH):

- Take the NJ Turnpike South
- Take the Route 18 exit (exit #9) towards US-1/New Brunswick/Shore Resorts (0.64 miles)
- Keep RIGHT at the fork in the ramp (0.19 miles)
- Merge onto NJ-18 North (0.54 miles)
- Take the US-1 South ramp towards Trenton (0.30 miles)
- Merge onto US-1 South (26.5 miles)
- Take the exit towards Capital Complex (0.07 miles)
- Turn right onto New Warren Street/US-1 Alt. (0.14 miles)
- Turn left onto Market Street /NJ-33 (0.27 miles)
- Turn slight left to take the Rt. 29 North ramp (0.09 miles)
- Merge onto Rt. 29 North (2.39 miles)
- Turn right onto Sullivan Way and go underneath the overpass, bearing left (0.40 miles)
- Proceed to the top of the hill. Gate #2 will be on your right. Turn into the parking lot and follow signs for your specific destination.

FROM THE SOUTH USING 1-295 (NORTH):

- Take 1-295 North
- Take the Rt. 29/Rt. 129/I-195 exit (exit #60) towards Trenton/Shore Points (0.32 miles)
- Keep left at the fork in the ramp (0.94 miles)
- Merge onto Rt. 29 North (1.08 miles)
- Follow signs for Rt. 29 North towards Trenton Capital Complex/Lambertville and continue on Rt. 29N past the State House (on your right - 4.5 miles)
- Turn Right onto Sullivan Way and go underneath the overpass, bearing left (0.40 miles)
- Proceed to the top of the hill. Gate #2 will be on your right. Turn into the parking lot and follow signs for your specific destination.

DIRECTIONS FROM THE EAST USING I-195 (WEST):

- Take I-195 West to Trenton
- Follow signs for Rt. 29 North towards Trenton Capital Complex/Lambertville and continue on Rt. 29 North past the State House (on your right - 4.5 miles)
- Turn Right onto Sullivan Way and go underneath the overpass, bearing left (0.4 miles)
- Proceed to the top of the hill. Gate #2 will be on your right.

DIRECTIONS FROM PHILADELPHIA:

- Take I-95 North (29 miles)
- Take Exit #2 towards Mercer County Airport
- At the top of the ramp, bear Right following signs for the Airport
- Continue past the airport (on your left) and through the traffic light (Upper Ferry Road - 1.75 miles)
- Proceed through the next light (Lower Ferry Road - 1.1 miles)
- Proceed approximately 0.5 miles until you see the main entrance to Trenton Psychiatric Hospital on your Left. Turn into entrance (at Gate #1 or Gate #2) and follow signs for your specific destination.

PARKING: Designated parking is available at the Sullivan Way entrance, Gate #2, Parking Area 15 (lot near the Greenhouse).