

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

REQUEST FOR PROPOSALS

**EVIDENCE-BASED PRACTICE INITIATIVE
OPIOID AND OTHER SUBSTANCE USE
DISORDERS**

April 16, 2019

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Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Department Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for the development of an Evidence-Based Practice Initiative (EBPI). This RFP is funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response to Grants ("SOR"). The SOR grant period is September 30, 2018 to September 29, 2020. The contract awarded as a result of this RFP is for one-time funding from award through September 29, 2020. Total funding for this RFP is \$1,500,000 subject to federal appropriations. Through this initiative, the successful bidder will provide training and implementation of Evidence-Based Practices. DMHAS anticipates making one (1) award.

Through the EBPI funding, the successful bidder will provide training, coaching, rating-based feedback and other educational and supervisory interventions to assist agencies in delivering evidence-based practice (EBP) modalities for treating individuals with opioid and other substance use disorders (SUD). The purpose is to initiate or enhance clinical staff skills and agency delivery of EBPs. EBPs have become central to the provision of healthcare, as EBPs help prevent the recurrence of substance use and promote sustained recovery. The goal of this project is to enhance the delivery of therapeutic services and ensure meaningful outcomes. Specifically, the project will assist substance use and co-occurring treatment providers by utilizing EBPs modalities within the DMHAS healthcare delivery system. Using this initiative, clinicians will practice acceptable levels of fidelity and skill through intensive assessment, trainings and workshops followed by supervised practice and feedback. The overall goal of the initiative is to provide enhanced and innovative services that sustain the client's recovery through use of EBPs.

In the United States, more than 14,500 specialized drug treatment facilities provide counseling, behavioral therapy, medication, case management, and other types of services to persons with SUD.¹ However, the adoption of EBPs, including the use of medications to treat opioid use disorders are low, and have inconsistent, ambiguous efficacy and cost effectiveness.² Utilizing EBPI within the treatment milieu can enhance the clinicians' competency in establishing positive therapeutic relationships with clients, it ensures that a treatment plan is developed cooperatively with the client seeking treatment, that the treatment plan is followed, and that the client clearly understands the treatment expectations.

The successful bidder will partner with provider agencies and will be responsible for ensuring that the delivery of services is responsive to the client's needs and improves outcomes. The EBPI will offer provider agencies an opportunity to enhance service modalities and offer clinicians the knowledge, understanding, initial application and mastery needed to provide competent practice.

¹ NIDA, 2018.

² McLellan, Lewis, O'Brien, & Kleber, 2001; Rounsaville & Kosten, 2000; Winstanley, Brigham, Babcock, & Winhusen, 2014.

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

The following summarizes the RFP schedule:

April 16, 2019	Notice of Funding Availability
May 14, 2019	Deadline for receipt of proposals - no later than 4:00 p.m.
June 14, 2019	Preliminary award announcement
June 21, 2019	Appeal deadline
June 28, 2019	Final award announcement
July 26, 2019	Anticipated contract start date

II. Background and Population to be Served

SAMHSA, Center for Substance Abuse Treatment released the Fiscal Year (FY) 2018 SOR funding opportunity for states and territories in June 2018. Funding was made available for grants to states and territories via a formula based on unmet needs for opioid use disorder (OUD) treatment and drug poisoning. The goals of the SOR are to address the opioid crisis by increasing access to medication-assisted treatment (MAT), using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for OUD (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs).

Substance use and misuse continue to be a serious condition that has an impact on the individual, their family members, school, work relationships, etc. Opioid use has become a pervasive problem throughout New Jersey and cannot be neatly compartmentalized by specific race, ethnicity, age or socio-economic group. According to the 2015 Treatment Episode Data Set, New Jersey is fifth in the nation for primary heroin admissions for persons aged 12 and older and sixth in the nation for other opiates. The rate of admissions per 100,000 population aged 12 and older was 360 for heroin and 64 for non-heroin opiates/synthetics. The New Jersey 2017 Substance Abuse Overview indicated that heroin and other opiates were the primary drugs in 52% of treatment admissions, with 45% due to heroin and 7% for other opiates.³

As the number of individuals seeking treatment continues to be on the rise with this current opioid epidemic, the need for effective treatment modalities and enhanced services are needed to provide a supportive environment where individuals can receive counseling and therapeutic services that match their unique needs.

³ New Jersey Drug and Alcohol Abuse Treatment: Substance Abuse Overview 2016.

III. Who Can Apply?

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

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

IV. Contract Scope of Work

While all agencies can benefit from enhanced service delivery, the inclusion of EBPs for individuals with opioid use disorders along with MAT has been proven to provide a “whole-patient” approach to the treatment of SUDs. Research demonstrates that a combination of medication and therapy can successfully treat these disorders.⁴ It is anticipated that the funding for the EBP training and implementation will enhance the providers' ability to provide effective counseling that will support individuals in their recovery from substance use and misuse.

The purpose of the EBPI is to build clinician and provider capacity to deliver evidence-based therapeutic treatment. The successful bidder will provide specific EBP training, workshops, coaching, clinician ratings and supervised practice to staff at contracted and licensed SUD Treatment providers (provider). The goal of the training component will be clinician competency and certification in the EBP. The successful bidder will provide the technical assistance needed for full implementation of the EBP at the participating provider agency site(s).

The successful bidder will, in cooperation with DMHAS staff, choose five or more providers or provider sites for participation in the EBPI project. Participating provider

⁴ SAMSHA, 2015.

agency staff will receive training, workshops, coaching, clinician ratings and supervision leading to staff certification and/or competency in a chosen EBP. The successful bidder will provide technical assistance to the provider to implement the EBP at the provider site. A minimum of 300 provider clinicians, e.g. primary counselors, will be trained and become certified and/or competent in the chosen EBP.

At baseline, clinicians will possess varying skill levels and credentialing. The successful bidder should assess education and skill level to determine training needs. Trainings may be offered in tiers with provider clinicians achieving varied levels of competency and certification.

Trainings and events may be delivered in a group setting and inclusive of all providers when possible. However, the successful bidder will provide the training, supervision and other services at the provider agency location(s) in a way that will minimize impact on the provider service delivery and support individual clinician learning. There should be no cost to the provider agency or their staff. Stipends to clinicians or provider agencies are allowable with this funding to ensure full participation.

The successful bidder will choose the EBP model for which they plan to train clinicians and providers. The evidence-based model chosen for this project should be empirically tested through SAMSHA or the National Voluntary Consensus Standards for the Treatment of Substance Use Conditions or Evidence-Based Treatment Practices or other emerging research-based best practices. Examples of treatment approaches for which providers can be trained include:

- Cognitive-Behavioral Therapy (CBT)
- Community Reinforcement Approach Motivational Enhancement Therapy
- Motivational Interviewing
- Mindfulness Based Relapse Prevention
- Family Behavioral Therapy

The successful bidder should choose the EBP on which they plan to train based on the bidder's knowledge or competency with that practice, the EBP effectiveness with the target population, the ability to train and deliver the requirements to become certified within the time frame allotted, and the ease at which provider and clinicians can implement and sustain the practice in their settings.

When training on an EBP, the successful bidder must utilize and maintain fidelity to the EBPs' specified training procedures, required supervision and practice standards. The bidder must comply with all training and certification requirement of the chosen EBP.

If the chosen EBP offers a certification for clinicians and/or provider agencies, the service delivered in this contract will also result in certifications for participating staff. DMHAS will accept competency without certification when clinician baseline skills and/or credentials prohibit one becoming certified or if the certification's time and experience requirements don't allow for certification of staff during the grant duration.

The successful bidder will have a training plan that accomplishes the participant's certification when applicable, and if no certification is available, details how competency will be determined. In addition to delivering all training and supervision needed to create clinician competence and certification, the successful bidder will lead and support the provider in incorporating the EBP into the provider agency's service delivery. This includes assistance in developing and maintaining the service delivery with fidelity to the EBP model chosen.

Specifics on implementing with fidelity to an EBP may vary from model to model and should be considered when choosing an EBP. Contract funds can be used to purchase fidelity assessment tools. The bidder or a subcontractor can perform assessments of fidelity to determine fidelity ratings.

The successful bidder is responsible for all training logistics, including but not limited to, training space, equipment, marketing of the training, stipends, EBP copywriting training materials, registration and tracking of trainees, refreshments, certification and/or CEUs for all participants, hiring and payment of trainers, and cost of electronic training.

The successful bidder will coordinate with the DMHAS so that a comparison of client outcomes pre-EBP and post-EBP implementation can be completed. These measures will be completed using patient data entered into NJSAMS by providers and data from the successful bidder related to participating providers.

Training, workshops, supervision, and delivery of client services will be sensitive to differences related to age, culture, religion/spirituality, language, gender, race/ethnicity, disabilities, mental health issues and gender identity. The project will recognize that there are many pathways to recovery and will not discriminate against those who choose medication assisted recovery.

The EBPI educational/training organization structure should embrace cultural appropriateness which should be evident at all levels of this proposal. It is important that the EBPI staff are representative of the diversity of the community that it will serve. The successful bidder will be expected to recruit, retain and train staff from cultural, economic, and linguistic backgrounds that complement the individuals to be served. The successful bidder will be required to provide a list of any staff and volunteers that attend orientation programs, with applications kept on file.

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

Data Collection/Evaluation

The successful bidder will be required to comply with the DMHAS's program evaluation by responding to data requests from DMHAS or DMHAS' designated evaluator, facilitating completion of client satisfaction perception of care questionnaires and any other monitoring and evaluation activities.

Using information routinely available in NJSAMS, the successful bidder and providers will participate in a study to compare outcomes prior to and following full implementation of the EBP. Specific measures will include but may not be limited to: treatment retention, treatment completion, readmissions to care and perception of care.

The successful bidder will document units of service delivered to include:

- Sites of trainings and supervision or other sessions
- Number of agencies trained
- Number of clinicians trained
- Specified number of trainings, supervision sessions, practice reviews and any other EBP training activities
- Reports on progress of clinicians in training, certification report on the progress of each provider in training on implementation of the EBP

Budget

Contract funds can be used to purchase the required training materials, practice materials, assessment materials and fidelity tools. Eligible expenses include may include:

- Staff;
- Office space;
- Supplies, including EBP training materials;
- Training logistics;
- Stipends to clinicians or provider agencies to insure full participation; and
- Equipment, including lap-top computers, and cell phones.

The total budget of \$1,500,000 includes start-up funding for up to up to \$100,000 to underwrite the services. Start-up costs may include but not be limited to the following:

- Office space;
- Supplies;
- Equipment including a lap-top computer;
- EBP copywritten training; and
- Service materials.

Other

All data, technical information, materials gathered, originated, developed, prepared, used or obtained in the performance of the requested services, including but not limited to, all papers, reports, surveys, plans, charts, records, analyses or publications produced for, or as a result of, this agreement (hereinafter "Work Product") shall bear an acknowledgement of DMHAS' support and shall be the property of DMHAS. The awardee shall submit any such work product to DMHAS sixty (60) days prior to the publication or presentation. DMHAS shall have sixty (60) days from the date the

document is delivered to review. A party shall agree to abide by the policies of the applicable journals and presentations organizers as to such matter as the public release or availability of data related to the publication or presentation (including poster presentations) (collectively "Publications"). All parties shall mutually agree to resolve any difference which may arise during the review of a Publication. Authorship of Publications of the research results will be determined in accordance with appropriate scientific and academic standards and customs. Proper acknowledgements will be made for the contribution of each party to the research. Due consideration shall be given to the scheduling of any Publication to allow time to: (a) seek protection of any intellectual property which may be developed by one of the parties, such period not to exceed thirty (30) days and (b) identify confidential information which one party may wish to delete. It is recognized that due to the nature of the services of the RFP, articles may be jointly authored and such joint authorship shall be so recognized where appropriate. No work product produced utilizing funds or data obtained under this Agreement shall be released to the public without the prior written consent of DMHAS. DMHAS shall have the right to edit such work product and shall further have the right to add co-authorship or disclaimers as it, in its sole discretion, deems appropriate. DMHAS shall assume all responsibilities relative to determining compliance and effect of the Open Public Records Act (N.J.S.A. 47:1A-1) as it pertains to work products provided by the successful bidder.

DMHAS reserves a royalty-free, non-exclusive and irrevocable license to reproduce, publish or otherwise use, and to authorize others to use, the work products (deliverables) developed pursuant to the RFP.

V. General Contracting Information

Bidders must currently meet or be able to meet the terms and conditions of the Department of Human Services (DHS) contracting rules and regulations as set forth in the Standard Language Document (SLD), the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). These documents are available on the website at: <http://www.nj.gov/humanservices/olra/ocpm/resources/manuals/>.

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

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

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

The contract awarded as a result of this RFP is for one-time funding from award through 9/29/20. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

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

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

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

VI. Written Intent to Apply and Contract for Further Information

Bidders must email RFP.submissions@dhs.nj.gov no later than May 6, 2019 indicating their agency's intent to submit a proposal. Submitting a notice of intent to apply does not obligate an agency to apply. Failure to submit a letter of intent by this deadline shall not disqualify a bidder from applying to this grant opportunity.

Any questions regarding this RFP should be directed via email to RFP.submissions@dhs.nj.gov no later than April 23, 2019. All questions and responses will be compiled and emailed to all those who provided a notice of intent to apply. Bidders are guided to rely upon the information in this RFP and the responses to questions that were submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual applicants at any time.

VII. Required Proposal Content

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

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder's Organization, History and Experience (10 points)

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

1. Describe the bidder's history, mission, purpose, current licenses and modalities, and record of accomplishments.
2. Describe the bidder's background and experience in implementing this or related types of services. Describe why the bidder is the most appropriate and best qualified to implement the training and provide the technical assistance required for implementation of the EBP at each SUD agency.
3. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program and describe why the bidder is the most appropriate and best qualified to implement this program
4. Attach a one-page copy of the bidder's organizational chart showing the location of the proposed project and its links in the organization.
5. Describe the bidder's current status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be explained with supporting documentation as an appendix to the bidder's proposal.
6. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice. Failure to disclose active or pending litigation may result in the agency being ineligible for contract award at DMHAS' sole discretion.
7. Demonstrate the organization's commitment to cultural competency and diversity (Law against Discrimination, N.J.S.A. 10:5-1et seq.) and ability to provide culturally competent services.
8. Describe the bidder's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.

Project Description (40 points)

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

1. Identify your choice of EBP and why it was chosen. Describe how the choice of EBP will promote the goals of this program.

2. Identify if you will be implementing more than one EBP. If so, describe why you are choosing more than one. Where applicable, answer RFP questions for each chosen EBP.
3. Describe the EBP training goals and how you will meet them. Identify any materials or other resources that you will be required to purchase.
4. Explain the EBP certification requirements and the support and technical assistance that you will provide to assure that eligible clinicians become certified.
5. Explain how you will identify clinician base line competency, skill level, and training needs.
6. Describe how you will design and implement the training to address varying agency and clinician needs.
7. Describe how you will assure certification and/or competency based on clinician baseline skill and competency levels.
8. If clinicians will not become certified through this training, explain why and how you will assure competency in the model. Explain how you choose which clinicians could become certified through this contract. Explain how clinicians could become certified and how you would support them in doing so.
9. Describe the EBP requirements to obtain and maintain fidelity to the model. Explain how you will assess, monitor and assure fidelity when the EBP is implemented at provider agencies.
10. Submit your training plan with details of number and types of trainings, number of participant attending each training, supervision sessions, where they will be delivered, dates of trainings, different levels of training for varied skill levels, how often and when participants will be evaluated and how the evaluation will be used to tailor or adjust training.
11. Describe how you will attract and maintain the participation and cooperation of provider agency and staff. Identify any measures you will take to motivate ongoing provider participation.
12. Explain if you will be providing stipends to providers/clinicians and how those will be implemented and disseminated. If there is a provider wide certification available, describe that certification and how you will assist the provider in obtaining that EBP certification
13. Describe how you will assist the provider to implement the EBP. Provide a description of all anticipated barriers and potential problems the bidder foresees for in the successful realization of the initiative described herein.
14. Provide a description of collaboration with any owner of the copywrite for the EBP chosen which includes affiliation agreements or DRAFT contracts.
15. Include the implementation schedule for the contract, including a detailed monthly timeline of activities, commencing with the date of award, through service initiation, to timely contract closure.

Outcome(s) and Evaluation (10 points)

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

1. The bidder's measurement of the achievement of identified goals and objectives.
2. The evaluation of contract outcomes. Attest to cooperate in the DMHAS evaluation of client and provider outcomes and provide required data.
3. Describe resources to assist the DMHAS to measure the pre and post-client outcomes which include treatment engagement, treatment retention, readmissions and client perception of care
4. Format to report the required monthly reports of numbers served (See Contract Scope of Work)

Staffing (15 points)

Bidders must determine staff structure to satisfy the contract requirements. Bidders should describe the proposed staffing structure and identify existing staff and how many staff will be hired to meet the needs of the program.

1. Describe the composition and skill set of staff including trainers, include staff qualifications and competencies.
2. Provide details for the Full Time Equivalent (FTE) and/or Part Time Equivalent (PTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including certifications, competencies, trainings, professional licensing and related experience. Details should include currently on-board or to be hired staff, with details of the recruitment effort. Identify bilingual staff.
3. Describe the proposed organizational structure, including an organizational chart in an appendix to the bidder's proposal.
4. Provide the bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
5. Provide a list of the bidder's board members and current term, including each member's professional licensure and organizational affiliation(s). The proposal shall indicate if the Board of Directors votes on contract-related matters.
6. Provide a list of names of consultants or subcontractees the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s).
7. Clearly identify the tasks to be performed by consultants, subcontractee and staff.

Facilities, Logistics, Equipment (5 points)

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

1. A description of the plan for office space, and any needs specific to this project.
2. A description of how the plan will be implemented to best accommodate the participating provider agencies.
3. A description of the manner in which tangible assets, i.e., computers, phones, other special service equipment, etc., will be acquired and allocated.
4. A description of the bidder's Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.

Budget (20 points)

DMHAS will consider the cost efficiency of the proposed budget as it relates to the scope of work. Therefore, bidders must indicate how this funding will be used to meet

the program goals and/or requirements. In addition to the required Budget forms, bidders are asked to provide budget notes.

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

1. A detailed budget using the Annex B Excel template is required. The Excel budget template will be emailed to those who submit a written intent to apply. The Annex B Excel template must be uploaded as an Excel file onto the file transfer protocol site described in VIII. Submission of Proposal Requirements. Failure to submit the budget as an Excel file will result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, labeled sections:
 - a. Section 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues; (which by formula will be included in total award) and
 - b. Section 2 - Proposed one-time costs up to \$100,000 of total budget.
2. Budget Notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget Notes, to the extent possible, should be displayed on the Excel template itself.
3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
4. For all proposed personnel, the template should identify the staff position titles and staff names for current staff (only if being allocated to this program) and total hours per workweek.
5. Identify the number of hours per consultant and subcontractee.
6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.
7. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with DMHAS should limit its G&A expense projection to "new" G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs' G&A in the revenue section.

8. Written assurance that if the bidder receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award and in future contracts.

Appendices

The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 50 pages. **Omission of items #7-10 with proposal will exclude proposal from review.**

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation of the bidder's charitable registration status;
8. Department of Human Services Statement of Assurances (RFP Attachment C);
9. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
10. Disclosure of Investment in Iran (www.nj.gov/treasury/purchase/forms.shtml); and
11. Statement of Bidder/Vendor Ownership Disclosure (www.nj.gov/treasury/purchase/forms.shtml); and
12. Original and/or copies of letters of commitment/support.

Additional attachments that are requested in the written narrative section and not listed in items #1-12 under Appendices do not count towards the 50-page limit for appendices. Appendix information exceeding 50 pages will not be reviewed.

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

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

VIII. Submission of Proposal Requirements

DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 10 pages, be single-spaced with one (1") inch margins, and no smaller than twelve (12) point Arial, Courier New or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 13 it is 11 pages long, not 10 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on May 14, 2019. All bidders are required to submit one (1) original and five (5) copies of the proposal narrative, budget and appendices (six [6] total proposal packages) to the following address:

For private delivery vendor such as UPS or FedEx:

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

OR

For U.S. Postal Service delivery:

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

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

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

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

Username - xbpupload

Password - Network1!

Directory - /ftp-dmhas/xbpupload

IX. Review of Proposals

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

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

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

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

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

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

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by June 14, 2019.

X. Appeal of Award Decisions

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by DMHAS at the address below no later than 4:00 p.m. on June 21, 2019. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie L. Mielke, Assistant Commissioner
Division of Mental Health & Addiction Services
5 Commerce Way
PO Box 362
Hamilton, NJ 08691-0362
Fax: 609-341-2302

Or via email: Helen.Staton@dhs.nj.gov

Please note that all costs incurred in connection with appeals of DMHAS decisions are considered unallowable cost for the purpose of DMHAS contract funding.

DMHAS will review all appeals and render a final decision by June 28, 2019. Contract award will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

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

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml);
3. A list of all current contracts and grants as well as those for which the bidder has applied from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625-0362 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;
8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;

14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Current State of New Jersey Business Registration;
19. Procurement Policy;
20. Current equipment inventory of items purchased with DOH funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DOH contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
24. Business Registration (online inquiry to obtain copy at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp; for an entity doing business with the State for the first time, it may register at <http://www.nj.gov/treasury/revenue>);
25. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
26. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

Attachment A – Proposal Cover Sheet

_____ Date Received

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

Name of RFP: Evidence-Based Practice Initiative

Incorporated Name of Bidder: _____

Type: Public _____ Profit _____ Non-Profit _____ Hospital-Based _____

Federal ID Number: _____ Charities Reg. Number (if applicable) _____

Address of Bidder: _____

Chief Executive Officer Name and Title: _____

Phone No.: _____ Email Address: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

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

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

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

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

STATE OF NEW JERSEY DEPARTMENT OF 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 – Statement of Assurances

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 DOH will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the 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 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: CEO or equivalent

Date

Typed Name and Title

6/97

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

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

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

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are 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.

Attachment E - References

- Department of Human Services, Division of Mental Health and Addiction Services, Office of Planning, Research, & Evaluation. (2017). *New Jersey drug and alcohol abuse treatment substance abuse overview 2016*. Trenton, NJ. Retrieved from <https://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf>
- McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2001). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *JAMA*, *284*(13), 1689–95. Retrieved from www.qualityforum.org
- National Institute on Drug Abuse. (2018d). *Principles of drug addiction treatment: A research-based guide* (3rd ed.). National Institutes of Health, U.S. Department of Health and Human Services. Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface>
- Rounsaville, B. J., & Kosten, T. R. (2000). Treatment for opioid dependence: quality and access. *JAMA*, *283*(10), 1337-1339.
- Substance Abuse and Mental Health Services Administration [SAMSHA]. (2015). *Medication Assisted Treatment: Medication and Counseling*. Retrieved from <https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat>
- Substance Abuse and Mental Health Services Administration (SAMHSA). Center for Behavioral Health Statistics and Quality. (2015). Treatment Episode Data Set (TEDS): 2005-2015. *National Admissions to Substance Abuse Treatment Services DASIS Series S-61*. Retrieved from <https://www.dasis.samhsa.gov/webt/newmapv1.htm>