

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

REQUEST FOR PROPOSALS

**Supporting Students in Recovery:  
Recovery Housing and Supports to  
Prevent and Reduce Substance Abuse on  
College Campuses in New Jersey**

November 17, 2017

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Division of Mental Health and Addiction Services

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## I. Purpose and Intent

The New Jersey Department of Health's (DOH) Division of Mental Health and Addiction Services (DMHAS) is issuing this Request for Proposals (RFP) for Supporting Students in Recovery to provide supportive, substance-free living environments for college students in recovery. The total amount of funds available through this RFP is \$7,850,000. DMHAS will make multiple awards (each not to exceed \$1,000,000) to institutions of higher education to provide recovery housing and/or support services.

Institutions that already have designated housing for students in recovery may still apply for funding for recovery programs, treatment and related services. If a college or university does not yet provide recovery housing, a portion of these funds must be used to develop recovery housing (new construction, modifying or improving existing space, etc.). The remainder may be used for recovery programs, treatment and related services. Each college or university awardee will be required to provide individual and group substance abuse recovery-oriented programs and services, implement environmental prevention strategies, provide assessment, academic, and personal counseling services to students, and other appropriate services. Note that designated housing may include a floor, wing or other area within a dormitory building or other student housing and does not require that an entire dormitory be substance-free. Project oversight will be provided by DMHAS. The funding available is one-time only and not renewable.

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

The following summarizes the RFP schedule:

November 17, 2017	Notice of Funding Availability
December 19, 2017	Deadline for receipt of proposals - no later than 4:00 p.m.
January 12, 2018	Preliminary award announcement
January 19, 2018	Appeal deadline
January 26, 2018	Final award announcement
March 1, 2018	Anticipated contract start date

## II. Background and Population to be Served

**Language from initiative announcement: On-Campus Recovery Programs.** The New Jersey Division of Mental Health and Addiction Services is increasing spending by \$8 million for colleges and universities to provide on-campus recovery programs, giving each New Jersey public college and university the ability to apply for grants of up to \$1 million in order to invest in substance-free housing and supportive services for students in recovery. Seven of New Jersey's 13 public colleges and universities are subject to a 2015 Campus Recovery Housing law that requires dedicated substance-free housing for students by 2019.

According to data from the 2015 Survey on Drug Use and Health (NSDUH) nearly 5.4 million full-time college students (60.1 percent of this population) drank alcohol in the past month, with 3.5 million engaging in binge drinking and 1.2 million engaging in heavy alcohol use (39.0 and 13.2 percent, respectively). Nearly 2.0 million full-time college students (22.2 percent) used an illicit drug in the past month.

On an average day during the past year, full-time college students used the following substances:

- 1.2 million full-time college students drank alcohol;
- 703,759 full-time college students used marijuana;
- 11,338 full-time college students used cocaine;
- 9,808 full-time college students used hallucinogens;
- 4,570 full-time college students used heroin; and
- 3,341 full-time college students used inhalants.

Full-time college students who used alcohol in the past month drank an average of 4.1 drinks per day on the days on which they drank. Full-time college students who used alcohol in the past month drank on an average of 6.4 days per month.

The risks and adverse consequences associated with adolescent and young adult alcohol and illicit drug abuse are well-documented. Wechsler and Nelson (2010) report that students who met criteria for binge drinking two (or three) times in a two week period were twice as likely to: engage in unplanned sex, get into trouble with police, need medical treatment for alcohol overdose, and drive under the influence. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in 2017, 1,825 college students between the ages of 18-24 die each year from alcohol-related injuries (including driving while intoxicated). The NIAAA also reports that 25% of college students reported adverse academic consequences due to alcohol abuse, and that 2.1 million students drove under the influence of alcohol last year.

**College Characteristics:** According to NIAAA, a number of environmental influences working in concert with other factors may affect students' alcohol consumption. Schools where excessive alcohol use is more likely to occur include those:

- Where Greek systems dominate (i.e., fraternities, sororities);
- Where athletic teams are prominent; and
- Located in the Northeast.

**Legislation:** In response to these issues, the New Jersey Senate and General Assembly enacted legislation in 2015 that mandated that, "Within four years...each four-year public institution, in which at least 25% of the undergraduate students live in on-campus housing shall establish a substance abuse recovery housing program."

The funding available for recovery housing and/or support programs is not restricted to colleges meeting the requirements of the legislation, i.e., Montclair State University, Ramapo College, Rowan University, Rutgers University, Stockton University and The College of New Jersey. Other public colleges and universities are eligible to apply for funding to provide recovery housing. Colleges or universities that already provide recovery and substance-free housing can apply for funding to develop or augment their school's recovery program.

The design of the program should be consistent with the findings of existing programs and the literature which maintain that recovery housing operates and is successful if it is non-stigmatizing and offered within the context of a comprehensive community recovery program promoting recovery and normalizing a substance-free lifestyle.

The specific contract-related expectations are listed in the Contract Scope of Work section of this RFP.

### **III. Who Can Apply?**

Bidders that may apply must meet the following eligibility criteria.

1. The bidder must be a State recognized accredited public institution of higher learning in New Jersey;
2. The bidder must be a fiscally viable public college or university;
3. The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder;
4. For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission;
5. 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;
6. The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/debarred/debsearch.htm> or be suspended or debarred by any other State or Federal entity from receiving funds; and
7. The bidder shall not employ a member of the Board of Directors in a consultant capacity.

Any New Jersey public four-year college of higher education that provides residential housing for its students may apply. Colleges or universities that already provide recovery and substance-free housing can apply for funding to develop or augment their school's support program for students in recovery. If a college or university does not yet provide recovery housing, a portion of these funds must be used to develop recovery housing (new construction, modifying or improving existing space, etc.). The remainder may be used for recovery programs, treatment and related services.

#### **IV. Contract Scope of Work**

The goal of this project is to provide students in recovery, students at-risk of developing a substance use disorder (SUD), and students not in recovery who choose not to misuse alcohol and drugs, with a supportive community that promotes physical, psychological, social, and spiritual health. By providing this support, it is easier for a student who is in recovery to thrive in the college setting and work toward his/her academic goals. It also provides comfort to families who have to manage the fears and reservations of letting their recovering loved one enter an environment that is well-known for drinking and partying. As such, recovering students have the opportunity to complete their college education in an environment that values and supports recovery from addiction.

The specific requirements for recovery housing and/or recovery support are set forth below:

##### **I. Recovery Housing**

- A. Construction of a dorm or provision of space within existing residential housing (e.g., dorm, wing, suite, etc.) as safe space for students in recovery. Such housing may be available to students at risk of developing an SUD and individuals wishing to reside in substance-free housing with priority given to those in recovery.
  - 1. Ensure privacy and confidentiality of residents in recovery housing
  - 2. Establish written policies and procedures for eligibility and retention of housing, including commitment of residents to policy compliance.
- B. Staffing – the residential assistants on a recovery dorm, wing or suite must be trained so that they can promote the recovery process; peer mentors may be considered for these roles.
- C. Marketing – Schools must promote recovery housing with materials that are positive and non-stigmatizing and reference the available campus supports; schools must also preserve the anonymity of recovering students who elect to reside in recovery housing.
- D. Environmental Management – Schools must promote and provide substance free activities for all dorm residents as well as substance free campus activities.

##### **II. Recovery Support**

- A. Screening and Intervention Services:

1. Offer screening and intervention for SUDs (and mental health services for individuals with co-occurring disorders).
  2. Provide referral to assessment for students who are identified as at-risk.
  3. Provide recovery support services, including mentoring, academic support, crisis management and relapse prevention and response to recovering and at-risk students.
  4. All services must adhere to the Board of Marriage and Family Therapists Alcohol and Drug Counselor Committee regulations regarding the practice of substance abuse counseling.
  5. All screening and intervention services must use evidence-based tools and practices.
- B. Self-Help and Mentoring
1. Ensure that 12-step meetings and/or other self-help groups are available to students on campus and provide guidance to schools regarding maximizing attendance at meetings by holding meetings at sites that afford some degree of privacy, for example, providing meetings that are held at easily accessible off-campus location at times when students will most likely be able to attend. Schools should facilitate transportation as needed.
  2. Schools may consider developing a peer mentor program and provide training to peer mentors so that persons in recovery have role models who can provide relatable reinforcement and support.
- C. Community education must be provided to the student population, faculty and administrative (and residential) staff in order to promote substance-free lifestyles among.

### **Coordinating Agency**

DMHAS will assume the coordinating and oversight functions for this grant. Oversight will include approval of the final proposal and implementation plan and schedule, quarterly oversight meetings with the grantee schools to review data reports, implementation progress and obstacles, and a fiscal audit at the program's conclusion. Quarterly meetings will be attended by college officials, including those responsible for administering the recovery program and recovery housing.

In addition, DMHAS, in collaboration with the New Jersey State Office of the Secretary of Higher Education will sponsor a conference at the conclusion of the grant period to identify best practices in this field to inform progress going forward in New Jersey.

### **Evaluation and Data Reporting**

Institutions will be required to submit quarterly reports on the following:

- Information regarding recovery support housing (number of students receiving services, student retention, types and frequency of services provided to students, successes and challenges related to delivery of services; marketing and anti-stigma activities);

- Progress toward the provision of recovery housing and anticipated availability of housing and supports.
- Develop and implement a program performance assessment plan for all students receiving recovery support services that incorporate the use of the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Outcomes Measures (NOMs). The NOMs track and measure real-life outcomes for people in recovery from mental health and SUD. The following domains should be included in the performance assessment plan: reduced morbidity, education, stability in housing, academic retention, and cost-effectiveness of the provided recovery program.

In addition, schools must conduct a student satisfaction survey regarding views of recovery housing and supports.

DMHAS will develop guidelines for the appropriate use of funds, monitor invoices for payment, and conduct a fiscal audit at the conclusion of the project.

## **V. General Contracting Information**

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

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

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

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

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



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

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

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

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

## **VI. Written Intent to Apply**

Bidders must email [RFP.submissions@doh.nj.gov](mailto:RFP.submissions@doh.nj.gov) indicating their agency's intent to submit a proposal by December 8, 2017. 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 [RFP.submissions@doh.nj.gov](mailto:RFP.submissions@doh.nj.gov) no later than November 27, 2017. All questions and responses will be compiled and emailed to all those who provided a notice of intent to apply. Bidders are guided to rely upon the information in this RFP and the responses to questions that were submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual applicants at any time.

## **VII. Required Proposal Content**

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

### **Funding Proposal Cover Sheet (RFP Attachment A)**

**Bidder’s Organization, History and Experience (15 points)**

1. Provide a brief narrative describing the institution’s history, its primary purpose, target population and the number of years of experience. Describe how the institution’s experience and success demonstrate its ability to provide the expected services.
2. If currently funded by DMHAS, has any disciplinary action been taken against the institution in the past five years? If so, please explain and include documentation as an Appendix.
3. Provide a statement of need for these services on campus – provide qualitative and quantitative information to substantiate the need.
4. Describe the institution’s history and experience in providing substance abuse prevention and treatment services.
5. Describe how this project will address the problem of substance abuse on campus and how it will ultimately enhance students’ college experience.
6. In order to establish a school’s need for a program of campus-based recovery housing and support, bidders must complete the following grid (using information for the previous academic year (September – May) and include it with their proposal.

<b>Indicator</b>	<b>Number</b>
Full time undergraduate students	
Part time undergraduate students	
Full time graduate students	
Part time graduate students	
Student deaths due to alcohol/drug use	
Alcohol/drug policy violations	
Alcohol/drug arrests on campus	
Alcohol/drug arrests off campus	
Academic suspensions due to alcohol/drugs	
College infirmary visits due to alcohol/drugs	
Emergency room visits due to alcohol/drugs	
Alcohol poisonings	
Drug overdoses	
Campus vandalism incidents	
Number of students living in on-campus housing	
Students living on campus as a percent of student population	

**Project Description (40 points)**

1. Describe how the institution will provide the services outlined in the contract scope of work section. Include details on how these activities will be conducted on campus.

Describe program eligibility criteria (housing)

2. Describe the institution's approach to monitoring and evaluating meaningful performance measures related to program outcomes.
3. Describe where and how recovery support services will be provided including academic services, screening and intervention services, peer support/mentoring, crisis management, relapse prevention and response, training and community education. Describe the institution's plan to provide access to services, including how individual students will be identified as both eligible for and in need of services. Describe how the institution will ensure that all services related to this project are delivered with an adequate degree of privacy and discretion.
4. Describe and detail how recovery housing will be provided and publicized, who will be eligible and conditions for retention of housing, including how relapse will be handled. Describe recovery housing policies and procedures including protection of participants' anonymity and efforts to ensure that program participation is non-stigmatizing. Describe the substance-free activities that will be available to students in recovery housing as residents and on campus and the efforts that will be made to promote substance-free lifestyles more generally on campus. Discuss how the housing will be staffed and the training that will be provided to ensure the availability of qualified personnel, including peer mentors.
5. Provide a detailed description of evidence-based programs that will be utilized in the recovery support components of the program. .
6. Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy and gender within your college/university.
7. Describe any foreseen barriers to the implementation of this project and plans to overcome them. At a minimum, be sure to include community, cultural, economic and academic barriers.
8. Describe the program performance assessment plan for recovery support services. Include the institution's strategy to incorporate the use of SAMHSA's NOMs.

**Staffing (15 points)**

1. Describe the number of key personnel who will be involved with fulfilling the requirements of the contract, including their qualifications (i.e., professional licensing and related experience). Indicate whether they are current staff or if they are expected to be hired, and include if staff will be bilingual.
2. Attach resumes and copies of credentials of current staff members and any anticipated new hire(s) in an Appendix.

Include job descriptions for key personnel with oversight and involvement in completing the responsibilities of the contract.

3. Describe the institution's organizational structure and provide an organizational chart in an Appendix.
4. Detail the institution's hiring policies regarding background and credential checks, as well as past criminal convictions.
5. Detail how supervision over clinical staff will be conducted.

### **Facilities, Logistics, Equipment (10 points)**

1. Describe how tangible assets, such as computers and hardware, phones, and other special service equipment will be acquired or allocated for staff and/or students, who may require these services.
2. Describe facilities and equipment required to execute the project. Include in-kind resources, as well as facilities and equipment to be purchased with project funds. Describe where recovery support services will be provided, as well as measures to ensure compliance with HIPAA and 42 CFR requirements.
3. If developing new recovery housing, describe the housing facilities to be made available to the project, including the number of students who can be served and support services available within the housing component. Include a description of the process to apply for, be accepted into, and continue to receive recovery housing, including eligibility for financial aid or other assistance to subsidize the cost of housing for students who qualify for assistance.

### **Budget (20 points)**

DMHAS will consider the cost efficiency of the proposed budget as it relates to the scope of work. Therefore, bidders must clearly indicate how this funding will be used to meet the program goals and/or requirements. In addition to the required Budget forms, bidders are asked to provide budget notes.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. All costs associated with the completion of the project must be delineated and the budget notes must clearly articulate budget items including a description of miscellaneous expenses and other costs.

1. A detailed budget using the Annex B Excel template is required. The Annex B Excel template must be uploaded as an Excel file onto the file transfer protocol site as instructed in VIII. Submission of Proposal Requirements. Failure to submit the budget as an Excel file will result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials and Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs

Allocation are also required. The Excel budget template will be emailed to those that submit a written intent to apply. The budget must include two (2) separate, clearly labeled sections:

- a. Section 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and
  - b. Section 2 - Proposed one-time costs, if any, which will be included in Total Gross Costs.
2. Budget Notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget are required. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget Notes, to the extent possible, should be displayed on the Excel template itself.
  3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
  4. For all proposed personnel, the template should identify the staff position titles and staff names (if allocated from other DMHAS contracted services), and 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 following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 50 pages:

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation of the bidder's charitable registration status;

8. Original and/or copies of letters of commitment/support;
9. Department of Health Statement of Assurances (RFP Attachment C);
10. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
11. Disclosure of Investment in Iran ([www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)); and
12. Statement of Bidder/Vendor Ownership Disclosure ([www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)).

The documents listed below are also required with the proposal, **unless the bidder has a current contract with DMHAS and these documents are current and on file with DMHAS. Audits do not count towards appendices 50 page limit.**

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

### **VIII. Submission of Proposal Requirements**

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

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on December 19, 2017. All bidders are required to submit one (1) original and five (5) copies of the proposal narrative, budget and appendices (six [6] total proposal packages) to the following address:

For U.S. Postal Service delivery:

Helen Staton  
Department of Health  
Division of Mental Health and Addiction Services  
PO Box 362  
Trenton, NJ 08625-362

OR

For private delivery vendor such as UPS or FedEx:

Helen Staton  
Department of Health  
Division of Mental Health and Addiction Services  
120 South Stockton Street, 3<sup>rd</sup> Floor

Trenton, NJ 08611

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

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

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

Username - xbpupload

Password - Network1!

Directory - /ftp-dmhas/xbpupload

## **IX. Review of Proposals**

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

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

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

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

Contract award recommendations will be based on such factors as the proposal scope, quality and appropriateness, bidder history and experience, as well as budget reasonableness. The review committee will look for evidence of cultural competence in each section of the narrative. The review committee may choose to visit a bidder's existing program(s), invite a bidder for interview, and/or review any programmatic or

fiscal documents in the possession of DMHAS. The bidder is advised that the contract award may be conditional upon final contract and budget negotiation.

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DOH contracts, and procedures set forth in Policy Circular P1.04 (<http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html>).

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by January 12, 2018.

## **X. Appeal of Award Decisions**

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by DMHAS at the address below no later than 4:00 p.m. on January 19, 2018. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie L. Mielke, Assistant Commissioner  
Department of Health  
Division of Mental Health and Addiction Services  
5 Commerce Way  
PO Box 362  
Hamilton, NJ 08691

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 January 26, 2018. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

## **XI. Post Award Required Documentation**

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



1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: [http://www.state.nj.us/treasury/revenue/dcr/programs/ann\\_rpt.shtml](http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml));
3. A list of all current contracts and grants as well as those for which the bidder has applied 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 Health, Division of Mental Health and Addiction Services, PO Box 700, Trenton, NJ 08625-0700 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;
8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Current State of New Jersey Business Registration;
19. Procurement Policy;
20. Current equipment inventory of items purchased with DOH 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 DOH contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
24. Business Registration (online inquiry to obtain copy at [https://www1.state.nj.us/TYTR\\_BRC/jsp/BRCLoginJsp.jsp](https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp); for an entity doing business with the State for the first time, it may register at <http://www.nj.gov/treasury/revenue>);

25. Source Disclosure (EO129) ([www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)); and
26. Chapter 51 Pay-to-Play Certification ([www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)).

## **XII. Attachments**

**Attachment A – Proposal Cover Sheet**

\_\_\_\_\_ Date Received

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

Name of RFP: **Recovery Housing and Supports on College Campuses** \_\_\_\_\_

Incorporated Name of Bidder: \_\_\_\_\_

Type: Public \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ Hospital-Based \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Charities Reg. Number (if applicable) \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization: Chief Executive Officer (printed name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### **STATE OF NEW JERSEY DEPARTMENT OF HEALTH**

#### **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 Health.

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 Health Statement of Assurances**

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Health 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 Health, 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 DOH will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

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

\_\_\_\_\_  
Applicant Organization

\_\_\_\_\_  
Signature: CEO or equivalent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title

6/97

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

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

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

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

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

Instructions for Certification

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