STATE OF NEW JERSEY

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR PROPOSALS

Implementation of Coordinated Specialty Care & Community Integration Services for Early Serious Mental Illness

November 8, 2023

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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 Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for implementing Coordinated Specialty Care (CSC) programs for the population with Early Serious Mental Illness (ESMI) in New Jersey. In addition, the DMHAS will implement a Community Integration Program designed to address the need for the ESMI population along the continuum of care. Funding for the RFP will be provided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Community Mental Health Block Grant (CMHBG) Early Serious Mental Illness 10% Set-Aside, CMHBG COVID-19 Supplemental Funding, available through March 14, 2024, and CMHBG ARPA (American Rescue Plan Act) funding available through September 30, 2025, appropriated through the Federal Coronavirus Aid, Relief, and Security Act (CARES Act). DMHAS anticipates making up to six (6) awards for a total of six provider agencies. Each awarded agency will implement both a CSC program and a Coordinated Specialty Care Community Integration (CSC-CI) program. Providers shall bill Medicaid. After all Medicaid claims are billed, the total maximum annualized ceiling funding from DMHAS is approximately $1,443,557 for the combined CSC and CSC-CI program (subject to Federal appropriations). Additionally, one-time funds will be made available to each of the six provider agencies upon request not to exceed $40,000. Additionally, one time funds in the amount of $10,000 will be available for recruitment costs and incentives. These funds will be utilized for the combined CSC and CSC-CI program. Funding must be prioritized for training. Any remaining funds may be used for additional startup costs approved by DMHAS. The one time funds must be obligated and spent prior to June 30, 2024.

This Request for Proposal will show how the DMHAS plans to effectively serve the ESMI population through the Coordinated Specialty Care and Community Integration programs. The initiative will focus on those impacted by Non-Affective Psychosis, also known as First Episode Psychosis (FEP) as well as Affective Psychosis and how both programs will allow individuals served to lead better lives through the implementation of Evidence-Based Practices. CSC and CSC-CI will serve the population through a comprehensive service model that includes the use of individual therapy, psychotropic medication, group psychotherapy, multi-family group therapy, peer support, and supported employment and education services. The two programs will center on serving youths and adults ages 15 and older who experienced psychotic symptoms. The CSC program will serve clients between the ages of 15-35 for up to two years. The CSC-CI program will serve clients 15 years and older and allow patients to remain as long as needed based on the "Stepped Care treatment model". The New Jersey CSC and CSC-CI programs will cover all 21 counties.

The successful bidder 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' service 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.

Bidders applying for more than one (1) region must submit separate proposals for each region.

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:

November 8, 2023 Notice of Funding Availability
November 16, 2023 Questions on RFP due – no later than 4pm EST
December 6, 2023 Deadline to submit written intent to apply – no later than 4pm EST
December 6, 2023 Deadline to request DHS secure file transfer protocol (SFTP) site login credentials – no later than 4pm EST
December 13, 2023 Deadline for receipt of proposals – no later than 4pm EST
January 10, 2024 Mental Health Board Letters of Recommendation due
January 18, 2024 Preliminary award announcement
February 1, 2024 Appeal deadline – no later than 4pm EST
February 8, 2024 Final award announcement
March 15, 2024 Anticipated contract start date

II. Background and Population to be Served

It is estimated that the incidence of FEP in adult populations 15-29 is 86 per 100,000[1]. Three out of 100 people will experience psychosis at some time in their lives.[2] It is estimated that the lifetime prevalence of bipolar disorder 1 is .24% and major depressive disorder is .35%.[3] In New Jersey, the Coordinated Specialty Care program has been an effective treatment, allowing individuals with FEP to live, work, learn, and socialize in the communities in which they live. New Jersey CSC has received over 1,290 referrals and served 668 clients since its inception. The high demand for service has prompted an expansion of services for each provider from a caseload of 35 clients to 70 clients with two of the centers currently operating in excess of the expected caseload. Additionally, individuals referred with affective psychosis do not meet the criteria for the current CSC program as defined in the previous RFP which is restricted to FEP.

SAMHSA's working definition of Early Serious Mental Illness is "A condition that affects an individual regardless of their age that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-5 (APA, 2013). The term ESMI is intended for the initial period of onset of the symptoms[4]. Early Serious Mental Illness generally occurs in the late teen and early

[1] Marleen Radigan, Dr.P.H., M.P.H., Gyojeong Gu, M.P.P., Eric Y. Frimpong, Ph.D., M.S., Rui Wang, M.S., Steven Huz, Ph.D., M.P.A., Mengxuan Li, M.S., Ilana Nossel, M.D., Lisa Dixon, M.D., M.P.H.(2019) A New Method for Estimating Incidence of FirstPsychotic Diagnosis in a Medicaid Population. Psychiatric Services, Vol 70, pp.665-673
[2] https://www.nimh.nih.gov/health/topics/schizophrenia/raise/fact-sheet-first-episode-psychosis
[3] https://jamanetwork.com/journals/jamapsychiatry/fullarticle/209973#:~:text=The%20LTP%20was%203.06%25%20for,%2C%20and%200.62%25%2C%20respectively
[4] https://mha.ohio.gov/wps/portal/gov/mha/get-help/understanding-behavioral-health/early-serious-mental-illness

adult years, and diagnostic criteria falls under two categories: ESMI Affective Psychosis and ESMI Non-Affective Psychosis (i.e. FEP)." A Serious Mental Illness diagnosis commonly refers to psychotic disorders, bipolar disorders, major depressive disorders, major depression with psychotic symptoms or treatment-resistant depression.[5] This definition is not intended to include conditions that are attributable to the physiologic effects of a substance use disorder, an intellectual/developmental disorder or medical conditions.

ESMI Symptomology

ESMI Non-Affective Psychosis (FEP) Diagnostic Criteria

Non-Affective Psychosis (FEP) refers to: Schizophreniform Disorder, Schizoaffective Disorder, Delusional Disorder, Psychosis NOS, and Schizophrenia. For further Diagnostic criteria please refer to the DSM V.

Non-Affective Psychosis (FEP) is manifest by psychotic features such as hallucinations, delusions, and grossly disorganized or catatonic behaviors. The shorter the duration of untreated psychosis (i.e., the time between the first experience of psychotic symptoms and connection to indicated treatment, typically antipsychotic medication), the greater the likelihood of young individuals attaining desired outcomes.[6] Individuals who experience a first episode may experience symptoms that include problems in perception (such as seeing, hearing, smelling, tasting or feeling something that is not real), thinking (such as believing in something that is not real even when presented with facts), mood, and social functioning. There are effective treatments available. The earlier an individual receives treatment, the greater likelihood that these treatments lead to better outcomes and enable people to live full and productive lives with their family and friends.[7] For non-affective (FEP) services, please refer to specific inclusion/exclusion criteria in RAISE Manual II, Appendix 2, page 25. Only cause and duration of psychosis are the critical components, not mode or quantity of previous or current treatment.

Affective Psychosis Diagnostic Criteria

Affective Psychosis (onset generally early 20's) refers to: Major Depressive Disorder, Persistent Depressive Disorder (Dysthymia), Bipolar 1 Disorder, Bipolar II Disorder, Mixed Episode disorder, Mood disorder and Cyclothymic Disorder.[8]

"Affective Psychosis" is manifest by symptoms of psychosis that are present with mood episodes and most typically involve bipolar disorders or major depressive disorder.[9] Bipolar disorders are defined by the experience of manic and depressive episodes. The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; APA, 2013)

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[5] https://www.ncbi.nlm.nih.gov/books/NBK368427/
[6] Dixon,L.B., Goldman H.H., M.E., Wang., McNamara, K.A.,Mendon, S.J., Essok. S.M(2015. Implementing Coordinated Specialty care for early psychosis: The RAISE Connection Program. Psychiaric Services, 66(7), 691-698 / Kane,J.M., Robinson, D.G., Schooler, N.R., Mueser, K.T., Penn, D.L., Rosenheck, R.A., Marcy,P. (2015). Comprehensive versus usual community care for first-episode psychosis:2-year outcomes from the NIMH RAISE early treatment program. American Journal of Psychiatrty, 173(4),362-372.
[7] SAMHSA. Early Serious Illness Treatment Locator. https://www.samhsa.gov/esmi-treatment-locator
[8] https://mha.ohio.gov/wps/portal/gov/mha/get-help/understanding-behavioral-health/early-serious-mental-illness
[9] https://www.nasmhpd.org/sites/default/files/DH-TreatingAffectivePsychosis_v2_0.pdf

characterizes a manic episode as: A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary). A major depressive episode is characterized by a distinct two-week period where there is an identifiable change from previous functioning. During this period of time, five or more of the following symptoms must be present (at least one of the symptoms is either depressed mood or loss of interest or pleasure): Depressed mood most of the day nearly every day as indicated by subjective report or observations of others; markedly diminished interest or pleasure in activities; significant weight loss or decrease or increase in appetite nearly every day; insomnia or hypersomnia; psychomotor agitation or restlessness (observable); fatigue or loss of energy; feelings of worthlessness or inappropriate guilt; diminished ability to think, concentrate, or make decisions; recurrent thoughts of death, suicidal ideation, or a plan for committing suicide. The symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning. (APA, 2013, pp. 125–126)

Targeted Population
Individuals to be served by the CSC programs are between 15-35 years of age and have an ESMI diagnosis for less than or equal to 2 years at the time of admission to the CSC program with or without treatment and their psychosis is non-organic. Those served in the CSC-CI program are individuals 15 years of age and older with an ESMI diagnosis that is non-organic.

III. Who Can Apply?

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

- The bidder must be a non-profit or governmental entity;
- The bidder must be licensed as an Outpatient mental health provider by the Department of Health's (DOH's) Certificate of Need and 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[10] or be suspended or debarred by any other State or Federal entity from receiving funds; and
- 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

[10] http://www.nj.gov/treasury/revenue/debarment/debarsearch.shtml

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.

IV. Contract Scope of Work

The RAISE Model

Recovery After an Initial Schizophrenia Episode *(*RAISE), which was developed by the National Institute of Mental Health (NIMH), seeks to fundamentally change the trajectory and prognosis of the early stages serious mental illness through assertive identification and treatment. RAISE is designed to reduce the likelihood of long-term disability that individuals with psychosis often experience and is intended to help people with the disorder lead productive, independent lives, achieving their goals for school, work, and relationships. At the same time, it aims to reduce the financial impact on public systems to pay for the care of this population. The RAISE model is a collaborative, recovery-oriented approach, involving the individual, treatment members, and, when appropriate, family/relatives as active participants. All services are highly coordinated with primary medical care and focus on optimizing the individual's overall mental and physical health. This model is developed to address Early Serious Mental Illness (ESMI), both ESMI Non-Affective and Affective Psychosis, using the evidence-based practices in the *Recovery After an Initial Schizophrenia Episode (RAISE) Manuals*[11]. The RAISE Manuals are comprised of two parts: Manual I: Outreach and Recruitment and Manual II: Implementation. Bidders shall follow these two manuals closely.

The CSC Program Overview

CSC provides comprehensive services that includes evidence-based pharmacological treatment, supported employment and education services, individual and group psychotherapy, case management, family therapy, and recovery support in community and clinical settings[12]. Services provided to individual clients in a CSC program usually do not exceed 2 years. Through extensive community outreaches, the CSC program agencies will promote the benefits of CSC treatment with stakeholders and mental health providers for the ESMI population.

The CSC-CI Program Overview

The CSC-CI programs are designed to address the need for the CSC continuum of care. The CSC-CI programs will treat non-affective psychosis (FEP) as well as affective psychosis.[13] The programs will provide continued treatment for the client after the client has completed the CSC program. The CSC-CI program will use the "Stepped-Care" treatment model for clients with an ESMI diagnosis. The Stepped-Care treatment approach is a "3 tier" system where clients can titrate up or down the level of service

[11] https://www.nimh.nih.gov/sites/default/files/documents/health/topics/schizophrenia/raise/csc-for-fep-manual-i-outreach-and-referral.pdf https://www.nimh.nih.gov/sites/default/files/documents/health/topics/schizophrenia/raise/csc-for-fep-manual-ii-implementation-manual.pdf
[12] Implementation of Evidence based Practices for First Episode Psychosis. (2016) Request for proposals
[13] https://www.nasmhpd.org/sites/default/files/DH-TreatingAffectivePsychosis_v2_0.pdf

modality depending on their recovery and/or the need for additional services and supports. Individuals in the CSC-CI program will receive less intensive care and units of service in accordance with their assessed need and treatment plan. Individuals will continue to receive CSC-CI services from their current CSC clinicians and prescribers in accordance with assessed level of need in order to preserve continuity of care. The duration of treatment for the individuals served in the CSC-CI program does not have a time limit. The CSC-CI program implementation will follow the *RAISE* model.

Coordinated Specialty Care Treatment Services

The implementation of the RAISE Model for serving the ESMI population is through the Coordinated Specialty Care treatment services. Each CSC and CSC-CI treatment program must utilize a coordinated team approach emphasizing the importance of addressing each individual's unique goals, needs, and preferences through shared decision making and collaborative treatment planning. Services will utilize the evidence-based practice methods such as but not limited to person-centered therapy, cognitive behavioral therapy (CBT), peer wellness coaching, trauma-informed care, individual resiliency training (IRT), psychoeducation, and supported employment and education. CSC program staff shall provide all services including:

- ***Community outreach:*** Outreach and recruitment activities for the CSC program through web-based, informational, or print based sources as well as informative presentations from CSC staff to a wide range of communities. Outreach activities are to be done both off-site and via telehealth and cover the successful bidder's applicable subregion(s) in all 21 counties in the state of New Jersey.

- ***Evidence-based pharmacological treatment***: Medication treatment with the purpose of prescribing low-dosage medication regimens while reviewing medication history. All medication regimens are to be monitored in coordination with primary medical care.

- ***Supported employment and education services:*** Supported guidance through educational services that will give the client direction on attaining their GED, H.S diploma, or post-secondary education through goal-oriented practices. Staff will also provide supported employment training that will focus on giving the client proper guidance to employment through training while taking into account those clients' best interests.

- ***Individual and group psychotherapy:*** Formulation-based cognitive behavioral therapy aimed at reducing risk and managing behavioral issues during all phases of treatment. Some therapeutic methods include cognitive behavioral therapy and cognitive remediation. CSC Therapy is designed to emphasize a routine that empowers individuals and families through life stability.

- ***Family therapy and multifamily psychoeducation:*** Psychoeducation with a client and/or family members with the primary purpose of providing information related to a psychiatric condition, wellness, skill building, and/or recovery options.

- ***"24-hour accessible" recovery support:*** Crisis services that are provided with 24/7 recovery support in the community and clinic settings from CSC Clinical staff. The Bidder must specify how coverage will be available to clients 24/7 from CSC clinical staff.

- ***Case management:*** Includes face-to-face contact with a client and/or a family member, with the primary purpose of assisting with service linkages or concrete service needs.

- ***Peer recovery & support:*** Motivational guidance with supportive counseling though a variety of life activities to better client wellness overall. The peer support specialist will aid in a range of case management activities and will be available for 24-hour crisis support.

For a brief overview of what each team member is expected to provide and what credentials and skills are needed, please see the table below and refer to RAISE Manual II, Appendix 3 for more details. The successful bidders should use Manual I: Outreach and Recruitment as a guide to develop their own outreach and recruitment plan.

Service Area Distribution and Underserved Counties
The CSC and CSC-CI programs will provide services for all 21 counties in New Jersey. A total of 6 provider agencies in the state, (two in each region) will receive the awards. The New Jersey regions are defined as follows:

Northern Region:

Sub-region 1: The agency must be located in Bergen and serve the counties of Bergen, Passaic, Essex, and Hudson.

Sub-region 2: The agency must be located in Morris and serve the counties of Morris, Sussex, Hunterdon, and Warren.

Central Region:

Sub-region 1: The agency must be located in Monmouth and serve the counties of Monmouth, Mercer and Ocean.

Sub-region 2: The agency must be located in Middlesex and serve the counties of Middlesex, Somerset and Union.

Southern Region:

Sub-region 1: The agency must be located in Burlington or Camden and serve the counties of Burlington, Camden, Gloucester and Salem.

Sub-region 2: The agency must be located in Atlantic and serve the counties of Atlantic, Cape May and Cumberland.

The successful bidder must serve individuals from all of the specified counties in the defined sub-region. Bidders that have a history of serving these identified counties in any capacity are strongly encouraged to apply. Successful bidders must provide a detailed description in the application as to how they intend to outreach and serve counties in each sub-region. Descriptions must include how services will be provided on and off-site and how transportation of the client to the site will be provided when

needed. Telehealth is an option as a hybrid model. In addition, the providers must state how onsite services will be provided to the consumer in all counties under outpatient regulations and in accordance with proper billing practices[14].

Agency Caseload Capacity

The combined CSC and CSC-CI caseload per program will be approximately 200 clients per agency. The numbers served will be 200 in year 1, 300 clients in year 2, 400 clients in year 3, and steady at 400 yearly afterward.

The CSC and CSC-CI Program Staffing

The total program staffing model for the CSC and CSC-CI programs contains the following staffing: (1) a team leader, (2) an outreach and referral specialist, (3) five master's level licensed and certified clinicians (at least two with substance use disorder experience), (4) two supported employment and education specialists, (5) a psychiatric mental health nurse practitioner, and (6) two peer recovery support specialists. It is expected that the team leader will supervise the continuum of care for both the CSC and CSC-CI programs. If the team leader is not available, the outreach specialist will serve as the interim team leader. The CSC-CI program will provide services using a "stepped-care" approach where clients can change the intensity of service in accordance with their treatment plan. The CSC and CSC-CI programs will provide twenty four-hour accessible crisis services in community and clinic settings with staff trained in the treatment and management of early psychosis. For a brief overview of what each team member is expected to provide and what credentials and skills are needed, please see the table below and refer to RAISE Manual II, Appendix 3 for more details.

Role	Will provide	Credentials and skills	FTE
Program Director/Team Leader/Clinician	Functions as the Program Director for both programs. Will be responsible for the day to day operations of the programs as well as all Team Leader activities. Provides supervision and weekly team meetings of ESMI programs. Also works as a Clinician providing psychotherapy and crisis intervention services. It is estimated the time will be spent equally among the three roles. Team Leader supervision will be face to face.	LCSW and/or an LPC with management experience.	1.0
Outreach and Referral Clinician/Assistant Team Lead	Leads outreach and recruitment activities and evaluates potential clients. Will operate in both programs as the interim Team leader or clinician when those positions are not available for service.	LCSW and/or an LPC with management experience.	1.0
Clinician	Psychotherapy, preventive counseling, and crisis intervention services. Will assist with outreach when needed. Will continue to maintain therapy and psychoeducation (continuity of care) with clients moving from the CSC to CSC-CI program. At least two clinicians must have experience working with individuals with substance use disorders.	LCSW and/or an LPC Two Clinicians must have experience working with individuals with substance use disorders.	5.0

[14] https://www.state.nj.us/humanservices/providers/rulefees/regs/NJAC%2010_37E%20Outpatient%20Service%20Standards.pdf

Supported Employment and Education Specialist	Supported employment and educational services. Ongoing job coaching and support following placement.	Bachelor's level trained employment counselor.	2.0
APN Prescriber	Medication management, coordination with primary medical provider. Responsible for integration of health/behavioral health and continuity of care.	Psychiatric Mental Health Nurse Practitioner (PMHNP) –current board certification and NJ licensed APN.	1.0
Peer Recovery Support Specialist	Provides recovery support and some case management. Will maintain continuity of care with clients between the CSC and CSC-CI programs.	Trained and certified peer-certified recovery support practitioner (CRSP) with lived experience similar to the experience of the population served.	2.0
Totals			12.0

CSC and CSC-CI Program Training

The CSC and CSC-CI programs have the discretion to include additional clinicians if indicated but the complement of staff is required. It is expected that all team members will be trained on the underlying principles of the CSC model and providing care for the ESMI population. The amount of time devoted to training is also influenced by the background and previous training/experience of team members. In their applications bidders need to identify the kind and scope of training their team members need, including time frame and who will provide that training. One time funds will be made available to support training needs and other needs of the program. For details please refer to Raise Manual II: Implementation, Section III Training (p. 11).

Agency Supervision

It is required that CSC and CSC-CI program team members receive regular supervision by the team leader. Each program team should meet at least once weekly to discuss program activities. For details on program supervision please see the RAISE Manual II: Implementation, IV. Supervision).

CSC and CSC-CI Staffing Requirements

It is mandatory that all agencies follow the staffing model detailed in the RFP. All CSC and CSC-CI agencies are expected to follow the additional requirements:

- All staff members will follow clients from the CSC to CSC-CI program to maintain client continuity of care.
- CSC and CSC-CI programs must submit quarterly timesheet reports that track the hours, levels of effort, and a description of work performed (template to be provided). The report includes such information as the day worked, time in and out, number of hours worked, and the grant that the employee worked on.
- It is mandatory that all clinicians be certified as an LCSW or an LPC.

- Each service team should include at least one full-time bilingual clinician who is fluent in a language other than English that is most common to the population served.

Program Outcome Measures and Reporting Requirements

The successful bidder must provide DMHAS with the reports outlined below. The quarterly reports are due 30 days after the end of each fiscal quarter except for the Quarterly Contract Monitoring reports (QCMR) which is due 15 days after the end of the fiscal quarter.

1. The Quarterly Outcomes Data Report

The report will include four diagnostic outcomes: Suicidality, Quality of Life, Social & Global Functioning, and Severity of Depression. Additional measures include: client demographics, medication monitoring, psychiatric hospitalization, discharge information, length of stay, re-admission dates, and substance use.

Diagnostic Outcomes

Suicidality

- The reduced risk for suicide outcome will be measured using the Columbia Suicide Severity Rating Scale (C-SSRS) which consists of six questions that assess an individual's immediate risk of suicide.

Quality of Life

- Improvement in Quality of Life will be measured using the Health Quality of Life Questionnaire (MHQoL) which includes seven questions that evaluate an individual's quality of life.

Social and Global Functioning

- An individual's ability to maintain a reasonable life will be assessed using the:
  1. Mental Illness Research, Education, and Clinical Center (MIRECC) version of the Global Assessment of Functioning Scale (GF): 100-point scale over three domains to determine global functioning in those affected by First Episode Psychosis.
  2. Clinical Global Impressions Rating Scale: A 3 item scale that measures severity of illness, global improvement and therapeutic response.
  3. WHODAS (World Health Organization Disability Assessment Schedule): 36 item generic measure of disability and functional impairment/mental health assessment.
  4. BPRS (Brief Psychiatric Rating scale): 18 item scale used to gather information about the presence and severity of psychiatric symptoms.
  5. ACES (Adolescent Childhood Experiences Scale): 10 item scale that is given at the time of initial clinical assessment and for a 6-month treatment update.

Medication Monitoring and Client Hospitalization

- Client Medication psychotropic medication adherence will be assessed every 90 days.

- Client Psychiatric Hospitalization will be assessed by listing the dates of client hospitalization pre-and post-admission to the CSC program over a 90-day period.

Client Demographic Data

- Essential client demographic data such as age, race/ethnicity, gender, county of residence, referral source, discharge information, client length of stay in the program, re-admission dates, and substance use will be assessed over a 90-day period.

Clinical Screening for ESMI

- Providers are to use evidence-based screening measures during the screening process including the Patient Health Questionnaire-9 (PHQ-9), Mood Depression Questionnaire (MDQ), and the Brief Psychiatric rating scale (BPRS).

2. Programmatic Progress Reports, at minimum, should describe the progress of client service, program referral, outreach, and recruitment activities. The report will also include a description of communication strategies, the outreach tracking system, and the outreach process (for details see RAISE Manual I: Outreach and Recruitment, Section III, pages 5-12 and Appendix H).

- Quarterly progress reports are also designed to track client referral progress and any problems the service agencies experience so that the SMHA is aware of how the quality of service is impacted.
- Outreach tracking logs that track all outreach presentations, contacts, and referral recruitment in the past three months for each agency.

3. The Quarterly Contract Monitoring Report (QCMR) tracks aggregate client data concerning client caseload and client movement in and out of the program in a contract quarter. Client insurance and service provisions within the CSC and CSC-CI programs are also detailed along with quarterly staffing information. QCMR data reports are due 15 days after the end of the quarter.

4. Quarterly ROE (Agency Fiscal Budget Spending) includes fiscal spending which is to be evaluated at the end of each quarter with the submission of an ROE report for each agency.

5. Annex A is due at the beginning of every federal fiscal year to detail program commitments and service projections for that upcoming fiscal year.

6. Unified Services Transaction Form (USTF) must be used by providers to submit client level data via the USTF data submission protocol and then the USTF+ web-based application when the system is implemented.

Program Data Collection

All agencies shall fill out the data reporting templates in the appropriate format. All data reporting tools or measures sent from DMHAS are not to be changed, re-arranged or omitted in any form. They are to be filled out as instructed from the template sent. If any

services providers have any questions about the data reporting tools implemented by the DMHAS they are to contact the administrators before data collection.

Program Evaluation

At the discretion of the state of New Jersey, the DMHAS CSC and CSC-CI program coordinators may conduct site visits for program evaluation. The evaluation process will include a fidelity tool, chart reviews, and a formal meeting with program leadership to determine the program performance. The site visits will be used to determine how well services are being provided and service models being implemented.

Cultural Competency

The successful bidder will include evidence of their commitment to equity and reduction of disparities in access, quality, and treatment outcomes of marginalized populations. This includes a cultural competency plan that incorporates diversity, inclusion, equity, cultural and linguistic access through adherence to National 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 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 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

The successful bidder will describe their efforts to ensure workforce diversity and inclusion in the recruiting, hiring, and retention of staff who are from or have had experience working with target population and other identified individuals served in this initiative. Additionally, the grantee will ensure that there is a training strategy related to

diversity, inclusion, cultural competence, and the reduction of disparities in access, quality, and outcomes for the target population. The trainings will include education about implicit bias, diversity, recruitment, creating inclusive work environments, and providing languages access services.

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

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

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

V. General Contracting Information

Bidders must meet the terms and conditions of the DHS contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. These documents are available on the DHS website[15].

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 from March 15, 2023 through September 30, 2025, and may be renewable annually under the existing terms for an additional three (3) years at DMHAS' sole discretion and with the agreement of the successful bidder. Funds may be used only to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

[15] https://www.nj.gov/humanservices/olra/contracting/policy/

In accordance with Policy P1.12 available on the DHS website[16], 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.

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 successful bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder. Additionally, please take note of the Community Mental Health Services Regulations, NJAC § 10:37-1.1 et.seq. , which apply to all contracted mental health services. These regulations can be accessed on the DHS website[17].

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. EST on December 6, 2023 indicating their agency's intent to submit a proposal for Coordinated Specialty Care & Community Integration Services for Early Serious Mental Illness RFP. It is required that the bidder email their notice of intent to submit a proposal no later than the December 6, 2023 deadline. If a bidder's intent to submit a proposal is received after the deadline their agency is not eligible to submit a proposal for consideration. Submitting a notice of intent to apply does not obligate an agency to apply.

Any questions regarding this RFP should be directed via email to MH.upload@dhs.nj.gov no later than November 16, 2023. 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:

[16] https://www.nj.gov/humanservices/olra/assets/documents/CPIManual.pdf
[17] http://www.nj.gov/humanservices/providers/rulefees/regs/

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 experience serving individuals with non-affective and affective disorders and the use of the evidence-based treatments. Describe the bidder's experience in outreach and treatment of individuals in underserved areas and counties, and the number of years' experience working with the target population in underserved areas and counties.
2. Describe the bidder's background and experience in serving individuals with non-affective and affective disorders, with the use of evidence-based treatments and outcomes. Please summarize the bidders experience in outreach and treatment of individuals in underserved areas and other counties. 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. 10.5-1et 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.

Project Description (30 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 and in accordance with referenced evidence-based practices including RAISE;
   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 the bidder's evidence-based practice(s) that will be used in the design and implementation of the program.
3. Describe the organization's committees or workgroups that focus on efforts to reduce disparities in access, quality, and program outcomes for the target population. Include the membership of committee members and their efforts to review agency services/programs, correspond and collaborate with quality assurance/improvement, and make recommendations to executive management with respect to cultural competency.
4. Describe how the demographic makeup of the service area population (race, ethnicity, gender, sexual orientation, language, etc.) will shape the design and implementation of evidence based and best practice program approaches.
5. Describe the bidder's approach to enhancing coverage across the state and increasing access for youth and young adults (ages 15-35) in remote and underserved areas; agencies will also identify how they will outreach and provide services to individuals with diverse backgrounds and other marginalized populations
6. Bidder will identify how they will provide services to bilingual individuals and individuals with co-occurring disorders.
7. Describe the bidder's capacity to accommodate all consumers who take legitimately prescribed medications and who are referred to or present for admission.
8. 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.
9. A description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
10. The implementation schedule for the contract, including a detailed monthly timeline of activities, commencing with the date of award, through service initiation, to timely contract closure.

Outcome(s) and Evaluation (15 points)

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

1. Describe the bidder's approach to measurement of consumer satisfaction.
2. Describe the bidder's measurement of the achievement of identified goals and objectives.
3. The evaluation of contract outcomes.
4. Description of all tools to be used in the evaluation.
5. Details about any an outside entity planned for use to conduct the evaluation, including but not limited to the entity's name, contact information, brief description of credentials and experience conducting program evaluation.
6. Tools and activities the bidder will implement to ensure fidelity to the evidence-based practice.
7. The assessment, review, implementation, and evaluation of quality assurance and quality improvement recommendations, particularly noting any reduction of disparities and barriers in access, quality, and treatment outcomes.
8. Assurance that the bidder will complete the data collection tools developed by DMHAS and cooperate with the DMHAS evaluator.

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. Describe the composition and skill set of the proposed program team, including staff qualifications.
2. Provide details of the Full Time Equivalent (FTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including professional licensing and related experience. Details should include currently on-board or to be hired staff, with details of recruitment effort. Identify bilingual staff.
3. Describe program efforts to recruit, hire and train staff who are from or have experience working with target population.
4. Describe the management level person responsible for coordinating and leading efforts to reduce disparities in access, quality, and outcomes for the populations served. Information provided should include the individual’s title, organizational positioning, education, and relevant experience.
5. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.
6. Identify the number of work hours per week that constitute each FTE in the bidder's proposal. If applicable, define the Part Time Equivalent work hours.
7. Description of the proposed organizational structure, including the submission of an organizational chart as an appendix to the bidder's proposal.
8. Describe the bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
9. Describe the strategy to deliver topics related to diversity, inclusion, cultural competence, and the reduction of discrepancies in the access, quality, and program outcomes, which includes information on implicit bias, diversity, recruitment, creating inclusive working environments, and providing languages access services.
10. The approach for supervision of clinical staff, if applicable.

11. A list of the bidder's board members and 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.
12. A list of consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s). Each consultant must be further described as to whether they are also a board member and, if so, whether they are a voting member. The bidder must identify all reimbursement the consultant received as a board member over the last twelve (12) months.

Facilities, Logistics, Equipment (10 points)

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

1. A description of the manner in which tangible assets, i.e., computers, phones, 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.

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. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget notes, to the extent possible, should be displayed on the Excel template itself.
3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
4. For all proposed personnel, the template should identify the staff position titles and total hours per workweek.
5. Identify the number of hours per clinical consultant.
6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.
7. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with DMHAS should limit its G&A expense projection to "new" G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs' G&A in the revenue section.
8. Written assurance that if the bidder receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award and in future contracts, including agreement to obtain approval as a Medicaid-eligible provider.

Appendices
The enumerated items of Required Attachments #1 through #9 and Appendices #1 through #8 must be included with the bidder's proposal.

Please note that if Required Attachments #1 through #5 are not submitted and complete, the proposal will not be considered. Required Attachments #6 through #8 below are also required with the proposal unless the bidder has a current contract with DMHAS and these documents are current and on file with DMHAS.

The collective of Required Attachments and Appendices is limited to a total of 50 pages. Audits and interim financial statements (Required Attachments #7 and #8) do not count towards the appendices' 50-page limit. 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[18];

[18] www.nj.gov/treasury/purchase/forms.shtml

4. Statement of Bidder/Vendor Ownership Disclosure[19];
5. Pursuant to Policy Circular P. 11, a description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years;
7. All interim financial statements prepared since the end of the bidder's most recent fiscal year. If interim financial statements have not already been 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
8. Department of Human Services Commitment to Defend and Indemnify Form (Attachment G).

Appendices

1. Copy of documentation of the bidder's charitable registration status[20];
2. Bidder mission statement;
3. Organizational chart;
4. Job descriptions of key personnel;
5. Resumes of proposed personnel if on staff, limited to two (2) pages each;
6. List of the board of directors, officers and terms;
7. Original and/or copies of letters of commitment/support; and
8. Cultural Competency Plan

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, and not be in smaller than twelve (12) point Arial, Courier or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 23 it is 21 pages long, not 20 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendices do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on **December 13, 2023**. 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

[19] www.nj.gov/treasury/purchase/forms.shtml
[20] www.njconsumeraffairs.gov/charities

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 Coordinated Specialty Care & Community Integration Services for Early Serious Mental Illness Proposal

2. Excel file of budget using the DMHAS Excel budget template. Label file with the following title: Name of Agency/Provider Coordinated Specialty Care & Community Integration Services for Early Serious Mental 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 Coordinated Specialty Care & Community Integration Services for Early Serious Mental Audit

Additionally, bidders must request login credentials by emailing MH.upload@dhs.nj.gov **on or before 4:00 p.m. on December 6, 2023**, 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.

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.

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.

IX. Review of Proposals

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

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

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

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

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

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in Policy Circular P1.04[21].

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

County Mental Health Boards recommendations and comments will be received by DMHAS no later than January 10, 2024. All County Mental Health Board recommendations and comments shall be emailed to MH.upload@dhs.nj.gov, and shall reference the RFP Title and County. This input will be 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 January 18, 2024.

X. Appeal of Award Decisions

All appeals must be submitted in writing by 4pm ET on February 1, 2024, by emailing it to MH.upload@dhs.nj.gov (subject line must include “Appeal and RFP title”) and/or mailing or faxing it to:

[21] https://www.nj.gov/humanservices/olra/contracting/policy/

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

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

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

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

DMHAS will review all appeals and render a final decision by February 8, 2024. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

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

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization[22];
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;

[22] https://www.njportal.com/DOR/annualreports/

11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Current State of New Jersey Business Registration;
19. Procurement Policy;
20. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
24. Business Registration (online inquiry to obtain copy at Registration Form[23]; for an entity doing business with the State for the first time, it may register at the NJ Treasury website[24];
25. Source Disclosure (EO129)[25]; and
26. Chapter 51 Pay-to-Play Certification

XII. Attachments

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

[23] https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp
[24] http://www.nj.gov/treasury/revenue
[25] 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: Implementation of Coordinated Specialty Care & Community Integration Services for Early Serious Mental Illness

Incorporated Name of Bidder: _____

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

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

DUNS Number: _____

Address of Bidder: _____

_____

Chief Executive Officer Name and Title: _____

Phone No.: _____ Email Address: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

County in which services are to be provided:_____

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

_____
_____
_____

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

Authorization: Chief Executive Officer (printed name):_____
Signature:_____

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 RLI, including development of specifications, requirements, statement of works, or the evaluation of the RLI applications/bids.

- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352;34 C.F.R. Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 C.F.R. Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 C.F.R. part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (N.J.A.C. 17:27).

- Will comply with all applicable federal and State laws and regulations.

- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 C.F.R. 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.

- Is in compliance, for all contracts in excess of $100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.

- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.

- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.

- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization	Signature: CEO or equivalent
Date	Typed Name and Title

6/97

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

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

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

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a Federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

_____

Name and Title of Authorized Representative

_____ _____

Signature Date

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 C.F.R. part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Attachment E - Instructions for Excel Budget Template

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

1. In the turquoise section, you will enter the proposed costs for this RFP. This should include all information from budget categories A-F, G/A, as well as ***your number of consumers to serve***. FTE's in Category A are to be broken down between direct care, administration, and support. FTE's will not appear until three cells are completed: hours worked per employee on contract (column C), hours worked per employee per week (column D), and the amount of salary (column H) respectively. Category B is to be broken down between medical/clinical consultants, and non-medical/clinical consultants.

2. There is also a One-Time budget section at the bottom in the turquoise section for your use. Onetimes are shown separately, but included in Total Gross Costs right after Gross Costs.

3. Please use the ***"Explanatory Budget Notes"*** column to help support anything that you feel needs to be explained in written word for evaluators to understand your intent regarding any cost/volume data populated in your template submission. Please provide notes, as well as, calculations that support any and all offsetting revenue streams. If you double up expenses on one budget line, please provide the individual expense details in the budget notes. Many cells are protected, but you can expand rows to give more room in the notes column should you need it.

6. General and Administrative Costs should be recorded in the template per the instructions in the RFP. That is, only additional G&A associated with this proposal should be included, not your normal G&A rate.

7. Make sure to remember to place your Agency Name and Region or County in the subject line when you send your template in ***Excel*** format.

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

Attachment F

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affection-al or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, up-grading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprentice-ship. 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, col-or, national origin, ancestry, marital status, affectional or sexual orientation,

gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

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

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

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

Letter of Federal Affirmative Action Plan Approval;

Certificate of Employee Information Report; or

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

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

Attachment G – Commitment to Defend and Indemnify Form

Department of Human Services
Commitment to Defend and Indemnify Form

I, _____, on behalf of _____ ("Company") agree that the Company will defend, and cooperate in the defense of, any action against the State of New Jersey ("State") or the New Jersey Department of Human Services ("DHS") arising from, or related to, the non-disclosure, due to the Company's request, of documents submitted to the State of New Jersey and DHS, and relating to the Request for Proposals for Coordinated Specialty Care and CSC Community Integration ("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 - Coordinated Specialty Care and CSC Community Integration Quarterly Progress Report

Reporting Period (provide three-month period and year):

1) Please discuss client caseload, referrals, and discharges that your team has serviced during the past quarter. Please list any problems that you have encountered or patterns with clients that may affect program progress.

2) Please discuss the community outreach & recruitment activities in the last quarter. Please note which outreach materials were used in the referral process that were the most successful (e.g websites, Phone referrals, brochures and flyers, presentations, newsletters) and which referral networks (e.g hospitals, schools, college campuses, community programs) were contacted for CSC outreach. Also note any problems with the outreach and referral process that could be improved for program process.

3) Discuss any problems you have encountered with Coordinated Specialty Care program during the quarter and concerns.

4) Please give any suggestions for Coordinated Specialty Care program that would help make CSC a more efficient program.

5) Agency Referral Progress; Please provide:

Total Number of Referrals	
Number of Referrals Accepted into CSC	
Number of referrals not accepted into CSC	
Reason why clients were not accepted into CSC: **(a)** ***What are some of the diagnoses of those referrals that were not eligible?*** **(b)** ***If individuals were not eligible where were they referred to***	

Number of clients referred to CSC from "External" referral sources: ***Please provide the number of referrals by referral sources***	
Number of clients referred to CSC from "Internal Agency" referral sources: ***Please provide the number of referrals by referral sources***	

Attachment I - 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, 2nd Floor Mount Holly, NJ 08060 Email: ssimpson@co.burlington.nj.us	Email + Postal Mail
Camden	**John Pellicane, Mental Health Administrator** Dept. of Health & Human Services 512 Lakeland Rd., Suite 301 Blackwood, NJ 08012 Email: jpellicane@camdencounty.com	Email + Postal Mail
Cape May	**Patricia Devaney, Mental Health Administrator** Email: pdevaney@co.cape-may.nj.us	Email
Cumberland	**Melissa Niles, Interim Mental Health Administrator** Email: melissani@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: Rebecca.DiLisciandro@salemcountynj.gov	Email + Postal Mail
Hudson	**Kayla Hanley, Mental Health Administrator** Email: khanley@hcnj.us	Email

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

Sussex	**Cindy Armstrong, Mental Health Administrator** Sussex County Administrative Center 1 Spring Street, Newton, NJ 07860 Email: carmstrong@sussex.nj.us	Email + Postal
Union	**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/