

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

REQUEST FOR PROPOSALS

**Crisis Diversion Homes**

October 16, 2023

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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 the development of four (4) Crisis Diversion Homes (CDH).

Total average annualized DMHAS funding for each award through a cost-reimbursement contract is \$692,429 and is subject to federal and State appropriations. The total projected DMHAS contract ceiling, per home, is therefore expected to not exceed \$1,211,750 over the entire initiative, beginning February 15, 2024 through September 30, 2025. This contract amount assumes an annual gross budget ceiling of \$1.83 million per home. It is assumed that providers will be able to bill Medicaid for a significant portion of clients' daily stays. The DMHAS contract ceiling above therefore reflects the estimated deficit, or gap, between the projected costs and offsetting Medicaid revenues. Additionally, one-time/start-up funds (for such items as vehicles and furniture and fixtures) will be made available to each of the four (4) provider agencies upon request not to exceed \$85,000. Finally, in addition to the ongoing operating and start-up costs, up to \$600,000 in one-time capital funding may be requested for the purchase of a single-family home with sufficient bedroom and bathroom accommodations for five (5) individual residents and the requisite staff. In addition, up to \$100,000 in one-time capital funding may be made available for physical modifications to a home to be purchased or leased, or for physical modifications to a home already owned by the bidder. The lease must cover the funding period and one or more options to renew. The home must be zoned for residential use. DMHAS anticipates making up to four (4) Crisis Diversion Home awards. Primary Funding for this RFP will be provided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Community Mental Health Block Grant (CMHBG) ARPA (American Rescue Plan Act) funding available through September 30, 2025, appropriated through the Federal Coronavirus Aid, Relief, and Security Act (CARES Act). State General Funds will also be available to fund provider costs, as available and needed.

Crisis Diversion Homes will serve individuals who have recently experienced a crisis and will prioritize referrals from Crisis Receiving Stabilization Centers (CRSC) and Mobile Crisis Outreach Response Teams (MCORT). The goal is to provide stabilization, to divert hospital admissions and reduce emergency department (ED) visits. Crisis diversion can "promote access to less restrictive settings for residential crisis intervention and more effective utilization of scarce resources and expensive psychiatric beds. <sup>1</sup>CDHs offer recovery-oriented temporary transitional housing for up to 30 days, within a 24-hour supervised setting that includes therapeutic and social supports in a warm and safe environment to individuals who do not need further hospitalization. DMHAS seeks proposals to develop residential capacity in an A+ service level structure for eligible individuals (in accordance with N.J.A.C. 10:37A)

The successful bidder will ensure that the services provided ensure diversity, inclusion, equity, and cultural and linguistic competence to the target population. The successful

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<sup>1</sup> [042721\\_GAP\\_CrisisReport.pdf \(thenationalcouncil.org\)](https://www.thenationalcouncil.org/042721_GAP_CrisisReport.pdf)

bidder will continually assess and utilize demographic data of participants' service 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.

Bidders applying for more than one (1) county/region must submit separate proposals for each county. There will be four (4) awards. One award in each of the following counties:

1. Morris
2. Mercer or Monmouth
3. Warren or Hunterdon
4. Gloucester

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:**

October 16, 2023 Notice of Funding Availability  
October 23, 2023 Questions on RFP due – no later than 4pm ET  
November 6, 2023 Deadline to submit written intent to apply – no later than 4pm ET  
November 6, 2023 Deadline to request DHS secure file transfer protocol (SFTP) site login credentials – no later than 4pm ET  
November 13, 2023 Deadline for receipt of proposals – no later than 4pm ET  
December 11, 2023 Mental Health Board Letters of Recommendation due  
December 21, 2023 Preliminary award announcement  
January 9, 2024 Appeal deadline – no later than 4pm ET  
January 16, 2024 Final award announcement  
February 15, 2024 Anticipated contract start date

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

Residential crisis programs have been utilized successfully in locations across the United States for more than 25 years but are still relatively scarce<sup>2</sup>. There is emergent data that reinforces the necessity and value of such settings in the crisis continuum. In “Crisis Now,” the National Alliance for Suicide Prevention published crisis flow data based on experience in Phoenix, Arizona, indicating that 86% of all crisis presentations were diverted from hospitalization and of the total, 54% went to some form of crisis residential setting (LOCUS Level 5: Medically-Monitored Residential Services). Without the availability of that level of care, it would be expected that almost all those individuals

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<sup>2</sup> [https://www.thenationalcouncil.org/resources/roadmap-to-the-ideal-crisis-system/?gclid=CjwKCAjw8-OhBhB5EiwADyoY1RSm8N3ZlnciZNogvfNWQdSDJmQ-OfaJFX0i7It3tAAiEngK8ROZlxoC1T8QAvD\\_BwE](https://www.thenationalcouncil.org/resources/roadmap-to-the-ideal-crisis-system/?gclid=CjwKCAjw8-OhBhB5EiwADyoY1RSm8N3ZlnciZNogvfNWQdSDJmQ-OfaJFX0i7It3tAAiEngK8ROZlxoC1T8QAvD_BwE)

would have needed hospitalization<sup>3</sup>. When communities are lacking in mental health crisis services, community safety nets such as law enforcement and emergency room hospitalizations fill the breach. “Getting crisis services right is critical to engaging individuals in MH follow-up services. Crisis services can offer tools and supports that help individuals not only to move through crises but also to engage in their recovery and successful community living<sup>4</sup>.”

In New Jersey, “the data suggest that the share of mental and behavioral health-related [ED] visits generally increased”<sup>5</sup> across all age groups, especially in those with substance abuse related issues, and anxiety related symptoms. The Crisis Diversion Homes aim to act as a temporary safety net for those recently experiencing a mental health crisis. Services will include, but are not limited to, clinical assessment, case management, assistance with obtaining benefits, temporary housing, symptom management, medication management/ education, counseling, and discharge planning. Crisis Diversion Homes are meant to provide a safe and supportive environment where individuals can overcome what led to their crisis, begin to address the issues, and compile a future plan post-discharge.<sup>6</sup>

The Crisis Diversion Homes are prioritized for referrals from identified crisis services including Crisis Receiving Stabilization Centers (CRSCs) and Mobile Crisis Outreach Response Teams (MCORT). These CDHs will be located in New Jersey and accept referrals assigned by DMHAS.

Population to be Served:

- 18 years of age and older
- Adults with a serious mental illness
- Are voluntary;
- Have the capacity to live in a transitional residential setting with therapeutic support
- Adults with a history of co-occurring disorders: substance use disorders, forensic involvement, co-occurring developmental disability

### III. 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 or governmental entity;

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<sup>3</sup> [https://www.thenationalcouncil.org/resources/roadmap-to-the-ideal-crisis-system/?gclid=CjwKCAjw8-OhBhB5EiwADyoY1RSm8N3ZlnciZNoqvfnWQdSDJmQ-OfaJFX0i7It3tAAiEngk8ROZlxcC1T8QAvD\\_BwE](https://www.thenationalcouncil.org/resources/roadmap-to-the-ideal-crisis-system/?gclid=CjwKCAjw8-OhBhB5EiwADyoY1RSm8N3ZlnciZNoqvfnWQdSDJmQ-OfaJFX0i7It3tAAiEngk8ROZlxcC1T8QAvD_BwE)

<sup>4</sup> [https://mmhpi.org/wp-content/uploads/2017/01/MMHPI\\_CrisisReport\\_FINAL\\_032217.pdf](https://mmhpi.org/wp-content/uploads/2017/01/MMHPI_CrisisReport_FINAL_032217.pdf)

<sup>5</sup> <https://www.njha.com/media/638857/Mental-Health-Toll-COVID-19.pdf>

<sup>6</sup> <https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/transitional-housing>

- The bidder must be licensed by the Department of Health Division of Certificate of Need Licensing Office pursuant to N.J.A.C. 10:37A as an A+ residential setting prior to the start of services;
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction for deficiencies submitted to DMHAS for approval prior to submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of [New Jersey Consolidated Debarment Report](#)<sup>7</sup> 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.

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

DMHAS is seeking to develop recovery-oriented Crisis Diversion Homes that are integrated into the behavioral health crisis continuum that serve as temporary transitional housing for up to 30 days and are prioritized for individuals referred from CRSCs and MCORT. Bidders will provide detail on how they propose to locate a home in NJ. The goal is to link individuals to the appropriate therapeutic supports within the 30 days and assist with discharge to the least restrictive community setting.

Crisis Diversion Homes must meet these minimum expectations:

1. Function 24 hours per day, 7 days per week,
2. Staffing composition that allows for support of individuals with:
  - a. a co-occurring substance use disorder ("SUD") or developmental disability;
  - b. intensive behavioral challenges i.e. assault, suicide attempts, self-injurious behaviors, intrusiveness; or have legal involvement;
  - c. co-occurring medical needs such as, but not limited to incontinence, obesity, diabetes with difficulty administering insulin, metabolic syndrome

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<sup>7</sup> <http://www.nj.gov/treasury/revenue/debarment/debarsearch.shtml>

3. Maintain real-time vacancies utilizing DMHAS' referral and vacancy management system in order to maintain a streamlined and efficient referral process.
4. Comprehensive intake, assessment, continued stabilization, and case-management, including discharge planning.
5. Follow up contacts shall be made within a reasonable period of time to encourage engagement in aftercare or identify if there are additional or different service needs.
6. Integration of Health and Behavioral Health Care Needs
7. Inclusionary Criteria will consist of:
  - a. 18 years of age
  - b. Primary Serious Mental Illness (SMI) diagnosis
  - c. Ability to manage medications with staff support
8. Exclusionary criteria will consist of:
  - a. Imminent danger to self or others
  - b. In need of inpatient detoxification service
  - c. Diagnosed with dementia, organic brain disorder, or traumatic brain injury

It is expected that the bidder will collaborate with many partners, inclusive of DMHAS funded programs and other levels of care within the behavioral healthcare system. Providers should develop protocols and have a plan to disseminate information about their services to their collaborative partners.

The successful bidder will include evidence of their commitment to equity and reduction of disparities in access, quality, and treatment/program 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, the successful bidder should describe how it will use available demographic data from agency and target population service area (race/ethnicity/gender/sexual/orientation/language) to shape decisions pertaining to services, agency policies, recruitment, and hiring of staff.

Providers and their 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.

The successful bidder shall:

- Collaborate with system partners to ensure coordination, equity, and inclusion of care

- Deliver services in a culturally competent manner that exemplify 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

Programmatic Expectations:

After a crisis encounter or admission, individuals may need assistance navigating the system, problem-solving for system barriers (such as problems filling prescriptions) and ongoing support as they recover from their crisis, as well as support to ensure successful engagement with ongoing community services, particularly when such services have not been established prior to the crisis<sup>8</sup>. Individuals in the CDHs will be provided with the essential services and supports necessary to assist them in achieving continued crisis stabilization and recovery goals, as identified in their service plan. The successful bidder will provide qualified staffing and administrative services and will conduct an appropriate schedule of activities to benefit eligible individuals within the residence. Examples of therapeutic activities may include but are not limited to medication monitoring/ medication education, client advocacy, individual and group counseling, participation in recreational activities. Additional best practices for service provision in CDHs can be found in the [Crisis Residential Best Practices Handbook](#).

Providers must take a trauma-informed care approach to the provision of services taking into account any trauma that the individual may have experienced with the goal of preventing any re-traumatization. CDHs shall incorporate the following six principles of trauma informed care into the service model: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural issues<sup>9</sup>.

Crisis Diversion Homes should be in alignment with the following core values of a mental health ecosystem<sup>10</sup>:

**Accessibility**– “Services and supports should be made available in communities based on need, so communities should evaluate and ensure that there are enough resources

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<sup>8</sup> [https://www.thenationalcouncil.org/resources/roadmap-to-the-ideal-crisis-system/?gclid=CjwKCAjw8-OhBhB5EiwADyoY1RSm8N3ZlnciZNoqvfNWQdSDJmQ-OfaJFX0i7It3tAAiEngk8ROZlxC1T8QAvD\\_BwE](https://www.thenationalcouncil.org/resources/roadmap-to-the-ideal-crisis-system/?gclid=CjwKCAjw8-OhBhB5EiwADyoY1RSm8N3ZlnciZNoqvfNWQdSDJmQ-OfaJFX0i7It3tAAiEngk8ROZlxC1T8QAvD_BwE)

<sup>9</sup> <https://onlinenursing.duq.edu/blog/what-are-the-6-principles-of-trauma-informed-care/#:~:text=Healthcare%20organizations%2C%20nurses%20and%20other,and%20choice%3B%20and%20cultural%20issues.>

<sup>10</sup> <https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/Divert-to-What-Community-Services-that-Enhance-Diversion/DiverttoWhat.pdf>



(including funding, staffing, number of providers, availability of services etc.) to meet that demand.”

**Equity**– “Disparities in insurance coverage and income are significant barriers to someone’s overall recovery, and while solving this issue requires larger policy solutions, communities can creatively identify ways to eliminate these barriers to ensure that anyone can receive services despite their ability to pay.”

**Effectiveness**– “All treatment and services shall be trauma informed, culturally competent, evidence based, and patient centered. Each of these considers someone’s unique identity and needs and can significantly contribute to their overall experience and successful engagement.”

### Physical Space Requirements

The CDHs must be able to serve men, women, transgender and gender non-conforming individuals. The physical space in the residence shall be configured in a manner that allows for gender responsive arrangements, for personal hygiene and personal belongings; storage for first aid, medication and other medical supplies. The residence shall include adequate bedroom space. The physical space shall have a common area with tables and chairs. In addition, there shall be computer stations for individuals to utilize for personal and professional use. The furniture used shall be designed for the behavioral health population served (that is, anti-ligature furniture). The physical space shall also be designed for positive socialization, crisis de-escalation, quiet spaces and areas for individuals to perform activities of daily living skills. CDHs will adhere to “good neighbor” standards. This includes dialogue with the community regarding the CDHs and addressing identified concerns.

### Staff Requirements

The Crisis Diversion Homes will be staffed 24 hours per day, 7 days a week, 365 days per year with 24-hour coverage provided by at least two staff (one of which must be clinical staff or a Behavioral Health Technician) on the premises at all times when individuals are present, including awake overnight coverage. Staffing composition shall include:

- Psychiatric Mental Health Nurse Practitioner/ APN (onsite and telehealth may be used) will be available daily to provide clinical oversight, psychiatric assessment, medication management and support.
- Registered Nurses will be on site at least daily to provide nursing assessment, medication education and support.
- Licensed and credentialed clinicians (LCSW or LPC) will complete comprehensive assessments, provide clinical support, counseling, case management, assistance with obtaining benefits, linkage to community supports, and discharge planning.
- Behavioral Health Technicians will be staffed 24 hours per day, 7 days per week to provide direct care and support; monitor and escort individuals, help with de-escalation techniques with individuals who are agitated, assist with meals, activities of daily living (ADLs) and other essential tasks.

The successful bidder will describe their efforts to ensure workforce diversity and inclusion in the recruiting, hiring, and retention of staff who are from or have had experience working with target population and other identified individuals served in this initiative. Emphasis should be on the recruitment and retention strategies for bilingual staff and staff trained in working with individuals who have a history of forensic involvement and/or Developmental Disability/Mental Illness (DD/MI) diagnosis. Additionally, the grantee will ensure that there is a training strategy related to diversity, inclusion, cultural competence, and the reduction of disparities in access, quality, and outcomes for the target population. The trainings will include education about implicit bias, diversity, recruitment, creating inclusive work environments, and providing languages access services.

Bidders will have the ability to receive up to 30 bonus points; 5 for bi-lingual staff, 5 for inclusion of staff with lived experience, 5 for demonstrating inclusion of staff who are trained in providing services to consumers dually diagnosed DD/MI and/or with forensic population specialization and 15 for proposals specifying that each individual will have their own bedroom.

#### Data Collection

The minimum data set of information to be collected will include:

- Number served per day
- Number of admissions
- Number of discharges
- Number of individuals referred by referral source
- Beginning and ending caseload, including caseload per shift
- Staffing Report
- Client Satisfaction Survey
- Percentage of individuals reporting improvement in ability to manage future crisis.
- Percentage of referrals accepted
- Descriptive data on all individuals admitted, to include gender, race, ethnicity, date of birth, county of residence, primary reason for admission, SMI diagnosis and additional co-occurring (developmental disability, substance use disorder, or medical diagnosis) and service needs.
- Date and time of admission and discharge.
- Average and median length of stay for all individuals served
- Disposition of individuals upon discharge to housing and aftercare services.
- Number of follow up contacts
- Reporting of clinical assessment and programmatic data as required by DMHAS.

The successful bidder 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.

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

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

The successful bidder 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.

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## **V. General Contracting Information**

Bidders must meet 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](#)<sup>11</sup>.

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 shall accurately reflect the scope of responsibilities in order to accomplish the goals of this project. This includes how the proposed service will allocate funding including anticipated revenue generated from billing for services. One-time capital funding is available through DMHAS for this initiative in the amount of up to \$600,000 for the purchase of a home. In addition, up to \$100,000 in one-time capital funding is

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<sup>11</sup> <https://www.nj.gov/humanservices/olra/contracting/policy/>

available for physical modifications to the home to be purchased, for physical modifications to a home already owned by the bidder, or for physical modifications to a leased property. The lease must cover the funding period and one or more options to renew. All purchase, construction and/or renovation awards will be subject to a Capital Agreement, Note and Mortgage, at the discretion of DMHAS.

Budgets shall accurately reflect the scope of responsibilities in order to accomplish the goals of this project.

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

The contract awarded as a result of this RFP is anticipated to have an initial term of February 15, 2024 through September 30, 2025, and may be renewable for additional one (1) year terms at DMHAS' sole discretion and with the agreement of the successful bidder. 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. Actual funding levels will depend on the availability of funds and satisfactory performance.

In accordance with Policy P1.12 available on the [DHS website](#)<sup>12</sup>, programs awarded a contract pursuant to this RFP will be separately clustered until DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

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 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 mental health services. These regulations can be accessed on the [DHS website](#)<sup>13</sup>.

If applicable, all construction/renovation awards will be subject to a Capital Agreement at the discretion of DMHAS.

## **VI. Written Intent to Apply and Contact for Further Information**

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<sup>12</sup> <https://www.nj.gov/humanservices/olra/assets/documents/CPIManual.pdf>

<sup>13</sup> <http://www.nj.gov/humanservices/providers/rulefees/regs/>

Bidders must email [MH.upload@dhs.nj.gov](mailto:MH.upload@dhs.nj.gov) no later than 4:00 p.m. ET on November 6, 2023 indicating their agency's intent to submit a proposal for Crisis Diversion Homes RFP. It is required that the bidder email their notice of intent to submit a proposal no later than the November 6, 2023 deadline. If a bidder's notice of 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.

Any questions regarding this RFP should be directed via email to [MH.upload@dhs.nj.gov](mailto:MH.upload@dhs.nj.gov) no later than 4:00 p.m. ET on October 23, 2023. All questions and responses will be compiled and emailed to all those who submit a question or provide a notice of intent to apply. Bidders are guided to rely upon the information in this RFP and the responses to questions submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual bidders at any time.

## **VII. Required Proposal Content**

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

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

Please specify whether the home will be purchased or leased, if the bidder owns the home, and/or if the home requires physical modifications. Include any purchase costs, modification/renovation costs, work estimates/proposals, and construction permit requirements. The bidder must confirm that the home is currently vacant or that it will be delivered vacant at any closing of title. If leased, include the anticipated cost of rent, term of lease (the start and end date) and all options to renew. Please also include information about agency's request for funding costs related to furnishings and fixtures up to (\$10,000/slot) and not to exceed \$50,000 per home, Vehicle (up to \$35,000) and Phase-in Budget (see Budget section below for details on these categories). NOTE: "Total dollar amount requested" on Cover Sheet should equal Furnishings plus Vehicle and Phase-in Budget.

### **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 marginalized 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 bring the initiative to a conclusion at the end of the contract.
8. Document that the bidder's submissions are up-to-date in the Unified Service Transaction Form, Quarterly Contract Monitoring Report and Bed Enrollment Data System.
9. Describe the bidder's current status and compliance with DMHAS contract commitments in regard to programmatic performance and level of service, if applicable.

### **Project Description (20 points)**

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

1. The bidder's proposed approach to the business opportunity or problem described in the State's RFP, including the following.
  - a. how the bidder's approach satisfies the requirements as stated in the RFP;
  - b. the bidder's understanding of the project goals and measurable objectives;
  - c. the bidder's justification of program services which includes assessment and needs of the target population;
  - d. all anticipated collaboration with other entities in the course of fulfilling the requirements of the contract resulting from this RFP;
  - e. all anticipated barriers and potential problems the bidder foresees itself and/or the State encountering in the successful realization of the initiative described herein; and
  - f. 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 the organization's committees or workgroups that focus on efforts to reduce disparities in access, quality, and program outcomes for the target population. Include the membership of committee members and their efforts to review agency services/programs, correspond and collaborate with quality assurance/improvement, and make recommendations to executive management with respect to cultural competency.
4. Describe how the demographic makeup of the service area population (race, ethnicity, gender, sexual orientation, language, etc.) will shape the design, implementation of evidence based and best practice program approaches, and interpretation of outcomes.
5. Describe the bidder's capacity to accommodate all consumers who take legitimately prescribed medications and who are referred to or present for admission.
6. Provide a summary of the policies that prohibit discrimination against consumers who are assisted in their prevention, treatment and/or recovery from substance use disorders and/or mental illness with legitimately prescribed medication(s).
7. A description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
8. 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.
9. Describe how trauma-informed principles will be integrated into services.
10. Provide a description of the intake admission process.
11. Outline the process for treatment planning, tools used to assess SUD service needs, and service provision including the handling of services for individuals with no income or insurance.
12. Outline the discharge planning process including tools to be used for assessment of level of care and how the integration of health and behavioral health care needs will be implemented.
13. Describe how individuals will be linked to recovery support and the process for warm handoff to promote continuity of care.
14. Discuss plan to address preferred discharge timeframe of 30 days or less from time of admission to the program, as applicable, based on individual circumstance.
15. Describe how individuals with physical disabilities or co-occurring medical needs such as, but not limited, to incontinence, obesity, diabetes including difficulty with administering insulin, and/or metabolic syndrome will be addressed.
16. Describe how individuals with intensive behavioral needs such as, but not limited to, assault, suicide attempts, self-injurious behaviors, and/or intrusiveness will be addressed.
17. The bidder, will describe how transportation will be arranged for individuals to support discharge planning and community integration.
18. For bidders considering Hunterdon or Warren Counties, please detail strategic locations for locating the residence. that would serve eastern Warren or eastern Hunterdon in order to maximize utilization and accessibility for individuals.

**Outcome(s) and Evaluation (15 points)**

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. 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. Bidders will describe how they will report information related to the following outcome measures:
  - Number served per day
  - Number of admissions
  - Number of discharges
  - Beginning and ending caseload including caseload per shift
  - Number of individuals referred by referral source
  - Client service satisfaction
  - Percentage of individuals reporting improvement in ability to manage future crisis.
  - Percentage of referrals accepted
  - Descriptive data on all individuals admitted, to include gender, race, ethnicity, date of birth, county of residence, primary reason for admission, SMI diagnosis and additional co-occurring (DD/MI, SMI/SUD, and SMI/Medical) diagnosis and service needs.
  - Date and time of admission and discharge.
  - Average and median length of stay for all individuals served
  - Disposition of individuals upon discharge to housing and aftercare services.
  - Number of follow up contacts
  - Reporting of clinical assessment and programmatic data as required by DMHAS.

### **Staffing (15 + 15 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.
2. Provide details of the Full Time Equivalent (FTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including professional



licensing and related experience. Details should include currently on-board or to be hired staff, with details of recruitment effort. Identify bilingual staff.

3. Describe program efforts and strategies to recruit, hire and train staff who have lived experience.
4. Describe program efforts and strategies to recruit, hire and train staff who have experience working with the target population including individuals who have a history of forensic involvement and/or DD/MI diagnosis, individuals in crisis and individuals with behavioral challenges.
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 proposed staff.
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, if applicable.
12. 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.
13. 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.
14. 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)
15. 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. Bidders who are able to demonstrate inclusion of staff who are trained in providing services to consumers dually diagnosed DD/MI and/or individuals who have a forensic history specialization as evidenced by submitted resumes will receive up to **5 bonus points**.
17. Bidders who are able to demonstrate inclusion of staff with lived experience as evidenced by submitted resumes will receive up to **5 bonus points**.

18. Summarize the steps in place to enhance staff retention, including items such as adequate support and supervision, training, incentives and competitive salary offerings.

### **Facilities, Logistics, Equipment (10 points + 15 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, 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. Detail the anticipated home configuration including anticipated number of bedrooms. Detail how the home will maximize privacy while also maintaining ability to monitor individuals for ongoing stabilization of the crisis episode.
4. A description of the proposed location in which the residential program will be held. Please provide information about accessibility, safety, access to public transportation, etc. Include office space allocation and description of facility design. Specify if bidder has site control or ownership of the proposed residential site. If not, describe how site will be secured. Detail if the proposal will utilize an existing site already owned by the bidder, if the bidder intends to locate and purchase a new site, or if the bidder will enter into a lease and the anticipated term of lease (start and end date, and options to renew). Please detail the proposed number of bedrooms and bathrooms in the home and status of securing a location. **15 bonus points** will be awarded for proposals specifying that each individual will have their own bedroom.

### **Budget (30 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.

1. A detailed budget using the Annex B Excel template is required. Bidders must submit pricing using the Excel Budget template accompanying this RFP. The Annex B Excel 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.
  9. Please indicate all Capital funding requests under one-time costs of the budget template and label Capital request in the notes including detail on what the request is for, and estimated amounts.

## **Appendices**

The enumerated items of Required Attachments #1 through #8 and Appendices #1 through #8 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 #7 below are also required with the proposal unless the bidder has a current contract with DMHAS and these documents are current and on file with DMHAS.**

The collective of Required Attachments and Appendices is limited to a total of 40 pages. Audits and interim financial statements (Required Attachments #6 and #7) do not count towards the appendices' 40-page limit. Appendix information exceeding 40 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](#)<sup>14</sup>;
4. Statement of [Bidder/Vendor Ownership Disclosure](#)<sup>15</sup>;
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
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](#)<sup>16</sup>;
2. Bidder mission statement;
3. Organizational chart;
4. Job descriptions of key personnel;
5. Resumes of proposed personnel if on staff, limited to two (2) pages each;
6. List of the board of directors, officers and terms;
7. Original and/or copies of letters of commitment/support
8. Cultural Competency Plan

## **VIII. 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 20 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 23 it is 21 pages long, not 20 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

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<sup>14</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

<sup>15</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

<sup>16</sup> [www.njconsumeraffairs.gov/charities](http://www.njconsumeraffairs.gov/charities)

The budget notes and appendices do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. ET on **November 13, 2023**. 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 file (see #3 below). Label file with the following title: Name of Agency/Provider Residential Services for Individuals Discharged from Nursing Facilities Proposal

2. Excel file of budget using the DMHAS Excel budget template. Label file with the following title: Name of Agency/Provider Residential Services for Individuals Discharged from Nursing Facilities 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/Provider Residential Services for Individuals Discharged from Nursing Facilities Audit

Additionally, bidders must request login credentials by emailing [MH.upload@dhs.nj.gov](mailto:MH.upload@dhs.nj.gov) **on or before 4:00 p.m. ET on November 6, 2023**, 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.

#### 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.

Proposal(s) must also be submitted to the County Mental Health Administrator(s) for the county(ies) they intend to propose the service in 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. For those counties requiring postal mail submission, submit four (4) copies.

## **IX. Review of Proposals**

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

The bidder must obtain a minimum score of 70 points out of 100 points, not including bonus points, for the proposal narrative and budget sections in order to be considered eligible for funding.

DMHAS will award up to 20 points for fiscal viability, using a standardized scoring rubric based on the audit, which will be added to the average score given to the proposal from

the review committee. Thus, the maximum points any proposal can receive is 150 points, which includes the review committee's averaged score for the proposal's narrative and budget sections combined with the fiscal viability score.

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](#)<sup>17</sup>.

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 December 11, 2023. This input will be incorporated 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, by December 21, 2023.

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<sup>17</sup> <https://www.nj.gov/humanservices/olra/contracting/policy/>

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

All appeals must be submitted in writing by 4pm ET on January 9, 2024, by emailing it to [MH.upload@dhs.nj.gov](mailto: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  
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 render a final decision by January 16, 2024. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

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

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

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the [Annual Report-Charitable Organization](#)<sup>18</sup>;
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

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<sup>18</sup> <https://www.njportal.com/DOR/annualreports/>



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

## **XI. 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

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<sup>19</sup> [https://www1.state.nj.us/TYTR\\_BRC/jsp/BRCLLoginJsp.jsp](https://www1.state.nj.us/TYTR_BRC/jsp/BRCLLoginJsp.jsp)

<sup>20</sup> <http://www.nj.gov/treasury/revenue>

<sup>21</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

<sup>22</sup> [www.nj.gov/treasury/purchase/forms.shtml](http://www.nj.gov/treasury/purchase/forms.shtml)

Attachment E – County Mental Health Administrators RFP Submission Preference  
Attachment F – Mandatory Equal Employment Opportunity Language  
Attachment G – Commitment to Defend and Indemnify Form

**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 Diversion Homes \_\_\_\_\_

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 RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 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 - County Mental Health Administrators RFP Submission Preference

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

	Email: <a href="mailto:khanley@hcnj.us">khanley@hcnj.us</a>	
<b>Hunterdon</b>	<b>Susan Nekola, Assistant Mental Health Administrator</b> 6 Gaunt Place - PO Box 2900 Flemington, NJ 08822-2900 <a href="mailto:snkola@co.hunterdon.nj.us">snkola@co.hunterdon.nj.us</a>	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>Elisabeth Marchese, Administrator</b> Office of Human Services JFK Square – 5 <sup>th</sup> floor New Brunswick, NJ 08901 Email: <a href="mailto:elisabeth.marchese@co.middlesex.nj.us">elisabeth.marchese@co.middlesex.nj.us</a>	Email + Postal Mail
<b>Monmouth</b>	<b>Lynn Seaward, Mental Health Administrator</b> Email: <a href="mailto:Lynn.Seaward@co.monmouth.nj.us">Lynn.Seaward@co.monmouth.nj.us</a>	Email
<b>Morris</b>	<b>Amy Archer, Mental Health Administrator</b> Morris County Department of Human Services PO Box 900, Morristown, NJ 07953-0900 Email: <a href="mailto:aarcher@co.morris.nj.us">aarcher@co.morris.nj.us</a>	Email + Postal Mail
<b>Ocean</b>	<b>Tracy Maksel, Assistant Mental Health Administrator</b> Email: <a href="mailto:tmaksel@co.ocean.nj.us">tmaksel@co.ocean.nj.us</a>	Email
<b>Passaic</b>	<b>Chi Shu (Bart) Chou, Director</b> Email: <a href="mailto:bartc@passaiccountynj.org">bartc@passaiccountynj.org</a>	Email
<b>Salem</b>	<b>Shannon Reese, Mental Health Administrator</b> Salem County Department of Health and Human Services 110 5 <sup>th</sup> Street, Ste 500 Salem, NJ 08079 Email: <a href="mailto:shannon.reese@salemcountynj.gov">shannon.reese@salemcountynj.gov</a>	Email + Postal Mail
<b>Somerset</b>	<b>Megan Isbitski, Assistant Mental Health Administrator</b> Email: <a href="mailto:isbitski@co.somerset.nj.us">isbitski@co.somerset.nj.us</a>	Email

<b>Sussex</b>	<b>Cindy Armstrong, Mental Health Administrator</b> Sussex County Administrative Center 1 Spring Street, Newton, NJ 07860 Email: <a href="mailto:carmstrong@sussex.nj.us">carmstrong@sussex.nj.us</a>	Email + Postal
<b>Union</b>	<b>Miriam Cortez Mental Health Administrator</b> Email: <a href="mailto:miriam.cortez@ucnj.org">miriam.cortez@ucnj.org</a>	Email
<b>Warren</b>	<b>Laura Richter, Mental Health Administrator</b> Email: <a href="mailto:lrichter@co.warren.nj.us">lrichter@co.warren.nj.us</a>	Email

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

## **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 apprenticeship. 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](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 Diversion Homes (“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