REQUEST FOR PROPOSALS

FOR

The Collaborative Behavioral Health Care Program

Funding of $555,555 for 5 Hubs for a total of $2,777,775 Available

- **Bergen County**
- **Essex County**
- **Hunterdon, Somerset, Sussex, and Warren Counties**
- **Morris and Passaic Counties**
- **Union and Hudson Counties**

Bid Due Date: April 12, 2017

Mandatory Bidders Conference: March 21, 2017 at DCF Professional Center, 30 Van Dyke Avenue, New Brunswick, NJ 08901

Time: 10:00AM

Questions will be accepted in advance of the Bidder's Conference until March 20, 2017 at 12:00PM

Allison Blake, PhD., L.S.W.

Commissioner

March 3, 2017

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Funding Agency

State of New Jersey
Department of Children and Families
50 East State Street,
Trenton, New Jersey 08625

Special Notice: Potential Bidders must attend a **Mandatory Bidder's Conference** on **March 21, 2017 at 10:00 AM-**DCF Professional Center, 30 Van Dyke Avenue, New Brunswick, NJ 08901. Questions will be accepted in advance of the Bidder's Conference until **March 20, 2017** at 12PM by providing them via email to DCFASKRFP@dcf.state.nj.us Technical inquiries about forms and other documents may be requested anytime.

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families' (DCF) Office of Child and Family Health (OCFH) announces the availability of $2,777,775 in state funding for the purpose of expanding the "Collaborative Behavioral Health Care Program" once the State Budget is approved for Fiscal Year 2018.The program will implement a best practice collaborative care model between primary care physicians and child mental health and substance use disorder specialists in order to provide for the timely screening, assessment, diagnosis, and treatment of behavioral health disorders of children, youth, and young adults served by the program.

Currently, the program is available and operates with four (4) "hubs" serving the following four (4) regions:

- Atlantic, Cape May, Cumberland, Gloucester, and Salem Counties
- Camden and Burlington Counties
- Mercer and Middlesex Counties
- Ocean and Monmouth Counties

This Request for Proposals seeks to expand the program statewide by establishing five (5) additional hubs in the following five (5) regions:

- Bergen County
- Essex County
- Hunterdon, Somerset, Sussex, and Warren Counties
- Morris and Passaic Counties
- Union and Hudson Counties

One "hub" shall be established in each region. **Applicants may propose to serve more than one region. However, a separate proposal must be submitted for**

each region the applicant proposes to serve. Up to $555,555 in funding is available to support each regional hub.

This Request for Proposals (RFP) encourages the development of an integrated healthcare approach to addressing behavioral health conditions in a primary care setting that includes: screening of children, youth, and young adults for behavioral health disorders; timely access to psychiatric consultation for primary care pediatricians (PCPs); timely patient access to direct psychiatric services, when indicated; care coordination to support engagement with specialty care and collaborative treatment planning; and PCP education on best practices to implement and sustain a collaborative mental health and substance use disorders care partnership in pediatric primary care settings. The Applicant shall demonstrate in the proposal narrative how it will commit to establish a hub behavioral health team in each region that includes, at a minimum: a child and adolescent psychiatrist (CAP), a licensed clinical social worker (LCSW) or licensed professional counselor (LPC), a care coordinator experienced with both mental health and substance use disorders, and an administrative coordinator to implement this program.

B. Background:

Pediatric primary care is ideally provided within a patient's medical home. The medical home model promotes care that is: accessible, continuous, comprehensive, collaborative, compassionate, culturally competent, and family-centered. Continuity provides the structure for a relationship over time with the child and family, and is a key component of promoting healthy physical, social, and emotional development. To care for the whole child in the context of family, school, and community, the medical home needs to have effective and dynamic relationships among community agencies and services that may assist the child's and family's diverse needs.

PCPs practicing within the medical home model have an important role in identifying and accessing care for children, youth, and young adults with behavioral health needs. However, many PCPs report that they are not well-prepared to do so. PCPs typically report that they feel uncomfortable with addressing behavioral health concerns, and that they lack the knowledge and skills needed to provide accurate diagnosis and recommend effective evidence-based treatment. Barriers to successfully providing these services in the primary care setting include lack of training, insufficient time, lack of knowledge about community resources, and insufficient referral feedback from community clinicians.[1] In the face of these challenges, safe and effective child behavioral health care requires effective collaborative partnership between mental health and substance use disorders clinicians and PCPs.

Collaborative partnerships are crucial to integrating behavioral health into pediatric primary care and improving access to timely and appropriate behavioral health

[1] American Academy of Child & Adolescent Psychiatry, *A Guide to Building Collaborative Mental Health Care Partnerships in Pediatric Primary Care (2010)*

services. Successful partnerships are characterized by effective collaboration, communication, and coordination between CAPs and PCPs in consultation with children, youth, young adults, and their families. Through these partnerships, CAPs can have a significant positive impact on the psychiatric care of larger numbers of children, youth, young adults, and their families through the promotion of prevention, early intervention, and treatment of childhood mental health and substance use disorders.

Screening, triage, diagnosis, and initiation of treatment in primary care settings should be done in active collaboration with a CAP and/or an allied behavioral health provider, as needed, to improve service outcomes for children with mental health or substance use disorders. There should be active communication and coordination between the pediatric health home and behavioral health providers in other child systems including schools, child welfare, and the juvenile justice system. Effective treatment also requires ready access to intensive specialty care services[2], including those available within the Children's System of Care, (CSOC) for youth with severe and complex behavioral health conditions.

The goals in building collaborative behavioral health care partnerships in the pediatric primary care setting include:

- Integration of culturally competent and evidence-based behavioral health services into the primary care setting
- Promotion of optimal social and emotional development and emotional wellness
- Early identification of mental health and substance use problems and interventions
- Implementation of therapeutic and psychopharmacologic services
- Improved care coordination among families, PCPs, and CAPs
- Improved care coordination among community behavioral health clinicians, PCPs, and CAPs
- Increased PCPs' comfort, knowledge, and abilities to screen, diagnose, and respond to behavioral health disorders, including referral for specialty care
- Increased access to, and quality of, behavioral health services
- Improved patient and family satisfaction with behavioral health services
- Improved clinical outcomes,[3] including reduction in symptom severity and increased well-being for children, youth, and young adults who receive services from participating PCPs

Collaborative behavioral health care partnerships implement integrated care approaches in which the PCPs and CAPs partner with children, youth, young adults, and their families to prevent, identify, and manage behavioral health challenges that

[2] American Academy of Child & Adolescent Psychiatry, *Best Principles for Integration of Child Psychiatry into the Pediatric Health Home (2012)*

[3] American Academy of Child & Adolescent Psychiatry, *A Guide to Building Collaborative Mental Health Care Partnerships in Pediatric Primary Care (2010).*

present in the primary care setting. An integrated approach to collaboration expands and strengthens the medical home by establishing treatment partnerships between PCPs and CAPs that include shared case management, care coordination, and integrated team case conferences.

Expansion of the Collaborative Behavioral Health Care Program shall facilitate these partnerships statewide by establishing five (5) dedicated regional behavioral health hub teams, with each team responsible for implementing the program within its designated region, throughout New Jersey.

In 2014, DCF established the first Collaborative Mental Health Care Pilot Program. A vendor was selected through the competitive bidding process to establish two hubs to serve the Monmouth/Ocean and Burlington/Camden regions. In 2015, funding was made available to expand the Pilot program to two additional hubs to serve the Atlantic/Cape May/Cumberland/Salem and Mercer/Middlesex regions. Through this RFP, DCF seeks to expand the program statewide in state fiscal year 2018 to serve the remaining five (5) regions in New Jersey.

C. Services to be Funded:

The successful applicant shall implement a collaborative behavioral health partnership program that employs an integrated, regionally-based behavioral health hub team approach to the delivery of behavioral health services in pediatric primary care settings. Applicants are responsible for identifying pediatric and family care practices that will participate in the program. The applicant must demonstrate in the proposal and during the contract term that it shall have sufficient infrastructure to implement the program within the region(s) it proposes to serve. The approach shall include the following core components:

- Universal screening of children, youth, and young adults for behavioral health disorders
- Timely access to psychiatric consultation for PCPs with urgent requests for consultation receiving a same-day response and all requests receiving a response in no more than 72 hours
- Timely patient access to direct psychiatric evaluation, when indicated, with urgent requests receiving services within services within two weeks and all requests receiving services within four weeks[4]
- Care coordination to support fluidity of referral, engagement with specialty care at the appropriate levels of care, and collaborative treatment planning
- Practitioner enrollment and support, including best practice education and a web portal to support program implementation and operation: The web portal is intended to support pediatric, psychiatric, and specialty care providers participating in the program, and not meant to provide public access to program services. Features must include provider enrollment and support, such as an on-

[4] Psychiatric evaluations provided by the hub are not intended to replace or supplant crisis stabilization services.

line application to enroll as a participant, and learning supports for enrolled participants
- Collaboration with systems partners, including the CSOC Contracted Systems Administrator (CSA) and Care Management Organizations (CMOs), as well as private third-party payers and treatment/service providers
- Data collection and reporting
- Program evaluation

Collaborative Behavioral Health Care Program Model

The Collaborative Behavioral Health Care Program shall provide screening, early intervention, routine assessment and treatment, specialty consultation, access to specialized treatment, and care coordination services. The allocation of these components across providers varies according to the severity, chronicity, and complexity of mental health and substance use challenges experienced by individual children, youth and young adults. To meet these responsibilities, the PCP, the consulting CAP, the care coordinator, and the appropriate specialty treatment service providers will play key roles. Within all levels of service, children, youth, adolescents and families are essential partners in care, who will identify strengths and needs, collaborate on developing the plans of care, assist with care implementation, and serve as key informants in the evaluation of service outcomes and consumer satisfaction.

The program shall adhere to the following guidelines for determining the level of service to be provided based on the complexity of the patient's behavioral health needs:

- Preventive Services & Screening: Applicable to all children, youth, and young adults being seen in a primary care practice, to prevent and detect mental health and substance use problems
- Early Intervention & Routine Care Provision: Applicable for children, youth, and young adults with identified, but relatively uncomplicated, high prevalence behavioral health clinical problems. Assessment and management is typically performed by the PCP, with support available from a consulting psychiatrist
- Specialty Consultation, Treatment & Coordination: Applicable for children, youth, and young adults with defined behavioral health disorders/problems at an intermediate level of risk, complexity or severity, requiring enhanced specialist consultation or intervention that may include engagement with the CSOC CSA and CMO
- Intensive Behavioral Health Services For Complex Clinical Problems: Applicable for children, youth, and young adults with a defined behavioral health disorder/problem at high level of risk, complexity or severity, requiring specialist consultation or intervention that may include multisystem service teams, including the CSOC CSA and CMO

The program shall be delivered by a dedicated regional hub team of child behavioral health professionals and paraprofessionals that includes:

- CAPs who shall provide consultation support to PCPs that enables the PCPs to appropriately screen, diagnose, and treat children, youth, and young adults with behavioral health disorders, and to refer children, youth, and young adults to specialty care when indicated
- PCPs and other health care professionals who provide behavioral health screening and treatment services under the supervision of the PCPs, and who provide these services to children, youth, and young adults in a pediatric medical home
- Licensed clinical social workers (LCSWs) or licensed professional counselors (LPCs) who shall work closely with the hub team CAPs to provide care coordination services for children, youth, and young adults identified with behavioral health disorders in the pediatric medical home setting, including referral to and engagement with specialty care and other services
- Administrative personnel to coordinate program activities and support the other members of the child behavioral health team; including coordination of case conferences, educational activities, and other administrative tasks as required to meet the goals and objectives of the program.

CAPs and care coordinators providing services through the program shall be located in, and licensed to practice by, the State of New Jersey.

Each regional hub team shall be physically located within its dedicated region. Hubs serving a region with more than one county shall be located no more than 20 miles from either county in that region.

Universal Screening

Screening for, and early detection of, behavioral health problems is a core component of integrated care. Screening, triage, diagnosis, and initiation of treatment in the primary care setting should be done in active collaboration with a child and adolescent psychiatrist and/or allied behavioral health providers, as needed, to improve service outcomes for children with mental health and substance use disorders. Universal screening for mental health and substance use disorders using standardized tools that have been validated for use with children, youth, and young adults is indicated for all children, youth, and young adults being seen in pediatric primary care settings. The Collaborative Behavioral Health Care Program will develop and implement a best practice model for universal screening of mental health and substance use disorders with adolescents and children in each region to be served by the program. The screening model shall include protocols for triage and referral for consultation, specialty care, and care coordination, as indicated.

Access to Psychiatric Consultation Services

“Real time” communication is important to collaborative care partnerships. Answers to clinical questions ideally are provided to PCPs with an immediacy that allows them to respond to patients and their families at the time of or shortly after an office visit.

Compared to CAPs and other behavioral health clinicians, PCPs see a higher volume of patients and, as such, their workflow requires efficient use of their decision-making and time. Consequently, immediate access to consultation with CAPs who provide practical and understandable advice is essential. Immediate access for communication is usually considered by PCPs as being in the context of minutes to the same day. Availability is generally weekdays or parts of weekdays. The hub team should have capacity to respond to consultation requests from PCPs outside of normal business hours in the same way that PCPs may respond to patient calls outside of normal business hours with the support of a service that triages patients to an on-call member of a physician group. Timely access can be managed through the development of a communication protocol. If the protocol works reliably and is used with adequate frequency, a growing sense of trust and confidence develops that encourages PCPs to extend their involvement in mental health care beyond their usual scope of practice. The communication protocol required for this Request for Proposal and the contract shall include:

- Days and hours available
- Who will be available (i.e., CAPs or other child behavioral health clinicians working with the CAPs)
- Manner of availability (i.e., onsite, telephone, fax, email, shared electronic medical record, or telemedicine)
- What the specific consultation will and will not include
- How the recommendations will be communicated (i.e., verbal and/or written)
- How the PCPs will document the consultation in the patient record and what will be included in the documentation
- Procedures and criteria for routine, urgent, and emergency requests
- Process to communicate about interim medication follow-up by PCPs[5]

CAPs can also help the PCPs identify their ability to handle psychiatric problems in their practices and, when necessary, can help facilitate referrals to other behavioral health or community agencies. Consultation with CAPs can serve to triage primary care patients, based on acuity and complexity, to the appropriate level of service intensity (e.g., direct evaluation and treatment by the CAP, or emergency care and inpatient hospitalization when indicated). The hub is expected to be familiar with, and support the use of, New Jersey's emergency psychiatric crisis services for children, youth, and young adults, and to ensure that crises are appropriately triaged to these services.

Access to Psychiatric Services

CAPs generally need to provide direct psychiatric assessments. In consultation with a PCP, a CAP may determine, based on the description of illness acuity and complexity that a patient needs to be directly evaluated by the CAP. Collaborative partnerships are

[5] American Academy of Child & Adolescent Psychiatry, *A Guide to Building Collaborative Mental Health Care Partnerships in Pediatric Primary Care (2010)*

significantly strengthened by the provision of (or at least facilitation of) urgent patient evaluations and treatment recommendations. CAPs must be able to provide or facilitate timely psychiatric evaluations. These evaluations ideally should occur within two to four weeks of the initial referral. Co-location can most readily facilitate timely evaluations. Where co-location of services is not feasible, the presence of a dedicated team of behavioral health practitioners based at a centralized hub can provide targeted, local support for PCPs. Consultation or collaborative models will involve scheduling the evaluation in the offices of CAPs. The psychiatric evaluation or consultation should include biopsychosocial formulation, diagnostic impressions, and treatment/referral recommendations. Pragmatic and specific recommendations for the PCP are important to include in the consultation (i.e., medication management recommendations). Prompt communication of the findings and recommendations to the PCP is important. Initial communication regarding urgent findings requiring immediate response by the PCP should occur no later than the next business day; otherwise, a written evaluation summary should be completed within one to two weeks. All communication should be succinct and contain practical recommendations.

Care Coordination and Engagement with Specialty Care

Care coordination is essential for the successful integration of child behavioral health services within the primary care setting because a) these services are often administered and reimbursed through a different mechanism than medical services, b) the specialized mental health system is often very complicated and difficult for families to navigate, c) communication between specialty mental health providers and PCPs has historically been poor, and is unlikely to improve without structural assistance, and d) for children with complex psychiatric needs, care coordination ensures that all involved parties coordinate their individual efforts for the benefit of the child. Given the complexity of navigating the healthcare system, care coordination is essential to helping children, adolescents, and their families access the appropriate level of psychiatric services. It is an essential component of effective collaborative partnerships.

Care coordination can range from the CAP providing advice to the PCP (i.e., provide critical information that allows the PCPs to advocate for and obtain necessary psychiatric services for their patients) to a designated care coordinator who provides case management services (i.e., finding available behavioral health clinicians or intensive psychiatric resources, including services that may be accessed through the CSOC CSA). CAPs and PCPs should consider the inclusion of a care coordinator in the program team who is well versed in utilizing the available community mental health and substance use disorder resources, including resources available through private third-party insurance, Medicaid, and the CSOC.

Families, children, youth, and young adults, as developmentally appropriate, must have a primary decision-making role in their treatment. They should: be involved in making decisions regarding providers and others involved in the treatment team; be encouraged to express preferences, needs, priorities, and disagreements; collaborate actively in treatment plan development and in identifying desired goals and outcomes; be given the

best knowledge and information to make decisions; make joint decisions with their treatment team; and participate actively in monitoring treatment outcomes and modifying treatment.

CAPs and PCPs providing consultation or direct care under the program are expected to adhere to the AACAP Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents, which can be found at http://download.journals.elsevierhealth.com/pdfs/journals/0890-8567/PIIS0890856709601568.pdf

Best Practice Education

The implementation of integrated care approaches in the primary care setting presents challenges for primary care and behavioral health practitioners, as they require significant realignment of the process of care. Patient flow, documentation, and communication among team members are among the processes that will be impacted. Applicants under this RFP are expected to include learning collaborative and process improvement components in their program design in order to assess capacity, to plan, and to effectively implement necessary practice changes to support screening, psychiatric consultation, access to direct psychiatric services, and behavioral health care coordination to support engagement with specialty care and collaborative treatment planning.

CAPs participating in the Collaborative Behavioral Health Program are responsible for educating PCPs regarding child behavioral health issues and treatments that allow PCPs to extend their involvement in behavioral health care beyond their usual scope of practice. They are also responsible for guiding PCPs in the education of patients and their families. Learning methods may include case-based teaching, case conferences, integrated team meetings, and grand rounds.

Education content shall include:

- Training for PCPs regarding best practices relating to the screening, assessment, diagnosis, and treatment of behavioral health disorders in children, youth, and young adults, including protocols for accessing consultation and referral to specialty care, when indicated.

- Patient education regarding behavioral health provided by PCPs, including, but not limited to:
    - early warning signs, behaviors, and symptoms of behavioral health disorders
    - coping skills, including, but not limited to, interventions and strategies to address challenging behaviors
    - information about what to expect upon diagnosis of a mental health or substance use disorder, how a disorder may affect other family members, and strategies for helping meet the needs of those family members
    - information about services and supports available in the community

Collaboration with Systems Partners

The successful applicant under this RFP will establish a coalition of partners who have a stake in the development of collaborative health care partnerships and who will have an active role in the implementation of the program and serve in an advisory capacity. These partners shall include the following from the pilot program county or region:

- Primary care providers
- Individual families and parent/family organizations
- Community mental health clinicians and programs
- The Children's System of Care Contracted Services Administrator and Case Management Organizations
- Public and private managed behavioral health organizations
- The county mental health administrator(s)
- Youth advocates, including mental health and substance use disorder consumer advocates
- Other local stakeholders who are committed to supporting the program

Program Evaluation

DCF is interested in understanding the quality and impact of, and consumer satisfaction with, services provided. Program performance shall be measured through analysis of variables including:

- Dissemination and implementation of evidenced-based approaches to screening and consultation
- Number of PCPs engaged with the program through formal learning collaborative activities and actively using services
- Number of PCP screening encounters
- Number of CAP consultation requests
- Type of insurance coverage, including Medicaid and private third-party insurance, for children served in the program
- Number of referrals for evaluation and number of completed evaluations
- Rates of psychiatric diagnosis
- Response times for consultations
- Response times for evaluations
- Number and type of referrals to specialty care
- Number and type of effective linkages to specialty care
- Follow-up regarding specific clinical outcomes
- Number and characteristics of consultations and collaborative work
- Type of health insurance carried by children, youth, and young adults served by the program, including Medicaid, subsidized, private commercial, or other coverage

Applicants shall identify clear, measurable outcomes for the initiative and indicate which assessment or evaluation tools will be used to track progress toward outcomes. Applicants shall provide a Logic Model, attached as an Appendix item, to demonstrate how the proposed services will lead to the identified objectives and outcomes.

Applicants shall describe their process for continuous quality improvement, including how individuals served will have a meaningful role in the ongoing improvement process, and how PCP and child and family satisfaction with services shall be measured.

DCF may seek assistance of a third party evaluator. The awarded provider must agree to partner with DCF and any outside evaluator DCF may contract with to assess the impact of the program. This evaluation process shall involve regular meetings and participation by the Applicant.

All applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.

Applicants are also advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

Organ and Tissue Donation: As defined in section 2 of P.L. 2012, c. 4 (N.J.S.A.52:32-33), contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320b-8 to serve in this State.

D. Funding Information:

For the purpose of this initiative, the Department will make available $2,777,775 of state funds for the Collaborative Behavioral Health Program subject to appropriation in the 2018 State fiscal year budget. Funding up to $555,555 is available to support one hub in each of the following five (5) designated regions:

1) Bergen County
2) Essex County
3) Hunterdon, Somerset, Sussex, and Warren Counties
4) Morris and Passaic Counties
5) Union and Hudson Counties

Proposals will be scored and funding awarded independently for each region.

Matching funds are not required. One time start-up costs are permitted from accruals. The completed budget proposal narrative must also include a detailed summary of and justification for any one-time operational start-up costs. These costs should be reflected on Exhibit C. The Start-Up Budget Narrative shall also

include a detailed description of all one time start-up costs. The Start-Up Budget Narrative and the Exhibit C submission by the Applicant must be consistent.

Funds awarded under this program may not be used to supplant or duplicate existing funding. Universities are reminded that this is a competitive process and on notice that no annual increases will be considered as part of this contract to salaries, fringe or benefits for future negotiations or contracts, unless approved by the State legislature for all contracting entities.

Any expenses incurred prior to the effective date of the contract will not be reimbursed by DCF.

Funds may not be used for marketing giveaways, refreshments, meals, or other materials or products which may be perceived as an incentive or inducement to enroll in the program or participate in any activities. Continuing education credits may be offered for participating in program activities that would qualify for this purpose.

E. Applicant Eligibility Requirements:

1. Applicants must be for profit or not for profit corporations or State Universities (State or private) that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. If Applicant is under a corrective action plan with DCF, or any other New Jersey State agency or authority, the Applicant may not submit a proposal for this RFP. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated to the satisfaction of DCF for a period of 6 months
4. Applicants shall not be suspended, terminated or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
5. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
6. Where required, all applicants must hold current State licenses.
7. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
8. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
9. Applicants must be fully operational and able to receive consultation requests within 60 days. Further, applicants must execute sub-contracts with partnering entities within 60 days of contract execution.
10. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the

DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

F. RFP Schedule:

March 3, 2017	**Notice of Availability of Funds/RFP publication**
March 20, 2017 at 12:00 PM	**Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us**
March 21, 2017 at 10:00 AM	**Mandatory Bidders Conference**
April 12, 2017	**Deadline for Receipt of Proposals by 12:00PM**

Proposals received after 12:00 PM on April 12, 2017 will **not** be considered. Applicants shall submit **one (1) signed original** and should submit **one CD ROM** as indicated below.

Proposals must be delivered by one of the following methods:

1) In person to:

Catherine Schafer, Director of Grants Management, Auditing and Records
Department of Children and Families
50 East State Street, 3rd floor
Trenton, New Jersey 08625-0717

Please allow time for the elevator and access through the security guard. Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

2) By Commercial Carrier (hand delivery, federal express or UPS) to:

Catherine Schafer, Director of Grants Management, Auditing and Records
Department of Children and Families
50 East State Street, 3rd floor
Trenton, New Jersey 08625-0717

Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

3) Online:

DCF offers the alternative for our bidders to submit proposals electronically. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an AOR form.

AOR Registration forms and online training are available on our website at: www.nj.gov/dcf/providers/notices/

Forms are directly under the Notices section-See Standard Documents for RFPs

- Submitting Requests for Proposal Electronically PowerPoint (pdf)
- Registration for the Authorized Organization Representative (AOR) Form

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Registered AOR forms may be received 5 business days prior to the date the bid is due.

G. Administration:

1. Screening for Eligibility, Conformity and Completeness

DCF will screen proposals for eligibility and conformity with the specifications set forth in this RFP. A preliminary review will be conducted to determine whether the application is eligible for evaluation or immediate rejection.

The following criteria will be considered, where applicable, as part of the preliminary screening process:

a. The application was received prior to the stated deadline
b. The application is signed and authorized by the applicant's Chief Executive Officer or equivalent
c. The applicant attended the Bidders Conference (if required)
d. The application is complete in its entirety, including all required attachments and appendices
e. The application conforms to the specifications set forth in the RFP

Upon completion of the initial screening, proposals meeting the requirements of the RFP will be distributed to the Proposal Evaluation Committee for its review and recommendations. Failure to meet the criteria outlined above, or the submission of incomplete or non-responsive applications, constitutes grounds for immediate rejection of the proposal if such absence affects the ability of the committee to fairly judge the application.

In order for a bid to be considered for award, at least one representative of the Bidder must have been present at the Bidders Conference commencing at the

time and in the place specified below. Failure to attend the Bidders Conference will result in automatic bid rejection.

2. Proposal Review Process

DCF will convene a Proposal Evaluation Committee in accordance with existing regulation and policy. The Committee will review each application in accordance with the established criteria outlined in Section II of this document. All reviewers, both voting and advisory, will complete a conflict of interest form. Those individuals with conflicts or the appearance of a conflict will be disqualified from participation in the review process. The voting members of the Proposal Evaluation Committee will review proposals, deliberate as a group, and then independently score applications to determine the final funding decisions.

The Department reserves the right to request that applicants present their proposal in person for final scoring. In the event of a tie in the scoring by the Committee, the bidders that are the subject of the tie will provide a presentation of their proposal to the evaluation committee. The evaluation committee will request specific information and/or specific questions to be answered by the provider during a brief, time-constrained presentation. The presentation will be scored out of 50 possible points, based on the following criteria, and the highest score will be recommended for approval as the winning bidder.

Requested information was covered	10 Points
Approach to the contract and program design was thoroughly and clearly explained, and was consistent with the RFP requirements	20 Points
Background of organization and staffing explained	10 Points
Speakers were knowledgeable about topic	5 Points
Speakers responded well to questions	5 Points

The Department also reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include, but are not limited to: State loss of funding for the contract; the inability of the applicant to provide adequate services; the applicant's lack of good standing with the Department; and any indication, including solely an allegation, of misrepresentation of information and/or non-compliance with any State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

All applicants will be notified in writing of the Department's intent to award a contract.

3. Special Requirements

The successful Applicant shall maintain all documentation related to products, transactions or services under this contract for a period of five years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

Applicants must comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27, the State Affirmative Action policy. A copy is attached as **Exhibit A.**

Applicants must comply with laws relating to Anti-Discrimination as attached as **Exhibit B.**

H. Appeals:

An appeal of the selection process will be heard only if it is alleged that the Department has violated a statutory or regulatory provision in awarding the grant. An appeal will not be heard based upon a challenge to the evaluation of a proposal. Applicants may appeal by submitting a written request to:

Office of Legal Affairs
Contract Appeals
50 East State Street 4th Floor
Trenton NJ 08625

The appeal must be submitted no later than five (5) calendar days following receipt of the notification or by the deadline posted in this announcement.

I. Post Award Review:

As a courtesy, DCF may offer unsuccessful applicants an opportunity to review the Evaluation Committee's rating of their individual proposals. All Post Award Reviews will be conducted by appointment.

Applicants may request a Post Award Review by contacting: DCFASKRFP@dcf.state.nj.us

Post Award Reviews will not be conducted after six months from the date of issuance of this RFP.

J. Post Award Requirements:

Selected applicants will be required to comply with the terms and conditions of the Department of Children and Families' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual. Applicants may review these items via the Internet at www.nj.gov/dcf/providers/contracting/manuals

Selected applicants will also be required to comply with all applicable State and Federal laws and statutes, assurances, certifications and regulations regarding funding.

Upon receipt of the award announcement, and where appropriate**,** selected applicants will be minimally required to submit one (1) copy of the following documents:

1. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA
2. DCF Third Party Contract Reforms Attestation
3. Proof of Insurance naming DCF as additionally insured from agencies
4. Bonding Certificate
5. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
6. ACH- Credit Authorization for automatic deposit (for new agencies only)

The actual award of funds is contingent upon a successful Contract negotiation. If, during the negotiations, it is found that the selected Applicant is incapable of providing the services, or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

Section II – Application Instructions

A. Proposal Requirements and Review Criteria:

All applications will be evaluated and scored in accordance with the following criteria:

The narrative portion of the proposal should be double-spaced with margins of 1 inch on the top and bottom and 1½ inches on the left and right. The font may be no smaller than 12 points. There is a 25 page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to

proposals exceeding the page limit requirements. Five (5) points will be deducted for each missing document. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The narrative must be organized appropriately and address the key concepts outlined in the RFP. Items included in the proposal cover sheet, Annex B budget pages, and attachments do not count towards the narrative page limit.

Proposals may be fastened by a heavy-duty binder clip. Do not submit proposals in loose-leaf binders, plastic sleeves or folders.

Each proposal narrative must contain the following items organized by heading in the same order as presented below:

1) Applicant Organization (15 Points)

Describe the agency's history, mission and goals, and, where appropriate, a record of accomplishments in working in collaboration with the Department of Children and Families and/or relevant projects with other State governmental entities.

Describe the agency's background and experience in implementing the types of services described in the RFP.

Provide an indication of the organization's demonstrated commitment to cultural competency and diversity.

Describe the agency's governance structure and its administrative, management and organizational capacity to enter into a third party direct State services contract with the Department of Children and Families. Note the existence (if any) of professional advisory boards that support the operations. If applicable, indicate the relationship of the staff to the governing body. Attach a current organizational chart.

Provide an indication of the agency's demonstrated capability to provide services that are consistent with the Department's goals and objectives for the program to be funded. Include information on current programs managed by the agency, the funding sources and if available, and any evaluation or outcome data.

2) Need Justification (10 Points)

Provide a narrative describing the need for the proposed services, including:

- Statements that demonstrate an understanding of the problem and the needs of the target population;

- A summary of existing services, including identified gaps in the current provision and availability of those services; and

- Citations of relevant statistics and discussions of studies that reflect the prevalence of the problem and the unmet needs of the target population.

3) Project Approach (30 Points)

Describe how culturally competent and evidence-based behavioral health services will be integrated into the primary care setting, including strategies to ensure universal screening of children, youth, and young adults for behavioral health disorders by PCPs within the region, including recruitment of PCPs.

Describe how consultation services will be made available to any pediatric PCP in the selected regions, regardless of health care insurance or payers, within the following timeframes:

- Access to psychiatric consultation for PCPs with urgent requests for consultation receiving an immediate response and all requests receiving a response in no more than 24 hours
- Access to direct psychiatric evaluation, when indicated, with urgent requests receiving services within two weeks and all requests receiving services within four weeks, with initial communication regarding urgent findings requiring immediate response no later than the next business day after the evaluation, with; a written evaluation summary completed within one to two weeks of the evaluation to include practical recommendations

Describe the agency's plan to ensure ongoing access to psychiatric care, when indicated, including the role of the consulting CAPs in the provision of evaluation and medication monitoring.

Describe the agency's plan to develop preventive services and universal screening capacity among PCPs in the region. Indicate how many individual PCPs and primary pediatric care practices will be enrolled and participate in hub learning collaborative activities, as well as how many practices will administer universal screening practices and access hub services annually.

Describe the agency's proposed protocol to triage children, youth, and young adults to: early intervention and routine care; specialty consultation, treatment and care coordination; and intensive behavioral health services for complex clinical problems.

Describe the agency's information technology infrastructure and capacity to support the program, including the development of a web portal with to support pediatric, psychiatric, and specialty care providers. The web portal features shall include an on-line application for participant enrollment and learning supports for enrolled participants.

Describe the agency's plan to develop and deliver collaborative learning opportunities for PCPs that support the implementation and sustainability of the collaborative behavioral health care model. Attach as an appendix a timeline of proposed educational activities. Describe the agency's plan to report on the frequency and type of

educational activities provided, the number of participants, and the approach to assessing and reporting on participants' knowledge as a result of participation.

Describe the agency's plan to ensure that families, children, youth, and young adults, as developmentally appropriate, have a primary decision-making role in their treatment.

Describe the agency's plan to collaborate with systems partners, including the CSOC Contracted Systems Administrator (CSA) and Care Management Organizations (CMOs), as well as private third-party payers and treatment/service providers (attach any affiliation agreements or Memoranda of Understanding

Describe the proposed hub communication protocol which shall include:

- Days and hours available
- Clinical staff available (i.e., CAPs or other child behavioral health clinicians working with the CAPs)
- Manner of availability (i.e., onsite, telephone, fax, email, shared electronic medical record, or telemedicine)
- How the recommendations will be communicated (i.e., verbal and/or written)
- How the hub will document the consultation in the patient record and what will be included in the documentation
- Procedures and criteria for responding to routine, urgent, and emergency requests
- Process to communicate about interim follow-up with PCPs
- Process to communicate with PCPs and families regarding care coordination to access evaluation and/or specialty care services
- Other service coordination, collaborative efforts or processes that will be used to provide the proposed services

Describe the client data to be recorded, the intended use of that data and the means of maintaining confidentiality and security of client records.

Describe the level of service (LOS) to be provided to PCPs, youth, and families, including a definition of each unit of service and an indication of the level of service anticipated throughout the contract period.

Describe the proposed staffing plan. Indicate the number, qualifications and skills of all staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities. Attach, in the Appendices section of the application, an organizational chart for the proposed program operation, job descriptions that include all educational and experiential requirements; salary ranges, and resumes of any existing staff who will perform the proposed services.

Describe the management and supervision methods that will be utilized.

Provide a feasible timeline for implementing the proposed services. Attach a separate Program Implementation Schedule as part of the Appendix.

Describe how monthly, quarterly, and final program reports will be provided to DCF. Reports shall include:

- Narrative summaries of completed work plan activities and outputs, survey and outcome measure data, and next steps

- Aggregate data collected to inform program evaluation activities, including consultation and care coordination encounter data

Provide a justification for the standardized, validated behavioral health disorders screening tools that will be utilized by the program. Attach a copy of the tool as part of the Appendix.

Describe how the proposed program will meet the needs of various and diverse cultures within the target community based on the Law Against Discrimination (N.J.S.A. 10:51 et seq.).

The New Jersey Department of Children and Families endorsed Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child Standards in August 2013 (The "Standards"). The Standards are a preventative tool for implementing policies and procedures for organizations working with children and youth, and through their implementation an organization can minimize the risks of the occurrence of child sexual abuse.

The Standards are available at:
http://www.state.nj.us/dcf/SafeChildStandards.pdf

As an Appendix, provide a brief (no more than 2 pages double spaced) Standards Description demonstrating ways in which your agency's operations mirror the Standards.

4) Program Evaluation (20 Points)

Develop and attach a logic model for the program that includes the program goals, activities, and desired outcomes as an Appendix item. Describe in detail the outcome measures that will be used to determine that the service goals and objectives of the program have been met. Provide a brief narrative regarding data collection procedures and frequency of assessments. Attach copies of any standardized assessment tools, and any draft or final program-specific data collection tools or questionnaires that will be used to determine the effectiveness of the program services. Also include a brief description of the plan to collect and analyze the data in order to demonstrate and understand the program impact and results. Finally, include a description of your ability and willingness to participate in outside evaluations of these services and the outcomes.

5) Budget Narrative (25 Points)

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services (LOS). Therefore, applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. Provide a line item budget and narrative for the proposed project/program. The narrative must be part of the twenty five (25) page proposal. The Budget forms are to be attached as an Appendix.

The budget should be reasonable and should reflect the scope of responsibilities required to accomplish the goals of this project. The budget should also reflect a 12-month operating schedule and must include, in separate columns, the total funds needed for each line item, the funds requested in this grant, and funds secured from other sources. All costs associated with the completion of the project, including the 80% allocation for program implementation and the 20% allocation for program evaluation activities, must be clearly delineated, and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or "other" items.

The grantee is expected to adhere to all applicable State cost principles. Matching funds are not required. One time start-up costs are permitted from accruals. The completed budget proposal narrative must also include a detailed summary of and justification for any one-time operational start-up costs. These costs should be reflected on Exhibit C. The Start-Up Budget Narrative shall also include a detailed description of all one time start-up costs. The Start Up Budget Narrative and the Exhibit C must be consistent.

Standard DCF Annex B (budget) forms are available at: http://www.state.nj.us/dcf/providers/contracting/forms/

A description of General and Administrative Costs are available http://www.nj.gov/dcf/providers/contracting/

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and a CD ROM containing all the documents in PDF or Word format. Failure to submit any of the required documents requested in this RFP will result in a loss of five (5) points per item from the total points awarded for the proposal.

The narrative portion of the proposal should be double-spaced with margins of 1 inch on the top and bottom and 1 inch on the left and right. The font shall be no smaller than 12 points in Arial or Times New Roman. There is a 25 page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Five (5) points will be deducted for

each missing document. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The narrative must be organized appropriately and address the key concepts outlined in the RFP. Annex B budget pages, and attachments do not count towards the narrative page limit.

All supporting documents submitted in response to this RFP must be organized in the following manner:

		Part I: Proposal
	☐	**Proposal Cover Sheet** – (signed and dated)Use the RFP forms found directly under the Notices section on Website: www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc
	☐	**Table of Contents** – Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices for paper copies, CD and electronic copies.
	☐	**Proposal Narrative** in following order a) Applicant Organization b) Needs Justification c) Program Approach d) Program Evaluation e) Budget Narrative (Include Start Up Narrative)
		Part II: Appendices
1.	☐	**Job descriptions** of key personnel, **resumes** if available for key personnel (please do not provide home addresses or personal phone numbers
2.	☐	**Logic Model**
3.	☐	Standardized, validated behavioral health disorders **screening tools** to be utilized by the program (20 Page Limit)
4.	☐	Standardized **assessment tools** and draft or final program-specific **data collection tools or questionnaires** that will be used to determine the effectiveness of the program services (20 Page Limit)
5.	☐	**Staffing patterns**
6.	☐	Current or Proposed Agency **Organization Chart**
7.	☐	Proposed **Program Implementation Schedule**
8.	☐	Timeline of Proposed **Educational Activities**
9.	☐	**Safe-Child Standards Description** of your agency's implementation of the standards (no more than 2 pages)
10.	☐	DCF **Annex B** Budget Forms*****
11.	☐	DCF Start Up Budget **Exhibit C**

12.	☐	Copy of agency's **Conflict of Interest policy**
13.	☐	Copies of any **audits** or reviews completed or in process by DCF or other State entities from **2014 to the present**. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant's position. If not applicable, include a written statement.
14.	☐	Dated List of Names of **Board of Directors** a. Titles, b. Address **and** c. Terms -or- **Managing Partners**, if an LLC or Partnership
15.	☐	**Signed Standard Language Document** (SLD) [Version: Rev. June 6, 2014] Form: http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
16.	☐	Document showing **Data Universal Numbering System** (**DUNS**) Number [2006 Federal Accountability & Transparency Act (FFATA)] Website: http://www.dnb.com Helpline: 1-866-705-5711
17.	☐	**System for Award Management** (**SAM**) printout (**or Renewal**) showing "**active**" status (free of charge). Website: https://www.sam.gov/portal/public/SAM Helpline: 1-866-606-8220
18.	☐	Applicable Consulting **Contracts**, Affiliation **Agreements**/**Memoranda** of Understanding related to this RFP. If not applicable, include a written statement
19.	☐	**Business Associate Agreement/HIPAA**, with signature under Business Associate [Version: Rev. 9-2013] Form: http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc
20.	☐	**Professional Licenses** related to job responsibilities for this RFP. If not applicable, include a written statement
21.	☐	**Affirmative Action Certificate** -or- **Renewal Application** [AA302] sent to Treasury Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf
22.	☐	**Certificate of Incorporation** Website: http://www.nj.gov/treasury/revenue/filecerts.shtml
23.	☐	For Profit: **NJ Business Registration** Certificate with the Division of Revenue. See instructions for applicability to your organization. Website: http://www.nj.gov/njbusiness/registration/ If not applicable, include a written statement.

24.	☐	**Agency By-laws or Management Operating Agreement if an LLC**
25.	☐	**Tax Exempt Certification** Website: http://www.state.nj.us/treasury/taxation/exemption.shtml
26.	☐	**Disclosure of Investigations & Other Actions Involving Bidder Form** (PDF) (signed and dated) Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf
27.	☐	**Disclosure of Investment Activities in Iran** (PDF) (signed and dated) Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf
28.	☐	For Profit: **Statement of Bidder/Vendor Ownership Form** (PDF) (signed and dated) See instructions for applicability to your organization. Form: http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf If not applicable, include a written statement
29.	☐	**Chapter 271**** Signed and dated Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf
30.	☐	**Source Disclosure Certification** Form [P.L. 2005, c 92-formerly Executive Order 129] (signed and dated) Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf
31.	☐	For Profit: Two-Year **Chapter 51/Executive Order 117** Vendor Certification -and- Disclosure of Political Contributions (signed and dated) [Version: Rev 4/17/15]. See instructions for applicability to your organization. Website: http://www.state.nj.us/treasury/purchase/forms.shtml If not applicable, include a written statement.
32.	☐	**Annual Report to Secretary of State** Please provide a copy of your filing confirmation and/or report. Website: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml

33.	☐	Non Profit: Annual Report - **Charitable Organizations** Website: http://www.njpublicsafety.org/ca/charity/charfrm.htm If not applicable, include a written statement
34.	☐	**Certification Regarding Debarment-(Signed and dated)** Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf
35.	☐	**Statement of Assurances – (Signed and dated)**Use the RFP forms found directly under the Notices section: Website: www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc
36.	☐	**Tax Forms:** Non Profit **Form 990** Return of Organization Exempt from Income Tax -**or**- For Profit **Form 1120** US Corporation Income Tax Return LLC Applicable Tax Form and may delete or redact any SSN or personal information
37.	☐	Most recent **Audit or Financial Statement** (**certified by accountant** or accounting firm) Audit: For agencies expending over $100,000 in combined Federal/State Awards -**or**- Financial Statement: For agencies expending under $100,000 Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf

* Standard forms for RFP's are available at: www.nj.gov/dcf/providers/notices/ Forms for RFP's are directly under the Notices section.

Standard DCF Annex B (budget) forms are available at: http://www.state.nj.us/dcf/providers/contracting/forms/
** Treasury required forms are available on the Department of the Treasury website at http://www.state.nj.us/treasury/purchase/forms.shtml Click on Vendor Information and then on Forms.

Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual may be reviewed via the Internet at: www.nj.gov/dcf/providers/contracting/manuals

C. Requests for Information and Clarification

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures at the technical assistance meeting indicated in this RFP. All prospective applicants must attend a Bidders Conference and participate in an onsite registration process in order to have their applications reviewed. Failure to

attend the Bidders Conference will disqualify individuals, agencies, or organizations from the RFP process.

Questions may be emailed in advance of the Bidders Conference to DCFASKRFP@dcf.state.nj.us. Applicants may also request information and/or assistance from DCFASKRFP@dcf.state.nj.us until the Bidders Conference. Inquiries will not be accepted after the closing date of the Bidders Conference.

Written questions must be directly tied to the RFP. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP. All inquiries submitted to DCFASKRFP@dcf.state.nj.us must identify, in the Subject heading, the specific RFP for which the question/clarification is being sought. Each question should begin by referencing the RFP page number and section number to which it relates.

Written inquiries will be answered and posted on the DCF website as a written addendum to the RFP at: http://www.state.nj.us/dcf/providers/notices/

Technical inquiries about forms and other documents may be requested anytime.

All other types of inquiries will not be accepted. **Applicants may not contact the Department directly, in person, or by telephone, concerning this RFP.**

Inclement weather will not result in the cancellation of the Bidders Conference unless it is of a severity sufficient to cause the official closing or delayed opening of State offices on the above date.

In the event of the closure or delayed opening of State offices, the Bidders Conference will be cancelled and then held on an alternate date.

EXHIBIT A
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions ofthis nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. l7:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national

origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job‐related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically available at ww.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

EXHIBIT B

TITLE 10. CIVIL RIGHTS

CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS

N.J. Stat. § 10:2-1 (2012)

§ 10:2-1. Antidiscrimination provisions

Antidiscrimination provisions. Every contract for or on behalf of the State or any county or municipality or other political subdivision of the State, or any agency of or authority created by any of the foregoing, for the construction, alteration or repair of any public building or public work or for the acquisition of materials, equipment, supplies or services shall contain provisions by which the contractor agrees that:

a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;

b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;

c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of $ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and

d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L.1985, c.490 (*C.18A:18A-51* et seq.).

EXHBIT C **BUDGET CATEGORIES** **12-Month Budget- Include detailed narrative**		**START-UP FUNDING REQUEST- ONE TIME**
A. Personnel - Salary (FTEs/hours/week)		
Fringe (% rate)		
B. Consultants & Professional Fees		
C. Materials & Supplies		
D. Facility Costs		
E. Specific Assistance to Clients		
F. Other		
G. Gen. & Adm. (G&A) Cost Allocation		
H. Total Operating Costs		
I. Equipment		
J. Total Cost		
K. Revenue (deduct)*		
L. Funding Request		
Other Sources of Funding for this Program: (Specify These)		
Other Funding Amounts:		