

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

REQUEST FOR PROPOSALS

**Designated Screening Services
Mercer, Monmouth and Salem Counties**

March 2, 2016

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I. Purpose and Intent

The DMHAS anticipates making three awards through this RFP, resulting in one Designated Screening Service (Psychiatric Emergency Service) for each of the counties referenced below. Annualized funding, subject to state appropriations, is available for these three awards as follows:

- Mercer: \$2,733,882
- Monmouth: \$1,796,446
- Salem: \$733,507

The following summarizes the RFP schedule:

March 2, 2016	Notice of Funding Availability
March 11, 2016	Mandatory Bidders Conference
April 8, 2016	Deadline for receipt of proposals - no later than 4:00 p.m.
May 20, 2016	Preliminary award announcement
May 27, 2016	Appeal deadline
June 3, 2016	Final award announcement
September 30, 2016	Anticipated award start date

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

II. Background and Population to be Served

The New Jersey Division of Mental Health and Addiction Services (DMHAS), in partnership with consumers, family members, providers and other stakeholders, promotes wellness and recovery for persons managing a mental illness, a substance use disorder or co-occurring disorders through a continuum of prevention, early intervention, treatment and recovery services delivered by a culturally competent and well-trained workforce.

The DMHAS believes that persons with a mental illness can achieve wellness and recovery. Consistent with the DMHAS' commitment to the principles of wellness and recovery, the Designated Screening Services awarded through this solicitation are to be implemented in a manner that reflects recovery as an overarching value and in operational practices. The United States Department of Health and Human Services' Substance Abuse and Mental Health Services Administration has identified 10 fundamental components of recovery as part of the national consensus statement on mental health recovery. These components are: 1) Self-direction; 2) Individualized and

Person Centered; 3) Empowerment; 4) Holistic; 5) Non-Linear; 6) Strengths-based; 7) Peer Support; 8) Respect; 9) Responsibility; 10) Hope.

Pursuant to the 2010 amendments of the Screening Service regulations, beginning in 2011, and in each year thereafter, DMHAS is designating a screening service for each of the State's geographic areas for a period of up to seven years in accordance with the Screening and Screening Outreach Standards (N.J.A.C. 10:31 et. seq). Such designation will be made at the conclusion of the process concerning the awarding of public contracts through public solicitation of bids or, in accordance with emergency designation procedures delineated in N.J.A.C. 10:31-10.2. Per this requirement, the existing Designated Screening Services for Mercer, Monmouth and Salem Counties are being re-bid through this RFP.

The psychiatric emergency service programs awarded through this RFP will offer services to individuals who may be approaching or are experiencing a psychiatric crisis. Prompt assessment, crisis intervention and referral services will be offered 24 hours per day, 365 days per year. The program will also operate a 24 hour hotline, with calls being answered by trained clinical staff at all times.

The screening service will serve persons who can benefit from recovery and rehabilitative oriented clinical services and supports. Many of these individuals have serious and persistent mental illness. It is expected that many of these individuals will have co-occurring substance use disorders, past experiences of sexual or physical abuse, emotional maltreatment and histories of frequent use of the acute care system including inpatient psychiatric units.

The DMHAS believes that intervention that is accessed earlier in the crisis cycle results in better mental health outcomes, decreases the potential for trauma, lowers health care costs for consumers, families and service providers and reduces undue reliance on hospital emergency departments. Consequently, the DMHAS expects to award and develop programs that can offer a strong community-based, mobile outreach service that readily delivers crisis intervention services in a variety of community settings.

DMHAS also promotes the delivery of mental health care that is offered in the least restrictive clinically appropriate setting. As such, to the maximum extent possible, services are to be consumer and family driven and will offer individuals with clinically appropriate alternatives to inpatient care. Similarly, adherence to consumers' advanced directives (e.g. psychiatric advanced directives) is a critical facet of service delivery.

The screening services will work closely with the DMHAS in coordinating acute mental health care services in Mercer, Monmouth and Salem Counties. To this end, the screening services will convene monthly acute care system review committee meetings in their geographic area, in accordance with N.J.A.C.10:31-5.1 through 5.3 and provide training and technical assistance to the police and other community gatekeepers to acute care services.

In the event that the screening service finds that an individual's symptoms indicate the need for involuntary mental health care, the DMHAS Designated Screening Service program is authorized to initiate involuntary commitment proceedings. Since involuntary commitment entails certain deprivations of liberty, it is imperative that the screening service uses well defined program processes that ensure that only those persons who are dangerous to themselves, others or to property due to a mental illness and are unwilling to receive the recommended treatment voluntarily, are involuntarily committed. Therefore, the Designated Screening Service is to act in accordance with the screening statute (N.J.S.A. 30:4-27.1 et seq.) and the screening regulations (N.J.A.C. 10:31 et seq.).

III. Who Can Apply?

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

- The bidder may be a non-profit, for-profit 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 (PoC) 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 at <http://www.state.nj.us/treasury/revenue/debarment/debsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors in a consultant capacity;
- and
- The bidder must attend the Mandatory Bidders conference as described in the RFP.

IV. Contract Scope of Work

Pursuant to N.J.A.C. 10:31-2.1, a Designated Screening Service in New Jersey shall perform the following functions:

1. Assessment of an individual's psychiatric crisis and identification of stabilization, diversion, and support services needed, and/or screening for commitment. This shall take place throughout the geographic area served by the service including such sites as other emergency services, jails, and nursing homes.

2. Provision of emergency and consensual treatment to the person receiving the assessment; for children and youth, this includes parental consent and at times, Division of Child Protection and Permanency (DCP&P) coordination.
3. Crisis and early intervention counseling;
4. Referral via personal contact to the most appropriate, least restrictive treatment setting indicated, linkage and follow-up in order to maintain contact with all consumers until they are engaged in another service licensed by the appropriate authority where applicable, or are no longer in crisis [(see N.J.A.C. 10:31-2.1(d)9)];
5. Initiation of involuntary commitment proceedings, where appropriate and pursuant to N.J.S.A. 30:4-27.10, R. 4:74-7, R. 4:74-7A and N.J.A.C. 10:31-2.3;
6. Operation of a 24-hour hotline which shall be answered at all times directly by a certified screener, crisis intervention specialist, or other clinical personnel under the supervision of the screener or crisis intervention specialist, and which shall receive calls which have been forwarded from other Affiliated Emergency Services (AES) during off hours.
7. Maintenance of twenty-four hour per day screening outreach capability which shall include provision of screening services in any location, in the designated service area of the Screening Service under the following circumstances:
 - i. Whenever there is indication that there may be a reasonable likelihood of dangerousness to self, others, or property due to mental illness;
 - ii. Whenever the individual is unable or unwilling to come to the screening service or when transporting the individual may put him or her or others at further risk; and
 - iii. If the consumer's history, behavior or location presents safety concerns that cannot be resolved through consultation by the screening outreach team with the police, transportation to the screening service will be coordinated with the police.
8. Provision of extended crisis evaluation bed(s) ("ECEBs") with 24-hour capability which shall be used for the purpose of assessment, intensive supervision, medication monitoring and crisis stabilization.

9. Direct or indirect provision of appropriate medical services for consumers who are receiving screening services;
10. Provision of medication monitoring which shall include medication for the purpose of crisis stabilization. Medication shall be administered in accordance with P.L. 1991, c.233 and shall not be given to consumers in non-emergency situations without their consent;
11. Arranging transportation of consumers in need of commitment to the receiving facility;
12. Provision of face-to-face follow-up visits and/or telephone calls until the crisis is resolved or linkage completed;
 - i. Consistent with the agency's policies regarding informed consent, the designated screening service shall make referral for aftercare services with mental health care providers who are licensed by the appropriate authority, as applicable.
 - ii. Affiliation agreements shall be developed and maintained with other community agencies to ensure priority access to psychiatric evaluation for medication within seven days of referral and to other mental health services within 14 days of referral. The screening service shall be responsible for medication until this responsibility is transferred to another agency.
13. In accordance with the procedures outlined at N.J.A.C. 10:31-2.4, assessment of whether civil commitment of consumers who are returned for screening services when they fail to meet the terms of their conditional release orders;
14. Psycho-educational and/or supportive services to consumers and family members who are involved at time of initial crisis;
15. Advocate, in conjunction with affiliated mental health care providers, for services to flexibly meet consumer needs;
16. Maintain a written affiliation agreement with the designated Short Term Care Facilities (STCF) and Children's Crisis Intervention Services serving the screening services' geographic area;
17. Develop and maintain a written plan to provide training or technical assistance for police and other community referral sources directly or through affiliations with other agencies. This training plan will include screening center's coordinating with local children's system of care providers to ensure information on access to and availability of children's

services and the Children's System of Care (CSOC) in the New Jersey Department of Children and Families is included in trainings.

- i. The screening service may accomplish police training through presentation of a Division-approved curriculum at the police academy, and through periodic consultation and advisement to the police and other community referral sources;
 - ii. Training shall be provided on a continuing basis and shall include, but shall not be limited to: orientation to the screening system, provisions contained within the screening law, explanation of mental illness and the essential role of trauma in the lives of consumers, crisis intervention skills, systems interaction, transportation and coordination with the local children's system of care providers to ensure information on access to and availability of children's services and the CSOC is included.
18. Develop a plan, in collaboration with the general hospital that houses the screening service (where applicable) for transporting consumers in crisis, in accordance with all applicable federal and state law. This plan shall include transportation between an AES and screening service and transportation from these services to an appropriate treatment facility (e.g., psychiatric facility, psychiatric unit of a general hospital, special psychiatric hospital, or STCF), once identified;
19. Provide, as needed, crisis intervention training and consultation for AES providers, other community referral sources, and police, in the geographic area. This training and consultation will include screening centers coordinating with local children's system of care providers to ensure information on access to and availability of children's services and the CSOC is included in trainings.
20. Develop and coordinate a mechanism for acute care system review, including the children's system of care for all acute care services listed in N.J.A.C. 10:31-2.1(a) and in accordance with N.J.A.C. 10:31-5;
21. Maintain a system for tracking currently available treatment openings in the acute care mental health services system for which the screening service is granted access either directly, by subcontract, or by affiliation;
22. Ensure that crisis emergency screening services are made known to the community at large through, among other modalities, publication of services in the local telephone directory and web-based locations; and
23. Comply with N.J.A.C. 10.37-6.79 regarding records of all persons seen by

the screening service and compile information regarding disposition of such persons for review by the Systems Review Committee (N.J.A.C. 10:31-5.).

- A. Enhanced screening services shall perform additional duties, as negotiated and agreed to in their contracts with the DMHAS.
- B. A screening service shall maintain a physical environment that is cognizant of, and responsive to, the varying needs and vulnerabilities of a multilingual and multicultural diverse population it serves, including children and older persons. When such vulnerable individuals are presented, screening staff shall take steps to ensure that they are protected from exposure to dangerous, potentially upsetting or inappropriate stimuli.

Per N.J.A.C. 10:31-2.5 and N.J.A.C. 10:31-3.1, at a minimum, the screening service will consist of the following staffing pattern:

- Psychiatrist availability 24 hours per day, 365 days per year to provide telephone consultation, medication orders and face-to-face evaluation;
- Certified screener availability 24 hours per day, 365 days per year to provide screening on-site and mobile screening outreach in the community;
- Personnel who shall be on-site to provide continuous monitoring of the consumer in the extended crisis evaluation bed (ECEB) and administration of medication as needed;
- Screening service coordinator (or his/her designee) to be available 24 hours per day, 365 days per year to provide administrative and treatment planning direction as needed;
- Clinical director availability to provide / coordinate medical services; and
- Personnel to provide consultation and education (i.e., resource information, information about recovery, psycho-education), hotline coverage, and other appropriate services, including coordination of the acute care system review procedures.

If the contract(s) resulting from this RFP includes drug treatment services, then the contract awardee must have in place established, facility-wide policies that prohibit discrimination against consumers of prevention, treatment and recovery support services assisted in their prevention, treatment and/or recovery with legitimately prescribed medication(s). These policies must be in writing in a visible, legible and clear posting at a common location accessible to all who enter the facility.

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

V. General Contracting Information

Bidders must currently meet or be able to meet the terms and conditions of the Department of Human Services (DHS) contracting rules and regulations as set forth in the Standard Language Document (SLD), the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). These documents are available on the DHS website at:

<http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html>

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).

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

The contract awarded as a result of this RFP may be renewable for one (1) year at DMHAS' sole discretion and with the agreement of the awardee. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

In accordance with DHS Policy P1.12 available on the web at www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html, programs awarded pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

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

Health Services Regulations, N.J.A.C. 10:37, which apply to all contracted mental health services. These regulations can be accessed at:

<http://www.state.nj.us/humanservices/providers/rulefees/regs/>.

The awarded programs will be contracted to be fully operational no later than September 30, 2016. One time funds may be available to support necessary equipment, supplies, and other related start-up costs, if applicable. Although DMHAS does not have a dedicated source to fund one-time needs, requests for one-time funds will be entertained, and are part of the competitive aspect of the RFP process. Upon completion of the RFP process and award announcements, any one-time requests included in proposals will be addressed during the contract negotiation process. Successful awardees may be required, at DMHAS' discretion, to accept used but serviceable equipment in lieu of funds for new equipment.

VI. Mandatory Bidders Conference

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

Date:	March 11, 2016
Time:	10am
Location:	222 South Warren Street, Trenton 1 st Floor Conference room A&B

The Mandatory Bidders Conference will provide the bidder with an opportunity to ask questions about the RFP requirements, the award process, and to clarify technical aspects of the RFP. This ensures that all potential bidders have equal access to information. Questions regarding intent or allowable responses to the RFP, outside the Mandatory Bidders Conference, are not permitted. Specific individual guidance will not be provided to individual bidders at any time.

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

The meeting room and facility is accessible to individuals with physical disabilities. Anyone who requires special accommodations should notify RFP.Submissions@dhs.state.nj.us. For sign language interpretation, please notify

RFP.Submissions@dhs.state.nj.us at least five (5) business days in advance of the Mandatory Bidders Conference. Once reserved, a minimum of 48 hours is necessary to cancel this service, or else the cost will be billed to the requestor.

VII. Required Proposal Content

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

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder History and Recent Experience/Performance (100 points)

1. Detail the organization's history related to providing psychiatric emergency services.
2. Detail 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.
3. Description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice
4. Detail specific psychiatric emergency service program level strategies that show operationalization of wellness and recovery principles, trauma informed care and cultural competence.

Project Description (425 points)

5. Provide a comprehensive description of all recovery and clinical services that will be delivered through the proposed psychiatric emergency service program.
6. Identify the location where the proposed screening service will be sited. All proposed service locations should be designed to insure that the citizens of Mercer, Monmouth and Salem Counties have ready access to the screening service.
7. Demonstrate the applicant's knowledge of the populations that are served in a designated screening program.
8. Outline how the proposed service will be integrated within the broader system of care including other mental health services (inpatient and community-based), the children's system of care (e.g. Children's Crisis Intervention Services, Mobile Response and Stabilization Services), social services and law enforcement.
9. Detail how the applicant has and will employ best practices in psychiatric emergency services and crisis intervention services.
10. Describe how Psychiatric Advance Directives will be incorporated in shared decision making with consumers receiving the proposed service.
11. Describe all outreach protocols and processes, inclusive of services in non-hospital based environments for children and adults. Include information specific to coordination with school systems. Where mobile psychiatrist staffing is employed, detail how this resource is applied.

12. Fully describe the services that will be provided to individuals under the age of 18 and to their families. Explain the agency's understanding of the children's system of care and how the proposed services will interface with the children's system of care. Please, describe the following:
- Your agency's resource allocation dedicated to outreach to and assessment of youth in the community.
 - Your agency's eligibility criteria for youth to receive community outreach for assessment.
 - Your agency's plan for involving youth and families in assessment and planning processes.
 - Your agency's community education strategies to ensure referring parties understand eligibility criteria, collaboration opportunities and process of requesting an outreach.
 - Your agency's process around facilitating hospitalization when necessary.
 - Your agency's process around facilitating disposition for discharge and referral to Mobile Response and Stabilization Services/other appropriate resources prior to disengaging with a youth and family post outreach or on site assessment.
 - Your agency's planning process around limiting youth exposure to and interaction with other populations served in screening and emergency rooms.
 - Your agency's current process and expectation of screening center staff to coordinate assessment, treatment and disposition planning with existing treating partners.
13. Provide a full explanation of the proposed program's follow-up services for service recipients after departure from the screening service.
14. Describe the community education and training that will be provided, including audiences, and frequency of training.
15. Provide a specified timeframe for phase-in and full implementation of all screening service operations based on a September 30, 2016 start date. .
16. Applicants must clearly state any requirements stipulated in N.J.A.C. 10:31 that the applicant is unable to meet and for which the applicant would be requesting a waiver of the particular requirement(s). The applicant must demonstrate:
- A) The rule is not mandated by any provision of N.J.S.A. 30:4-27.1 et seq.;
 - B) The provision of screening services in accordance with the purpose and procedures contained in N.J.S.A. 30:4-27.1 et seq. would not be compromised if granted.
 - C) No significant risk to the welfare and safety of individuals subject to screening services or the staff or screening service would result from granting the waiver.

Outcome(s) and Evaluation (100 points)

Please provide the following information related to the projected outcomes associated with the proposal.

17. Anticipated volume in episodes of care and episode duration. Details on episode duration must be included.
18. Detail the program's approach to the measurement of consumer and family satisfaction, with discussion of recent program applications wherein the data was used for quality improvement purposes.
19. Describe all consumer, program and system outcomes that will be used to evaluate the program's effectiveness. (Agency/program specific forms or tools may be included as appendices).
20. Discuss in detail a current psychiatric emergency service program specific quality improvement effort.

Staffing (150 points)

Existing Psychiatric Emergency (Designated Screening) Services for Mercer, Monmouth and Salem Counties are being re-bid through this RFP. These services are currently provided by Capital Health Helen Fuld Medical Center, Monmouth Medical Center and Healthcare Commons Incorporated respectively and as such, there are staff under their employ that may be displaced by the applicant awarded this service as a result of this RFP. Applicants are expected to consider prospectively displaced employees for hire in their psychiatric emergency services proposal. Consequently, applicants must include a statement in their proposal that indicates the applicant's willingness to consider for employment those employees who will be displaced as a result of this RFP.

21. Detail a process for retention of current screening program staff, who may be affected by this RFP.
22. Specify in a table the number in full-time equivalents, of all proposed program staff. Qualifications of the clinical, nursing, rehabilitation, family/peer support staff must be clearly presented. Job descriptions for each position should be included in the appendices.
23. Describe how available family and peer resources will be utilized in program operations.
24. Describe the supervision methods that will be used, including details of all supervision processes for clinical staff, inclusive of supervision of all screening psychiatrists.
25. Detail the specific supervision methods that will be used to ensure that the program will adhere to the principle of treatment in the least restrictive environment.
26. Provide a staffing schedule that shows the staffing pattern for 24/7 service accessibility. All staffing disciplines must be detailed and on-site/on-call coverage must be clearly noted.
27. Discussion of how timely face-to-face psychiatric evaluations will be provided pursuant to N.J.A.C 10:31-2.3(f)2iii(1)-(2).

28. The proposed organizational structure, including an organizational chart in an appendix to the bidder's proposal.
29. The bidder's hiring policies related to conducting background and credential checks, as well handling of prior criminal convictions.
30. A list of the bidder's board members, including each member's professional licensure and organizational affiliation(s). The bidder's proposal must identify each board member who is also an employee of the bidder or an affiliate of the bidder. The proposal shall indicate if the Board of Directors votes on contract-related matters.
31. 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.

Budget (150 points)

1. A detailed budget using the Annex B standard budget categories for expenses and revenues: A. Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facilities Costs, E. Specific Assistance to Clients, F. Other, General and Administrative Distribution, and Revenues including Client Generated Fees, Public & Private Grants and Other Agency Funds. Utilize the Excel budget template which will be emailed based on the attendance list from the Mandatory Bidders Conference. The budget must be presented in two (2) clearly labeled separate columns:
 - a. One column detailing the full annualized operating costs and revenues excluding one-time costs; and
 - b. One column detailing requested one-time costs. (Please also refer to Section V above, last paragraph).
2. Budget Notes that may be useful to help explain costs and assumptions made for certain non-salary expenses and the calculations behind various revenue estimates. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget Notes, to the extent possible, should be displayed on the budget template file itself.
3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being made.
4. For personnel line items, staff position titles and hours per workweek.
5. The number of hours per clinical consultant such that cost/hour may be evaluated.
6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit percentage.

7. If applicable General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with 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. Please note that funds awarded pursuant to this RFP will remain clustered, and to the extent revenue exceeds projected amounts, a commensurate reduction in DMHAS funding will occur.
9. Please note that revenue generated through the New Jersey Department of Human Services’ Division of Medical Assistance and Health Services’ Psychiatric Emergency Rehabilitation Services (PERS) initiative must be reflected in the proposed budget. Information on PERS is available at:

<https://www.njmmis.com/downloadDocuments/24-10.pdf>

DMHAS will consider the cost efficiency of the proposed budget as it relates to the 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.

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.

NOTE: A hard copy of the budget must be submitted with the original proposal and all hard copies referenced below.

County Mental Health Board Recommendation (75 Points)

Pursuant to N.J.A.C. 10:31 – 10.1(e)2, the Assistant Commissioner for Mental Health and Addiction Services, operating under the authority of the Commissioner of the Department of Human Services, in consultation with the Mercer, Monmouth and Salem Counties Mental Health Boards (Board) shall designate a screening service in these counties. The County Mental Health Boards shall base their recommendation minimally on the following criteria:

- Demonstrated history of providing quality services;
- Knowledge of and willingness to provide services to target populations;
- Ability to provide mental health services in a cost effective manner; and
- Documented ability to comply with N.J.A.C. 10:31-1.1 et seq.

The County Mental Health Boards shall award full or partial points to all applications under review, with a clear rationale for the point allocation assigned to each proposal, based on overall proposal quality and the minimum criteria above.

Appendices

The following items must be included as appendices with the bidder's proposal:

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. 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. List of the board of directors, officers and terms;
7. Copy of documentation of the bidder's charitable registration status;
8. Original and/or copies of letters of commitment/support;
9. Department of Human Services Statement of Assurances (RFP Attachment C);
10. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
11. Disclosure of Investment in Iran (www.nj.gov/treasury/purchase/forms.shtml); and
12. Statement of Bidder/Vendor Ownership Disclosure (www.nj.gov/treasury/purchase/forms.shtml).

The documents listed 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.**

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

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 25 pages. The narrative shall be single-spaced with one (1") inch margins, and no smaller than twelve (12) point Arial, Courier or Times New Roman font. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. Daylight Savings Time on April 8, 2016. All bidders are required to submit one (1) original and five (5) copies of the proposal narrative, budget and appendices (six [6] total proposal packages) to the following address:

For U.S. Postal Service delivery:

Alicia Meyer, RFP Coordinator
Division of Mental Health and Addiction Services
PO Box 700
Trenton, NJ 08625-0700

OR

For private delivery vendor such as UPS or FedEx:

Alicia Meyer, RFP Coordinator
Division of Mental Health and Addiction Services
222 South Warren Street, 3rd Floor
Trenton, NJ 08608

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

In addition to the required hard copies, the bidder must also submit its proposal (including budget, budget notes, and appendices) electronically by the deadline using a file transfer protocol site. Username and password are case sensitive and must be typed exactly as shown below. Once logged in, the upload button is on the upper left side. Upload the proposal and budget files separately, including the bidder's name in both file names. Click on the green check mark in order to submit the files. Once the upload is complete, click the red logout button at the top right of the screen.

Go to: <https://ftpw.dhs.state.nj.us>.

Username - xbpupload

Password - Network1!

Directory - /ftp-dmhas/xbpupload

Proposal(s) must also be submitted to the County Mental Health Administrator(s) for the county(ies) in which the bidder is proposing services 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 copies while others prefer an electronic version or both methods. For those counties requiring postal mail submission, submit four (4) copies.

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 proposal accepted for review.

The bidder must obtain a minimum score of 700 points out of 1000 points in order to be considered eligible for funding, as well as meet the threshold score for budget and scope of work sections. Criteria scores and thresholds will become available when proposals become available for public inspection.

In addition, if a bidder is determined, in DMHAS' sole discretion, to be insolvent or to potentially become insolvent, 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 a bidder's existing program(s), invite a bidder for interview, and/or review any programmatic or fiscal documents in the possession of DMHAS. 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 DHS Policy Circular P1.04 (<http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html>).

DMHAS recognizes the invaluable perspective and knowledge that consumers, family members and County Mental Health Boards possess. Input from these stakeholders is an integral component of a system that holds wellness and recovery principles at its core. Consequently, DMHAS will convene an advisory group consisting of consumers and family members to provide input to the review committee regarding the proposals submitted.

County Mental Health Boards recommendations and comments will be received by DMHAS no later than May 6, 2016. 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 May 20, 2016.

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. Daylight Savings Time on May 27, 2016. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

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

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

DMHAS will review all appeals and render a final decision by June 3, 2016. 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(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 (for information visit: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml);
3. A list of all current contracts and grants as well as those for which the bidder has applied for from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of

- performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 700, Trenton, NJ 08625-0700 as an additional insured;
 5. Board Resolution 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 https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp; for an entity doing business with the State for the first time, it may register at <http://www.nj.gov/treasury/revenue>);
 25. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
 26. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

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 _____

Incorporated Name of Bidder: _____

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

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

Address of Bidder: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

County in which services are to be provided: _____

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

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

Attachment 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 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: 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 is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Attachment E - County Mental Health Administrators RFP Submission Preference
(as of 12/2015)**

County	Mental Health Administrator	Submission Type
Atlantic	Sally Williams, Mental Health Administrator Shoreview Building 101 So. Shore Road Northfield, NJ 08225 Email: williams_sally@aclink.org	Email + Postal Mail
Bergen	Michele Hart-Loughlin, Program Coordinator Email: mhartlo@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	Rashid M. Humphrey, Mental Health Services Community Planning & Advocacy Council 2500 McClellan Avenue - Suite 110 Pennsauken, NJ 08109 Email: rhumphrey@cpachvi.org	Email + Postal Mail
Cape May	Patricia Devaney, Mental Health Administrator Email: devaneyp@co.cape-may.nj.us	Email
Cumberland	Juanita Nazario, Mental Health Administrator Email: juanitana@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	Becky Foraker, Mental Health Administrator Department of Human Services 115 Budd Blvd. West Deptford, NJ 08096 bforaker@co.gloucester.nj.us	Email + Postal Mail
Hudson	Robin F. James, Mental Health Administrator Email: rjames@hcnj.us	Email

Hunterdon	Cathy Zahn, Mental Health Planner Department of Human Services 8 Gauntt Place - PO Box 2900 Flemington, NJ 08822-2900 Email: czahn@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	Penny Grande, Administrator Email: penny.grande@co.middlesex.nj.us Middlesex County Office of Human Services Middlesex County Administration Building 75 Bayard Street New Brunswick, NJ 08901	Email + Postal Mail
Monmouth	Steve Horvath, Acting Administrator Email: Steve.Horvath@co.monmouth.nj.us	Email
Morris	Laurie Becker, Mental Health Administrator Email: lbecker@co.morris.nj.us Mental Health Administrator Director, Division of Community and Behavioral Health Services Morris County Department of Human Services PO Box 900, Morristown, NJ 07953-0900	Email + Postal Mail
Ocean	Jamie Busch, Assistant Mental Health Administrator Email: JBusch@co.ocean.nj.us	Email
Passaic	Francine Vince, Director Email: francinev@passaiccountynj.org	Email
Salem	Becky Foraker, Mental Health Administrator Department of Health and Human Services 94 Market Street Salem, NJ 08079 bforaker@co.gloucester.nj.us	Email + Postal Mail
Somerset	Pam Mastro, Mental Health Administrator Email: mastro@co.somerset.nj.us	Email
Sussex	Cindy Armstrong, Mental Health Administrator Sussex County IDRC Director & Substance Abuse Coordinator 1 Spring Street, Newton, NJ 07860 973-940-5200, ext. 1371 973-940-5220 fax Email: carmstrong@sussex.nj.us	Email + Postal Mail

Union **Sara Thode, Mental Health Administrator** Email
Email: sthode@ucnj.org

Warren **Shannon Brennan, Mental Health Administrator/
Youth Services Administrator** Email
Email: sbrennan@co.warren.nj.us