

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

REQUEST FOR PROPOSALS

Family Support Centers

December 4, 2017

Valerie L. Mielke, Assistant Commissioner
Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Department of Health (DOH), Division of Mental Health and Addiction Services (DMHAS) to develop regional Family Support Centers (FSC). The FSC will provide support to parents of young adults struggling with their loved one's opioid use disorder (OUD). This RFP is funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Targeted Response to the Opioid Crisis grant. Total annualized funding is \$300,000 subject to federal appropriations. DMHAS anticipates making up to three (3) regionalized awards in the amount of \$100,000 for each of the following regions.

North: Bergen, Essex, Hudson, Morris, Passaic, Sussex and Warren Counties
Central: Hunterdon, Mercer, Middlesex, Monmouth, Somerset, and Union Counties
South: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem Counties

The FSC Coordinator will offer parent support, education, resources and advocacy in an environment that is safe and non-discriminatory. The overall goal of the FSC Coordinator is to provide compassionate support to empower parents to have a better quality of life, improve their psychological health, reduce levels of stress, feel less isolated, and gain skills needed to cope with their loved ones' OUD. The FSC Coordinator will be trained in the Community Reinforcement Approach and Family Training (CRAFT) model where families are taught self-protection along with non-confrontational skills to help empower their loved one to seek recovery. Each FSC is expected to serve 50 families per year.

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 a proposal in response to this RFP from current DOH/DMHAS contracts.

The following summarizes the RFP schedule:

December 4, 2017	Notice of Funding Availability
January 8, 2018	Deadline for receipt of proposals - no later than 4:00 p.m.
February 9, 2018	Preliminary award announcement
February 16, 2018	Appeal deadline
February 26, 2018	Final award announcement
April 1, 2018	Anticipated contract start date

II. Background and Population to be Served

SAMHSA, Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) released the Fiscal Year (FY) 2017 State Targeted Response to the Opioid Crisis Grants (Short Title: Opioid STR) funding opportunity for states and territories in December 2016. Funding was made available for grants to states and territories via a formula based on unmet need for opioid use disorder treatment and drug poisoning. DMHAS submitted a grant application in February 2017 for its proposed State Targeted Opioid Response Initiative (STORI) and was awarded federal funding for the initiative in April 2017. The goals of STORI are to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder

Substance use and misuse among young adults continues to be a serious condition that has an impact on family members, school, work relationships, etc. Young adults are misusing substances at higher rates. According to the 2014 National Survey on Drug Use and Health (NSDUH), the rate of past year nonmedical pain reliever use among youth aged 12 to 17 was 6.2% and for young adults ages 18 to 25, the rate was 11.8%. Youths aged 12 to 17, and young adults aged 18 to 25, were more likely to misuse prescription drugs in the past year than adults aged 26 or older. The percentage of current misusers of prescription drugs significantly increased for those aged 12-17 from 2.2% in 2013 to 2.6% in 2014. On an average day during the past year, an average of 5,784 adolescents used prescription pain relievers non-medically for the first time.¹

When parents and/or caregivers of young adults who use illicit substances, misuse prescription drugs and other opiates seek access to treatment or recovery resources, navigating the treatment world can be an overwhelming experience. As parents worry about their loved ones' life and safety, they often are faced with a multitude of emotions including frustration, hopelessness and desperation. Through each crisis, parents often face stigmatization, lack support, and are forced to make decisions that affect their loved one's welfare with minimal guidance. In addition, parents and family members need help too as they may be victims of violence, verbal assaults, financial problems, relationship conflict, and more.

III. Who Can Apply?

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

- The bidder may be a non-profit or for-profit entity or governmental entity;

¹ Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>

- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors in a consultant capacity; and
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue. This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies.

IV. Contract Scope of Work

The purpose of the Family Support Center (FSC) is to provide compassionate support and empower parents and/or primary caretakers to have a better quality of life, improve their psychological health, reduce levels of stress, feel less isolated and gain skills needed to cope with their loved ones' OUD. Each FSC is expected to maintain a caseload of 50 families per year. The FSC Coordinator will be trained in the Community Reinforcement Approach and Family Training (CRAFT) model where families are taught self-protection along with non-confrontational skills to help empower their loved one to seek recovery. Since families play a large part in the recovery of their loved one, the FSC Coordinator will provide peer-to-peer compassionate support primarily in-person or via telephone or email and provide services that include:

- Offering resources to families seeking information on substance use disorder and behavioral treatment. Resources include accessing treatment information through REACH-NJ, NJ Connect, private insurance, DMHAS IME Addictions Access Center, Medication Assisted Treatment (MAT) options, etc.
- Inform parents about Naloxone training and where Naloxone kits can be purchased
- Connect families with other family members if desired
- Advocate on behalf of families
- Provide recovery resources
- Provide lists of 12 Step and Recovery Support Group Meeting locations and/or other Mutual Support Groups for families
- Listen to parents and allow them to share their stories of success or struggles encountered
- Provide parents with information on peer recovery supports and programs, such as the Opioid Overdose Recovery program (OORP), Recovery Centers, etc.

- Teach parents to question programs that promote out-of-state options rather than DMHAS sanctioned programs
- Inform families of “patient brokering” that may result in unethical practices during their time of need to seek immediate treatment for their loved ones
- Guide parents in exploring effective coping strategies such as self-care
- Create an individualized wellness plan with parent
- Facilitate psychoeducation and support groups meetings as needed
- Offer supportive strategies on how to motivate their loved one to enter and stay in treatment and connect with recovery support services
- Create an engaging and respectful environment that recognizes, supports, and encourage parents as important collaborators in their loved one’s care

It is expected that service delivery should begin as soon as possible and no later than four (4) months after grant award.

Staffing

Each Family Support Center will be staffed minimally by the following mandatory positions.

Family Support Center (FSC) Coordinator (one [1] FTE or two [2] .50 FTE)

The FSC Coordinator is a non-clinical position that must be staffed with a parent or other family member with lived experience. The FSC Coordinator shall possess at minimum a high school diploma or equivalency. The FSC Coordinator shall be trained in the Community Reinforcement Approach and Family Training (CRAFT) model where families are taught self-protection along with non-confrontational skills to help empower their substance using loved one to seek recovery.

CRAFT is an evidenced-based program that works to change the substance-using person’s environment to make a non-substance using lifestyle more rewarding than one that focuses on using alcohol or other drugs. The three major goals of CRAFT that FSSC will work with families are to:

- Reduce an individual’s harmful drinking and/or drug use
- Influence an individual to seek treatment
- Improve the functioning of family members by making positive life changes

Through brief supportive sessions, the FSC Coordinator will assist parents with examining their interactions with the substance-using person, improving their communication strategies, and reducing emotional stress. FSC Coordinators are required to possess skills that encourage, support, and assist family members to make positive life changes and improve their psychological functioning. FSC Coordinators will assist parents with identifying their loved one’s substance use behaviors and triggers and demonstrate open-mindedness and flexibility when discussing treatment options and approaches. FSC Coordinators should have the ability to provide empathy and

support to parents, build hope and provide a sense of optimism, teach positive communication skills, be able to engage in role-plays with parents to rehearse positive communication skills, conduct supportive or psychoeducation groups, develop wellness plans, share stories of hope and recovery, connect family members to each other, and advocate for inclusion of family members' health and safety.

CRAFT training will be provided by DMHAS. Additionally, the FSC Coordinator will be required to attend a five (5) day DMHAS mandated training that delineates peer support services, role functions, competencies, responsibilities and includes an orientation to DMHAS multiple treatment initiatives.

Program Supervisor (.25 FTE)

The Program Supervisor must possess an LPC, LCSW, or a closely-related related master's level clinical license and will be responsible for the supervision of the FSC Coordinator(s). Supervisory experience, training, or course work is highly recommended. Supervisors without supervisor training or experience must attend DMHAS sponsored three (3) to five (5) day supervisory training. Ideally, the program supervisor will possess a background in Cognitive Behavioral Therapy, motivational interviewing, and/or behavioral therapy

The Program Supervisor will be responsible for ensuring the following:

- Supervise FSC Coordinator weekly face to face (minimally one (1) hour)
- Schedule FSC Coordinator coverage
- Coordinate and monitor program services
- Ensure that services are delivered in in a culturally competent and linguistic manner

Program Design

Family Support Centers will be expected to provide support services to families daily, Monday through Friday. The program should have flexible scheduling to allow the staff to be available outside of routine business hours as per a program schedule. Applicants should describe an approach to ensuring other recovery supports (i.e., help lines, self-help meetings) are accessible and available when program staff is not scheduled. Services shall be offered to parents and/or primary caretakers of young adults with an OUD. A meeting/gathering should occur one time a week.

Successful bidders must have protocols and procedures linking and assisting families with accessing treatment including MAT, other treatment resources such as the IME Addictions Access Center, REACH NJ, NJ Connect and/or other support services. Successful bidders must have protocols and procedures in linking families to other services where there may be barriers to accessing treatment, such as transportation.

Programming will include developing wellness plans with parents and or primary caretakers. Wellness plans shall include self-care strategies, how to manage personal

and/or family stressors, other support group resources, communication skills and tools, how to suggest treatment including MAT to loved one, group attendance activities, and other significant issues that impact the parent.

Data Collection/Evaluation

The successful bidder will be required to comply with the Division's program evaluation by responding to data requests from the DMHAS evaluator, participating in the data collection system and tools to be developed for this program, facilitating completion of consumer satisfaction questionnaires and any other monitoring and evaluation activities. When requested, the successful bidder will document units of service delivered using data collection forms developed by DMHAS.

The successful bidder will work with the Division's program evaluation team and other collaborative partners to identify specific program outcomes demonstrating the effectiveness of this service model. The provider will then be expected to report on these outcomes every six (6) months. Included will be the served family's loved one's recovery/treatment engagement status and their own satisfaction with the Center's service. Self-care measures such as communication, understanding recovery and resources, effects of interpersonal relationships, effect of center on the participants' financial, family and vocational responsibilities as well as their own emotional wellbeing and welfare will also be measured.

Budget

The total budget for each Family Support Center is up to approximately \$100,000 per year for to underwrite the services. Eligible expenses unique to the operation of the Family Support Center include:

- Staff;
- Office space;
- Supplies; and
- Equipment, including a vehicle, a lap-top computer, and cell phones for use by the Family Support Centers.

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, 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/>.

VI. Written Intent to Apply and Contract for Further Information

Bidders must email RFP.submissions@doh.nj.gov by December 18, 2017 indicating their agency's intent to submit a proposal(s) and the region(s) they intend to apply for. 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 no later than December 11, 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 (10 points)

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

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the work with the target population and the number of years' experience working with the target population.
2. Describe the bidder's background and experience in implementing this or related types of services. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area.
3. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program and describe why the bidder is the most appropriate and best qualified to implement this program in the target service area.
4. Attach a one-page copy of the agency's organizational chart showing the location of the proposed project and its links in the organization.
5. Describe the bidder's current status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be explained with supporting documentation as an appendix to the bidder's proposal.
6. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice.
7. Demonstrate the organization's commitment to cultural competency and diversity (Law against Discrimination, N.J.S.A. 10:5-1et seq.) and ability to provide culturally competent services.
8. 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 (40 points)

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

1. How the bidder's proposed approach satisfies the requirements as stated in the RFP.
2. The bidder's understanding of the project goals and measurable objectives.
3. Attach a flow chart outlining the operational steps of the proposed program.
4. Description of all anticipated barriers and potential problems the bidder foresees itself and/or the State encountering in the successful realization of the initiative described herein.
5. Description of any other resources needed by the bidder to satisfy the requirements of the contract resulting from this RFP.
6. Description of collaboration with other entities in the course of fulfilling the requirements of the contract resulting from this RFP; include affiliation agreements.
7. The evidence-based practice(s) that will be used in the design and implementation of the program.
8. Attach draft intake form.
9. Attach a draft of a sample "wellness plan"; wellness plan should include self-care strategies, communication strategies, changes in stressors in the home, referrals to treatment including MAT and/or resources, and other support services, etc.
10. Description of protocols and policies to respond to families in crisis during off-hours including evenings and weekend.
11. Description of protocols and procedures to linking young adults to other appropriate services where there may be barriers to accessing treatment, such as transportation.
12. A description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
13. 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.
14. Describe your plan to continue the proposed project after the funding period ends. Also describe how program continuity will be maintained when there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.
15. Provide a plan for sustainability that details how the proposed project approach will create project self-sufficiency and help to ensure that the impact of the project will continue after Federal assistance has ended. The applicant may include information on plans to secure additional financial resources.

Outcome(s) and Evaluation (10 points)

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

1. The bidder's approach to measurement of consumer satisfaction.
2. The bidder's measurement of the achievement of identified goals and objectives.

3. The evaluation of contract outcomes.
4. Bidder's attestation to cooperate in the DMHAS evaluation and provide required data.
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.

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 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, competencies, and peer support and/or recovery experience.
2. Provide details of the Full Time Equivalent (FTE) and/or Part Time Equivalent (PTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including certifications, competencies, trainings, professional licensing and related experience. Details should include currently on-board or to be hired staff, with details of the recruitment effort. Identify bilingual staff.
3. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.
4. Identify the number of work hours per week that constitute each FTE in the bidder's proposal. If applicable, define the PTE work hours.
5. Description of the proposed organizational structure, including an organizational chart in an appendix to the bidder's proposal.
6. The bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
7. The approach and scheduling of supervision.
8. A list of the bidder's board members and current term, including each member's professional licensure and organizational affiliation(s). The bidder's proposal must identify each board member who is also an employee of the bidder or an affiliate of the bidder. The proposal shall indicate if the Board of Directors votes on contract-related matters.
9. A list of names of consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s). Each consultant must be further described as to whether they are also a board member and, if so, whether they are a voting member. The bidder must identify all reimbursement the consultant received as a board member over the last twelve (12) months.

Facilities, Logistics, Equipment (5 points)

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

1. A description of the plan for office space, vehicle, and any needs specific to this project.

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

Budget (20 points)

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 Excel budget template will be emailed to those who submit a written intent to apply. The Annex B Excel template must be uploaded as an Excel file onto the file transfer protocol site described 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 & 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 scope of work detailed in the RFP and revenues, including one-time costs; (which by formula will be included in total award) and
 - b. Section 2 - Proposed one-time costs (in the second year, titration to more than 50 families is expected).
2. Budget Notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget Notes, to the extent possible, should be displayed on the Excel template itself.
3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
4. For all proposed personnel, the template should identify the staff position titles and staff names for current staff (only if being allocated to this program) 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 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); and
12. Statement of Bidder/Vendor Ownership Disclosure (www.nj.gov/treasury/purchase/forms.shtml).

The documents listed below are also required with the proposal, **unless the bidder has a current contract with DMHAS and these documents are current and on file with DMHAS. 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 15 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 18 it is 18 pages long, not 15 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 January 8, 2018. 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 private delivery vendor such as UPS or FedEx:

Helen Staton
Department of Health
Division of Mental Health and Addiction Services
120 South Stockton Street, 3rd Floor
Trenton, NJ 08611

OR

For U.S. Postal Service delivery:

Helen Staton
Department of Health
Division of Mental Health and Addiction Services
PO Box 362
Trenton, NJ 08625-0362

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 PDF file and budget Excel file 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 February 9, 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 February 16, 2018. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie L. Mielke, Assistant Commissioner
Division of Mental Health & Addiction Services
5 Commerce Way
PO Box 362
Hamilton, NJ 08691-0362

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 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);
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 362, Trenton, NJ 08625-0362 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; for an entity doing business with the State for the first time, it may register at <http://www.nj.gov/treasury/revenue>);
25. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
26. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

Attachment A – Proposal Cover Sheet

_____ Date Received

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

Name of RFP: **Family Support Centers** _____

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: _____

Region in which services are to be provided (check one): North _____ Central _____ South _____

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.