



Collaborative Support Programs of New Jersey, Inc. (CSPNJ) is responding to the New Jersey Division of Mental Health and Addiction Services (DMHAS) REQUEST for PROPOSALS TO PROVIDE SUPPORTIVE HOUSING FOR INDIVIDUALS WITH A MENTAL ILLNESS OR CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE USE DISORDER.

CSPNJ is proposing to assist a minimum of ten adults who are at least 18 years of age and who are diagnosed with a mental illness or dually diagnosed with a mental illness and substance use disorder in Hudson County, one of the identified counties affected by Super Storm Sandy between October 28, 2012 and October 30, 2012. CSPNJ intends to assist these individuals in securing permanent housing by supporting them in their recovery journeys toward increased self-sufficiency. This initiative would provide tenants access to wraparound services and subsidized housing on a temporary basis up to September 30, 2015. CSPNJ will provide supportive services and housing assistance through this initiative to assist these individuals to become more self-sufficient so they can move towards a goal of maintaining their own housing at the end of project funding in September 2015. CSPNJ intends to provide these services with staff working out of the CSPNJ Self-help Center located near Journal Square in Jersey City, Hudson County.

The CSPNJ Hudson County Self-help Center serves very low income individuals with mental illness, co-occurring substance use disorders, and individuals who are not served in traditional service systems. This includes persons who have mental illness, substance use disorders, formerly incarcerated persons and individuals in need of health care services, basic necessities and a safe living environment. In the results of the Hudson County sheltered and unsheltered 2013 Point in Time Survey conducted on January 30, 2014, 947 homeless men, women and children were counted according to the U.S. Department of Housing and Urban Development (HUD) methodology. Persons with mental health issues were the largest sub-population in the count at 33%, with 26% reporting substance use issues and 10% with HIV. 30% of the persons counted reported having no income and 33.5% reported having an income of less than \$5,000. 79% reported needing housing, 31% needing emergency food and 30% needing employment assistance. Hudson County was significantly impacted by Super Storm Sandy and this project will help to provide stable housing and services to targeted individuals in need.

**B. Indicate the number of consumers that will be enrolled by the Supportive Housing program as a result of this initiative.**

CSPNJ proposes to enroll ten new consumers in supportive housing as a result of this initiative. Individuals who are participating in other rental assistance programs, who do not have permanent resident status or are not a citizen of the United States, will not be eligible. Also, an individual who is in a State psychiatric hospital, in the community who is homeless, at risk of

homelessness or at risk of hospitalization and for which an appropriate DMHAS funded bed is available, is not eligible for this service.

**C. Program start-up will be dependent on demand and requests for services. Describe how staffing and services will be phased in based on the volume of referrals.**

Phase One: June 15, 2014 – August 15, 2014. CSPNJ staff will conduct rigorous outreach to Hudson County social service, mental health and homeless agencies at the time of funding award notification. Flyers and marketing materials will be distributed to appropriate potential referral sources, and staff will begin the process of reviewing and pre-screening referrals for the project. Existing center staff will be active during the first couple of months leading up to lease-ups and move-ins with the goal of securing acceptance into housing for all ten proposed individuals so they can sign leases effective no later than September 1, 2014. This will assure individuals that they can execute one year leases that will be covered by the funding period of the project. Upon award notification, during Phase One of this effort, we will begin the process of recruiting a .5 FTE Project Director (LCSW or LPC qualifications), and 1.5 FTE Residential Specialists to provide supportive housing services. These positions should be hired by mid August 2014. All hires will be advised that all position funding is time limited and not expected to continue after September 30, 2015. CSPNJ will initially rely on existing program staff to take additional responsibility in recruiting, screening and assessing potential program clients (staff will be compensated separately for the additional working hours through this proposal).

During Phase One, Letters of Agreement will be developed with local Hudson County agencies, including MASSH (Medical and Social Services for the Homeless) and Kaleidoscope Healthcare, Inc. in Jersey City to provide medical, psychiatric and substance use services for participants.

Phase Two: August 15, 2014 – September 30, 2015 Phase Two begins with lease ups and move-ins, and will consist of a minimum of one year of supportive housing services. These services will be provided by existing Self-help Center staff and new hires for the project. The Hudson County Center has a number of volunteers and facilitators who have worked in the existing housing project and have expressed willingness to work additional hours to implement this effort. They can assist with move-ins and orientation to local community resources. All services will be provided in accordance with DMHAS supportive housing licensing standards. CSPNJ will provide 24/7 on-call/on duty staffing coverage for this program. Consulting and training assistance will be provided to project staff by existing CSPNJ supportive housing staff in the northern region and central office.

At the onset of Phase Two and at the time of move-in all participants will be enrolled in the full range of supportive housing services provided by CSPNJ throughout New Jersey. Additional emphasis will be placed on preparing participants to plan for increased self-sufficiency so that they assume financial

responsibility to remain in permanent housing beyond the term of the project. Emphasis will be placed on educational opportunities and goals, employment opportunities and goals and financial education.

The assessment and screening process that will be utilized to determine eligibility for housing and services will be as follows:

- Project staff at the Hudson County Center will be responsible for documenting that candidates have a mental illness or are dually diagnosed with a mental illness and substance use disorder, are age 18 and older and resided in one of the designated counties during Super Storm Sandy from October 28 to October 30, 2012. Diagnostic assessments will be conducted by a trained LCSW project director in accordance with DMHAS Supportive Housing licensing standards. We will seek to identify individuals for rapid rehousing who would benefit from using this initiative, including persons with self-direction, housing history and work history, and a capacity and commitment to work toward self-sufficiency. Center staff will work in partnership with Hudson County agencies, including MASSH (Medical and Social Services for the Homeless) and Kaleidoscope Healthcare, Inc. in Jersey City to document substance use disorders. Center staff will also assist potential applicants to secure all identification, residency and financial documents to complete their housing application through DMHAS.
- The housing department of Community Enterprises Corporation (CEC), the housing affiliate of CSPNJ, will assist center staff to screen individuals to ensure that they meet the eligibility requirement that they resided within one of the designated counties during Super Storm Sandy from October 28 to October 30, 2012, are US citizens and/or permanent residents, and not homeless or at risk of homelessness. In addition to our standard housing application, applicants will need to supply documentation of residency for the period of October 28 – 30, 2012, such as a lease, utility bill, or notarized statement of residency. Additionally, CEC currently requires a copy of an individual's birth certificate and social security card to ensure citizenship status. For those with permanent residency status the appropriate Immigration and Naturalization Service Identification will be required. CEC has experience in documenting citizenship status of applicants through our current administration of federal housing funds.

**D. Briefly describe the process your agency will use to engage individuals to be served and integrate them into new housing.**

Center staff will start marketing the project and solicit referrals from Hudson County agencies as soon as CSPNJ receives an award notification. Project staff will outreach and seek to engage eligible individuals soon after award notification. We will begin the process of application reviews and program screening, ID, residency, and income documentation for housing applications to help applicants enter housing quickly. The goal of the project is to have all 10

prospective participants leased up by September 1, 2015 so that they have a full one year lease funded by the project. Once in housing individuals can begin work on their Recovery and Wellness Plan including mental health and substance use issues, as well as their goals and strategies to secure employment income so that they can remain in permanent housing long term. A plan for permanent housing will be initiated at the onset of participation in the project to include the critical components essential to housing permanency: recovery and treatment; health care; employment; financial education and appropriate income benefits and individual choice for housing type and location in the community. Service planning will include supports to assist persons to access education, employment and career development supports. Individuals will also be able to access other wrap around services at program initiation, which may include health care and legal services. The Community Health Law Project provides onsite consultation to center members one day a week. The Hudson County CWEP (Community Work Experience Program) sends volunteers through the Welfare Department who work at the center and will work with the center to support referrals.

CSPNJ anticipates recruiting persons attending the center, and from social service agencies throughout Hudson County as well as from other counties impacted by Super Storm Sandy during the designated storm period.

The Hudson County Center will be the site for engaging clients into services for this initiative. The center is peer run and offers a menu of services and supports including mental health support groups, referral to community resources, substance use self-help groups and other substance abuse supports. Peer services are provided by staff with the lived experience of mental illness who embrace the principles of whole health and wellness in the areas of advocacy, policy, and care delivery. Wellness-oriented peer approaches delivered by peer-support whole-health specialists and wellness coaches play an important role in integrated care models. CSPNJ promotes peer delivered services, including incorporating peer wellness coaches on supportive service teams. These positions are an asset to engaging mental health consumers and individuals with substance use disorder to promote self-management and recovery.

**F. Indicate your ability to provide housing that is accessible to individuals who have difficulty with mobility or are wheelchair bound, in accordance with Americans for Disabilities requirements.**

Community Enterprises Corporation is a U.S. Department of Housing and Urban Development (HUD) approved Public Housing Agency that currently administers a wide variety of rental assistance programs. Staff is familiar with the requirements of the Americans for Disabilities Act and Fair Housing. Since Hudson County is a large urban county, there are numerous multi-family buildings with elevator access that can help meet the needs of individuals with

mobility challenges. CSPNJ has been developing supportive housing and providing supportive housing services for over 20 years to individuals with special needs and we are experienced in meeting the full range of housing needs for our tenants. Throughout New Jersey, CSPNJ/CEC has accessible housing mixed through its housing stock and has multiple relationships with realtors and landlords' allowing a strong possibility of locating accessible housing that would meet individual's needs.

**G. Describe the full range of recovery and support services that will be provided to service recipients.**

CSPNJ provides a menu of supports to persons in supportive housing. All services are directed by the resident through their Individual Service Plan (ISP) and Wellness and Recovery Plan, which is jointly constructed by the support worker and the resident under the resident's direction. These services include assisting residents with financial services for budgeting, savings and economic literacy, assisting persons with wellness and health related activity, supported employment, benefit coordination and assistance with activities of daily living.

Supports include providing information about and referrals to community resources available for consumers with substance use disorders and mental health services in Hudson County. Particular emphasis is placed on linking supportive housing tenants to community services such as: medical care and dental services, legal services, public library, Food Bank, financial services, literacy programs, local colleges, education, Community Work Experience Program (CWEP), employment and language programs, recreational programs, parks and places for spiritual enrichment. Center staff also provide assistance to individuals moving into housing to help them secure household furnishings and with move-ins.

The Hudson County Center posts current information regarding community resources such as Narcotics Anonymous Meetings, soup kitchens, AA Meetings, Mobile Healthcare services, Detox and Addiction Recovery Services, employment opportunities, and Family Planning Services. The center also provides clothing, shoes, and winter outerwear to many individuals.

The center offers computer use and Wi-Fi access to enable members to research rehabilitation options available to them. Many members also use the computers to file and collect unemployment benefits, and to search for and complete online employment applications as well as housing search. As in many centers, computers are also used to communicate with family members, spouses, partners, and/or friends incarcerated in the Hudson County Jail and prison.

The center has a safe, welcoming atmosphere with a low threshold of requirements. substance use, sleeping on the premises and aggressive

behaviors are not accepted. Members and staff at the center plan activities and conduct groups. For some individuals the center is a safe haven, providing basic living necessities including a safe warm space, food and clothing. Participants in this initiative will be welcomed and offered opportunities to participate in center activities.

The center has vans to help provide transportation for community activities for appointments and activities. Once a week the center provides transportation to Trenton for individuals in need of identification documents (which are not available in Hudson County after 9/11). An additional vehicle will be leased for this project to assist with transportation as needed. Participants will be provided with bus passes and assisted to use public transportation. The center provides transportation on an as-needed basis for center activities and member's services. Transportation services may be provided to assist members with access to mental health treatment programs, health care and activities such as meetings, shopping, and appointments for services. CSPNJ will assist tenants in accessing public transportation.

The center provides a variety of services including: self-help groups, wellness and recovery education, socialization and recreation activities. These services enhance mental health consumers' ability to live productively in the community through improving community living skills and by building community relations.

The Hudson County Center has an ongoing relationship with the Hudson County Department of Housing and Community Development and providers that attend the Hudson County Continuum of Care (CoC), CEAS committee meetings and the Hudson County Plan to End Homelessness. Center manager Pam Baker sits as an Executive board member on the County's Alliance to End Homelessness (HCAEH), and partners with County agencies to provide access to community resources. Center staff are knowledgeable about government and community based social services and systems in Hudson County.

The center has a strong relationship with the Hudson County CWEP (Community Work Experience Program) and receives volunteers through the Welfare Department who work at the center facilitating, cooking, cleaning and assisting in daily activities. The center will continue to work closely with the Hudson County Board of Social Services in partnering on services, recruitment of program participants and working on the sustainability of program participants' housing and income.

The center has a peer facilitator who works as an advocate with consumers who need help in navigating the local Social Security Office and Welfare. The center has ongoing collaborations with the Community Health Law Project, which is a statewide nonprofit advocacy and legal services organization that we refer to daily, in addition to the four days a month of outreach provided by

them in our center. The center collaborates with the Jersey City Medical Center which includes outpatient services, Intensive Outpatient Programs (IOP) as well as The Ryan White Program (HIV services) and MASSH, which is the mental healthcare program for the homeless population. Kaleidoscope Healthcare has outpatient substance abuse services such as the methadone program, as well as mental health services on site. Bridgeway Crisis Intervention Services provides crisis intervention and support services for up to 30 days on site and creates linkage to available resources if needed and available for clients. Mount Carmel Guild also provides mental healthcare services for a long term period when needed. The center also works with Dress for Success in helping clients obtain proper clothing for job interviews.

The center has become a "safe haven," a place where they can go to get off the streets or out of substandard housing, to receive services, volunteer, work, socialize and rest. CSPNJ employs and utilizes the skills of people who have been diagnosed as having a serious mental illness and/or substance use issues, and some may also have experienced homelessness. The center provides part time employment and stipends to 12 members under the supervision of the center manager, as well as the Homeless Services Coordinator. The stipend positions include center facilitators who open and close the center, receptionists, van drivers and outreach and engagement mentors. The agency meets the needs of a diverse group of individuals, besides people with serious mental illness; including persons who are chronically homeless, have substance abuse issues, formerly incarcerated persons, those with co-occurring physical health issues, or behaviors resulting from lengthy periods of institutionalization.

**H. Describe your agency's ability to affirmatively link individuals to primary care practitioners support the consumers as they engage in primary care treatment and facilitate the coordination of primary care and behavioral healthcare with and on behalf of the consumers.**

For members who do not have a primary care physician, the center refers people to a Federally Qualified Health Center – Metropolitan Family Health Network which is located on Bergen Avenue, across the street from the center. Metropolitan provides medical and dental care as well as prenatal services. Metropolitan Family Health Care also has a Healthcare for the Homeless Program, to which we frequently link our members for assistance. Metropolitan also assists individuals who have no insurance to apply for insurance through the Affordable Care Act.

Approximately 90% of the consumers served by CSPNJ support services are connected to primary care practitioners. Beginning at intake, staff obtains a medical history including any current or past primary care providers. If needed, staff assists with healthcare linkages, appointment setting and transportation arrangements. CSPNJ believes in prevention and discourages service recipients



from overuse of emergency services. Staff also encourages tenants to participate in preventive health care.

**I. Describe how your agency will monitor medication and ensure that necessary blood work is completed in order to optimize medication adherence.**

We will have an open and communicative relationship with the participant's primary care physician. We have a great working relationship with Metropolitan Healthcare that includes: any necessary blood work that the client will need, weekly conversations about patient services and needs of a particular client we are working together with. CSPNJ can assist in filling prescriptions through our collaboration with a local pharmacy. Staff will not dispense medication to participants, but will track individual's medications, ask about any side effects and monitor if participants are taking medications as prescribed, as well as schedule appointments and make referrals. Staff will act as a liaison between participants, pharmacists and primary care physicians to support participant's medication monitoring.

Medication monitoring will be assisted through the use of WRAP (Wellness Recovery Action Planning) to assist individuals with providing a vehicle to be partners in their own care.

**J. Provide a brief description of the housing model(s) that will be made available (one-bedroom apartments, single family home, shared living, scattered site apartments, apartment building with mixed use, etc.) Include rationale for choosing this particular housing design.**

CSPNJ follows a housing first scattered site model of supportive housing. Whenever possible, housing applicants are key contributors to the type and location of their housing. Neighborhood safety is a key consideration when locating housing as is our requirement that housing meet U.S. Department of Housing and Urban Development HQS housing standards.

Community housing will primarily consist of 1 and 2 bedroom apartments. The Jersey City area has many multifamily and apartment buildings which have proved in the last year to be appropriate for center clients that have been housed through our existing 880 Homeless Services Program. Staff from the center has developed relationships with local landlords which will assist with housing search. Experience over the past year indicates that there is sufficient housing stock to meet the needs of this proposal. Additional support will also be provided by housing staff from Community Enterprises Corporation, and CSPNJ housing location staff from the CSPNJ Clifton office can also provide ongoing support and guidance in locating appropriate housing as needed.

All housing proposed in this initiative will provide private bedrooms, reasonably comfortable shared living space, and adequate kitchen and bathroom facilities (as is the case for all CSPNJ/CEC housing). Participants will be charged no more than 30% of their income for rent. Shared housing may be an option of choice for some participants, especially if it enables them to locate housing that they can afford at the end of the funding period for this initiative. However, shared housing is a matter of individual choice.

CSPNJ recognized the importance of separating services and housing twenty years ago when we created Community Enterprise Corporation (CEC), an independent but affiliated corporation to handle housing development landlord responsibility, leasing, renting and property management. Together, we have considerable experience in managing rental units, providing subsidies, locating housing and working collaboratively with landlords and tenants. CSPNJ/CEC has a strong working relationship with the DMHAS's housing office and subsidy program, and understands the required procedures and necessary documentation. CSPNJ and separately CEC are certified by HUD as Housing Agencies: we administer federal vouchers such as Shelter Plus Care and have experience complying with HUD housing standards.

**K. Provide the municipality and county where housing will be located.**

Housing will be located in Hudson County, with a focus on the following municipalities: Hoboken, Jersey City, Bayonne, Union City.

**L. Describe your organization's plan to address substance abuse issues, drug and alcohol relapse prevention or harm reduction strategies.**

CSPNJ believes primarily in client choice when it comes to services and treatment options. While we believe that a person should not be forced to take medication and should take the least amount needed, we also believe that medication can be necessary for an individual to continue on their recovery journey whether it is recovery from substance dependence or mental distress. We encourage medication education so that individuals understand the medications they take and how they are effective.

CSPNJ can assist in monitoring a person's medication when it is helpful to the person's recovery and it is agreed to in their Individual Service Plan (ISP). CSPNJ supports individual's relationship with their medical provider and encourages service recipients to choose professionals with whom they can develop a partnership, so their thoughts, fears, hopes and dreams can be expressed in order for their individual treatment to be optimized. CSPNJ will support the individuals' choice of taking Methadone, Suboxone, or injectable Naltrexone and monitor their medication use. The Hudson County Center assists interested members in securing addiction treatment of choice. They do not provide the Medication Assisted Treatment on site, but will refer to Addiction

Recovery Services (ARS), and assist with transportation to begin/sustain desired addiction services.

Services for this initiative will be based at the Hudson County Center but will focus on working with individuals to access community resources and services in the community. The offered menu of substance abuse service support will consist of self-help groups including AA/NA, recreation and socialization at the center including a weekly night out such as movies, bowling etc. to build community and enhance relationship with staff.

Staff will mix guidance with self-direction, wellness orientation, risk taking, hope, community integration and using a balance of personal medicine along with medical drug treatment (when appropriate) leading to a model of care that develops a true therapeutic relationship based upon best and promising practices.

Participants will be offered the opportunity to obtain inpatient or outpatient detox and rehabilitation services from facilities such as Bergen Regional and Jersey City Medical Center for inpatient Detox, Kaleidoscope for outpatient Methadone services, Integrity House and Odyssey house for inpatient services if needed.

Through the CSPNJ Wellness and Recovery Institute, program staff will be trained not only in principles of Recovery and Wellness but also service coordination and skills building in the areas of: medication self-management, rehabilitation, relapse prevention and personal assistance. Additionally staff that has been trained in public benefit acquisition will be on tap to provide both training and support to program staff. All these services will be available to program participants as well as linkages and/or referrals to appropriate providers to comprehensively address the client's physical and behavioral health needs.

**M. Describe how your organization will support consumers in attaining the daily living skills necessary to live integrated lives in the community.**

CSPNJ believes stable housing is critical to support individuals with mental illness and substance use disorders to recovery and wellness. We support persons in their recovery journeys and believe that assisting an individual in increasing their self-direction and self-sufficiency are key to successful community integration, recovery and wellness. This will be further emphasized in this program as the candidates will have less than 15 months to accrue the resources to become self-sufficient, so that message will be conveyed to staff as well as tenants from the outset.

CSPNJ will assist persons in gaining ADLs in vivo by working alongside clients in cleaning, cooking, preparing budgets, writing shopping lists, grocery

shopping, procuring transportation etc. The center also has or will develop self-help groups/ trainings that will assist clients adapt to managing their own households such as: healthy cooking, hygiene, clothes washing etc. CSPNJ will also assist with landlord and neighbor liaison, clients acquiring IDs, teaching clients to use public transportation, budgeting assistance and financial literacy.

**N. Demonstrate how the proposed service will integrate the following principles into service delivery:**

- 1. Promotion of wellness and recovery (grounded in SAMHSA's 8 Domains of Wellness);**
- 2. Promotion of community inclusion;**
- 3. Culturally competent and linguistically accessible services; and**
- 4. Demonstration of best practices.**

CSPNJ/CEC will follow all principles of supportive housing that prohibit removal due to lack of service participation, hospital admission or incarceration, and believes that preservation of housing is primary and recognized as essential to overall wellness and recovery. CSPNJ follows a model of support that includes the 8 dimensions of wellness with a person's environment seen as extremely important for their overall wellbeing.

Wellness and recovery are integral to client centered CSPNJ supportive services programs. During the admission process clients are introduced to a range of wellness and recovery tools that include Illness Management and Recovery (IMR), Wellness Recovery Action Planning (WRAP), Crisis Planning and Supported Employment. The tenets of supportive housing will be introduced. These Best Practice Services will be offered to clients who are interested. CSPNJ sees recovery as a deeply personal and unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. Recovery is a way of living a satisfying and hopeful life even with limitations caused by an illness, trauma, addiction or disability.

Menu of Recovery and Wellness Services:

We embrace the idea of overall wellness. The services offered are based on the eight dimensions of wellness listed below. Because the dimensions are so inter-connected, many of these examples could fit into more than one category. Here are some examples of how we can help consumers:

**1. Physical Wellness**

Learning to access and use medical and dental care, including recommended preventive screenings; Organizing medical appointments, bills, and insurance records; Developing skills for adequate personal care; Handling medical emergencies; Shopping for and preparing balanced meals; Developing sleep hygiene skills; Reducing/eliminating use of alcohol, tobacco, other drugs of abuse; joining a fitness program or facility; Finding and joining community and/or support groups for health and addiction conditions;

## 2. Environmental Wellness

Keeping your home clean and safe, including making/requesting needed repairs; Making your home a comfortable and attractive place to live; Learning about options for moving on from your current residence, including ways to move from renting to homeownership.

## 3. Financial Wellness

Personal budgeting; Making wise financial decisions; Paying bills, and developing the skills for independent banking and money handling; Managing benefits and reducing your dependence on public benefits; Resolving prior debts, clearing credit record, and obtaining loans/credit cards; Starting a savings program; Paying taxes.

## 4. Spiritual Wellness

Locating a congregation or faith-based community of your choice; Choosing and following activities that promotes meaning and purpose.

## 5. Social Wellness and Community Integration

Dealing with house-mate/neighbor issues; Reuniting with family, resuming parenting or visitation; building and maintaining friendships; registering to vote; restoring driver's license and/or buying a car; Understanding your legal rights.

## 6. Occupational Wellness

Choosing, getting, and keeping a part-time or full-time job; Getting involved in community volunteer activities; Exploring your career goals; Connecting with CSPNJ Supported Employment; Linking with certified benefits planners and financial resources; Locating a job/career match that fits your preferences, choices, and abilities; Writing or updating your resume and applying for a job; Using a computer to do a job search.

## 7. Intellectual Wellness

Literacy classes; Getting back to school, including GED, college, and trade/technical schooling; Getting/becoming comfortable using a computer; Learning new skills, or hobbies; Finding a group of people who share your intellectual interests.

## 8. Mental/Emotional Wellness

Finding the right mental health/addiction treatment services; Linking to or providing education programs such as Illness Management and Recovery Education; Establishing an advance directive for mental health care; Locating and accessing peer support groups for addictions.

A Personal Medicine and strength based Psychiatric Rehabilitation approach will be used to meet the needs of participants. CSPNJ will also employ a "Harm

Reduction” approach for individuals with co-occurring substance use disorders. By using a model of support based upon principles of Personal Medicine, Psychiatric Rehabilitation and Harm Reduction, the services offered will focus on the development of skills and supports that promote wellness, recovery and resiliency; including community integration, illness management, socialization, work readiness and employment, peer support and skills and opportunities that foster increased personal responsibility and self-direction.

The Personal Medicine approach developed by Pat Deegan PhD. through Common Ground is described as “what we *do* to be well. It's the things that put a smile on our face and that make life meaningful. Personal Medicine is also the smaller things we do to take care of ourselves and to manage our distress.” For example, Personal Medicine could be working out with weights to manage anger or going to AA meetings to stay sober. Personal Medicine is active, not passive. It is:

- The things that give my life meaning and purpose and that put a smile on my face
- The things I do that help make me well
- The things I do that help me remain in the community, gain and retain employment, maintain custody of my children, develop and improve health and wellness habits, etc.

Psychiatric Rehabilitation (Psych Rehab) is the process of restoration of community functioning and well-being of an individual diagnosed with a mental disorder that is considered to have a psychiatric disability. Psych Rehab promotes recovery, full community integration and improved quality of life. The focus is on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.

Harm reduction interventions view the participant as capable of taking a greater degree of control in their own lives. Harm Reduction is based upon four principles:

- 1) While absolute abstinence may be preferable for many or most substance abusers, very few will achieve it, and even that small group will take time to do so and may relapse periodically;
- 2) Ordinary medical treatment readily accepts and practices ameliorative therapies, which preserve health and well-being even when people fail to observe all recommended health behaviors;
- 3) Therapists should present accurate information to clients and may even express their own beliefs, but they cannot make judgments for clients;
- 4) There are many shades of improvement in every kind of therapy – this improvement may be all that people are capable of and should be encouraged and nurtured.

The collaborative nature of these approaches that mix guidance with self-direction, wellness orientation, risk taking with consequences, hope, community integration and using a balance of personal medicine along with medical drug treatment (when appropriate) lead to a model of care that develops a true therapeutic relationship based upon best and promising practices.

**O. Describe your success and experience in providing supportive services to, and/or development of housing opportunities for individuals with mental illness in the community.**

CSPNJ believes strongly in recovery: we support the separation of housing and services with an emphasis on tenant/landlord responsibilities and lease compliance to support tenancy. We do not require that tenants accept services, but emphasize the important of creating therapeutic alliances with staff. We encourage individual responsibility and self-management, where individuals choose strategies for recovery and wellness and efforts to help them maintain their housing. We support them in their decisions while helping them to explore their goals and recovery choices and by providing guidance with respect to opportunities and consequences. As it is for most residents of New Jersey, housing tenure is based on compliance with leasing and landlord/tenant responsibilities. CSPNJ service staff supports the clients and housing staff follow federal and state housing policies and regulations. All CSPNJ/ CEC supportive housing is leased based.

The Hudson County Center is a unique mental health peer operated service in Hudson County that provides counseling, community referrals, outreach and engagement services. The center is staffed by a fulltime center manager, the Peer Wellness Coordinator, a part-time Peer Mentor, peer facilitators and volunteer consumers. The Peer Wellness Coordinator works with the center manager and peer facilitators to provide outreach and engagement services. The membership of the center includes a significant number of persons with histories of mental illness, addictions and homelessness. In response to the need for a safe place to find shelter, food and supports, the center has initiated programming to expand its community outreach. The center serves an average of just over 100 persons daily, partners with local community social service agencies, health care providers and homeless agencies in offering a menu of supports and access to community resources. Members of the team providing services are fully trained by CSPNJ in HMIS and Wellness and Recovery planning and services. Services provided by the team are guided by the CSPNJ Wellness and Recovery model, including person centered Recovery and Wellness Plans to achieve goals and develop strategies to self-manage illness and recovery.

CSPNJ/CEC's Supportive Housing Model practices separation between housing and services, with CEC assuming the role of the housing provider and CSPNJ assuming the role of the supportive services provider. This model meets or

exceeds the key principles of supportive housing and these will be followed for this initiative:

- All housing will be lease based or there will be an occupancy agreement with the protection of New Jersey's landlord/tenant laws.
- Leases will be held in the name of the tenant.
- Housing will promote community inclusion, normalization and independence.
- Services will be available yet provided in a flexible, individualized manner.
- Services will be available, but not mandated as a stipulation to maintain housing with service providers actively seeking engagement and relationship building and strengthening, especially during times when the client may be ambivalent or reluctant.

The Hudson County Center has a long history of supporting people with mental illness or co-occurring mental illness and substance use disorders, and integrating service supports for them into the programming the center provides. The center operates multiple mental health and substance abuse support programs and linkages. CSPNJ will coordinate all support services directly with appropriate DMHAS licensed providers as well as others located within Hudson County.

Through its supported housing program and self-help centers, CSPNJ either directly or indirectly has assisted persons with substance use disorders especially those with a dual diagnosis (Mental Illness and Substance Abuse) for over 25 years.



Attachment B

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

**ADDENDUM TO REQUEST FOR PROPOSAL  
FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

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

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

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

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

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

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

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

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

## Attachment C

### Department of Human Services Statement of Assurances

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

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

- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have 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.

Collaborative Support Programs of NJ, Inc.  
 Applicant Organization  
 Equivalent

  
 Signature: Chief Executive Officer or

April 25, 2014  
 Date

Jody Silver, Executive Director  
 Typed Name and Title

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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.

Jody Silver, Executive Director

Name and Title of Authorized Representative

Jody Silver  
Signature

April 25, 2014

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.

**Assurances for the Super Storm Sandy Initiatives RFP  
Supportive Housing – Co-occurring Mental Illness and  
Substance Use Disorder**

1. CSPNJ will pursue available resources (e.g. grants, vouchers, rental assistance, etc.) and collaborate with local housing authorities and/or other related housing development entities to develop, expand, and/or enhance housing options for enrolled consumers;
2. CSPNJ will keep funding for this initiative segregated from funding for all other initiatives/programs operated by the organization and will have an ability to specifically report on the individuals served in this initiative;
3. CSPNJ will work in cooperation with the regional and central offices of DMHAS, County Mental Health Boards and State psychiatric hospitals to identify people to be served, meet data collection requirements, and participate in any standardized affiliation agreements that may be developed;
4. CSPNJ will comply with DMHAS' reporting requirements specific to this initiative;
5. CSPNJ will provide the full range of services delineated in DMHAS and related regulations to all individuals enrolled; and
6. CSPNJ will pursue all available sources of revenue, including Medicaid if we are eligible to bill for the services provided, and will report all revenue generated as an off-set to the monthly rate billed for the aggregate of individuals served each month.