

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

REQUEST FOR PROPOSALS

**Bi-lingual/Bi-cultural Outpatient Clinician**

June 2, 2015

Lynn A. Kovich, Assistant Commissioner  
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 Division of Mental Health and Addiction Services (DMHAS) to recruit and retain one (1) licensed bi-lingual, bi-cultural mental health clinician to provide care, treatment and bi-lingual/multicultural services to adult consumers of mental health services in Hudson County. This initiative will replace the recently lost bi-lingual, bi-cultural position in Hudson County. The total annualized funding is \$75,000, subject to State appropriations. DMHAS anticipates one (1) award. The contract that is awarded will be monitored by DMHAS and the DMHAS Multicultural Services Group (MSG).

DMHAS is requesting proposals from non-profit, for-profit, or governmental entities qualified to conduct business in New Jersey to recruit, hire and train a bi-lingual, bi-cultural clinician. The clinician to be employed must be bi-lingual and demonstrate skills in the area of cultural competence in order to address bi-lingual and bi-cultural services/treatment issues. The clinician should also demonstrate a commitment and desire to provide treatment to multicultural groups. Advocacy, training, and the ability to act as a resource within the particular setting are desirable skills for this position.

Funding is intended to support increased recruitment and retention of culturally competent staff at community-based multicultural mental health agencies. The funded agency will foster access to culturally competent and linguistically appropriate mental health services. The resources available in the current initiative are not a new appropriation to the DMHAS; rather it is the re-bidding of an existing resource.

The following summarizes the RFP schedule:

6/2/15	Notice of Funding Availability
6/9/15	Mandatory Bidders Conference
7/7/15	Deadline for receipt of proposals - no later than 4:00 p.m.
8/11/15	Preliminary award announcement
8/18/15	Appeal deadline
8/25/15	Final award announcement
10/1/15	Anticipated award start date

## **II. Background and Population to be Served**

The DMHAS MSG formed in 1981. The mission of MSG is to address issues of the quality of mental health services provided; staffing levels, qualifications, and training; and to devise strategies that are appropriate to the lifestyles, special needs, and strengths of New Jersey's diverse minority and cultural groups such as administrative strategies, service delivery system strategies, education strategies and appropriate direct care strategies. MSG members include representatives from the mental health and substance use treatment community and academic arenas as well as DMHAS participants. The Committee defines cultural competence as those policies, skills attitudes and methods that enable practitioners and programs to work effectively across cultures.

According to Georgetown University National Center for Cultural Competence, culturally competent individuals demonstrate the ability to: a) value diversity and similarities among all peoples; b) understand and effectively respond to cultural differences; c) make adaptations to the delivery of services thus enabling supports; and e) institutionalize cultural knowledge. The DMHAS expects that staff and leadership within mental health settings across the state will focus on obtaining and enhancing competencies in these areas. In addition, DMHAS expects that a continual process of assessment and improvement will be demonstrated.

DMHAS has a long-standing commitment to culturally competent and responsive care, and to addressing the unique mental health needs of multicultural populations. The MSG promotes attention to culturally competent mental health and substance abuse treatment, including the necessary focus, resource and expertise.

A variety of positive changes have resulted from the MSG's efforts, including better coordinated approaches to cultural competence training, policy formulation, and service delivery. The MSG has also developed a strategic plan with recommendations that include, among other initiatives, the promotion of cultural competency and linguistic training for all levels of agency staff, consumers, and family members.

The purpose of this project is to operationalize the recommendations identified in the Governor's Mental Health Task Force report (issued March 31, 2005) with regard to the enhancement and improvement in the delivery of mental health services, via the expansion of bi-lingual and culturally diverse case management and outpatient services, which are specifically designed to serve the fastest growing ethnic minority populations in New Jersey. The Governor's Mental Health Task Force Report includes the following recommendations:

- 1) Bi-lingual, culturally competent master's level clinicians at screening centers and mobile outreach teams, as well as enhanced on-call resources for community-based treatment and assessment.
- 2) Expansion of bi-lingual and culturally diverse case management and outpatient services for the fastest growing ethnic minority populations in New Jersey.

#### *Statewide Demographic Variability*

According to the US Census Bureau's 2010 Census, New Jersey was a demographically heterogeneous place, with a population of 8,791,894. Its census data reflected the following patterns for 2010.

- African Americans represented 14.8% (1,300,363) of the population. Nationally this value is somewhat lower (13.6%).

- Asians (a wide category including individuals identifying themselves as Asian Indians, Chinese, Filipino’s Japanese, etc.) represented 9% (795,163). Nationally, this value is much lower (5.6%).
- Native Americans and Alaskan Natives represented 0.8% (70,716) of the state population.
- Native Hawaiians and Other Pacific Islanders represented 0.1% (12,999) of the state population.
- Whites represented 70.6% (6,210,995) of the state’s population. By way of contrast, the national value is noticeably higher (74.8%).
- Those self-identifying themselves as other races represented 7.5% of the population.
- The US Census Bureau quantifies its estimates of Hispanic US populations independently of considerations of race (e.g. “Black”, “Asian”, “White”, etc.). The increased number of Hispanic/Latino residents of New Jersey is significant. 17.7% (1,555,144 people) were identified as being Hispanic or Latino, and 82.3% (7,236,750) were non-Hispanic/Non-Latino. Nationally, Hispanic/Latino populations are proportionally somewhat smaller (16.3%).

*Demographic Variability Among Consumers Served by State-Supported Mental Health Services*

DMHAS reports annual data on the demographic variability of the consumers it serves, to the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services (CMHS) on its Uniform Reporting System (URS) data output table 2a (“Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity”). Table 1 is a summary of that information.

Table 1: URS Table 2a Reported by DMHAS to SAMHSA: 2010-2012

	<u>2010</u>	<u>2011</u>	<u>2012</u>
American Indian or Alaskan Native	3455	3377	3492
Asian	4610	4,795	4,866
Black or African American	62,798	63,690	65,751
Native Hawaiian or Other Pacific Islander	-	-	-
White	188,849	188,449	192,895
Hispanic	47,696	49,108	50,648
More than One Race Reported	28,375	-	-
Race Not Available	-	<u>29,608</u>	<u>29,930</u>
Total Population Served	335,783	339,029	347,582

According to calculations made from this table, the overall number of ethnic minorities (non-White) populations served by DMHAS increased 3.13% (from 120,970 in 2011 to 124,757 in 2012). The proportion of ethnic minority (non-White) populations served by DMHAS increased only slightly (from 55.48% in 2011 to 55.99% in 2012) – an increase of less than 1% (0.92%).

### **III. Who Can Apply?**

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

- The bidder must be non-profit, for profit or governmental entity;
- The bidder must be licensed by the Department of Human Services' (DHS') Office of Licensing prior to the start of services;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors in a consultant capacity;
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue, i.e., this statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies;
- The bidder must comply with the terms and conditions of DHS' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM) and the Contract Policy and Information Manual (CPIM). These documents are available on the web at: <http://www.state.nj.us/humanservices/ocpm/home/resources/manuals>; and
- The bidder must attend the Mandatory Bidders conference as described in the RFP.

### **IV. Contract Scope of Work**

Two (2) or more organizations may collaborate to develop a proposal that meets the goals of this RFP. However, a joint proposal must identify a Lead Bidder and the total proposal must be within the funding amount. Joint proposals or partnerships require a letter clearly outlining responsibilities of each party.

The goal of this initiative is to create increased access to a bi-lingual/bi-cultural master's level licensed clinician in Hudson County. The bidder will be required to submit a plan that details the agency's strategies to recruit, hire, retain and train one (1) full time equivalent bi-lingual, bi-cultural staff. The hiring of a linguistically and culturally competent master's level clinician is expected to improve clinical care outcomes,

decrease consumers waiting time to access treatment services and increase targeted consumers' retention in DMHAS funded mental health services.

A needs assessment/planning document must be conducted and submitted, including documentation of an increase in the number of individuals who are bi-lingual and/or bi-cultural in need of mental health services, and/or significant increases in targeted populations' residency in the locale/county.

The bidder's planning document should also include how linguistically and culturally competent mental health services will be provided to targeted consumer groups. The bidder's plan should also describe the service the bi-lingual/bi-cultural clinician will work in the cultural group that the services are targeted to and, where appropriate, how the agency will design outreach to encourage individuals to engage in services and provide access to mental health services for the targeted group. This plan should also describe how all of those efforts will be conducted in a fashion that is culturally competent to engage the individuals to be served.

The bi-lingual, bi-cultural clinician is expected to provide culturally competent mental health services to consumers who are bi-lingual and/or ethnic minorities. The target outcomes are:

- a minimum of 10-20% increase in the number of culturally competent mental health services provided to targeted minority ethnic consumers;
- a minimum of 10-20% increase in the outreach and access to services provided to targeted consumers; and
- a minimum of 10-20% increase in admission and retention in mental health programs, documentation of treatment outcomes.

Awardees must 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.

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 consumers 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 in a visible, legible and clear posting at a common location accessible to all who enter the facility.

Moreover, no consumer 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 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**

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 [www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html](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 DMHAS.

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

## **VI. 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: Tuesday, June 9, 2015  
Time: 1 p.m.  
Location: 222 South Warren Street  
Trenton, NJ 08625  
3<sup>rd</sup> floor, Room 3-000

The Mandatory Bidders Conference will provide the bidder with an opportunity to ask questions about the RFP requirements, the award process, and to clarify portions 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. Any necessary response to questions posed by a potential bidder during the Mandatory Bidders Conference that cannot be answered at that time will be furnished via electronic mail to all potential bidders registered as being in attendance. 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 by emailing <https://njsams.rutgers.edu/training/blbc/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**

Proposals must address the following topics, and be submitted according to the following sections:

### **Funding Proposal Cover Sheet (RFP Attachment A)**

### **Bidder History and Recent Experience/Performance (5 points)**

1. A brief narrative describing the bidder's history and mission, its primary purpose, current licenses and modalities, target population and the number of years' experience working with the target population.

2. Description of history of successful provision of services to multicultural populations, including successful experiences in the provision of such mental health services for the specific target population identified in their proposal. The bidder must indicate sufficient administrative and organizational strength to operate the proposed program.
3. Description of experience in providing the services and/or deliverables sought by the RFP.
4. 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. Description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice.
6. Description of the bidder's ability to provide culturally competent services.
7. Define if the bidder's submissions are up-to-date in NJSAMS, USTF, and QCMR.
8. Describe if the bidder is currently meeting contract commitments in regard to level of service.

### **Project Description (30 points)**

1. Identify the target population(s) and evidence of unmet needs using a combination of local/county statistics and letters from relevant agencies and community representatives for the proposed targeted consumer population to support the need to recruit or promote bi-lingual and culturally competent staff who are master's level clinicians, and speak and write the language of the ethnic minority group served.
2. Description of proposed project and methods to increase culturally competent knowledge, attitudes and behaviors/skills for mental health administrators and clinicians participants.
3. Description of how the initiative's goals and objectives, along with indicators to show that goals and objectives will be attained, in full or in part. (i.e., scores/percentages of increases in targeted consumers admitted, retained and who demonstrate improved behavioral outcomes). If the bidder proposes to include an outreach component in this initiative a description of how this service will be implemented and where this service will be provided is requested.
4. Indicators of project creativity, as well as plans and products to help with replication in other parts of the state.
5. The bidder should incorporate and describe linkage and referral exchanges between a mental health agency and either a social service agency or health agency that serves the target population. Opportunities for professional, programmatic and organizational/collaborations are encouraged.
6. If the bidder will collaborate with other entities in the course of fulfilling the requirements of the contract resulting from this RFP, describe all anticipated barriers and potential problems the bidder foresees itself and/or the State encountering in the successful realization of the initiative.
7. Identification of all other sources needed to satisfy the requirements of the contract resulting from the RFP.

8. Identify all evidence-based practices that will be used in the design and implementation of this initiative.
9. Detailed monthly timeline of activities, commencing with the date of the award, through service initiation, to orderly closure. Include a plan with strategies and timetables to register and provide trainings to mental health administrators and clinicians.
10. Plan to promote or recruit bi-lingual and culturally competent staff. The bidder must also provide information on how staff competencies in linguistic and cultural competency will be determined for staff who will be assigned to provide mental health services to consumers who are bi-lingual and/or ethnic minorities. The bi-lingual, bi-cultural master's level clinician must be employed within three (3) months of award notification.
11. Affirmation that the bidder agrees to provide DMHAS monthly reports on the agency efforts to recruit employees that are bi-lingual and culturally competent when awarded and when the position is vacant until the position is filled.
12. Description of the capacity to accommodate all consumers who take legitimately prescribed medications and who are referred to or present for admission.
13. Inclusion of the bidder's 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 medications.
14. Description of the bidders last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).

### **Outcome(s) and Evaluation (15 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. Description of the approach to measurement of consumer satisfaction. Documentation should include orientation, involvement and safeguards for consumers of mental health services and loved ones.
2. Description of how the bidder will measure achievement of the desired outcomes including increases of at least 20-30% in culturally competent knowledge and/or skills and/or behaviors.
3. Description of evaluation indicators, outcome measures, methods, and reporting mechanisms that will be used to demonstrate the extent to which the contract project objectives are met.
4. Description of all tools to be used in the evaluation to ensure fidelity to the evidence-based practice.
5. Description and identification of methods and resources for data collection, analysis and reporting, an evaluation timeline, the corresponding outcomes attained and interventions.
6. Details about any outside entity that will be used to conduct the evaluation, including but not limited to the entity's name, contact information, brief description of credentials and experience conducting program evaluation.

7. An evaluation plan will include specific objectives and desired outcomes; indicators for each objective and outcomes attained. Relationships between resources expended and objectives met (project effectiveness) must also be identified in the report.

### **Staffing (20 points)**

1. Staffing (one [1] full time equivalent [FTE]) is required to provide intended services. Describe proposed staff qualifications, i.e., professional licensing and related experience. An indication as to proposed staff who are currently on-board or must be hired, with an indication of all staff who are bilingual.
2. Job descriptions for key personnel with oversight and involvement in completing the responsibilities of the contract.
3. The number of work hours per week that constitute each FTE in the bidder's proposal.
4. The composition and skill set of the proposed program team, including staff qualifications.
5. The proposed organizational structure, including an organizational chart in an appendix to the bidder's proposal.
6. A description of the monthly strategies to orient and support the new hire and targeted consumers for retention.
7. The bidder's hiring policies, including background and credential checks, as well handling of prior criminal convictions.
8. The approach for supervision of clinical staff, if applicable.
9. A list of the bidder's board members, 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.
10. 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.

### **Budget (30 points)**

1. A detailed budget using the Annex B standard budget categories for expenses and revenues: A. Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facilities Costs, E. Specific Assistance to Clients, F. Other, General and Administrative Distribution, and Revenues including Client Generated Fees, Public & Private Grants and Other Agency Funds. Utilize the Excel budget template which will be emailed based on the attendance list from the Mandatory Bidders Conference. The budget must be presented in two (2) clearly labeled separate columns:

- a. One column detailing the full annualized operating costs and revenues excluding one-time costs; and
  - b. One column detailing the one-time costs.
2. Budget Notes that may be useful to help explain costs and assumptions made for certain non-salary expenses and the calculations behind various revenue estimates. 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 budget template file 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 made.
  4. For personnel line items, staff position titles (i.e., not staff names) and hours per workweek.
  5. The number of hours per clinical consultant such that cost/hour may be evaluated.
  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 percentage.
  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 40 pages:

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of key personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-progress audits, the requestor, the firm's name and telephone number, and the audit type;
6. List of the board of directors, officers and terms of office of each;
7. 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](http://www.nj.gov/treasury/purchase/forms.shtml)); and
12. Statement of Bidder/Vendor Ownership Disclosure ([www.nj.gov/treasury/purchase/forms.shtml](http://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 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 Proposals**

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 should be single-spaced with one (1") inch margins, no smaller than twelve (12) point Arial, Courier New or Times New Roman font, and not exceed 20 pages in length. 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 scoring purposes. Budget detail and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. Eastern Standard Time on **July 7, 2015**. Five (5) copies and one (1) original of the proposal narrative, budget and appendices (six [6] total proposal packages) must be submitted to the following address:

For U.S. Postal Service delivery:

Alicia Meyer  
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  
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 contract award. 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 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

Proposal(s) must also be submitted to Robin F. James, Hudson County Mental Health Administrator(s), via e-mail at [rjames@hcnj.us](mailto:rjames@hcnj.us).

## **IX. Review of Proposals**

Proposals received after the due date and time will not be evaluated. 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, as well as meet the threshold score for budget and project description sections. Thresholds will be made public when proposals become available for public inspection. 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.

Award decisions will be based on such factors as the proposal scope, quality and appropriateness, 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) and/or review any programmatic or fiscal documents in the possession of DMHAS. The bidder is advised that contract

award may be conditional upon contract negotiation. The requested changes, along with their requested implementation dates, will be communicated to the prospective awardees prior to final award.

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 the Hudson County Mental Health Board 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.

The Hudson County Mental Health Board's recommendations and comments will be received by DMHAS no later than July 28, 2015. 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 **August 11, 2015**.

## **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 Standard Time on **August 18, 2015**. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Lynn A. Kovich, Assistant Commissioner  
Division of Mental Health & Addiction Services  
222 South Warren Street, 3<sup>rd</sup> 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 **August 25, 2015**. 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 award announcement, the successful bidder(s) must be prepared to submit, at a minimum, one (1) copy of the following documentation (if not already submitted with the proposal or on file with DMHAS) in order to process the contract in a timely manner, as well as any other documents required by 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](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, 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, 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](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](http://www.nj.gov/treasury/purchase/forms.shtml)); and
  26. Chapter 51 Pay-to-Play Certification ([www.nj.gov/treasury/purchase/forms.shtml](http://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.