

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

REQUEST FOR PROPOSALS

**Implementation of Evidence Based Practices
for First Episode Psychosis**

June 20, 2016

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Division of Mental Health and Addiction Services

TABLE OF CONTENTS

I.	Purpose and Intent	3
II.	Background and Population to be Served	4
III.	Who Can Apply?.....	6
IV.	Contract Scope of Work	7
V.	General Contracting Information	10
VI.	Mandatory Bidders Conference	11
VII.	Required Proposal Content	12
VIII.	Submission of Proposal Requirements.....	17
IX.	Review of Proposals.....	18
X.	Appeal of Award Decisions.....	19
XI.	Post Award Required Documentation.....	20
XII.	Attachments.....	21
	Attachment A – Proposal Cover Sheet.....	22
	Attachment B – Addendum to RFP for Social Service and Training Contracts	23
	Attachment C – Statement of Assurances.....	24
	Attachment D - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions	26
	Attachment E - County Mental Health Administrators RFP Submission Preference	28

I. PURPOSE AND INTENT

This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) in collaboration with the Department of Children and Families (DCF), Division of Children's System of Care (CSOC), for implementing a Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP) model in New Jersey. CSC was developed to address first episode psychosis and is described in detail in the *Recovery After an Initial Schizophrenia Episode (RAISE) Manuals*. The Manuals are comprised of two parts: Manual I: Outreach and Recruitment and Manual II: Implementation. Bidders have to follow closely these two attached manuals.

RAISE, which was developed by the National Institute of Mental Health (NIMH), seeks to fundamentally change the trajectory and prognosis of psychosis through coordinated and aggressive identification of and treatment in the earliest stages of the illness. RAISE is designed to reduce the likelihood of long-term disability that people with psychosis often experience, and is intended to help people with the disorder lead productive, independent lives, achieving their goals for school, work, and relationships. At the same time, it aims to reduce the financial impact on public systems to pay for the care of this population. RAISE embodies a vision of recovery and hope and applies a person-centered approach, as opposed to an illness-focused approach. It follows principles of care which include shared decision making, friendly and welcoming environments, and flexible and accessible services.

At its core, Coordinated Specialty Care is a collaborative, recovery-oriented approach, involving the individual, treatment team members, and, when appropriate, family/relatives as active participants. All services are highly coordinated with primary medical care and focus on optimizing the individual's overall mental and physical health.

It is anticipated that **three** (3) awards will be available to provide services to identify, intervene in and treat FEP. The total annual amount of the three teams combined will not exceed \$1,242,735. One team will cover counties in the northern part of New Jersey. Another team will cover counties in the central part of New Jersey and the third team will cover counties in the southern part of New Jersey. Regions are defined as follows: Northern region includes Bergen, Essex, Hudson, Hunterdon, Morris, Passaic, Somerset, Sussex, Union and Warren counties; Central Region includes Mercer, Middlesex and Monmouth counties; Southern Region includes Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem. Only one award will be granted for each region, however, an agency is allowed to make an application for more than one of the regions. Central Funding is available for one year with the possibility of renewal annually. Applicants must be a non-profit or governmental entity licensed by the Department of Human Services' (DHS') Office of Licensing prior to the start of services, The bidder must also serve youth in a DMHAS blended program or youth involved with DCF/CSOC.

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

The following summarizes the RFP schedule:

6/20/16	Notice of Funding Availability
6/30/16	Mandatory Bidders Conference
7/28/16	Deadline for receipt of proposals - no later than 4:00 p.m.
9/9/16	Preliminary award announcement
9/16/16	Appeal deadline
9/23/16	Final award announcement
11/1/16	Anticipated contract start date

II. BACKGROUND AND POPULATION TO BE SERVED

FEP refers to the early stages of someone experiencing psychotic symptoms or a psychotic episode. People experiencing psychotic symptoms may not understand what is happening. The symptoms can be highly disturbing and unfamiliar, leaving the person confused and distressed. Unfortunately negative myths and stereotypes about mental illness and psychosis in particular are still common and the illness is often not recognized and/or well understood.

Phases of Psychosis

A psychotic episode occurs in three phases, with the length of each varying from person to person.

Phase 1: Prodrome

The early signs may be vague and hardly noticeable. Each person's experience will differ and not everyone will experience all of the following "common signs"/changes in functioning, which include

- Reduced concentration
- Decreased motivation
- Depressed mood
- Sleep disturbance
- Anxiety and puzzlement
- Social withdrawal or strained/awkward social interactions
- Suspiciousness/fear
- Reduction in school performance
- Odd beliefs/magical thinking
- Odd preoccupations
- Loosening of associations
- Making connections that are not logical
- Flurry of obsessive activity
- Abstract or intellectual ideas, without a logical basis
- Marked ambivalence

Phase 2: Acute

The acute phase is when the symptoms of psychosis begin to emerge. It is also known as the "critical period." Clear psychotic symptoms are experienced, such as hallucinations, delusions or confused thinking (positive symptoms) as well as an increase in negative symptoms (lack of social interactions, emotional sensitivity, etc.). During this phase, the person experiencing psychosis can become extremely distressed by what is happening or behave in a manner that is so out of character that family members become concerned to a point that they seek help.

Phase 3: Recovery

Early identification and evaluation of the onset of psychosis is an important health concern because early interventions improve outcomes. Research shows the following benefits¹ of early interventions:

- Less treatment resistance and lower risk of relapse
- Reduced risk for suicide
- Reduced disruptions to work or school performance
- Retention of social skills and support
- Decreased need for hospitalization
- More rapid recovery and better prognosis
- Reduced family disruption and distress

First Psychotic Episode

A first psychotic episode typically occurs in a person's teens or early 20s and may develop into schizophrenia or bipolar disorder. In order to be sure that the person has a psychotic illness it is important to rule out other causes of impaired reality and/or social awkwardness, such as neurological, infectious and/or endocrinological disorders. Thorough professional evaluations also have to take family history and history of substance use, into consideration.

CSOC is particularly concerned with the management, treatment, and sequelae of trauma that affects so many individuals. While there is not sufficient evidence that past trauma confers a risk for first episode psychosis, there are traumatic effects from having a psychotic episode that may need to be addressed. In addition, individuals who present with first episode psychosis might very well also have a trauma history. Thus, individuals who present with challenges requiring services should also be understood in terms of their experiences of trauma and consequent difficulties in forming and maintaining healthy attachments.

While individuals may exhibit overt symptoms of trauma, others may exhibit implicit trauma indicators. Implicit trauma indicators involve situations and experiences that may not produce an explicit memory of a specific traumatic event (e.g., in utero/infant trauma, adoption, caregiver terminal illness, caregiver separation/grief/loss, cultural trauma, multiple placements, and multiple system involvement). However, these experiences should be considered during the assessment and treatment planning

¹ Yale University School of Medicine: <http://www.step.yale.edu/psychosis/benefits.aspx>

process as these can result in behavioral symptoms even many years later. Service providers should not solely focus on surface behaviors that individuals may display but rather assess and understand these behaviors within the context of trauma reaction. Management of behavioral symptoms alone is also not sufficient. Bidders must describe how they will assess for underlying trauma (explicit as well as implicit) and address it through evidence-based interventions.

Targeted Population

Individuals to be served by CSC teams are between 15-35 years old and have experienced psychotic symptoms for less than 2 years with or without treatment. Their psychosis is non-organic and non-affective (for specific inclusion/exclusion criteria see Manual II, Appendix 2, page 25). Only cause and duration of psychosis are the critical components, not mode or quantity of previous or current treatment.

III. WHO CAN APPLY?

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

1. The bidder must be a non-profit organization or governmental entity and document demonstrable experience in successfully providing mental health services and supports to adolescents and adults who have severe and persistent mental illness consistent with recovery and wellness principles;
2. The bidder must be licensed by the Department of Human Services' (DHS') Office of Licensing prior to the start of services. The bidder must also serve youth in a DMHAS blended program or youth involved with DCF/CSOC;
3. For a bidder that has a contract with DMHAS or CSOC in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission;
4. The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
5. The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/revenue/debarment/debsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds;
6. The bidder shall not employ a member of the Board of Directors in a consultant capacity; and
7. The bidder must attend the Mandatory Bidders conference as described in the RFP.

IV. CONTRACT SCOPE OF WORK

DMHAS, in collaboration with the Department of Children and Families' Division of Children's System of Care (CSOC), invites non-profit entities to submit a proposal for the development and implementation of an Early Intervention Treatment for FEP program based on the CSC model as described in the RAISE Manuals I and II (see above).

The New Jersey Department of Human Services' DMHAS is the State Mental Health Authority (SMHA), serving the adult behavioral health population, age 18 and older. The Department of Children and Families' Division of CSOC provides mental health and addiction services for individuals up to 21 years of age in New Jersey. The two Divisions are working collaboratively on the implementation of CSC services.

After reviewing data from numerous states, New Jersey chose to utilize New York State's formula in calculating New Jersey's prevalence of FEP because these two states are both densely populated and share similar demographics. Based upon the OnTrackNY model that was successfully implemented in NY over the past three years, it is estimated that the FEP incidence rate in New Jersey per year is .0003 (3 per 10,000)². NOTE: incidence rate refers to all ages.

According to the U.S. Census Bureau, the estimated New Jersey total population was 8,938,175 in 2014. With an incidence rate of .0003, the estimated number of FEP cases per year in New Jersey is 2,681. Twenty percent of those cases (i.e. 536) will be targeted. It is estimated that about half of the targeted incident cases will agree to accept services. Therefore, the total number of individuals who could be served is expected to be approximately 268. A CSC team can serve up to 35 identified FEP individuals. Agencies responding to the RFP shall designate the specific service area they will cover and shall detail how they will provide outreach and clinical services. Through intensive outreach it is expected that a funded team can recruit and serve to its capacity.

The evidenced-based CSC program consists of the following components: outreach, low-dosage medications, cognitive and behavioral skills training, Individualized Placement and Support (IPS) supported employment and supported education, case management, and family psycho-education. To cover these components a minimum of six key roles are required that include a team leader, a recovery coach, a supported employment and education specialist, a pharmacotherapist / prescriber (psychiatrist), an outreach and referral specialist, and a peer support specialist. For a brief overview of what each team member is expected to provide and what credentials and skills are needed, please see the table below and refer to Manual II, Appendix 3 for more detail. All services that include evidence-based pharmacological treatment, supported employment and education services, individual and group psychotherapy, case management, family therapy, and recovery support, will be provided in home,

² Humensky, JL, Dixon, LB, Essock, SM. An Interactive Tool to Estimate Costs and Resources for a First-Episode Psychosis Initiative in New York State, [Psychiatric Services](#). 2013 September; 64(9): 832-834.

community, and clinical settings. All members of a CSC team are committed to address each individual's unique goals, needs, and preferences through shared decision making and collaborative treatment planning.

Role (FTE)	Will provide	Credentials and skills
Team Leader (1.0)	Outreach to clients, providers, and family members	Master's level licensed clinical staff with management skills
Recovery Coach (1.0)	Psychoeducation, preventive counseling, and crisis intervention services	Master's level licensed clinician
Supported Employment and Education Specialist (1.0)	Supported employment and educational services. Ongoing job coaching and support following placement.	Bachelor's level trained employment counselor
Pharmaco therapist/Prescriber (Psychiatrist) (0.2)	Medication management, coordination with primary medical care	Psychiatrist, Nurse Practitioner
Outreach and Referral Specialist (1.0)	Leads outreach and recruitment activities and evaluates potential clients	Master's level licensed clinician
Peer Support Specialist (1.0)	Recovery support; would also provide some case management function	Trained and certified peer specialist with lived experience with Serious Mental Illness (SMI)

It is in the discretion of the CSC to include other clinicians if indicated. All team members have to be provided with training on the underlying principles of CSC care. Training should be tailored to the specific needs of the clinic and team staff. The amount of time devoted to training is influenced by the background and previous training/experience of team members. In their applications bidders need to identify the kind and scope of training their team members need, including time frame and who will provide that training. Proper level of funding will be made available to accommodate the training needs. For details please refer to Manual II: Implementation, Section III Training (p. 11).

One critical part of implementing the CSC for FEP is the outreach and referral team. Much time and resources have to be devoted to this component as outreach and referral specialists (ORS) play a central role in engagement that will influence the success of the CSC program. The bidder has to carefully study Manual I: Outreach and Recruitment and develop their own outreach and recruitment plan guided by this manual.

The maximum total annualized personnel and non-personnel costs for one clinical site for one year are anticipated to be approximately \$414,245. The costs are not allowed to exceed this annual amount.

The awarded agency has to provide DMHAS with a quarterly progress report (four times a year) detailing their outreach and recruitment activities which include communication strategies, outreach tracking system, referral network and outreach process (for details see Manual I: Outreach and Recruitment, Section III, pages 5-12). It is expected that consumers will be accepted into the program on ongoing basis until the full capacity is reached.

In addition, DMHAS will receive quarterly reports with the results of the following outcome measures for all service recipients, starting with a baseline upon entering treatment:

- Number of psychiatric hospitalization(s)/re-hospitalization(s) in prior 30 days and 180 days per service recipient
 - Number of ER department visits for psychiatric reasons in prior 30 days and 180 days per service recipient
 - Ratings of occupational functioning, social functioning, and symptom severity.
- Note: Agencies shall use the Mental Illness Research, Education and Clinical Center (MIRECC) version of the Global Assessment of Functioning (GAF) scale at 90 day intervals³.

Providers are expected to submit service logs of team members demonstrating interventions they provided to all individuals. DMHAS, in collaboration with CSOC, has the right to review and establish minimal criteria for each of their services (e.g., family involvement; employment and education services).

It is further expected that DMHAS will receive documentation that all team members receive regular supervision by the team leader and that the team meets at least once weekly (details see Manual II: Implementation, IV. Supervision).

Providers are expected to submit client level data via the Unified Services Transaction Form (USTF) as well as Quarterly Contract Monitoring Report (QCMR) data on a quarterly basis.

If the contract(s) resulting from this RFP includes drug treatment services, then the contract awardee must have in place established, facility-wide policies that prohibit discrimination against individuals of prevention, treatment and recovery support services assisted in their prevention, treatment and/or recovery with legitimately prescribed medication(s). These policies must be in writing, visible, legible and clearly posted at a common location accessible to all who enter the facility.

3 Niv, N, Cohen, AN, Sullivan, GS, Young, AS. The MIRECC Version of the Global Assessment of Functioning Scale: Reliability and Validity. Psychiatric Services. 2007 April; 58(4): 529-535.

Moreover, no individual admitted into a treatment facility, or a recipient of or participant in any prevention, treatment or recovery support services, shall be denied full access to, participation in and enjoyment of that program, service or activity, available or offered to others, due to the use of legitimately prescribed medications.

Capacity to accommodate individuals who present or are referred with legitimately prescribed medications can be accomplished either through direct provision of services associated with the provision or dispensing of medications and/or via development of viable networks/referrals/consultants/sub-contracting with those who are licensed and otherwise qualified to provide medications.

V. GENERAL CONTRACTING INFORMATION

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

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

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

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

The contract awarded as a result of this RFP may be annually renewable at DMHAS' sole discretion with the agreement of the awardee. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

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

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

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

All construction/renovation awards will be subject to a Capital Agreement at the discretion of the Division.

All application and expenditure data pertaining to these contract funds must be independent of any other DMHAS or non-DMHAS funded program of the applicant/contractee. Award(s) under this RFP will be clustered separately from other existing components for contract application and reporting until such time as the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures and applicable revenue generation. Contract commitments will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in a reduction of compensation or contract termination.

Contractees are expected to adhere to all applicable State and Federal cost principles. Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

This contract supports salary costs of full-time or part-time licensed and credentialed staff that will provide mental health services to consumers for up to twelve (12) months. Expenses for other-than-personnel costs are also allowable. Funds are also available to support start-up expenses to cover the costs for purchase or leasing of equipment, and minor renovations or refurbishing existing space to support the staff. Proposed annualized budgets must be no more than to \$414,245, net of revenue.

VI. MANDATORY BIDDERS CONFERENCE

A bidder intending to submit a proposal in response to this RFP must attend a Mandatory Bidders Conference. It is the responsibility of the bidder to arrive promptly at the beginning of the Mandatory Bidders Conference and sign in to confirm attendance.

A proposal submitted by a bidder not in attendance will not be considered. The Mandatory Bidders Conference will be held as follows:

Date: June 30, 2016
Time: 10am
Location: 222 South Warren Street
1st Floor Conference Room A&B

The Mandatory Bidders Conference will provide the bidder with an opportunity to ask questions about the RFP requirements, the award process, and to clarify technical aspects of the RFP. This ensures that all potential bidders have equal access to information. Questions regarding intent or allowable responses to the RFP, outside the Mandatory Bidders Conference, are not permitted. Specific individual guidance will not be provided to individual bidders at any time.

Potential respondents to this RFP are requested to register for the Mandatory Bidders via the registration link: <https://njsams.rutgers.edu/training/iebp/register.aspx> Additionally, if you require assistance with this registration link, please contact RFP.Submissions@dhs.state.nj.us no later than two (2) days prior to the Mandatory Bidders Conference.

The meeting room and facility is accessible to individuals with physical disabilities. Anyone who requires special accommodations should notify RFP.Submissions@dhs.state.nj.us. For sign language interpretation, please notify RFP.Submissions@dhs.state.nj.us at least five (5) business days in advance of the Mandatory Bidders Conference. Once reserved, a minimum of 48 hours is necessary to cancel this service, or else the cost will be billed to the requestor.

VII. REQUIRED PROPOSAL CONTENT

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

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder's Organization, History and Experience (5 points)

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

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the work with the target population and the number of years' experience working with the target population.

2. Describe the bidder's background and experience in implementing this or related types of services. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area.
3. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.
4. Describe the bidder's current status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be explained with supporting documentation as an appendix to the bidder's proposal.
5. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice.
6. Include a description of the bidder's ability to provide culturally competent services.
7. Describe the bidder's plan to bring the initiative to a conclusion at the end of the contract.
8. Attest that the bidder's submissions are up-to-date in New Jersey Substance Abuse Management System (NJSAMS), Unified Service Transaction Form (USTF), Quarterly Contract Monitoring Report (QCMR) and Bed Enrollment Data System (BEDS), as applicable.
9. Describe the bidder's current status and compliance with contract commitments in regard to programmatic performance and level of service, if applicable.

Project Description (40 points)

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

1. The bidder's proposed approach to the business opportunity or problem described in the State's RFP, including the following.
 - a. how the bidder's approach satisfies the requirements as stated in the RFP;
 - b. the bidder's understanding of the project goals and measurable objectives;
 - c. the bidder's needs assessment to justify the services;
 - d. all anticipated collaboration with other entities in the course of fulfilling the requirements of the contract resulting from this RFP;
 - e. all anticipated barriers and potential problems the bidder foresees itself and/or the State encountering in the successful realization of the initiative described herein;
 - f. the bidder's specific plans for outreach and education on FEP; and
 - g. All other resources needed by the bidder to satisfy the requirements of the contract resulting from this RFP.
2. The evidence-based practice(s) that will be used in the design and implementation of the program.
3. The bidder's capacity to accommodate all consumers who take legitimately prescribed medications and who are referred to or present for admission.

4. Summary of the policies that prohibit discrimination against consumers who are assisted in their prevention, treatment and/or recovery from substance use disorders and/or mental illness with legitimately prescribed medication/s.
5. A description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
6. The implementation schedule for the contract, including a detailed monthly timeline of activities, commencing with the date of award, through service initiation, to timely contract closure.
7. Provide a time-line for implementation that includes a firm start date for provision of outreach and services.

Outcome(s) and Evaluation (15 points)

Please provide the following information related to the projected outcomes associated with the proposal as well any evaluation method that will be utilized to measure successes and/or setbacks associated with this project. Please address reports and outcome measures as identified in Section IV: Contract Scope of Work.

1. The bidder's approach to measurement of individual satisfaction.
2. The bidder's measurement of the achievement of identified goals and objectives.
3. The evaluation of contract outcomes.
4. Description of all tools to be used in the evaluation.
5. Details about any outside entity planned for use to conduct the evaluation, including but not limited to the entity's name, contact information, brief description of credentials and experience conducting program evaluation.
6. Tools and activities the bidder will implement to ensure fidelity to the evidence-based practice.

Staffing (15 points)

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

1. Describe the composition and skill set of the proposed program team, including staff qualifications.
2. Provide details of the Full Time Equivalent (FTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including professional licensing and related experience. Details should include currently on-board or to be hired staff, with details of the recruitment effort. Identify bilingual staff. Specify how substance abuse treatment when needed will be provided or accessed.
3. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.
4. Identify the number of work hours per week that constitute each FTE in the bidder's proposal. If applicable, define the Part Time Equivalent (PTE) work hours.
5. Description of the proposed organizational structure, including the submission of an organizational chart as an appendix to the bidder's proposal.
6. The bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
7. The approach for supervision of clinical staff, if applicable.

8. A list of the bidder's board members and current term, including each member's professional licensure and organizational affiliation(s). The bidder's proposal must identify each board member who is also an employee of the bidder or an affiliate of the bidder. The proposal shall indicate if the Board of Directors vote on contract-related matters.
9. A list of names of any consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s). Each consultant must be further described as to whether they are also a board member and, if so, whether they are a voting member. The bidder must identify all reimbursement the consultant received as a board member over the last twelve (12) months.

Facilities, Logistics, Equipment (2 points)

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

1. A description of the manner in which tangible assets, i.e., computers, phones, other special service equipment, etc., will be acquired and allocated.
2. A description of the bidder's Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.

Budget Requirements (23 points)

DMHAS will consider the cost efficiency of the proposed budget as it relates to the scope of work. Therefore, bidders must clearly indicate how this funding will be used to meet the program goals and/or requirements. In addition to the required Budget forms, bidders are asked to provide budget notes.

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

1. A detailed budget using the Annex B Excel template is required. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The Excel budget template will be emailed to all attendees from the Mandatory Bidders Conference. The budget must include two (2) separate, clearly labeled columns:
 - a. Column 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and
 - b. Column 2 - Proposed one-time costs.
2. Budget Notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its

proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget Notes, to the extent possible, should be displayed on the Excel template itself.

3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
4. For all proposed personnel, the template should identify the staff position titles and staff names for current staff and total hours per workweek.
5. Identify the number of hours per clinical consultant.
6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.
7. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with DMHAS should limit its G&A expense projection to “new” G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs’ G&A in the revenue section.
8. Written assurance that if the bidder receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award and in future contracts, including agreement to obtain approval as a Medicaid-eligible provider.

Failure to obtain approval and maintain certification as a Medicaid-eligible provider may result in termination of the service contract;

- a. Work in cooperation with the regional and central offices of DMHAS, the regional offices of the Division of Developmental Disabilities, the offices of the CSOC, and the County Mental Health Boards to identify consumers to be served, meet data collection requirements, and participate in any standardized affiliation agreements that may be developed;
- b. Comply with DMHAS reporting requirements specific to this initiative; and
- c. Provide the full range of services delineated in the DMHAS and related regulations to all enrolled consumers.

Appendices

The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of forty (40) pages:

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits identifying the requestor, the firm’s name and telephone number, and the type and scope of the audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation of the bidder’s charitable registration status;

8. Original and/or copies of letters of commitment/support;
9. Department of Human Services Statement of Assurances (RFP Attachment C);
10. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
11. Disclosure of Investment in Iran (www.nj.gov/treasury/purchase/forms.shtml); and
12. Statement of Bidder/Vendor Ownership Disclosure (www.nj.gov/treasury/purchase/forms.shtml).

The documents listed below are required with the proposal, **unless the bidder has a current contract with DMHAS and these documents are already on file with DMHAS.**

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

VIII. Submission of Proposal Requirements

DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 20 pages, be single-spaced with one (1") inch margins, and no smaller than twelve (12) point Arial, Courier or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 23 it is 21 pages long, not 20 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. Eastern Daylight Time on July 28, 2016. All bidders are required to submit one (1) original and five (5) copies of the proposal narrative, budget and appendices (six [6] total proposal packages) to the following address:

For U.S. Postal Service delivery:

Alicia Meyer, RFP Coordinator
Division of Mental Health and Addiction Services
PO Box 700
Trenton, NJ 08625-0700

OR

For private delivery vendor such as UPS or FedEx:

Alicia Meyer, RFP Coordinator
Division of Mental Health and Addiction Services
222 South Warren Street, 3rd Floor
Trenton, NJ 08608

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

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

Go to: <https://ftpw.dhs.state.nj.us>.
Username - xbpupload
Password - Network1!
Directory - /ftp-dmhas/xbpupload

Proposal(s) must also be submitted to the County Mental Health Administrator(s) for the county(ies) in which the bidder is proposing services. Please refer to the Attachment regarding the submission preference for each of the County Mental Health Administrators, as some require copies while others prefer an electronic version or both methods. For those counties requiring postal mail submission, submit four (4) copies.

IX. REVIEW OF PROPOSALS

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

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

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

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

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

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

DMHAS recognizes the invaluable perspective and knowledge that consumers, family members and County Mental Health Boards possess. Input from these groups is an integral component of a system that holds wellness and recovery principles at its core. Consequently, DMHAS will convene an advisory group consisting of consumers and family members to provide input to the review committee regarding the proposals submitted.

County Mental Health Boards recommendations and comments will be received by DMHAS no later than August 29, 2016. This input will be incorporated in the final deliberations of the review committee.

DMHAS will notify all bidders of awards, contingent upon the satisfactory final negotiation of a contract, by September 8, 2016.

X. APPEAL OF AWARD DECISIONS

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and received by DMHAS at the address below no later than 4:00 p.m. Eastern Time on September 15, 2016. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie Mielke, Assistant Commissioner
Division of Mental Health & Addiction Services
222 South Warren Street, 3rd Floor
PO Box 700
Trenton, NJ 08625-0700

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

DMHAS will review all appeals and render a final decision by September 22, 2016. Contract award(s) will not be considered final until all timely appeals have been reviewed and final decisions rendered.

XI. POST AWARD REQUIRED DOCUMENTATION

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

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit only hard two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml);
3. A list of all current contracts and grants as well as those for which the bidder has applied for from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 700, Trenton, NJ 08625-0700 as an additional insured;
5. Board Resolution authorizing who is approved for entering into a contract and signing related contract documents;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;
8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report and/or newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Most recent State of New Jersey Business Registration;

19. Procurement Policy;
20. Current Equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item, a State identifying number or code, original date of purchase, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All Subcontracts or Consultant Agreements, related to the DHS Contracts, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
24. Business Registration (online inquiry to obtain copy at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp; for an entity doing business with the State for the first time, it may register at <http://www.nj.gov/treasury/revenue>);
25. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
26. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

Attachment A – Proposal Cover Sheet

_____ Date Received

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

Name of RFP _____

Incorporated Name of Bidder: _____

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

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

Address of Bidder: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

County in which services are to be provided: _____

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

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

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

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

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

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

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

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

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

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

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

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

Attachment C – Statement of Assurances

Department of Human Services Statement of Assurances

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

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that 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 signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

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

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

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

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510.

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Attachment E - County Mental Health Administrators RFP Submission Preference
(as of 12/2015)**

County	Mental Health Administrator	Submission Type
Atlantic	Sally Williams, Mental Health Administrator Shoreview Building 101 So. Shore Road Northfield, NJ 08225 Email: williams_sally@aclink.org	Email + Postal Mail
Bergen	Michele Hart-Loughlin, Program Coordinator Email: mhartlo@co.bergen.nj.us	Email
Burlington	Shirla Simpson, Mental Health Administrator Burlington County Department of Human Services Division of Behavioral Health 795 Woodlane Road, 2 nd Floor Mount Holly, NJ 08060 Email: ssimpson@co.burlington.nj.us	Email + Postal Mail
Camden	Rashid M. Humphrey, Mental Health Services Community Planning & Advocacy Council 2500 McClellan Avenue - Suite 110 Pennsauken, NJ 08109 Email: rhumphrey@cpachvi.org	Email + Postal Mail
Cape May	Patricia Devaney, Mental Health Administrator Email: devaneyp@co.cape-may.nj.us	Email
Cumberland	Juanita Nazario, Mental Health Administrator Email: juanitana@co.cumberland.nj.us	Email
Essex	Joseph Scarpelli, D.C., Administrator Essex County Mental Health Board 204 Grove Avenue Cedar Grove, NJ 07009 Email: jscarpelli@health.essexcountynj.org	Email + Postal Mail
Gloucester	Becky Foraker, Mental Health Administrator Department of Human Services 115 Budd Blvd. West Deptford, NJ 08096 bforaker@co.gloucester.nj.us	Email + Postal Mail
Hudson	Robin F. James, Mental Health Administrator Email: rjames@hcnj.us	Email

Hunterdon	Cathy Zahn, Mental Health Planner Department of Human Services 8 Gauntt Place - PO Box 2900 Flemington, NJ 08822-2900 Email: czahn@co.hunterdon.nj.us	Email + Postal Mail
Mercer	Michele Madiou, Administrator Division of Mental Health 640 South Broad Street PO Box 8068 Trenton, NJ 08650	Postal Mail
Middlesex	Penny Grande, Administrator Email: penny.grande@co.middlesex.nj.us Middlesex County Office of Human Services Middlesex County Administration Building 75 Bayard Street New Brunswick, NJ 08901	Email + Postal Mail
Monmouth	Steve Horvath, Acting Administrator Email: Steve.Horvath@co.monmouth.nj.us	Email
Morris	Laurie Becker, Mental Health Administrator Email: lbecker@co.morris.nj.us Mental Health Administrator Director, Division of Community and Behavioral Health Services Morris County Department of Human Services PO Box 900, Morristown, NJ 07953-0900	Email + Postal Mail
Ocean	Jamie Busch, Assistant Mental Health Administrator Email: JBusch@co.ocean.nj.us	Email
Passaic	Francine Vince, Director Email: francinev@passaiccountynj.org	Email
Salem	Becky Foraker, Mental Health Administrator Department of Health and Human Services 94 Market Street Salem, NJ 08079 bforaker@co.gloucester.nj.us	Email + Postal Mail
Somerset	Pam Mastro, Mental Health Administrator Email: mastro@co.somerset.nj.us	Email
Sussex	Cindy Armstrong, Mental Health Administrator Sussex County IDRC Director & Substance Abuse Coordinator 1 Spring Street, Newton, NJ 07860 973-940-5200, ext. 1371973-940-5220 fax Email: carmstrong@sussex.nj.us	Email + Postal Mail

Union **Sara Thode, Mental Health Administrator** Email
Email: sthode@ucnj.org

Warren **Shannon Brennan, Mental Health Administrator/
Youth Services Administrator** Email
Email: sbrennan@co.warren.nj.us

