STATE OF NEW JERSEY

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR PROPOSALS

Crisis Receiving Stabilization Centers

January 31, 2024

Valerie Mielke, 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 Department Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for the creation of new Crisis Receiving Stabilization Centers (CRSC). This initiative provides services to those in need of immediate in-person crisis intervention and stabilization for a behavioral health crisis.

Funding the CRSC Initiative

Total funding for this CRSC initiative is up to $37,235,284.00, inclusive of one-time start-up funds in the amount of $2,000,000.00 and Capital Funds in the amount of $833,330.00. DMHAS anticipates making up to five (5) awards up to $7,447,057.00 per award inclusive of up to $400,000.00 in one-time start-up funds and up to $166,666.00 in Capital Funds, per award. Funding shall support the CRSC for a term of fifteen (15) months and ends September 2025, unless otherwise extended or supplemented by the DMHAS if additional funding becomes available. Funding for this RFP is provided by: 1. the Substance Abuse and Mental Health Services Administration's (SAMHSA) Community Mental Health Block Grant Crisis Set Aside; 2. COVID-19 Supplemental Funding (appropriated through the Consolidated Appropriations Act 2021 the Coronavirus Response and Relief Supplement Appropriations Act 2021); 3. ARPA (American Rescue Plan Act 2021) and Bipartisan Safer Communities Act (BSCA); and 4. State appropriations. All funding is subject to Federal and State appropriations. Please see Attachment L for Executive Order 166 Contract Posting requirements related to COVID-19 Recovery Funds. DMHAS will reassess the availability of total funding prior to State Fiscal Year 2025 (SFY25).

CAPITAL FUNDS

Consistent with the above, capital funding in the amount of $833,330.00 (or up to $166,666.00 per award for 5 programs) is available for acquisition, construction, reconstruction, development, erection and leasehold improvements. Capital expenditures must provide added value to the site. Successful bidders must submit a budget, project narrative and timeline. Capital development must not delay program implementation. Capital funds may also be used for expenditures such as the development or expansion of a separate entrance for law enforcement. All capital funding awards will be subject to a Capital Agreement at the discretion of DMHAS.

ONE-TIME FUNDS

Consistent with the above, one-time funds are available in the amount of $2,000,000.00 (or up to $400,000.00 per award for 5 awards). Examples of acceptable use of one-time funds include, but are not limited to, anti-ligature furniture (e.g., recliners, table chairs, up to $80,000.00 in total for furnishings), storage bins, medication cart, medication refrigerator, supplies, and lockers (up to $90,000.00) a single vehicle (up to $35,000.00), CRSC related training (up to $120,000.00), and Electronic Health Record/Telehealth (up to $75,000.00), etc. All one-time funds must be obligated, spent and invoices submitted to DMHAS in accordance with applicable federal and/or State deadlines, which shall be fixed at the time of contract with the successful bidders. A

separate budget and budget narrative must be submitted with each request for one-time funds.

CRSC Regions
DMHAS anticipates making up to five (5) awards. There will be up to three (3) awards in the New Jersey's Northern Region, up to one (1) award in New Jersey's Central Region and up to one (1) award in New Jersey's Southern Region. There will be up to one (1) award per sub region as described below. Bidders applying for more than one (1) region and/or sub region must submit separate proposals for each region and/or sub region. Bidders must agree to take admissions from consumers irrespective of their county of origin.

- **New Jersey Northern Region**
  - Sub Region 1 site to be located in Morris County.
  - Sub Region 2 site to be located in Bergen County.
  - Sub Region 3 site to be located in Essex County.

- **New Jersey Central Region**
  - Sub Region 4 site to be located in either Middlesex County or Monmouth County.

- **New Jersey Southern Region**
  - Sub Region 5 site to be located in Camden County.

The successful bidder will ensure that the services provided ensure diversity, inclusion, equity, and cultural and linguistic competence to the target population. The successful bidder will continually assess and utilize demographic data of participants' catchment area in its development and delivery of programming, evaluation, and program outcomes to ensure it is relevant to the population served. Additionally, the successful bidder will analyze data to implement strategies to increase program participation.

Intent of the CRSC Initiative
DMHAS psychiatric emergency screening (PES) data reveals that less than 40% of the individuals who present to the Emergency Department (ED) in psychiatric crisis require inpatient treatment. The CRSC is an alternative to traditional crisis services by diverting individuals from going to EDs and inpatient treatment when community-based alternatives would better meet the needs of individuals who are experiencing a behavioral health crisis. CRSC offers a no-wrong-door access to crisis stabilization, operating much like a hospital ED that accepts all walk-ins, law enforcement drop offs, and fire department drop offs. One of the purposes of the CRSC initiative is to produce cost savings by mitigating the use of EDs and preventing unnecessary or inappropriate hospitalization. Furthermore, CRSC is intended to reduce police engagement, arrests, incarcerations and 911 calls.

The CRSC initiative will assess individuals 18 years of age and older who present in a behavioral health crisis associated with a serious mental illness (SMI) and/or substance use disorder (SUD). The CRSC initiative will result in strong, positive individual outcomes and an improved individual experience while accessing services. The

services are designed to interrupt and or ameliorate a behavioral health crisis, reduce symptoms, help restore the individual to a previous level of functioning, and avoid where possible more restrictive levels of treatment. The individuals served in the initiative will receive community-based treatment and supportive services in an effective and timely manner 24 hours a day, 7 days a week, 365 days per year.

II. Anticipated RFP schedule

The following summarizes the anticipated RFP schedule:

January 31, 2024	Notice of Funding Availability
February 7, 2024	Voluntary Bidders Conference
February 14, 2024	Questions on RFP are due - no later than 4:00 p.m. ET
March 20, 2024	Deadline to submit written intent to apply no later than 4:00 p.m. ET
March 20, 2024	Deadline to request DHS secure file transfer protocol (SFTP) site login credentials – no later than 4:00 p.m. ET
March 27, 2024	Deadline for receipt of proposals - no later than 4:00 p.m. ET
April 24, 2024	Mental Health Board Letters of Recommendation due
TBD	Appeal deadline - no later than 4:00 p.m. ET

Bidders are responsible for monitoring the DHS website[1] for updates to the RFP schedule.

III. Background and Population to be Served

Background

Currently, New Jersey's PES program includes mobile outreach capacity, providing approximately 30,000 episodes of mobile outreach per year, with approximately 12,000 of these episodes to community settings. Approximately half of the mobile outreaches to community settings result in diversions from hospital EDs. However, less than 25% of individuals in the state have access to the current respite beds and community-based crisis diversion beds. In order to increase access to services, DMHAS is targeting the development of more community-based crisis and diversionary services.

From January 1, 2021 through December 30, 2021, there were 2,957 suspected overdose deaths in NJ[2]. In 2020 law enforcement and EMS administered 14,437 doses of the life-saving overdose reversal drug, Naloxone. In 2021 there were 49,219 visits to EDs related to Alcohol Use Disorder (AUD). About 55 in 10,000 individuals visited EDs for AUD. There were 110,386 visits for drug related issues with about 124 individuals per 10,000 using the ED for a SUD. In 2019 there were a total of 229,503 served by the MH crisis system. This number is composed of 32,437 individuals with MH related ED visits, 58,062 individuals hospitalized with a MH condition, 67,230 admissions to affiliated emergency services, and 71,774 admissions to PES.

[1] https://www.nj.gov/humanservices/providers/grants/rfprfi/

[2] NJ_SHAD: New Jersey Center for Health Statistics, New Jersey Department of Health: https://nj.gov/health/shad

Accordingly, CRSC is the alternative designed to address the needs that are not always satisfied by traditional crisis services. The CRSC initiative is aligned with the SAMHSA's National Guidelines Best Practices Toolkit 2020 (Best Practices Toolkit).[3] The Best Practices Toolkit was used to inform CRSC program requirements and should be used as a guide and continuing resource.

Population to be Served

The target population for the CRSC is:

- Individuals 18+ in crisis associated with a SMI
- Individuals 18+ in crisis associated with a SUD
- Individuals 18+ who walk in or voluntarily agree to be transported to the CRSC

Based on the experience of these kinds of programs in other states, it is anticipated that most individuals served will be experiencing homelessness, and/or have multiple psychiatric and medical comorbidities.

IV. Who Can Apply?

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

- The bidder must be a non-profit entity or governmental entity;
- The bidder must maintain a Mental Health License pursuant to N.J.A.C.§ 8:121[4] et set;
- The bidder must review and be capable of applying for and securing CRSC certification if awarded a contract. The DMHAS **PROVIDER AGENCY APPLICATION FOR CERTIFICATION OF CRISIS RECEIVING STABILIZATION CENTER** appears as **Attachment I;**
- The bidder must review and be capable of complying with the CRSC Annex A if awarded a contract. The DMHAS CRSC contract Annex A appears as Attachment J. Annex A specifies the CRSC services that the successful bidder is authorized and obligated to deliver pursuant to and in accordance with the Contract;
- The bidder must have a true copy of the Certificate of Occupancy for the CRSC;
- 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 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

[3] national-guidelines-for-behavioral-health-crisis-care-02242020.pdf (samhsa.gov)

[4] The mental health license requirement is a minimum eligibility standard only. The CRSC will not be licensed or regulated by the New Jersey Department of Health Certificate of Need and Licensing.

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[5] or be suspended or debarred by any other State or Federal entity from receiving funds;
- Pursuant to DHS Contract Policy and Information Manual Policy Circular 8.05, the bidder shall not have a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include Provider Agency staff members, officers and Governing Board Members. A bidder must have written Conflict of Interest policies and procedures that satisfy the requirements of P8.05, thereby ensuring that paid Board members do not participate in transactions except as expressly provided in the P8.05 circular; and
- Comply with applicable federal limitations as dictated by the applicable federal grants.

V. Contract Scope of Work

SAMHSA's "The National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit"[6] defines "Crisis Receiving Stabilization Centers" as facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment. Crisis receiving and stabilization facilities serve everyone who comes through its doors, from all referral sources. Crisis receiving and stabilization services offer the community no-wrong-door access to MH, SUD, and co-occurring SUD and MH services, operating much like a hospital ED that accepts all walk-ins and drop-offs. CRSC admission is voluntary, and any person brought to or who walks into a CRSC may leave at any time unless the individual is a danger to self or others at which point, the facility will contact the local screening center to screen the individual and determine if the individual may meet the standard for commitment. Please refer to Annex A for a description of the Scope of Work.

The CRSC must align with the following core principles as outlined in the Best Practices Toolkit:[7] by (1) addressing Recovery Needs, (2) significant role for peers, (3) trauma-informed care, (4) zero suicide/Suicide Safer Care, (5) safety/security for staff and people in crisis and (6) crisis response partnerships with law enforcement and dispatch.[8]

SAMHSA recommends a trauma-informed care approach because of the established link between trauma, crisis and vulnerable individuals (often with a history of trauma). Individuals in crisis respond to safe environments and calming treatment approaches that facilitate healing. Therefore, the following guiding principles apply: (1) safety, (2)

[5] http://www.nj.gov/treasury/revenue/debarment/debarsearch.shtml
[6] https://www.nasmhpd.org/sites/default/files/2020paper6.pdf
[7] https://www.nasmhpd.org/sites/default/files/2020paper6.pdf
[8] SAMHSA National Guidelines for Behavioral Health Crisis Care 2020, p. 26

trustworthiness and transparency, (3) peer support and mutual self-help, (4) collaboration and mutuality, (5) empowerment, voice and choice and (6) ensuring cultural, historical and gender considerations inform the care provided.

Peer Support Services will align with the Best Practices Toolkit and the guidelines for peer supervision developed by the National Association of Peer Supporters (https://www.peersupportworks.org/wp-content/uploads/2021/07/National-Practice-guidelines-for-Peer-Specialists-and-Supervisors-1.pdf).

DMHAS CRSC CONTRACT ANNEX A

Successful bidders must demonstrate the ability to comply with the CRSC Annex A (Attachment J). More specifically, consistent with Attachment J/Annex A, successful bidders must demonstrate the ability to: a. comply with all monitoring and reporting requirements; b. determine individual eligibility; c. provide the requisite scope of CRSC services; d. comply with the standards of responsibility for CRSC services; e. satisfy all staffing requirements; f. satisfy discharge criteria and processes; g. assess for level of CRSC care; h. develop and maintain the requisite affiliation agreements; i. develop care plans and document services; j. develop and maintain the requisite policies and procedures; and k. satisfy all facility standards. **Note: This is a cost-based contract. Successful bidders must bill Medicaid for all reimbursable services and eligible consumers, and report such reimbursement as an offset to Successful Bidder's cost-based contract. The grant award is the payer of last resort after all entitlements are exhausted. Section VIII of the CRSC Annex A identifies three (3) levels of care, based on clinical need and commensurate hours of service. DMHAS acknowledges that the levels of care have no application to current reimbursement under the current term of agreement, but rather are being provided in the event DMHAS secures future funding and approvals for bundled rates.**

DMHAS CERTIFICATION OF CRSC

Prior to the commencement of any services, successful bidders shall be a DMHAS approved/certified provider by satisfying all of the requirements of the CRSC Certification (Attachment I/Certification Form).

CULTURAL COMPETENCY

Successful bidders will include evidence of its commitment to equity and reduction of disparities in access, quality, and treatment outcomes of marginalized populations. This includes a cultural competency plan that incorporates diversity, inclusion, equity, cultural and linguistic access through adherence to National CLAS standards. The plan must include information about the following domains: workforce diversity (data informed recruitment), workforce inclusion, reducing disparities in access quality, and outcomes in the target population, and soliciting input for diverse community stakeholders and organizations. Additionally, successful bidders must describe how it will use available demographic data from agency and target population catchment area (race/ethnicity/gender/sexual/orientation/language) to shape decisions pertaining to services, agency policies, recruitment, and hiring of staff.

Bidder and its system partners will work together to identify and combat barriers that may impede the target population from seeking and accessing services. Obstacles to services may include misinformation and lack of knowledge regarding the target populations' race, ethnicity, sexual orientation, substance use, socioeconomic status, generational considerations, and language, etc.

Successful bidders will:

- Collaborate with system partners to ensure coordination, equity and inclusion of care
- Deliver services in a culturally competent manner compliant with National CLAS Standards
- Ensure services meet the language access needs of individuals served by this project (e.g., limited English proficiency, Video Relay Service/American Sign Language, Braille, limited reading skills).
- Coordinate and lead efforts to reduce disparities in access, quality and program outcomes

Successful bidders will describe efforts to ensure workforce diversity and inclusion in the recruiting, hiring, and retention of staff who are from or have experience working with target population and other individuals served by CRSC. Additionally, successful bidders will maintain a training strategy related to diversity, inclusion, cultural competence, and the reduction of disparities in access, quality, and outcomes for the target population. Trainings will include education about implicit bias, diversity, recruitment, creating inclusive work environments, and providing languages access services.

Successful bidders must have in place established, facility-wide policies that prohibit discrimination against consumers of prevention, treatment and recovery support services who are assisted in their prevention, treatment and/or recovery with legitimately prescribed medication(s). These policies must be in writing, legible and posted in a clearly visible, common location accessible to all who enter the facility.

Data Collection

Successful bidders are required to submit program and financial reports to DMHAS during the contract term. Successful bidders will submit data reports as required, including utilization, performance, outcome, and demographic data, using designated data collection tools. DMHAS will work with the successful bidders to further define required data elements, data collection tools and reporting specifications and will contribute some data as well. Successful bidders are required to provide individual client-level data in a format specified by DMHAS to allow for additional analysis of program outcomes and effectiveness. Additional data may be required to comply with state and federal reporting guidelines. Successful bidders are required to evaluate fidelity to the model pending development of the tool. (See, Best Practices Toolkit[9])

[9] https://www.nasmhpd.org/sites/default/files/2020paper6.pdf

The minimum data includes, but is not limited to:

- DMHAS' Quarterly Contract Monitoring Report (QCMR) and other DMHAS data systems including but limited to Unified Services Transaction Form (USTF+) and BEDS. DMHAS' QCMR appears as **Attachment K**.
- Length of stay data for all individuals served in the CRSC, measured in hours.
- Data on Multiple psychotropic medications.
- Any additional data elements outlined in the Best Practices Toolkit.

The data derived from this effort will be used to achieve the following outcomes:

- Decrease psychiatric ED visits, screening center wait times greater than 24 hours, and hospital admissions.
- Increase the number of individuals discharged from the CRSC who are linked to community-based behavioral health services upon discharge or within 7 days.

VI. General Contracting Information

Bidders must comply with the terms and conditions of the DHS contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual. These documents are available on the DHS website[10], and incorporated therein

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 accurately reflect the scope of responsibilities in order to accomplish the goals of this program.

All bidders will be notified in writing of DHS' intent to award a contract.

Any contract awarded as a result of this RFP is anticipated to have an initial term of fifteen (15) months, unless otherwise extended by the DMHAS, in its sole discretion, should additional funding become available, but with the agreement of the successful bidder, for a total term of up to five (5) years. Successful bidders shall commence CRSC services on or before July 2024, unless otherwise extended by DMHAS in its reasonable discretion. Funds may be used only to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. **Note: Successful bidders must bill Medicaid for all reimbursable services and eligible consumers.** Actual funding levels will depend on the availability of funds and satisfactory performance.

Should the provision of services be delayed through no fault of the successful bidder(s), funding continuation will be considered on a case-by-case basis dependent upon the circumstances creating the delay. In no case shall DMHAS continue funding when

[10] https://www.nj.gov/humanservices/olra/contracting/policy/

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 the Community Mental Health Services Regulations, N.J.A.C. §10:37, which apply to all contracted MH services. These regulations can be accessed on the DHS website[11].

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

VII. Voluntary Bidders Conference, Written Intent to Apply and Contact for Further Information and Questions and Answers

Voluntary Bidders Conference

A Voluntary Virtual Bidders' Conference to review the CRSC RFP will be held on **February 7, 2024** at **10am ET**. Attendance is voluntary, but recommended.

Potential bidders to this RFP are requested to register for the Voluntary Virtual Bidders Meeting via https://dhs-nj-gov.zoomgov.com/webinar/register/WN_X4mXVW1MRvC2ETq4J5PnTA

A separate link to access the Voluntary Bidders Virtual Meeting will be sent to those that register via the registration link. Additionally, if you require assistance with this registration link, please contact MH.upload@dhs.nj.gov no later than two (2) days prior to the Voluntary Virtual Bidders Meeting.

Question and Answers

Any questions regarding this RFP should be directed via email to MH.upload@dhs.nj.gov no later than 4:00 p.m. ET on **February 14, 2024**. All questions and responses will be compiled and emailed to all those who submit a question or provide a written intent to apply. Bidders are guided to rely upon the information in this RFP, and the responses to questions submitted by email which will be provided to all potential applicants who submit their written intent to apply, to develop their proposals. Specific guidance, however, will not be provided to individual bidders at any time.

Written Intent to Apply

Bidders must email MH.upload@dhs.nj.gov no later than 4:00 p.m. ET on **March 20, 2024** indicating their agency's intent to submit a proposal for the Crisis Receiving Stabilization Centers RFP. It is required that the bidder email their notice of intent to submit a proposal no later than the March 19, 2024 deadline. If a bidder's notice to

[11] http://www.nj.gov/humanservices/providers/rulefees/regs/

intent to submit a proposal is received after the deadline their agency is not eligible to submit a proposal for consideration. Submitting a notice of intent to apply does not obligate an agency to apply.

Login Credentials
Additionally, bidders must request login credentials by emailing MH.upload@dhs.nj.gov on or before 4:00 p.m. ET on **March 20, 2024**, in order to receive unique login credentials to upload your proposal to the SFTP site. Email requests for login credentials must include the individual's first name, last name, email address and name of agency/provider.

Proposals must be uploaded to the DHS SFTP site, https://securexfer.dhs.state.nj.us/login using your unique login credentials.

VIII. Required Proposal Content

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

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder's Organization, History and Experience (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. The written narrative should:

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the agency's work with the target population and underserved populations, and the number of years' experience working with the target population and marginalized underserved populations.
2. Describe the bidder's background and experience in implementing this or related types of services. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area.
3. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.
4. Describe the bidder's current status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be explained with supporting documentation, such as an appendix, to the bidder's proposal.
5. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice. Failure to disclose active or pending litigation may result in the agency being ineligible for contract award at DMHAS' sole discretion.

6. Include a description of the bidder's ability and commitment to provide culturally competent services (CLAS Standards) and diversity (Law against Discrimination, N.J.S.A. 10.5-1et seq.). Attach a cultural competency plan as an addendum and discuss in the narrative how the plan will be updated and reviewed regularly.
7. Describe the bidder's plan to sustain the initiative beyond the funding period.
8. Document that the bidder's submissions are up-to-date in the New Jersey Substance Abuse Management System, Unified Service Transaction Form, Quarterly Contract Monitoring Report, Bed Enrollment Data System and Systems Review Committee data.
9. Describe the bidder's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.
10. Provide a description of any outstanding or in process Plans of Correction with DMHAS. Bidder must affirm if there are no outstanding or in process POC with DMHAS.

Project Description (30 points)

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

1. The bidder's proposed approach to the business opportunity or problem described in the State's RFP, including the following.
   a. how the bidder's approach satisfies the requirements as stated in the RFP;
   b. the bidder's understanding of the program goals and measurable objectives;
   c. the bidder's justification of program services which includes assessment and needs of the target population;
   d. all anticipated collaborations with other entities in the course of fulfilling the requirements of the contract resulting from this RFP;
   e. all anticipated barriers and potential problems the bidder foresees itself and/or the State encountering in the successful realization of the initiative described herein; and
   f. Description of how the program design will promote/facilitate access to individuals in the entire service area.
   g. all other resources needed by the bidder to satisfy the requirements of the contract resulting from this RFP.
2. Describe the bidder's evidence-based practice(s) that will be used in the design and implementation of the program.
3. Describe how bidder will ensure that the services and environment are trauma-informed.
4. Describe how the demographic makeup of the service area population (race, ethnicity, gender, sexual orientation, language, etc.) will shape the design and implementation of evidence based and best practice program approaches.
5. Describe the bidder's capacity to accommodate all: individuals who take legitimately prescribed medications and who are referred to or present for admission, including medications prescribed for treatment of mental illness, AUD and SUD; and

individuals who can benefit from prescribed medication but not yet prescribed medication for AUD, SUD or psychiatric symptoms.
6. Describe safety precautions to be implemented for persons who screen positive for suicide risk.
7. Summary of the policies that prohibit discrimination against individuals legitimately prescribed medication/s to treat mental illness and SUD.
8. A description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
9. 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.
10. Describe the capability of performing CLIA waived lab testing at your facility or contracting out with a vendor and the tests that will be available.

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. Describe the bidder's approach to measurement of consumer satisfaction.
2. Describe the bidder's measurement of the achievement of identified goals and objectives.
3. The evaluation of contract outcomes.
4. Description of all tools to be used in the evaluation.
5. Details about any an outside entity planned for use to conduct the evaluation, including but not limited to the entity's name, contact information, brief description of credentials and experience conducting program evaluation.
6. Tools and activities the bidder will implement to ensure fidelity to the evidence-based practice.
7. The assessment, review, implementation, and evaluation of quality assurance and quality improvement recommendations, particularly noting any reduction of disparities and barriers in access, quality, and treatment outcomes.
8. Assurance that the bidder will complete the data collection tools developed by DMHAS and cooperate with the DMHAS evaluator.
9. Bidder will be required to comply with the DMHAS's program evaluation and data requests by participating in the data collection system to be developed for this initiative, by facilitating completion of consumer satisfaction questionnaires and by satisfying any other monitoring activities. Bidder will be required to submit separately for SMI and SUD individuals based upon primary diagnosis for purposes of block grant reporting.
    a. Include a statement of commitment to collaborate with DMHAS on data collection, including real time web-based applications.
    b. Identify staff who will be assigned to data collection and reporting. Include their title and experience and number of hours per week assigned to the data and reporting.
    c. Describe how data collection will be incorporated into bidder's work flow.

Staffing (15 points + Up to 10 Possible Bonus points)

Bidders must determine staff structure to satisfy the contract requirements. Bidders should describe the proposed staffing structure and identify how many staff members 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 in compliance with Annex A (Attachment J).
2. Provide details of the Full Time Equivalent (FTE) staffing required to satisfy the contract scope of work/Annex A (Attachment J). Describe proposed staff qualifications, including professional licensing and related experience. Details should include currently on-board or to be hired staff, with details of recruitment effort. Identify bilingual staff.
3. Describe how staffing will promote alignment with CLAS standards.
4. Describe program efforts to recruit, hire and train staff who are from or have experience working with target population.
5. Describe the management level person responsible for coordinating and leading efforts to reduce disparities in access, quality, and outcomes for the populations served. Information provided should include the individual's title, organizational positioning, education, and relevant experience.
6. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all key personnel.
7. Identify the number of work hours per week that constitute each FTE in the bidder's proposal. If applicable, define the Part Time Equivalent work hours.
8. Description of the proposed organizational structure, including the submission of an organizational chart as an appendix to the bidder's proposal.
9. Describe the bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
10. Describe the strategy to deliver topics related to diversity, inclusion, cultural competence, and the reduction of discrepancies in the access, quality, and program outcomes, which includes information on implicit bias, diversity, recruitment, creating inclusive working environments, and providing languages access services.
11. The approach for supervision of clinical staff.
12. Describe how bidder will ensure staff are competent in provision of trauma informed services.
13. Provide a list of the bidder's board members and their current terms, including each member's professional licensure and organizational affiliation(s). The proposal shall indicate if the Board of Directors vote on contract-related matters.
14. A list 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.
15. Describe inclusion of fluently bi-lingual staff. Successful bidders who are able to demonstrate inclusion of fluently bi-lingual staff as evidenced on submitted resumes will receive up to 5 bonus points.

16. Describe staff's capability to serve special populations, especially dually diagnosed ID/DD and forensically-involved individuals. Bidders who are able to demonstrate inclusion of staff who are trained in providing services to consumers dually diagnosed DD/MI and/or with forensic population specialization as evidenced by submitted resumes will receive up to 5 bonus points.
17. Provide policies that include the roles of clinical staff (and law enforcement if needed) for the management of incidents of behavior that places others at risk).

Facilities, Logistics, Equipment (10 points + Up to 10 Possible Bonus points)

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

1. A description of the manner in which tangible assets, i.e., computers, phones, recliners, and other special service equipment, etc., will be acquired and allocated.
2. A description of the bidder's Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.
3. A description of the location(s) in which the program will be held and how the location is in compliance with Annex A (Attachment J). Please provide information about accessibility, safety, access to public transportation, etc. is in compliance with Annex A (Attachment J).
4. Describe the planning for the following areas of treatment setting and environment in compliance with Annex A (Attachment J). More specifically:
   a) How will the physical space be configured to support the service delivery model and include access for walk-ins.
   b) How will the physical space be configured to support the service delivery model and include access for drop-offs by (acceptable separate entrance and ambulance bay is a 10-point bonus), police/law enforcement (separate entrance and area for law enforcement is required) or other.
   c) How will the physical space be configured that allows for direct line observation of individuals while providing privacy. Include description of anti-ligature features.
   d) How will the physical space be designed to allow for a nursing station.
   e) How will the physical space be configured promoting comfort for gender responsive arrangements, for personal hygiene products, and personal belongings.
   f) How will the physical space be designed to allow for storage for first aid, medication and other medical supplies.
   g) How will the physical space be structured to include the use of recliners that offer flexibility within a given space and provide privacy between each individual.
   h) How will the physical space be designed for a common area with tables and chairs.
   i) Explain how furniture will be designed for the behavioral health population served including anti-ligature furniture.
   j) Explain how the physical space will be designed to allow for de-escalation, including a quiet room and the established policies and procedures emphasizing "no force first".

k) Explain how the physical space will be designed to be aesthetically calming and welcoming for individuals of diverse backgrounds and ethnicity.

Budget (20 points)
DMHAS will consider the cost efficiency of your proposed budget as it relates to the contract scope of work. Therefore, bidders must clearly indicate how this funding will be used to meet the program goals and/or requirements. In addition to the required Budget forms, bidders are asked to provide budget notes.

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

The budget should consider the funding source that will be used for each line item. When possible, the funding source (either MH or SUD) should be identified by line item on Annex B.

1. A detailed budget using the Excel Budget Template is required. Bidders must submit pricing using the Excel Budget Template accompanying this RFP. Bidders should refer to Instructions for Excel Budge Template (Attachment E) for a clear understanding of how to work within the Budge Template file. The Budget Template must be uploaded as an Excel file onto the file transfer protocol site as instructed in VIII. Submission of Proposal Requirements. Failure to submit the budget as an Excel file may result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, clearly labeled sections:
   a. Section 1 – Full annualized operating costs to satisfy the contract scope of work detailed in the RFP and revenues excluding one-time costs; and
   b. Section 2 - Proposed one-time costs.
2. Budget Notes detailing and explaining the proposed budget methodology, estimates and assumptions made for expenses, and the calculations/computations to support the proposed budget. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget notes, to the extent possible, should be displayed on the Excel template itself.
3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
4. For all proposed personnel, the template should identify the staff position titles and 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 enumerated items of Required Attachments #1 through #8 and Appendices #1 through #11 must be included with the bidder's proposal.

Please note that if Required Attachments #1 through #4 are not submitted and complete, the proposal will not be considered. Required Attachments #5 through #8 below are also required with the proposal.

The collective of Required Attachments and Appendices is limited to a total of 60 pages. Audits and interim financial statements (Required Attachments #6 and #7) do not count towards the appendices' 60-page limit. Appendix information exceeding 60 pages will not be reviewed.

Required Attachments
1. Department of Human Services Statement of Assurances (Attachment C);
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Attachment D);
3. Disclosure of Investment in Iran[12];
4. Statement of Bidder/Vendor Ownership Disclosure[13];
5. Pursuant to Policy Circular P 1.11, a description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years;
7. All interim financial statements prepared since the end of the bidder's most recent fiscal year. If interim financial statements have not already been prepared, provide interim financial statements (balance sheet, income statement and cash flows) for the current fiscal year through the most recent quarter ended prior to submission of the bid; and

[12] www.nj.gov/treasury/purchase/forms.shtml
[13] www.nj.gov/treasury/purchase/forms.shtml

8. Department of Human Services Commitment to Defend and Indemnify Form (Attachment G).

Appendices

1. Copy of documentation of the bidder's charitable registration status[14];
2. Bidder mission statement;
3. Organizational chart;
4. Mental Health License pursuant to N.J.A.C.. §8:121 (to determine bidder eligibility only);
5. A true copy of the Certificate of Occupancy for the CRSC;
6. Job descriptions of key personnel; The job descriptions of key personnel should include the: (a) APN, (b) Consulting Psychiatrist, (c) Registered Nurse and (d) Clinicians;
7. Resumes of proposed personnel **if on staff**, limited to two (2) pages each per the key personnel listed above in 6 above;
8. List of the board of directors, officers and terms;
9. Three (3) original and/or copies of letters of commitment/support;
10. Signed Attachment H – Confirmation Bidder has read Provider Agency Application for Certification of Crisis Receiving Stabilization Centers (ATTACHMENT I), ANNEX A (ATTACHMENT J), and QCMR (ATTACHMENT K); and
11. Cultural Competency Plan.

IX. Submission of Proposal Requirements

A. Format and Submission 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 be no more than 30 pages, be single-spaced with one (1") inch margins, and not be in smaller than twelve (12) point Arial, Courier or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 33 it is 31 pages long, not 30 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendices do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on **March 27, 2024**. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically using the DHS secure file transfer protocol (SFTP) site.

Proposals should be submitted in the following three files.

1. PDF file of entire proposal consisting of proposal narrative, budget, budget notes, attachments and appendices. Do not include interim and audited financial statements and Single Audits (A133) which should be submitted in a separate PDF

[14] www.njconsumeraffairs.gov/charities

file (see #3 below). Label file with the following title: Name of Agency/CRSC Proposal
2. Excel file of budget using the DMHAS Excel budget template. Label file with the following title: Name of Agency/CRSC Budget
3. PDF file of interim and audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years template. Label file with the following title: Name of Agency/CRSC Audit

Bidders must request login credentials by emailing MH.upload@dhs.nj.gov **on or before 4:00 p.m. on March 20, 2024**, in order to receive unique login credentials to upload your proposal to the SFTP site. Email requests for login credentials must include the individual's first name, last name, email address and name of agency/provider.

Proposals must be uploaded to the DHS SFTP site, https://securexfer.dhs.state.nj.us/login using your unique login credentials.

Additionally, proposal(s) must also be submitted to the County Mental Health Administrator(s) for the county(ies) in which they intend to locate the service by the submission deadline referenced above. Please refer to the Attachment regarding the submission preference for each of the County Mental Health Administrators, as some require hard copies while others prefer an electronic version or both methods.

B. Confidentiality/Commitment to Defend and Indemnify

Pursuant to the New Jersey Open Public Records Act (OPRA), N.J.S.A. 47:1A-1 et seq., or the common law right to know, proposals can be released to the public in accordance with N.J.A.C. 17:12-1.2(b) and (c).

Bidder should submit a completed and signed Commitment to Defend and Indemnify Form (Attachment G) with the proposal. In the event that Bidder does not submit the Commitment to Defend and Indemnify Form with the proposal, DHS reserves the right to request that the Bidder submit the form after proposal submission.

After the opening of the proposals, all information submitted by a Bidder in response to a Bid Solicitation is considered public information notwithstanding any disclaimers to the contrary submitted by a Bidder. Proprietary, financial, security and confidential information may be exempt from public disclosure by OPRA and/or the common law when the Bidder has a good faith, legal/factual basis for such assertion.

As part of its proposal, a Bidder may request that portions of the proposal be exempt from public disclosure under OPRA and/or the common law. Bidder must provide a detailed statement clearly identifying those sections of the proposal that it claims are exempt from production, and the legal and factual basis that supports said exemption(s) as a matter of law. DHS will not honor any attempts by a Bidder to designate its price

sheet, price list/catalog, and/or the entire proposal as proprietary and/or confidential, and/or to claim copyright protection for its entire proposal. If DHS does not agree with a Bidder's designation of proprietary and/or confidential information, DHS will use commercially reasonable efforts to advise the Bidder. Copyright law does not prohibit access to a record which is otherwise available under OPRA.

DHS reserves the right to make the determination as to what to disclose in response to an OPRA request. Any information that DHS determines to be exempt from disclosure under OPRA will be redacted.

In the event of any challenge to the Bidder's assertion of confidentiality that is contrary to the DHS' determination of confidentiality, the Bidder shall be solely responsible for defending its designation, but in doing so, all costs and expenses associated therewith shall be the responsibility of the Bidder. DHS assumes no such responsibility or liability.

In order not to delay consideration of the proposal or DHS' response to a request for documents, DHS requires that Bidder respond to any request regarding confidentiality markings within the timeframe designated in DHS' correspondence regarding confidentiality. If no response is received by the designated date and time, DHS will be permitted to release a copy of the proposal with DHS making the determination regarding what may be proprietary or confidential.

X. 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 responsive proposal.

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. The minimum score required shall not include any bonus points that may have been awarded.

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 review committee's averaged score for the proposal's narrative and budget sections combined with the fiscal viability score. The bidder may also be awarded up to 20 possible bonus points.

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 all bidder finalists to review existing program(s) and/or invite all bidder finalists for interview. 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 Policy Circular P1.04[15].

DMHAS recognizes the invaluable perspective and knowledge that consumers, family members and County Mental Health Boards possess. Input from these groups is an integral component of a system that holds wellness and recovery principles at its core. To that end, DMHAS will assemble an advisory committee of consumers and family members to provide opinions and perspective about proposals or aspects of the proposals to the review committee. Members of the review committee may take the advisory committee's perspective into consideration in scoring the proposals but the advisory committee will not be scoring proposals. Any individual with access to the proposals prior to the final contract award will be screened for potential conflicts of interest and will be required to sign a certification attesting that they do not have any potential conflicts.

County Mental Health Boards recommendations and comments will be received by DMHAS no later than **April 24, 2024.** All County Mental Health Board recommendations and comments shall be emailed to MH.upload@dhs.nj.gov, and shall reference the RFP Title and County. This input will be considered in the final deliberations of the review committee.

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

XI. Appeal of Award Decisions

All appeals must be made in writing no later than the date and time set on the DHS website, by emailing it to MH.upload@dhs.nj.gov (subject line must include “Appeal and RFP title”) and/or mailing or faxing it to:

Division of Mental Health and Addiction Services
Office of the Assistant Commissioner
5 Commerce Way, Suite 100

[15] https://www.nj.gov/humanservices/olra/contracting/policy/

PO Box 362
Trenton, NJ 08625
FAX: 609-341-2302

The written appeal must clearly set forth the basis for the appeal.

Any appeals sent to an email/address/fax number not mentioned above, will not be considered.

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 a final decision will be rendered. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XII. Post Award Required Documentation

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

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization[16];
3. A list of all current contracts and grants as well as those for which the bidder has applied 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 362, Trenton, NJ 08625 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;

[16] https://www.njportal.com/DOR/annualreports/

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 Registration Form[17]; for an entity doing business with the State for the first time, it may register at the NJ Treasury website[18];
25. Source Disclosure (EO129)[19]; and
26. Chapter 51 Pay-to-Play Certification[20].

XIII. Attachments

Attachment A - Proposal Cover Sheet
Attachment B - Addendum to RFP for Social Service and Training Contracts
Attachment C - Statement of Assurances
Attachment D - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions
Attachment E - Instructions for Excel Budget Template
Attachment F - Mandatory Equal Employment Opportunity Language
Attachment G - Commitment to Defend and Indemnify Form
Attachment H - Confirmation Bidder has read Provider Agency Application for Certification of CRSC (ATTACHMENT I), ANNEX A (ATTACHMENT J) and QCMR (ATTACHMENT K)
Attachment I - Provider Agency Application for Certification of CRSC
Attachment J - ANNEX A

[17] https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp
[18] http://www.nj.gov/treasury/revenue
[19] www.nj.gov/treasury/purchase/forms.shtml
[20] www.nj.gov/treasury/purchase/forms.shtml

Attachment K - QCMR
Attachment L - Executive Order 166 Notice: Public Posting of Contracts funded with COVID-19 Recovery Funds
Attachment M - County Mental Health Administrators RFP Submission Preference

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 Crisis Receiving Stabilization Center

Incorporated Name of Bidder: _____

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

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

DUNS Number: _____

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:_____

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

_____
_____
_____

NOTE: In order to contract with the State of New Jersey, all providers applying for contracts, or responding to Request for Proposals (RFPs), *MUST* be pre-registered with the online eProcurement system known as NJSTART. You may register your organization by proceeding to the following web site: https://www.nj.gov/treasury/purchase/vendor.shtml or via telephone: (609) 341-3500.

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 RLI, including development of specifications, requirements, statement of works, or the evaluation of the RLI 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 C.F.R. 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 C.F.R. 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 C.F.R. 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 (N.J.A.C. 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 C.F.R. 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 are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a 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 C.F.R. 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 C.F.R. 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 C.F.R. 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 C.F.R. part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Attachment E - Instructions for Excel Budget Template

The Excel template, posted with the RFP, contains a template spreadsheet. ***Please open the respective template file tab and read the below guidance at the same time.*** This will allow for a clear understanding of how to work within the template file.

1. In the turquoise section, you will enter the proposed costs for this RFP. This should include all information from budget categories A-F, G/A, as well as ***your number of consumers to serve***. FTE's in Category A are to be broken down between direct care, administration, and support. FTE's will not appear until three cells are completed: hours worked per employee on contract (column C), hours worked per employee per week (column D), and the amount of salary (column H) respectively. Category B is to be broken down between medical/clinical consultants, and non-medical/clinical consultants.

2. There is also a One-Time budget section at the bottom in the turquoise section for your use. Onetimes are shown separately, but included in Total Gross Costs right after Gross Costs.

3. Please use the ***"Explanatory Budget Notes"*** column to help support anything that you feel needs to be explained in written word for evaluators to understand your intent regarding any cost/volume data populated in your template submission. Please provide notes, as well as, calculations that support any and all offsetting revenue streams. If you double up expenses on one budget line, please provide the individual expense details in the budget notes. Many cells are protected, but you can expand rows to give more room in the notes column should you need it.

6. General and Administrative Costs should be recorded in the template per the instructions in the RFP. That is, only additional G&A associated with this proposal should be included, not your normal G&A rate.

7. Make sure to remember to place your Agency Name and Region or County in the subject line when you send your template in ***Excel*** format.

SAVE ALL YOUR WORK, REVIEW AND PREPARE TO SEND IN *EXCEL* FORMAT.

Attachment F

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

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

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

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

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

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.
The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, col-or, national origin, ancestry, marital status, affectional or sexual orientation,

gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

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

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

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

Letter of Federal Affirmative Action Plan Approval;

Certificate of Employee Information Report; or

Employee Information Report Form AA-302 (electronically provided by the Division through the Division's website at: http://www.state.nj.us/treasury/contract_compliance.

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

Attachment G – Commitment to Defend and Indemnify Form

Department of Human Services
Commitment to Defend and Indemnify Form

I, _____, on behalf of _____ ("Company") agree that the Company will defend, and cooperate in the defense of, any action against the State of New Jersey ("State") or the New Jersey Department of Human Services ("DHS") arising from, or related to, the non-disclosure, due to the Company's request, of documents submitted to the State of New Jersey and DHS, and relating to the Request for Proposals for Crisis Receiving Stabilization Centers ("RFP"), which may become the subject of a request for government records under the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq. ("OPRA"). The Company agrees to indemnify and hold harmless the State and DHS against any judgments, costs, or attorney's fees assessed against the State of New Jersey or DHS in connection with any action arising from, or related to, the non-disclosure, due to the Company's request, of documents submitted to the State and DHS, and relating to the RFP, which may become the subject of a request for government records under OPRA.

The Company makes the foregoing agreement with the understanding that the State and DHS may immediately disclose any documents withheld without further notice if the Company ceases to cooperate in the defense of any action against the State arising from or related to the above-described non-disclosure due to the Company's request.

I further certify that I am legally authorized to make this commitment and thus commit the Company to said defense.

_____
(Signature)

_____
(Print Name)

_____
Title

_____
Entity Represented

_____
Date

Attachment H – Confirmation Bidder has read Provider Agency Application for Certification of Crisis Receiving Stabilization Centers (ATTACHMENT I), ANNEX A (ATTACHMENT J) and Quarterly Contract Monitoring Report (ATTACHMENT K)

The Bidder has read Provider Agency Application for Certification of Crisis Receiving Stabilization Centers (Attachment I), ANNEX A (Attachment J) and Quarterly Contract Monitoring Report (Attachment K).

Name and Title of Authorized Representative

Signature

Date

ATTACHMENT I - Provider Agency Application for Certification of CRSC

The Provider Agency Application for Certification of Crisis Receiving Stabilization Center ("Attachment I" or "application") is included in the CRSC RFP package for informational purposes only and should not be completed or signed by the bidder with the proposal package submission. The Application is required to be completed and signed after a contract has been awarded.

The bidder is required to complete and sign Attachment H certifying that the bidder has read the Application. Attachment H is the required Attachment with the proposal package submission.

PROVIDER AGENCY APPLICATION
FOR
CERTIFICATION OF CRISIS RECEIVING STABILIZATION CENTER

Provider Agency Name: _____

Agency Business Address: _____

Federal Identification No.: _____

Program Name (if different from above): _____

CRSC Facility Address: _____

Agency Contact Name: _____

Agency Email: _____

Program Contract Name: _____

Program Email: _____

DMHAS CRSC Contract No.: _____

PART ONE: License Requirements

☐ Provider Agency certifies that it maintains a Mental Health License pursuant to N.J.A.S. 8:121 et set.;

☐ A true copy of Provider Agency's current Mental Health License is attached; **and**

☐ Provider Agency certifies that is does not have any outstanding plans of Corrective Action with either DMHAS or the Department of Health, Certificate of Need and License – Behavioral Health.

PART TWO: Facility Requirements

☐ A true copy of the Certificate of Occupancy for the CRSC is attached;

[ ] A true copy of a valid Certificate of Fire Inspection for the CRSC is attached;

[ ] A true copy of the CRSC floor plan is attached, which floor plan satisfies the facility requirements contained in the CRSC Contract Annex A;

[ ] Provider Agency certifies that all furnishings are anti-ligature; **and**

[ ] Provider Agency certifies that the facility provides a designated receiving zone for law enforcement, nurse's station with adequate safety, safe equipment storage, safe medication storage with refrigeration and a sink, all in accordance with the CRSC Contract Annex A.

PART THREE: Staff Requirements

[ ] A true copy of Provider Agency's Table of Organization is attached;

[ ] Provider Agency maintains the following staff roster consistent with the CRSC Contract Annex A:

(Include additional pages, if necessary)

Full Name	Job Title	Degree	Hrs. Per Week	Hire/Transfer Date	License/Cert. No. (as applicable)

[ ] Provider Agency certifies that the above staff roster includes the requisite Consulting Psychiatrist, Program Director, Licensed Board Certified Psychiatrist/Licensed Advanced Practice Nurse, Licensed Registered Nurse, Licensed Clinicians (LCSW/LPC), Behavioral Health Technician; Peers (CPRS/NRPRSS), and Certified Medical Assistant, consistent with the CRSC Contract Annex A;

[ ] A true copy of all Provider Agency CRSC job descriptions is attached; **and**

[ ] Provider Agency certifies that all staff are appropriately credentialed in accordance with the CRSC Contract Annex A.

PART FOUR: Policies and Procedures

[ ] A true copy of Provider Agency's Policies and Procedures Manual is attached.

[ ] Provider Agency certifies that the attached Policies and Procedures Manual contains the following provisions in accordance with the CRSC Contract Annex A:

- [ ] Staffing, supervision and training;
- [ ] Referral to/from CRSC and coordination of services with other providers;
- [ ] Utilization of designated screening services, mental health resources, substance use disorder resources, and community services;
- [ ] Medication (including MAT and buprenorphine) storage and administration;
- [ ] Admission and Discharge;
- [ ] Identification of and compliance with existing Crisis Plans, Psychiatric Advance Directives and Wellness Recovery Action Plans (WRAP);
- [ ] Quality Assurance;
- [ ] Lost to Contact guidelines;
- [ ] Affirmative action, anti-discrimination, cultural competency and inclusion; and
- [ ] Confidentiality and Conflicts of Interest; **and**

[ ] Provider Agency certifies that its policies and procedures adhere to CRSC Contract Annex A requirements.

PART FIVE: Additional Documentation

[ ] Attached are true copies of Provider Agency's clinical record forms, which forms are consistent with the documentation requirements in the CRSC Contract Annex A.

☐ Other [Please describe]:

I am the authorized representative of Provider Agency. Provider Agency certifies that the above information is accurate to the best of Provider Agency's knowledge, information and belief. Provider Agency further certifies that all documents are true and accurate. Provider Agency agrees to provide DMHAS with written notice of any changes to the information/documents provided herein.

Signature	Date
Print Name	Title

DMHAS Approval: _____ **Date: _____**

ATTACHMENT J – CRSC PROGRAM ANNEX A

The CRISIS RECEIVING STABILIZATION CENTER PROGRAM ANNEX A ("ATTACHMENT J" or "Annex A") is included in the CRSC RFP package for informational purposes only and should not be completed or signed by the bidder with the proposal package submission. The Application is required to be completed and signed after a contract has been awarded.

The bidder is required to complete and sign Attachment H certifying that the bidder has read the Application. Attachment H is the required Attachment with the proposal package submission.

CRISIS RECEIVING STABILIZATION CENTER

PROGRAM ANNEX A

NAME OF AGENCY:

CONTRACT NUMBER: **CONTRACT TERM:** **TO**

BUDGET MATRIX CODE: _____

This Annex A specifies the Crisis Receiving Stabilization Center (CRSC) services that the Provider Agency is authorized and obligated to deliver pursuant to and in accordance with the Contract to which this Annex A is attached. In addition to the terms contained in the cost reimbursement Contract to which this Annex A is attached, Provider Agency shall comply with all of the terms stated herein.

I. DEFINITIONS.

For purposes of this Annex A, the following terms are defined as follows:

Behavioral Health Crisis - the experience of acute psychological, emotional, physical and/or behavioral change that: a) results in a marked increase in personal distress; b) exceeds the abilities and the resources of those involved to effectively resolve it; and c) is associated with a Serious Mental Illness and/or Substance Use Disorder.

Eligible Individual – an adult (18 years of age or older) eligible to receive CRSC services in accordance with this Annex A.

Provider Agency – a not-for-profit or governmental entity certified by, and under contract with, the Division of Mental Health and Addiction Services to provide CRSC services.

Serious Mental Illness –a person who: (a) currently meets or at any time during the past year has met criteria for a mental disorder – including within developmental and cultural contexts – as specified within a recognized diagnostic classification system (e.g., most recent editions of DSM, ICD, etc.); and (b) displays functional impairment, as determined by a standardized measure that impedes progress towards recovery and substantially interferes with or limits the person's role or functioning in family, school, employment, relationships, or community activities.

Substance Use Disorder – when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Supportive Person(s) – the Eligible Individual's natural support system, including family, friends, employers, self-help and other natural support groups (as identified by and with the consent of the Eligible Individual, consistent with applicable federal and State law).

II. COMPLIANCE AND MONITORING.

A. Provider Agency shall comply with all applicable Federal and State laws and policy, and all implementing regulations, including but not limited to:

1. N.J.A.C. 10:37-1.1 et seq.; and
2. N.J.A.C. 10:37D-1.1 et seq.

B. Provider Agency shall maintain any Mental Health License in accordance with N.J.A.C. 8:121 et seq. and shall be certified by DMHAS as a CRSC provider agency.

C. Provider Agency shall comply with all applicable Federal Mental Health Block Grant, Substance Abuse Block Grant, Covid-19 Supplemental Block Grant (No.) and ARPA Grant (No.) requirements for the applicable grant years, including any subsequent amendments to the aforementioned grants. Such compliance includes, but is not limited to, quarterly contract reporting and live, client level data reporting.

D. Provider Agency shall provide access to, and cooperate with all monitoring activities conducted by an authorized State of federal instrumentality, DMHAS and/or the Substance Abuse and Mental Health Services Administration (SAMHSA). Provider Agency acknowledges and agrees that an authorized State of federal instrumentality, DMHAS and/or SAMHSA may, at any time, conduct on-site inspections, conduct on-site reviews of case files, review any and all billing and fiscal records, collect data, review data collection, and review reporting activities, in order to evaluate and ensure compliance with all Grant terms, the terms of contract, all applicable federal and state laws and policy, and all implementing regulations.

III. INDIVIDUAL ELIGIBILITY.

A. CRSC services must be medically necessary for an individual experiencing a behavioral health crisis, and therefore recommended by a licensed practitioner of the healing arts or other licensed and/or credentialed professional authorized by State law to recommend a course of treatment.

B. The following individuals are the primary target populations:

1. Individuals who present in a behavioral health crisis associated with a Serious Mental Illness and/or Substance Use Disorder.

2. Individuals who indicate their consent to be transported to, or voluntarily enter, a CRSC.

C. Individuals may not be excluded from service solely because of co-existing clinical conditions such as serious emotional disturbances, intellectual disability or developmental disability, or acuity.

D. Individuals may not be excluded from service solely because of coexisting active, current, substance abuse or history of substance abuse.

E. Provider Agency shall not require a medical screen prior to the provision of CRSC.

IV. PROVIDER AGENCY'S SCOPE OF SERVICES.

A. CRSC services shall be designed to interrupt and/or ameliorate a behavioral health crisis, reduce symptoms, help restore the individual to a previous level of functioning, and avoid, where possible, more restrictive levels of treatment.

B. Provider Agency shall conduct an initial triage that shall include, when available, contact with Supportive Person(s).

C. CRSC services include, but shall not be limited to: immediate needs and other clinically indicated assessments, observation, de-escalation and relief of immediate distress, risk reduction, harm reduction, crisis service planning, medication administration and management, direct service support, and case management including service referral, linkage and follow-up care.

1. **Assessment** is the process of identifying and reviewing an Eligible Individual's immediate needs based upon input from triage, and when available, from the Eligible Individual's Supportive Person(s).

a. At a minimum, provider agency shall conduct a Psychiatric Assessment (without medical). Provider agency shall assess the Eligible Individual for the CRSC levels of care (Primary, Immediate and Maximum) consistent with the minimum service requirements contained in Section VIII of this Annex.

b. In addition to the Psychiatric Assessment(s), provider agency shall conduct the following additional assessments when clinically indicated: Psychiatric (with medical); Nursing; Violence; and Suicide Risk.

c. If an Eligible Individual is presenting as a danger to self or others and is not responsive to the therapeutic interventions offered, Provider Agency shall initiate screening services with the local screening center.

d. Provider agency shall re-assess the Eligible Individual throughout the entire length of stay at CRSC, as clinically indicated.

2. **Observation** is the ongoing direct line monitoring and supervision of the Eligible Individual during the individual's entire length of stay at the Crisis Receiving Stabilization Center.

3. **De-escalation and Relief of Immediate Distress** is the use of various interventions, such as cognitive interventions, behavioral tasks and/or environmental modifications/manipulation to reduce the Eligible Individual's symptoms and promote the individual's restoration to a previous level of functioning.

4. **Risk Reduction** is the recognized approach that emphasizes direct individual engagement, with compassion and without judgment, to reduce the risk of self-harm, suicide, overdose, harm to others, and other adverse consequences of substance use and/or mental illness.

5. **Harm Reduction** is the use of evidence-based interventions and strategies that meets individuals "where they are" and offers a pathway to prevention, treatment, and recovery services. Harm reduction interventions and strategies include, but are not limited to, overdose counseling and education, distribution of overdose reversal medications as permitted by law, and evidence based suicide risk strategies (such as, cognitive-behavioral therapy for suicide prevention, dialectical behavior therapy, brief cognitive-behavioral therapy, suicide-specific brief interventions, etc.).

6. **Crisis Service Planning** is the process of organizing the outcomes of the assessment(s) in collaboration with, when available, the Eligible Individual, Supportive Person(s), and service providers, to formulate a written Crisis Care Plan that addresses the Eligible Individual's immediate needs, planned services to address those needs, and plans to motivate the individual to utilize services.

7. **Medication Administration and Management** is the assessment (including the assessment for withdrawal management), prescription of appropriate medication (including Medication Assisted Treatment (MAT) and buprenorphine), administration, education and monitoring by appropriately licensed and credentialed staff. Provider Agency shall secure access to medications through its own pharmacy, a co-located pharmacy or a written agreement with a pharmacy vendor.

8. **Direct Service Support** is the direct provision of support services to the Eligible Individual's Supportive Person(s).

9. **Case Management** includes service referral and linkage, and follow-up contact.

a. **Service Referral and Linkage** is the referral and warm hand off to other appropriate service providers for the purposes of addressing the needs identified in

the Eligible Individual's assessment and Crisis Care Plan and to coordinate the connection to ongoing care.

b. **Follow-Up Contact** is post-discharge contact with the Eligible Individual, Supportive Person(s) and service providers (existing and potential providers). Whenever valid Eligible Individual contact information is available, CRSC shall initiate at least one follow-up contact, within a reasonable period of time of initial contact, to encourage engagement in aftercare and identify if there are additional or different service needs.

D. Transportation Services. Provider Agency shall provide or arrange for transportation to and/or from the CRSC, as necessary. Provider Agency drivers shall be licensed and insured.

E. Laboratory Services. Provider Agency shall have access to timely laboratory services and results through CLIA (Clinical Laboratory Improvement Amendments) waived testing or through a written agreement with a laboratory vendor.

F. CRSC services include individual, and group interventions when clinically appropriate.

G. CRSC services are provided to, or for the benefit of, the Eligible Individual.

H. CRSC services may be provided in-person, on-site or via Telehealth and Telemedicine in accordance with federal and State laws and regulations, provided the services meet the standard of care.

V. RESPONSIBILITIES.

A. Provider Agency shall be open to receive and treat Eligible Individuals twenty-four (24) hours a day, three hundred sixty-five (365) days a year, so there is immediate access to care.

B. Provider Agency shall receive and assess all individuals, within provider capacity, including but not limited to first responders, law enforcement, community treatment providers, homeless shelters, and other referral sites as identified at the local level. CRSC is a "no wrong-door access" service.

C. CRSC services shall consist of *up to 24 hours* of service per episode (inclusive of follow-up care), unless Provider Agency provides DMHAS (or its designated entity) with supporting documentation and DMHAS approves additional hours of service.

D. CRSC services shall be integrated, shall recognize and address the Eligible Individual's mental illness, substance use and/or co-occurring disorder, and shall recognize and address the behavioral health needs of the whole person.

E. Provider Agency shall utilize evidence based, best practice tools. Provider Agency shall provide individualized, trauma-informed (e.g. Treatment Improvement Protocols 57 or functional equivalent), suicide safe (e.g. Education Development Center Zero Suicide Model or functional equivalent), and individually safe (for the Eligible individual and staff) care. Provider Agency shall utilize the least restrictive intervention that is clinically appropriate.

F. Provider Agency shall maintain regular communication, and coordinate its efforts, with other treatment providers to help reduce the fragmentation of care.

G. Provider Agency shall inquire about and comply with an Eligible Individual's established crisis or safety plan, such as a WRAP (Wellness Recovery Action Plan) or PAD (Psychiatric Advance Directive), consistent with State law.

H. Provider Agency shall not refuse services because of insurance, payer source or inability to pay.

I. Access to CRSC services shall not be contingent upon the use of certain providers.

J. Provider Agency shall provide services in an inclusive, equitable and culturally competent manner consistent with National CLAS Standards and shall satisfy the language access needs of Eligible Individuals.

VI. DISCHARGE.

Eligible Individuals may be discharged and released from the CRSC when:

A. Provider Agency determines that the Eligible Individual's behavioral health crisis is sufficiently interrupted and/or ameliorated, symptoms are sufficiently reduced, the individual is restored to an acceptable previous level of functioning, and the requisite linkages and warm handoff have been accomplished; or

B. Provider Agency determines that the individual requires a more restrictive level of treatment and the individual's transfer to alternate treatment services is complete; or

C. The Eligible Individual declines services and the Provider Agency makes a good faith, documented effort to link the individual to the appropriate services and completes a warm handoff.

VII. STAFF MEMBER QUALIFICATIONS.

A. Provider Agency shall be staffed at all times with an appropriately licensed and trained multidisciplinary team capable of meeting the needs of Eligible Individuals.

B. Provider Agency shall be staffed with a Consulting Psychiatrist for a minimum of five (5) hours per week to provide consultative services to CRSC staff and/or CRSC treatment services to Eligible Individuals.

C. Provider Agency shall designate one Program Director for a 1.0 full time effort who shall have experience working with individuals with a serious mental illness and/or a substance use disorder.

D. Provider Agency shall be staffed on-site at all times during all shifts with a Licensed Board-Certified Psychiatrist or a Licensed Advanced Practice Nurse. A designated Licensed Advanced Practice Nurse shall:

1. be a Board Certified *Psychiatric* Mental Health Nurse Practitioner; and

2. have experience working both with individuals with a serious mental illness *and* individuals with a substance use disorder; and

3. be a registered practitioner with the U.S. Drug Enforcement Administration (DEA) and compliant with all DEA training requirements on the treatment and management of individuals with opioid or other substance use disorders.

E. Provider Agency shall be staffed daily on-site at all times during all shifts with a Licensed Registered Nurse. The Licensed Registered Nurse shall have experience working both with individuals with a serious mental illness *and* individuals with a substance use disorder.

F. Provider Agency shall be staffed daily on-site at all times during all shifts with at least one (1) Licensed Clinician (Licensed Clinical Social Worker and/or Licensed Professional Counselor). Provider Agency shall be staffed daily on-site with at least one additional Licensed Clinician during the CRSC's high utilization shift (as determined by admission data).

G. Provider Agency shall be staffed daily on-site at all times during all shifts with a Behavioral Health Technician. The Behavioral Health Technician shall have, at a minimum, a Bachelor's degree and experience working with individuals with a serious mental illness or with a substance use disorder.

H. Provider Agency shall be staffed daily on-site at all times during all shifts with at least one (1) Certified Peer Recovery Specialist (CPRS) or National Certified Peer Recovery Support Specialist (NCPRSS). Provider Agency shall be staffed daily on-site with at least one additional CPRS or NCPRSS during the CRSC's high utilization shift (as determined by admission data). Certified Peers shall have lived experience similar to the experience of the population served and shall have at least two (2) years of recovery.

I. Provider Agency shall be staffed daily on-site during the CRSC's high utilization shift (as determined by admission data) with a Medical Assistant who shall possess a certificate from the American Association of Medical Assistants or similar accreditation authority.

J. Provider Agency staff shall provide only those clinical, non-clinical, and/or administrative supervisory services they are authorized to provide in accordance with their professional licensure, certification and/or credentialing standards.

VIII. LEVELS OF CARE.

Provider Agency shall provide the minimum service requirements for each assessed level of care.

A. **Primary Level of Care**. Less than three (3) hours of CRSC services that shall include, at a minimum: at least one 1-hour Psychiatric Assessment (without medical), and the clinical and non-clinical services as dictated by the Eligible Individual's Crisis Care Plan.

B. **Intermediate Level of Care**. At least (3) hours and no more than four (4) hours of CRSC that shall include, at a minimum: at least one 1-hour Psychiatric Assessment (with or without medical, as clinically indicated), and the clinical and non-clinical services as dictated by the Eligible Individual's Crisis Care Plan.

C. **Maximum Level of Care**. More than four (4) hours, but less than twenty-four (24) hours of CRSC services that shall include, at a minimum: at least one 1-hour Psychiatric Assessment (with Medical), and the clinical and non-clinical services as dictated by the Eligible Individual's Crisis Care Plan.

IX. AFFILIATION AGREEMENTS.

Provider agency shall develop and maintain written affiliation agreements with primary referral sources (e.g. law enforcement, 988 Contact Centers, Crisis Mobile Response teams, hospital emergency departments, Designated Screening Centers, etc.), treatment resources and other key system entities that serve individuals with a mental illness, substance use disorder and/or co-occurring disorder, including but not limited to involuntary, voluntary, inpatient, peer respite, crisis diversion housing, outpatient, hospital, ambulatory clinic and community based providers.

X. ASSESSMENTS, CARE PLANNING AND DOCUMENTATION.

A. Provider agency shall keep and maintain individual records as are necessary to fully disclose the kind and extent of services provided to Eligible Individuals and to provide DMHAS with the information necessary to evaluate Provider Agency's performance and efficacy. The necessary records shall specifically include, but not be limited to: Diagnosis, Assessment(s), Crisis Care Plan, progress notes, referrals, discharge instructions (including follow-up) and when applicable, coordination with Supportive Person(s) and other providers.

B. Documentation must include: the name of the Eligible Individual; date of service; nature, content and unit/duration of service provided; identified goal in Crisis Care Plan designed

to improve outcomes and reduce the risk of another behavioral health crisis, reduction in symptoms and/or promotion of functional improvement; and signature, title, and date of authorship.

C. Provider Agency shall complete the requisite Psychiatric Assessment as soon as practicable upon admission to CRSC.

D. Provider Agency shall complete the following additional Assessments, when clinically indicated, as soon as practicable upon admission to CRSC:

1. Nursing Assessment;

2. Violence;

3. Suicide Risk; and

4. Any other assessments that are clinically appropriate under the circumstances.

E. Provider Agency shall complete the Crisis Care Plan as soon as practicable upon completion of the assessments that are clinically indicated.

1. The Crisis Care Plan shall be signed by a licensed practitioner of the healing arts or other licensed and/or credentialed professional authorized by State law to recommend a course of treatment (as applicable), and the Eligible Individual as appropriate to the individual's diagnosis and crisis status.

2. The process shall be individual driven, as appropriate to the Eligible Individual's diagnosis and crisis status.

3. The process also shall be in collaboration with the Eligible Individual's Supportive Person(s) and service providers, whenever possible.

4. The Crisis Care Plan shall be updated as clinically indicated.

5. Prior to discharge from CRSC, Provider Agency shall include in the Crisis Care Plan the identification of any service gaps and/or obstacles to service delivery that a subsequent treatment provider should address. The Crisis Care Plan may identify a different treatment strategy, revised goals and different services, designed to improve outcomes and reduce the risk of another behavioral health crisis.

F. Provider Agency shall make and provide the Eligible Individual with a succinct discharge summary that includes follow-up care or justification for no follow-up care.

G. Provider Agency shall maintain in real time a complete roster of all Eligible Individuals served in the DMHAS client data system and all other DMHAS-designated reporting systems.

XI. PROVIDER AGENCY POLICY AND PROCEDURE MANUAL.

Provider Agency shall maintain and implement written policies and procedures contained in a manual to be provided to all individuals and their families and significant others upon their request. The policies and procedures shall ensure that all contracted services are provided, that all services meet industry and quality standards, and that all services are adequately monitored and maintained. The policies and procedures shall include, but shall not be limited to:

A. Staffing, supervision and training.

1. Provider Agency shall maintain, at a minimum, job descriptions and policies for staffing, supervision and training in best practices for crisis stabilization (including stabilization of individuals with high acuity needs), trauma informed care and de-escalation strategies.

2. Provider Agency policy shall provide for diversity and inclusion in the recruiting, hiring, and retention of staff who are from or have had experience working with the target population and other identified individuals served in CRSC. Policy also shall include a training strategy related to diversity, inclusion and cultural competence.

B. Referral to/from CRSC and coordination of services with other providers;

C. Utilization of designated screening services, mental health resources, substance use disorder resources, and community services;

D. Medication (including MAT and buprenorphine) storage and administration;

E. Admission and Discharge;

F. Identification of and compliance with existing Crisis Plans, Psychiatric Advance Directives and Wellness Recovery Action Plans (WRAP);

G. Monitoring of quality of assurance including but not limited to:

1. Waiting time;

2. Prioritization and triage of referrals;

3. Evaluations of individual criteria for services;

4. Documentation standards; and

5. Billing.

H. Lost to Contact guidelines;

I. Agency wide affirmative action, anti-discrimination, cultural competency and inclusion; and

J. Confidentiality and Conflicts of Interest.

XII. FACILITY STANDARDS.

Provider Agency's CRSC location shall satisfy the following facility standards:

A. The facility shall be of sufficient size and space to accommodate twenty-two recliner chairs. There shall be a safety barrier around each recliner chair. The configuration shall provide for direct line observation and shall accommodate gender responsive arrangements, as well as personal hygiene and belongings.

B. The facility shall be of sufficient size and space to provide an anxiety free atmosphere while at full capacity.

C. The facility shall include a designated "comfort/quiet zone."

D. The facility shall include a designated receiving area for law enforcement.

E. The facility shall include a nurse's station with adequate safety.

F. The facility shall include a medication room for the secure storage of medications, medical equipment and supplies, a sink and medication refrigerator.

G. The facility shall include a common area with weighted tables and weighted chairs.

H. The facility shall be configured to accommodate Supportive Person(s).

I. Furniture shall be anti-ligature.

J. The facility shall provide a respectful, welcoming and non-institutional atmosphere.

XIII. TERM AND TERMINATION OF ANNEX A.

The term of this Annex A shall be coterminous with, and will automatically terminate upon, the expiration of the Contract to which it is annexed.

ACKNOWLEDGED AND AGREED:
[PROVIDER AGENCY NAME]

_____

BY: ,
Authorized Representative

ATTACHMENT K – QUARTERLY CONTRACT MONITORING REPORT

The **QUARTERLY CONTRACT MONITORING REPORT** ("Attachment K" or "QCMR") is included in the CRSC RFP package for informational purposes only and should not be completed or signed by the bidder with the proposal package submission. The Application is required to be completed and signed after a contract has been awarded.

The bidder is required to complete and sign Attachment H certifying that the bidder has read the QCMR. Attachment H is the required Attachment with the proposal package submission

QUARTERLY CONTRACT MONITORING REPORT (QCMR)
INDIVIDUAL MOVEMENT REPORT
Crisis Receiving Stabilization Centers (CRSC) (11/15/23)

USTF PROJECT CODE:	***CALENDAR* YEAR OF REPORT** ☐			
NAME OF AGENCY:	**REPORTING QUARTER: (CHECK ONE):**			
NAME OF PROGRAM:	**JULY 1 TO SEPTEMBER 30** 1 ☐			
PERSON COMPLETING FORM / PHONE #:	**OCTOBER 1 TO DECEMBER 31** 2 ☐			
DATE SUBMITTED:	**JANUARY 1 TO MARCH 31** 3 ☐			
	APRIL 1 TO JUNE 30 4 ☐			
CHECK AGENCY REPORTING QUARTER:	1 ☐	2 ☐	3 ☐	4 ☐

CASELOAD

1.					
Beginning Caseload (First Day of Qtr.)	**New Enrollees to Program Element During Qtr.**	**Transfers In to Program Element During Qtr.**	**Transfers From Program Element During Qtr.**	**Terminations From Program Element During Qtr.**	**Ending Caseload (Last Day of Qtr.)**

AVERAGE CASELOAD BY SHIFT BY DAY OF WEEK

7.

MONDAY			**FRIDAY**		
DAY ☐	EVENING ☐	NIGHT ☐	DAY ☐	EVENING ☐	NIGHT ☐
TUESDAY			**SATURDAY**		
DAY ☐	EVENING ☐	NIGHT ☐	DAY ☐	EVENING ☐	NIGHT ☐
WEDNESDAY			**SUNDAY**		
DAY ☐	EVENING ☐	NIGHT ☐	DAY ☐	EVENING ☐	NIGHT ☐
THURSDAY					
DAY ☐	EVENING ☐	NIGHT ☐			

VOLUME INDICATORS (PROGRAM OUTPUTS)

	Month 1	Month 2	Month 3	Quarter Total
8. Psychiatric Assessment Completed with Medical/Intake				
a. Number of *On-site* PA units of service:	☐	☐	☐	☐
b. Number of *Telehealth* PA units of service:	☐	☐	☐	☐

9. Psychiatric Assessment Completed without Medical/Intake

a. Number of *On-site* PA units of service:				
b. Number of *Telehealth* PA units of service:				

10. Of the Psychiatric Assessments completed in #8 and #9 above, how many were not admitted to CRSC? (Cannot be higher than 8 +9)

a. Number of *On-site* PA units of service: (Total of 8a+9a)				
b. Number of *Telehealth* PA units of service: (Total of 8b+9b)				

	Month 1	Month 2	Month 3	Quarter Total
11. Nursing Assessment /Intake onsite:				
12. Violence Risk Assessments onsite:				
13. Suicide Risk Assessments onsite:				
14. Other Risk Assessments onsite:				
a. Please specify type of assessments	Text Box	Text Box	Text Box	

	Month 1	Month 2	Month 3	Quarter Total
15. a. **Medication Monitoring (MM) Sessions:** (Auto-calculated total of 15b + 15c)				
b. **Number of *On-site* MM units of service:**				
c. **Number of *Telehealth* MM units of service:**				
16. a. **Individual Psychotherapy (IP) Sessions:** (Auto-calculated total of 16b + 16c)				
b. **Number of *On-site* IT units of service:**				
c. **Number of *Telehealth* IT units of service:**				
17. a. **Psycho-education (PE) Sessions:** (Auto-calculated total of 17b + 17c)				
b. **Number of *On-site* PE units of service:**				
c. **Number of *Telehealth* PE units of service:**				
18. a. **Case Management (CM) Sessions:** (Auto-calculated total of 18b + 18c)				
b. **Number of *On-site CM* units of service:**				
c. **Number of *Telehealth CM* units of service:**				

19. a. **Total units of service:** (Auto-calculated total of 19b + 19c)				
b. **Total Face-to-Face <u>on-site</u> units of service:**				
c. **Total <u>telehealth</u> units of service:**				

PROGRAM OUTCOMES

	Month 1	Month 2	Month 3	Quarterly Total
20. # of New Enrollees: OFFERED Access to Mental Health Programs Within 24 Hours of Referral:				
21. # of New Enrollees: Face-to-Face Access to Mental Health Program Within 24 Hours of Referral:				
22. # of New Enrollees: OFFERED Access to Prescriber Within 24 Hours of Enrollment:				
23. # of New Enrollees: Face-to-Face Access to Prescriber Within 24 Hours of Enrollment:				
24. Number of individuals discharged from the CRSC who have an appointment for follow-up care within 7 days of discharge from the CRSC				
25. Number of individuals that had an appointment for follow-up care scheduled for the next business day after discharge from the CRSC				
26. Number of individuals that had an appointment for follow-up care scheduled greater than 7 days of discharge from the CRSC				
27. Total number of patients on 1:1 supervision				
a. Total units of service for 1:1 supervision				
28. Number discharged to the community				
a. Number discharged to the community in less than 24 hours				
29. Number discharged to an inpatient setting				
a. Number discharged to an inpatient setting in less than 24 hours				
30. Number referred to emergency department for medical care				
a. Number who were admitted to the CRSC and referred to the emergency department.				
31. Number of clients for whom MAT was administered				
32. Number of individuals discharged from the CRSC who return to the CRSC within 30 days of discharge				
33. Number of post discharge contacts: (Auto-calculated total of 33a + 33b)				
a. attempts, and				
b. completed contacts				
34. Total cost of care for crisis episodes				
35. Total number of patients utilizing agency transportation services				
a. Total units of service for transportation services				
36. Number of individuals referred to the CRSC and source of referrals				
a. Total number of referrals admitted				
b. Total number of referrals not admitted				

c. **Total number of referrals from first responders**
d. **Total number of referrals from law enforcement**
e. **Total number of referrals from Emergency Departments**
f. **Total number of referrals from family members**
g. **Number of total referrals from walk-ins**
h. **Total number of referrals from MCORTS**
i. **Total number of referrals from other sources**

37. **Average length of processing time in minutes of law enforcement drop off**

STAFFING

38. Please record staffing information (See instructions below as needed):

Staffing Position	Contracted Staff Composition (FTEs)	Actual Team Composition at End of Month (FTEs)			Quarterly Total (auto-calculated)	Quarterly Staff Fill Rate (auto-calculated)
		Month 1	Month 2	Month 3		
a. Program Director						
b. Psychiatrist						
c. Psychiatric APN						
d. Registered Nurse (RN)						
e. Clinician/Case Manager LCSW/LPC						
f. Behavioral Health Technician (Bachelor Level)						
g. Certified Peer Specialist						
h. Certified Medical Assistant						
i. **Total (Auto-calculated)**						

The reporting on *individual outcomes* is conducted annually and is separate from this report.

38. **Payer Mix** How many of your consumers on the ending caseload have their services paid forby the following payers? (Auto-calculated as sum of 38a through 38i; Total MUST match response to #6)

38a.Medicaid | 38b.Medicare | 38c.StateFunded | 38d.Self-Pay | 38e.Private/Commercial Insurance

38f. Charity Care | 38g.Provider Funded | 38h. Other funded | 38i.Unknown funding

Note: Each client is to be counted only once time, (even if they have more than one payer). For those consumers with more than one payer, please count the client with the payer that is the major/primary payer

DEFINTIONS and INSTRUCTIONS

1. **Beginning Caseload (First Day of Qtr.):** Refers to the CRSC caseload on the first day of the reporting period.

2. **New Enrollees to Program Element During Qtr.:** refers to the number of individuals admitted to CRSC during the quarter.

3. **Transfers In to Program Element During Qtr.**: Refers to individuals who are already registered within your agency in another program element, and are being transferred to this service.

4. **Transfers From Program Element During Quarter**: Refers to individuals who are registered within your agency in this program element, but for whom this program has ceased to provide services on an ongoing basis and for whom another program element of your agency is going to provide services on an ongoing basis.

5. **Terminations From Program Element During Qtr.:** Refers to the number of individuals for whom a case was closed by CRSC during the quarter.

NOTE: Item 4 and Item 5 are mutually exclusive.

6. **Ending Caseload (Last Day of Qtr.):** Refers to the CRSC caseload on the last day of the reporting quarter.

7. **Average Caseload By Shift By Day of Week**: Refers to the Average caseload by shift for each day of the week for the quarter.

VOLUME INDICATORS (PROGRAM OUTPUTS): For this section, please provide monthly responses. Quarterly data will be auto-calculated in the column labeled "Quarter Total".

For items 8 through 18, these volume indicators are general programmatic measures of CRSC outputs. Billing considerations are independent of these measures. All services, including clinical services are to be rendered in accord with all applicable state and federal regulatory requirements.

8-10. Psychiatric Assessment Completed with/without Medical/Intake: refers to a face-to-face contact a individual has with a physician or nurse practitioner, either on site or telehealth, for the primary purpose of completing a comprehensive assessment and initiating a psychotropic medication regimen.

a. **Face-to-Face on-site units of service**: Refers to cumulative face-to-face contact time individuals receive from CRSC staff at the CRSC location. 60 minutes of face-to-face service provided to one (1) individual = 4 units of service of face-to-face service, irrespective of how many staff are present: (e.g. One staff provides a one hour group session to four individuals = 4 Hours of Face-to-Face Service; Two staff provides a one hour group session to four individuals = 16 units of service of Face-to-Face Service). No rounding (e.g. from 50 minutes to 1 hour) is permitted. 45 minutes of face-to-face service provided to one 1 individual = 3 units of service of face-to-face service.] Record and sum actual duration of each face-to-face contact to produce cumulative total face-to-face hours.

b. **Face-to-Face telehealth units of service**: refers to cumulative face-to-face contact time individuals receive from CRSC staff; 60 minutes of face-to-face service provided to one 1 individual = 4 units of service of face-to-face service, irrespective of how many staff are present: (e.g. One staff provides a one hour group session to four individuals = 4 Hours of Face-to-Face Service; Two staff provides a one hour group session to four individuals = 16 units of service of Face-to-Face Service). No rounding (e.g. from 50 minutes to 1 hour) is permitted. 45 minutes of face-to-face service provided to one 1 individual = 3 units of service hour of face-to-face service.] Record and sum actual duration of each face-to-face contact to produce cumulative total face-to-face hours.

11. **Nursing Assessment / Intake onsite:** refers to a face-to-face contact a individual has with a registered nurse on site for the primary purpose of completing an assessment, which includes psychological and sociocultural factors as well.

12. **Violence Risk Assessment onsite**: refers to a face-to-face contact with an individual utilizing evidence-based procedures that help identify historical and current risk factors as well as protective factors.

13. **Suicide Risk Assessment Onsite:** refers to a face-to-face contact with an individual for a comprehensive assessment that determines what an individual's risk is for suicide at *a given point in time*, and helps identify current risk factors as well as protective factors.

14. **Other Risk Assessments Onsite (Please Specify Assessments Used and Units of Service):** refers to a face-to-face contact with the individual served for other assessments not mentioned above.

15. **Medication Monitoring Sessions**: refers to a face-to-face contact an individual has with a physician or nurse practitioner for at least ten minutes, either on site or telehealth, for the purpose of reviewing medication history and discussing medication management.

16. **Psychotherapy Sessions:** refers to a face-to-face or telehealth contact of at least 15 minutes with an individual, with the primary purpose of utilizing a variety of treatments that aim to help a person identify and change troubling emotions, thoughts, and behaviors.

17. **Psycho-education Sessions**: refers to a face-to-face or telehealth contact of at least 15 minutes with an individual, with the primary purpose of providing information related to a psychiatric condition, wellness, skill building and/or recovery options.

18. **Case Management Sessions**: - refers to a face-to-face contact or telehealth contact of at least 15 minutes with an individual with the primary purpose of assisting with linkage or concrete service needs.

19. **Total Units of Service:** For items numbered 11-18**.:** a. refers to total units of face to face plus telehealth units of service. b. refers to the total units of on-site face-to-face service, excluding telehealth units of service. c. refers to the total units of telehealth service, excluding on-site units of service.

PROGRAM OUTCOMES: For items 20 – 36 please indicate the monthly values for each of these outcome indicators. The quarterly total will be auto-calculated as the sum of Month 1 + Month 2 + Month 3 in the column labeled "Quarter Total".

20. **# of New Enrollees Access to Mental Health Professional Within 24 Hours of Referral**: Offering services means manifesting a willingness to provide services, either orally or in writing, such that another person may reasonably believe that their assent to the services is invited and will establish an agreement.

21. **# of New Enrollees who actually had Face-to-Face Access to a Mental Health Professional Within 24 Hours of Referral:** Number of newly enrolled individuals who are confirmed to have had face to face access to a mental health professional within 24 hours of referral.

22. **# of New Enrollees: OFFERED Access to a Psychiatric Prescriber Within 24 Hours of Enrollment**: Offering services means manifesting a willingness to provide services, either orally or in writing, such that another person may reasonably believe that their assent to the services is invited and will establish an agreement.

23. **# of New Enrollees who actually had Face-to-Face Access to Psychiatric Prescriber Within 24 Hours of Enrollment**: Number of newly enrolled individuals who are confirmed to have had face to face access to a psychiatric prescriber within 24 hours of referral.

24. **Number of individuals discharged from the CRSC who have an appointment for follow-up care within 7 days of discharge from the CRSC:** Refers to individuals who are discharged and have follow-up appointments within 7 days of discharge

25. **Number of individuals that had an appointment for follow-up care scheduled for the next business day after discharge from the CRSC:** Refers to Number of individuals with a next business day appointment

26. **Number of individuals that had an appointment for follow-up care scheduled greater than 7 days of discharge from the CRSC:** Refers to Number of individuals had an appointment scheduled which was greater than 7 days of discharge from CRSC

27. **Total number of patients on 1:1 supervision:** Total number of individuals who required 1: 1 staffing supervision. a. calculate the total units of service, in 15-minute increments, for individuals who required 1:1 staffing for supervision

28. **Number discharged to the community:** Number of individuals discharged to community, not to inpatient settings. a. refers to the total Number of those who were discharged to the community in less than 24 hours.

29. **Number discharged to an inpatient setting (how many in less than 24 hours as well):** Refers to Number of individuals discharged to inpatient settings. a. refers to the total Number of those who were discharged to the community in less than 24 hours.

30. **Number referred to emergency department for medical care:** Refers to the number of individuals who presented to the CRSC referred to emergency department for medical care a. number of individuals who were admitted to the CRSC who referred to the emergency department.

31. **Number of clients for whom MAT was administered:** Number of individuals admitted to CRSC for whom MAT was administered.

32. **Number of individuals discharged from the CRSC who return to the CRSC within 30 days of discharge**

33. **Number of post discharge contacts:** Total number of a. attempts and b. completed contacts to individuals discharged from CRSC to any non-inpatient setting.

34. **Total cost of care for crisis episodes:** Refers to total costs for treatment of crisis episodes of individuals based on report of expenditures.

35. **Total number of patients utilizing agency transportation services:** total number of individuals who utilize agency transportation services. a. total number of individuals utilizing outside entities for transportation services.

36. **Number of individuals admitted to the CRSC monthly and source of referral.:** Refers to the number of individuals admitted and not admitted to the CRSC. Includes the monthly total number of where the referrals came from by referral source.
37. **Average length of processing time in minutes of law enforcement drop off:** Refers to the average time to process an individual referred from law enforcement

STAFFING

38. **Contracted Staff Composition (FTEs) -** In the first column, indicate the contracted number of staff for each position type. Information must correspond to your agency's Annex A and Annex B documents. Staffing positions that are less than 1.0 Full-time equivalent (FTE) should be reflected as a proportion of an FTE – e.g., 0.25 FTE, 0.5 FTE, etc.

    For the columns labeled, "**Month 1**", "**Month 2**", and "**Month 3**" indicate the number of staff employed by your agency at each position type on the last day of the month.

    The column labeled "**Quarterly Total**" will be auto-populated as the sum of the previous 3 columns (Months 1 through 3).

    The column labeled, "**Quarterly Staff Fill Rate**" will be auto-populated for each row as:
    Quarterly Total / (Contracted Staff Composition * 3).

38a. Through 38i. **Payer Mix**: Of your ending caseload please indicate the payer(s) of this service. Note: Each client is to be counted only once time, (even if they have more than one payer). For those consumers with more than one payer, please count the client with the payer that is the major/primary payer.

38a. Medicaid
38b. Medicare
38c. State Funded:
38d. Self-Pay
38e. Private/Commercial Insurance
38f. Charity Care
38g. Provider Funded
38h. Other funded
38i. Unknown funding

Periodic audits of information submitted in this report will be conducted by DMHAS.

Attachment L - Notice of Executive Order 166 Requirement for Posting of Winning Proposal and Contract Documents

Principal State departments, agencies and independent State authorities must include the following notice in any solicitation:

Pursuant to Executive Order No. 166, signed by Governor Murphy on July 17, 2020, the Office of the State Comptroller ("OSC") is required to make all approved State contracts for the allocation and expenditure of COVID-19 Recovery Funds available to the public by posting such contracts on an appropriate State website. Such contracts will be posted on the New Jersey transparency website developed by the Governor's Disaster Recovery Office (GDRO Transparency Website).

The contract resulting from this RFP is subject to the requirements of Executive Order No. 166. Accordingly, the OSC will post a copy of the contract, including the RFP, the winning bidder's proposal and other related contract documents for the above contract on the GDRO Transparency website.

In submitting its proposal, a bidder/proposer may designate specific information as not subject to disclosure. However, such bidder must have a good faith legal or factual basis to assert that such designated portions of its proposal: (i) are proprietary and confidential financial or commercial information or trade secrets; or (ii) must not be disclosed to protect the personal privacy of an identified individual. The location in the proposal of any such designation should be clearly stated in a cover letter, and a redacted copy of the proposal should be provided. A Bidder's/Proposer's failure to designate such information as confidential in submitting a bid/proposal shall result in waiver of such claim.

The State deserves the right to make the determination regarding what is proprietary or confidential and will advise the winning bidder/proposer accordingly. The State will not honor any attempt by a winning bidder/proposer to designate its entire proposal as proprietary or confidential and will not honor a claim of copyright protection for an entire proposal. In the event of any challenge to the winning bidder's/proposer's assertion of confidentiality with which the State does not concur, the bidder /proposer shall be solely responsible for defending its designation.

Attachment M - County Mental Health Administrators RFP Submission Preference

County	Mental Health Administrator	Submission Type
Atlantic	**Kathleen Quish, Mental Health Administrator** Shoreview Building 101 South Shore Road Northfield, NJ 08225 Email: quish_kathleen@aclink.org	Email + Postal Mail
Bergen	**Shelby Klein, Division Director** Email: sklein@co.bergen.nj.us	Email
Burlington	**Shirla Simpson, Mental Health Administrator** Burlington County Department of Human Services Division of Behavioral Health 795 Woodlane Road, 2nd Floor Mount Holly, NJ 08060 Email: ssimpson@co.burlington.nj.us	Email + Postal Mail
Camden	**John Pellicane, Mental Health Administrator** Dept. of Health & Human Services 512 Lakeland Rd., Suite 301 Blackwood, NJ 08012 Email: john.pellicane@camdencounty.com	Email + Postal Mail
Cape May	**Patricia Devaney, Mental Health Administrator** Email: patricia.devaney@co.cape-may.nj.us	Email
Cumberland	**Melissa Niles, Interim Mental Health Administrator** Email: melissani@co.cumberland.nj.us	Email
Essex	**Joseph Scarpelli, D.C., Administrator** Essex County Mental Health Board 204 Grove Avenue Cedar Grove, NJ 07009 Email: jscarpelli@health.essexcountynj.org	Email + Postal Mail
Gloucester	**Rebecca DiLisciandro, Mental Health Administrator** Department of Human Services 115 Budd Blvd. West Deptford, NJ 08096 Email: bdilisciandro@co.gloucester.nj.us	Email + Postal Mail
Hudson	**Kayla Hanley, Mental Health Administrator**	Email

	Email: khanley@hcnj.us	
Hunterdon	**Susan Nekola, Assistant Mental Health Administrator** 6 Gaunt Place - PO Box 2900 Flemington, NJ 08822-2900 snekola@co.hunterdon.nj.us	Email + Postal Mail
Mercer	**Michele Madiou, Administrator** Division of Mental Health 640 South Broad Street PO Box 8068 Trenton, NJ 08650	Postal Mail
Middlesex	**Elisabeth Marchese, Administrator** Office of Human Services JFK Square – 5th floor New Brunswick, NJ 08901 Email: elisabeth.marchese@co.middlesex.nj.us	Email + Postal Mail
Monmouth	**Lynn Seaward, Mental Health Administrator** Email: Lynn.Seaward@co.monmouth.nj.us	Email
Morris	**Amy Archer, Mental Health Administrator** Morris County Department of Human Services PO Box 900, Morristown, NJ 07953-0900 Email: aarcher @co.morris.nj.us	Email + Postal Mail
Ocean	**Tracy Maksel, Assistant Mental Health Administrator** Email: tmaksel@co.ocean.nj.us	Email
Passaic	**Chi Shu (Bart) Chou, Director** Email: bartc@passaiccountynj.org	Email
Salem	**Shannon Reese, Mental Health Administrator** Salem County Department of Health and Human Services 110 5th Street, Ste 500 Salem, NJ 08079 Email: shannon.reese@salemcountynj.gov	Email + Postal Mail
Somerset	**Michael Frost , Director** Email: Frost@co.somerset.nj.us	Email

Sussex	**Cindy Armstrong, Mental Health Administrator** Sussex County Administrative Center 1 Spring Street, Newton, NJ 07860 Email: carmstrong@sussex.nj.us	Email + Postal
Union	**Miriam Cortez, Mental Health Administrator** Email: miriam.cortez@ucnj.org	Email
Warren	**Laura Richter, Mental Health Administrator** Email: lrichter@co.warren.nj.us	Email

https://www.state.nj.us/humanservices/dmhas/home/admin/