

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

REQUEST FOR PROPOSALS

**MEDICALLY ENHANCED SUPPORTIVE HOUSING AND
COMMUNITY SUPPORT SERVICES FOR INDIVIDUALS
DISCHARGED FROM STATE PSYCHIATRIC HOSPITALS**

July 11, 2016

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Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) to develop or expand medically enhanced supportive housing to serve a minimum of 40 individuals who are in a New Jersey state psychiatric hospital. Total annualized funding is \$1.6 million subject to State appropriations.

The DMHAS seeks to facilitate the discharge of individuals on Conditional Extension Pending Placement (CEPP)¹ status. The current RFP will pair housing subsidies funded by the DMHAS and administered by the New Jersey Housing Mortgage and Finance Agency (NJHMFA) with service dollars to develop or expand community supportive housing programs.

Bidders applying for more than one (1) county/catchment area must submit separate proposals for each county.

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

The following summarizes the RFP schedule:

7/11/16	Notice of Funding Availability
7/22/16	Mandatory Bidders Conference
8/19/16	Deadline for receipt of proposals - no later than 4:00 p.m.
9/28/16	Preliminary award announcement
10/5/16	Appeal deadline
10/12/16	Final award announcement
12/1/16	Anticipated contract start date

II. Background and Population to be Served

While DMHAS has a long history of seeking to develop or expand the network of community housing opportunities for persons with serious mental illness, this current RFP is part of a larger initiative related to the Olmstead Settlement Agreement (Olmstead), under which the DMHAS has committed to effecting the timely discharge of persons in the State hospital system determined to no longer require that level of care. DMHAS is committed to discharging these individuals as promptly as possible after they are placed on CEPP status.

¹ In New Jersey, the status of CEPP was created by a 1983 New Jersey Supreme Court decision in re: S.L., 94 N.J. 128 (1983), for individuals who no longer met the standard for involuntary commitment, but for whom there was no present appropriate placement in the community.

In past rounds of community development, DMHAS has concentrated on the overall development of service capacity as a means of addressing the availability of supports within a context of dynamic service demands. As DMHAS moves to meet its obligations under Olmstead, however, it has recognized the need to implement a new, more direct strategy of service development, based on the community support needs of specific individuals awaiting discharge from the State hospitals. This RFP is one (1) in a series of requests that will embrace this approach.

III. Who Can Apply?

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

- The bidder must be a not-profit, a for-profit or governmental entity;
- The bidder must be able to demonstrate experience in successfully providing services to individuals diagnosed with a serious mental illness;
- The bidder must be licensed by the Department of Human Services (DHS) Office of Licensing as a Supportive Housing provider N.J.A.C. 10:37A prior to the start of services.
- The bidder must be located in the Ancora Psychiatric Hospital (APH), Greystone Park Psychiatric Hospital (GPPH) and Trenton Psychiatric Hospital (TPH) catchment areas. The hospital catchment areas applicable to this RFP are as follows:
 - a. APH – Atlantic(5), Burlington(5), Camden(5), Ocean(5)
 - b. GPPH – Morris(5), and Somerset(5)
 - c. TPH – Mercer(5), and Monmouth(5)
- The bidder must be willing to accept into service all consumers identified by the Division;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors in a consultant capacity;
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue, i.e., this requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies;

- The bidder must comply with the terms and conditions of DHS' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM) and the Contract Policy and Information Manual (CPIM). These documents are available on the web at: <http://www.state.nj.us/humanservices/ocpm/home/resources/manuals>; and
- The bidder must attend the Mandatory Bidders conference as described in the RFP.

IV. Contract Scope of Work

DMHAS seeks proposals to develop or expand supportive housing and related services in the APH, GPPH and TPH identified catchment areas. By virtue of this program development, services will be targeted to facilitate the discharge of persons on CEPP status at a state psychiatric hospital who have co-existing medical conditions. These individuals may also have co-occurring substance use disorders or a co-existing developmental disability, have experienced periods of long-term institutionalization, and/or are refusing to leave the hospital.

Specifically, the DMHAS is seeking to develop new Medically Enhanced Supportive Housing for twenty (20) individuals in the APH catchment area, ten (10) in the TPH catchment area, and ten (10) individuals in the GPPH catchment area.

The funding will provide new housing opportunities for a minimum of 40 individuals who are in a state psychiatric hospital and designated as CEPP. Housing subsidies, administered in a manner consistent with the principles of supportive housing, will be paired with community support services in order to meet the needs of the individuals served through this RFP. Consumers who will receive services from a certified behavioral health home upon discharge from a state psychiatric hospital are eligible for this proposed service.

Bidders must demonstrate evidence of affirmative integration strategies with primary medical care providers to ensure that each individual's health needs are addressed holistically in cooperation with the bidder. This integration may be evidenced by collaborative agreements between the agency and primary care practitioner(s), or medical staff (e.g., registered nurse, nurse practitioner, and physician).

DMHAS will identify the consumers to be served through this funding, and will work with successful bidders toward successful discharges to community living. The provider agency must accept consumers identified by DMHAS as appropriate for supportive housing level of placement, consistent with the consumer attributes delineated in this RFP, within the timeframes identified by DMHAS. Agency staff will begin working with identified consumers as soon as possible after assignment but prior to actual discharge to facilitate relationship building, ascertain housing preferences and conduct needs assessments.

In order to meet the needs of the individuals served through this RFP, DMHAS sponsored rental subsidies will be made available. The DMHAS rental subsidy guidelines must be followed and no apartments can be rented over the Fair Market Rent (FMR) as published by the New Jersey Department of Community Affairs (DCA) Housing Choice Voucher Program Payments Standards. The housing subsidies will be made available through a Housing Clearinghouse, known as the *Supportive Housing Connection (SHC)*, administered by the NJHMFA. No capital funding is available through DMHAS for this initiative.

The *Supportive Housing Connection (SHC)*, administered by NJHMFA, will manage the housing subsidies. The roles and responsibilities of the *Supportive Housing Connection (SHC)* include:

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

Awardees are expected to adhere to all State and Federal cost principles. Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

As a model of supportive housing, awardees are to provide flexible support services paired with permanent leased based housing opportunities to meet the individual's varying needs and preferences. The model is based on a "Housing First" philosophy and endorsed as an opportunity to support innovative, person-centered service provision and to champion the inclusion of consumers as full partners in treatment and recovery. "Housing First" is a philosophy that homelessness can be most efficiently ended by providing someone with access to safe, decent and affordable housing. Although an individual experiencing homelessness may benefit from supportive services such as mental health or substance use counseling, participation in these services is not a prerequisite to access housing or a condition of maintaining it. In fact, the stability that a housing unit provides bolsters a tenant's ability to participate in these services² (Corporation of Supportive Housing, 2014). Teams will employ supportive services (grounded in rehabilitation principles) necessary to maintain housing and achieve identified wellness and recovery goals, as well as case management approaches to

² <http://www.csh.org/toolkit/supportive-housing-quality-toolkit/housing-and-property-management/housing-first-model/>

ensure that consumers access the full array of other clinical and support services needed to function successfully within the community.

The proposed service model must demonstrate how services and supports will be provided in a holistic manner such that it enables individuals diagnosed with a serious mental illness to develop the skills necessary to become fully integrated into their communities, particularly in the areas of housing, employment, and in social contexts. The proposed service is to articulate how it will use a strengths-based approach to working with individuals, rather than a focus on an individual's deficits. Bidders who affirm that 1/3 (one-third) of their staffing will consist of individuals who possess and/or are actively pursuing certification to become a Certified Psychiatric Rehabilitation Practitioner (CPRP) will earn bonus points in the scoring of their proposal. See the following link for information about certification: <http://www.psychrehabassociation.org/certification>.

The proposed service model must also utilize tools as an integral part of the service to monitor physical health, including two of the following health risks/conditions: a pulmonary condition, metabolic syndrome, cardiovascular disease, diabetes, obesity and tobacco use.

Consumers, expected to be full partners in planning their own treatment, are to identify and direct the types of activities that would most help them maximize opportunities for successful community living. Staff support is provided through a flexible schedule, which must be adjusted as consumer needs or interests change. In order to avoid duplication of effort, individuals served by Programs for Assertive Community Treatment (PACT) or Integrated Case Management Services (ICMS) are not eligible for supportive housing services under contracts awarded pursuant to this RFP.

V. General Contracting Information

Bidders must currently meet or be able to meet the terms and conditions of the Department of Human Services (DHS) contracting rules and regulations as set forth in the Standard Language Document (SLD), the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). These documents are available on the DHS website at: <http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html>).

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

Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

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

The contract awarded as a result of this RFP will be structured as cost-based, deficit funded contracts for the phase-in period of the award, until all consumers are successfully placed in the contracted number of slots. At some point after that, to be determined by DMHAS in consultation with the provider, the cost-based contract will terminate, and the service will be contracted on a Fee-for-Service basis. Funds awarded through the cost-based contract may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

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

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

The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder. Additionally, please take note of Community Mental Health Services Regulations, N.J.A.C. 10:37, which apply to all contracted mental health services. These regulations can be accessed at <http://www.state.nj.us/humanservices/providers/rulefees/regs/>.

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

VI. Mandatory Bidders Conference

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

Date: July 22, 2016
Time: 10am
Location: 222 South Warren Street, Trenton
1st floor conference room A & B

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

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

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

VII. Required Proposal Content

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

Funding Proposal Cover Sheet (RFP Attachment A)

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

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

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the work with the target population and the number of years' experience working with the target population.
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 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.
6. Include a description of the bidder's ability to provide culturally competent services.
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 New Jersey Substance Abuse Management System (NJSAMS), Unified Service Transaction Form (USTF), Quarterly Contract Monitoring Report (QCMR) and Bed Enrollment Data System (BEDS).
9. Describe the bidder's current status and compliance with contract commitments in regard to programmatic performance and level of service, if applicable.
10. Please indicate bidder's participation in any Community Support Services trainings.

Project Description (30 points)

1. Indicate the number of individuals on CEPP status in a state psychiatric hospital who will be enrolled by the agency as a result of this initiative and the team(s) resultant (new) caseload capacity. The current contracted caseload capacity and proposed caseload capacity must be clearly stated.
2. The full range of treatment, recovery and support services that will be provided to service recipients. Treatment, recovery and support services are to be grounded in principles of wellness and recovery and reflective of the Substance Abuse and Mental Health Services Administration's (SAMHSA) eight dimensions of wellness. SAMHSA's eight dimensions of wellness may be found at the following web address: <http://www.promoteacceptance.samhsa.gov/10by10/dimensions.aspx>.
3. A detailed monthly timeline of activities for engagement and enrollment of the target population.
4. Indicate compliance with CSS documentation and referral to IME
5. Specify the number of subsidies, managed by the NJHMFA, that will be needed for the proposed program and if the proposed program is leveraging other resources such as a housing choice voucher for rental assistance.
6. The methodology that will be used to motivate, engage, link, monitor and follow-up on primary care issues.

7. The strategies that will be used for engaging the targeted individuals and addressing their needs related to community integration, inclusive of how the service will provide “pre-enrollment” services.
8. Identify a minimum of two (2) of the following health risks: a pulmonary condition, metabolic syndrome, cardiovascular disease, diabetes, obesity and tobacco use, and the tools used to monitor outcomes in these areas and methods that will be used to engage individuals in their own wellness.
9. The bidder’s willingness to accept consumers referred by DMHAS staff and any foreseen barriers in this process. Detailed description of the daily level of service that will be delivered to consumers upon discharge.
10. Description of clear and effective strategies that will be used in the proposed program to address consumers’ needs in a community setting for each of the physical and behavioral health care needs listed below that may interfere with successful community tenure such as:
 - a. Incontinence;
 - b. Diabetes with difficulties self-administering insulin;
 - c. Obesity;
 - d. Ambulation Impairment;
 - e. Poor impulse control;
 - f. Self-injurious behavior (burning, cutting, teeth/hair pulling);
 - g. Anger management;
 - h. Florid psychosis/active fixed delusions;
 - i. Cognitive impairment (or brain injury);
 - j. Metabolic Syndrome;
 - k. Resistance to Hospital Discharge;
 - l. Daily living skills including showering, eating, toileting, etc.; and
 - m. Independent living skills deficits (budgeting, cooking, etc.).
11. Description of how the target population’s needs related to housing will be managed.
12. The plan to address consumers’ substance use disorder treatment needs.
13. The units of service that the bidder is committing to provide defined as 15 contiguous minutes of face-to-face contact with the consumer, during the phase-in period and annually thereafter..
14. The average number of hours of service one (1) consumer will receive annually.
15. The amount of hours for one (1) full time equivalent (FTE) staff person and the percentage of face-to-face hours to be provided in the proposed service (e.g., a bidder may identify that one (1) FTE consists of a 40 hour work week and 50% (or 20 hours per week) of the staff time will be spent in direct face-to-face contact with consumers).
16. Description of how the proposed service will integrate the following principles into service delivery, as evidenced by specific program considerations:
 - a. Promotion of wellness and recovery;
 - b. Promotion of community inclusion; and
 - c. Demonstration of best practices.

Outcome(s) and Evaluation (15 points)

Please provide the following information related to the projected outcomes associated with the proposal as well any evaluation method that will be utilized to measure program effectiveness.

1. The evaluation of the contracted program outcomes.
2. Description of all tools to be used in the program evaluation.
3. Details about any outside entity planned for use to conduct the evaluation, including but not limited to the entity's contact information, brief description of credentials and experience conducting program evaluation.
4. Tools and activities the bidder will implement to ensure fidelity to the evidence-based practice.

Staffing (20 points)

1. The number of direct service staff (in FTE) who will be part of the proposed program(s). Current and proposed staffing must be presented, including specific titles, qualifications for the staff to be added to the team, as well as a rationale for selection of these staff. (Details on all current direct service staff vacancies must be included).
 - a. If existing staff are included in other DMHAS contracted services/programs, the bidder must provide assurances that their use in this new program will not negatively affect the operations of the existing program.
 - b. Discuss the specific compensation strategies will be used to ensure that after-hours service and 24/7 coverage are adequately built into the program's structure.
 - c. Bidders who affirm that 1/3 (one-third) of their staffing will consist of individuals who possess and/or are actively pursuing certification to become a Certified Psychiatric Rehabilitation Practitioner (CPRP) will earn five (5) bonus points in the scoring of their proposal. See following link for information about certification:
<http://www.psychrehabassociation.org/certification>.
2. The anticipated staff schedule, inclusive of all existing staff and new staff who will participate in the proposed initiative. Schedule must reflect service provision on evenings and weekends.
3. The proposed organizational structure, including an organizational chart in an appendix to the bidder's proposal.
4. The bidder's hiring policies, including background and credential checks, as well handling of prior criminal convictions.
5. A list of the bidder's board members, including each member's professional licensure and organizational affiliation(s). The bidder's proposal must identify each board member who is also an employee of the bidder or an affiliate of the bidder. The proposal shall indicate if the Board of Directors votes on contract-related matters.
6. A list of names of consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational

affiliation(s). Each consultant must be further described as to whether they are also a board member and, if so, whether they are a voting members. The bidder must identify all reimbursement the consultant received as a board member over the last twelve (12) months.

Facilities, Logistics, Equipment (5 points)

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

Budget (20 points)

Please note that an annualized budget is required for purposes of evaluating costs and revenues as well as scoring proposals. As noted in Section V, the contracting method will convert from a cost-based contract to a Fee-for-Service contract method after full implementation of the contracted program is achieved, after which an annualized budget will no longer be a contractual component.

1. A detailed budget using the Annex B Excel template is required. 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 Excel budget template will be emailed to all attendees from the Mandatory Bidders Conference. The budget must include two (2) separate, clearly labeled columns:
 - a. Section 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and
 - b. Section 2 - Proposed one-time costs.
2. Budget Notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget Notes, to the extent possible, should be displayed on the Excel template itself.
3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
4. For all proposed personnel, the template should identify the staff position titles and 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 will:
 - a. Pursue all available sources of revenue and support upon award and in future contracts, including agreement to pursue Medicaid certification. **Failure to obtain approval and maintain certification as a Medicaid-eligible provider may result in termination of the service contract;**
 - b. Pursue available resources (i.e. grants, vouchers, rental assistance, etc.) and collaborate with local housing authorities and/or other related housing development entities to develop, expand, and/or enhance housing options for enrolled consumers;
 - c. Work in cooperation with the regional and central offices of DMHAS, County Mental Health Boards and state psychiatric hospitals to identify consumers to be served, meet data collection requirements, and participate in any standardized affiliation agreements that may be developed;
 - d. Comply with DMHAS reporting requirements specific to this initiative; and
 - e. Provide the full range of services delineated in the DMHAS and related regulations to all enrolled consumers.

Appendices

The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 50 pages:

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

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

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

VIII. Submission of Proposal Requirements

DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 20 pages, be single-spaced with one (1") inch margins, and no smaller than twelve (12) point Arial, Courier or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 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 appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. Eastern Standard Time on August 19, 2016. All bidders are required to submit one (1) original and five (5) copies of the proposal narrative, budget and appendices (six [6] total proposal packages) to the following address:

For U.S. Postal Service delivery:

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

OR

For private delivery vendor such as UPS or FedEx:

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

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

In addition to the required hard copies, the bidder must also submit its proposal (including budget, budget notes, and appendices) electronically by the deadline using a file transfer protocol site. Username and password are case sensitive and must be

typed exactly as shown below. Once logged in, the upload button is on the upper left side. Upload the proposal and budget files separately, including the bidder's name in both file names. Click on the green check mark in order to submit the files. Once the upload is complete, click the red logout button at the top right of the screen.

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

Username - xbpupload

Password - Network1!

Directory - /ftp-dmhas/xbpupload

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

IX. Review of Proposals

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

The bidder must obtain a minimum score of 70 points out of 100 points for the proposal narrative and budget sections in order to be considered eligible for funding.

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

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 a bidder's existing program(s), invite a bidder for interview, and/or review any programmatic or fiscal documents in the possession of DMHAS. The bidder is advised that the contract award may be conditional upon final contract and budget negotiation.

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but

are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in DHS Policy Circular P1.04 (<http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html>).

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

County Mental Health Boards recommendations and comments will be received by DMHAS no later than September 13, 2016. This input will be incorporated in the final deliberations of the review committee.

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by September 28, 2016.

X. Appeal of Award Decisions

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by DMHAS at the address below no later than 4:00 p.m. Eastern Standard Time on October 5, 2016. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

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

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

DMHAS will review all appeals and render a final decision by October 12, 2016. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

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

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

21. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
24. Business Registration (online inquiry to obtain copy at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp; for an entity doing business with the State for the first time, it may register at <http://www.nj.gov/treasury/revenue>);
25. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
26. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

Attachment A – Proposal Cover Sheet

_____ Date Received

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

Name of RFP _____

Incorporated Name of Bidder: _____

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

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

Address of Bidder: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

County in which services are to be provided: _____

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

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

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

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

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

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

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

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

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

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

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

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

Attachment C – Statement of Assurances

Department of Human Services Statement of Assurances

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

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

- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

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

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

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

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

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

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

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

County	Mental Health Administrator	Submission Type
Atlantic	Sally Williams, Mental Health Administrator Shoreview Building 101 So. Shore Road Northfield, NJ 08225 Email: williams_sally@aclink.org	Email + Postal Mail
Bergen	Michele Hart-Loughlin, Program Coordinator Email: mhartlo@co.bergen.nj.us	Email
Burlington	Shirla Simpson, Mental Health Administrator Burlington County Department of Human Services Division of Behavioral Health 795 Woodlane Road, 2 nd Floor Mount Holly, NJ 08060 Email: ssimpson@co.burlington.nj.us	Email + Postal Mail
Camden	Rashid M. Humphrey, Mental Health Services Community Planning & Advocacy Council 2500 McClellan Avenue - Suite 110 Pennsauken, NJ 08109 Email: rhumphrey@cpachvi.org	Email + Postal Mail
Cape May	Patricia Devaney, Mental Health Administrator Email: devaneyp@co.cape-may.nj.us	Email
Cumberland	Juanita Nazario, Mental Health Administrator Email: juanitana@co.cumberland.nj.us	Email
Essex	Joseph Scarpelli, D.C., Administrator Essex County Mental Health Board 204 Grove Avenue Cedar Grove, NJ 07009 Email: jscarpelli@health.essexcountynj.org	Email + Postal Mail
Gloucester	Becky Foraker, Mental Health Administrator Department of Human Services 115 Budd Blvd. West Deptford, NJ 08096 bforaker@co.gloucester.nj.us	Email + Postal Mail
Hudson	Robin F. James, Mental Health Administrator	Email

Email: rjames@hcnj.us

Hunterdon	Cathy Zahn, Mental Health Planner Department of Human Services 8 Gauntt Place - PO Box 2900 Flemington, NJ 08822-2900 Email: czahn@co.hunterdon.nj.us	Email + Postal Mail
Mercer	Michele Madiou, Administrator Division of Mental Health 640 South Broad Street PO Box 8068 Trenton, NJ 08650	Postal Mail
Middlesex	Penny Grande, Administrator Email: penny.grande@co.middlesex.nj.us Middlesex County Office of Human Services Middlesex County Administration Building 75 Bayard Street New Brunswick, NJ 08901	Email + Postal Mail
Monmouth	Steve Horvath, Acting Administrator Email: Steve.Horvath@co.monmouth.nj.us	Email
Morris	Laurie Becker, Mental Health Administrator Email: lbecker@co.morris.nj.us Mental Health Administrator Director, Division of Community and Behavioral Health Services Morris County Department of Human Services PO Box 900, Morristown, NJ 07953-0900	Email + Postal Mail
Ocean	Jamie Busch, Assistant Mental Health Administrator Email: JBusch@co.ocean.nj.us	Email
Passaic	Francine Vince, Director Email: francinev@passaiccountynj.org	Email
Salem	Becky Foraker, Mental Health Administrator Department of Health and Human Services 94 Market Street Salem, NJ 08079 bforaker@co.gloucester.nj.us	Email + Postal Mail
Somerset	Pam Mastro, Mental Health Administrator Email: mastro@co.somerset.nj.us	Email
Sussex	Cindy Armstrong, Mental Health Administrator Sussex County IDRC Director & Substance Abuse Coordinator	Email + Postal Mail

1 Spring Street, Newton, NJ 07860
973-940-5200, ext. 1371
973-940-5220 fax
Email: carmstrong@sussex.nj.us

Union	Sara Thode, Mental Health Administrator Email: sthode@ucnj.org	Email
Warren	Shannon Brennan, Mental Health Administrator/ Youth Services Administrator Email: sbrennan@co.warren.nj.us	Email