

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

**To Implement a Statewide Suicide Prevention Hotline and Coordinate Call Response
with the National Suicide Prevention Lifeline to Increase Suicide Prevention Efforts
for Youth and Adults in NJ**

December 13, 2012

**Lynn A. Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services**

I. Introduction

The Division of Mental Health and Addiction Services (DMHAS) continues to work closely with the Department of Children and Families to implement the Goals and Objectives outlined in the New Jersey Youth Suicide State Plan issued in 2011. This Plan covers young adults through age 24 and the DMHAS is also utilizing the Plan as a model toward developing suicide prevention programs throughout all later stages of adult life.

This current Request for Proposals (RFP) addresses Goal #8 of the Plan: Promote access to mental health and substance abuse services. Objective 8.5 challenges us to increase the number of calls answered in New Jersey from New Jersey residents that call the National Suicide Prevention Lifeline and asks us to identify, coordinate, and prepare New Jersey based hotlines to serve as a recipient of National Suicide Prevention Lifeline calls.

Based on this Plan Objective, the DMHAS is announcing the availability of funds specifically for the purpose of developing a New Jersey based suicide hotline to answer calls from New Jersey residents with the goal of reducing suicides in New Jersey. According to the New Jersey Department of Health's Center for Health Statistics, there were 683 New Jersey residents who completed suicide in CY2010. The table below represents the age groups of these individuals:

Age Group	N	*Rate
Under 15 years	4	**
15-17	12	**
18-24	65	8.5
25-34	74	6.6
35-44	113	9.1
45-54	188	13.6
55-64	115	10.9
65-74	57	9.3
75-84	34	8.6
85+	21	11.6

*RATES ARE PER 100,000 AGE-SPECIFIC POPULATION OR AGE-ADJUSTED USING THE 2000 US STANDARD POPULATION

**RATES NOT CALCULATED FOR FEWER THAN 20 OBSERVATIONS

In calendar year 2011, 78% of general Lifeline calls originating in New Jersey were answered by out of state Lifeline backup crisis centers. The term *crisis center* in this context refers to a program dedicated to receiving calls from people in emotional distress or suicidal crisis and providing a trained worker who will listen to and assist callers with getting the help they need. The individuals to be served by this initiative will be New Jersey youth and adults of all ages who choose to call the New Jersey based suicide hotline that is developed in response to this initiative or the National Suicide Prevention Lifeline (800-273-TALK).

II. Background

Currently in New Jersey, there are several agencies that answer calls to the National Suicide Prevention Lifeline. Additionally, the Division of Children's System of Care under the Department of Children and Families supports the 2NDFLOOR Youth Helpline. The following sections will provide background information regarding Lifeline and 2NDFLOOR as collaboration and coordination with both services is critical to the successful implementation of the New Jersey based suicide hotline.

A. LifeLine

1. Program Description: (This information was provided to DMHAS by Lifeline Administration)

The National Suicide Prevention Lifeline (1-800-273-TALK) , a project funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), is a network of crisis centers committed to suicide prevention that are located in communities across the country. People in emotional distress or suicidal crisis can call anytime from anywhere in the nation and speak to a trained worker who will listen to and assist callers with getting the help they need. Calls are routed to the nearest available center of more than 150 centers that are currently participating in the National Suicide Prevention Lifeline network. Since July 2007, the Lifeline has been providing a special suicide prevention service for U.S. military veterans through an agreement with the Department of Veterans Affairs (VA) and SAMHSA. Distressed Lifeline callers who are veterans are prompted to "press 1#" when they hear the automated greeting, and are connected to veteran suicide prevention hotline specialists located at a national VA call center in New York. In addition, as of March 2007, all calls from 1-800-SUICIDE are routed through the Lifeline's Network, following a decision from the Federal Communications Commission to transfer the number to the Substance Abuse and Mental Health Services Administration (SAMHSA).

The Lifeline has engaged in a variety of activities to improve crisis services and more broadly advance suicide prevention, including:

- Developing a Spanish sub-network to serve Spanish speakers in their native language;
- Formulating and implementing Suicide Risk Assessment Standards for crisis centers to ensure proper identification of suicidal callers;
- Providing information and trainings in evidence-based or evidence-informed practices for call center services;
- Providing technical assistance and support to network crisis centers;
- Working with survivors of suicide loss, attempt survivors and national consumer leaders to promote culturally effective services to high risk populations;
- Promoting crisis center follow-up services for high risk callers and patients discharged from hospitals and emergency departments to enhance continuity of care;

- Developing and disseminating public education information to raise awareness of suicide prevention and to promote the hotline number nationally;
- Collaborating with social networking websites to promote the number, especially among younger populations

2. Overview of Lifeline Network and Routing System

The Lifeline network was designed to connect callers with local crisis centers by using a telephony system that routes calls based on the caller's location (as indicated by the telephone number from which the call originates). Each center must choose a primary coverage area and, if desired, a backup coverage area (both of which can be designated by county, area code, or zip code). The Lifeline utilizes a location-based routing system that includes a regional back-up system, and a national back-up center. The Lifeline also operates a Spanish sub-network, which allows Spanish-speaking callers to be connected to a bilingual counselor at one of the eleven centers currently participating in the sub-network.

Each Lifeline center must submit an application and supporting documentation, meet Lifeline's minimum requirements, as well as submit a signed network agreement by which the center agrees to comply with Lifeline's Network policies. All centers must comply with Lifeline's Suicide Risk Assessment Standards (as described in the June 2007 issue of Suicide and Life-Threatening Behavior), which were developed by the Lifeline's Standards, Training & Practices Subcommittee and informed by the hotline evaluation studies of Drs. Gould, Kalafat, and Mishara.

In July 2007, the Veterans Administration (VA) partnered with the Substance Abuse and Mental Health Services Administration and the National Suicide Prevention Lifeline to launch the Veterans Suicide Prevention Hotline. Veterans can call 1-800-273-TALK (8255) and press "1" to reach the Veterans Suicide Prevention Hotline, which is staffed by mental health professionals in Canandaigua, NY who work closely with local VA mental health providers to help veteran callers from across the country.

3. Minimum Lifeline Crisis Center Requirements

Crisis centers that are interested in becoming part of the National Suicide Prevention Lifeline network are required to fill out an application and submit supporting documentation. This document outlines the basic requirements that crisis centers must meet in order to become members of the Lifeline network.

Certification/Accreditation

The crisis center must provide proof of certification/accreditation from one of the following:

- American Association of Suicidology (AAS)
- CONTACT USA

- Alliance of Information and Referral Systems (AIRS)
- The Joint Commission
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (COA)
- Utilization Review Accreditation Commission (URAC)
- State/county licensure, as approved by the authorized licensing entity

Crisis centers without certification/licensure may still be able to join the network, assuming there is a demonstrable need for a center in that area, and the center signs the provisional status amendment, by which it agrees to obtain certification within a set time frame.

Insurance

The Crisis center must be covered by liability insurance that covers directors and officers, as well as staff and volunteers who respond to crisis calls in the amount of at least \$1,000,000 per occurrence and \$3,000,000 aggregate, unless otherwise approved by the Administrator.

Coverage Capacity

The crisis center must have the ability to consistently cover a geographic region; designated by county, area code, zip code, or state.

Dedicated Staff & Guidelines

The organization is required to have a distinctive call operation with the capacity to identify, receive and respond to calls from individuals in distress, preferably 24/7. The crisis call operation must utilize its own policies, procedures and training protocols and have identified staff and an administration that is responsible for the oversight of the operation.

Training

The crisis center must provide for basic training of call center staff (for both new and active staff members).

Network Participation

The crisis center must be willing to engage in a contractual agreement with the Administrator by signing the Network Agreement.

Quality Assurance

The crisis center may not practice any of the following in order to manage incoming Lifeline calls:

- Utilize an answering service or cellular telephones;
- Utilize an automated attendant or any other system that requires a caller to press a telephone key in order to be connected with center staff/volunteers;
- Forward incoming Lifeline calls to a third party; or
- Allow a receptionist or any center staff/volunteers that have not been trained to assist callers to answer/triage calls.

Quality Assurance Evaluation

The crisis center must be willing to participate in National Suicide Prevention Lifeline network evaluation activities to promote quality assurance for network operations (e.g., call logs).

Crisis Center Liaison

The crisis center must provide at least one contact at the crisis center that will serve as a liaison to the National Suicide Prevention Lifeline and will provide all possible contact information (name, title, email, and phone numbers) for said contact.

Referrals

The crisis center must be able to offer callers referrals to service providers in its designated coverage area.

Suicide Risk Assessment

The crisis center must ask all Lifeline callers about suicide at some point during the course of the call and, if the caller answers affirmatively, conduct a more thorough suicide risk assessment by using an instrument which incorporates the principles and subcomponents of the Lifeline's Suicide Risk Assessment Standards. The suicide risk assessment tool that the applicant plans to utilize must be submitted with the proposal, and upon award, approved by DMHAS prior to implementation.

Assisting Callers at Imminent Risk of Suicide

Effective as of 2/1/2012, the crisis center will need to adhere to the Lifeline's new Policy for Assisting Callers at Imminent Risk, which provides specific guidelines for assisting the Lifeline's high risk callers.

4. Current Active Crisis Centers in New Jersey

CONTACT of Burlington County (Moorestown, NJ)

Primary Coverage Area: County Burlington

Backup Coverage Area: N/A

Hours of Operation: 24/7

CONTACT of Mercer County (Pennington, NJ)

Primary Coverage Area: Area code 609

Backup Coverage Area: N/A

Hours of Operation: Monday – Sunday, 7am – 11pm

CONTACT We Care (Westfield, NJ)

Primary Coverage Area: Counties Essex, Middlesex, Morris, Somerset, Union

Backup Coverage Area: New Jersey

Hours of Operation: Monday – Sunday, 7am – 11pm

Mental Health Association of New Jersey (Verona, NJ)

Primary Coverage Area: N/A

Backup Coverage Area: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren
Hours of Operation: 8am – 8pm Monday – Friday

UMDNJ (Piscataway, NJ)

Primary Coverage Area: N/A

Backup Coverage Area: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren
Hours of Operation M – Thursday, 12pm – 8pm

At the present time, none of the above 5 active Lifeline Crisis Centers receive state funding to answer calls directed to them through the Lifeline Network. They utilize their own resources along with a stipend provided by Lifeline.

5. Summary of Lifeline Calls Answered In and Outside of NJ

(This information was provided to DMHAS by LifeLine Administration)

Given the current limited resources available to the Lifeline crisis centers in New Jersey, very few of the calls to the Lifeline network which originate in New Jersey are answered by a Lifeline crisis center in New Jersey. The National Suicide Prevention Lifeline network does provide additional national backup services but the agencies which provide these back up services are located in areas outside of New Jersey. At the present time, many of unanswered Lifeline calls are answered in Miami, Florida.

The Lifeline network has special contractual arrangements in place to respond to calls from Veterans and those who require Hispanic language assistance that are available to callers from any state. If a caller from NJ indicates that he/she wishes to be directed to Veterans or Hispanic services these calls are directed to those Lifeline crisis centers and not to Lifeline crisis centers in NJ. The calls that are directed to NJ Lifeline crisis centers are called “General Lifeline” calls. Information provided to DMHAS by Lifeline administration regarding all Lifeline calls originating in NJ during calendar year 2011, indicates that out of a total of 15,016 “General Lifeline” calls to the National Suicide Prevention Lifeline in calendar year 2011 only 3,339 (22%) were answered by crisis center staff in New Jersey. A total of 11,677 (78%) of these calls were answered by backup Lifeline crisis centers in other states. If calls are not answered locally, responders may not be able to refer individuals in crisis to appropriate local resources for follow-up care. New Jersey needs to increase the capacity of suicide prevention hotlines so that callers from every county can access a local, accredited Lifeline crisis center. A long-term commitment to continuity and quality is needed to enhance the availability and capacity of the Lifeline crisis center system in New Jersey.

B. 2NDFLOOR

2NDFLOOR is a confidential and anonymous helpline that serves youth and young adults in New Jersey. According to the 2NDFLOOR website at www.2ndfloor.org, “The overall goal of the 2NDFLOOR youth helpline is to promote healthy youth development by providing immediate interactive, respectful professional helpline services with linkage to information and services that address the social and health needs of youth.” The statewide 2NDFLOOR telephone number is (888)222-2228. The following excerpt from the 2NDFLOOR Overview, located on the program’s website, describes the training that is provided to program volunteers:

2NDFLOOR provides coverage by professional staff and by a dedicated group of trained volunteers. 2NDFLOOR has structured policies and protocols in place to screen and assist callers, perform risk assessments, track data, and provide follow-up. Every person who answers the helpline follows professional and ethical standards for child abuse reporting and for responding to life threatening situations. Counselors are proficiently trained on current issues concerning youth, crisis intervention practices, local resource and referral information, and how to provide culturally sensitive, age-appropriate counseling and feedback. Counselors are also skilled in “motivational interviewing techniques,” which empower callers to articulate their options and make informed decisions. The counselors also utilize role-play and other methods designed to help callers recognize behaviors they need to address – whether in themselves or in others.

Training for volunteers consists of a 40-hour program – a ten (10) hour eLearning course, ten (10) hours of classroom training and the remaining twenty (20) hours are spent “shadowing”. 2NDFLOOR staff volunteers “listen-in” on calls and practice giving appropriate responses. All volunteers complete a mandatory criminal background check prior to being approved as a helpline volunteer.

In Fiscal Year 2011, the New Jersey Department of Children and Families (DCF) began to promote the 2NDFLOOR helpline to help ensure that more New Jersey crisis calls, specifically from youth, are answered within the State. In addition, DCF worked with 2NDFLOOR to enhance its ability to serve as a youth suicide hotline. 2NDFLOOR is accredited by the American Association of Suicidology. All calls to 2NDFLOOR are answered within New Jersey. In addition to its call-answering capabilities, 2NDFLOOR is currently exploring ways to enhance its ability to reach youth in crisis through text and chat services.

III. Purpose of the Request

The Division of Mental Health and Addiction Services seeks proposals from applicants to develop a New Jersey based suicide hotline for the purpose of answering calls statewide from New Jersey residents in New Jersey. The proposed hotline must always be answered live by a trained staff member or volunteer, and callers should never have their calls answered by or routed to an automated system. The successful applicant will also be required to accept calls that are routed by the National Suicide Prevention Lifeline network. Specifically, the hotline will serve as a backup to the current active Lifeline Crisis Centers

and receive and answer calls that are transferred by Lifeline that cannot be answered by these entities during times of excess call volume or after the Lifeline Crisis Centers' operating hours. As such, applicants must demonstrate that the agency already meets or is capable of meeting program requirements as outlined by the National Suicide Prevention Lifeline network (see RFP Section II.C) to ensure that Lifeline calls originating in New Jersey are answered in New Jersey.

An annualized amount of \$674,000 is available through this announcement to create one statewide New Jersey based suicide hotline. It is expected that this new hotline will operate 24/7 each day of the year specifically to answer and respond to the newly developed New Jersey suicide hotline and New Jersey initiated Lifeline calls from throughout the state.

The successful applicant will be expected to develop and train a staff composed of volunteers, clinical supervisors and other clinicians appropriate to answer, and respond to the needs of those calling the newly developed New Jersey suicide hotline and New Jersey initiated Lifeline calls for assistance. Proposals which prioritize the inclusion of peer support roles for mental consumers both volunteers and paid program staff will receive additional rating points.

The Division anticipates a full evaluation of program outcomes for the overall New Jersey suicide hotline through a monthly and quarterly reporting process. The Successful applicant must agree to participate in and respond to data requests and evaluation protocols from the Division as they evolve.

IV. Target Population

The successful applicant must be prepared to respond to all calls to the newly developed New Jersey suicide hotline and general Lifeline calls which could include calls from children and youth, young adults and all adults throughout the life cycle. Program staff must be aware of support and available response options for all types and ages of caller.

V. Service Outcome Requirements

The Division will fully evaluate the progress throughout the development and implementation of the New Jersey suicide hotline. At a minimum such reports would include: number of calls answered, average length of calls, county where the call originated, theme of the call, call disposition, number of calls referred for services, number of callers at imminent risk referred for outreach or other services and the service and county referred to. The successful applicant will be expected to participate and respond to data requests.

VI. Program Model and Staff Training Package

The newly developed New Jersey suicide hotline created as a result of this announcement will be expected to meet the requirements of the National Suicide Prevention Lifeline network.

Collaboration and communication with the New Jersey Lifeline crisis centers and county-based Designated Screening Service provider agencies and other adult and child mental health and substance abuse and other treatment and support providers will be essential to the success of this Lifeline crisis service expansion. Furthermore, the applicants must

describe its plan for how the proposed service will be trained regarding the New Jersey Division of Children's System of Care (DCSOC) within the Department of Children and Families. Specifically, applicants must describe how the proposed service will interface with DCSOC and its Contracted System Administrator. Memorandums of understanding or other written agreements between such entities and provider agencies will be expected during the implementation of this service expansion.

It is expected that the successful applicant will develop operational policies prior to full program implementation on the following topics:

- Confidentiality
- Protocol for high-risk and crisis calls
- Unconditional acceptance of the caller
- Structure and methodology for handling calls
- Referral and linkage to community resources
- Call back and follow-up call procedures
- Difficult callers: sexually abusive calls, regular calls, silent callers
- Third-party callers
- Calls involving sexual assault or other violence
- Code of ethics
- Training and background check requirements
- Care and supervision of staff and volunteers
- Data collection and reporting
- Service access for persons with disabilities or with primary languages other than English

The newly developed New Jersey suicide hotline will be required to employ a Project Director whose responsibilities will include:

- Draft required policies and revise them as necessary
- Recruit hotline volunteers with the assistance of a paid Volunteer Coordinator
- Organize and supervise with the assistance of the Volunteer Coordinator initial and ongoing volunteer training
- Schedule and supervise volunteers
- Collect evaluation data, prepare reports, work on continuous program improvement
- Serve as the lead in obtaining national accreditation and National Lifeline membership
- Coordinate services with other mental health, substance abuse, first responder, and emergency services

The volunteers will:

- Successfully complete an initial 32-40 hour suicide call response training
- Successfully pass a background check
- Commit to weekly scheduled hours to respond to calls, a minimum of 10 hours per week
- Follow all program policies regarding interaction with callers and documentation of calls
- Accurately record call data
- Initiate follow-up calls according to program policies

Volunteers will receive training that follows national accreditation guidelines. These standards require 24-32 hours of initial classroom and role-play training, followed by an eight hour apprenticeship. The training should build knowledge and skill competencies in the following areas:

Active listening	Frequent callers
Self awareness	Grief and loss
Crisis intervention	Addiction and compulsive behaviors
Suicide	Violence and neglect
Depression	Information and referral
Mental illness	Wellness and Recovery Principles
Loneliness	Operator self-care

Plans should also be developed for continuing education for volunteers.

Follow-up calls to callers assessed as high-risk should be documented. Operators will reassess the person's suicide risk level and confirm whether the person has connected with appropriate care and services. Separate phone lines should be utilized for follow up calls.

VII. Funding Availability

This RFP makes available \$674,000 on an annual basis. Funding provided as part of this announcement can only be used by the applicant selected to ensure that the newly developed New Jersey suicide hotline and Lifeline calls initiated in New Jersey are answered in New Jersey. It is expected that one or more phone lines will be dedicated to the sole purpose of answering suicide hotline calls. **Based on the number of General Lifeline calls originating in New Jersey that were not answered by NJ based Lifeline crisis centers during calendar year 2011 and the first six months of 2012, applicants for this RFP must prepare proposals for a 24/7 New Jersey suicide hotline with the capability of answering in addition to the direct suicide hotline calls 15,530 NJ general Lifeline calls annually.**

VIII. Provider Qualifications

1. The applicant must be a fiscally viable for-profit organization, non-profit organization or governmental entity.
2. The applicant must have demonstrated successful experience in operating a telephone-based hotline and/or crisis intervention service and already be a member of the Lifeline network or demonstrate the capability to meet Lifeline eligibility requirements in a timely manner.
3. The applicant must be duly registered to conduct business in the State of New Jersey.
3. The applicant must meet the requirements for approval as a Crisis Center as outlined in Section II (C) of this RFP.

4. The applicant must currently meet, or be able to meet, the terms and conditions of the Department of Human Services' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). These documents can be accessed from the webpage of the Office of Contract Policy and Management webpage at: <http://www.state.nj.us/humanservices/ocpm/home/resources/>. Applicants may contact the Division of Mental Health and Addiction Services Contract Unit at 609-777-0628 with general questions about the requirements in these manuals.

5. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal IRS 501 (c) (3) regulations, as applicable.

IX. Clustering, Incentives and Fiscal Consequences Related to Performance

Programs awarded pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

Contract commitment will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in termination of the contract.

X. Requirements for Submission

Proposals must address the following:

- 1. Funding Proposal Cover Sheet. Please use the Cover Sheet included in the RFP and place it on top of the entire RFP package. (2 points)**
- 2. Identify the number of general Lifeline calls that you are committing to answer annually. Identify the units of service, defined as 15 continuous minutes of telephone contact, that you expect will be provided per call on the average, and the total units of service that will be provided annually. Of the total number of annual calls proposed to be answered and the annual units of service proposed, identify the number of post-crisis follow-up calls you expect to be made and units of service delivered in this regard annually. Provide information indicating how you determined that the resources (staff and logistical resources) you have requested in your proposal will allow you to answer these newly developed New Jersey suicide hotline and New Jersey initiated Lifeline calls. (10 points)**
- 3. OPTIONAL: Describe any plans you have for meeting the demand from youth and others who wish to access your proposed Suicide Hotline service via text messages, chat and/or social media (2 points)**

- 4. Describe your plans and processes for accepting warm transfers from the newly developing NJ Division of Mental Health and Addiction Services Administrative Services Organization (ASO) once that entity is operational. Additionally, describe your plans and processes for accepting warm transfers from mental health and addictions programs prior to and proceeding the implementation of the ASO. (3 points)**
- 5. Describe your agency's experience in operating a telephone-based hotline and/or crisis intervention service. Please include information regarding accreditation, number of calls received on a weekly and annual basis, and the hours of operation your current service operates. Also provide projections on the number of follow-up calls that may be needed. (5 points)**
- 6. Describe your proposed program's ability to meet the requirements necessary to become a National Suicide Prevention Lifeline crisis center. Please comment regarding each item on the List of Minimum Requirements included in Section II.A.3 of this RFP. If you are already a member of Lifeline, please indicate the actual date that your program began to answer general Lifeline calls, the number of Lifeline calls answered weekly and annually, and identify the areas that you cover for Lifeline calls. (10 points)**
- 7. Describe how your newly developed New Jersey suicide hotline would coordinate and collaborate with the current NJ-based Lifeline crisis centers identified in Section II.A.4 to assure a seamless transfer of unanswered Lifeline calls. Describe how your proposed service will interface with the DCSOC, its Contracted System Administrator and the 2NDFLOOR Helpline. Explain how and when callers will be referred to 2NDFLOOR for additional and continuing youth helpline services proceeding the completion of an applicable suicide hotline call.(10 points)**
- 8. If your agency provides other hotline services, describe how you will ensure how the proposed program will be dedicated to answering NJ Lifeline calls only. (10 points)**
- 9. Indicate if your existing program(s) currently operate 24/7 each day of the year. If not, indicate that your proposed program will operate 24/7 and when you expect 24/7 operations could begin. (10 points)**
- 10. Identify the number of volunteers, the number and skills of clinical supervisory staff and other clinical positions, and other proposed staff to meet the needs outlined in this RFP. Indicate that a clinical supervisor will be assigned on every shift. Provide this information in number of Full Time Equivalents (FTE's) as well as number of individuals who will fulfill these roles.(10 points)**
- 11. Provide job descriptions for each position (including volunteers) and a table of organization for the proposed program. (10 points)**

12. Provide a 24/7 staff schedule showing specific staff coverage for each shift. (10 points)
13. Indicate if your proposal includes specific “peer” positions and “peer” volunteer opportunities. (10 points if included)
14. Identify plans for recruiting volunteers and clarify the role and activities of the volunteer coordinator. (10 points)
15. Describe the training that will be provided for all volunteers and staff, and who will provide the necessary training. Include in your description your plan for how staff and volunteers will be trained regarding the DCSOC. Specifically, describe how your proposed service will interface with the DCSOC and its Contracted System Administrator. (5 points)
16. Provide an overview indicating how information regarding suicide prevention, mental health, substance abuse, and other appropriate child and adult service providers statewide will be obtained and made available to potential callers and to program staff who answer calls from the newly developed New Jersey suicide hotline. A component of this information sharing must include the development and maintenance of a dedicated website. (10 points)
17. Indicate how the proposed New Jersey suicide hotline will adhere to the Lifeline new Policy for Assisting Callers at Imminent Risk (adult and child). Clarify your agency’s knowledge of and any existing and/or planned coordination with Designated County Screening Service providers and Substance Abuse service providers throughout the state. (10 points)
18. Indicate where your proposed program will be located. (5 points)
19. Indicate if your agency already has and utilized written policies regarding confidentiality, protocol for high-risk and crisis calls, unconditional acceptance of the caller, structure and methodology for handling calls, call back and follow-up procedures, third party callers, care and supervision of staff and volunteers, and data collection and reporting. (5 points)
20. Indicate that your agency agrees to provide regular monthly and quarterly reports as part of the program evaluation process. At a minimum such reports would include: number of calls answered, average length of calls, county where the call originated, theme of the call, call disposition, number of calls referred for services, number of callers at imminent risk referred for outreach or other services and the service and county referred to. (5 points)
21. Provide a timeline showing the necessary steps for implementation of your proposed program including a proposed date for full implementation. (15 points)
22. Statement of Assurances signed by Chief Executive Officer (Attachment C). (2 points)
23. Signed Debarment Certification (Attachment D). (2 points)

Applicants who do not currently contract with the Division must also include the following:

- a. Organization history including mission, and goals.
- b. Overview of agency services.
- c. Documentation of incorporation status.
- d. Agency organization chart.
- e. Agency code of ethics and /or conflict of interest policy.
- f. Most recent agency audited financial statement.

- g. Listing of current Board of Directors, officers and terms of each.

Application program narratives must be no more than 15 pages in length, excluding budget detail, with a font size no smaller than 12. Pages must be clearly numbered, and proposals should not be stapled, in binders, or bound in any way as to preclude easy photocopying.

22. Budget Requirements (45 points)

A program budget with the following characteristics must be submitted as an excel attachment:

- a. Provide a budget with line-item detail organized using the following Annex B categories for expenses and revenues using two clearly labeled separate columns, one for annualized operating budget and one for the phase-in budget:
 - i. Personnel Services (including fringe benefits)
 - ii. Consultant and Professional Services Materials and Supplies
 - iii. Facility Costs
 - iv. Special Assistance to Clients
 - v. Other
 - vi. General and Administrative (G&A) Expenses Net Operating Costs
 - vii. Revenue Offsets (fees, grants, contributions, subsidies...)
 - viii. Net Deficit (requested DMHAS award amount)
- b. Phase-in budget figures must be based on the date that the applicant proposes to commence services through the point in time at which services are fully operational. Phase-in and annualized budgets must show and project all expected revenues (if any) and explain assumptions of the methodology used to determine projections.
- c. If one-time costs are requested, provide a separate detailed list.
- d. All budget data, if approved and included in signed contracts, will be subject to the provisions of the DHS Contract Policy & Information Manual, and the DHS Contract Reimbursement Manual. These manuals can be accessed from the Office of Contract Policy and Management (OCPM) webpage at: <http://www.state.nj.us/humanservices/ocpm/home/resources>. The Contracting Manuals' link is available from the webpage sidebar.
- e. Budget Notes are often useful to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide adequate information could result in lower ranking of the proposal. Please provide Budget Notes if you believe such notes would assist the reviewers. .
- f. Include name and addresses of any organization providing support other than third party payers.

- g. For personnel line items, staff names should not be included, but the staff position titles and hours per workweek are needed.
- h. Provide the number of hours associated with each line of any clinical consultant so that cost/hour may be considered by the evaluators.
- i. Staff fringe benefit expenses may be presented as a percentage factor of total salary costs, and should be consistent with your organization's current Fringe Benefits percentage.
- j. 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. Because administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, applicants that currently contract with DMHAS should limit your G & A expense projection to "new" G & A only.
- k. Provide written assurances that if your organization receives an award pursuant to this RFP:
 - i. The program will seek Medicaid reimbursement if/when such reimbursement becomes available.
 - ii. Maintenance of effort statement certifying that the proposed service, if awarded, will increase the level of service currently provided by the organization and the award will not fund or replace existing services.

I. Submit the budget as an excel attachment to Elaine Welsh at Elaine.welsh@dhs.state.nj.us with a copy to Susanne Rainier at Susanne.rainier@dhs.state.nj.us. Provide a hard copy of the budget in your hard copy submission.

Please note that the services called for in this RFP are not currently reimbursable under Medicaid guidelines, nor do we anticipate that they will become reimbursable. However, should such reimbursement become available in the future, the awarded program will be required to enroll in the Medicaid program, bill for all covered services for all covered individuals, and apply such revenue to their program. DMHAS support will then be commensurately reduced.

XI. Mandatory Bidders' Conference

All applicants intending to submit a proposal in response to this request must attend a mandatory Bidders' Conference. Proposals submitted by an applicant not in attendance will not be considered.

DATE: December 20, 2012
TIME: 1:00 PM
LOCATION: 222 South Warren Street
 Third Floor
 Trenton, NJ 08625

Agencies intending to submit proposals are encouraged to confirm their attendance with Diane Sharley at 609-777-0717, no later than two days prior to the Bidders Conference.

XII. Submission of Proposal

All proposals are due to the offices below no later than 4:00 PM, January 18, 2013. Submit your proposal in a single file PDF format via email to roger.borichewski@dhs.state.nj.us. Multiple PDF attachments and emails will not be accepted. Your email "subject" should include your agency name, and the proposal name and date. Proposals should be limited to 15 pages, with the exception of the budget and supporting documents – in a font size no smaller than 12. Additionally, one hard copy of the proposal with an original signature and six additional hard copies must be submitted to the attention of Roger Borichewski no later than 4:00 pm, January 18, 2013, at the following address:

Division of Mental Health and Addiction Services
222 South Warren Street, 3rd Floor
PO Box 727
Trenton, NJ 08625

Four hard copies and an electronic version of the proposal shall also be submitted to the County Mental Health Administrator(s). Please refer to the following web link regarding contact information for the respective Mental Health Administrators:
<http://www.state.nj.us/humanservices/dmhs/services/admin/>

Additionally, as noted in Section X, submit the budget in excel format as an e-mail attachment to Elaine Welsh at Elaine.Welsh@dhs.state.nj.us and Susanne Rainier, Chief of the Bureau of Contract Administration at Susanne.Rainier@dhs.state.nj.us.

XIII. Review of Proposal and Notification of Preliminary Award

There will be a review process for all timely-submitted proposals that meet all the requirements outlined in this RFP.

DMHAS will convene an RFP review committee to review and score timely submitted proposals in response to the current RFP. This review committee will consist of State of NJ employees, including staff from the DMHAS Central Office, and DMHAS state hospital staff.

DMHAS recognizes the invaluable perspectives and knowledge that consumers, family members, and County Mental Health Boards possess regarding psychiatric services. Input from these groups is integral components of a system that holds Wellness and Recovery principles at its core. Consequently, the Division will convene an advisory group consisting of consumers and family members to meet with members of the RFP review committee and provide their input regarding each of the proposals submitted. County Mental Health Boards should review proposals and provide the Division with their recommendations and comments by no later than February 15, 2013. This input will be incorporated into the final deliberations of the review committee. Recommendations are to be submitted to Roger

Borichewski, Division of Mental Health and Addiction Services at the email or mailing address listed in Section XII of this RFP.

The DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so.

The DMHAS will notify all applicants of preliminary award decisions by February 22, 2013.

XIV. Appeal of Award Decisions

Appeals of any determinations may be made only by the respondents to this proposal. All appeals must be made in writing and must be received by the DMHAS at the address below no later than March 1, 2013. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

**Lynn Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services
222 South Warren Street, 3rd Floor
PO Box 727
Trenton New Jersey 08625-0727**

Please note that all costs incurred in connection with any appeals of DMHAS decision are considered unallowable costs for purposes of DMHAS contract funding.

The DMHAS will review any appeals and render final funding decisions by March 8, 2013. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

PROPOSAL COVER SHEET
(Must precede all pages submitted with Proposal)

Date Received _____

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES (DMHAS)

Cover Sheet

Proposal Summary Information

Name of RFP: _____

Incorporated Name of Applicant: _____

Type:

Public _____ Profit _____ Non-Profit _____, or Hospital-Based _____

Federal ID Number: _____ Charities Reg. Number: _____

Address of Applicant: _____

Address of Service(s): _____

Contact (name/title): _____ Phone No.: _____

Email: _____ Fax No.: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ To _____

Total number of Lifeline Calls to be Answered: _____

Brief description of services to be provided: _____

Authorization:

Chief Executive Officer: _____

(please print)

Signature: _____ Date: _____

**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.

**Department of Human Services
Statement of Assurances**

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.

- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have on file signed certifications 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
 Equivalent

 Signature: Chief Executive Officer or

 Date

 Typed Name and Title

6/97

Attachment D

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

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

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

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

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

10-01-2012

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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.