

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

REQUEST FOR PROPOSALS TO PROVIDE
SUPPORTIVE HOUSING SERVICES FOR PERSONS DISCHARGED FROM STATE
PSYCHIATRIC HOSPITALS

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REQUEST FOR PROPOSALS**

Supportive Housing Services for Persons Discharged from State Psychiatric Hospitals

I. Introduction

The New Jersey Division of Mental Health and Addiction Services (DMHAS) continues to implement the recommendations put forth in the Governor's Task Force on Mental Health final report (herein referred to as the Task Force report) issued March 2005. The recommendations of the Task Force serve as a catalyst for the transformation of the mental health system, focusing on treatment, wellness and recovery.

This current RFP focuses on the Task Force's recommendation for the expansion of permanent supportive housing opportunities for mental health consumers and is consistent with the U.S. Supreme Court Olmstead decision.

The DMHAS is announcing the availability of funds to develop Supportive Housing for 213 consumers in four different initiatives. These services are being specifically developed to address the housing and community support needs of State Psychiatric Hospital discharge-ready individuals as identified by the DMHAS. If needed, DMHAS-funded rental subsidies, administered in a manner consistent with the principles of supportive housing, will be paired with the full range of services provided for each of the initiatives listed below. Respondents are required to submit separate proposals for any of the four different initiatives listed below in which they have an interest. For example, if you would like to serve five consumers under initiative # 1 and three consumers under initiative #3, you must submit two separate proposals.

1. **CEPP –Supportive Housing:** 130 consumers on CEPP to be served by enhanced Supportive Housing statewide.
2. **Non-CEPP – Supportive Housing:** 33 non-CEPP hospitalized consumers to be served by enhanced Supportive Housing statewide.
3. **Forensically-involved commitment – Supportive Housing:** - 25 consumers on CEPP with forensic involved commitment to be served by enhanced Supportive Housing statewide – with priority for Ancora Psychiatric Hospital catchment area, followed by Trenton Psychiatric Hospital catchment area.
4. **Gloucester/Salem/Cumberland Tri-County RIST Team:** 25 consumers on CEPP to be served by a new RIST team in the Tri-County area (respondent must serve all 25 consumers).

CEPP – Supportive Housing

DMHAS seeks proposals to develop Supportive Housing and related services for 130 persons on CEPP status in State Psychiatric Hospitals, many of whom have co-existing medical conditions, co-occurring substance abuse disorders or a developmental disability, have experienced periods of long-term institutionalization, and/or are refusing to leave the hospital, as identified by DMHAS.

Supportive housing involves lease-based housing opportunities paired with flexible support services that meet the individual's varying needs and preferences. The model is endorsed as an opportunity to support innovative, person-centered service provision and to champion the inclusion of consumers as full partners in treatment and recovery.

For persons leaving the state psychiatric hospital, enhanced Supportive Housing program services can address the needs of consumers who may require intensive but varying degrees of support in the transition from hospital to community living. In so doing the consumer is assisted in maintaining permanency in their housing. It is expected these services will reduce the need to relocate consumers due to fluctuation in status by adjusting service intensity to address consumer need, thereby facilitating increased permanence in the living arrangement. The supportive housing model for these consumers may require 24/7 staffing on-site or in the immediate proximity (clustered sites with on-site staff within cluster) at the time of discharge, which may be titrated down in accordance with an individual's needs. Some consumers will be prescribed long-acting injectable medications. Some may need home health aides for assistance with activities of daily living, including showering, dietary restrictions/assistance with eating, toileting, etc.

The overall service focus will demonstrate the provision of supports that promote wellness, recovery and resiliency. Services will aim at achieving community integration, illness management, socialization, work readiness and employment, peer support, and skills and opportunities that foster increased personal responsibility for one's life.

Consumers are considered full partners in planning their own care and support service needs, they are to identify and direct the types of activities which would most help them maximize opportunities for successful community living. Staff support is provided through a flexible schedule, which must be adjusted as the consumer needs and/or interests change. The supportive housing model encourages consumer use of other community mental health treatment, employment and rehabilitation services, as needed and appropriate. In order to avoid duplication of effort, individuals who will be served by PACT or ICMS are not eligible for supportive housing services under contracts awarded pursuant to this RFP.

Division staff will attempt to tailor referrals based on agency proposals, but any agency submitting a proposal under this initiative must be prepared to accept DMHAS referrals as a condition of contracting. A provider with an award winning proposal in this initiative will not receive an executed contract until it has communicated written acceptance of specific referred individuals.

Non-CEPP – Supportive Housing

DMHAS seeks proposals to develop Supportive Housing and related services for 33 persons receiving treatment in State Psychiatric Hospitals who are not on CEPP status. These are consumers who are considered clinically stable but who have not been formally adjudicated CEPP because they have not yet returned to court.

Supportive housing for this population also involves lease-based housing opportunities paired with flexible support services as described above for the CEPP population.

For persons leaving the state psychiatric hospital, enhanced Supportive Housing program services can address the needs of consumers who may require intensive but varying degrees of support in the transition from hospital to community living. In so doing the consumer is assisted in maintaining permanency in their housing. It is expected these services will reduce the need to relocate consumers due to fluctuation in status by adjusting service intensity to address consumer need, thereby facilitating increased permanence in the living arrangement.

The supportive housing model for these consumers may require 24/7 staffing on-site or in the immediate proximity (clustered sites with on-site staff within cluster) at the time of discharge, which may be titrated down in accordance with an individual's needs. Some consumers will be prescribed long-acting injectable medications. Some may need home health aides for assistance with activities of daily living, including showering, dietary restrictions/assistance with eating, toileting, etc.

The overall service focus will demonstrate the provision of supports that promote wellness, recovery and resiliency. Services will aim at achieving community integration, illness management, socialization, work readiness and employment, peer support, and skills and opportunities that foster increased personal responsibility for one's life.

Consumers are considered full partners in planning their own care and support service needs, they are to identify and direct the types of activities which would most help them maximize opportunities for successful community living. Staff support is provided through a flexible schedule, which must be adjusted as the consumer needs and/or interests change. The supportive housing model encourages consumer use of other community mental health treatment, employment and rehabilitation services, as needed and appropriate. In order to avoid duplication of effort, individuals who will be served by PACT or ICMS are not eligible for supportive housing services under contracts awarded pursuant to this RFP.

Division staff will attempt to tailor referrals based on agency proposals, but any agency submitting a proposal under this initiative must be prepared to accept DMHAS referrals as a condition of contracting. A provider with an award winning proposal in this initiative will not receive an executed contract until it has communicated written acceptance of specific referred individuals.

Forensically-involved commitment – Supportive Housing

DMHAS seeks proposals to develop Supportive Housing and related services for 25 persons receiving treatment in the state psychiatric hospitals who are ready for discharge and have a history of forensic commitment(s). A description of the legal histories of the individuals served through this initiative includes those who are forensically-involved

including Megan's Law Registrants and persons whose criminal histories include having been convicted or adjudicated *Not Guilty by Reason of Insanity* (NGRI) by a court for one or more of the following: murder, aggravated assault, manslaughter, aggravated sexual assault, sexual assault, criminal sexual contact, robbery in the first degree, aggravated assault, aggravated arson, arson, kidnapping or a crime that is similar to one of the aforementioned crimes.

Consistent with the supportive housing model these consumers may require 24/7 staffing on-site or in the immediate proximity (clustered sites with on-site staff within cluster) at the time of discharge, which may be titrated down as per individual needs. Some consumers will be prescribed long-acting injectable medications. A few may need home health aides for assistance with activities of daily living, including showering, dietary restrictions/assistance with eating, toileting (including toileting during the night). Staff shall possess the clinical skills needed to address issues such as poor impulse control, conflict resolution, intermittent explosive disorder, arson history, self-injurious behavior (i.e., burning, cutting, teeth pulling), florid psychosis, sexually problematic behaviors. Staff will need the skills to develop a daily living plan (structured day activities).

The staff in this initiative will need to be familiar with each consumers' individual high risk behaviors and/or triggers so appropriate interventions and services are provided to support an individual's recovery and their tenure in the community while mitigating risk. Supervision will be required to develop an appropriate service and treatment plan that addresses the individual's needs which may include preventing opportunities for re-offending, providing linkage to parole, and close collaboration with courts and other components of the criminal justice system as needed. Sex offender treatment linkage must be met for some individuals, and some will require individual and/or group therapy (provision or linkage). Most individuals will require on-site drug and alcohol relapse prevention with transportation and assurance of follow-up at AA/NA or Co-occurring (addiction use disorder and mental illness) self-help meetings – linkage with a sponsor, joining a home group, etc. Transportation may need to be provided due to the opportunistic nature of past crimes; consequently in certain cases taking public transportation may be contraindicated.

Gradual transition into the community may be necessary (with waivers for Administrative Bulletin 5:11) with longer brief visits to ensure safety. Brief visits must incorporate a realistic dialogue between the community agency staff and hospital treatment team (i.e., "How did it go?"; "What did you see?" and/or "This is how we handle it."). Much collaboration during the transition process will be required. Honest dialogue with law enforcement prior to, during, and after discharge may be required. For individuals on conditional release or who require parole supervision or Krol court oversight, agency staff will monitor compliance with post-discharge conditions (e.g., program attendance, urine drug screens, medication), The agency shall have protocols in place to ensure the immediate notification of the appropriate authorities when violations of conditions occur or there is recognition of the re-emergence of high risk behaviors.

Division staff will attempt to tailor referrals based on agency proposals, but any agency submitting a proposal under this initiative must be prepared to accept DMHAS referrals as a condition of contracting. A provider with an award winning proposal in this initiative will not receive an executed contract until it has communicated written acceptance of specific referred individuals.

Gloucester/Salem/Cumberland Tri-County RIST Team

DMHAS seeks proposals to develop a Residential Intensive Support Team (RIST) for 25 persons on CEPP status in State Psychiatric Hospitals. RIST, initially developed during SFY 2003, was designed to fully support the promotion of consumer empowerment within the continuum of funded residential programming. The RIST approach to intensive residential support is flexible in design and mobile. Consumers are full partners in planning their own care and support service needs, who identify and direct the types of activities which would most help them to maximize opportunities for successful community living. Staff support is provided through a flexible schedule, which may be adjusted as consumer needs or interests change. RIST, as a supportive housing model, encourages consumer use of other community mental health treatment, employment and rehabilitation services, as needed and appropriate.

As a model of supportive housing, RIST involves DMHAS-funded rental subsidies to provide permanent lease based housing opportunities paired with flexible support services that meet the individual's varying needs and preferences. The model is based on a "Housing First" philosophy and endorsed as an opportunity to support innovative, person-centered service provision and to champion the inclusion of consumers as full partners in treatment and recovery. Teams will employ supportive services necessary to maintain housing, achieve identified wellness and recovery goals; as well as case management approaches to assure that consumers access the full array of other clinical and support services needed to successfully function within the community. Agencies may not use DMHAS Project Based Rental subsidies for this initiative.

II. Background

While the Division has a long history of seeking to develop and expand the network of community housing opportunities for persons with serious mental illness, this current RFP is part of a larger initiative related to the Olmstead Settlement Agreement, under which the DMHAS has committed to effecting the timely discharge of persons in the State Hospital system determined to no longer require that level of care. Providers are being asked to submit separate proposals for each of the targeted initiatives listed above for which they have an interest in applying.

Proposals that seek to develop or access housing units by leveraging resources beyond DMHAS are preferred and will earn additional points in the scoring of their proposal. The objective is to encourage the creative coupling of DMHAS funding for support services with capital or housing program funds from other mainstreamed housing resources. Agencies that own housing will score additional points. No capital funding is available from DMHAS through this initiative. If DMHAS funded rental subsidies are needed, in the first three initiatives, priority will be given to providers requesting Project-based subsidies. Project-based subsidies can be provided only to providers who are purchasing a housing project, or who are working with a developer for whom Project Based subsidies are required as a match for other funding resources. It should be noted that Tenant-based subsidies follow the consumer, and if they move from your catchment area, the subsidy will not stay with

your program. The RIST program and the Forensically-involved commitment – Supportive Housing initiative will be awarded program-based DMHAS rental subsidies. These subsidies remain with the agency should the consumer leave the program.

III. Purpose of Request

The purpose of this RFP is to effectuate the discharge of 213 individuals from the State Hospital System who require enhanced supportive housing or RIST services. The DMHAS will identify the consumers to be served in each initiative with this funding, and will work with successful applicants in assessing service and support needs for successful community living. The provider agency must accept consumers identified by DMHAS as appropriate for the Supportive Housing program, consistent with the consumer attributes delineated in this RFP. The provider agency will begin working with identified consumers as soon as possible after contract award but prior to actual discharge to facilitate relationship building, determine housing preference and assess needs.

Supportive housing and RIST involves lease-based housing opportunities paired with flexible support services that meet the individual's varying needs and preferences. The model is endorsed as an opportunity to support innovative, person-centered service provision and to champion the inclusion of consumers as full partners in treatment and recovery.

Proposals that seek to develop or access housing units by leveraging resources beyond the DMHAS are preferred and will be prioritized for funding. The objective is to encourage the creative coupling of Division funding for support services with capital or housing program funds, such as Special Needs Housing Trust Fund, Section 811 housing, Department of Community Affairs programs, Public Housing Authorities, private sector funding opportunities, and other mainstream housing resources. No capital funding is available from DMHAS through this initiative.

Each proposal will be expected to describe how the applicant will accommodate discharges so as to reach a full capacity **no later than three months after contract award of the proposed service**. Service phase-in timelines will be a significant factor in the evaluation of proposals. DMHAS expects that additional consumers will be served by the supportive housing programs funded through this initiative as the consumers who were initially enrolled achieve greater levels of self-sufficiency, competence and utilization of extended support networks, thus requiring consistently less support services from the staff.

IV. Funding Availability

	No. of consumers to be served statewide (unless otherwise indicated)	CEPP or Non-CEPP consumers in State Hospital System	Specialized Target Population or program	Funding (including subsidy) Available per person	Maximum total annualized funding amount for initiative
Initiative 1	130	CEPP	Enhanced Supportive Housing	\$33,992	\$4,419,010
Initiative 2	33	Non-CEPP	Enhanced Supportive Housing	\$33,992	\$1,121,736
Initiative 3	25	CEPP	Forensically Involved – Enhanced Supportive Housing	\$75,000	\$1,875,000
Initiative 4	25	CEPP	New RIST program for Gloucester/Salem/Cumberland County	\$40,000	\$1,000,000

All funding, subject to State appropriation, is expected to be available state-wide to serve a minimum of 213 individuals being discharged from the State Psychiatric Hospital System in enhanced supportive housing or RIST. Priority consideration will be given to those agencies that have already leveraged capital funding and have the ability to place consumers into new housing units by the end of FY13.

V. Provider Qualifications

1. The applicant must be a fiscally viable for-profit or non-profit organization and document demonstrable experience in successfully providing mental health support, rehabilitation, and treatment or housing services for adults with serious and persistent mental illness.
2. The applicant must currently meet DMHAS residential licensing standards (depending on initiative), or be capable of meeting such standards were a contract to be awarded.
3. Applicants for Supportive Housing and/or RIST must be able to demonstrate the ability to provide, or experience and success in providing, housing and supportive services in permanent, lease-based housing settings to the targeted mental health consumer described in this RFP.
4. The applicant must be willing to accept into service those consumers identified by the DMHAS.

5. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal 501 (c) (3) regulations, as applicable.
6. The applicant must demonstrate the ability to comply with all rules and regulations for any DMHAS program element of service proposed by the applicant.
7. The applicant must be a government entity or a corporation duly registered to conduct business in the State of New Jersey.
8. The applicant must comply with, the terms and conditions of the Department of Human Services contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM).
9. Any fiscally viable corporation, as noted above, which meets the qualifications of the Department of Human Services' Contract Policy and Information Manual, N.J.A.C. 10:3, may apply. A copy of this manual can be accessed from the webpage of the Office of Contract Policy and Management webpage at:
<http://www.state.nj.us/humanservices/ocpm/home/resources/>.

Applicants may contact the Division of Mental Health and Addiction Services Contract Unit at 609-777-0628 with general questions about the requirements in these manuals.

VI. Target Population

The DMHAS, as part of its approved Olmstead Settlement Agreement, has prioritized 213 individuals for discharge during FY '13 under this funding announcement. By submitting a proposal to develop one of the housing initiative opportunities under this announcement, providers agree to accept without reservation all consumers referred to the proposed program, subject to the terms of this announcement and subsequent services contract with DMHAS. With the exception of the new RIST program, no provider will be eligible to develop more than 10 housing opportunities as part of this funding announcement, in order to ensure sufficient agency resources, rigorous project focus, and timely acceptance of consumers into housing.

The consumers to be served pursuant to this announcement will need ADA compliant housing opportunities and may have barriers to discharge due to the severity of their mental illness, lack of community programs capable of meeting their needs (including physical health needs of varying intensity and complexity). In some cases, the consumers have a sense of fear about returning to community life and will need assistance regarding their reluctance to return to the community.

Successful proposals will describe clear and effective strategies to address the identified consumers' needs in a community setting as well as their fears, concerns, and reluctance regarding returning to the community. Proposals should particularly address the following conditions and include as admission criteria (or provide rationale for exclusion):

- Incontinence
- Polydipsia
- Challenging behaviors (vocal, behavioral, etc.)
- Catastrophic illness (cancer, HIV/AIDS)
- Hepatitis
- Diabetes (difficulty with self-administering insulin, resistance and/or difficulty in learning)
- Obesity
- High blood pressure
- Ambulation impairment (All units must be ADA compliant)
- Anger management
- Active fixed delusions
- Cognitive impairment (due to either brain injury or developmental disability)
- Metabolic syndrome (central obesity, increased triglycerides, fasting plasma glucose and/or increased blood pressure, low HDL cholesterol)

Specific patient names and records will only be made available to the agencies awarded funding under this announcement to preserve client confidentiality in accordance with the provision of the Health Insurance Portability and Accountability Act (HIPAA) and this Department.

Agencies must demonstrate evidence of affirmative linkage with primary medical care providers to ensure that consumers' health needs are addressed holistically in cooperation with the agency. Additionally, applicants must describe how they will address the difficult behaviors and resistance to community placement manifested by some consumers that may interfere with discharge and/or successful community tenure.

DMHAS staff will attempt to tailor referrals based on agency proposals, but any agency submitting a proposal under this announcement must be prepared to accept DMHAS referrals as a condition of contracting. In no case will an agency receive an executed contract until it has accepted referred individuals, to ensure that the DMHAS' obligations in this matter have been appropriately addressed.

VII. Service Outcome Requirements

The DMHAS anticipates a full evaluation of program outcomes, including timeliness of full service activation, consumer satisfaction, community tenure, and achievement of identified wellness and recovery related goals. Successful applicants must agree to participate and respond to DMHAS-generated data requests and evaluation protocols.

Program performance must encompass the following values and practices:

- Consumer driven and centered – a fully collaborative partnership that addresses consumer-identified needs and priorities:

- Flexible, individualized services – a mix of assistance, support, and services provided in the individual’s home, including 24/7 (evening and weekends) on-site presence when needed; 24 hour on-call rapid response; and coordination with other programs (including but not limited to supported employment, self-help centers, outpatient, educational resources and partial care services, should the consumer desire such services) to comprehensively support achievement of consumer goals;
- Outcome orientation – service provision will result in the attainment of measurable consumer outcomes;
- Personal assistance approach – a personal assistance style with an emphasis on education and skill development in activities of daily living, volunteer or paid employment, social relationships, recreation, and appropriate use of mental health and primary care services.

VIII. Clustering and Fiscal Consequences Related to Performance

Programs awarded pursuant to this RFP will be separately clustered until such time as the DMHAS determines, at its sole discretion, that the program is stable in terms of service provision, expenditures, and, as applicable, revenue generation.

Contract commitments will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in a reduction of compensation, as provided for in the DHS Contract Policy and Information Manual, P1.10, and Contract Reimbursement Manual.

Operating expenses for supportive housing services will be awarded to commence no earlier than three months prior to commencement of service provision (including consumer engagement activities within the state hospital). Should occupancy be delayed, through no fault of the service provider, funding continuation will be considered on a case-by-case basis based upon the circumstances creating the delay. In no case shall the Division be required to continue funding when service commencement commitments are not met and in no case shall funding be provided for a period of non- or incomplete occupancy in excess of 3 months. Should occupancy not be achieved and consequently services not rendered, funds provided pursuant to this agreement shall be returned to the Division.

IX. Budget Requirements (same for any of the 4 Initiatives):

1. Provide a detailed budget using the Annex B categories for expenses and revenues, utilizing the Excel template which will be e-mailed based on the attendance list from the Bidders’ Conference. The budget must be presented in three clearly labeled separate columns:

- i. One to show the full annualized operating costs excluding one-time costs;
- ii. One to show only the one time costs; and
- iii. One to show the phase-in amount excluding one-time costs.

2. Phase-in budget figures must be based on the date that the applicant proposes to commence operations until such time as services and placements are fully phased-in, irrespective of contract year. The phase-in and annualized budgets must project revenues and explain assumptions of the methodology used to determine projections. The budgets must also include funding needed to support rental subsidy costs if required.
3. All budget data, if approved and included in signed contracts, will be subject to the provisions of the DHS Contract Policy & Information Manual, and the DHS Contract Reimbursement Manual. These manuals can be accessed from the Office of Contract Policy and Management (OCPM) webpage at: <http://www.state.nj.us/humanservices/ocpm/home/resources/>. The Contracting Manuals' link is available from the webpage sidebar.
4. Budget Notes are often useful to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide adequate information could result in lower ranking of the proposal. Enter notes, to the maximum extent possible, on the budget template file itself.
5. Include name and addresses of any organization providing support other than third party payers.
6. For personnel line items, staff names should not be included, but the staff position titles and hours per workweek are needed.
7. Provide the number of hours associated with each line of any clinical consultant so that cost/hour may be considered by the evaluators.
8. Staff fringe benefit expenses may be presented as a percentage factor of total salary costs, and should be consistent with your organization's current Fringe Benefits percentage.
9. 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. Because administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, applicants that currently contract with DMHAS should limit your G & A expense projection to "new" G & A only.

Please note that Supportive Housing is not currently reimbursable under Medicaid guidelines. However, the DMHAS and the Division of Medical Assistance and Health Services are developing regulations that will enable providers to bill for the Community Support Services provided in the supportive housing environment. Please see link for information regarding Community Support Services http://www.state.nj.us/humanservices/dmhs/info/CSS_Notice_to_providers.pdf. When this reimbursement becomes available, applicants successfully responding to this RFP will be required to enroll in the Medicaid program, bill for all covered services, for all covered individuals and to apply such revenue to their Supportive Housing programs. Applicants that are eligible to bill Medicaid for case management services are expected to do so, and should show projected Medicaid revenue in their proposed budget.

Required Respondent Assurances: Express written assurance that if your organization receives an award pursuant to this RFP you will pursue all available sources of revenue and support upon award and in future contracts including your agreement to obtain approval as a Medicaid-eligible provider. Failure to maintain certification may result in termination of the service contract.

X. Requirements for Submission for Initiative #1(CEPP Enhanced Supportive Housing)

1. **Funding Proposal Cover Sheet.** Please use the Cover Sheet included in the RFP and place it on top of the entire RFP package. The Cover Sheet must indicate which of the 4 initiatives are being addressed. Only one initiative per proposal is permitted. (1 pt)
2. **Indicate the number of consumers that will be placed into new permanent housing units as a result of this initiative.** (2 pts)
3. **Provide your proposed admission criteria (inclusionary, and exclusionary if applicable).** (15 pts)
4. **Indicate your willingness to accept consumers referred by DMHAS staff and any barriers that you foresee in this process.** (3 pts)
 - Barriers may be related to housing funding sources which exclude consumers with certain criminal backgrounds, other residents of the program (i.e. domestic violence victims, age restrictions), etc.
5. **Describe how each of the physical and behavioral health care needs listed below will be addressed.** Articulate clear and effective strategies that will be used in the proposed program to address the identified consumers' needs in a community setting that may interfere with successful community tenure. (25 pts – greatest point value assigned to items asterisked below)
 - Incontinence*
 - Catastrophic illness
 - Diabetes with difficulties self administering insulin/blood checks*
 - Obesity
 - Ambulation Impairment*
 - Poor impulse control
 - Self-injurious behavior (burning, cutting, teeth/hair pulling)
 - Conflict resolution
 - Anger management
 - Florid psychosis/active fixed delusions
 - Cognitive impairment (or brain injury)
 - Metabolic Syndrome
 - Polydipsia*

- Resistance to Hospital Discharge, and/or resistance to aftercare services
 - Medication monitoring/prompting or administration if needed, and any required blood work in order to optimize medication adherence*
 - If needed, daily living skills including showering, eating, toileting, etc.
 - Independent living skills (budgeting, shopping, cooking, cleaning, mail, etc.)
 - Brief visits (if needed) and collaboration with hospital treatment team.
 - Describe how the agency will support consumers in managing their primary care needs, making these services available seven days a week. This may include medication administration including insulin.
6. **Describe an active plan to address consumers' substance abuse issues, drug and alcohol relapse prevention or harm reduction strategies (both on-site and off);** incorporating substance abuse education, treatment and support into a consumer's array of services; developing and maintaining linkages and relationships with appropriate substance abuse services available in the community. (10 pts)
7. **Describe how your program will promote/encourage Community Integration.**
- Services should be consumer driven and centered, increase self-direction and personal responsibility for one's life, encouraging growth toward independence through education and skill development in activities of daily living, volunteer or paid employment, social relationships, recreation, transportation, and appropriate use of mental health and primary health care services. (5 pts)
8. **Describe how your program will integrate Wellness & Recovery principles into the services provided in the proposed service?** (Wellness and Recovery Action plans; Psychiatric Advance Directives; smoking cessation and other physical health initiatives; employment and educational opportunities; and daily living plans (structured day activities). (5 pts)
9. **After reaching the full volume of consumer caseload, specify the number of additional consumers you expect to serve if additional rental subsidies and one-time funds are provided. Indicate the timeframe when additional consumers over the initial compliment of consumers will be served. (2 pts)**
- Service needs are, over time, expected to decrease for the initial complement of consumers such that additional consumers can be added to the caseload in the future.
10. **Provide a brief description of the housing model(s) that will be made available (single family homes, shared living, scattered site apartments, apartment building with mixed use, condominiums, etc). (5 pts)**
- Collaboration between service providers and housing developers is encouraged. Such collaborations must be evidenced by a legally binding writing that delineates roles and responsibilities of the respective parties.

Preference will be given to projects that demonstrate housing opportunities are already available, and to other similar projects already under development.

- 11. Include rationale for choosing this particular housing design (scattered site, single family, shared, mixed use, etc). (3 pts)**
- 12. Indicate municipality (ies)/county (ies) where housing will be located. (2 pts)**
- 13. Provide a complete list of capital and operating funding to be used (source of capital and project or tenant-based rental assistance) if you are purchasing housing. If you are not purchasing housing, how will the rent be paid (do you need DMHAS funded subsidies, or are other subsidies available)? (2 pts)**
 - Purchased and project-based subsidized housing will be prioritized for award. If you plan project-based subsidized housing, documentation from the landlord regarding a five-year lease agreement for the units must be included.
- 14. Provide a detailed monthly timeline of activities from award notification to engagement and placement of the target population. (5 pts)**
- 15. Discuss the number of staff (direct service, administrative and support) that will be used for this initiative. Provide specific titles and qualifications for the staff to be added, as well as a rationale for selection of those staff persons. Please DO NOT attach complete job descriptions. (20 pts)**
- 16. Provide a work week schedule detailing how you will deploy the staff identified above to assure 24/7 on-site coverage if needed so as to achieve optimum flexibility and responsiveness to consumers as consumer needs change. (10 pts)**
- 17. Identify the units of service that you are committing to provide, defined as 15 contiguous minutes of face-to-face contact with the consumer, during the phase-in period and annually thereafter. Identify the average number of hours of service one client will receive per week at start-up. (5 pts)**
- 18. Statement of Assurances signed by Chief Executive Officer (Attachment C). (1 pt)**
- 19. Signed Debarment Certification (Attachment D) (1 pt)**

Applicants who do not currently contract with the Division must also include the following:

- a. Organization history including mission, and goals.
- b. Overview of agency services.
- c. Documentation of incorporation status.
- d. Agency organization chart.
- e. Agency code of ethics and /or conflict of interest policy.
- f. Most recent agency audited financial statement.
- g. Listing of current Board of Directors, officers and terms of each.

- h. Documentation that agency meets qualifying requirements for DHS program contract.
- i. Current Agency Licensure/Accreditation Status.

Application program narratives must be no more than 15 pages in length, excluding budget detail, with a font size no smaller than 12. Pages must be clearly numbered, and proposals should not be stapled, in binders, or bound in any way as to preclude easy photocopying.

XI. Requirements for Submission for Initiative #2 (Non-CEPP Enhanced Supportive Housing)

1. **Funding Proposal Cover Sheet.** Please use the Cover Sheet included in the RFP and place it on top of the entire RFP package. The Cover Sheet must indicate which of the 5 initiatives are being addressed. Only one initiative per proposal is permitted. (1 pt)
2. **Indicate the number of consumers that will be placed into new permanent housing units as a result of this initiative.** (2 pts)
3. **Provide your proposed admission criteria (inclusionary, and exclusionary if applicable).** (15 pts)
4. **Indicate your willingness to accept consumers referred by DMHAS staff and any barriers that you foresee in this process.** (3 pts)
 - Barriers may be related to housing funding sources which exclude consumers with certain criminal backgrounds, other residents of the program (i.e. domestic violence victims, age restrictions), etc.
5. **Describe how each of the physical and behavioral health care needs listed below will be addressed.** Articulate clear and effective strategies that will be used in the proposed program to address the identified consumers' needs in a community setting that may interfere with successful community tenure. (25 pts – greatest point value assigned to items asterisked below)
 - Incontinence*
 - Catastrophic illness
 - Diabetes with difficulties self administering insulin/blood checks*
 - Obesity
 - Ambulation Impairment*
 - Poor impulse control
 - Self-injurious behavior (burning, cutting, teeth/hair pulling)
 - Conflict resolution
 - Anger management
 - Florid psychosis/active fixed delusions

- Cognitive impairment (or brain injury)
 - Metabolic Syndrome
 - Polydipsia*
 - Resistance to Hospital Discharge, and/or resistance to aftercare services
 - Medication monitoring/prompting and any required blood work in order to optimize medication adherence*
 - If needed, daily living skills including showering, eating, toileting, etc.
 - Independent living skills (budgeting, shopping, cooking, cleaning, mail, etc.)
 - Brief visits (if needed) and collaboration with hospital treatment team.
6. **Describe an active plan to address consumers' substance abuse issues, drug and alcohol relapse prevention or harm reduction strategies (both on-site and off);** incorporating substance abuse education, treatment, and support into a consumer's array of services; developing and maintaining linkages and relationships with appropriate substance abuse services available in the community. (10 pts)
7. **Describe how your program will promote/encourage Community Integration. (5 pts)**
- (Services should be consumer driven and centered, increase self-direction and personal responsibility for one's life, encouraging growth toward independence through education and skill development in activities of daily living, volunteer or paid employment, social relationships, recreation, transportation, and appropriate use of mental health and primary health care services.)
8. **Describe how your program will integrate Wellness & Recovery principles into the services provided in the proposed service.** Wellness and Recovery Action plans; Psychiatric Advance Directives; smoking cessation and other physical health initiatives; employment and educational opportunities; and daily living plans (structured day activities). (5 pts)
9. **After reaching the full volume of consumer caseload, specify the number of additional consumers you expect to serve if additional rental subsidies and one-time funds are provided. Indicate the timeframe when additional consumers over the initial compliment of consumers will be served. (2 pts)**
- Service needs are, over time, expected to decrease for the initial complement of consumers such that additional consumers can be added to the caseload in the future.
10. **Provide a brief description of the housing model(s) that will be made available (single family homes, shared living, scattered site apartments, apartment building with mixed use, condominiums, etc). (5 pts)**
- Collaboration between service providers and housing developers is encouraged. Such collaborations must be evidenced by a Memorandum of Understanding (MOU) that delineates roles and responsibilities of the

respective parties. Preference will be given to projects that demonstrate housing opportunities are already available, and to other similar projects already under development.

11. Include rationale for choosing this particular housing design (scattered site, single family, shared, mixed use, etc). (3 pts)

12. Indicate municipality (ies)/county (ies) where housing will be located. (2 pts)

13. Provide a complete list of capital and operating funding to be used (source of capital and project or tenant-based rental assistance) if you are purchasing housing. If you are not purchasing housing, how will the rent be paid (do you need DMHAS funded subsidies, or are other subsidies available)? (2 pts)

- Purchased and project-based subsidized housing will be prioritized for award. If you plan project-based subsidized housing, documentation from the landlord regarding a five-year lease agreement for the units must be included.

14. Provide a detailed monthly timeline of activities from award notification to engagement and placement of the target population, including when housing will be available by housing type. (5 pts)

15. Discuss the number of staff (direct service, administrative and support) that will be used for this initiative. Provide specific titles and qualifications for the staff to be added, as well as a rationale for selection of those staff persons. Please DO NOT attach complete job descriptions. (20 pts)

16. Provide a work week schedule detailing how you will deploy the staff identified above to assure 24/7 on-site coverage if needed so as to achieve optimum flexibility and responsiveness to consumers as consumer needs change. (10 pts)

17. Identify the units of service that you are committing to provide, defined as 15 contiguous minutes of face-to-face contact with the consumer, during the phase-in period and annually thereafter. Identify the average number of hours of service one client will receive per week at start-up. (5 pts)

18. Statement of Assurances signed by Chief Executive Officer (Attachment C). (1 pt)

19. Signed Debarment Certification (Attachment D) (1 pt)

Applicants who do not currently contract with the Division must also include the following:

- j. Organization history including mission, and goals.
- k. Overview of agency services.
- l. Documentation of incorporation status.
- m. Agency organization chart.
- n. Agency code of ethics and /or conflict of interest policy.
- o. Most recent agency audited financial statement.
- p. Listing of current Board of Directors, officers and terms of each.

- q. Documentation that agency meets qualifying requirements for DHS program contract.
- r. Current Agency Licensure/Accreditation Status.

Application program narratives must be no more than 15 pages in length, excluding budget detail, with a font size no smaller than 12. Pages must be clearly numbered, and proposals should not be stapled, in binders, or bound in any way as to preclude easy photocopying.

XII. Requirements for Submission for Initiative #3 (Forensically Involved Commitment – Supportive Housing)

1. **Funding Proposal Cover Sheet.** Please use the Cover Sheet included in the RFP and place it on top of the entire RFP package. The Cover Sheet must indicate which of the 5 initiatives are being addressed. Only one initiative per proposal is permitted. (1 pt)
2. **Indicate the number of consumers that will be placed into new permanent housing units as a result of this initiative.** (2 pts)
3. **Provide your proposed admission criteria (inclusionary, and exclusionary if applicable).** (15 pts)
4. **Indicate your willingness to accept consumers referred by DMHAS staff and any barriers that you foresee in this process.** (3 pts)
 - a. Barriers may be related to housing funding sources which exclude consumers with certain criminal backgrounds, other residents of the program (i.e. domestic violence victims, age restrictions), etc.
5. **Describe how the proposed program will actively address consumers' legal issues and/or sexually problematic behaviors.** (15 points)

Include assessment for triggers and ability to protect consumers and the public, prevention of re-offending, linkage to parole, treatment provision/linkage, follow-up with psychiatric services, and continuity of the hospital's treatment planning goals.

6. **Describe how the proposed program will work with law enforcement (i.e., probation, the courts, the municipalities).** (10 points)

Articulate what the applicant will do to assist individuals to comply with registration requirements (for Megan's Law status), terms of probation if applicable, and preparing and providing written or oral status reports to the court. In addition, the provider must articulate how they will work with law enforcement agencies including parole, probation, the courts, and the Attorney General's office of the respective county where the individual is tiered to notify

them if an individual violates any legal conditions imposed by the courts or Megan's Law.

7. **Describe how each of the physical and behavioral health care needs listed below will be addressed.** Articulate clear and effective strategies that will be used in the proposed program to address the identified consumers' needs in a community setting that may interfere with successful community tenure. (10 pts)
- Incontinence
 - Catastrophic illness
 - Diabetes with difficulties self administering insulin/blood checks
 - Obesity
 - Ambulation Impairment
 - Poor impulse control
 - Self-injurious behavior (burning, cutting, teeth/hair pulling)
 - Conflict resolution
 - Anger management
 - Florid psychosis/active fixed delusions
 - Cognitive impairment (or brain injury)
 - Metabolic Syndrome
 - Polydipsia
 - Resistance to Hospital Discharge, and/or resistance to aftercare services
 - Medication monitoring/prompting and any required blood work in order to optimize medication adherence
 - If needed, daily living skills including showering, eating, toileting, etc.
 - Independent living skills (budgeting, shopping, cooking, cleaning, mail, etc.)
 - Brief visits (if needed) and collaboration with hospital treatment team.
 - Planned dialogue and relationship with law enforcement
 - Challenging behavior (this may include urinating in public places, exposing self, public masturbation, threatening behavior, etc)
 - Treatment for relapse prevention related to legal offense
 - Transportation (for both opportunistic offenders and those who are not considered opportunistic)
8. **Describe an active plan to address consumers' substance abuse issues, drug and alcohol relapse prevention or harm reduction strategies (both on-site and off);** incorporating substance abuse education, treatment, and support into a consumer's array of services; developing and maintaining linkages and relationships with appropriate substance abuse services available in the community. (10 pts)
9. **Describe how your program will promote/encourage Community Integration. (5 pts)**

Services should be consumer driven and centered, increase self-direction and personal responsibility for one's life, encouraging growth toward independence

through education and skill development in activities of daily living, volunteer or paid employment, social relationships, recreation, transportation, and appropriate use of mental health and primary health care services.

10. **Describe how your program will integrate Wellness & Recovery principles into the services provided in the proposed service.** (Wellness and Recovery Action plans; Psychiatric Advance Directives; smoking cessation and other physical health initiatives; employment and educational opportunities; and daily living plans (structured day activities). (5 pts)
11. **After reaching the full volume of consumer caseload, specify the number of additional consumers you expect to serve if additional rental subsidies and one-time funds are provided. Indicate the timeframe when additional consumers over the initial compliment of consumers will be served.** (2 pts)
 - Service needs are, over time, expected to decrease for the initial complement of consumers such that additional consumers can be added to the caseload in the future.
12. **Provide a brief description of the housing model(s) that will be made available (single family homes, shared living, scattered site apartments, apartment building with mixed use, condominiums, etc).** (5 pts)
 - Collaboration between service providers and housing developers is encouraged. Such collaborations must be evidenced by a Memorandum of Understanding (MOU) that delineates roles and responsibilities of the respective parties. Preference will be given to projects that demonstrate housing opportunities are already available, and to other similar projects already under development.
13. **Include rationale for choosing this particular housing design (scattered site, single family, shared, mixed use, etc).** (3 pts)
14. **Indicate municipality (ies)/county (ies) where housing will be located, and describe the surrounding area.** DMHAS will consider giving priority to homes that are located in areas that decrease opportunities for re-offending. (5 pts)
15. **Provide a complete list of capital and operating funding to be used (source of capital and project or tenant-based rental assistance) if you are purchasing housing. If you are not purchasing housing, how will the rent be paid (do you need DMHAS funded subsidies, or are other subsidies available)?** (2 pts)
 - Purchased and project-based subsidized housing will be prioritized for award. If you plan project-based subsidized housing, documentation from the landlord regarding a five-year lease agreement for the units must be included.
16. **Provide a detailed monthly timeline of activities from award notification to engagement and placement of the target population.** (5 pts)

17. Discuss the number of staff (direct service, administrative and support) that will be used for this initiative. Provide specific titles and qualifications for the staff to be added, as well as a rationale for selection of those staff persons. Please DO NOT attach complete job descriptions. (20 pts)
18. Provide a work week schedule detailing how you will deploy the staff identified above to assure 24/7 on-site coverage if needed so as to achieve optimum flexibility and responsiveness to consumers as consumer needs change. (10 pts)
19. Identify the units of service that you are committing to provide, defined as 15 contiguous minutes of face-to-face contact with the consumer, during the phase-in period and annually thereafter. Identify the average number of hours of service one client will get per week at start-up. (5 pts)
20. Statement of Assurances signed by Chief Executive Officer (Attachment C). (1 pt)
21. Signed Debarment Certification (Attachment D) (1 pt)

Applicants who do not currently contract with the Division must also include the following:

- s. Organization history including mission, and goals.
- t. Overview of agency services.
- u. Documentation of incorporation status.
- v. Agency organization chart.
- w. Agency code of ethics and /or conflict of interest policy.
- x. Most recent agency audited financial statement.
- y. Listing of current Board of Directors, officers and terms of each.
- z. Documentation that agency meets qualifying requirements for DHS program contract.
- aa. Current Agency Licensure/Accreditation Status.

Application program narratives must be no more than 15 pages in length, excluding budget detail, with a font size no smaller than 12. Pages must be clearly numbered, and proposals should not be stapled, in binders, or bound in any way as to preclude easy photocopying.

XIII. Requirements for Submission for Initiative #4 (Tri-County RIST)

1. **Funding Proposal Cover Sheet.** Please use the Cover Sheet included in the RFP and place it on top of the entire RFP package. The Cover Sheet must indicate which of the 5 initiatives are being addressed. Only one initiative per proposal is permitted. (1 pt)
2. **Indicate the number of consumers that will be placed into new permanent housing units as a result of this initiative.** (2 pts)

3. **Provide your proposed admission criteria (inclusionary, and exclusionary if applicable). (15 pts)**
4. **Indicate your willingness to accept consumers referred by DMHAS staff and any barriers that you foresee in this process. (3 pts)**
 - Barriers may be related to housing funding sources which exclude consumers with certain criminal backgrounds, other residents of the program (i.e. domestic violence victims, age restrictions), etc.
5. **Describe how each of the physical and behavioral health care needs listed below will be addressed.** Articulate clear and effective strategies that will be used in the proposed program to address the identified consumers' needs in a community setting that may interfere with successful community tenure. (30 pts – greatest point value assigned to those items asterisked below)
 - Incontinence*
 - Catastrophic illness
 - Diabetes with difficulties self administering insulin/blood checks*
 - Obesity
 - Ambulation Impairment*
 - Poor impulse control
 - Self-injurious behavior (burning, cutting, teeth/hair pulling)
 - Conflict resolution
 - Anger management
 - Florid psychosis/active fixed delusions
 - Cognitive impairment (or brain injury)
 - Metabolic Syndrome
 - Polydipsia*
 - Resistance to Hospital Discharge, and/or resistance to aftercare services
 - Medication monitoring/prompting and any required blood work in order to optimize medication adherence*
 - If needed, daily living skills including showering, eating, toileting, etc.
 - Independent living skills (budgeting, shopping, cooking, cleaning, mail, etc.)
 - Brief visits (if needed) and collaboration with hospital treatment team.
 - Describe how the agency will support consumers in managing their primary care needs, making these services available seven days a week. This may include medication administration including insulin.
6. **Describe an active plan to address consumers' substance abuse issues, drug and alcohol relapse prevention or harm reduction strategies (both on-site and off);** incorporating substance abuse education, treatment, and support into a consumer's array of services; developing and maintaining linkages and relationships with appropriate substance abuse services available in the community. (10 pts)

7. Describe how your program will promote/encourage Community Integration. (5 pts)

Services should be consumer driven and centered, increase self-direction and personal responsibility for one's life, encouraging growth toward independence through education and skill development in activities of daily living, volunteer or paid employment, social relationships, recreation, transportation, and appropriate use of mental health and primary health care services.

8. Describe how your agency will integrate Wellness & Recovery principles into the services provided in the proposed service. (Wellness and Recovery Action plans; Psychiatric Advance Directives; smoking cessation and other physical health initiatives; employment and educational opportunities; and daily living plans (structured day activities). (5 pts)

9. After reaching the full volume of consumer caseload, specify the number of additional consumers you expect to serve if additional rental subsidies and one-time funds are provided. Indicate the timeframe when additional consumers over the initial compliment of consumers will be served. (2 pts)

- Service needs are, over time, expected to decrease for the initial complement of consumers such that additional consumers can be added to the caseload in the future.

10. Provide a brief description of the housing model(s) that will be made available (single family homes, shared living, scattered site apartments, apartment building with mixed use, condominiums, etc). (5 pts)

- Collaboration between service providers and housing developers is encouraged. Such collaborations must be evidenced by a Memorandum of Understanding (MOU) that delineates roles and responsibilities of the respective parties. Preference will be given to projects that demonstrate housing opportunities are already available, and to other similar projects already under development.

11. Include rationale for choosing this particular housing design (scattered site, single family, shared, mixed use, etc). (3 pts)

12. Indicate municipality (ies)/county (ies) where housing will be located. (2 pts)

13. Provide a complete list of capital and operating funding to be used (source of capital and project or tenant-based rental assistance) if you are purchasing housing. If you are not purchasing housing, how will the rent be paid (do you need DMHAS funded subsidies, or are other subsidies available)? (2 pts)

- Purchased and project-based subsidized housing will be prioritized for award. If you plan project-based subsidized housing, documentation from the landlord regarding a five-year lease agreement for the units must be included.

- 14. Provide a detailed monthly timeline of activities from award notification to engagement and placement of the target population. (5 pts)**
- 15. Discuss the number of staff (direct service, administrative and support) that will be used for this initiative. Provide specific titles and qualifications for the staff to be added, as well as a rationale for selection of those staff persons. Please DO NOT attach complete job descriptions. (20 pts)**
- 16. Provide a work week schedule detailing how you will deploy the staff identified above to assure 24/7 on-site coverage if needed so as to achieve optimum flexibility and responsiveness to consumers as consumer needs change. (10 pts)**
- 17. Identify the units of service that you are committing to provide, defined as 15 contiguous minutes of face-to-face contact with the consumer, during the phase-in period and annually thereafter. Identify the average number of hours of service one client will get per week at start-up. (5 pts)**
- 18. Statement of Assurances signed by Chief Executive Officer (Attachment C). (1 pt)**
- 19. Signed Debarment Certification (Attachment D) (1 pt)**

Applicants who do not currently contract with the Division must also include the following:

- bb. Organization history including mission, and goals.
- cc. Overview of agency services.
- dd. Documentation of incorporation status.
- ee. Agency organization chart.
- ff. Agency code of ethics and /or conflict of interest policy.
- gg. Most recent agency audited financial statement.
- hh. Listing of current Board of Directors, officers and terms of each.
- ii. Documentation that agency meets qualifying requirements for DHS program contract.
- jj. Current Agency Licensure/Accreditation Status.

Application program narratives must be no more than 15 pages in length, excluding budget detail, with a font size no smaller than 12. Pages must be clearly numbered, and proposals should not be stapled, in binders, or bound in any way as to preclude easy photocopying.

XIV. Bidder's Conference

All applicants intending to submit a proposal in response to this request must attend a mandatory Bidders' Conference. Proposals submitted by an applicant not in attendance will not be considered.

DATE: November 28, 2012
TIME: 10:00am-12:00pm
LOCATION: 222 South Warren Street
 1st Floor Conference Room
 Trenton, NJ 08625

Agencies intending to submit proposals are encouraged to confirm their attendance by submitting their contact information on the form that can be found at the following website:

http://www.surveymonkey.com/s/DMHAS_SH_BidConf_RSVP

If you have any difficulties with registering online please contact Diana Gittens, Office of Treatment and Recovery Support at 609-777-0708.

XV. Submission of Proposals

All proposals are to be submitted in a single file PDF format via email to the individuals identified in the table below based on the initiative. Multiple PDF attachments and emails will not be accepted. Your email "subject" should include your agency name, and the proposal name (**CEPP –Supportive Housing, Non-CEPP – Supportive Housing, Forensically-involved Commitment – Supportive Housing or Gloucester/Salem/Cumberland Tri-County RIST Team**). Submit the budget template as an excel (not PDF) e-mail attachment addressed to Elaine.Welsh@dhs.state.nj.us with a copy to Susanne.Rainier@dhs.state.nj.us.

Initiative	Email Address for Proposal Submission	Email address for Budget Template Submission
#1. CEPP – Supportive Housing (130 beds)	Charles.Nussbaum@dhs.state.nj.us	Elaine.Welsh@dhs.state.nj.us and Susanne.Rainier@dhs.state.nj.us
#2. Non-CEPP Supportive Housing (33 beds)	Janice.M.Williams@dhs.state.nj.us	Elaine.Welsh@dhs.state.nj.us and Susanne.Rainier@dhs.state.nj.us
#3. Forensically-Involved Commitment	Joseph.Botelho@dhs.state.nj.us	Elaine.Welsh@dhs.state.nj.us and Susanne.Rainier@dhs.state.nj.us
#4. Gloucester, Salem, Cumberland Tri-County RIST	Deborah.Gravely-Lefkowitz@dhs.state.nj.us	Elaine.Welsh@dhs.state.nj.us and Susanne.Rainier@dhs.state.nj.us

Additionally, six hardcopies of the proposal narrative and budget, one with an original signature, must be submitted to the attention of Cathy Boland no later than 4:00 pm, January 2, 2013 at the following address:

**Division of Mental Health and Addiction Services
222 South Warren Street, 3rd Floor.
PO BOX 727
Trenton, NJ 08625-0727**

Proposals are not to be bound, stapled, placed into folders or binders of any kind that preclude easy photocopying. A simple, removable binder/gem clip is preferred. Please note that no format other than the PDF and six hardcopies of the proposal narrative and budget, one with an original signature will be accepted for this RFP. Proposals submitted after the 4:00 pm, January 2, 2013 deadline will not be considered.

Four hardcopies of the proposal and one copy in single file PDF format sent electronically must also be submitted by the same deadline to the County Mental Health Administrator(s) in the county(ies) in which housing is proposed for development. A listing of the Mental Health Administrators' contact information, including email address is available at the following website:

<http://www.state.nj.us/humanservices/dmhs/services/admin/>

XVI. Review of Proposals and Notification of Preliminary Award

There will be a review process for all timely submitted proposals which meet all the requirements outlined in this RFP.

A committee comprised of DMHAS Central Office, and State Hospital staff will review the proposals. In instances where an organization currently under contract submits a proposal to the current RFP, past performance related to that organization's ability to process referrals, accept, place and serve individuals from state psychiatric hospitals will be considered in the proposal evaluation process.

Recommendations from the County Mental Health Boards will be requested and carefully considered in the award determination process. Recommendations from the County Mental Health Boards should be submitted no later than January 31, 2013 to ensure they are an integral part of the proposal evaluation process.

DMHAS recognizes the invaluable perspectives and knowledge that consumers and family members possess regarding psychiatric services. Input from consumers and family members are integral components of a system that holds Wellness and Recovery principles at its core. Consequently, the Division will convene an advisory group consisting of consumers and family members to meet with members of the RFP review committee and

provide their input regarding each of the proposals submitted. This input will be incorporated into the final deliberations of the review committee.

The 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 Applicant(s) to provide adequate services, and indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing Department Contracts, and procedures set forth in DHS CPIM Policy Circular P1.04.

The DMHAS will notify all applicants of preliminary award decisions by February 14, 2013.

XVII. Appeal of Award Decisions

Appeals of any award determinations may be made only by the respondents to this proposal. All appeals must be made in writing and must be received by the DMHAS at the address below no later than 4:00p.m. February 22, 2013. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Lynn Kovich, Assistant Commissioner
 Division of Mental Health and Addiction Services
 222 South Warren Street, 3rd Floor
 P. O. Box 727
 Trenton, NJ 08625-0727

Please note that all costs incurred in connection with any appeals of DMHAS decisions are considered unallowable costs for purposes of DMHAS contract funding. The DMHAS will review any appeals and render final decisions by February 25, 2013. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

XVIII. NJ County Mental Health Administrators

COUNTY	ADMINISTRATOR	EMAIL ADDRESS
Atlantic	Sally Williams	Williams_sally@aclink.org
Bergen	Michele Hart-Loughlin	mhartlo@co.bergen.nj.us
Burlington	Gary Miller	gmiller@co.burlington.nj.us
Camden	Marilyn Corradetti	mhadmin@cpachvi.org
Cape May	Patricia Devaney	devaneyp@co.cape-may.nj.us
Cumberland	Juanita Nazario	juanitana@co.cumberland.nj.us
Essex	Joseph Scarpelli	JPSPDC@aol.com
Gloucester	Kathy Spinosi	kspinosi@co.gloucester.nj.us
Hudson	Robin James	rjames@hcnj.us
Hunterdon	Cathy Zahn	czahn@co.hunterdon.nj.us
Mercer	Michele Madiou	mmadiou@verizon.net
Middlesex	Penny Grande	penny.grande@co.middlesex.nj.us

COUNTY	ADMINISTRATOR	EMAIL ADDRESS
Monmouth	Barry Johnson	barryjohnson@co.monmouth.nj.us
Morris	Laurie Becker	lbecker@co.morris.nj.us
Ocean	Tracy Maksel	tmaksel@co.ocean.nj.us
Passaic	Francine Vince	francinev@passaiccountynj.org
Salem	Kathy Spinosi	kspinosi@co.gloucester.nj.us
Somerset	Pam Mastro	mastro@co.somerset.nj.us
Sussex	Christine Florio	cflorio@sussex.nj.us
Union	Katie Regan	kregan@ucnj.org
Warren	Shannon Brennan	sbrennan@co.warren.nj.us

XIX. DEFINITIONS

Administrative Bulletin 5:11: This Bulletin was issued on 12/09/10 to establish procedures to ease the transition of consumers relocating from the State Hospital to Community Providers for placement into housing. It also outlines a procedure for the resolution of problems that may arise between Providers and Hospitals. It may be found on the DMHAS website at http://www.state.nj.us/humanservices/dmhs/info/notices/adminbulletins/5_11.pdf.

CEPP: Conditional Extension Pending Placement status was designed to provide the State with time to develop an appropriate community placement before discharging a patient while simultaneously protecting the patient's due process rights. A person can be placed on CEPP status at a review hearing if the judge finds that the individual is entitled to discharge but an appropriate placement is not available.

Cluster: Cluster means one or more service-related Programs designated by the Departmental Component, and identified in the contract.

Fiscally Viable: Fiscally viable means the applicant does not have a Going Concern condition in their most recent audited financial statement.

KROL Court: Determines the maximum term for which a person found not guilty by reason of insanity may remain confined under Krol status. (*State v. Krol*, 68 N.J. 236 (1975), KROL court establishes whether or not a person acquitted by reason of insanity may be held in continued confinement if he or she is a danger to self or others and is in need of medical treatment.

Lease-based: A lease agreement, also known as a fixed term agreement, allows the tenant to rent the property for a set term. Most lease agreements are for six months or a year. The terms are unalterable during the lease unless the tenant agrees to the changes. While consumers can remain in a unit through the term of the lease, the DMHAS may or may not provide continued rental assistance to assist in paying for the unit should various subsidy agreement criteria not be met.

Project Based Subsidies: These subsidies subsidize the rent in a particular unit either owned by a community mental health provider, or under long-term (5 year) lease agreement between the community mental health provider and the landlord. Consumers in these units pay 30% of their gross adjusted income toward the rent. Should the consumer leave the unit or the program, the subsidy remains with the unit for the next consumer to be served.

RIST: A Residential Intensive Support Team is a more intensive supportive housing program than a typical Supportive Housing program. RIST is also mobile and flexible in design.

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**

Cover Sheet

(Please place on top of submitted proposal)

Please check ONE of the following to identify attached response:

- Initiative 1: CEPP Supportive Housing**
- Initiative 2: Non-CEPP Enhanced Supportive Housing**
- Initiative 3: Forensically Involved Commitment – SH**
- Initiative 4: Tri-County RIST**

Proposal Summary Information

Incorporated Name of Applicant: _____

Type: _____

Public _____ Profit _____ Non-Profit _____ , or Hospital-Based _____

Federal ID Number: _____ Charities Reg. Number _____

Address of Applicant: _____

Address of Service(s): _____

Contact Person(name/title): _____ Phone No.: _____

Fax _____ Email _____

Total dollar amount requested: _____ Fiscal Year End: _____

Total Match Required: _____ Match Secured: Yes _____ No _____

Funding Period: From _____ to _____

Total number of unduplicated clients to be served: _____

County where housing and services are to be provided _____

Total number of new beds to be made available _____

Authorization: Chief Executive Officer: _____

(Please print)

Signature: _____ Date: _____

Attachment B

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Addendum to Request for Proposal for Social Service and Training Contracts

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

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

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

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

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

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

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

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

Attachment C

Department of Human Services

Statement of Assurances

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

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

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

 Applicant Organization
 Equivalent

 Signature: Chief Executive Officer or

 Date

 Typed Name and Title

6/97

Attachment D

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.