

**NEW JERSEY DIVISION OF MENTAL HEALTH SERVICES
REQUEST FOR PROPOSALS**

**WELLNESS AND RECOVERY-ORIENTED
COMMUNITY SUPPORT TEAM**

INDEX

<u>Section</u>	<u>Page</u>
I. Introduction	2
II. Program Background	3
III. Purpose and Goal of Request	3
IV. Outcome Measures	7
V. Proposal Criteria	8
VI. Funding Availability	9
VII. Budget Requirements	9
VIII. Provider Qualifications	10
IX. Proposal Requirements	10
X. Mandatory Bidder's Conference	11
XI. Submission of Proposals	12
XII. Review of Proposals	12
XIII. Appeal of Award Decisions	13
<u>Addendums:</u> Proposal Summary Information	14
Request for Proposal for Social Service and Training Contracts	15
DHS Statement of Assurances	18
Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion	20

STATE OF NEW JERSEY
DIVISION OF MENTAL HEALTH SERVICES
REQUEST FOR PROPOSALS

**Wellness and Recovery-Oriented
Community Support Team
Sussex County**

May 5, 2009

I. INTRODUCTION

The New Jersey Division of Mental Health Services (DMHS) is currently undertaking a transformation of the mental health system to one based upon the principles and practices of wellness and recovery. This transformation is grounded in the recommendations set forth in the President's New Freedom Commission Report (2003) and 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 as well as Executive Order 78 signed by Acting Governor Cody on January 13, 2006.

Based upon the growing body of research and knowledge in the recovery field as well as first hand accounts from people recovering from mental illness, a broadening community of consumers, families, advocates, constituents and the New Jersey Division of Mental Health Services believes that people with mental illness can achieve, with effective supports and services, wellness and recovery. It is clear that consumers of mental health services are able to identify and articulate their service and support needs. A strong, responsive system can recognize and meet the varied needs of people as they experience the recovery process. Towards that end, it is the Division's policy to ensure that consumers and families have access to a system of recovery oriented services and resources that promotes wellness, an improved quality of life and community inclusion.

The New Jersey Division of Mental Health Services (DMHS) continues to implement the recommendations put forth in the Governor's Task Force on Mental Health (Task Force) and the DHMS Wellness and Recovery Transformation Action Plan. The recommendations of the Task Force and the Wellness and Recovery Transformation Action plan are major contextual documents which inform the transformation of New Jersey's mental health system to one which focuses on treatment, wellness and recovery. Those documents are available on the DMHS website at: www.state.nj.us/humanservices/dmhs.

This current Request for Proposals (RFP) focuses on the Task Force's recommendations regarding access to services and is resonant with the DMHS Wellness and Recovery Transformation Action Plan's focus on both system enhancements and embedding recovery principles in community support and treatment programming.

Within the current initiative, the DMHS is announcing the availability of funds to develop a **Wellness and Recovery-Oriented Community Support Team** in Sussex County. The Community Support Team is being developed to specifically address the psychiatric treatment, rehabilitation and community support needs of individuals residing in Sussex County who require assistance to achieve community integration and work towards valued community living, learning, working and social roles.

II. BACKGROUND

Existing adult behavioral health services in Sussex County are being re-bid through this RFP. The specific services being re-bid are: Partial Care, Supported Employment, Projects for Assistance in Transition from Homelessness (PATH), Integrated Case Management Services (ICMS) and Supportive Housing.

III. PURPOSE / GOAL OF REQUEST

The Division of Mental Health Services seeks proposals to create a **Wellness and Recovery-Oriented Community Support Team** in Sussex County. Although the current RFP is to replace the existing capacity for the following service elements: Partial Care, Supported Employment, PATH, ICMS and Supportive Housing in Sussex County, the proposed service is to operate as a continuum of services. Specifically, the **Wellness and Recovery-Oriented Community Support Team** will assist individuals with severe mental illness develop the knowledge, skills and supports necessary to promote recovery, resiliency, gain greater mastery over managing their mental illness, create habits that promote wellness, establish support networks, live successfully in the community and achieve valued community roles such as employee, student, or neighbor.

It is expected that the proposed program will conduct an individualized comprehensive assessment that identifies an individual's strengths as well as the skills and services necessary to optimize an individual's success in attaining and maintaining his or her chosen life roles. The comprehensive assessment will result in the development of an individualized recovery plan (IRP) for the individual receiving services, whereby supporting individuals in their recovery.

Consumers and their families and significant others (in accordance with confidentiality laws) are to be considered full partners in planning care and support service needs. Consequently, they are to be actively involved in identifying and directing 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 consumer needs or interests change.

Although specific service elements are to be provided in the proposed service, and each of the service elements are governed by regulations issued by the Division of Medical Assistance and Health Services (DMAHS) and/or the Division of Mental Health Services (DMHS), the proposed service is to be provided as an array of recovery-oriented services that are customized to meet individual needs rather than a series of distinct service elements. The hallmark of the proposed service is to provide flexibility in service provision that enables individuals to access one or more of the proposed services concurrently or sequentially based on an individual's expressed goals, interests and needs.

The characteristics of the **Community Support Team** include the following:

- The provision of a continuum of services provided by a multidisciplinary team.
- Services are consumer and family driven.
- Flexible scheduling including service availability during the evenings, weekends, and holidays.
- Service availability 24/7; after hour service needs for enrolled consumers should not default to a Designated Screening Service, rather the Community Support Team must have the capability to respond to service needs after hours.
- The ability to provide co-occurring capable services. Specifically, there will be an integrated treatment approach for individuals who have a co-occurring mental health and substance use disorder. The Community Support Team will provide prevention, intervention and treatment techniques using a unified, comprehensive and blended service approach. Services may include life skills management, motivational treatment, case coordination across systems and the use of recovery-oriented tools.

The proposed program is to facilitate the following: 1) greater community inclusion and participation; 2) skill acquisition that promotes attainment of desired roles; and, 3) connectedness to natural

community supports. Concomitantly, the program is to result in a reduction in the intensity of services an individual receives as the individual progresses in his or her recovery.

Wellness and Recovery-Oriented Services must be designed and implemented in a manner that reflects wellness and recovery as overarching values and guiding principles. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) defines mental health recovery as “a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice, while striving to achieve his or her full potential.”

SAMHSA has identified ten fundamental components of recovery as part of the national consensus statement on mental health recovery. These components are integral to a recovery-oriented system and therefore must be reflected in the proposed service.

The components are:

1. Self Direction
2. Individualized and Person Centered
3. Empowerment
4. Holistic
5. Non-Linear
6. Strengths-based
7. Peer Support
8. Respect
9. Responsibility
10. Hope

Specific information regarding the ten fundamental components may be found at: http://www.Samhsa.gov/pubs/mhc/MHC_NCcrecovery.htm.

The Wellness and Recovery-Oriented Services will assist individuals with severe mental illness to develop the knowledge, skills and supports necessary to promote recovery, resiliency, gain greater mastery over managing their mental illness, create habits that promote wellness, establish support networks, live successfully in the community and achieve valued community roles such as employee, student, or neighbor. The service elements to be included in the Wellness and Recovery-Oriented Services are:

Recovery-Oriented Partial Care

The purpose of recovery-oriented partial care services is to assist individuals with severe mental illness achieve community integration through valued living, learning, working, and social roles and to prevent hospitalization and relapse. The provision of recovery-oriented clinical services is accomplished through the provision of individualized, comprehensive, non-residential, structured programming which provide, but are not limited to, counseling, case management, psychoeducation, pre-vocational services, social and leisure services, and psychiatric services. These services are to be available to eligible individuals on an hourly basis for up to five hours per day at least five times per week. Regulations for partial care may be found at N.J.A.C. 10:37F.

A minimum of 150 individuals are to be served by Partial Care per year, with an open caseload of 90 individuals at any one time. The DMHS monies allocated for this service (exclusive of any third-party reimbursements such as Medicaid) is \$219,130.

Supported Employment

Supported employment (SE) is an evidenced-based practice that has demonstrated effectiveness in assisting individuals diagnosed with a mental illness secure and maintain competitive employment. A significant component of SE is the integration of an employment specialist on an individual's treatment team. Additional characteristics of SE programs (as stated by SAMHSA) include the following:

1. SE assists people in finding competitive employment

2. SE does not screen people for work readiness. It is available to all individuals who indicate they want to work.
3. Employment specialists assist consumers in searching for jobs “soon after entering the program.”
4. Employment specialists facilitate job acquisition.
5. Employment specialists support consumers as long as they want the assistance, usually outside of the work place.

The values and principles of SE may be found at the SAMHSA website: <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/employment/SEpmhainfo.asp>.

A minimum of 85 individuals are to be served by Supported Employment per year, with an open caseload of 30 individuals at any one time. The DMHS monies allocated for this service is \$297,022.

Projects for Assistance in Transition from Homelessness Services in Sussex County

DMHS is seeking to continue the delivery of mental health and related supportive services through street outreach to the homeless population in Sussex County. The result will be increased availability of and/or accessibility to mental health services and housing for Sussex County residents who are homeless and have serious mental illness. The Sussex County PATH program currently employs approximately 2 full-time equivalent staff and is contracted to serve 21 consumers annually. In addition, the agency is contracted to outreach 20 consumers on the streets and throughout homeless service systems each year. It should be noted that SAMHSA strongly encourages the use of peers as staff in the PATH program.

PATH was authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 101-645). In 1991, Federal funds were allocated in the form of block grants to serve individuals who are homeless and mentally ill. This formula grant program, known as the Projects for Assistance in Transition from Homelessness (PATH) program, is administered by the Center for Mental Health Services (CMHS) Homeless Programs Branch within the Substance Abuse and Mental Health Services Administration (SAMHSA). PATH allocations are made on a formula grant basis to States, based on the number of individuals residing in urbanized areas in the State as a percentage of the total United States population in urbanized areas. The New Jersey State PATH program is then administered in each county through DMHS. The agency awarded under this proposal will be required to provide information to SAMHSA through DMHS via the Homeless Management Information System (HMIS) in Footholds Technology. HMIS system access and training will be provided by the NJ Housing & Mortgage Finance Agency. For a further overview of PATH services, please refer to the following link: <http://www.pathprogram.samhsa.gov/about/overview.asp>.

The goal of the PATH program is to provide services that will enable adults who are homeless and have a serious mental illness to be placed into appropriate housing and to engage them in mental health treatment to improve their mental health functioning. The most critical service is considered to be street and homeless shelter outreach – to identify and engage individuals reluctant to accept treatment and services.

Services that may be supported for PATH under this proposal include the following:

- Outreach services
- Linkage to screening and diagnostic treatment services
- Community mental health services
- Linkage to or provision of alcohol or drug treatment services
- Case management services, including:
 - Providing assistance in obtaining emergency assistance (General Assistance, Food Stamps, Temporary Rental Assistance, etc.);
 - Accessing immediate shelter, other appropriate housing, or assisting in the prevention of homelessness;

- Assisting in the application (or appeals) for supplemental social security income benefits and/or disability and/or other financial entitlements;
- Assisting in access/linkage to mental health, medical and dental care as needed;
- Assistance in locating permanent, affordable housing;
- Support and supervisory services in residential settings;
- Providing assistance in obtaining and coordinating services relating to daily living activities, budgeting, transportation, pre-vocational and vocational services;
- Referring individuals for other services as may be appropriate;
- Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act if the homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.

Target Population

Per the Public Health Services Act SEC. 522[290CC-22](a), the target population includes individuals who:

- (1) (a) are suffering from serious mental illness, or
(b) are suffering from serious mental illness and from substance abuse and
- (2) are homeless or at imminent risk of becoming homeless.

Path Funding

PATH allocations are made on a formula grant basis to States. The amount allocated for Sussex County is currently \$75,079 annually and will be available to support the program awarded under this RFP. Agencies will be expected to maximize third party revenues wherever available in order to expand service opportunities.

ICMS

Provision of personalized, collaborative and flexible outreach services, offered primarily in the consumer's natural environment, designed to engage, support and integrate individuals with serious mental illness into the community of their choice and facilitate their use of available resources and supports in order to maximize their independence. ICMS shall be available 24 hours a day, 7 days a week, 365 days a year. The intensity of ICMS provided in the community is based upon the consumer's assessed risk of hospitalization, functional level, and willingness and/or ability to access needed services. The primary referral sources for ICMS are the state and county psychiatric hospitals. However, individuals at risk of hospitalization and in need of case management and/or support services may be referred to ICMS. The length of stay for individuals discharged from a state or county hospital is minimally 18 months.

A minimum of 165 individuals are to be served by ICMS per year, with an open caseload of 100 individuals at any one time. The DMHS monies allocated for this service (exclusive of third party reimbursement such as Medicaid) is \$450,340.

SUPPORTIVE HOUSING

Supportive Housing is a housing design that includes lease-based or similar occupancy agreements that prohibit removal due to lack of other mental health service participation. Preservation of housing is primary and recognized as essential to overall wellness and recovery. Supportive Housing provides a broad range of clinical and supportive services to fifty (50) individuals in Sussex County with serious mental illness who may also be dually diagnosed with a developmental disability, substance abuse problems or other need. This service (known as OPAL) is currently funded at \$87,516 and covers approximately 2.5 full-time equivalent staff.

The intention of Supportive Housing is to increase and maintain the availability of community residential opportunities and to support successful community integration and living.

Providers are responsible for ensuring access to a flexible and responsive system of support services that can assist individuals to maintain independence and a lifestyle of their choosing. Supportive housing offers individuals opportunities for community integration and involvement in community life and citizenship.

Provider must fully comply with Supportive Housing licensure standards as enumerated within NJAC 10:37A. These standards include but are not limited to the provision of the following services:

- Housing search
- Assistance with moving in
- Landlord/neighbor relationship
- Supportive services planning
- Skill development training
- Physical healthcare linkages
- Medication and illness self-management
- Assistance with employment, volunteer and educational opportunities
- Assistance with finances, budgeting and banking
- MICA and substance abuse services
- Transportation services
- Access to natural supports
- Social, recreational, leisure and community involvement
- Benefits/Entitlements linkages

A minimum of 50 individuals are to be served in Supportive Housing per year. The DMHS monies allocated for this service (exclusive of any third party reimbursement such as Medicaid) is \$87,516.

IV. OUTCOME MEASURES

The Division will fully evaluate program outcomes, including consumer satisfaction, community tenure, and achievement of identified wellness and recovery related goals.

Program performance is to encompass the following values and practices:

- Consumer driven and centered – a fully collaborative partnership that encourages growth toward independence by recognizing consumer strengths and resources and addressing consumer identified needs and priorities;
- Individualized services - a mix of skills development, support and services provided in partnership with the individual in coordination with other programs (including but not limited to supported employment, self-help centers, outpatient and educational resources) to comprehensively support achievement of consumer goals;
- Outcome orientation - service provision will result in the attainment of measurable consumer outcomes.
- Integration of Wellness and Recovery approach – knowledge and application of Evidence Based, Promising and Best Practices in mental health treatment and rehabilitation, and use of those practices or elements of those practices, e.g., Illness Management and Recovery, Integrated Dual Diagnosis Treatment, Wellness and Recovery Action Plans (WRAP), Motivational Interviewing and Cognitive Behavioral techniques to facilitate engagement, support, increased competence and linkage.
- Readiness determination and development - knowledge and delivery of readiness concepts, stages of change, skills teaching and other interventions to assist the individual to understand the potential

for recovery, benefits of treatment and rehabilitation service and to make an internal decision to explore and actively pursue goals such as employment and education.

- Employment preparation services (pre-vocational) - knowledge and skills related to helping individuals to choose, achieve and keep employment options including identifying preferences, interests, needs, skills and supports, addressing personal barriers, person to person marketing and individualized support strategies.

V. PROPOSAL CRITERIA

Applicants are invited to share a vision of the most appropriate, efficient and effective manner in which to proceed with program development and operation. Given the broad parameters of a team approach to individualized, flexible, consumer-driven services, proposals should address the following:

1. Clearly and fully address the goals identified in *Section III*.
2. Describe the administrative, management and organizational capability in providing the services identified in Section III.
3. Comprehensively describe the program approach, services, and operational model being proposed, including anticipated specific consumer outcomes related to personal recovery goals, successful tenancy, increased self-sufficiency and community inclusion.
4. Articulate the agency's understanding of person-centered planning, wellness and recovery, and service delivery across the range of services to be provided within this program.
5. Describe a mechanism for staff deployment that will achieve optimum flexibility and responsiveness to consumers. **Sussex County is a large, rural county with minimal availability of public transportation. Additionally, there is a dearth of behavioral health services (particularly partial care and supported employment services) available for adults residing outside of the county-seat of Newton. It is imperative that the applicant discuss how the proposed continuum of services will be accessible to individuals throughout the county, preferably with services offered in multiple locations in the county.**
6. It is critical that the Wellness and Recovery Community Support Team establish collaborative working relationships with existing service providers (i.e., the self-help center, existing partial care and acute partial care providers, existing outpatient provider, intensive family support services). Discuss how the proposed service will interface and collaborate with existing providers. Include a description of how referrals and linkages will be made to existing providers.
7. Describe the needs and preferences of the consumers who would be served in the program and specify the process through which potential program participants would be identified, engaged and enter the program.
8. Describe the role you envision consumers will take as they consider and choose service enrollment and engage in the proposed program.
9. Articulate the role of families and significant others in the service provided including their participation in their loved one's treatment, participation in the provision of services and program evaluation efforts.
10. Describe the performance improvement activities of the proposed service as they relate to outcome measures, identified in *Section IV* of the current RFP, and process for assessing and evaluating program performance on these measures.

11. Describe a specific, time-framed process for program implementation, with emphasis upon expeditious “ramp up” to reach operational levels and enrollment target as quickly as possible. Include specific enrollment targets by month and program element.
12. Describe the composition and desired skill set of the proposed program team, including job descriptions, staff qualifications, and innovative recruitment-retention strategies.
13. Describe training initiatives for current or new staff, as applicable to this RFP.
14. The current RFP will replace service elements (ICMS, Supported Employment, Supportive Housing, PATH, Partial Care/Hospital) currently provided by Newton Memorial Hospital. Each of the service elements have staff under their employ who may be displaced with the closure of these services. The applicant is expected to consider prospectively displaced employees for hire in the proposed service. Consequently, the applicant must identify employee recruitment and retention strategies and include a statement that indicates the applicant’s willingness to consider those employees of Newton Memorial Hospital that will be displaced because of the programs’ closure.
15. Demonstrate that your proposed program will comply with applicable provisions in DMHS Regulations for Partial Care and Supportive Housing.
16. Provide table of organization, specifically indicating how this new program would be organized and its relationship with other agency operations.

VI. FUNDING AVAILABILITY

The total funding available for the proposed program, excluding any revenues such as third party payments (i.e., Medicaid), is \$1,129,087.

VII. BUDGET REQUIREMENTS

Provide detailed budget information employing the Annex B categories for expenses and revenues, utilizing the excel template which will be e-mailed to the Bidders’ Conference attendees. The template contains three clearly labeled separate areas for each service component; one to show full annualized operating costs and revenues, one to show one-time costs; and one to show the phase-in operating costs and revenues related to your proposed start-up date through the end of the affected contract year. Note that the budget submission should be organized with separate columns (cost centers) for each service component, i.e. Partial Care, Supported Employment, PATH, ICMS and Supported Housing.

Include a hard copy of the budget material with your proposal and email the completed file to Phil Smith at Phil.Smith@dhs.state.nj.us and Susanne Rainier at Susanne.Rainier@dhs.state.nj.us.

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://dhs.state.nj.us/humanservices/ocpm/contract_manuals.htm

Budget notes are useful to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Applicants must provide a detailed schedule supporting their calculations for each type of contemplated revenue. Narrative budget notes, detailing assumptions behind proposed costs and revenues must be included in the applicant’s response. Please note that reviewers will need to fully understand the budget projections from the information

presented, and failure to provide adequate narrative information could result in lower ranking of the proposal. Put notes to the maximum extent possible right on the budget file.

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

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.

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

If applicable, General and 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 DMHS programs reallocated to a new program do not require new DMHS resources, 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.

Contracts awarded as a result of this RFP are renewable up to two years, at which time DMHS will review agency outcome performance and make contract continuance determinations.

VIII. PROVIDER QUALIFICATIONS

In order to be eligible for consideration for funding under this RFP, applicants must meet the following qualifications:

1. The applicant must be a fiscally viable profit or non-profit organization, and document demonstrable experience in successfully providing mental health support, rehabilitation, and for adults with serious and persistent mental illness.
2. 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).
3. The applicant must currently meet applicable DMHS licensing standards for each program element, or demonstrate the capability of fully meeting such standards by September 1, 2009 were a contract awarded.
4. 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 IRS (c) (3) regulations, as applicable. If not yet registered in New Jersey, applicant must be eligible to register. (Note: registering as a business in the State of New Jersey will be a contractual requirement.)

IX. PROPOSAL REQUIREMENTS:

1. Applicant must address all program items listed in Sections V. through VIII.
2. The documents listed below are required upon submission of the application, unless the applicant has a contract with DMHS and these documents are already on file with DMHS.
 - A. A copy of the applicant's code of ethics and/or conflict of interest policy
 - B. A copy of the applicant's most recent organization-wide audited financial statements

- C. A copy of the applicant's certification of incorporation
 - D. A copy of the applicant's charitable registration status (if applicable)
 - E. A list of the board of directors, officers and their terms of office
 - G. A list of the name(s) and address (es) of those entities providing support and/or money to help fund the program for which the proposal is being made
 - H. A statement of assurance that all Federal and State laws and regulations are being followed (Attachment B)
 - I. The Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Attachment C)
 - J. N.J.S.A. 53:34-13.2 Source Disclosure Certification (formerly Executive Order 129) (signed and dated)
 - K. Public Law 2005, Chapters 51 and 271 Compliance forms (formerly Executive Order 134) and Executive Order 117 (signed and dated) only for for-profit organizations.
 - L. Organization mission, history, goals and objectives and future goals.
 - M. Documentation that agency meets qualifying requirements for DHS program contract (See Section VIII).
 - N. Current Agency Licensure/Accreditation Status
3. Required Respondent Assurances: Express a written assurance that if your organization is funded pursuant to this RFP that you will pursue all available sources of revenue and support upon award and in future contracts including your agreement to pursue Medicaid certification. Failure to obtain approval and maintain certification may result in termination of the service contract.
 4. Application program narratives must be no more than 30 pages in length, excluding budget detail. Pages must be clearly numbered. An additional 5 pages are allowed if item V11-2 response is required.
 5. Completed Funding Proposal Cover Sheet (Attachment A)

X. 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 from **10:00 a.m. to 11:30 a.m.** on May 12, 2009 at the following location:

Greystone Park Psychiatric Hospital Auditorium
59 Koch Avenue
Morris Plains, NJ

Bidders are required to pre-register for this session by telephoning Jennifer Brown, at 973-977-4397 or via email at Jennifer.Brown@dhs.state.nj.us.

XI. SUBMISSION OF PROPOSALS

All proposals are due to the offices below by 4:00 PM on June 5, 2009 to be considered eligible. You may mail or deliver your response, however, the DMHS is not responsible for items mailed but not received by the Division by the due date. **Fax and e-mail submissions will not be accepted.**

Specifically eight (8) copies of your proposal must be submitted to:

Valerie Larosiliere, Assistant Director
Division of Mental Health Services
Northern Regional Office
100 Hamilton Plaza – Suite 615
Box 4 TD Bank North
Paterson, NJ 07505

In addition, four (4) copies must be delivered to:

Cindy Armstrong, Mental Health Administrator
Sussex County Department of Human Services
135 Morris Turnpike
Newton, NJ 07860

XII. 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.

DMHS will convene an RFP review committee to review and score proposals submitted in response to the current RFP. This review committee will consist of State of NJ employees, including staff from the DMHS Northern Region Office and individuals from the DMHS Contracts unit.

DMHS recognizes the invaluable perspectives and knowledge that consumers and family members possess regarding psychiatric emergency services. Input from consumers and family members are an integral component of a system that holds Wellness and Recovery principles at its core. Consequently, the Division will convene an advisory group consisting of consumers and families. The consumer and family advisory group will meet with members of the RFP review committee, providing their input regarding each of the proposals submitted.

Recommendations from the Sussex County Mental Health Board will be requested and seriously considered in the award determination process.

The DMHS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so.

The DMHS will notify all applicants of preliminary award decisions by July 10, 2009.

XIII. 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 DMHS at the address below no later than 4:00 p.m. on July 17, 2009. The written request must clearly set forth the basis for the appeal.

Appeal correspondence must be addressed to:

Jon Poag, Acting Assistant Commissioner
Division of Mental Health Services
Capital Center
50 East State Street
P.O. Box 727
Trenton, New Jersey 08625-0727

Please note that all costs incurred in connection with any appeals of DMHS decisions are considered unallowable costs for purposes of DMHS contract funding.

The DMHS will review any appeals and render final funding decisions by July 24, 2009. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

Attachment A

Date Received

Dept/Component

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Wellness and Recovery-Oriented Services
Sussex County**

Cover Sheet
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: _____ Phone No.: _____

Total dollar amount requested: _____ Fiscal Year End: _____

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

Funding Period: From _____ to _____

Services: _____
(For which funding is requested)

Total number of unduplicated clients to be served: _____

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 which 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 which 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 and as such 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 RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP 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 on the basis of 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 on the basis of 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. Will have on file signed certifications 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

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 which 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 Nonprocurement 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.