

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

REQUEST FOR PROPOSALS

**Clinical Consultation, Support Services and Short Term  
Crisis Stabilization Services for Individuals with a Dual  
Diagnosis of a Serious Mental Illness and a  
Developmental Disability**

August 24, 2015

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Division of Mental Health and Addiction Services

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## I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) for support services for individuals with a dual diagnosis of a serious mental illness and a developmental disability (SMI/DD). This initiative is a reprocurement of current services provided. Total funding of \$2,000,000, subject to State appropriations, is available to provide statewide services for one (1) contract award.

DMHAS, in collaboration with the Division of Developmental Disabilities (DDD), is seeking proposals for the redesign of a New Jersey program to provide more intensive clinical consultation services for adults 21 years and older with a dual diagnosis. Individuals with SMI/DD who have experienced psychiatric hospitalization or are at substantial risk of hospitalization and individuals who are at risk of losing their community placement due to problems caused by their mental illness are eligible for services. Individuals within the target populations for this RFP may or may not be eligible for DDD services at the time of referral.

The array of services to be provided as a result of a contract stemming from this RFP include:

- Mobile Crisis Response
  - 24/7 clinical consultation to designated screening services statewide.
  - Work with designated screening services statewide.
  - Clinical assessment, crisis stabilization and intervention.
- Clinical Case Management
  - Medication education, individual or group psycho-education programs, counseling and support services to enrolled individuals.
  - Interaction with the individual's therapist and/or mental health professional on site visits, participation in treatment planning and follow up with appropriate program staff.
  - Training and onsite clinical support to be provided in an emergency care setting and/or a consumer's residence.
- Training
  - Assessing service gaps of DMHAS and/or DDD community provider training needs.
  - Develop a SMI/DD Learning Collaborative to provide training to DMHS and/or DDD funded agency staff and caregivers regarding treatment and community support for SMI/DD consumers.

The purpose of the aforementioned services are to reduce and/or divert the presentation of individuals at local screening services and/or from inappropriate admission to Short Term Care Facility (STCF) beds and/or state psychiatric hospitals.

No funding match is required; however, bidders will need to identify any other sources of funding, both in-kind and monetary, that will be used. Bidders may not fund any

costs incurred for the planning or preparing a proposal in response to this RFP from current DHS/DMHAS contracts.

The following summarizes the RFP schedule:

8/24/2015	Notice of Funding Availability
9/2/2015	Mandatory Bidders Conference
9/30/2015	Deadline for receipt of proposals - no later than 4:00 p.m.
11/5/2015	Preliminary award announcement
11/12/2015	Appeal deadline
11/19/2015	Final award announcement
1/1/2016	Anticipated contract start date

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

It is estimated that 30 to 40 percent of individuals who have a diagnosed developmental disability also have a co-occurring mental illness. Additionally, when these individuals are hospitalized in state psychiatric hospitals, their length of stay often is three (3) times as long when compared to individuals in that setting without a developmental disability.<sup>1</sup>

DMHAS and DDD reviewed and examined various reports and existing contracts for services similar to the ones outlined in this RFP, specifically those related to mobile crisis response, training, and screening/assessment. The aim of the review was to evaluate client needs, current services, scope of services, and delivery structure. The outcome of this review demonstrated that each Division has various vendors which provide some level of service in these domains. However, as multiple vendors provide the same service in some areas, efficiencies in operations could be achieved by merging services.

DMHAS and DDD have collaborated to both create capacity of certain services for individuals with a dual diagnosis as well as centralize the deployment of existing services (mobile crisis response, clinical consultation, etc.) through the issuance of this RFP. Through this collaboration, efficiencies in general and administrative costs are expected to be achieved as well as consistent service delivery and streamlined accountability for the target population, regardless of the client's current residence.

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

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

- The bidder may be a non-profit organization, for-profit entity, or governmental entity;

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<sup>1</sup> New Jersey Department of Human Services Dual Diagnosis Task Force Report: Collaborating to Provide Services and Supports for Children and Adults with Co-Occurring Developmental Disabilities and Mental Health/Behavior Disorders. October 10, 2008

- The bidder must have both previous experience in successfully providing services to the target population and the ability to develop clinical consultation and crisis intervention services for the population targeted in this RFP;
- The bidder must be willing to accept into service all individuals identified by the DMHAS and DDD;
- The bidder must be licensed by the Department of Human Services' (DHS') Office of Licensing prior to the start of services;
- For a bidder that has a contract with DMHAS and/or DDD in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS and/or DDD for approval prior to submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/debarred/debarsearch.htm> or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors in a consultant capacity;
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue. This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies; and
- The bidder must attend the Mandatory Bidders Conference as described in the RFP.

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

The successful bidder must secure capacity for statewide service provision which may include multiple service sites. All service sites must collaborate and use uniform and consistent promising/best practices and/or evidence based practices as well as comply with policies and procedures for training and assessing, developing treatment, providing treatment, managing behavioral disturbances, behavior management and stabilization of crises for the target population.

The successful bidder must employ staff with a minimum Bachelor's level degree in Psychology or a related field and provide services, statewide, 24 hours a day, 7 days a week. This RFP reprocures the current services provided and as such there is a request to consider employees currently providing these services for employment under this initiative.

Required services include: telephone intake and screening for onsite and offsite face to face clinical assessments, crisis stabilization and intervention, consultation, active

mental health care treatment and treatment planning to the target population who present at designated screening services, affiliated emergency services, clinical consultation and crisis stabilization assistance to contracted DMHAS and/or DDD residential providers and/or clients residing in a private home environment, and clinical consultation for individuals referred from screening service and for individuals who are referred to the Centralized Admissions. Professional staff must be available for offsite mobile crises outreach activities including on-call availability. A protocol will be developed by the successful bidder to prioritize the target population in the greatest need.

The successful bidder must complete a comprehensive bio-psycho-social assessment and implement a service plan that will result in assessing, preventing and intervening in psychiatric and behavioral crises, with the goal of diverting the target population from unnecessary emergency room, designated screening centers visits, and STCF and/or inpatient psychiatric hospitalizations.

The successful bidder must provide follow up care by conducting onsite visits, attending case conferences, treatment planning meetings and other forums to provide clinical support, training and facilitating the implementation of an appropriate treatment plan for the management of individuals with behavioral disturbances in need of crisis stabilization.

The length of involvement with a given referred case will be a maximum of 120 days, unless explicit permission from DMHAS/DDD is received to extend involvement in a case.

During the contract year, the specialized program must provide a minimum of 575 intensive consumer specific onsite trainings related to the consumer's specific service plan to staff at the licensed residence or to caregivers in the individual's home. The purpose of training is to manage behavioral disturbances and stabilize crises for specific individuals with the intent of improving service provider's or caregiver's ability to assess, provide treatment and maintain the individual in a community setting. This can include education provided to the individual and/or caregiver on the importance of taking medication(s), when/how prescribed medications should be taken, and/or any follow up needed with medical professionals related to specific medications (such as blood work, etc.).

The successful bidder must develop a SMI/DD Learning Collaborative consisting of providers serving the target population. The Learning Collaborative must provide a minimum of 24 sessions to key stakeholders, including but not limited to: administrators, clinical staff, direct care and support staff, designated screening service providers, affiliated emergency service providers, long term care settings, contracted DMHAS and/or DDD residential providers and the DMHAS Centralized Admissions Unit.

The specialized program will develop and/or adopt outcome oriented interventions. A mechanism will be developed to track, trend and analyze data for the purpose of

measuring the effectiveness of the specialized program on the prevention, assessment, intervention and treatment of psychiatric and behavioral crises and diversion from unnecessary emergency room, designated screening service visits, STCF and inpatient psychiatric hospitalizations. Outcomes will be reported to DMHAS and DDD quarterly and annually.

The successful bidder will utilize mobile crisis response. The successful bidder will develop a multidisciplinary team that will minimally include staff representing the following: Board Certified Behavioral Analyst (BCBA), psychiatric services, licensed psychologist and master and bachelor level prepared staff in nursing, social work or counseling who have at least four (4) years of mental health experience and who are trained in providing services for individuals with a dual diagnosis as defined in this RFP. Staff must include a master's level prepared program director and sufficient dedicated psychiatric and clinical staff to ensure achievement of the bidder's specified program outcomes.

Innovative technology media and applications should be utilized to deploy these services. These media and applications should include interactive educational and networking websites, e-mail outreach, and use of mobile devices and texting. Emerging media and applications could provide new opportunities to educate and support the target population identified in this RFP, particularly for persons and caregivers who may be socially isolated or otherwise difficult to reach.

The successful bidder must provide a detailed cash flow analysis on a quarterly basis that demonstrates fiscal sustainability. The analysis must include detailed expenditures, number of projected units, and anticipated revenue generated.

## **V. General Contracting Information**

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

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

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

All bidders will be notified in writing of the State's intent to award a contract. All proposals are considered public information and will be made available for a defined

period after announcement of the contract award and prior to final award, as well as through the State Open Public Records Act process at the conclusion of the RFP process.

The contract awarded as a result of this RFP may be renewable for one (1) year at DMHAS/DDDs' sole discretion and with the agreement of the awardee. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds, satisfactory performance, as well as compliance and completion of all required tasks and submission of requested reports.

The contract to be awarded under this RFP is subject to negotiation based upon the bidder's representations made in response to the RFP. The bidder's failure to deliver commitments may result in termination of the contract in accordance with DHS contract policies and procedures.

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

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

## **VI. Mandatory Bidders Conference**

A bidder intending to submit a proposal in response to this RFP must attend a Mandatory Bidders Conference. It is the responsibility of the bidder to arrive promptly at the beginning of the Mandatory Bidders Conference and sign in to confirm attendance. A proposal submitted by a bidder not in attendance will not be considered. The Mandatory Bidders Conference will be held as follows:

Date: Wednesday, September 2, 2015  
Time: 1 p.m.  
Location: 222 South Warren Street, Trenton, NJ  
3<sup>rd</sup> Floor, Room 3-000

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

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

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

## **VII. Required Proposal Criteria**

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

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

#### **Bidder's Organization, History and Experience (5 Points)**

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

1. Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the work with the target population and the number of years' experience working with the target population.
2. Describe the bidder's background and experience in implementing this or related types of services. Describe why the bidder is the most appropriate and best qualified to implement this program to the target population.
3. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program.
4. If currently funded by DMHAS or DDD, describe if the bidder has had any contract contingencies requiring a plan of correction to be submitted related to any licensing or contracting concerns in the past five (5) years. If applicable, explain and include documentation as an Appendix.

5. Describe the bidder's current status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be explained with supporting documentation as an appendix to the bidder's proposal.
6. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice.
7. Include a description of the bidder's ability to provide culturally competent services.

### **Project Description (25 Points)**

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

1. How the following statewide services will be provided 24 hours a day, 7 days a week to the target population who present at designated screening services, affiliated emergency services, contracted DMHAS and/or DDD residential providers, individuals who are referred to the Centralized Admissions, and/or reside in an individual's private home. The narrative discussion should include:
  - Telephone intake and screening for onsite and offsite face to face clinical assessments;
  - Crisis stabilization and intervention;
  - Clinical Consultation; and
  - Mental health treatment and treatment planning.
2. How telephone intake and assistance will be provided as needed to designated screening services, affiliated emergency service providers, and contracted DMHAS and/or DDD residential providers to ensure crisis stabilization and clinical consultation.
3. The protocol to be used to prioritize the target population in the greatest need and how it will be implemented.
4. The protocol that will be used for:
  - The deployment of staff for the clinical consultation portion of this RFP;
  - The deployment of staff for face-to-face assessment;
  - Telephone intake; and
  - How professional staff will be made available for crisis outreach activities including on-call availability.
5. How service sites will collaborate and use uniform and consistent promising/best practices and/or evidence based practices for the purpose of assessing, developing and providing treatment; management of behavioral disturbances; behavior management and stabilization of crises for the target population.
6. How onsite face-to-face assessment, intervention and consultation is provided if it is determined that a mobile outreach is necessary to designated screening services, affiliated emergency service providers, contracted DMHAS and/or DDD residential providers, or an individual's own home to ensure crisis stabilization

and clinical consultation. Details should include how the crisis stabilization interventions will be employed.

7. The process used to assess consumers served, develop treatment plans in collaboration with treatment providers and/or family members to manage behavioral disturbances and stabilize crises for the targeted populations.
8. The process that will be implemented to determine which providers/caregivers will receive intensive onsite trainings to improve their ability to assess, provide treatment, manage behavioral disturbances and stabilize crises for the targeted populations.
9. The process for the completion of comprehensive bio-psycho-social assessment and identification of the staff and their credentials to complete this assessment. Include examples of methods and tools the bidder will use as part of the assessment process (i.e., clinical interview, review of records, and a list of possible tools to be utilized as part of the evaluation).
10. How services will demonstrate cultural and linguistic competency.
11. How follow up care related to the implementation of an appropriate treatment plan will be conducted.
12. Plans for onsite visits and attendance at case conferences.
13. Plan for treatment planning meetings and other forums to provide clinical expertise.
14. Plan for training and assistance in the implementation of an appropriate treatment plan for the management of consumers with behavioral disturbances and stabilization of crises will be provided.
15. The process for transitioning consumers to other service providers, and the criteria to be used to close cases.
16. The annual estimated volume for all service outputs that will be delivered, including a basic methodology for the estimate.
17. How a minimum of 575 intensive consumer specific onsite support, case management and trainings to staff at the licensed residence or a caregiver in the individual's home related to the consumer's specific service plan will occur.
18. How a SMI/DD Learning Collaborative Community will be developed that will:
  - Offer a minimum of 24 sessions in a contract year;
  - Create a collaborative learning community environment consisting of providers of service to individuals serving the target population to train on specific skills and offer participants the opportunity to practice skills learned and then return to the learning community to share their feedback with other providers or caregivers in the learning community; and
  - Include participants such as administrators, clinical staff, direct care staff and support staff, designated screening service providers, affiliated emergency service providers, contracted DMHAS and/or DDD residential providers, consumer caregivers and the DMHAS Centralized Admissions. Describe how these participants will be selected to participate in the SMI/DD Learning Collaborative.

## **Outcome & Evaluation (17 Points)**

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

1. Provide a detailed monthly timeline of activities, commencing from the date of award, including, at a minimum, the initiation of services.
2. Describe how consumer satisfaction will be measured.
3. Discuss in detail how the project's outcomes will be evaluated.
4. State and explain the project goals and measurable objectives. All goals must be clearly and directly linked to the desired outcomes of the project. All objectives under each goal should also be clear and measurable.
5. Describe how the program activities will achieve the stated goals and objectives.
6. Describe any tools that will be used in the evaluation.
7. Note if an outside entity will be used to conduct the evaluation. Provide information regarding the outside entity, i.e. name of entity, contact information, brief description of credentials and experience conducting program evaluation.
8. Describe how response time will be tracked and reported. For example, collecting and reporting data on receiving a referral (via telephone, etc.) and interacting with the individual.
9. Describe how reported psychiatric hospitalizations will be tracked and reported such as tracking how many individuals referred and/or served had to be admitted to a psychiatric hospital.
10. Describe how follow up will occur in relation to service linkage. For example, if the bidder interacts with an individual and recommends linkage with a resource, describe how the bidder will follow up to ensure that the linkage occurred and when and how the follow up will occur. Also describe how linkage recommendations by type will be captured and success of the linkage.
11. Describe how a website and other communication tools or social media to meet the service, training, and other goals for the target population as described in this RFP will be utilized.
12. Describe the outcome oriented interventions that will be developed and/or adopted.
13. Describe the mechanism that will be developed to track, trend and analyze data for the purpose of measuring the effectiveness of the awarded specialized program on the prevention, assessment, intervention and treatment of psychiatric and behavioral crises and diversion from unnecessary emergency room, designated screening service visits, STCF, and/or inpatient psychiatric hospitalizations.
14. Describe the outcomes that will be reported to DMHAS and/or DDD quarterly and on an annual basis.
15. Describe any anticipated collaboration with other agencies and/or organizations.
16. Describe any anticipated barriers in meeting your goals and plans to overcome them.
17. Describe any other resources needed in order to meet the goals of this program.

## **Staffing (20 Points)**

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

1. Describe how the bidder will schedule staff to provide these services statewide 24 hours a day, 7 days a week: telephone intake and assistance, onsite and offsite face-to-face clinical assessments, crisis stabilization and intervention, consultation, and mental health treatment and treatment planning to the target population who present at designated screening services, affiliated emergency services, contracted DMHAS and/or DDD residential providers, individuals who are referred to the Centralized Admissions, and/or reside in a private home.
2. Describe how professional staff will be scheduled to ensure they are available for crisis outreach activities including on-call availability.
3. Identify the staff and their credentials who will complete a comprehensive bio-psycho-social assessment and implement a treatment plan that will result in the prevention, assessment and intervention in psychiatric and behavioral crises, thus diverting the targeted population from unnecessary emergency room, designated screening services visits, STCF and/or inpatient psychiatric hospitalizations.
4. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.
5. Provide details of the Full Time Equivalent (FTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including professional licensing and related experience. Details should include currently on-board or to be hired staff, with details of the recruitment effort. Identify bilingual staff.
6. Identify the number of work hours per week that constitute each FTE in the bidder's proposal. If applicable, define the Part Time Equivalent (PTE) work hours.
7. Describe the proposed organizational structure and provide a copy of the organizational chart as an appendix.
8. Detail the bidder's hiring policies regarding background and credential checks, as well as handling of past criminal convictions.
9. Detail the approach for supervision of clinical staff.
10. Include a list of the bidder's board members and current term, including each member's professional licensure and organizational affiliation(s). The bidder's proposal must identify each board member who is also an employee of the bidder or an affiliate of the bidder. The proposal shall indicate if the Board of Directors votes on contract-related matters.
11. Provide a list of all 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.

12. Describe how specific staff on the multidisciplinary team will be deployed for Mobile Crisis Response and identify how many staff will be sent out on specific Mobile Crisis Response calls.
13. Describe the individual assessment instruments and process that will be completed to identify the needs that must be addressed for the consumer to return home or move to another appropriate permanent living arrangement.

### **Facilities/Equipment (3 points)**

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

1. Describe the plan to accomplish statewide coverage, with at least two services sites – one in the northern area of the state and the other in the southern area.
2. A description of the manner in which tangible assets, i.e., computers, phones, other special service equipment, etc., will be acquired and allocated.
3. A description of the bidder's Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.

### **Budget (30 Points)**

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

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

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

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

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

## Appendices

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

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits, identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation of the bidder's charitable registration status;
8. Original and/or copies of letters of commitment/support;
9. Department of Human Services Statement of Assurances (Attachment C);
10. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Attachment D);
11. Disclosure of Investment in Iran ([www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)); and;
12. Statement of Bidder/Vendor Ownership Disclosure ([www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)).

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

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

### **VIII. Submission of Proposal Requirements**

DMHAS/DDD assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 20 pages, be single-spaced with one inch margins, and be no smaller than 12 point Arial, Courier, or Times New Roman font. DMHAS/DDD will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. Eastern Standard Time on September 30, 2015. All bidders are required to submit one (1) original and five (5) copies of the proposal narrative, budget and appendices (six [6] total proposal packages) to the following address:

For United States Postal Service delivery:  
Alicia Meyer  
Division of Mental Health and Addiction Services  
PO Box 700  
Trenton, NJ 08625-0700

or

For private delivery vendor such as UPS or FedEx:  
Alicia Meyer  
Division of Mental Health and Addiction Services  
Capital Place One, 3rd Floor  
222 South Warren Street  
Trenton, NJ 08611

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

In addition to the required hard copies, the bidder must also submit its proposal (including budget, budget notes, and appendices) electronically by the deadline using a file transfer protocol site. Username and password are case sensitive and must be typed exactly as shown below. Once logged in, the upload button is on the upper left side. Upload the proposal and budget files separately, including the bidder's name in

both file names. Click on the green check mark in order to submit the files. Once the upload is complete, click the red logout button at the top right of the screen.

Go to: <https://ftpw.dhs.state.nj.us>

Username - xbpupload

Password - Network1!

Directory - /ftp-dmhas/xbpupload

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

## **IX. Review of Proposals**

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

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

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

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

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

DMHAS/DDD reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS/DDD' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-

compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in DHS Policy Circular P1.04 available on the DHS website at: <http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html>.

DMHAS/DDD recognizes the invaluable perspectives and knowledge that consumers, family members and County Mental Health Boards possess. Input from these groups is an integral component of a system that holds Wellness and Recovery principles at its core. Consequently, the Divisions will convene an advisory group consisting of consumers and family members to provide input to the Review Committee regarding the proposals received in response to this RFP.

County Mental Health Boards should review the RFP proposals and provide the Division with their recommendation and comments no later than October 21, 2015. This input will be considered in the final deliberations of the review committee. Recommendations are to be submitted to Alicia Meyer at the email or mailing address listed above.

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by November 5, 2015.

#### **X. Appeal of Award Decisions**

An appeal of any award decision may only be made by a respondent to this proposal. All appeals must be made in writing and be received by the DMHAS/DDD at the address below no later than 5:00 p.m. on November 12, 2015. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie L. Mielke, Assistant Commissioner  
Division of Mental Health & Addiction Services  
Capital Place One, 3<sup>rd</sup> Floor  
222 South Warren Street  
PO Box 700  
Trenton, NJ 08625-0700

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

The DMHAS/DDD will review all appeals and render a final funding decision by November 19, 2015. The contract award will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

#### **XI. Post Award Required Documentation**

Upon final contract award announcement, the successful bidder(s) must be prepared to submit (if not already on file), one (1) original signed document for those requiring a signature or copy of the following documentation (unless noted otherwise) in order to

process the contract in a timely manner, as well as any other contract documents required by DMHAS, including:

1. Most recent IRS Form 990 or IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: [http://www.state.nj.us/treasury/revenue/dcr/programs/ann\\_rpt.shtml](http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml));
3. A list of all current contracts and grants as well as those for which the bidder has applied for from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 700, Trenton, NJ 08625-0700 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;
8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Current State of New Jersey Business Registration;
19. Procurement Policy;
20. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;

24. Business Registration (online inquiry to obtain a copy can be completed at [https://www1.state.nj.us/TYTR\\_BRC/jsp/BRCLoginJsp.jsp](https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp); for an entity doing business with the State for the first time, it may register at <http://www.nj.gov/treasury/revenue>);
25. Source Disclosure (EO129) ([www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)); and
26. Chapter 51 Pay-to-Play Certification – see the website at [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml) for additional information.

## **XII. Attachments**

**Attachment A**

\_\_\_\_\_  
Date Received

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

Name of RFP \_\_\_\_\_

Incorporated Name of Bidder: \_\_\_\_\_

Type: Public \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ Hospital-Based \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Charities Reg. Number (if applicable) \_\_\_\_\_

Address of Bidder: \_\_\_\_\_  
\_\_\_\_\_

Contact Person Name and Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Total dollar amount requested: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Funding Period: From \_\_\_\_\_ to \_\_\_\_\_

Total number of unduplicated consumers to be served: \_\_\_\_\_

County in which services are to be provided: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization: Chief Executive Officer (printed name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### **STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES**

#### **ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

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

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

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

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

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

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

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

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

## **Attachment C – Statement of Assurance**

### **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 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.

- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

\_\_\_\_\_  
Applicant Organization

\_\_\_\_\_  
Signature: Chief Executive Officer  
or Equivalent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title

6/97

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

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

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

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

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Name and Title of Authorized Representative

---

Signature

Date

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines

the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Attachment E - County Mental Health Administrators RFP Submission Preference  
(as of 6/2015)**

<b>County</b>	<b>Mental Health Administrator</b>	<b>Submission Type</b>
<b>Atlantic</b>	<b>Sally Williams, Mental Health Administrator</b> Shoreview Building 101 So. Shore Road Northfield, NJ 08225 Email: williams_sally@aclink.org	Email + Postal Mail
<b>Bergen</b>	<b>Michele Hart-Loughlin, Program Coordinator</b> Email: mhartlo@co.bergen.nj.us	Email
<b>Burlington</b>	<b>Anna Payanzo, Mental Health Administrator</b> Email: apayanzo@co.burlington.nj.us	Email
<b>Camden</b>	<b>Rashid M. Humphrey, Mental Health Services</b> Community Planning & Advocacy Council 2500 McClellan Avenue - Suite 110 Pennsauken, NJ 08109 Email: rhumphrey@cpachvi.org	Email + Postal Mail
<b>Cape May</b>	<b>Patricia Devaney, Mental Health Administrator</b> Email: devaneyp@co.cape-may.nj.us	Email
<b>Cumberland</b>	<b>Juanita Nazario, Mental Health Administrator</b> Email: juanitana@co.cumberland.nj.us	Email
<b>Essex</b>	<b>Joseph Scarpelli, D.C., Administrator</b> Essex County Mental Health Board 204 Grove Avenue Cedar Grove, NJ 07009 Email: jscarpelli@health.essexcountynj.org	Email + Postal Mail
<b>*Gloucester</b>	<b>Lisa A. Cerney, Director</b> Department of Human Services 115 Budd Blvd. West Deptford, NJ 08096 856-384-6874 (direct) 856-384-0207 (fax) lcerney@co.gloucester.nj.us	Email + Postal Mail
<b>Hudson</b>	<b>Robin F. James, Mental Health Administrator</b> Email: rjames@hcnj.us	Email

<b>Hunterdon</b>	<b>Cathy Zahn, Mental Health Planner</b> Department of Human Services 8 Gauntt Place - PO Box 2900 Flemington, NJ 08822-2900 Email: czahn@co.hunterdon.nj.us	Email + Postal Mail
<b>Mercer</b>	<b>Michele Madiou, Administrator</b> Division of Mental Health 640 South Broad Street PO Box 8068 Trenton, NJ 08650	Postal Mail
<b>Middlesex</b>	<b>Penny Grande, Administrator</b> Email: penny.grande@co.middlesex.nj.us Middlesex County Office of Human Services Middlesex County Administration Building 75 Bayard Street New Brunswick, NJ 08901	Email + Postal Mail
<b>Monmouth</b>	<b>Steve Horvath, Acting Administrator</b> Email: <a href="mailto:Steve.Horvath@co.monmouth.nj.us">Steve.Horvath@co.monmouth.nj.us</a>	Email
<b>Morris</b>	<b>Laurie Becker, Mental Health Administrator</b> Email: lbecker@co.morris.nj.us	Email
<b>Ocean</b>	<b>Jamie Busch, Assistant Mental Health Administrator</b> Email: JBusch@co.ocean.nj.us	Email
<b>Passaic</b>	<b>Francine Vince, Director</b> Email: francinev@passaiccountynj.org	Email
<b>*Salem</b>	<b>Rita Shade, Director</b> Department of Health and Human Services 110 5th Street Salem, NJ 08079 <a href="mailto:rita.shade@salemcountynj.gov">rita.shade@salemcountynj.gov</a>	Email + Postal Mail
<b>Somerset</b>	<b>Pam Mastro, Mental Health Administrator</b> Email: mastro@co.somerset.nj.us	Email
<b>Sussex</b>	<b>Christine Florio, Mental Health Administrator</b> Email: cflorio@sussex.nj.us	Email
<b>Union</b>	<b>Sara Thode, Mental Health Administrator</b> Email: sthode@ucnj.org	Email

**Warren**

**Shannon Brennan, Mental Health Administrator/  
Youth Services Administrator**

Email

Email: [sbrennan@co.warren.nj.us](mailto:sbrennan@co.warren.nj.us)

\*Salem and Gloucester Counties are working on a replacement Mental Health Administrator. Listed is the contact person until a permanent replacement for the Mental Health Administrator is made.