



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

REQUEST FOR PROPOSALS

**Designated Screening Services
Atlantic, Bergen, Cape May, Middlesex, Morris
and Somerset Counties**

July 31, 2025

Renee Burawski, Assistant Commissioner
Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for the continued provision of Designated Screening Services (i.e., Psychiatric Emergency Services) for Atlantic, Bergen, Cape May, Middlesex, Morris, and Somerset Counties. Total annualized funding is \$12,633,713 subject to State appropriations and is as follows:

Atlantic County: \$2,336,433
Bergen County: \$2,695,367
Cape May County: \$813,855

Middlesex County: \$3,128,935
Morris County: \$2,458,265
Somerset County: \$1,200,858

DMHAS anticipates making one award for each of these county-based service areas, resulting in six total awards. Bidders applying for more than one (1) county/region must submit separate proposals for each region.

The psychiatric emergency service programs awarded through this RFP shall offer services to persons 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 successful bidder(s) will ensure that the services provided ensure diversity, inclusion, equity, and cultural and linguistic competence to the target population. The successful bidder will continually assess and utilize demographic data of participants' catchment area in its development and delivery of programming, evaluation, and program outcomes to ensure it is relevant to the population served. Additionally, the successful bidder will analyze data to implement strategies to increase program participation.

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

The following summarizes the anticipated RFP schedule:

July 31, 2025	Notice of Funding Availability
August 7, 2025	Questions on RFP due – no later than 4pm ET
August 28, 2025	Deadline to submit written intent to apply – no later than 4pm ET
August 28, 2025	Deadline to request DHS secure file transfer protocol (SFTP) site login credentials – no later than 4pm ET
September 4, 2025	Deadline for receipt of proposals – no later than 4pm ET
October 2, 2025	Mental Health Board Letters of Recommendation due
TBD	Appeal deadline – no later than 4pm ET

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

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

schedule.

II. Background and Population to be Served

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.

Consistent with 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 ten (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 (N.J.A.C 10:31-1.1 et seq.), beginning in 2011, and in each year thereafter, DMHAS is required to designate a screening service for each of the State's geographic areas for a period of up to seven (7) years. 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.

The screening service will serve persons who can benefit from recovery and rehabilitative-oriented clinical services. Many of these individuals have serious mental illness. It is also 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.

DMHAS believes that early intervention in the crisis cycle results in better mental health outcomes, decreases the potential for trauma, lowers healthcare costs for consumers, families and service providers and reduces undue reliance on hospital emergency departments. Consequently, DMHAS wants to award this contract to the bidder(s) that will develop programs that can offer a strong community-based, mobile outreach service that readily delivers crisis intervention services in various community settings.

DMHAS also promotes the delivery of mental health care 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 appropriate alternatives to inpatient care. Similarly, adherence to individuals' advanced directives (e.g., psychiatric advanced directives) is critical to service delivery.

The screening services will work closely with DMHAS to coordinate acute mental health care services in Atlantic, Bergen, Cape May, Middlesex, Morris and Somerset 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 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. 30:4-27.1.1 et seq.) and the screening regulations (N.J.A.C. 10:31-1.1 et seq.).

III. Who Can Apply?

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

- The bidder must/may be a non-profit or for-profit entity or governmental entity;
- The bidder must be licensed by the Department of Health Certificate of Need Licensing Office (CN&L) prior to the start of services;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction for deficiencies submitted to DMHAS for approval prior to submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of [New Jersey Consolidated Debarment Report](#)² or be suspended or debarred by any other State or Federal entity from receiving funds;
- Pursuant to DHS Contract Policy and Information Manual Policy Circular 8.05, the bidder shall not have a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include Provider Agency staff members, officers and Governing Board Members. A bidder must have written Conflict of Interest policies and procedures that satisfy the requirements of P8.05, thereby ensuring that paid Board members do not participate in transactions except as expressly provided in the P8.05 circular; and

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

- 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

Designated Screening Services must meet all the requirements of N.J.S.A. 30:4-27.1 et seq. and N.J.A.C. 10:31 et seq. Specifically, pursuant to N.J.A.C. 10:31-2.1(a), Designated Screening Services in New Jersey shall perform the following functions:

1. Assessment of the crisis situation 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.
 - i. When evaluation of suicide risk is indicated, the assessment shall include an evidence-based, structured, or standardized tool designed to assess suicide risk;
2. Provision of emergency and consensual treatment to the person receiving the assessment;
3. Crisis/early intervention counseling, including, but not limited to identifying warning signs, developing coping strategies, utilizing support networks, and having a clear crisis response plan, along with professional guidance for ongoing mental health management.
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;
5. Initiation of involuntary commitment proceedings, where appropriate and pursuant to N.J.S.A. 30:4-27.10 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 that have been forwarded from an AES (Affiliated Emergency Service) during off hours;
7. Maintenance of 24 hours per day screening outreach capability, which shall include provision of screening services in any location in the geographic area 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 and coordination of transportation to the screening service with the police;
- 8. Provision of extended crisis evaluation bed(s) (ECEBs) with 24-hour capability, for the purpose of assessment, intensive supervision, medication monitoring and crisis stabilization;
- 9. Provision of, or arrangement for, 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 N.J.S.A. 30:4-27.11e.a(1) and shall not be given to consumers in non-emergency situations without their consent;
- 11. Arranging transportation of consumers in need of involuntary commitment to inpatient treatment 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 set forth at N.J.A.C. 10:31-2.4, determine if a consumer brought to the screening service pursuant to a court order issued as the result of the consumer's failure to comply with the terms of their conditional discharge from involuntary commitment to treatment is in need of involuntary commitment to treatment;

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 STCFs (Short Term Care Facility) 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.
 - 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 not be limited to, orientation to the screening system, provisions contained within the screening law, explanation of mental illness, crisis intervention skills, systems interaction and transportation;
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 laws. This plan shall include transportation between an AES or screening service and transportation from these services to an appropriate treatment facility (for example, 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;
20. Develop and coordinate a mechanism for acute care system review in accordance with N.J.A.C. 10:31-5;
21. Maintain a system for tracking currently available treatment openings in the acute care system for which the screening service is granted access either directly, by subcontract or by affiliation; and
22. Ensure that screening services are made known to the community at large through, among other modalities, publication of services in the local telephone directory.

The successful bidder(s) will include evidence of their commitment to equity and reduction of disparities in access, quality, and treatment/program outcomes of marginalized populations. This includes a cultural competency plan that incorporates diversity,

inclusion, equity, cultural and linguistic access through adherence to National Culturally and Linguistically Appropriate Services (CLAS) standards. The plan must include information about the following domains: workforce diversity (data informed recruitment), workforce inclusion, reducing disparities in access quality, and outcomes in the target population, and soliciting input for diverse community stakeholders and organizations. Additionally, the successful bidder(s) should describe how it will use available demographic data from agency and target population service area (race/ethnicity/gender/sexual/orientation/language) to shape decisions pertaining to services, agency policies, recruitment, and hiring of staff.

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

The successful bidder(s) shall:

- Collaborate with system partners to ensure coordination, equity, and inclusion of care
- Deliver services in a culturally competent manner that exemplify National CLAS Standards
- Ensure services meet the language access needs of individuals served by this project (e.g., limited English proficiency, Video Relay Service/American Sign Language, Braille, limited reading skills).
- Coordinate and lead efforts to reduce disparities in access, quality, and program outcomes

STAFFING

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.

Applicants should also provide a comprehensive plan to integrate Peer Support Services within their crisis care framework, aligning with SAMHSA's guidelines on Peer Support Services in Crisis Care (<https://store.samhsa.gov/sites/default/files/pep22-06-04-001.pdf>). This plan should include strategies for recruiting, retaining, certifying, and training peer support workers, ensuring they embody the principles of shared lived experiences and strengths-based practices. The plan must maintain role integrity to prevent peer drift and detail how applicants will educate administration, partners, supervisors, and co-workers on the importance of peer support. The plan should emphasize creating a trauma-informed, recovery-oriented environment consistent with SAMHSA's best practices. Additionally, applicants should explain how Peer Advocates will raise awareness, provide education, and deliver support through follow-up calls, in-person visits, WRAP planning, family engagement, and community connections—particularly for individuals who frequently use psychiatric screening services—to help reduce emergency room visits and hospitalizations.

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

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

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

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

REPORTING

The Designated Screening Service Systems Review Committee (SRC) Form must be completed in full by the designated screening service (DSS) on a monthly basis and

submitted to the DMHAS and the County SRC. All DMHAS contract agencies are required to submit a quarterly service report, known as the Quarterly Contract Monitoring Report (QCMR), a quarterly expenditure report, known as the Report of Expenditures (ROE) and to enter required information into the Unified Services Transaction Form (USTF+) system.

Applicants are also required to use the **Bed Enrollment Data System (BEDS)**, a secure web-based platform developed by DMHAS for assigning agency beds to consumers and making inter-agency referrals. BEDS is also used by DHS for contract and bed management. Instructions for system use will be provided to awarded agencies.

The ability of bidders to deliver all of these services referenced in this section will be considered in the scoring.

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 is anticipated to have an initial term of December 15, 2025 through June 30, 2026. The contract may be renewable for up to seven additional one-year terms, at DMHAS' sole discretion, with the agreement of the successful bidder. Funds may be used only to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

In accordance with Policy P1.12 available on the [DHS website](#)⁴, programs awarded a contract pursuant to this RFP will be separately clustered until DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

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

⁴ <https://www.nj.gov/humanservices/olra/assets/documents/CPIManual.pdf>

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

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

Billing Procedures for Medicaid

For services reimbursed under the Psychiatric Emergency Rehabilitation Services (PERS) initiative, providers must follow established Medicaid billing guidelines. These include timely submission of claims using appropriate codes, maintaining comprehensive documentation to support medical necessity, and ensuring compliance with all federal and state regulations. Providers are encouraged to enroll as Medicaid-eligible to maximize reimbursement opportunities and sustain service delivery. Detailed billing procedures are outlined in the Medicaid Billing Guidelines document “DMAHS Newsletter Oct 2015”. [24-10.pdf](#)

All construction/renovation awards will be subject to a Capital Agreement at the discretion of DMHAS.

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. The successful bidder(s) may be required, at DMHAS’ discretion, to accept used but serviceable equipment in lieu of funds for new equipment.

VI. Written Intent to Apply and Contact for Further Information

Bidders must email MH.upload@dhs.nj.gov no later than 4:00 p.m. ET on August 28, 2025 indicating their agency’s intent to submit a proposal for Designated Screening Services: Atlantic, Bergen, Cape May, Middlesex, Morris & Somerset Counties RFP. It is required that the bidder email their notice of intent to submit a proposal no later than the August 27, 2025 deadline. If a bidder’s notice to intent to submit a proposal is received

⁵ <http://www.nj.gov/humanservices/providers/rulefees/regs/>

after the deadline their agency is not eligible to submit a proposal for consideration. Submitting a notice of intent to apply does not obligate an agency to apply.

Any questions regarding this RFP should be directed via email to MH.upload@dhs.nj.gov no later than 4:00 p.m. ET on August 7, 2025. All questions and responses will be compiled and emailed to all those who submit a question or provide a notice of intent to apply. Bidders are guided to rely upon the information in this RFP and the responses to questions submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual bidders at any time.

VII. Required Proposal Content

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

Funding Proposal Cover Sheet (RFP Attachment A)

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

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

1. Describe the bidder's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the bidder's work with the target population and marginalized underserved populations, and the number of years' experience working with the target population and marginalized underserved populations.
2. Describe the bidder's background and experience in implementing this or related types of services. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area.
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, such 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 (CLAS Standards) and diversity (Law against Discrimination, 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. Document that the bidder's submissions are up-to-date in the New Jersey Substance Abuse Management System, Unified Service Transaction Form, Quarterly Contract Monitoring Report and Bed Enrollment Data System.
9. Describe the bidder's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.
10. Provide the bidders ownership chart that shows the financial and voting interests, among other attributes. The company ownership chart must identify the types of legal entities and FEIN.
11. A Department Contract is not a Marketable Asset that may be purchased from a Provider Agency by another organization through an Acquisition, Affiliation, Consolidation, Merger, etc. Provide details of recent or pending Acquisition, Affiliation, Consolidation, or Merger of the bidder.
12. Detail specific program-level strategies that show experience with the operationalization of wellness and recovery principles.
13. Detail specific program-level strategies that show experience with the operationalization of trauma informed care.

Project Description (35 points)

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

1. The bidder's proposed approach to the business opportunity or problem described in the State's RFP, including the following.
 - a. how the bidder's approach 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 assessment and needs of the target population;
 - 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 how the demographic makeup of the catchment area population (race, ethnicity, gender, sexual orientation, language, etc.) will shape the design, implementation of evidence based and best practice program approaches, and interpretation of outcomes.
3. Provide a comprehensive description of all recovery and clinical services that will be delivered through the proposed psychiatric emergency service program.
4. Describe the evidence-based and best practice approaches that will be employed in the design and implementation of the psychiatric emergency services program. Highlight how these practices align with the latest standards in the field.
5. Describe how your proposed service will be integrated within the broader system of care. This should include details on how the service aligns and interacts with other

mental health services (both inpatient and community-based), social services, and law enforcement. Highlight how this integration provides a seamless continuum of care for service users.

6. Identify the location where the proposed screening service will be sited. All proposed service locations should be designed to ensure that the citizens of the service area have prompt access to the screening service.
7. Demonstrate your knowledge of the populations served in designated screening programs. Explain how your approach is specifically tailored to meet the needs and characteristics of these populations, including any unique challenges or requirements.
8. Detail the procedures for serving persons with the most acute psychiatric needs that will be performed by the proposed program, including those with high risk for suicide.
9. Describe the bidder's capacity to accommodate all consumers who take legitimately prescribed medications and who are referred to or present for admission.
10. Provide a summary of the policies that prohibit discrimination against consumers who are assisted in their prevention, treatment and/or recovery from substance use disorders and/or mental illness with legitimately prescribed medication(s).
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.
12. Fully describe the services that will be provided to individuals under the age of 18 and to their families. Explain the bidder'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:
 - The processes will be utilized for serving individuals below 18 years of age.
 - Detail the process for engaging the Contracted Service Administrator ("CSA") for the Children's System of Care ("CSOC") in identifying youth/children active in the CSOC.
 - Bidder's program's plan around limiting youth exposure to and interaction with other populations served in screening and emergency rooms.
 - Bidder's program's plan for involving youth and families in the screening process.
 - Bidder's program's process around facilitating CCIS admissions and/or hospitalization when necessary.
 - Bidder's program's process around facilitating disposition for discharge and referral to Mobile Response and Stabilization Services and other appropriate resources prior to disengaging with a youth and family post outreach or on-site assessment.
13. A description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
14. Describe the organization's committees or workgroups that focus on reducing disparities in access, quality, and program outcomes for the populations who are referred to or present for psychiatric emergency services. 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.

15. Describe how Psychiatric Advance Directives (<https://www.nj.gov/humanservices/dmhas/resources/mental/pad/>) will be incorporated into shared decision-making with individuals receiving the proposed service.
16. Provide a full explanation of the proposed program's follow-up services for service recipients after departure from the screening service.
17. Outline the community education and training that will be provided, including audiences and training frequency.
18. Provide an implementation schedule for the contract, including a detailed monthly timeline of activities, commencing with the date of award, through service initiation, culminating in full implementation of all screening service operations 90 days from final award.
19. Provide a projection of the anticipated volume in episodes of care and episode duration. Details on episode duration must be included.
20. Detail the specific program strategies that will be used to ensure that the program will adhere to the principle of treatment in the least restrictive environment.
21. Detail the process for referral and assignment to involuntary out-patient commitment status.
22. Pursuant to N.J.A.C. 10:31.2.6(b)7, detail a written protocol and procedures for the use of various medication techniques, including emergency stabilization regimes.
23. Bidders must provide an attestation that they will deliver all of the twenty-two (22) functions referenced above in Section IV (Contract Scope of Work). Attestations without corresponding staffing for provision of these functions will be considered in the scoring.
24. For bidders who do not currently operate a Screening Service, an attestation that policies and procedures as required in N.J.A.C 10:31-1.1 et seq. will be submitted to DMHAS within sixty days of the commencement of a contract is required.

Outcome(s) and Evaluation (10 points)

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

1. Outline the community education and training that will be provided, including audiences and training frequency.
2. Discuss in detail any current psychiatric emergency service program specific quality improvement effort(s) related to timeliness of care, referral or placement in the least restrictive setting.
3. Describe the bidder's approach to measurement of consumer satisfaction.
4. Describe the bidder's measurement of the achievement of identified goals and objectives.
5. The evaluation of contract outcomes.
6. Description of all tools to be used in the evaluation.
7. 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.

8. Tools and activities the bidder will implement to ensure fidelity to the evidence-based practice.
9. The assessment, review, implementation, and evaluation of quality assurance and quality improvement recommendations, particularly noting any reduction of disparities and barriers in access, quality, and treatment outcomes.

Staffing (15 points)

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

1. Specify the number of full-time equivalents of all proposed program staff in a table. Qualifications of the clinical, nursing, rehabilitation, and family/peer support staff must be clearly presented. Job descriptions for each position should be included in the appendices.
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 recruitment effort. Identify bilingual staff
3. Description of the proposed organizational structure, including submitting an organizational chart as an appendix to the bidder's proposal.
4. Detail a process for retention of current screening program staff who may be affected by this RFP.
5. Describe program efforts to recruit, hire and train staff who are from or have experience working with target population.
6. 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.
7. 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.
8. Describe how available family and peer resources will be utilized in program operations.
9. Describe the bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
10. Provide a staffing schedule that shows the staffing pattern for 24/7 operations. All staffing disciplines must be detailed, and on-site/on-call coverage must be clearly noted for all shifts.
11. Detail the amount of weekly on-site psychiatrist time that the proposed service will provide.
12. Discuss how timely on-site psychiatric evaluations will be provided for persons for whom telepsychiatry may be contraindicated. Timeframes for in-person response by the screening psychiatrist must be clearly stated.

13. Discuss whether the proposed service will pursue affiliations with hospitals within the service area to augment screening psychiatrist staffing and how the affiliation will be employed to improve consumer care.
14. Describe the supervision methods that will be used, including details of all supervision processes for clinical staff, inclusive of supervision of all screening psychiatrists.
15. A list of the bidder's board members and their current terms, including each member's professional licensure and organizational affiliation(s). The proposal shall indicate if the Board of Directors vote on contract-related matters.
16. A list of consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s). Each consultant must be further described as to whether they are also a board member and, if so, whether they are a voting member. The bidder must identify all reimbursement the consultant received as a board member over the last twelve (12) months.
17. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.

Facilities, Logistics, Equipment (5 points)

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

1. A description of the manner in which tangible assets, i.e., computers, phones, other special service equipment, etc., will be acquired and allocated.
2. A description of the bidder's Americans with Disabilities Act (ADA) 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 Excel Budget template is required. Bidders must submit pricing using the Excel Budget template accompanying this RFP. Bidders should refer to Instructions for Excel Budget Template (Attachment E) for a clear understanding of how to work within the template file. The Budget template must be uploaded as an Excel file onto the file transfer protocol site as instructed in VIII. Submission of Proposal Requirements. Failure to submit the budget as an Excel file may result in a deduction of points. The standard budget categories for expenses include: A.

Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, clearly labeled sections:

- a. Section 1 – Full annualized operating costs to satisfy the contract scope of work detailed in the RFP and revenues excluding one-time costs; and
 - b. Section 2 - Proposed one-time costs, if any, which shall be included in the Total Gross Costs.
2. Budget Notes detailing and explaining the proposed budget methodology, estimates and assumptions made for expenses, and the calculations/computations to support the proposed budget are required. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget notes, to the extent possible, should be displayed on the Excel template itself.
 3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
 4. For all proposed personnel, the template should identify the staff position titles, staff names for current staff, and total hours per workweek.
 5. Identify the number of hours per clinical consultant.
 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 shall pursue all available sources of revenue and support upon award and in future contracts, including agreement to obtain approval as a Medicaid-eligible provider.
 9. 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.

County Mental Health Board Recommendation (5 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 Atlantic, Bergen, Cape May, Middlesex, Morris, and Somerset Counties’ Mental Health Boards, shall designate a screening service in those counties. The County Mental Health Board 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 Board may award up to five points to each of the applications under its review, with a clear rationale for the point allocation assigned to each proposal, based on overall proposal quality and the minimum criteria above. The point allocation for each proposal must be clearly communicated to DMHAS.

Attachments/Appendices

The enumerated items of Required Attachments #1 through #10 and Appendices #1 through #11 must be included with the bidder's proposal.

Please note that if Required Attachments #1 through #6 are not submitted and complete, the proposal will not be considered. Furthermore, the failure to provide documents necessary to assess fiscal viability (as identified in Attachments #7 through #9) may result in the disqualification of the bidder's proposal.

The collective of Required Attachments #1 through #6 and Appendices #1 through #11 is limited to a total of 50 pages. Audits and interim financial statements (Required Attachments #8 and #9) do not count towards the appendices' 50-page limit. Attachments/Appendix information exceeding 50 pages will not be reviewed.

Required Attachments

1. Department of Human Services Statement of Assurances (RFP Attachment C);
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
3. [Disclosure of Investment in Iran](http://www.nj.gov/treasury/purchase/forms.shtml)⁶;
4. [Certificate of Non-Involvement in Prohibited Activities in Russia and Belarus](http://www.nj.gov/treasury/purchase/forms.shtml) ;
5. Statement of [Bidder/Vendor Ownership Disclosure](http://www.nj.gov/treasury/purchase/forms.shtml)⁷;
6. Disclosure of Investigations and Other Actions Involving Bidder⁸;
7. Pursuant to Policy Circular P 1.11, a description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
8. Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years;
9. All interim financial statements prepared since the end of the bidder's most recent fiscal year. If interim financial statements have not already been prepared, provide interim financial statements (balance sheet, income statement and cash flows) for the current fiscal year through the most recent quarter ended prior to submission of the bid; and
10. Department of Human Services Commitment to Defend and Indemnify Form (Attachment G).

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

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

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

Appendices

1. Copy of documentation of the [bidder's charitable registration status](#)⁹;
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. Original and/or copies of letters of commitment/support
7. Cultural Competency Plan;
8. Provide an ownership chart that shows the financial and voting interests, among other attributes. The company ownership chart must identify the types of legal entities and FEIN, limited to four (4) pages;
9. Details of Staffing Schedule for 24/7 Operations (comprehensive schedule showing staffing patterns for around-the-clock operations) [Staffing coverage.pdf](#);
10. Consultants List (consultants intended for use in the project, including details about their professional licensure and affiliations); and
11. Board Members List (bidder's board members, including each member's professional licensure, organizational affiliations, and terms).

VIII. Submission of Proposal Requirements

A. Format and Submission Requirements

DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should be no more than 20 pages, be single-spaced with one (1") inch margins, normal character spacing that is not condensed, and not be in smaller than twelve (12) point Arial, Courier New or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 23 it is 21 pages long, not 20 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendices do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on **September 4, 2025**. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically using the DHS secure file transfer protocol (SFTP) site.

Proposals should be submitted in the following three files.

1. PDF file of entire proposal consisting of proposal narrative, budget, budget notes, attachments and appendices. Do not include interim and audited financial statements and Single Audits (A133) which should be submitted in a separate PDF file (see #3 below). Label file with the following title: Name of Agency/Provider; Designated Screening Services: County Name (Proposal).

⁹ www.njconsumeraffairs.gov/charities

2. Excel file of budget using the DMHAS Excel budget template. Label file with the following title: Name of Agency/Provider Designated Screening Services: County Name (Budget)
3. PDF file of interim and audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years template. Label file with the following title: Name of Agency/Provider Designated Screening Services: County Name (Audits)

Bidders must request login credentials by emailing MH.upload@dhs.nj.gov **on or before 4:00 p.m. on August 28, 2025**, in order to receive unique login credentials to upload your proposal to the SFTP site. Email requests for login credentials must include the individual's first name, last name, email address and name of agency/provider.

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

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

B. Confidentiality/Commitment to Defend and Indemnify

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

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

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

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

designation of proprietary and/or confidential information, DHS will use commercially reasonable efforts to advise the Bidder. Copyright law does not prohibit access to a record which is otherwise available under OPRA.

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

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

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

IX. Review of Proposals

There will be a review process for all timely submitted proposals. DMHAS will convene a review committee of public employees to conduct a review of each responsive proposal.

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

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

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

Contract award recommendations will be based on such factors as the proposal scope, quality and appropriateness, bidder history and experience, as well as budget reasonableness. The review committee will look for evidence of cultural competence in each section of the narrative. The review committee may choose to visit all bidder finalists to review existing program(s) and/or invite all bidder finalists for interview. The bidder is advised that the contract award may be conditional upon final contract and budget negotiation.

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in [Policy Circular P1.04](#)¹⁰.

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

County Mental Health Board recommendations and comments will be received by DMHAS **no later than October 2, 2025**. All County Mental Health Board recommendations and comments shall be emailed to MH.upload@dhs.nj.gov, and shall reference the RFP Title and County. This input will be considered in the final deliberations of the review committee.

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

X. Appeal of Award Decisions

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

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

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

¹⁰ <https://www.nj.gov/humanservices/olra/contracting/policy/>

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

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

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

XI. Post Award Required Documentation

Upon final contract award announcement, the successful bidder(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](#)¹¹;
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;

¹¹ <https://www.njportal.com/DOR/annualreports/>

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](#)¹²; for an entity doing business with the State for the first time, it may register at the [NJ Treasury website](#)¹³;
25. Source Disclosure ([EO129](#))¹⁴;
26. Chapter 51 [Pay-to-Play Certification](#)¹⁵; and
27. Successful bidder's active Unique Entity Identifier ("UEI"), if project funding includes any federal grant resources. The UEI is a 12-character alphanumeric ID assigned to an entity registered at SAM.gov. It replaced the DUNs, and is distinct from the entity's Employer Identification Number (EIN or Employer ID). The UEI provided must match the successful bidder's legal business name and address, and it must be updated annually (or sooner if changes occur) and maintained during the period of subaward.

XI. Attachments

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

¹² https://www1.state.nj.us/TYTR_BRC/jsp/BRCLLoginJsp.jsp

¹³ <http://www.nj.gov/treasury/revenue>

¹⁴ www.nj.gov/treasury/purchase/forms.shtml

¹⁵ 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: Designated Screening Services: Atlantic, Bergen, Cape May, Middlesex, Morris & Somerset Counties

Incorporated Name of Bidder: _____

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

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

UEI Number: _____

Address of Bidder: _____

Chief Executive Officer Name and Title: _____

Phone No.: _____ Email Address: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

County in which services are to be provided: _____

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

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

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

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

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document, "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof that offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

Attachment C – Statement of Assurances

Department of Human Services Statement of Assurances

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 C.F.R. Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 C.F.R. Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et seq.; 45 C.F.R. part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (N.J.A.C. 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 C.F.R. 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

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

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

Attachment D - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION. THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

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

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

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

Attachment E - Instructions for Excel Budget Template

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

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

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

Attachment F

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

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

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, 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, Designated Screening Services: Atlantic, Bergen, Cape May, Middlesex, Morris & Somerset Counties -34

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

Attachment G – Commitment to Defend and Indemnify Form

Department of Human Services Commitment to Defend and Indemnify Form

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

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

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

(Signature)

(Print Name)

Title

Entity Represented

Date

Attachment H - County Mental Health Administrators RFP Submission Preference

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

Hudson	Kayla Hanley, Mental Health Administrator Email: khanley@hcnj.us	Email
Hunterdon	Susan Nekola, Assistant Mental Health Administrator 6 Gaunt Place - PO Box 2900 Flemington, NJ 08822-2900 snekola@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	Jamie Busch, Mental Health Administrator Email: jbusch@co.ocean.nj.us	Email
Passaic	Chi Shu (Bart) Chou, Director Email: bartc@passaiccountynj.org	Email
Salem	Jared Cornman, Mental Health Administrator Salem County Department of Health and Human Services 110 5 th Street, Ste 500 Salem, NJ 08079 Email: jared.cornman@salemcountynj.gov	Email + Postal Mail
Somerset	Lisette Turner, Mental Health Administrator Email: lturner@co.somerset.nj.us	Email

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

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