

STATE OF NEW JERSEY
DIVISION OF MENTAL HEALTH SERVICES

Designated Screening Service

Jon Poag, Acting Assistant Commissioner
Division of Mental Health Services
April 2009

Designated Screening Service

I. Introduction:

The mission of the New Jersey Division of Mental Health Services (DMHS) is to promote opportunities for adults with serious mental illness to maximize their abilities to live, work, socialize and learn in communities of their choice. One of the operating principles of DMHS is to insure that services are delivered by means of a comprehensive system of care, which emphasizes the most appropriate, least restrictive settings to promote the highest level of functioning.

Moreover, the DMHS believes that people diagnosed with a mental illness can achieve wellness and recovery. This belief is grounded in a growing body of research and knowledge in the recovery field, as well as first hand accounts from people recovering from mental illness. DMHS recognizes that consumers of mental health services are able to identify and articulate their service and support needs. Consequently, service and treatment delivery must be consumer and family driven. These services will provide meaningful choices to consumers for treatment options.

DMHS aligns itself with the President's New Freedom Commission Report of 2003 which asserts "*the early detection of mental health problems in children and adults — through routine and comprehensive testing and screening — will be an expected and typical occurrence. At the first sign of difficulties, preventive interventions will be started to keep problems from escalating. Quality screening and early intervention will occur in both readily accessible, low-stigma settings... and in settings in which a high level of risk exists for mental health problems.*" Additionally, DMHS ascribes to the New Freedom Commission Report's assertion that

- 1) Services and treatment delivery must be consumer and family driven, providing consumers with "real and meaningful choices" concerning treatment options and providers; and,
- 2) services and treatment must focus on "facilitating recovery and building resilience", rather than merely managing symptoms.

Acting Governor Richard Codey commissioned the Governor's Task Force on Mental Health (Task Force) in 2005. The Task Force issued a final report in March 2005. The recommendations of the Task Force are one of several factors that served as a catalyst for the transformation of the mental health system to one which focuses on wellness and recovery. This report has served as the blueprint for the mental health service delivery system since its issuance.

DMHS continues to implement the recommendations put forth in the Task Force report. Accordingly, this Request for Proposal (RFP) considers elements of the Task Force's recommendations regarding treatment, wellness and recovery. Specifically, with particular regard to psychiatric emergency screening services, the Task Force identified the need for increased crisis outreach efforts, availability of hospital diversion and respite services and follow-up services post psychiatric emergency screening.

In response, the Task Force recommended that an addition of substantial resources be invested to address issues of staffing and outreach capability in order to support recovery and promote community tenure. Additional resources were directed to designated screening services in fiscal years 2006 and 2007.

Existing Psychiatric Emergency Screening Services for Warren County are being re-bid through this RFP. The psychiatric emergency services awarded through this RFP will meet the needs for evaluation for persons experiencing a psychiatric crisis through the provision of prompt assessment, crisis intervention, evaluation, and referral services. Psychiatric emergency services will offer persons with clinically appropriate alternatives to inpatient care and when necessary provide a means for involuntary commitment. The service will have a strong mobile screening outreach component that will engage with consumers and families with the goal of mitigating a visit to the emergency room and ultimately psychiatric hospitalization. The service will be available 24 hours per day, seven days a week including holidays.

II. Program Description

a. Screening Service

The screening service will be designed to provide on and off site screening and crisis stabilization services for Warren County, 24 hours per day, 365 days per year. The specific geographic area to be covered by the screening service is Warren County in its entirety. The purposes of screening services are to:

1. provide clinical assessment and crisis stabilization in the least restrictive, clinically appropriate setting in a manner that is culturally competent and recovery-oriented and assists the consumer in achieving a self-directed transition to wellness;
2. provide outreach to individuals who may need crisis stabilization (including but not limited to persons in community settings and incarcerated in the county jail);
3. provide outreach to individuals who may meet the standard for commitment and are unable or unwilling to come to the screening service location;
4. provide referral and linkage services to individuals who present themselves to the screening service or receive mobile screening services;
5. coordinate access to acute care psychiatric resources;
6. screen individuals so that only persons who meet the standard for involuntary commitment are committed;
7. serve as the admission screener and primary route of access to short-term care facilities (STCF), county and state psychiatric hospitals;
8. provide training and technical assistance concerning psychiatric emergencies to other social service and mental health providers in Warren County, as well as law enforcement personnel in that county;
9. coordinate a system review and monitoring of the effectiveness and appropriateness of screening and mobile outreach services; and
10. provide leadership within the acute care network of services and advocate for services to meet consumers' needs and encourage the system to respond flexibly.

Consistent with the DMHS' emphasis of wellness and recovery as the cornerstone of mental health services, the proposed psychiatric emergency screening services will provide mobile outreach services with the intent of early intervention, assessment, referral and follow-up services to avert inpatient treatment.

Consequently, the screening service is to be designed and implemented in a manner which reflects recovery as an overarching value as well as an operational principle. The Federal Substance Abuse and Mental Health Services Administration has identified 10 fundamental components of recovery as part of the national consensus statement on mental health recovery. Further information regarding the 10 components may be found at:

http://www.samhsa.gov/pubs/mhc/MHC_NCrecovery.htm.

The components are:

1. Self direction
2. Individualized and Person Centered
3. Empowerment
4. Holistic
5. Non-Linear
6. Strengths-based
7. Peer Support
8. Respect
9. Responsibility
10. Hope

DMHS believes that a strong, responsive screening service is consumer and family driven, promoting a consumer's recovery. "Consumer and family driven" is defined as: *a fully collaborative partnership that encourages growth toward independence by recognizing consumer strengths and resources and addressing consumer identified needs and priorities.*

Screening services are designed to provide screening, assessment, referral, linkage, and crisis stabilization services. Although individuals who avail themselves of screening services most likely are experiencing a psychiatric emergency, this emergency does not preclude the involvement of consumers and families in determining the clinical needs of the consumer, nor the services that would prove to be in the best interests of the consumer. Similarly strict adherence to a consumer's advanced directive, in accordance with State and federal regulations, is a necessary component of the mobile outreach and screening process.

While some consumers require screening and stabilization services in a secure environment with the availability of intensive medical supports, field reports indicate that more than half of the persons presenting in emergency rooms could have been served in less restrictive settings if support service interventions had been accessed earlier. Consequently, DMHS will expect a strong mobile outreach and community-based crisis intervention component to the screening service.

The screening service will offer individuals with clinically appropriate alternatives to inpatient care. DMHS believes intervention and support accessed significantly

earlier in the crisis cycle can maximize access and utilization of appropriate supports, increase community tenure, decrease the potential for trauma, lower costs for both consumers, families and service providers, positively impact the utilization of hospital emergency rooms, reduce the need for long-term hospitalization and allow for better consumer and system outcomes. The goal is to lessen inappropriate hospitalization and reliance on psychiatric institutions. Accordingly, the screening service will develop and maintain affiliation agreements with mental health, social service and health service systems to secure opportunities for coordination and collaboration and immediate access to community-based services and resources for consumers such as psychiatric evaluation for medication and other mental health support services.

In the event that the screening service finds that an individual's symptoms indicates that he/she requires inpatient treatment or is a danger to themselves, others or property due to a mental illness, the screening service will refer individuals for voluntary admission or involuntary commitment to an inpatient facility as clinically appropriate.

Since involuntary commitment entails certain deprivations of liberty, it is imperative that the screening service enlists processes that ensure that only those persons who are dangerous to themselves, to others or to property due to a mental illness are involuntarily committed. The screening service is to act in accordance with the screening statute and regulations (N.J.S.A. 30:4-27.1 et seq., N.J.A.C. 10:30) and NJ commitment law N.J.S.A. 30:4-27.5 et seq. Authority to involuntarily commit individuals shall be given to the screening service in accordance with the screening designation process enumerated in N.J.S.A. 30:4-27.4, -27.5 et seq., and N.J.A.C. 10:31-1.1 et seq.

All proposals received as a result of this Request for Proposals must utilize the screening regulations currently in effect. However, the Department of Human Services anticipates proposing extensive and significant amendments to the screening regulations in the spring 2009 and, following a 60-day public comment period, to adopt these amendments in the fall of 2009. Areas of regulatory change include: (1) a new requirement that the screening service obtain a waiver from the Department before implementing telepsychiatry; (2) the removal of the requirement that a screening service be located in or contiguous to a hospital; (3) new provisions prescribing a seven-year cycle for designation status and requiring designation to be conferred only after a competitive bidding (RFP) process; (4) new standards and procedural requirements affecting waiver issuance; and (5) changes to the section governing staffing composition and qualifications. Further details regarding the proposed amendments will be posted under the "Public Notices" links of both the Department's and Division's websites:

<http://www.state.nj.us/humanservices/Rules/index.htm>;
<http://www.state.nj.us/humanservices/dmhs/publicnotices.html> .

The screening service will work closely with DMHS in coordinating acute care services in Warren County. The screening service will convene monthly acute care system review meetings, in accordance with N.J.A.C.10:31-5.1 through 5.3 and

provide training and technical assistance to the police and other community gatekeepers to acute care services.

The Assistant Commissioner for Mental Health Services (Assistant Commissioner), operating under the authority of the Commissioner of the Department of Human Services, in consultation with the Warren County Mental Health Board (Board) shall designate a screening service in Warren County. The Board shall base their recommendation minimally on the following criteria:

1. demonstrated history of providing quality services;
2. knowledge of, and willingness to provide services to target populations;
3. ability to provide mental health services in a cost effective manner; and
4. documented ability to comply with N.J.A.C. 10:31-1.1 et seq.

In accordance with N.J.A.C. 10:31-6.1 (d) re-designation will be required after the screening center's first year of operation and every two years thereafter.

The Assistant Commissioner shall designate an agency or facility only with the approval of the agency's or facility's governing body. In designating the screening service, the Assistant Commissioner shall ensure that the service is accessible to all persons in Warren County who need these services. Similarly, the Assistant Commissioner will ensure that screening service evaluation is the preferred process for entry into STCFs, so that appropriate consideration is given to less restrictive treatment alternatives.

b. Population to be served

The screening service will serve individuals who are demonstrating acute psychiatric symptoms that can benefit from increased recovery and clinical supports. Many of these individuals have serious and persistent mental illness. It is expected that many of these individuals will have a co-occurring substance use issues and histories of frequent use of the acute care system including screening centers and inpatient units.

c. Staffing

The screening service (including mobile outreach staff) shall include a coordinator, psychiatrists, and certified screeners. The staffing complement may also include registered professional nurses, social workers, psychologists, and/or other mental health professionals. Minimally the screening service will consist of the following staffing pattern with requisite qualifications and duties as defined in N.J.A.C. 10:31-3 and N.J.A.C. 10:31-4:

- Psychiatrist availability 24 hours per day, 365 days per year to provide telephone consultation, medication orders and face-to-face evaluation;
- Certified screener availability 24 hours per day, 365 days per year to provide screening on-site and mobile screening outreach in the community;
- Personnel who shall be on-site to provide continuous monitoring of the consumer in the extended care emergency bed (ECEB) and administration of medication as needed;

- Screening service coordinator (or his/her designee) to be available 24 hours per day, 365 days per year to provide administrative and treatment planning direction as needed;
- Clinical director availability to provide / coordinate medical services; and
- Personnel to provide consultation and education, hotline coverage, psycho-education and other appropriate services, including coordination of the acute care system review procedures.

III. Provider Qualifications

In order to be eligible for consideration for funding under this RFP, applicants must meet the following qualifications:

1. The applicant must be a fiscally viable profit or non-profit organization, and document demonstrable experience in successfully providing mental health support, rehabilitation, and treatment services to persons with serious and persistent mental illness.
2. The applicant must be able to demonstrate experience and success in providing crisis intervention inpatient diversionary services to persons with mental illness and co-occurring disorders.
3. 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).

Draft Affiliation Agreements or letters of intent between the applicant and any relevant program partners must be included in the application. Affiliation Agreements shall focus on the working relationships between and among the parties, including identifying contact people within each agency, timeframes for response regarding referrals, and information needed when making referrals.

IV. Mandatory Bidders Conference

All applicants intending to submit a proposal in response to this RFP must attend a mandatory Bidders' Conference. Proposals submitted by an applicant not in attendance will not be considered. The Bidders' Conference will be held at the following time and place:

Date: April 27, 2009
Time: 2:00pm – 3:30pm
Location: Greystone Park Psychiatric Hospital Auditorium
 59 Koch Avenue,
 Morris Plains, New Jersey 07950

Bidders are required to pre-register for this session by telephoning Jennifer Brown, at 973-977-4397 or via email at Jennifer.Brown@dhs.state.nj.us .

V. Budget Requirements

The applicant must demonstrate their ability to provide mental health services in a cost effective manner within the available resources. A program budget with the following characteristics must be submitted:

- A. Provide detailed budget information employing the Annex B categories for expenses and revenues, utilizing the excel template which will be e-mailed to a representative identified by your organization. Please have this representative send an e-mail to Mahmood.Ghauri@dhs.state.nj.us and he will reply and attach the template for your use. The template contains clearly labeled separate areas for the proposed screening services; one to show full annualized operating costs and revenues, one to show one-time costs; and one to show the phase-in operating costs and revenues related to your proposed start-up date through the end of the affected contract year.
- B. Include a hard copy of your budget template and supporting budget material with your proposal, and in addition send an email with the completed budget template file attached to Mahmood Ghauri at Mahmood.Ghauri@dhs.state.nj.us.
- C. 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://dhs.state.nj.us/humanservices/ocpm/contract_manuals.htm
- D. Budget notes are useful to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Applicants must provide a detailed schedule supporting their calculations for each type of contemplated revenue. Narrative budget notes, detailing assumptions behind proposed costs and revenues must be included in the applicant's response. Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide adequate narrative information could result in lower ranking of the proposal. Put notes to the maximum extent possible right on the budget template file.
- E. For personnel line items, staff names should not be included, but the staff position titles and hours per workweek and credentials are needed.
- F. 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.
- G. Provide the number of hours associated with each line of any clinical consultants so that cost/hour may be considered by evaluators.
- H. If applicable, General and 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 DMHS programs reallocated to a new program do not require new DMHS resources, limit your G & A expense projection to “new” G & A only by showing the full amount as an expense and the offsetting savings in other programs in the revenue section.

- I. Required Respondent Assurances: Express written assurance that if your organization receives an award pursuant to this RFP you will pursue all available sources of revenue and support upon award and in future contracts including your agreement to obtain approval as a Medicaid-eligible provider. Failure to maintain certification may result in termination of the service contract.

VI. Funding Availability

The awarded program will be contracted to be fully operational no later than September 1, 2009. One time funds will be available to support necessary equipment, supplies, and other related start up costs. ***A maximum annualized amount of \$889,404 is available for the current screening service award.***

VII. Proposal Criteria

- A. Articulate the agency/facility’s understanding of wellness and recovery principles as it relates to screening services as described in N.J.A.C. 10:31 and in Section II in this RFP.
- B. Detail how the proposed service will be delivered. Outline how services will be accessed and coordinated by and with mental health (inpatient and community-based), social services and the county correctional facility. Include how the service will integrate within the continuum of services and recovery supports available in Warren County.
- C. Demonstrate the applicant’s history of providing quality psychiatric crisis intervention services.
- D. Detail applicant’s knowledge of best practice approaches in screening services and how this knowledge will be integrated in proposed psychiatric emergency screening service.
- E. Provide a comprehensive description of the service components and methods that screening services will employ to achieve service objectives, clinical interventions and recovery supports and access to ongoing services.
- F. Describe how Psychiatric Advance Directives and Wellness Recovery Action Plans will be incorporated in shared decision making with consumers receiving the proposed service.
- G. Provide a specified timeframe for phase-in and full implementation of all components of screening service operations based on a July 1, 2009 award date. Show key activities, milestones, and responsible staff. Please note that services are required to be fully operational no later than September 1, 2009.

- H. Existing Psychiatric Emergency Screening Services for Warren County are being re-bid through this RFP. These services are currently provided by the Family Guidance Center of Warren County and as such, there are staff under their employ who might be displaced should a different agency/applicant be awarded this service as a result of this RFP. Applicants are expected to consider prospectively displaced employees for hire in their psychiatric emergency services proposal. Consequently, applicants must identify employee recruitment and retention strategies and include a statement in their proposal that indicate the applicant's willingness to consider for employment those employees of the Family Guidance Center who might be displaced as a result of this RFP.
- I. Clearly state the projected number of individuals you propose to serve annually in which types of services while not exceeding the maximum amount of State funds available for this screening award. Proposed annual level of service commitments for each service proposed. Applicants must submit proposed DMHS Annex A contract commitments. Those documents are available at:
http://www.state.nj.us/humanservices/dmhs/Contracts_AnnexA_indexpg.htm.
- J. Demonstrate the applicant's knowledge of and willingness to provide screening services to target populations and plans for coordination with service providers.
- K. A specification of the number, qualifications and skills of the clinical, nursing, rehabilitation, family/peer and support services staff comprising the team performing program activities, as well job descriptions for each position. A table of organization including program staff, administration, support staff and evaluative staff must be included in the application.
- L. Describe how available community family and/or peer resources will be utilized in program operations. It is encouraged that the proposed service deploys peer and/or family resources as a part of the staffing pattern. Should the proposed service utilize peer and/or family resources describe their function and how they will be integrated into the staffing pattern.
- M. Provide a sample staffing schedule, along with description of staffing pattern, for 24/7 service accessibility
- N. Identify the location where the proposed screening service will be sited. All proposed services locations should be designed to insure that the citizens of Warren County have ready access to the screening service.
- O. Describe your outreach protocols and processes for providing services in non-hospital based environments.
- P. Explain how the proposed services will interface with emergency service providers and other acute care services.

- Q. Fully describe the services that will be provided to individuals under the age of 18 and to their families. Explain how the proposed services will interface with the children's system of care.
- R. Provide a full explanation of how the applicant will definitively arrange continuing services and supports for participants after termination from the proposed screening service. Particular detail is requested regarding the potential service relationship between the applicant's proposed service array and outpatient service providers.
- S. Describe the management and supervision methods that will be used, and the procedures for monitoring the performance of staff.
- T. Detail the specific methods to be used to measure and evaluate service outcomes and the quality of service, including agency specific forms and tools which will be employed to capture and assess both consumer and system outcomes. Include a full written description of proposed evaluative processes with your application and the integration of consumer and family involvement in the evaluative process. Identify and quantify the specific consumer and system outcomes your program will produce as a result of a contract with DMHS, particularly with regard to the requirements specified in N.J.A.C. 10:31 and sections II and III above. Identify the specific position(s) which will have primary responsibility for evaluative activities regarding this program.
- U. Describe the referral and assessment processes, including:
1. A description of the priorities and processes for identifying consumers and the procedures to be followed to ensure that the commitment statuses and screening regulations are followed for all consumers committed to inpatient psychiatric treatment.
 2. An explanation of assessment and engagement procedures including time frames.
 3. An explanation of referral mechanisms and processes (formal and informal) from myriad of referral sources;
 4. Any exclusionary criteria.
- V. Describe the community education and training that will be provided, including audiences, and frequency of education/training. Articulate how this training/education will serve to promote wellness and recovery principles, eliminate unnecessary hospitalizations and emergency room visits and integrate principles of consumer and family participation in the screening process.
- W. Describe the methods used to comply with State and federal confidentiality laws.

VIII. Proposal Requirements

- A. Applicant must address all program items listed in Sections II through VIII.
- B. Applicants must clearly state any requirements stipulated in N.J.A.C. 10:31 that the applicant is unable to meet and for which the applicant would be requesting a waiver of the particular requirement(s). The applicant must demonstrate:

1. The rule is not mandated by any provision of N.J.S.A. 30:4-27.1 et seq.;
 2. The provision of screening services in accordance with the purpose and procedures contained in N.J.S.A. 30:4-27.1 et seq. would not be compromised if granted.
 3. No significant risk to the welfare and safety of individuals subject to screening services or the staff or screening service would result from granting the waiver.
- C. The documents listed below are required upon submission of the application, unless the applicant has a contract with DMHS and these documents are already on file with DMHS.
1. A copy of the applicant's code of ethics and/or conflict of interest policy
 2. A copy of the applicant's most recent organization-wide audited financial statements
 3. A copy of the applicant's certification of incorporation
 4. A copy of the applicant's charitable registration status (if applicable)
 5. A list of the board of directors, officers and their terms of office
 6. A list of the name(s) and address(es) of those entities providing support and/or money to help fund the program for which the proposal is being made
 7. A statement of assurance that all Federal and State laws and regulations are being followed (Attachment B)
 8. The Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Attachment C)
 9. N.J.S.A. 53:34-13.2 Source Disclosure Certification (formerly Executive Order 129) (signed and dated)
 10. Public Law 2005, Chapters 51 and 271 Compliance forms (formerly Executive Order 134) and Executive Order 117 (signed and dated) only for for-profit organizations.
 11. Organization mission, history, goals and objectives and future goals.
 12. Documentation that agency meets qualifying requirements for DHS program contract (See Section III).
 13. Current Agency Licensure/Accreditation Status
- D. Application program narratives must be no more than 20 pages in length, excluding budget detail, affiliation agreements, staff schedule, table of organization, letters of

support, agency forms and completed Department of Human Services RFP Cover Sheet (attached to RFP). Pages must be clearly numbered. An additional 5 pages are allowed if a response is required regarding Section VIII, item B.

IX. Submission of Proposal

All proposals are due to the offices below **no later than 4 p.m. May 27, 2009**. Eight (8) copies are to be mailed or hand delivered to:

Department of Human Services
New Jersey Division of Mental Health Services
100 Hamilton Plaza, Box 4
Paterson, New Jersey 07505

Attn: Valerie L Larosiliere, Assistant Director

Four (4) copies are to be mailed or hand delivered to:

Department of Human Services
New Jersey Division of Mental Health Services
50 East State Street P.O. Box 727
Trenton, New Jersey 08625-0727

Attn: Alexander Glebocki, Regional Manager

Additionally, eight (8) copies are to be mailed or hand delivered to the Warren County Mental Health Administrator.

Warren County Mental Health Board
Cummings Building
202 Mansfield Street
Belvidere NJ 07823

Attn: Shannon Brennan, Mental Health Administrator

Fax and e-mail submissions will not be accepted.

X. Review of Proposals and Notification of Preliminary Award

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

DMHS will convene an RFP review committee to review and score proposals submitted in response to the current RFP.

This review committee will consist of State of NJ employees, including staff from the DMHS Northern Region Office, DMHS Central Region Office and individuals from the DMHS Contracts unit.

DMHS recognizes the invaluable perspectives and knowledge that consumers and family members possess regarding psychiatric emergency services. Input from consumers and family members are an integral component of a system that holds Wellness and Recovery principles at its core. Consequently, the Division will convene an advisory group consisting of consumers and families. The consumer and family advisory group will meet with members of the RFP review committee, providing their input regarding each of the proposals submitted.

Scoring of the RFP will be weighted in the following manner:

- A. 50 points for agency experience in the provision of quality crisis intervention services and agency qualifications to provide the proposed services (NJAC 10:31-6.1(a)(3)(i))
- B. 250 points for agency philosophy and methodology including demonstration that Wellness and Recovery Principles and best practice approaches are fully integrated in proposed service (NJAC 10:31-6.1(a)(3)(i) & (ii))
- C. 25 points for letters of support (NJAC 10:31-6.1(a)(3)(ii))
- D. 50 points for ability to work with Warren County MH providers and provide services to Warren County residents (NJAC 10:31-6.1(a)(3)(ii))
- E. 50 points for accessibility of services to all Warren County residents (NJAC 10:31-6.1(a)(3)(ii))
- F. 75 points for staffing pattern and utilization (NJAC 10:31-6.1(a)(3)(i) & (iv))
- G. 75 points for ability to provide mental health services in a cost effective manner (NJAC 10:31-6.1(a)(3)(iii))
- H. 75 points for ability to comply with screening regulations (NJAC 10:31-6.1(a)(3)(iv)) and demonstration for ability to comply with commitment statutes N.J.S.A. 30:4-27.1 et seq. and N.J.S.A. 30:4-27.4 to 27.7, 30-27.10, 30:27.11a-11e.
- I. 100 points for Warren County Mental Health Board recommendation (NJAC 10:31-6.1(c) & NJAC 10:31-6.1(a)(3)(ii))
- J. 50 points for phase-in and implementation plan
- K. 50 points for required attachments and compliance with RFP

The DMHS reserves the right to reject any and all proposals when circumstances indicate that it is in the public's best interest to do so.

The DMHS will notify all applicants of preliminary award decisions by June 17, 2009.

XI. Appeal of Award Decisions

Appeals of any award determinations may be made only by the respondents to this proposal. All appeals must be made in writing and must be received by the DMHS at the address below **no later than June 24, 2009** The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Jon Poag, Acting Assistant Commissioner
NJ Division of Mental Health Services

Capital Center
50 East State Street P.O. Box 727
Trenton, New Jersey 08625-0727

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

The DMHS will review any appeals and render final funding decisions by June 29, 2009
Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

Date Received

Dept/Component

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Warren County Designated Emergency Screening Service

Cover Sheet

Proposal Summary Information

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 Person: _____ Phone No.: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Total Match Required: _____ Match Secured: Yes _____ No _____

Funding Period: From _____ to _____

Services: _____
(For which funding is requested)

Total number of unduplicated clients to be served: _____

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

Authorization: Chief Executive Officer: _____
(Please print)

Signature: _____ Date: _____

*NOTE: If funding request is more than one service, complete a separate description for each service. Identify the number of units to be provided for each service as well as the unit description (hours., days, etc.) If the contract will be based on a rate, please describe how the rate was established.

**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 which 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 which 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 and as such 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 RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP 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 on the basis of 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 on the basis of 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. 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

Signature: Chief Executive Officer or Equivalent

Date

Typed Name and Title

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 which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement 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.