

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

REQUEST FOR PROPOSALS

**Center of Excellence for
Recovery Oriented Cognitive Therapy**

August 8, 2022

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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) to establish a sustainable Center of Excellence (COE) in Recovery-Oriented Cognitive Therapy (CT-R). One awardee will be chosen for the state-wide program and will receive total funding in the amount of \$500,000 (including a \$150,000 allocation for incentives specifically for agency clients to support program goals), subject to available appropriations. The initiative is supported by the Mental Health Block Grant supplemental fund dollars. All funds must be expended by March 15, 2023.

The COE CT-R will train and provide ongoing consultation and mentoring on CT-R to New Jersey's behavioral health workforce. CT-R is an evidence-based treatment approach that engages, builds trust, motivates and empowers persons. The CT-R approach uses empirically-supported and innovative strategies to work with individuals in a strengths-based and hopeful manner, and is especially useful in working with individuals who have been non-responsive to traditional mental health and/or co-occurring treatment services. By building trust and by working with individuals on their individualized goals for recovery, practitioners reach people "where they are." CT-R, which fosters hope and strengthens a person's relationship between the client and their practitioner, thus empowering individuals to pursue self-identified aspirations.

The COE CT-R, will provide training, consultation, and technical assistance to practitioners including peer specialists in behavioral health agencies statewide who serve individuals with serious mental illness and co-occurring disorders. Through this initiative, agency staff will develop the expertise to improve the care that will result in meaningful outcomes for persons with serious mental health and other co-occurring challenges such as addiction and/or medical issues, especially those who have not yet been adequately served well by the system.

Another important component to this initiative is the use of "incentives" or external rewards to use as reinforcement for individuals to either engage in positive behaviors or to stop harmful/hindering actions, routines and habits/addictions. The awardee will utilize up to \$150,000 of the funding for the individual incentives administered by the responsible entity. The COE CT-R will be responsible for administering and providing accountability for the incentivizing aspect of the program, and will receive the rest of the award (\$350,000) for this purpose. A system for the accountability for the incentive dollars must be included in the budget submitted. Incentives shall not be in the form of cash and will have personal meaning and value to the individual, as well as motivate individuals to lead healthier lifestyles (e.g. quit smoking, eating more healthily, and being more physically active, etc.). These incentives may also inspire the attachment of intrinsic rewards to support the person in their continued recovery.

The COE will utilize a train-the-trainer model that will assist participating agencies in creating an internal structure for the sustainability of CT-R after the funding ends. As the project progresses, the train-the-trainers will steadily increase their involvement in

conducting consultation and ultimately will transition to providing training and consultation without the assistance of the COE. The designated COE will specifically tailor the application of CT-R to staff working at every level of an organization to ensure “buy-in” to a new way of providing services. This approach will improve the system’s ability, to become more responsive to the needs of those they serve. Treatment may also only lead to the positive “culture change” and a boost in staff morale within agencies across New Jersey.

Cultural appropriateness should be evident at all levels of this proposal. It is important that the COE staff are ethnically and culturally diverse. Moreover, the applicant is to articulate how the COE services will equip participate agency staff in providing services to consumers in a fashion that are culturally and linguistically appropriate.

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 a proposal in response to this RFP from current DHS/DMHAS contracts. The applicant agency must already have the infrastructure and staff expertise to promulgate CT-R.

The following summarizes the RFP schedule:

August 8, 2022	Notice of Funding Availability
August 15, 2022	Questions on RFP due – no later than 4pm EST
August 29, 2022	Deadline for written intent to apply and request for DHS secure file transfer protocol (SFTP) site login credentials
September 6, 2022	Deadline for receipt of proposals – no later than 4pm EST
October 12, 2022	Preliminary award announcement
October 19, 2022	Appeal deadline – no later than 4pm EST
October 26, 2022	Final award announcement
December 1, 2022	Anticipated contract start date

II. Background and Population to be Served

Practitioners and providers that receive training, consultation, and ongoing technical assistance and support from the COE CT-R will be able to implement a creative, hopeful and engaging set of practices and strategies to stimulate hope and energy in their clients and motivate them towards attaining the life that they want. All licensed mental health treatment providers, including co-occurring treatment providers, and peer support service providers are eligible to receive CT-R training and technical assistance through the COE. The entity that is awarded the contract shall develop a plan that outlines how this will be accomplished, including the activities needed for marketing and promoting the training, and for evaluating relevant outcomes resulting from the initiative. It is expected that most of the CT-R training will be virtual and will incorporate dynamic media, such as a dedicated website and online forums. and that the training will be designed to address the specific needs of agencies and their populations that these agencies serve.

The initiative is supported by federal funding provided by the Substance Abuse and Mental Health Services Administration's Mental Health Block Grant supplemental fund dollars. All funds must be expended by March 15, 2023, which is when the initiative will end. DMHAS intends to use the funds to bolster the clinical skills of staff in provider agencies to work with individuals with serious mental illness who have complex behavioral health needs and who are not actively engaged in services or who need additional supports to move towards their recovery goals. DMHAS believes that CT-R provides the empirically-supported interventions that will best meet this need. The National Association of Mental Health Program Directors has issued a technical brief that supports the use of CT-R in this role.¹

The approach in this RFP is to develop a centralized training and technical assistance center builds on the work of the Division of Medical Assistance and Health Services, which worked closely with DMHAS when it developed centers of excellence for medication-assisted treatment. This CT-R initiative also builds on DMHAS' prior initiatives to provide CT-R training and to consultation on CT-R to behavioral health homes and to peer providers supporting the recovery of persons experiencing the effects of COVID-19. These initiatives have demonstrated that an expansion of training and ongoing consultation in CT-R could have significant positive impact on mental health services in provider agencies and on the lives of those they serve.

The integration of CT-R within a provider agency can re-vitalize staff and give them a sense of efficacy in working with clients, especially those individuals who are marginalized and who have been disengaged in services. The target population are front-line staff who serve individuals with serious mental illness who have complex needs. These staff include licensed clinical professional staff (e.g., counsellors, clinical social workers, psychologists, psychiatrists, etc.) and ancillary staff, including peer specialists, in licensed mental health and co-occurring agencies. To qualify to receive training, agencies must serve individuals with serious mental illness with or without a co-occurring substance use disorder and/or a complex medical co-morbidity.

The expectation is that CT-R training and consultation will be provided to a cohort of staff in each participating agency, including professional, ancillary and peer staff. After staff receive training, they will be given ongoing consultation sessions to ensure that they can competently practice CT-R. The training and consultation sessions may be provided in specific groups, as needed. The COE CT-R will promote a train-the-trainer model, meaning that participating agencies will identify specific staff among their trained cohorts who will receive higher level training in CT-R, as well as more intensive and frequent consultation. These individuals will become 'champions' for the approach, as well as subject matter experts in CT-R, staff and their clients will also demonstrate the successful impact of incentivizing as a motivator for positive change, enabling them to eventually train other staff in CT-R without the need for the assistance of the COE CT-R. The train-the-trainer model will help advance use of the CT-R and will incorporate the practice in the culture of the agency.

¹ https://www.nasmhpd.org/sites/default/files/TAC_Paper_7_508C_1.pdf

DMHAS expects that provider agencies will support the training of their staff to provide this evidence-based practice. However, many agencies will need to be encouraged to participate because they are experiencing staffing shortages and other challenges related to COVID-19 that make it difficult to release staff for many trainings or otherwise participate. The availability of a statewide COE CT-R will allow the agencies to request and arrange training and technical; assistance at a time and in a way that best meets their needs. The support and encouragement of DMHAS staff in this initiative can assist with agency participation and follow through.

The entity awarded the COE manner contract is expected to elicit feedback from these agencies to best determine how the goals of the initiative will be accomplished. This will be followed by the development of a training and consultation plan with specific goals for reaching agencies that serve the target populations. The awardee shall use agency feedback to develop a dedicated website and online forums for discussion. The awardee will also implement a marketing campaign that encourages agency participation in the training.

The expectation is that participating agencies, with the assistance of the COE CT-R, will measure the quality of their implementation and their staffs' fidelity to the CT-R approach. With the input from DMHAS, the awardee will develop outcome measures on agency and staff participation in the training and on fidelity of practices to the empirically-based practice. Additionally, outcome measures will be developed to measure the impact of the CT-R assisted services on consumers served by the agencies. These will measure consumer satisfaction and consumer quality of life, among other outcomes. Finally, the entity awarded the contract will be required to submit a final summary at the end of the project that includes the lessons learned and recommendations to sustain competency of provider agencies and their staffs in CT-R.

III. Who Can Apply?

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

- The bidder must be a non-profit entity or governmental entity;
- The bidder must have the capacity to train and to provide technical assistance to New Jersey's provider agencies in CT-R and the use of incentives to promote client recovery from mental illness and address their related needs;
- 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;
- The bidder shall not employ a member of the Board of Directors as an employee or in a consultant capacity; 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).

IV. Contract Scope of Work

The vision of this initiative is to develop one statewide COE that will deliver training and technical assistance on CT-R to agencies licensed to provide mental health, co-occurring and peer recovery support services. As a result of the initiative, professional and ancillary staff at all levels of training and experience, including peer recovery specialists, will develop competency in delivering CT-R and will incorporate the approach in their work. Through application of new engagement strategies and the encouragement central to CT-R, it will enable agency staff to assist clients' participation in the life of their choosing in the community. The initiative is expected to improve outcomes of individuals struggling with serious mental illness and those with co-occurring substance use disorders and/or medical issues.

The training will be primarily virtual and will use dynamic media, such as online forums, as well as, other innovative leaning models and techniques. Most staff including peer specialists working in agencies will receive basic level of training that enables them to use CT-R, that is imperative that some supervisory staff will be selected to receive higher level CT-R training and to have the capability to train others in the approach. This train-the-trainer model will help to disseminate the practices among agency staff and will improve the sustainability of the CT-R in agencies.

DMHAS program staff shall receive orientation training on CT-R and the incentivizing approach, so that they are familiar with the model. This orientation will enhance the ability of the staff to work with the COE CT-R and with agencies receiving the training. The COE CT-R is expected to work collaboratively with the DMHAS Regional Coordinators and staff in how to best implement CT-R and incentivizing with clients served by the community-based agencies with whom they oversee. Regular communication with DMHAS staff shall ensure that culture change in agencies is achieved and any concerns in regard to the initiative are addressed.

1. Organize and deliver training/consultation on CT-R will on a statewide basis
 - a. Marketing and widespread reach of training will be assured
 - b. Training will be directed to agencies that serve the target populations;

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

2. Use appropriate modalities to deliver training and consultation (e.g., webinars, training website, dynamic media, etc.);
3. Provide the specific CT-R training model and curricula to be developed and delivered, including:
 - a. How training will be developed for professional, leadership, ancillary, and peer staff
 - b. How staff serving as trainers be selected receive advanced training (e.g., train-the-trainer model)
 - c. How training can be adapted to address individuals dealing with trauma, self-injury, homelessness, or who have had criminal justice involvement, as well as members of the LGBTQ community
4. Show that all activities will support person-centered and consumer-driven practices in the agencies receiving the training;
5. Detail the projected number of trainings and consultations;
6. Describe the detailed plan for the use of the incentivized funds, which shall include training and support on use of incentives to attain recovery goals;
7. Identify any collaborating partners and/or subcontracting needed for the initiative;
8. Provide a detailed timeline of all program requirements;
9. Develop a toolkit for practitioners and agency leadership on how to incorporate CT-R values and practices into their work;
10. Develop consumer-friendly and practical informational tools for clients to develop an appreciation and understanding of CT-R and the use of incentives in accordance with their as role as active participants in the delivery of these services;
11. Develop information and practical tools to educate and identify how family members and other significant others can support individuals to use CT-R in an affirming and strengths based manner;
12. Provide quarterly reports on all COE CT-R activities.

Program Outcomes

Applicant will describe the measures developed to identify important outcomes, including the impact of the intervention and the use of incentivizing on clients receiving services, and will provide any and all outcomes identified by DMHAS:

- A. Examples of utilization outcomes to be measured include the following:
 - Focus groups held
 - Participants attending focus groups
 - Agencies attending CT-R Orientation
 - Number of providers trained
 - Number of clients served number of provider consultation sessions
 - Individuals attending orientation sessions
 - Workshop sessions delivered
 - Number of train-the-trainer consultations
 - Number of peer providers participating in CT-R training and consultation
 - Number of submitting audio
 - Number of staff obtaining competency
 - Number of train-the-trainers completing training

- Number of clients finishing program
- Number of completing training staff
- Number (or %) of trainees rating the workshop 4 or 5/5
- Number of clients utilizing incentives

B. Examples of qualitative outcomes include the following:

- behavior change associated with CT-R and with use of incentives
- adherence to the implementation timeline
- staff fidelity to the CT-R approach
- overall staff competency and performance in delivering CT-R
- consumer satisfaction
- consumer quality of life
- effectiveness of activities related to diversity, inclusion, equity, and cultural/linguistic competence.

C. Examples of qualitative tools to be used:

- CT-R Competency Scale
- COVID impact scale (social, financial, physical)
- Schwartz Outcome Scale-10

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](#)³.

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 may be renewable for one (1) year at DMHAS' sole discretion and 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 service provision be delayed through no fault of the contractee, funding continuation will be considered on a case-by-case basis based upon the circumstances

³ <https://www.nj.gov/humanservices/olra/contracting/policy/>

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.

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, N.J.A.C. 10:37, which apply to all contracted mental health services. These regulations can be accessed on the [DHS website](#)⁴.

VI. Written Intent to Apply and Contact for Further Information

Bidders must email MH.upload@dhs.nj.gov by August 29, 2022 indicating their agency's intent to submit a proposal. 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 August 15, 2022. All questions and responses will be compiled and emailed to all those who submit a question and/or provide a notice of intent to apply. Bidders are guided to rely upon the information in this RFP and the responses to questions that were submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual applicants 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 agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the work with the target population and marginalized underserved populations, and the number of years' experience working with the target population and marginalized underserved populations.

⁴ <http://www.nj.gov/humanservices/providers/rulefees/regs/>

2. Describe the bidder's background and experience in implementing CT-R and the use of incentivizing 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.
3. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.
4. 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 as an appendix to the bidder's proposal.
5. 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.
6. Include a description of the bidder's ability and commitment to provide culturally competent services (CLAS⁵) and diversity (N.J.S.A. 10.5-1 et seq.). Attach a cultural competency plan as an addendum and discuss in the narrative how the plan will be updated and reviewed regularly.
7. Describe the bidder's plan to bring the initiative to a conclusion at the end of the contract.
8. Describe the bidder's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.

Project Description (25 points)

In this section, the bidder is to 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. Articulate the overall goals of the proposed approach to the project as described in the State's RFP, including the following.
 - a. how the bidder's approach to training and technical assistance satisfies the requirements as stated in the RFP;
 - b. the bidder's understanding of the project goals and measurable objectives;
 - c. the bidder's justification of program services which includes a needs assessment of the provider and consumer communities and of the needs of the target populations;
 - 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 itself and/or the State 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 bidder's evidence-based practice(s) that will be used in the design and implementation of the program.

⁵ www.thinkculturalhealth.hhs.gov

3. Describe the organization's committees or workgroups that focus on efforts to reduce disparities in access, 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.
4. Describe how the demographic makeup of the catchment area population (race, ethnicity, gender, sexual orientation, language, etc.) will shape the design and implementation of evidence based and best practice program approaches and interpretation of outcomes.
5. Describe how the awardee will ensure that agencies willing to participate are trained;
6. Describe how statewide reach is assured;
7. Describe the specific training models and curricula that will be developed;
8. Describe the web-based training modules and other innovative educational techniques, such as use of dynamic media;
9. Describe how the content and level of CT-R training will be modified for various staff (e.g., professional, leadership, ancillary, and peer staff);
10. Describe how supervisory staff will be selected to receive higher level CT-R training that allows them to train and supervise others
11. Describe what is required to train supervisory agency staff as trainers, so that they can train and supervise others without the need for the COE's assistance.
12. Describe the marketing campaign and all other specific efforts to promote agency engagement and participation in the services provided by the COE.
13. Describe the format of follow up technical assistance calls and how these will be scheduled;
14. Provide a description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
15. Provide an implementation schedule for the contract, including a detailed monthly timeline of activities, commencing with the date of award, through service initiation, to timely contract closure.

Outcome(s) and Evaluation (20 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 approach to measurement of consumer satisfaction.
2. Describe the bidder's measurement of the achievement of identified goals and objectives.
3. The evaluation of contract outcomes.
4. Description of all tools to be used in the evaluation.
5. Details about any an outside entity planned for use to conduct the evaluation, including but not limited to the entity's name, contact information, brief description of credentials and experience conducting program evaluation.
6. Tools and activities the bidder will implement to ensure fidelity to the evidence-based practice.

7. The assessment, review, implementation, and evaluation of quality assurance and quality improvement recommendations particular to the reduction of disparities and barriers in access, quality, and treatment/program outcomes.

Staffing (20 points)

Bidders must determine staff structure to satisfy the contract requirements. Bidders should describe the proposed staffing structure and identify how many staff 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. Provide details of the Full Time Equivalent (FTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including professional licensing and related experience. Details should include currently on-board or to be hired staff, with details of the recruitment effort. Identify bilingual staff.
3. Describe program efforts to recruit, hire and train staff who are from or have experience working with target population.
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. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.
6. 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.
7. Description of the proposed organizational structure, including the submission of an organizational chart as an appendix to the bidder's proposal.
8. Describe the bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
9. 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.
10. The approach for supervision of clinical staff, if applicable.
11. A list of the bidder's board members and current term, including each member's professional licensure and organizational affiliation(s). The proposal shall indicate if the Board of Directors vote on contract-related matters.
12. 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 consultant received as a board member over the last twelve (12) months.

Facilities, Logistics, Equipment (5 points)

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

1. A description of the manner in which tangible assets, i.e., computers, phones, other special service equipment, etc., will be acquired and allocated.
2. A description of the bidder's Americans with Disabilities Act accessibility to its facilities and/or offices for individuals with disabilities.
3. A description of the location(s) in which the program will be held. Please provide information about accessibility, safety, access to public transportation, etc.

Budget (20 points)

DMHAS will consider the cost efficiency of your 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 this project. All costs associated with the completion of the project 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 Annex B Excel template is required. The Excel budget template will be emailed to those who submit a timely intent to apply. The Annex B Excel 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.
2. Budget Notes detailing and explaining the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget. 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 and total hours per workweek.
5. Identify the number of hours per clinical consultant.
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.
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 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 enumerated items of Required Attachments #1 through #7 and Appendices #1 through #8 must be included with the bidder's proposal.

Please note that if Required Attachments #1 through #4 are not submitted and complete, the proposal will not be considered. Required Attachments #5 through #7 below are also required with the proposal unless the bidder has a current contract with DMHAS and these documents are current and on file with DMHAS.

The collective of Required Attachments #1 through #5 and Appendices #1 through #8, is limited to a total of 20 pages. Audits (Required Attachments #6 and #7) do not count towards the appendices' 20-page limit. Appendix information exceeding 20 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](#)⁶;
4. Statement of [Bidder/Vendor Ownership Disclosure](#)⁷;
5. Pursuant to Policy Circular P. 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;
6. Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years;
7. All interim financial statements prepared since the end of the bidder's most recent fiscal year. If interim financial statements have not already been

⁶ www.nj.gov/treasury/purchase/forms.shtml

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

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.

Appendices

1. Copy of documentation of the [bidder's charitable registration status](#)⁸;
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; and
9. INCLUDE ADDITIONAL ATTACHMENTS THAT WERE REQUESTED IN THE WRITTEN NARRATIVE SECTION.

VIII. Submission of Proposal 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 not exceed 15 pages, be single-spaced with one (1") inch margins, and no 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 18 it is 16 pages long, not 15 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 September 6, 2022. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically using the DHS secure file transfer protocol (SFTP) site.

Additionally, bidders must request login credentials by emailing MH.upload@dhs.nj.gov **on or before August 29, 2022**, 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.

Proposal(s) must also be submitted to the County Mental Health Administrator(s) for the county(ies) in which the bidder is proposing services. 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.

⁸ www.njconsumeraffairs.gov/charities

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.

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](#)⁹.

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

⁹ <https://www.nj.gov/humanservices/olra/contracting/policy/>

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 October 4, 2022. This input will be incorporated 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, by October 12, 2022.

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 be received by DMHAS at the address below no later than 4:00 p.m. on October 19, 2022. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie Mielke, Assistant Commissioner
Department of Human Services
Division of Mental Health & Addiction Services
5 Commerce Way
PO Box 362
Trenton, NJ 08625
Fax number: (609) 341-2302

Or via email: alicia.meyer@dhs.nj.gov

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 October 26, 2022. 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 bidder(s) 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](#)¹⁰;
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;
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](#)¹¹; for an entity doing business with the State for the first time, it may register at the [NJ Treasury website](#)¹²;
25. Source Disclosure ([EO129](#))¹³; and

¹⁰ <https://www.njportal.com/DOR/annualreports/>

¹¹ https://www1.state.nj.us/TYTR_BRC/jsp/BRCLLoginJsp.jsp

¹² <http://www.nj.gov/treasury/revenue>

26. Chapter 51 [Pay-to-Play Certification](#)¹⁴.

XII. 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 – County Mental Health Administrators RFP Submission Preference

Attachment F – Mandatory Equal Employment Opportunity Language

¹³ www.nj.gov/treasury/purchase/forms.shtml

¹⁴ 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: Center of Excellence (COE) for Recovery Oriented Cognitive Therapy (CT-R)

Incorporated Name of Bidder: _____

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

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

DUNS 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, 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 (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 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 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 E - County Mental Health Administrators RFP Submission Preference
(as of 3/15/2022)

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: jpellicane@camdencounty.com	Email + Postal Mail
Cape May	Patricia Devaney, Mental Health Administrator Email: pdevaney@co.cape-may.nj.us	Email
Cumberland	Melissa Niles, Interim Mental Health Administrator Email: melissani@co.cumberland.nj.us	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: Rebecca.DiLisciandro@salemcountynj.gov	Email + Postal Mail

Hudson	Kayla Hanley, Mental Health Administrator Email: khanley@hcnj.us	Email
Hunterdon	Susan Nekola, Assistant Mental Health Administrator 6 Gaunt Place - PO Box 2900 Flemington, NJ 08822-2900 snekola_r@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	Megan Isbitski, Assistant Mental Health Administrator Email: isbitski@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	Marilucy Lopes, Mental Health Administrator Email: marilucy.lopes@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/>

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, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

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

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

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

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

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

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

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at:
(www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance 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 Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**