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

REQUEST FOR PROPOSALS TO DEVELOP A RESIDENTIAL INTENSIVE SUPPORT TEAM FOR ESSEX AND HUDSON COUNTIES FOR INDIVIDUALS DISCHARGED FROM STATE PSYCHIATRIC HOSPITALS

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Lynn A. Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services

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

Residential Intensive Support Team for Essex and Hudson Counties to serve Individuals 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 continue to 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 consumers of mental health services and is consistent with the U.S. Supreme Court Olmstead decision.

Within this initiative, the DMHAS is announcing the availability of funds to develop a Residential Intensive Support Team (RIST) to cover Essex and Hudson Counties. This service is being specifically developed to address the housing and community support needs of discharge-ready individuals as identified by the DMHAS, from Greystone Park, Trenton and Ancora State Psychiatric Hospitals. Many of these individuals have co-existing medical conditions, co-occurring substance abuse disorders, and/or have experienced long periods of institutionalization (2+ years) that require enhanced services to promote true community inclusion and the integration of primary health care.

The RIST approach to intensive residential support is flexible in design. Services are provided "en vivo", in the individual's natural environment. The average RIST team provides approximately six (6) hours per week of support services per consumer, and this is the minimum expectation for RIST awarded through this RFP. 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 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.

II. Background

RIST, first developed SFY 2003, was designed to fully support the promotion of consumer empowerment within the continuum of funded residential programming. As a model of supportive housing, RIST involves 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. "Housing First" means that consumers do not have to be clean or sober or participate in mandatory programming in order to be housed. Teams will employ supportive services necessary to achieve identified wellness and recovery goals and maintain housing. Supportive services will include case management approaches to assure consumers access the full array of other primary and mental health clinical and support services needed to live full and productive lives in the community.

Increased morbidity and mortality has been associated with serious mental illness (SMI), and people with serious mental illness die decades earlier than the general population (Parks, 2013). Parks indicates that increased morbidity and mortality is largely due to the following preventable medical conditions: metabolic disorders, cardiovascular disease, and diabetes mellitus. In addition, there is a high prevalence of modifiable risk factors (obesity, smoking, alcohol and drug use, etc.). Parks also notes that established monitoring and treatment guidelines to lower risk are underutilized in SMI populations. Druss and Walker (2011) assert that "*four modifiable health risk behaviors – tobacco use, excessive alcohol and illicit drug consumption, lack of physical activities and poor nutrition – are responsible for much of the high rates of comorbidity, burden of illness and early death related to chronic diseases*."

Parks (2013) asserts that Behavioral Health providers should provide quality medical care and mental health care. *Consumers should be screened for general health with priority for high risk conditions. Staff should offer prevention and intervention especially for modifiable risk factors (obesity, abnormal glucose and lipid levels, high blood pressure, smoking, alcohol and drug use, etc.) Prescribers should screen, monitor and intervene for medication risk factors related to treatment of SMI (e.g. risk of metabolic syndrome with use of second generation anti-psychotics). Treatment should be per practice guidelines, e.g heart disease, diabetes, smoking cessation, use of novel anti-psychotics.* Educating and supporting individuals in making healthy lifestyle choices (i.e., smoking cessation, engaging in an exercise program, promoting sobriety, eating healthy foods) and monitoring physical characteristics such as cholesterol, blood pressure, weight, waist circumference and blood sugar are all contributing factors to promote one's wellness.

A holistic, integrated approach to primary care and behavioral healthcare will turn the tide of wellness disparities of individuals diagnosed with a mental illness. Since 2007, the Substance Abuse and Mental Health Services Administration (SAMHSA) has promoted whole life healthy living, encouraging consumers, families, organizations and treatment providers to adapt the "Eight Dimensions of Wellness" as a part of living a healthy lifestyle. The "Eight Dimensions of Wellness," published in the *Psychiatric Rehabilitation Journal*, was written by Margaret Swarbrick (2006). The "Eight Dimensions of Wellness" may be found at http://store.samhsa.gov/shin/content//SMA12-4568/SMA12-4568.pdf. The dimensions are:

1. Emotional – Coping effectively with life and creating satisfying relationships;
2. Financial – Satisfaction with current and future financial situations;
3. Social – Developing a sense of connection, belonging and a well-developed support system;
4. Spiritual – Expanding our sense of purpose and meaning in life;

5. Occupational – Personal satisfaction and enrichment derived from one's work;
6. Physical – Recognizing the need for physical activity, diet, sleep, and nutrition;
7. Intellectual – Recognizing creative abilities and finding ways to expand knowledge and skills; and
8. Environmental – Good health by occupying pleasant, stimulating environments that support well being.

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 State hospitals, who are determined to no longer require that level of care. The Division is committed to discharging individuals as promptly as possible after the consumer is placed on Conditional Extension Pending Placement (CEPP) status.

In past rounds of community service development, the Division has concentrated on the overall development of service capacity as a means of addressing the availability of supports within a context of dynamic service demands. As the Division moves to meet its obligations under the Olmstead Settlement Agreement, however, it has recognized the need to implement a new, more direct strategy of service development, based on the community support needs of specific persons awaiting discharge from the State hospitals. This RFP is one in a series of requests that embraces this approach. Specifically, the current initiative will have the capability to serve individuals who have a co-occurring primary care condition and mental illness.

III. Purpose of Request

The Division of Mental Health and Addiction Services seeks proposals to develop a Residential Intensive Support Team (RIST) to cover Essex and Hudson Counties for persons on CEPP status in State Psychiatric Hospitals.

RIST is a supportive housing model that is "consumer-centered," based on an individual consumer's self-identified strengths, needs and goals. The service, provided by a team of professionals, is predominantly provided in an individual's natural environment "en vivo" and varies in intensity based on the individual consumer's changing needs. The needs of the consumer are met assertively in the RIST model. It is expected that the RIST team will utilize evidence-based practices such as motivational interviewing techniques, illness management and recovery and stages of change principles to engage individuals into service. The service is designed to support and integrate people with serious mental illness into the community.

RIST is a rehabilitation mental health support service, provided within the context of supportive housing. As a rehabilitative service, RIST is designed to restore community functioning to individuals diagnosed with a mental illness enabling individuals to gain the skills necessary for full, integrated lives (including opportunities for employment, socialization, higher education) in the community of their choice. Additionally services such as medication management and skill building in the areas of daily living, obtaining and

maintaining entitlements and utilization of medical treatment for primary care needs are components of RIST.

This funding will provide new housing opportunities for a minimum of 25 individuals who are in a NJ state psychiatric hospital and designated as CEPP. The proposed program services will be provided in Essex and Hudson Counties. The DMHAS will identify the consumers to be served through this funding, and will work with successful applicant toward successful discharges to community living. The provider agency/applicant must accept consumers identified by DMHAS as appropriate for the RIST program, consistent with the consumer attributes delineated in this RFP, within the timeframes identified by DMHAS. Agency staff will begin working with identified consumers as soon as possible after contract award but prior to actual discharge to facilitate relationship building, housing preference and needs assessments.

Many of the individuals to be served in this initiative have co-existing medical conditions, a co-occurring substance use disorder and/or have experienced periods of long-term institutionalization. The successful applicant to this initiative will demonstrate how the proposed service will address the needs of consumers who may require intensive but varying degrees of support in the transition from hospital to community living. The successful applicant to the current funding initiative will demonstrate how services will be provided holistically, within the context of the "Eight Dimensions of Wellness" model identified in Section II of this RFP.

In so doing consumers are 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 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.

IV. Housing

Beginning in FY14, as the DMHAS moves to separate housing from services, DMHAS funded rental assistance should be Sponsor/Tenant-based (consumers pay 40% of adjusted gross income toward the rent). Until that time, if a consumer is terminated from the RIST program, the consumer cannot continue to receive the DMHAS rental subsidy as it is associated with active program services. Please be advised that in the future, Sponsor/Tenant-based subsidies may be removed from the contract and provided to a third-party Housing Clearinghouse or separate community-based housing entity for administration. DMHAS rental subsidies will cover one, two, or three bedroom apartments at the current Fair Market Rent as published by the Department of Community Affairs Housing Choice Voucher Program Payment Schedule each October 1st. Each consumer must have their own bedroom and optimally own bathroom. No capital funding is available from DMHAS through this initiative.

Please note that admission to the service shall not be limited to individuals who are/were residents of Essex or Hudson Counties. Any consumer who meets the contractually agreed upon admissions criteria, and who wants to access the housing opportunity as identified by DMHAS, must be provided access to the housing opportunity.

V. Target Population

The DMHAS, as part of its approved Olmstead Settlement Agreement, has prioritized individuals for discharge during FY '14 under this funding announcement. By submitting a proposal to develop RIST opportunities under this announcement, providers agree to accept the consumers referred to the proposed program, subject to the terms of this announcement and subsequent services contract with DMHAS.

The consumers to be served pursuant to this announcement may have long lengths of stay in one or more of the State's public psychiatric hospitals. In some cases, this is the result not only of the severity of their illness, but also of factors that have complicated their discharge, such as a lack of community programs capable of meeting their needs (including physical health needs of varying intensity and complexity). In many cases, the consumers' long lengths of State hospital stays have also resulted in a sense of fear about returning to community life.

The successful proposal 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.

Specific patient names and records will only be made available to the agency 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 and integration with primary medical care providers to ensure that each individual's health needs are addressed holistically in cooperation with the agency. This integration may be evidenced by collaborative agreements between the RIST team and primary care practitioner(s), medical consultation formally built into the RIST service or medical staff (e.g., registered nurse, nurse practitioner, and physician). **Applicant must articulate the methodology that will be used to motivate, engage, link, monitor and follow-up on primary care issues**.

Additionally, many individuals enrolled in the service may have a substance use disorder. Consequently, applicants must also articulate an active plan to address consumers' substance abuse issues, including how they would assess for, provide and/or access substance abuse services, incorporate substance abuse education, treatment, and support into a consumer's array of services, and develop and maintain linkages and relationships with appropriate substance abuse services available in the community.

Division 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 Division's obligations in this matter have been appropriately addressed.

VI. Service Model and Staffing

RIST 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, medical, vocational, educational and supportive services needed to successfully function within the community.

Consumers are to be full partners in planning their own care and support service needs. Accordingly their involvement in identifying and directing the types of activities that would most help them maximize opportunities for successful community living is essential. Staff support is provided through a flexible schedule, which must be adjusted as consumer needs or interests change. In order to avoid duplication of effort, individuals served by PACT, ICMS, or Supportive Housing are not eligible to receive RIST services while enrolled in the aforementioned services.

The service model proposed in this initiative must identify specific tools that will be used to monitor physical health and how use of these tools will be integral in the proposed service. Specifically, the applicant must identify a minimum of two of the following health risks, tools and methods used to monitor outcomes in these areas and methods that will be used to engage individuals in their own wellness. The list of health risks/conditions that the applicant can choose from are: a pulmonary condition, metabolic syndrome, cardiovascular disease, diabetes, obesity and tobacco use.

Staffing for the RIST team must be supervised by a NJ licensed practitioner in one of the following areas: physician, psychiatrist, psychologist, advanced practice nurse, registered nurse or a licensed, clinical social worker. In addition, the team must employ, as a peer level community support staff, an individual with lived experience of having a diagnosis of a mental illness and who meets the following additional qualifications: (1) certified as a psychiatric rehabilitation practitioner and has one year of experience in a community-based self-help service; (2) certified as a wellness coach, or (3) certified as a recovery support practitioner (previously known as a community mental health associate) and has two years of experience in a community-based self-help service or behavioral healthcare setting. The proposed service is to articulate how it will use a strengths-based approach to working with individuals, rather than a focus on an individual's deficits. Applicants who affirm that 1/3 (one-third) of their staffing will consist of individuals who possess and/or are actively pursuing certification to become a ***Certified Psychiatric Rehabilitation Practitioner, CPRP,*** (see following link for information about certification: https://netforum.avectra.com/eWeb/StartPage.aspx?Site=USPRA) will earn bonus points in the scoring of their proposal. In order to earn these bonus points applicants must articulate recruitment and retention efforts for certified psychiatric rehabilitation practitioners and/or

demonstrate that the staffing in their current services includes psychiatric rehabilitation practitioners.

VII. Service Outcome Requirements

The Division 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 Division-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 weekend and evening coverage with capacity for 24/7 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) 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 primary mental health services.

Specifically, the applicant must:

- Clearly articulate measureable outcomes for the two health risks/conditions that will be the focus of the proposed initiative.
- Clearly articulate at least one measureable outcome for each of the SAMHSA “Eight Dimensions of Wellness” identified in Section II of this RFP. The outcomes for the sixth dimension “Physical” may be the same as the outcomes articulated above.

VIII. Provider Qualifications

1. The applicant must be a fiscally viable for-profit or non-profit organization or governmental entity 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, or be capable of meeting such standards were a contract to be awarded.

3. The applicant must be able to demonstrate the ability to provide, or experience and success in providing, housing and supportive services in lease-based housing settings to the targeted mental health consumers described in this RFP.

4. The applicant must be willing to accept into service those consumers identified by the DMHAS.

5. The applicant must currently meet, or be able to meet, 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).

6. 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.

7. If the applicant is a for-profit entity, the applicant must obtain a business registration certificate from the New Jersey Department of the Treasury prior to the time the contract is awarded. For-profits may obtain this certificate at http://www.state.nj.us/treasury/revenue/busregcert.shtml.

IX. Funding Availability

$1,000,000, subject to State appropriation, is expected to be available to serve a minimum of 25 CEPP individuals in RIST in Essex and Hudson Counties.

X. 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. The DMHAS has plans to operationalize the separation of housing from services in Supportive Housing contracting. This will further promote community integration through a greater sense of autonomy and meaningful choice and determination in selecting where a consumer wants to live and who provides them with services to support their recovery in the community. In anticipation of this change the budgets for the initiatives funded through this RFP will consist of two columns clustered together. One column will consist of the support services, and the second column will consist of the housing costs.

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.

Operating expenses for RIST 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.

XI. Requirements for Submission

Proposals must address the following:

1. **Funding Proposal Cover Sheet**
    a) Incorporated name of Agency (applicant),
    b) Agency type (i.e. profit, non-profit, hospital-based, public)
    c) Federal identification number
    d) Charities registration number as applicable,
    e) Corporate address
    f) Contact person – name, title, phone, fax, email address
    g) Total dollar amount requested,
    h) Agency Fiscal Year end,
    i) Total number of consumers to be served,
    j) County in which housing and services are to be provided,
    k) Total number of new RIST slots to be made available.

Housing Model - 10 Points

2. Describe how RIST will work with identified consumers prior to actual discharge to facilitate relationship building, and determine housing preferences.

3. Describe how the agency will facilitate securing housing for individuals who may have no credit history, poor credit history, or a legal history.

4. Describe the provider's ability to make accessible housing available for individuals who have mobility challenges.

5. Describe how consumers will be assisted in maintaining permanency in their housing.

6. If DMHAS subsidies are needed, identify the expected number of subsidies required. If subsidies are being provided by another source, identify the source and provide back-up documentation supporting the availability of these subsidies.

Service / Program Model - 35 Points

7. Describe how the intended RIST program will engage consumers into services using a strengths-based approach and evidence-based practices.

8. Describe how RIST will assist to restore community functioning by helping individuals attain the skills necessary to gain employment, higher education, or volunteer activities in order to lead full, integrated lives in the community of their choice.

9. Describe how the agency will provide and promote opportunities for peer support, socialization, and recreational activities for the individuals enrolled in RIST, including on the weekend. Include how agency will facilitate access to these activities and how they will support individuals as they begin to engage in social activities.

10. Describe services such as medication management and skill building in the areas of daily living, obtaining and maintaining entitlements.

11. A number of the individuals who will be referred to this RIST program will have medical needs that will require staff oversight/monitoring (i.e., diabetes). Demonstrate evidence of affirmative linkage and integration with primary medical care providers to ensure that each individual's health needs are addressed. Articulate the methodology that will be used to motivate, engage, link, monitor and follow-up on primary care issues. 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.

12. Describe an active plan to address consumers' substance abuse issues, drug and alcohol relapse prevention or harm reduction strategies; 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.

13. Phase-in schedule – Provide a detailed monthly timeline of activities, commencing from the date of award, including, at a minimum, the initiation of services and the related volume of consumers who will start to be served in the hospital, the dates consumers will be placed incrementally into housing, and the date by which all RIST slots will be occupied.

14. Provide evidence of your experience and success in providing housing and supportive services to the mental health consumers described in this RFP.

Staffing - 10 Points + 5 extra bonus points if 1/3 of staff in the proposed program will have or will be actively pursuing CPRP (*Certified Psychiatric Rehabilitation Practitioner*).

15. Indicate staffing (FTE numbers) required to provide intended services. Describe the composition and required skill set of the proposed program team, including brief job descriptions and staff qualifications. Indicate the number of work hours per week that constitute any FTE in your proposal. Indicate if your work hours include compensated meal periods and if so the number of hours/week. Evaluation of your proposal will

consider the volume of available work hours in relation to requested contract. **Staffing complement is to include nursing time and a co-occurring (mental illness/substance abuse) specialist. Proposals that incorporate peer providers (individuals in recovery from a mental illness) as Residential Support Specialist will earn bonus points in the scoring of the proposal. However, to earn these bonus points providers must describe the role and responsibilities of the peer provider and their recruitment and retention strategies for this position**.

16. Provide a work week schedule detailing how you will deploy the staff identified above to assure 24/7 on-site coverage as needed so as to achieve optimum flexibility and responsiveness to consumers. Work week schedule must demonstrate weekend and evening on-site coverage.

17. Describe how the proposed staffing schedule will ensure a flexibility in coverage so that the program can be adjusted as consumer needs or interests change, including 24 hour on-call rapid response.

<u>Outcomes - 5 points</u>

18. Clearly articulate measureable outcomes for the two health risks/conditions that will be the focus of the proposed initiative. Identify tools that will be used and outcome measures that will be used to identify if desired outcomes are achieved.

19. Articulate at least one measureable outcome for each of the SAMHSA "Eight Dimensions of Wellness" identified in Section II of this RFP. The outcomes for the sixth dimension "Physical" may be the same as the outcomes articulated bullet # 11 above.

<u>Contracting - 10 points</u>

20. 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.

21. Indicate the number of consumers to be placed into *<u>new</u>* RIST slots. Provide your proposed admission criteria (inclusionary and exclusionary) being sure to address co-occurring physical, developmental and substance abuse conditions, and/or behaviors resulting from lengthy periods of institutionalization, so as to leave no ambiguity regarding the population the agency intends to serve. Detail exactly how you will assure that the consumer's physical health needs will be addressed.

22. Provide a statement that acceptance of award indicates agency agreement to accept and work with those consumers identified by the DMHAS.

23. Statement of Assurances signed by Chief Executive Officer (Attachment B).

24. Signed Debarment Certification (Attachment D).

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 statements.
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 20 pages in length, excluding budget detail, with a font size no smaller than 12. Pages must be clearly numbered.

XII. Budget Requirements - 40 points

A program budget with the following characteristics must be submitted:

a. 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), from the point at which the contract commences until the program is fully occupied.

b. The budget must project revenues and explain assumptions of the methodology used to determine projections. The budget must also include funding needed to support rental subsidy costs.

c. 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.

d. 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. Please provide Budget Notes if you believe such notes would assist the reviewers. Enter notes, to the maximum extent possible, on the budget template file itself.

e. Include name and addresses of any organization providing support other than third party payers.

f. For personnel line items, staff names should not be included, but the staff position titles and hours per workweek are needed.

g. Provide the number of hours associated with each line of any clinical consultant so that cost/hour may be considered by the evaluators.

h. 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.

i. 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 by showing the full amount as an expense and the offsetting savings in other programs in the revenue section.

Please note that Supportive Housing is not currently reimbursable under Medicaid guidelines. When such reimbursement becomes available in the future, 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. DMHAS support will then be commensurately reduced. 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.

XIII. Mandatory Bidders Conference

All applicants intending to submit a proposal in response to this RFP must attend a mandatory Bidders' Conference. Proposals submitted by an applicant not in attendance will not be considered. The Bidders' Conference will be held at the following time and place:

Date: Wednesday, March 26, 2014
Time: 2pm-4pm
Location: Department of Human Services
222 South Warren Street
1st floor conference room
Trenton, NJ

The meeting room and facility will be accessible to individuals with physical disabilities. In addition, anyone who may require other special accommodations should notify Cathy Boland at Cathy.Boland@dhs.state.nj.us or (609) 777-0753 when registering. For sign language interpretation, please notify Cathy Boland by Friday, March 21, 2014. Once reserved, a minimum of 48 hours is necessary to cancel this service, or else the cost will be

billed to the requestor. Potential respondents to this RFP are requested to register for the bidder's conference via the attached link: http://njsams.rutgers.edu/training/RIS/register.aspx

If you require assistance with this link, please contact Alicia Meyer, Office of Treatment and Recovery Support, at 609-777-0069, no later than two days prior to the Bidders Conference.

XIV. Submission of Proposals

Submit your proposal in a single file PDF format via email to Cathy Boland, Coordinator of Housing and Homeless Services, Division of Mental Health and Addiction Services, Office of Treatment and Recovery Support at RFP.submissions@dhs.state.nj.us. Your email "subject" should include your agency name, and the proposal name and date. Proposals should be limited to 15 pages, with the exception of the budget and supporting documents – in a font size no smaller than 12. In addition, five hard copies and one original with signature page, of the proposal narrative and budget must be submitted to the attention of Cathy Boland no later than 4:00 pm, April 23, 2014, at the following address:

Cathy Boland, Coordinator of Housing & Homeless Services
Division of Mental Health and Addiction Services
Capital Place One, Third Floor,
222 South Warren Street.
PO BOX 700
Trenton, NJ 08625

Please note that no format other than the PDF, five hard copies and one original signed hardcopy will be accepted for this RFP. RFP responses must be received at the above addresses by 4:00 PM on April 23, 2014, to be considered eligible. Proposals submitted after this time will not be accepted. You may mail or deliver your response, however, the DMHAS is not responsible for items mailed but not received by the Division by the due date. Facsimile submissions will not be accepted.

Additionally, respondents must submit a copy of the proposal with the budget attached as an excel document to the following email address: RFP.submissions@dhs.state.nj.us.

Additionally, four hard copies and one electronic copy of the proposal must be submitted by the same deadline to the Essex and Hudson County Mental Health Administrators.

Essex County

Joseph Scarpelli, D.C., Administrator
Essex County Mental Health Board
204 Grove Avenue
Cedar Grove, NJ 07009
(973) 571-2821
e-mail: jscarpelli@health.essexcountynj.org

Hudson County

Robin James, MH Administrator
Hudson County Department of
Health & Human Services
595 County Avenue, Bldg. 2
Secaucus, NJ 07094
(201) 369-5280, ext. 4250
e-mail: rjames@hcnj.us

XV. 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 Regional, Central Office, Contracts, and State Hospital staff will review the proposals. Recommendations from the County Mental Health Boards will be requested and carefully considered in the award determination process. Recommendations from the County Mental Health Board should be submitted by no later than April 21, 2014 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. The Division's 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 May 26, 2014.

XVI. 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 4:00 pm on June 2, 2014. 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, P. O. Box 700
Trenton, NJ 08625

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 June 9, 2014. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

XVI. Bibliography

Parks, MD, Joseph (2013). Understanding and Addressing Morbidity and Mortality in People with Serious Mental Illness. URL: http://www.nasmhpd.org/docs/webinars%20ppts/finalmorbidityand mortalityaugust2013.pdf

Druss, B.D. & Reisinger Walker, E. (2011). Mental Disorders and Medical Comorbidity. *Research Synthesis Report No. 21.*

Swarbrick, M. (2006). *A Wellness Approach*. Psychiatric Rehabilitation Journal, 29(4), 3311-3314.

Attachment A

____
Date Received

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DMHAS

Cover Sheet

Name of RFP____

Incorporated Name of Applicant: ____

Type: ____

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

Federal ID Number: __________________ Charities Reg. Number _______________

Address of Applicant: ____

____

Contact Person: __________________________________ Phone No.: _______________________

Total dollar amount requested: _______________________ Fiscal Year End: __________________

Funding Period: From ___________________ to ____________________

Total number of unduplicated clients to be served: ______________________________

County in which housing and services are to be provided:________________________________

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

____

____

____

Authorization: Chief Executive Officer: _____________________________________
(Please print)

Signature: _______________________________ Date: _________________________

*NOTE: If funding request is more than one service, complete a separate description for each service. Identify the number of units to be provided for each service as well as the unit description (hours, days, etc.) If the contract will be based on a rate, please describe how the rate was established.

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

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

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

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

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

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

- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared

ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.

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

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

____________________________	____________________________
Applicant Organization	Signature: Chief Executive Officer or Equivalent
____________________________	____________________________
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.