

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

REQUEST FOR PROPOSALS

Opioid Overdose Recovery Program

August 1, 2016

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Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) to solicit proposals to develop an Opioid Overdose Recovery Program to respond to individuals reversed from opioid overdoses and treated at hospital emergency departments as a result of the reversal. DMHAS will provide annualized funding of \$255,750 to each contractee subject to State appropriations. DMHAS anticipates making one (1) award in each of the six (6) following counties: Atlantic, Bergen, Gloucester, Middlesex, Burlington and Hudson.

The Opioid Overdose Recovery Program will utilize Recovery Specialists and Patient Navigators to engage individuals reversed from an opioid overdose to provide non-clinical assistance, recovery supports and appropriate referrals for assessment and substance use disorder treatment. The Recovery Specialists and Patient Navigators will also maintain follow-up with these individuals. Recovery services provided for these individuals should be fundamentally strengths-based. Additionally, they should deliver or assertively link individuals to appropriate and culturally-specific services and provide support and resources throughout the process. It is planned that, at minimum, recovery specialists will be accessible and on-call from Thursday evenings through Monday mornings in the specific locations where funding is made available.

Bidders applying for more than one (1) county must submit separate proposals for each county.

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 contracts.

The following summarizes the RFP schedule:

August 1, 2016	Notice of Funding Availability
August 15, 2016	Mandatory Bidders Conference
September 12, 2016	Deadline for receipt of proposals - no later than 4:00 p.m.
October 11, 2016	Preliminary award announcement
October 18, 2016	Appeal deadline
October 25, 2016	Final award announcement
December 1, 2016	Anticipated contract start date

II. Background and Population to be Served

On May 2, 2013, Governor Christie signed the "Opioid Antidote and Overdose Prevention Act." The law is designed to promote the wider prescription and distribution of naloxone, which is an easily administered antidote to an opioid overdose. It recognizes that overdose deaths can be prevented by making naloxone and similarly-

acting antidotes more readily available to those at risk of an opioid overdose, and to their families, friends and loved ones.

The “Good Samaritan” component of this law provides legal protections, both civil and criminal, to the overdose victim and the person who seeks medical assistance for the victim of an opioid overdose. This may include the prescribing, dispensing, or administering of naloxone or a similarly acting drug approved by the United States Food and Drug Administration for the treatment of an opioid overdose. Thus, the immunity for arrest, prosecution, or conviction for drug offenses is in effect when a person, in good faith, seeks medical assistance for the victim of an overdose.

Furthermore, the Opioid Antidote and Overdose Prevention Act of 2013 authorized the New Jersey Department of Human Services (DHS) to develop a Naloxone Training and Distribution Program that includes instruction in the use of naloxone in overdose emergencies. In September 2014, DMHAS issued emergency contracts to DHS licensed, non-profit Opioid Treatment Programs (OTPs) to provide community education and training as well as the distribution of naloxone kits to individuals who attend and complete training. Contracts were awarded to four (4) OTPs located in, or adjacent to, five (5) counties (Atlantic, Camden, Essex, Monmouth and Ocean). To replace these contracts set to expire in the fall of 2015, an RFP was issued in June 2015 to continue this initiative on a statewide basis, known as the Opioid Overdose Prevention Program (OOPP). This RFP funded by DMHAS and GCADA established three (3) two-year programs commencing in the fall of 2015 in the northern, central, and southern regions of the state.

Contracts were awarded to establish an Opioid Overdose Recovery Program in Camden, Essex, Monmouth, and Ocean Counties from an Opioid Overdose Recovery Program RFP issued in June 2015 and in Passaic County from an Opioid Overdose Recovery Program RFP issued in October 2015.

Data collected by The New Jersey State Police Regional Operations Intelligence Center (ROIC) on the administration of Narcan by law enforcement, advanced life support (ALS) and basic life support (BLS) services from March 2014 to February 2015, indicated that there were 5,078 statewide administrations.

Determination of need was based on a combination of variables – using data from 2014 - 2015: the number and rate of heroin and other opioid-related overdose deaths, non-fatal overdoses, Naloxone reversals, and treatment admissions for heroin and other opioids. The counties that ranked in the top six (6) on at least three (3) of these factors were Atlantic, Bergen, Gloucester, Middlesex, Burlington, and Hudson.

Evidence indicates that administering a drug like naloxone to an individual who suffers an opioid overdose is a critical step needed to save a life. However, by itself, it is not nearly enough to accomplish the overarching goal of appropriate substance use disorder treatment or recovery support. Similarly, detoxification without follow-up treatment merely delays the inevitable, sometimes only briefly. Repeated episodes of detoxification followed by inadequate treatment or no treatment at all do not make sense, not only from a healthcare perspective, but also from a humanitarian and

an economic perspective.

DMHAS' overall goal is two-fold: 1) to provide tools (naloxone or other similarly acting drugs) necessary to reverse an opioid overdose and 2) link individuals to substance use disorder treatment and recovery support services prior to or following an opioid overdose. Individuals who survive an opioid overdose are at significant risk to overdose again if they do not get connected to treatment for their addiction and continue to use opiates. DMHAS' Opioid Overdose Prevention Program (OOPP) provides education to enable participants to recognize an opioid overdose and be equipped to provide life-saving rescue measures to reverse the effects of the overdose. Opioid overdose prevention programs provide individuals at-risk for overdose, their family members, friends, and loved ones with naloxone rescue kits and educate and train them on how to prevent, recognize and respond to an opioid overdose. This program, in addition to the other overdose prevention programs throughout the State, has and will continue to have the potential to change and immeasurably improve countless lives throughout the State, but further action is needed.

Major gaps remain between overdose prevention including the use of naloxone and linkages to substance use disorder treatment and recovery services. DMHAS and the interdepartmental Opioid Work Group recognized this barrier and developed a recommendation to incorporate a recovery model, which will link survivors of an opioid overdose with appropriate treatment and recovery support services.

III. Who Can Apply?

To be eligible to apply for funding, the bidder must satisfy the following requirements:

- The bidder must be a non-profit entity, including hospitals or government entities;
- If a bidder has a contract with DMHAS 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 of an application for funding;
- The bidder must be fiscally viable - based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors in a consultant capacity; and
- The bidder must attend the Mandatory Bidders conference as described in the RFP.

IV. Contract Scope of Work

DMHAS seeks proposals to establish one (1) Opioid Overdose Recovery Program in

each of the six (6) counties that will respond to and engage individuals reversed from an opioid overdose and subsequently treated in hospital emergency departments in Atlantic, Bergen, Gloucester, Middlesex, Burlington and Hudson Counties.

Successful bidders will provide on-call Recovery Specialists to engage and support patients in hospital emergency departments, across one (1) of the six (6) counties, a minimum of 84 hours weekly from Thursday 7 p.m. through Monday 7 a.m., and Patient Navigators to assist in linking patients to treatment or recovery supports.

The overall goal and mission of the proposed program/initiative is to:

- Increase linkage to appropriate care in the community;
- Expand appropriate service delivery;
- End the “revolving door” where too many individuals endlessly cycle in and out of emergency departments and never connect to treatment or recovery support services;
- Spend resources more efficiently and effectively;
- Promote improved recovery, wellness, and healthy lifestyles;
- Reduce public healthcare expenditures for individuals living with an opioid use disorder;
- Reduce identifiable behavioral health and physical health risks, including but not limited to HIV, hepatitis and other bloodborne pathogen diseases; and
- Improve health behaviors, clinical outcomes, and quality of life.

It is expected that service delivery will begin within four (4) months of the award date.

Staffing

The Opioid Overdose Recovery Program will be staffed by the following three (3) mandatory positions.

1. Recovery Specialist

The Recovery Specialist (minimum associate’s degree preferred, high school diploma or equivalency required) will engage individuals reversed from an opioid overdose and provide non-clinical assistance and recovery supports while maintaining follow-up with these individuals. The Recovery Specialist must have two (2) years’ experience in the guiding principles of recovery that assist individuals to improve their health and wellness, live a self-directed life, and reach their full potential. The role of the Recovery Specialist shall include, but is not limited to the following:

- Educating survivors on how to appropriately navigate treatment, social service and recovery support systems;
- Being a positive role model to survivors and their families by sharing experiential knowledge, hope, and skills;
- Maintaining professional relationships with survivors and families in order to assist individuals in the treatment engagement and retention process;
- Reinforcing, guiding, and assuring patients and their families that recovery is possible, and is built on multiple strengths, coping abilities, and resources of

- each individual;
- Assisting survivors with gaining skills and resources needed to initiate and maintain recovery;
- Assisting in establishing and sustaining a social and physical environment supportive of recovery;
- Assisting with the identification of and participation in the recovery community;
- Advocating for appropriate and effective community treatment and recovery;
- Empowering individuals to make self-determined and self-directed choices about their recovery pathway;
- Providing on-call coverage and coming to the ER to support the overdose victim when an alert is received; and
- Providing post-emergency department telephone follow-up for at least 60 days to help the survivor navigate the early stages a successful path towards recovery.

2. Patient Navigator/Trainer (.6 Full Time Equivalent (FTE))

The Patient Navigator (bachelor's degree in health, psychology, counseling, social work, education or other behavioral health profession) will be responsible to refer and link individuals into substance use disorder treatment. The Patient Navigator must possess the knowledge, skills and experience necessary to competently perform case management activities. The Patient Navigator must have at least three (3) years' demonstrated experience working with high need individuals with substance use and mental health disorders. The Patient Navigator shall demonstrate evidence of addiction coursework. The Patient Navigator will work with individuals to support and strengthen their capacity to achieve and maintain recovery and engage in health practices. The role of the Patient Navigator/trainer shall include, but is not limited to the following:

- Referring the client directly to detox, treatment or recovery support or utilizing the DMHAS Interim Managing Entity (IME);
- Providing a warm hand-off to appropriate treatment and recovery services, which shall routinely include referrals to DHS licensed programs that offer medication assisted treatment (MAT) as a viable treatment option;
- Developing an integrated recovery plan as identified that is consumer-centered and includes strategies for recovery.
- Linking patients with systems that provide resources, services and opportunities;
- Developing linkages to resources that address specialized needs, such as agencies providing services related to HIV/AIDS, mental health disorders, chronic and acute health problems, pregnant and parenting women, veterans and problems stemming from involvement with the criminal justice system;
- Advocating on behalf of the patient;
- Training hospital and program staff on the Opiate Overdose Prevention Program that is implemented in the hospital; and
- Providing assistance to the Recovery Specialist as needed.

Ideally, a flexible schedule will be utilized for the Patient Navigator. If feasible, the bidder can increase the level of support for this position.

3. Program Supervisor (.25 FTE)

The Program Supervisor (master's degree in health, psychology, counseling, social

work, education or other behavioral health profession) will be responsible for the supervision of the Recovery Specialists. The Program Supervisor shall demonstrate evidence of working with individuals with substance use disorders and/or evidence of addiction coursework. The Program Supervisor will also be responsible for ensuring the following:

- Communicating regularly with the State Opioid Treatment Authority;
- Demonstrating progress toward program goals;
- Supervising program staff; (monthly meetings with OORP staff and biweekly phone or face to face for minimally 15 minutes);
- Coordinating and monitoring of program services;
- Collaborating with systems partners to ensure coordination of care;
- Ensuring that recovery program specialists are trauma informed;
- Delivering services in a culturally competent and linguistic manner; and
- Improving the scope and capacity of the delivery system in order to ensure program sustainability.

Program Design

The core program shall run at a minimum of 84 hours per week, from Thursday 7 p.m. until Monday 7 a.m. The recommended coverage shall be comprised of seven (7) shifts of 12-hours each as follows:

- Thursday 7 p.m. to Friday 7 a.m.;
- Friday 7 a.m. to 7 p.m.;
- Friday 7 p.m. to Saturday 7 a.m.;
- Saturday 7 a.m. to 7 p.m.;
- Saturday 7 p.m. to Sunday 7 a.m.;
- Sunday 7 a.m. to 7 p.m.; and
- Sunday 7 p.m. to Monday 7 a.m.

The bidder will ensure there is a pool of at least four (4) Recovery Specialists available to cover these hours. Recovery Specialists will be paid using a fee-for-service model. On-call coverage for a 12-hour shift will be \$75 per shift. If the Recovery Specialist is deployed to the emergency room to assist with an overdose victim, the reimbursement will be \$125. In addition to the actual emergency room visit, this fee will also include telephone call follow-up which will include three (3) calls the first week after the overdose, two (2) calls the second week and weekly calls thereafter for the next six (6) weeks. The bidder will also set aside a reserve fund to accommodate overdose victims who may present at times other than within the core hours noted above.

All proposals shall include detailed information regarding collaboration with hospital emergency departments specifically around the planning and implementation of this project (i.e. compliance with existing hospital procedures, etc.). Successful bidders must include affiliation agreement(s) with the hospital emergency department(s) where the program will be implemented. In addition, the hospitals participating in the project must provide a letter of commitment and guarantee the necessary procedures and clearances will be completed within four months of the project award.

In addition, successful bidders will demonstrate collaboration with substance use disorder treatment providers, including OTPs, detoxification facilities, and other residential/ambulatory providers, the County Drug and Alcohol Directors Association, county health and human service agencies and the DMHAS Regional Coalitions. This collaboration should focus on ways to expand outreach and provide cross-system referrals for substance use disorder treatment services.

Successful bidders must have affiliation agreements with OTPs, detoxification facilities, and other residential and ambulatory substance use disorder treatment programs in efforts to appropriately link individuals into treatment services. Affiliation agreements are recommended to give priority admission to individuals in this program during the program hours of Thursday 7 p.m. through Monday 7 a.m. Affiliation agreements must be with providers that operate 24 hours a day during the weekend and agree to make a bed available for individuals in this program and provide transportation, if needed, to their facility. Also, it is expected that if the patient enters a detoxification program, that program will then refer the individual to the next appropriate level of care.

Successful bidders must assist in linking individuals to other appropriate services where there may be barriers to accessing treatment, such as transportation.

Successful bidders will also have protocols and procedures regarding pregnant women and how they will collaborate with the hospital social worker and/or hospital staff to ensure coordination and access of MAT services.

Data Collection/Evaluation

Successful bidders must collect, at a minimum, the following:

- basic demographics on the overdose victim, including age, race, Hispanic origin, and gender;
- number of overdoses;
- number of reversals;
- number of visits by a Recovery Specialist;
- successful referrals to treatment by level of care;
- referrals to other recovery supports, and
- number of follow-up phone calls.

Successful bidders must cooperate with the statewide Project Evaluator and data collection required by DMHAS.

Training

The project staff are required to attend off-site training provided by DMHAS on the Opioid Overdose Recovery Project. Agencies should budget training expenses for the Recovery Specialists since these are usually contract employees who work outside the standard 9 to 5 business day. The training will consist of 18 hours (3 days) of Ethics training to include peer role functions, competencies, responsibilities and orientation to DMHAS multiple treatment initiatives.

Other

Capacity to accommodate consumers 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 DHS contract policies and procedures 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 will be made available for a defined period after announcement of the contract awards and prior to final award, as well as through the State Open Public Records Act process at the conclusion of the RFP process.

The contract awarded as a result of this RFP may be renewable for one (1) year at DMHAS' sole discretion and 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 www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html, contracts 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.

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: August 15, 2016
Time: 1:00 p.m.
Location: DHS, 222 South Warren Street
1st Floor Conference Room
Trenton, NJ

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. Additional questions may be emailed to RFP.Submissions@dhs.state.nj.us until August 18, 2016. Responses to emailed questions will be distributed to all who attendees of the Mandatory Bidders Conference. 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 Conference via the registration link: <https://njsams.rutgers.edu/training/OORP/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 email RFP.Submissions@dhs.state.nj.us. For sign language interpretation, please email 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 Narrative Submission

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

Funding Proposal Cover Sheet (RFP Attachment A)

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

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

1. Describe the bidder'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. Summarize the agency's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.
3. Describe why the bidder is the most appropriate and best qualified to implement this

program in the target service area.

4. 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. Attach a one-page copy of the agency's organizational chart showing the location of the proposed project and its links in the organization.
6. Description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice.
7. Demonstrate the organization's commitment to cultural competency and diversity (Law against Discrimination, N.J.S.A. 10:5-1 et seq.).
8. Description of the bidder's ability to provide culturally competent services.
9. Document that the bidder's submissions are up-to-date in NJSAMS, if applicable.
10. Describe if the bidder is currently meeting 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. How the bidder's approach satisfies the requirements as stated in the RFP.
2. The bidder's understanding of the project goals and measurable objectives.
3. How the bidder will obtain patient and family consent and issues concerning 42 CFR.
4. Description of bidder's extensive collaboration with emergency room departments specifically around the planning and implementation of this project (i.e. compliance with existing hospital procedures, etc.). Attach applicable existing and draft affiliation agreements. Affiliation agreements must include protocols and procedures regarding pregnant women and how they will collaborate with the hospital social worker and/or hospital staff to ensure coordination and access of MAT services. Attach a letter of commitment from the hospital(s) participating in the project which provides guarantee that the necessary procedures and clearances will be completed within four months of the project award.
5. Attach a flow chart outlining the operational steps of the proposed program. For example, emergency room calls to answering service, dispatch receives call and contacts Recovery Specialist, Recovery Specialist texts/calls back that he/she is on the way, etc.
6. Description of bidder's collaboration with substance use disorder treatment providers, including OTP's, detoxification facilities and other residential/ambulatory providers, the County Drug and Alcohol Director's Association, county health and human service agencies and regional coalitions. This collaboration should focus on ways to expand outreach and provide cross-system referrals for substance use disorder treatment services.
7. Provide an attestation that bidder will have affiliation agreements with OTP's, detoxification facilities and other residential and ambulatory substance use disorder treatment programs in efforts to appropriately link individuals into treatment services. Affiliation agreements are recommended to give priority admission to individuals in this program during the program hours of Thursday 7 p.m. through Monday 7 a.m. Affiliation agreements must be with providers who operate 24

hours a day during the weekend and will make a bed available for individuals in this program and provide transportation if needed to their facility. Describe the process to ensure the transition from detoxification to the next appropriate level of care. Attach applicable existing and draft affiliation agreements.

8. Provide detailed description of how the bidder will provide on-call Recovery Specialists and Patient Navigators for patients in hospital emergency departments a minimum of 84 hours weekly from Thursday 7 p.m. through Monday 7 a.m., and plans to add additional coverage time if needed. Attach a work week schedule detailing how the bidder will deploy staff to ensure minimum coverage.
9. Description of how the bidder will assist in linking individuals to other appropriate services where there may be barriers to accessing treatment, such as transportation.
10. Description of the anticipated barriers and potential problems the bidder foresees itself and/or the State encountering in the successful realization of the initiative described herein.
11. Description of any other resources needed by the bidder to satisfy the requirements of the contract resulting from this RFP.
12. The bidder's capacity to accommodate all consumers who take legitimately prescribed medications and who are referred to or present for admission.
13. 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.
14. A description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
15. 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. Service delivery is to begin within four (4) months of grant award.

Outcome(s) and Evaluation (10 points)

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

1. The bidder's approach to measurement of consumer satisfaction.
2. The bidder's measurement of the achievement of identified goals and objectives.
3. The evaluation of contract outcomes.
4. Assurances that the bidder will collect, at a minimum, basic demographics on the overdose victim such as: age, race, Hispanic origin, gender; number of overdoses; number of reversals; number of visits by a Recovery Specialist; successful referrals to treatment by level of care; referrals to other recovery supports; and number of follow-up phone calls.
5. Assurance that the bidder will complete the data collection tool developed by DMHAS and cooperate with the DMHAS contracted evaluator.
6. Description of all tools to be used in the evaluation.
7. 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.
8. 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, credentialing, and related experience. Details should include currently on-board or to be hired staff, with details of the recruitment effort. Identify bilingual staff.
3. Provide copies of job descriptions and resumes (as an appendix) – limited to two (2) pages each – for all proposed staff.
4. 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. Describe the bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
6. Describe the approach for supervision of program staff. Provide staff supervision schedule as an attachment.
7. Provide agency policy on performance evaluation, ethical violations, and remediation.
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 votes on contract-related matters.
9. A list of names of 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 (5 points)

The bidder should detail the 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 to the contract.
2. A description of the bidder's Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.

Budget (20 points)

DMHAS will consider the cost efficiency of the proposed budget as it relates to the scope of work. Therefore, bidders must 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 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 Professional Fees, C. Materials & Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs (G&A) Allocation, are also required. The Excel budget template will be emailed to all attendees at the Mandatory Bidders Conference. The budget must include 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 funding to support 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.

Appendices

The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 100 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 audit type and scope of audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation for 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 also required with the proposal, unless the bidder has a current contract with DMHAS and these documents are current and on file with DMHAS.

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

VIII. Submission of Proposals 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, no smaller than twelve (12) point Arial, Courier New or Times New Roman font. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget, budget notes, affiliation agreements 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 September 12, 2016. All bidders are required to submit one (1) original and six (6) copies of the proposal narrative, budget and appendices (seven [7] total proposal packages) to the following address:

For U.S. Postal Service delivery:

Helen Staton
 Division of Mental Health and Addiction Services
 PO Box 700
 Trenton, NJ 08625-0700

OR

For private delivery vendor such as UPS or FedEx:

Helen Staton

Division of Mental Health and Addiction Services
222 South Warren Street, 4th 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) and budget 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

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 will notify all bidders of awards, contingent upon the satisfactory final negotiation of a contract, by October 11, 2016.

Proposals received after the due date and time will not be evaluated.

X. Appeal of Award Decisions

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by DMHAS at the address below no later than 4:00 p.m. Eastern Daylight Time on October 18, 2016. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie L. Mielke, Assistant Commissioner
Division of Mental Health & Addiction Services
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 October 25, 2016. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

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

1. Most recent IRS Form 990 or IRS Form 1120 and Pension Form 5500 (if applicable) (submit only 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 identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;
8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Current State of New Jersey Business Registration;
19. Procurement Policy;
20. Current Equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item (make, model), a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DHS Contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
24. Business Registration (online inquiry to obtain copy at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp; for an entity doing business with the State for the first time, it may register at <http://www.nj.gov/treasury/revenue>);
25. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
26. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

Attachment A – Proposal Cover Sheet

_____ Date Received

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

Name of RFP: **Opioid Overdose Recovery Program** _____

Incorporated Name of Bidder: _____

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

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

Address of Bidder: _____

Chief Executive Officer Name and Title: _____

Phone No.: _____ Email Address: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

County in which services are to be provided (check one): Atlantic _____ Bergen _____
Gloucester _____ Middlesex _____ Burlington _____ Hudson _____

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.