



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

REQUEST FOR PROPOSALS

**988 Mobile Crisis Outreach Response Teams –
Essex/Hudson Counties**

May 22, 2024

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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 Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for Mobile Crisis Outreach Response Teams (MCORT) to respond to adults (18 and above) in non-life-threatening situations who have contacted the 988 Suicide and Crisis Lifeline. Total available annual funding, subject to State appropriations, is \$2,838,704. This funding will be used to support 11 MCORTs across Essex and Hudson counties in New Jersey. This area is known as Region 9 in the MCORT system. DMHAS will also fund one-time startup costs (for computers, phones, office furniture, vehicles, etc.). DMHAS will make one award. DMHAS intends for this program to provide Medicaid-funded MCORT services under Section 1947 of the US Social Security Act.

The purpose of this RFP is to create a new system of MCORTs in Essex and Hudson counties to respond 24 hours a day, seven days a week, every day of the year, to non-life-threatening mental health, substance use or suicidal crises in the community. MCORTs will work in coordination with the 988 Suicide and Crisis Lifeline crisis centers. (The 988 Suicide and Crisis Lifeline was formerly the National Suicide Prevention Lifeline.) MCORTs are to be comprised of a two-person team in the field under remote supervision by a third professional from a centralized location. The professionals involved include: a trained peer support specialist, a bachelor's level professional with related educational and professional experience, and a master's level supervisor providing clinical backup (from a remote location).

The goals of the Mobile Crisis Outreach Response system are:

1. Provide access to timely crisis intervention services;
2. De-escalate the crisis and stabilize consumers in the community;
3. Prevent hospitalization, re-hospitalization, incarceration and intervention by law enforcement whenever it is safe to do so;
4. Deliver equitable behavioral crisis services to all New Jersey residents.

MCORTs will be dispatched by the 988 Managing Entity after a 988 Lifeline crisis center determines that a community-based response is needed. The 988 Managing Entity is a DMHAS-contracted organization that will coordinate and oversee current and future DMHAS-contracted 988 Lifeline crisis centers and dispatch MCORTs.

The successful bidder will provide services that ensure diversity, inclusion, equity, and cultural and linguistic competence to the target population. The successful bidder will continually assess and utilize demographic data in its development and delivery of programming, evaluation, and outcomes to ensure it is relevant to the population served.

No funding match is required; however, bidders will need to identify any other sources of funding, both in-kind and monetary, that will be used. Bidders may not fund any costs incurred for the planning or preparing of a proposal in response to this RFP from current DHS/DMHAS contracts.

The following summarizes the anticipated RFP schedule:

May 22, 2024	Notice of Funding Availability
May 30, 2024	Questions on RFP due – no later than 4pm ET
June 24, 2024	Deadline to submit written intent to apply – no later than 4pm ET
June 24, 2024	Deadline to request DHS secure file transfer protocol (SFTP) site login credentials – no later than 4pm ET
July 1, 2024	Deadline for receipt of proposals – no later than 4pm ET
July 25, 2024	Mental Health Board Letters of Recommendation due
TBD	Appeal deadline – no later than 4pm ET

Bidders are responsible for monitoring the DHS website¹ for updates to the RFP schedule.

II. Background and Population to be Served

The National Suicide Prevention Lifeline (Lifeline), a project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health (Vibrant), was established in 2005 as the nation’s public safety net for individuals experiencing emotional distress or a suicidal crisis. The Lifeline was established to provide free and confidential emotional support to individuals 24 hours a day, all days of the year, across the United States. The Lifeline was comprised of a national network of over 200 local crisis centers, combining custom local care and resources with national standards and best practices. Individuals can call anytime from anywhere in the nation and speak to a trained call specialist that provides resources for and referrals to the most appropriate nearby behavioral health treatment, support, crisis response and/or emergency services.

In July of 2020, the Federal Communications Commission (FCC) mandated that all states in the United States and its territories have access to suicide prevention and crisis services through a three-digit dialing code which was established as 988 by the National Suicide Hotline Designation Act of 2020. In 2021, the FCC also required covered text providers to support text messaging to 988. The texting option will make the service more accessible to those with difficulties speaking on the phone. On July 16th, 2022, 988 became available to all phones in the United States and its territories. This dialing code now reaches the 988 Suicide and Crisis Lifeline.

Calls, chats and texts come into the 988 Lifeline crisis center network from across the United States and its territories. They are routed to independently operated crisis centers based on the contact’s area code (as indicated by the telephone number from which the call originates). Once an individual reaches a Lifeline crisis center, it is determined by a trained crisis counselor whether the individual needs urgent in-person assistance. If they do, the crisis counselor will request dispatch of emergency services which, at this time in New Jersey, includes a Designated Screening Center (to assess for involuntary

¹ <https://www.nj.gov/humanservices/providers/grants/rfprfi/>

commitment), law enforcement, emergency medical services or other first responders. Nationally, only 1-2% of crisis contacts have required such an outreach.

The purpose of this RFP is to create a new 24/7 Mobile Crisis Outreach Response system in Essex and Hudson counties that responds to non-life-threatening mental health, substance use or suicidal emergencies without law enforcement or other emergency personnel when it is determined to be safe to do so.

III. Who Can Apply?

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

- The bidder may be a current Medicaid provider or demonstrate Medicaid eligibility;
 - Non-Medicaid providers will be required to enroll with Medicaid within 60 days of notification of funding award.
- The bidder may be a non-profit or for-profit entity or governmental entity;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction for deficiencies submitted to DMHAS for approval prior to submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of [New Jersey Consolidated Debarment Report](#)² or be suspended or debarred by any other State or Federal entity from receiving funds;
- Pursuant to DHS Contract Policy and Information Manual Policy Circular 8.05, the bidder shall not have a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include Provider Agency staff members, officers and Governing Board Members. A bidder must have written Conflict of Interest policies and procedures that satisfy the requirements of P8.05, thereby ensuring that paid Board members do not participate in transactions except as expressly provided in the P8.05 circular; and
- 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. (This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies).

² <http://www.nj.gov/treasury/revenue/debarment/debarsearch.shtml>

IV. Contract Scope of Work

Funds made available through this RFP will be used to establish and maintain a MCORT to serve Region 9 as designated by DMHAS.

Region #	Counties in Region	# of Teams per Region (minimum 5)
1	Cumberland, Cape May and Atlantic	5
2	Camden, Gloucester and Salem	5
3	Burlington and Mercer	5
4	Monmouth and Ocean	8
5	Warren, Hunterdon and Somerset	5
6	Middlesex and Union	9
7	Morris and Sussex	5
8	Bergen and Passaic	9
9	Hudson and Essex	11

The specific requirements and components for MCORTs include:

STAFFING REQUIREMENTS AND TEAM COMPOSITION

The successful bidder will describe their efforts to ensure workforce diversity and inclusion in the recruiting, hiring, and retention of staff who are from or have had experience working with target population and other identified individuals served in this initiative. Additionally, the grantee will ensure that there is a training strategy related to diversity, inclusion, cultural competence, and the reduction of disparities in access, quality, and outcomes for the target population. The trainings will include education about implicit bias, diversity, recruitment, creating inclusive work environments, and providing languages access services.

The MCORT program must include a Program Director. If the Director meets the criteria for the Master's level supervisor (below), the Director can also serve in that capacity.

MCORTs are to be comprised of a two-person team in the field under remote supervision by a third professional from a remote location. The professionals involved include: a trained peer support specialist, a bachelor's level professional with related educational and professional experience, and a master's level supervisor providing clinical backup and supervision (from a remote location) should it be needed during deployment of an MCORT.

All staff involved in providing or overseeing direct services in the MCORT program must receive training in trauma informed care, de-escalation, harm reduction strategies,

safety/risk screening, assessment, stabilization techniques, crisis planning, and privacy and confidentiality policies and procedures (consistent with federal and State requirements).

Program Director

The Program Director will oversee and manage all aspects of the MCORT program for the Provider Agency. The Program Director must possess a Master's Degree in a relevant discipline (i.e., social work, counseling, psychology).

- At a minimum, the Program Director or Master's Level Supervisor (see description below) must possess a Clinical License (for example: LPC, LCSW, etc.).
- The Program Director will collect, organize and report data as required to the 988 Managing Entity, DMHAS, or other authorities.
- The Program Director will oversee and manage the MCORT budget.
- The Program Director will provide administrative supervision to Master's level professionals on the MCORTs. The Program Director may also serve in the role of Master's Level Supervisor if licensed to do so.
- The Program Director will supervise, or identify designee(s) to supervise, Bachelor's level professional and trained peer counselor MCORT members.
- The Program Director will work with the MCORTs to meet the goals and objectives of the Mobile Crisis Outreach Response program. Program Director's will be expected to discover ways to enhance efficiency and productivity of procedures and MCORT operations.
- The Program Director will continuously monitor the needs of the MCORTs.
- The Program Director will be required to ensure program operations adhere to DMHAS and/or the 988 Managing Entity guidelines and policies.

Master's Level Supervisors

Master's Level Supervisors will provide remote backup to the MCORT staff in the field. These professionals will be on-call for up to six (6) MCORTs across the region at one time. They will be engaged when the bachelor's level professional in the field deems it is necessary to engage a higher-level clinician to assess and determine the most appropriate interventions. In addition, Master's Level Supervisors will review and sign-off on at least 20% of MCORT reports for quality assurance purposes.

- Master's Level Supervisors responding as a part of the MCORT shall possess a master's degree in a mental-health-related field from an accredited institution.
- In addition, they shall have two years of postmaster's, full-time equivalent, professional experience in a psychiatric setting, including at least one-year of supervisory experience. Professionals with crisis setting experience are preferred.
- At a minimum, the Program Director or Master's Level Supervisor must possess a Clinical License (for example, LPC, LCSW, etc.).

Peer Support Specialists

Peer Support Specialists will generally take the lead on engagement and may also conduct non-clinical assistance by providing support beyond the resolution of the immediate crisis.

- Peer Support Specialists are individuals in recovery for Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) who are trained in crisis intervention while using their lived experience to help others in crisis.
- Peer Support Specialists are required to have lived experience with a minimum of two years of continuous recovery from an SMI or SUD diagnosis and at least one year of field experience working with community individuals. Upon hiring, Peer Support Specialists will be required to complete additional de-escalation, mental health crisis, substance use crisis, and suicide training approved by DMHAS.
- Peer Support Specialists responding as a part of the MCORT must have two years' experience and be certified by at least one of the following credentialing entities:
 - Addiction Professional Certification Board as a Certified Recovery Support Practitioner (CRSP) or a Certified Peer Recovery Specialist (CPRS)
 - Mental Health Association in New Jersey as a Certified Recovery Support Practitioner (CRSP)
 - NAADAC, the Association for Addiction Professionals as a National Certified Peer Recovery Support Specialist (NCPRSS)
 - Certified Wellness Coach
 - Community Mental Health Associate certificate

Bachelor's Level Professionals

Bachelor's Level Professionals will be responsible for deciding if additional psychological, psychiatric or clinical services are needed. If so, the bachelors professional will connect to the masters-level clinician via remote connection.

- Bachelor's Level Professionals responding as a part of the MCORT shall possess a bachelor's degree in a mental-health-related field from an accredited institution plus two years' post-bachelors professional experience; or a bachelor's degree in any field from an accredited institution plus three years of full-time equivalent professional experience in the mental health field. Professionals with experience in a crisis setting are preferred.
- Bachelors-level professionals responding as a part of the MCORT will be required to complete additional de-escalation, mental health crisis, substance use crisis, and suicide training approved by DMHAS.

SERVICE EXPECTATIONS AND LIMITATIONS

- MCORTs will provide services in accordance with the staffing requirements and team composition as cited in the previous section.
- MCORTs must be available in-person 24 hours per day, every day of the year in coordination and partnership with the 988 Managing Entity.

- MCORTs shall cover the entire regional area and must not be restricted to certain locations or days and times within the covered counties.
- MCORT providers must ensure 24/7 on-call coverage and back-up availability.
- It is anticipated that each MCORT will respond, on average, to two mobile crisis calls per eight-hour shift.
- MCORTs are expected to arrive on-scene within one hour of dispatch and complete each intervention (including documentation) within three hours of dispatch unless there is a substantive reason that this is not possible (dangerous weather, significant traffic, involved in complex MCORT response).
- MCORTs will be expected to respond without law enforcement accompaniment whenever it has been deemed safe by the 988 Lifeline crisis center to do so. MCORTs are expected to assess both the surrounding environment and individual in crisis upon arrival. If it is determined that the individual may need to be hospitalized, the local Designated Screening Center will be contacted to provide an assessment. If it is determined that law enforcement and/or Emergency Medical Services are needed, MCORTs will follow policies and procedures developed by DMHAS which will include contacting 911 to dispatch emergency services.
- MCORTs will exclusively furnish crisis services to individuals experiencing a mental health or substance use disorder crisis in the community. MCORTs will not furnish crisis services in a hospital or other facility setting, including but not limited to:
 - Emergency departments, inpatient hospitals, inpatient psychiatric hospitals, inpatient alcohol and drug rehabilitation centers, jails, prisons, nursing facilities.
- MCORTs will support individuals to de-escalate crises, provide linkage to ongoing community services, and initiate follow-up contact within 72 hours to ensure further crisis diversion. MCORTs will consult with master's level clinician as needed.
- MCORTs will also be expected, when possible, safe and appropriate, to provide transport to Crisis Stabilization and Receiving Centers, Certified Community Behavioral Health Clinics or a hospital's Emergency Department for appropriate care and treatment.
- MCORTs will collaborate with family members, friends, or loved ones to assist and support individuals in crisis on an as-needed basis.
- MCORTs will utilize appropriate evidence-based practices when interacting with individuals in crisis and their families.
- MCORTs will document all aspects of service for each dispatch in a database yet to be determined by DMHAS.
- When possible and appropriate, MCORTs will facilitate contact with a mental health and/or substance use provider that offers follow-up appointments in order to support connection to ongoing care.
- MCORTs must maintain relationships with relevant community partners, including medical and behavioral health providers, community health centers, crisis respite centers and/or managed care plans as relevant. These may be effectuated through formal agreements, such as Affiliation Agreements.
- Peer support specialists, bachelor's level clinicians, and master's level supervisors will serve individuals 18 years of age and older in the Region 9 counties of Essex

and Hudson. The Provider Agency will create policies and procedures for coordination of care and relevant data sharing with local service providers. This process will include, but not be limited to establishing agreements with programs to which referrals are frequently made.

- The Provider Agency must comply with Medicaid program requirements. In addition, the Provider Agency must provide mobile crisis services to all Medicaid enrolled individuals experiencing a mental health or SUD crisis.

DATA COLLECTION AND REPORTING

- The agency operating MCORTs must utilize a data platform/database yet to be determined by DMHAS.
- MCORTs must adhere to policies and procedures provided by the 988 Managing Entity for collecting and reporting data on performance measures identified by DMHAS. Monthly data reporting must be provided via email to the Managing Entity. Awardees will be expected to operate within HIPAA Regulations to ensure privacy and security of consumer information. In addition, MCORTs must protect the privacy and confidentiality of beneficiary information consistent with federal and State requirements in any applicable policies and/or directives pertaining to MCORTs. Awardees must:
 - Educate and train MCORT staff on data collection and reporting.
 - Adhere to standards provided by DMHAS for data collection e.g., timeliness and completeness of data for each mobile encounter.
 - Analyze data submitted and develop reports on mobile outreach encounters, their resolution, and appropriate transition of care for the individuals served. Examples of reported data metrics may include:
 - Services provided to consumer
 - Final disposition following mobile crisis outreach response
 - Emergency services involvement (911/Law Enforcement/EMS)
 - Referrals made to:
 - Crisis Receiving and Stabilization Centers
 - Mobile Screening/PESS
 - Children’s Mobile Response
 - Early Intervention Support Services
 - Crisis Residential Services
 - Certified Community Behavioral Health Clinics
 - Average dispatch response time (from notification of referral from Managing Entity to onsite arrival by MCORT)
 - Hourly breakdown of completed MCORT encounters
 - Average time from dispatch to completion of documentation
 - Follow-up contacts attempted and completed
 - Number of attempts required to complete a follow-up contact
 - Consumer demographics
 - Collect location of all mobile outreaches by zip codes to identify unserved or underserved areas

- Report monthly to DMHAS via email and/or phone any ongoing/unresolved problems with coordination between MCORT and the 988 Managing Entity or 911/PSAPs.
- Develop a plan for and oversee distribution of a survey to individuals that are served by MCORT. The survey must be available through various formats (i.e. text, email, etc.) and sent with the individual's permission following their initial interaction with a MCORT.

DIVERSITY, INCLUSION, EQUITY, CULTURAL SENSITIVITY

The successful bidder will include evidence of their commitment to equity and reduction of disparities in access, quality, and treatment/program outcomes of marginalized populations. This includes a cultural competency plan that incorporates diversity, inclusion, equity, cultural and linguistic access through adherence to [CLAS Standards](#)³. The plan must include information about the following domains: workforce diversity (data informed recruitment), workforce inclusion, reducing disparities in quality and outcomes in the target population and soliciting input from diverse community stakeholders and organizations. Additionally, the successful bidder should describe how it will use available demographic data from agency and target population catchment area (race/ethnicity/gender/sexual/orientation/language) to shape decisions pertaining to services, agency policies, recruitment, and hiring of staff.

Providers will work with the Managing Entity to identify and combat barriers that may impede the target population from seeking and accessing services. Obstacles to services may include misinformation and lack of knowledge regarding the target populations' race, ethnicity, sexual orientation, substance use, socioeconomic status, generational considerations, language, etc.

The successful bidder shall:

- Collaborate with system partners (e.g. Early Intervention Support Services [EISS], Partial Care programs, local emergency services, etc.) to ensure coordination, equity, and inclusive care.
- Deliver services in a culturally competent manner that exemplify [National CLAS Standards](#)².
- Ensure services meet the language access needs of individuals served by this project (e.g., limited English proficiency, limited reading skills, hearing or sight impairment).
- Coordinate and lead efforts to reduce disparities in access, quality, and program outcomes.

The successful bidder must have in place established, facility-wide policies that prohibit discrimination against consumers of prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery with legitimately prescribed medication(s). These policies must be in writing, legible and posted in a clearly visible, common location accessible to all who enter the facility.

³ US Health and Human Services. National CLAS Standards: <https://thinkculturalhealth.hhs.gov/clas>

Moreover, no individual 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 individuals 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.

V. General Contracting Information

Bidders must meet the terms and conditions of the DHS contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual. These documents are available on the [DHS website](#)⁴.

Bidders are required to comply with the Affirmative Action Requirements of Public Law 1975, c. 124 (N.J.A.C. 17:27) and the requirements of the Americans with Disabilities Act of 1991 (P.L. 101-336).

Budgets should accurately reflect the scope of responsibilities in order to accomplish the goals of this project.

All bidders will be notified in writing of DHS' intent to award a contract.

The contract awarded as a result of this RFP is anticipated to start September 15, 2024. The phase-in period will be determined during contract negotiations and a contract will be issued through June 30, 2025. The contract may be renewable for up to four (4) one-year terms, at DMHAS' sole discretion, with the agreement of the successful bidder. Funds may be used only 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.

Should the provision of services be delayed through no fault of the successful bidder, funding continuation will be considered on a case-by-case basis dependent upon the circumstances creating the delay. In no case shall 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 DMHAS.

⁴ <https://www.nj.gov/humanservices/olra/contracting/policy/>

The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder. Additionally, please take note of the Community Mental Health Services Regulations, NJAC § 10:37-1.1 et seq., which apply to all contracted mental health services. These regulations can be accessed on the [DHS website](#)⁵.

VI. Written Intent to Apply and Contact for Further Information

Bidders must email MH.upload@dhs.nj.gov no later than 4:00 p.m. ET on June 24, 2024 indicating their agency's intent to submit a proposal for Region 9 988 Mobile Crisis Outreach Response Teams. It is required that the bidder email their notice of intent to submit a proposal no later than 4:00 p.m. ET on the June 24, 2024 deadline. If a bidder's notice to intent to submit a proposal is received after the deadline their agency is not eligible to submit a proposal for consideration. Submitting a notice of intent to apply does not obligate an agency to apply.

Any questions regarding this RFP should be directed via email to MH.upload@dhs.nj.gov no later than 4:00 p.m. ET on May 30, 2024. All questions and responses will be compiled and answered by DMHAS/DHS Staff. Questions and answers will be posted in a timely manner in the same locations as the original RFP is posted (i.e., DHS and DMHAS websites). Bidders are guided to rely upon the information in this RFP and the responses to questions submitted by email to develop their proposals. Specific guidance will not be provided to individual bidders at any time.

VII. Required Proposal Content

All bidders must submit a written narrative proposal that addresses the following topics, and adheres to all instructions and includes required supporting documentation, noted below:

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder's Organization, History and Experience (10 points)

Provide a brief and concise summary of the bidder's background and experience in implementing this or related types of services and explain how the bidder is qualified to fulfill the obligations of the RFP. The written narrative should:

1. Describe the bidder's history, mission, purpose, current licenses and modalities, and record of accomplishments and experience with historically underserved populations.
2. Describe the bidder's background and experience in implementing, managing and delivering this or related types of services. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area. In particular, share your experience and expertise in the following areas:
 - a) Delivering mental health, substance use, and crisis care services;

⁵ <https://www.nj.gov/humanservices/olra/contracting/policy/>

- b) De-escalating crisis situations with individuals experiencing behavioral health crises;
 - c) Providing mobile crisis outreach services and maintaining vehicles;
 - d) Delivering person-centered, culturally sensitive, trauma-informed, consumer-driven treatment services including ensuring accessibility to services for historically underserved populations;
 - e) Providing services and maintaining partnerships with other service providers in the Region 9 counties (Hudson and Essex);
 - f) Providing clinical supervision to bachelor's level professionals and/or peer support specialists;
 - g) Delivering diverse, inclusive, equitable, and culturally/linguistically competent treatment services including language services for individuals with limited English proficiency and/or to the deaf and hard of hearing;
 - h) Collecting and analyzing data to measure and assess service outcomes.
3. Provide the bidder's history as a Medicaid provider, if applicable. If the bidder is not a Medicaid provider, describe how the agency will meet Medicaid eligibility requirements within 60 days of notification of this award.
 4. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.
 5. Include a description of the bidder's ability and commitment to provide culturally competent services (CLAS Standards) and diversity (Law against Discrimination, N.J.S.A. 10.5-1et seq.). Attach a cultural competency plan as an addendum and discuss in the narrative how the plan will be updated and reviewed regularly.
 6. Describe 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, such as an appendix, to the bidder's proposal.
 7. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice. Failure to disclose active or pending litigation may result in the agency being ineligible for contract award at DMHAS' sole discretion.
 8. Describe the bidder's experience providing Medicaid-funded services, including behavioral health services.
 9. Describe the current funding mix that comprises the bidder's services.
 10. Describe bidder's experience/familiarity with the NJ crisis services system, including but not limited to 988.
 11. Document that the bidder's submissions are up-to-date in the New Jersey Substance Abuse Management System, Unified Service Transaction Form, Quarterly Contract Monitoring Report and Bed Enrollment Data System.
 12. Describe the bidder's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.
 13. Provide the bidders ownership chart that shows the financial and voting interests, among other attributes. The company ownership chart must identify the types of legal entities and FEIN.

14. A Department Contract is not a Marketable Asset that may be purchased from a Provider Agency by another organization through an Acquisition, Affiliation, Consolidation, Merger, etc. Provide details of recent or pending Acquisition, Affiliation, Consolidation, or Merger or the bidder.

Project Description (25 points)

In this section, the bidder should provide an overview of how the services detailed in the contract scope of work will be implemented and the timeframes involved, specifically addressing the following:

1. The bidder's proposed approach to providing mobile crisis outreach services for individuals experiencing non-life-threatening mental health, substance use or suicidal crises including the following:
 - a. How the bidder's approach satisfies the requirements as stated in the RFP Contract Scope of Work, specifically:
 - i. Strategies for recruiting, training and onboarding staff in all required categories;
 - ii. Ideas for locating MCORT to maximize efficiency in reaching all parts of Region 9;
 - iii. Strategies for maintaining fleet of vehicles for utilization by MCORTs.
 - b. Report required data as detailed above to DMHAS on a monthly basis;
 - c. Attend regularly scheduled meetings with all of the NJ 988 mobile crisis outreach response awardees;
 - d. All anticipated collaboration with other entities in the course of fulfilling the requirements of the contract resulting from this RFP;
 - e. All anticipated barriers and potential problems the bidder foresees encountering in the successful realization of the initiative described herein; and
 - f. All other resources needed by the bidder to satisfy the requirements of the contract resulting from this RFP.
2. Describe the organization's committees or workgroups that focus on efforts to reduce disparities in quality and program outcomes for the target population. Include the membership of committee members and their efforts to review agency services/programs, correspond and collaborate with quality assurance/improvement, and make recommendations to executive management with respect to cultural competency.
3. Describe how the demographic makeup of the consumer population (age, race, ethnicity, gender, sexual orientation, veteran status, citizenship status, living situation, incarceration history, language, etc.) will shape the design, implementation of evidence based and best practice program approaches, and interpretation of outcomes.
4. Describe the bidder's capacity to accommodate all consumers who take legitimately prescribed medications and who are referred to or present for services.
5. Provide a summary of the policies that prohibit discrimination against consumers who are assisted in their prevention, treatment and/or recovery from substance use disorders and/or mental illness with legitimately prescribed medication(s).
6. Describe the procedures for collecting, analyzing, and reporting the data and performance measures of MCORT.

7. Outline how the bidder will assess its plans of correction for failures to meet the performance thresholds.
8. Share a description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
9. Provide an implementation schedule for the contract, including a detailed monthly timeline of activities, commencing with the date of award, through service initiation to full operational status.
10. Describe how the bidder will work to become a Medicaid-enrolled provider and comply with all Medicaid policy, operational, and billing requirements (if not already a Medicaid provider).

Outcome(s) and Evaluation (10 points)

Provide the following information related to the projected outcomes associated with the proposal as well any evaluation method that will be utilized to measure successes and/or setbacks associated with this project:

1. Describe the bidder's plans for reaching these measurable objectives:
 - a) Achieve dispatch to on-scene arrival times within 60 minutes (average).
 - b) A minimum of 90% of mobile crisis outreaches will be handled without law enforcement or EMS involvement.
 - c) A minimum of 80% of individuals served by MCORT will not need a higher level of emergent care within 72 hours following initial MCORT contact.
 - d) A minimum of 75% of individuals served by the MCORT will be engaged in community services at the close of the MCORT services.
 - e) Achieve a 90% follow-up rate (3 attempts to reach individual by phone). Initial follow-ups must be attempted within 72 hours of initial contact with the individual in crisis.
2. Describe the bidder's plan for:
 - a) Measuring the achievement of identified goals and objectives as outlined in Project Description, section 1b), above;
 - b) Ensuring language needs of those receiving mobile crisis response are being met;
 - c) Adhering to National Culturally and Linguistically Appropriate Services ([CLAS Standards⁶](https://thinkculturalhealth.hhs.gov/clas)).
3. Description of all tools to be used in the evaluation of outcomes.
4. Description of evidence-based practices used to de-escalate individuals in crisis.
5. Plans for the assessment, review, implementation, and evaluation of quality assurance and quality improvement recommendations, particularly noting any reduction of disparities and barriers in access, quality, and treatment outcomes.
6. Describe how you will handle and adjust to dynamic volume of MCORT dispatch including ever changing number of dispatches day-to-day (e.g., inclement weather, seasonal changes, large scale disaster, etc.).
7. Describe how you will assess the satisfaction of those who engage in a mobile crisis outreach response (including consumers and family members), specifically how this information will be obtained and how soon after the initial contact it will be sought.

⁶ <https://thinkculturalhealth.hhs.gov/clas>

Staffing (20 points)

The successful bidder will describe their efforts to ensure workforce diversity and inclusion in the recruiting, hiring, and retention of staff who are from or have had experience working with the target population.

Bidders must determine staff structure to satisfy the contract requirements. Bidders should describe the proposed staffing structure and identify how many staff members will be hired to meet the needs of the program.

1. Describe the composition and skill set of the proposed program team, including staff qualifications.
2. Describe program efforts to recruit, hire and train staff who are from or have experience working with target population.
3. Describe the approach for remote supervision provided by the master's level clinician for bachelor's level professionals and trained peer specialists on the MCORT.
4. Describe the management level person responsible for coordinating and leading efforts to reduce disparities in access, quality, and outcomes for the populations served. Information provided should include the individual's title, organizational positioning, education, and relevant experience.
5. Identify the number of work hours per week that constitute each FTE in the bidder's proposal. If applicable, define the Part Time Equivalent work hours.
6. Provide a description of the proposed organizational structure, including the submission of an organizational chart as an appendix to the bidder's proposal.
7. Describe the bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
8. Describe the strategy to deliver topics related to diversity, inclusion, cultural competence, and the reduction of discrepancies in the access, quality, and program outcomes, which includes information on implicit bias, diversity, recruitment, creating inclusive working environments, and providing languages access services.
9. A list of the bidder's board members and their current terms, including each member's professional licensure and organizational affiliation(s). The proposal shall indicate if the Board of Directors vote on contract-related matters.
10. A list 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 consultant received as a board member over the last twelve (12) months.

Facilities, Logistics, Equipment (10 points)

The bidder should detail its facilities where normal business operations will be performed and identify equipment and other logistical issues, including:

1. A description of the manner in which tangible assets (i.e., computers, phones, vehicles, tablets, and other special service equipment, etc.) will be acquired and allocated.

2. A description of proper license and registration, including CDL licensing or driving training, required for drivers of the MCORT where applicable.
3. A description of where vehicles will be housed and maintained, and plans for their maintenance.
4. A description of the bidder's Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.

Budget (25 points)

DMHAS will consider the cost efficiency of the proposed budget as it relates to the contract scope of work. Therefore, bidders must clearly indicate how this funding will be used to meet the program goals and/or requirements. In addition to the required Budget forms, bidders are asked to provide budget notes.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of the 988 Mobile Crisis Outreach Response Team (MCORT) – Essex/Hudson Counties project. All costs associated with the completion of the project, including startup costs, must be delineated and the budget notes must clearly articulate the details of all proposed budget items including a description of miscellaneous expenses and other costs.

1. A detailed budget using the Excel Budget template is required. Bidders must submit pricing using the Excel Budget template accompanying this RFP. Bidders should refer to Instructions for Excel Budget Template (Attachment E) for a clear understanding of how to work within the template file. The Budget template must be uploaded as an Excel file onto the file transfer protocol site as instructed in VIII. Submission of Proposal Requirements. Failure to submit the budget as an Excel file may result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, clearly labeled sections:
 - a. Section 1 – Full annualized operating costs to satisfy the contract scope of work detailed in the RFP and revenues excluding one-time costs; and
 - b. Section 2 - Proposed one-time costs, if any, which shall be included in the Total Gross Costs.
2. Budget Notes detailing and explaining the proposed budget methodology, estimates and assumptions made for expenses, and the calculations/computations to support the proposed budget are required. 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 Excel template itself.
3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.

4. For all proposed personnel, the template should identify the staff position titles, staff names for current staff, and total hours per workweek.
5. Identify the number of hours per clinical consultant (if applicable).
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 package, if applicable.
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 DMHAS should limit its 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 programs' G&A in the revenue section.
8. Written assurance that if the bidder receives an award pursuant to this RFP, it shall pursue all available sources of revenue and support upon award and in future contracts, including agreement to obtain approval as a Medicaid-eligible provider.
9. Staffing and other startup costs required (equipment, technology, facilities, consultation, supplies, etc.). Provide month by month timeline for startup process and details of one-time costs on Budget document.

Attachments/Appendices

The enumerated items of Required Attachments #1 through #9 and Appendices #1 through #10 must be included with the bidder's proposal.

Please note that if Required Attachments #1 through #6 are not submitted and complete, the proposal will not be considered. Required Attachments #7 through #10 below are also required with the proposal.

The collective of Required Attachments and Appendices is limited to a total of 50 pages. Audits and interim financial statements (Required Attachments #6, #7 and #8) do not count towards the appendices' 50-page limit. Attachments/Appendices information exceeding 50 pages will not be reviewed.

Required Attachments

1. Department of Human Services Statement of Assurances (RFP Attachment C);
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
3. [Disclosure of Investment in Iran](http://www.nj.gov/treasury/purchase/forms.shtml)⁷;
4. [Certification of Non-Involvement in Prohibited Activities in Russia and Belarus](http://www.nj.gov/treasury/purchase/forms.shtml) ;
5. Disclosure of Investigations and Other Actions Involving the Vendor Form⁸;
6. Statement of [Bidder/Vendor Ownership Disclosure](http://www.nj.gov/treasury/purchase/forms.shtml)⁹;

⁷ www.nj.gov/treasury/purchase/forms.shtml

⁸ www.nj.gov/treasury/purchase/forms.shtml

⁹ www.nj.gov/treasury/purchase/forms.shtml

7. Pursuant to Policy Circular P 1.11, a description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
8. Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years;
9. All interim financial statements prepared since the end of the bidder's most recent fiscal year. If interim financial statements have not already been prepared, provide interim financial statements (balance sheet, income statement and cash flows) for the current fiscal year through the most recent quarter ended prior to submission of the bid; and
10. Department of Human Services Commitment to Defend and Indemnify Form (Attachment G).

Appendices

1. Copy of documentation of the [bidder's charitable registration status](#)¹⁰;
2. Bidder mission statement;
3. Organizational chart;
4. Job descriptions of key personnel;
5. Resumes of proposed personnel if on staff, limited to two (2) pages each;
6. List of the board of directors, officers and terms;
7. Original and/or copies of letters of commitment/support;
8. Cultural Competency Plan;
9. Provide an ownership chart that shows the financial and voting interests, among other attributes. The company ownership chart must identify the types of legal entities and FEIN, limited to four (4) pages; and
10. Include additional attachments that were requested in the written narrative section.

VIII. Submission of Proposal Requirements

A. Format and Submission Requirements

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 of the proposal should be no more than 20 pages, be single-spaced with one (1") inch margins, normal character spacing that is not condensed, and not be in smaller than twelve (12) point Arial, Courier or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 23, it is 21 pages long, not 20 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes. The budget notes and appendices do not count towards the narrative page limit.

Proposals must be submitted **no later than 4:00 p.m. on July 1, 2024**. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically using the DHS secure file transfer protocol (SFTP) site.

¹⁰ www.njconsumeraffairs.gov/charities

Proposals should be submitted in the following three files.

1. PDF file of entire proposal consisting of proposal narrative, budget, budget notes, attachments and appendices. Do not include interim and audited financial statements and Single Audits (A133) which should be submitted in a separate PDF file (see #3 below). Label file with the following title: Name of Agency/988 Mobile Crisis Outreach Response Teams – Essex/Hudson Counties (Proposal).
2. Excel file of budget using the DMHAS Excel budget template. Label file with the following title: Name of Agency/988 Mobile Crisis Outreach Response Teams – Essex/Hudson Counties (Budget).
3. PDF file of interim and audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years template. Label file with the following title: Name of Agency/988 Mobile Crisis Outreach Response Teams – Essex/Hudson Counties Audits).

Bidders must request login credentials by emailing MH.upload@dhs.nj.gov **on or before 4:00 ET p.m. on June 24, 2024**, in order to receive unique login credentials to upload your proposal to the SFTP site. Email requests for login credentials must include the individual's first name, last name, email address and name of agency/provider.

Proposals must be uploaded to the DHS SFTP site, <https://securexfer.dhs.state.nj.us/login> using your unique login credentials.

Additionally, proposal(s) must also be submitted to the County Mental Health Administrator(s) for Essex and Hudson counties by the submission deadline referenced above. Please refer to the Attachment regarding the submission preference for each of the County Mental Health Administrators, as some require hard copies while others prefer an electronic version or both methods. For those counties requiring postal mail submission, submit four (4) copies.

B. Confidentiality/Commitment to Defend and Indemnify

Pursuant to the New Jersey Open Public Records Act (OPRA), N.J.S.A. 47:1A-1 et seq., or the common law right to know, proposals can be released to the public in accordance with N.J.A.C. 17:12-1.2(b) and (c).

Bidder should submit a completed and signed Commitment to Defend and Indemnify Form (Attachment G) with the proposal. In the event that Bidder does not submit the Commitment to Defend and Indemnify Form with the proposal, DHS reserves the right to request that the Bidder submit the form after proposal submission.

After the opening of the proposals, all information submitted by a Bidder in response to a Bid Solicitation is considered public information notwithstanding any disclaimers to the contrary submitted by a Bidder. Proprietary, financial, security and confidential information may be exempt from public disclosure by OPRA and/or the common law when the Bidder has a good faith, legal/factual basis for such assertion.

As part of its proposal, a Bidder may request that portions of the proposal be exempt from public disclosure under OPRA and/or the common law. Bidder must provide a detailed statement clearly identifying those sections of the proposal that it claims are exempt from production, and the legal and factual basis that supports said exemption(s) as a matter of law. DHS will not honor any attempts by a Bidder to designate its price sheet, price list/catalog, and/or the entire proposal as proprietary and/or confidential, and/or to claim copyright protection for its entire proposal. If DHS does not agree with a Bidder's designation of proprietary and/or confidential information, DHS will use commercially reasonable efforts to advise the Bidder. Copyright law does not prohibit access to a record which is otherwise available under OPRA.

DHS reserves the right to make the determination as to what to disclose in response to an OPRA request. Any information that DHS determines to be exempt from disclosure under OPRA will be redacted.

In the event of any challenge to the Bidder's assertion of confidentiality that is contrary to the DHS' determination of confidentiality, the Bidder shall be solely responsible for defending its designation, but in doing so, all costs and expenses associated therewith shall be the responsibility of the Bidder. DHS assumes no such responsibility or liability.

In order not to delay consideration of the proposal or DHS' response to a request for documents, DHS requires that Bidder respond to any request regarding confidentiality markings within the timeframe designated in DHS' correspondence regarding confidentiality. If no response is received by the designated date and time, DHS will be permitted to release a copy of the proposal with DHS making the determination regarding what may be proprietary or confidential.

IX. Review of Proposals

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 responsive proposal.

The bidder must obtain a minimum score of 70 points out of 100 points for the proposal narrative and budget sections in order to be considered eligible for funding. In the event no bidder obtains the required minimum scores, DMHAS shall have discretion to award the contract to the highest scoring bidder(s).

DMHAS will award up to 20 points for fiscal viability, using a standardized scoring rubric based on the audit, which will be added to the average score given to the proposal from the review committee. Thus, the maximum points any proposal can receive is 120 points, which includes the review committee's averaged score for the proposal's narrative and budget sections combined with the fiscal viability score.

In addition, if a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award.

Contract award recommendations will be based on such factors as the proposal scope, quality and appropriateness, bidder history and experience, 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 all bidder finalists to review existing program(s) and/or invite all bidder finalists for interview. The bidder is advised that the contract award may be conditional upon final contract and budget negotiation.

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 [Policy Circular P1.04](#)¹¹.

DMHAS recognizes the invaluable perspective and knowledge that consumers, family members and County Mental Health Boards possess. Input from these groups is an integral component of a system that holds wellness and recovery principles at its core. To that end, DMHAS will assemble an advisory committee of consumers and family members to provide opinions and perspective about proposals or aspects of the proposals to the review committee. Members of the review committee may take the advisory committee's perspective into consideration in scoring the proposals but the advisory committee will not be scoring proposals. Any individual with access to the proposals prior to the final contract award will be screened for potential conflicts of interest and will be required to sign a certification attesting that they do not have any potential conflicts.

County Mental Health Boards recommendations and comments will be received by DMHAS no later than **July 25, 2024**. All County Mental Health Board recommendations and comments shall be emailed to MH.upload@dhs.nj.gov, and shall reference the RFP Title and County. This input will be considered in the final deliberations of the review committee.

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

X. Appeal of Award Decisions

All appeals must be submitted in writing **by 4pm ET on a Date to Be Determined**, by emailing it to MH.upload@dhs.nj.gov (subject line must include "Appeal and RFP title") and/or mailing or faxing it to:

¹¹ <https://www.nj.gov/humanservices/olra/contracting/policy/>

Division of Mental Health and Addiction Services
Office of the Assistant Commissioner
5 Commerce Way, Suite 100
PO Box 362
Trenton, NJ 08625
FAX: 609-341-2302

The written appeal must clearly set forth the basis for the appeal.

Any appeals sent to an email/address/fax number not mentioned above, will not be considered.

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. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

Upon final contract award announcement, the successful bidder must be prepared to submit (if not already on file), one (1) original signed document for those requiring a signature or copy of the following documentation (unless noted otherwise) in order to process the contract in a timely manner, as well as any other contract documents required by DHS/DMHAS.

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the [Annual Report-Charitable Organization](#)¹²;
3. A list of all current contracts and grants as well as those for which the bidder has applied 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 362, Trenton, NJ 08625 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
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;

¹² <https://www.njportal.com/DOR/annualreports/>

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 [make, model], a State identifying number or code, original date of purchase, purchase price, 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 contract, 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;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
24. Business Registration (online inquiry to obtain copy at [Registration Form](#)¹³; for an entity doing business with the State for the first time, it may register at the [NJ Treasury website](#)¹⁴;
25. Source Disclosure ([EO129](#))¹⁵; and
26. Chapter 51 [Pay-to-Play Certification](#)¹⁶.

XI. **Attachments**

- Attachment A – Proposal Cover Sheet
- Attachment B – Addendum to RFP for Social Service and Training Contracts
- Attachment C – Statement of Assurances
- Attachment D – Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions
- Attachment E – Instructions for Excel Budget Template
- Attachment F – Mandatory Equal Employment Opportunity Language
- Attachment G – Commitment to Defend and Indemnify Form
- Attachment H – County Mental Health Administrators RFP Submission Preference

¹³ https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp

¹⁴ <http://www.nj.gov/treasury/revenue>

¹⁵ www.nj.gov/treasury/purchase/forms.shtml

¹⁶ www.nj.gov/treasury/purchase/forms.shtml

Attachment A – 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: **988 Mobile Crisis Outreach Response Teams – Essex/Hudson Counties**

Incorporated Name of Bidder: _____

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

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

UEI Number: _____

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:

NOTE: In order to contract with the State of New Jersey, all providers applying for contracts, or responding to Request for Proposals (RFPs), *MUST* be pre-registered with the online eProcurement system known as NJSTART. You may register your organization by proceeding to the following web site: <https://www.nj.gov/treasury/purchase/vendor.shtml> or via telephone: (609) 341-3500.

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

Attachment B – 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 C – 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 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 C.F.R. 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 C.F.R. 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 C.F.R. 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 (N.J.A.C. 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 C.F.R. 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: CEO or equivalent

Date

Typed Name and Title

6/97

Attachment D - 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 are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a 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 C.F.R. 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 C.F.R. 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 C.F.R. 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 C.F.R. 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 E - Instructions for Excel Budget Template

The Excel template, posted with the RFP, contains a template spreadsheet. [Please open the respective template file tab and read the below guidance at the same time.](#) This will allow for a clear understanding of how to work within the template file.

1. In the turquoise section, you will enter the proposed costs for this RFP. This should include all information from budget categories A-F, G/A, as well as **your number of consumers to serve**. FTE's in Category A are to be broken down between direct care, administration, and support. FTE's will not appear until three cells are completed: hours worked per employee on contract (column C), hours worked per employee per week (column D), and the amount of salary (column H) respectively. Category B is to be broken down between medical/clinical consultants, and non-medical/clinical consultants.
2. There is also a One-Time budget section at the bottom in the turquoise section for your use. Onetimes are shown separately, but included in Total Gross Costs right after Gross Costs.
3. Please use the **“Explanatory Budget Notes”** column to help support anything that you feel needs to be explained in written word for evaluators to understand your intent regarding any cost/volume data populated in your template submission. Please provide notes, as well as, calculations that support any and all offsetting revenue streams. If you double up expenses on one budget line, please provide the individual expense details in the budget notes. Many cells are protected, but you can expand rows to give more room in the notes column should you need it.
6. General and Administrative Costs should be recorded in the template per the instructions in the RFP. That is, only additional G&A associated with this proposal should be included, not your normal G&A rate.
7. Make sure to remember to place your Agency Name and Region or County in the subject line when you send your template in **Excel** format.

SAVE ALL YOUR WORK, REVIEW AND PREPARE TO SEND IN EXCEL FORMAT

Attachment F

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, up-grading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act. The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval;

Certificate of Employee Information Report; or

Employee Information Report Form AA-302 (electronically provided by the Division through the Division's website at: http://www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

Attachment G – Commitment to Defend and Indemnify Form

Department of Human Services Commitment to Defend and Indemnify Form

I, _____, on behalf of _____ (“Company”) agree that the Company will defend, and cooperate in the defense of, any action against the State of New Jersey (“State”) or the New Jersey Department of Human Services (“DHS”) arising from, or related to, the non-disclosure, due to the Company’s request, of documents submitted to the State of New Jersey and DHS, and relating to the Request for Proposals for 988 Mobile Crisis Outreach Response Teams (“RFP”), which may become the subject of a request for government records under the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq. (“OPRA”). The Company agrees to indemnify and hold harmless the State and DHS against any judgments, costs, or attorney’s fees assessed against the State of New Jersey or DHS in connection with any action arising from, or related to, the non-disclosure, due to the Company’s request, of documents submitted to the State and DHS, and relating to the RFP, which may become the subject of a request for government records under OPRA.

The Company makes the foregoing agreement with the understanding that the State and DHS may immediately disclose any documents withheld without further notice if the Company ceases to cooperate in the defense of any action against the State arising from or related to the above-described non-disclosure due to the Company’s request.

I further certify that I am legally authorized to make this commitment and thus commit the Company to said defense.

(Signature)

(Print Name)

Title

Entity Represented

Date

Attachment H - County Mental Health Administrators RFP Submission Preference

County	Mental Health Administrator	Submission Type
Atlantic	Kathleen Quish, Mental Health Administrator Shoreview Building 101 South Shore Road Northfield, NJ 08225 Email: quish_kathleen@aclink.org	Email + Postal Mail
Bergen	Shelby Klein, Division Director Email: sklein@co.bergen.nj.us	Email
Burlington	Shirla Simpson, Mental Health Administrator Burlington County Department of Human Services Division of Behavioral Health 795 Woodlane Road, 2 nd Floor Mount Holly, NJ 08060 Email: ssimpson@co.burlington.nj.us	Email + Postal Mail
Camden	John Pellicane, Mental Health Administrator Dept. of Health & Human Services 512 Lakeland Rd., Suite 301 Blackwood, NJ 08012 Email: john.pellicane@camdencounty.com	Email + Postal Mail
Cape May	Patricia Devaney, Mental Health Administrator Email: patricia.devaney@co.cape-may.nj.us	Email
Cumberland	Melissa Niles, Interim Mental Health Administrator Email: melissani@cumberlandcountynj.gov	Email
Essex	Joseph Scarpelli, D.C., Administrator Essex County Mental Health Board 204 Grove Avenue Cedar Grove, NJ 07009 Email: jscarpelli@health.essexcountynj.org	Email + Postal Mail
Gloucester	Rebecca DiLisciandro, Mental Health Administrator Department of Human Services 115 Budd Blvd. West Deptford, NJ 08096 Email: bdilisciandro@co.gloucester.nj.us	Email + Postal Mail
Hudson	Kayla Hanley, Mental Health Administrator	Email

	Email: khanley@hcnj.us	
Hunterdon	Stacey Becker, Assistant Mental Health Administrator 6 Gaunt Place - PO Box 2900 Flemington, NJ 08822-2900 sbecker@co.hunterdon.nj.us	Email + Postal Mail
Mercer	Michele Madiou, Administrator Division of Mental Health 640 South Broad Street PO Box 8068 Trenton, NJ 08650	Postal Mail
Middlesex	Elisabeth Marchese, Administrator Office of Human Services JFK Square – 5 th floor New Brunswick, NJ 08901 Email: elisabeth.marchese@co.middlesex.nj.us	Email + Postal Mail
Monmouth	Lynn Seaward, Mental Health Administrator Email: Lynn.Seaward@co.monmouth.nj.us	Email
Morris	Amy Archer, Mental Health Administrator Morris County Department of Human Services PO Box 900, Morristown, NJ 07953-0900 Email: aarcher@co.morris.nj.us	Email + Postal Mail
Ocean	Tracy Maksel, Assistant Mental Health Administrator Email: tmaksel@co.ocean.nj.us	Email
Passaic	Chi Shu (Bart) Chou, Director Email: bartc@passaiccountynj.org	Email
Salem	Shannon Reese, Mental Health Administrator Salem County Department of Health and Human Services 110 5 th Street, Ste 500 Salem, NJ 08079 Email: shannon.reese@salemcountynj.gov	Email + Postal Mail
Somerset	Michael Frost, Director Email: frost@co.somerset.nj.us	Email

Sussex	Cindy Armstrong, Mental Health Administrator Sussex County Administrative Center 1 Spring Street, Newton, NJ 07860 Email: carmstrong@sussex.nj.us	Email + Postal
Union	Miriam Cortez, Mental Health Administrator Email: miriam.cortez@ucnj.org	Email
Warren	Laura Richter, Mental Health Administrator Email: lrichter@co.warren.nj.us	Email

<https://www.state.nj.us/humanservices/dmhas/home/admin/>