

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

REQUEST FOR PROPOSALS

Early Intervention Support Services (EISS)

January 12, 2022

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Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for creation of the Early Intervention Support Services (EISS) in the following ten (10) counties: Passaic, Sussex, Warren, Hunterdon, Union, Salem, Gloucester, Burlington, Somerset, Cape May. Total annualized funding for each of the counties is one (1) million from the \$10 million total funding amount available, which is subject to State appropriations. DMHAS anticipates making up to 10 awards to above listed counties.

EISS in the context of this RFP represents community based treatment alternatives for adults with acute psychiatric symptoms, inclusive of individuals who have co-occurring conditions. New Jersey's EISS programs function as psychiatric urgent care clinics that offer adults access to crisis intervention services without having to rely on local hospital emergency departments. EISS programs provide rapid access to short term, recovery-oriented, crisis intervention services. EISS serves persons who are 18 years of age or older, who are experiencing exacerbated symptoms of a mental illness. Services include assessment, psychiatric evaluation, pharmacologic interventions, short-term counseling and psychotherapy, psycho-education, time-limited case management, referral and linkage. EISS has routine "after-office" hours (e.g. weekends), accommodates "walk-ins" and offers quick access to staff with psychiatric prescriber privileges, when needed.

Based upon the growing body of research in the mental health field as well as first-hand accounts from people recovering from mental illness, a broadening community of consumers, families, advocates, and DMHAS believe that people with mental illness can achieve wellness and recovery. It is also clear that consumers of mental health services identify and articulate their service and support needs. A strong, responsive system recognizes and meets the varied needs of people as they experience the recovery process. To that end, it is DMHAS' policy to ensure that consumers and families have access to a system of recovery-oriented services and resources that promote wellness, recovery, an improved quality of life and community inclusion.

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

Bidders applying for more than one (1) county/region must submit separate proposals for each county/region.

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

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

The following summarizes the RFP schedule:

January 12, 2022 Notice of Funding Availability
January 21, 2022 Mandatory Virtual Bidders Meeting
February 18, 2022 Deadline for receipt of proposals - no later than 4:00 p.m.
March 28, 2022 Preliminary award announcement
April 4, 2022 Appeal deadline
April 11, 2022 Final award announcement
May 1, 2022 Anticipated contract start date

II. Background and Population to be Served

In 2012, based on the recommendations of the Governor's Task Force on Mental Health, DMHAS previously procured EISS services in 11 counties in New Jersey. Expanding on the success of the EISS programs, DMHAS endeavored to provide an EISS program in the remaining counties so all 21 counties are covered by this service.

The population to be served by this program are adults, 18 years of age or older who have a mental illness or co-occurring mental illness and substance use disorder and are experiencing acute psychiatric symptoms. Please note that the DMHAS seeks to make awards to those applicants whose inclusionary admissions policies create broad access for adults with serious mental illness and co-occurring disorders, including those with past or present involvement in the criminal justice. A dual diagnosis involving a developmental disability shall not be an exclusionary admission criterion.

Eligible consumers must:

- Have a diagnosable mental illness or co-occurring disorder;
- Be 18 years of age or older;
- Have needs as evidenced by psychiatric symptoms to a degree of severity as to interfere with functioning in two or more life domains; and
- Must be assessed as able to be safely served in an outpatient setting.

Consumers of the following services are not envisioned as eligible to participate in EISS as their current services are considered to already be within the programmatic intent and compensation of the that service:

Program for Assertive Community Treatment (PACT); and
Certified Community Behavioral Health Centers (CCBHC).

III. Who Can Apply?

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

- The bidder must/may be a non-profit or for-profit entity or governmental entity;
- The bidder must have an active license in good standing as an Outpatient Program as outlined in NJAC 10:37E by the NJ Department of Health's (DOH's) Division of Certificate of Need and Licensing (CN&L);
- For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <https://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors as an employee or in a consultant capacity;
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with the Division of Revenue (This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies); and
- The bidder must attend the Mandatory Bidders Virtual Meeting as described in the RFP.

IV. Contract Scope of Work

DMHAS seeks proposals to provide a comprehensive early intervention service package that meets the needs of individuals with exacerbated symptoms of mental illness or co-occurring conditions. The service is intended to provide a viable and readily accessible treatment option for consumers and families outside of hospital emergency rooms. Such early intervention services must 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 Service Administration (SAMHSA) identified ten fundamental components of recovery as part of the national consensus statement on mental health recovery. 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

In their narrative application, successful applicants must demonstrate concrete illustrations of how these components have been embraced and will be integral in the design of their proposed service.

The EISS service package will include, at a minimum:

- Comprehensive bio-psycho-social assessments; including an assessment of individuals' needs related to pharmacologic treatments.
- Crisis Intervention and Stabilization Services
- Medication Prescription, Administration and Education.
- Co-occurring substance use disorder and mental health treatment
- Short-term individual psychotherapy.
- Family Therapy.
- Wellness Recovery Action Plans (WRAP).
- Referrals and linkages to community services such as financial entitlements, housing, primary healthcare, education and employment services, with particular attention to services identified in the consumer's WRAP.
- Initiation of and where applicable, adherence to Psychiatric Advance Directives.

In order to provide this range of services, a multi-disciplinary compliment of staff including a psychiatrist (or psychiatric advanced practice nurse), master's degree level clinicians, peer specialists, substance use disorder counselors and case managers will be needed. The program should be developed to be accessible 24/7 (e.g. for current enrollees and with regard to scheduling intake appointments as discussed below) and staffed to accommodate a significant amount of after hour and weekend volume.

Successful applicants must be capable of enrolling referrals from local Designated Screening Services, Affiliated Emergency Services and other approved acute care referral sources within 24 hours after the referral is made by the referring entity as it is recognized that some consumers will learn of the EISS program subsequent to emergency room utilization. The program must also have the capability of permitting access to staff who can prescribe within 24 hours of enrollment.

It is anticipated that EISS consumers, after receiving satisfactory services through EISS, will be less inclined to default to emergency room based services during future crisis episodes. There is also an expectation that EISS program's will educate the local community regarding this treatment option and its availability.

It is anticipated that EISS consumers will have a maximum length of stay of 30 days. Once safely stabilized, with the symptoms of crisis abated and linkages facilitated,

EISS consumers can be transitioned into ongoing community services, such as Intensive Outpatient Treatment and Support Services (IOTSS), and Outpatient (OP) programs. With the specified length of stay, it is expected that successful applicants will develop a capacity to serve approximately 90 consumers at a time and serve 1,100 approximately consumers annually.

Summary of Characteristics of Early Intervention Support Services:

- An early intervention program provided by a multidisciplinary team.
- An intake protocol that ensures rapid access to services.
- Highly flexible scheduling that enables walk-ins to receive services, including service availability during evenings, weekends, and holidays.
- Services must be available 24/7 for enrolled consumers serving as a diversion to Designated Screening Service programs and local emergency rooms.
- Provides a comprehensive range of pharmacologic, therapeutic, recovery, support and linkage services (as referenced above).
- Capacity for outreach services in order to engage consumers, who otherwise might not access services.
- A length of stay of up to 30 days with an ability to safely and smoothly transition service users to aftercare services.
- EISS programs will be expected to avoid the use of intake “waiting lists.” Therefore, management of service recipients’ length of stay must permit adequate throughput to ensure that the local system’s needs related to access are preserved, even after maximum enrollment is attained.

The awardee will include evidence of their commitment to equity and reduction of disparities in access, quality, and treatment outcomes of marginalized populations. This includes a diversity, inclusion, equity, cultural/linguistic competence plan as outlined in the National CLAS standards. The plan should include information about the following domains: workforce diversity (data informed recruitment), workforce inclusion, reducing disparities in access quality, and outcomes in the target population, and soliciting input for diverse community stakeholders and organizations. Additionally, the bidder will use available demographic data from agency and county population information (race/ethnicity/gender/sexual/orientation/language) to shape decisions pertaining to services, agency policies, recruitment, and hiring of staff.

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

The awardee will:

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

The successful bidder will describe their efforts to ensure workforce diversity and inclusion in the recruiting, hiring, and retention of staff who are from or have had experience working with target population and other identified individuals served in this initiative. Additionally, the grantee will ensure that there is a training strategy related to diversity, inclusion, cultural competence, and the reduction of disparities in access, quality, and outcomes for the target population. The trainings will include education about implicit bias, diversity, recruitment, creating inclusive work environments, and providing languages access services.

The contract awardee must have in place established, facility-wide policies that prohibit discrimination against consumers taking legitimately prescribed medication(s). These policies must be in writing in a visible, legible and clearly posted at a common location accessible to all who enter the facility.

No eligible consumer shall be denied full access to participation in and enjoyment of that program, service or activity, available or offered to others, due to the use of legitimately prescribed medications.

V. General Contracting Information

Bidders must meet the terms and conditions of the DHS contracting rules and regulations as set forth in the Standard Language Document (SLD), the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). These documents are available on the DHS website at: <https://www.state.nj.us/humanservices/olra/contracting/policy/>

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

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

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

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

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

In accordance with DHS Policy P1.12 available on the web at <https://www.state.nj.us/humanservices/olra/assets/documents/CPIManual.pdf>, programs awarded pursuant to this RFP will be separately clustered until DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

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

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

VI. Mandatory Bidders Virtual Meeting

A bidder intending to submit a proposal in response to this RFP must attend a Mandatory Bidders Virtual Meeting. It is the responsibility of the bidder to call in/sign in/log on promptly at the beginning of the Mandatory Bidders Virtual Meeting and make sure that their presence/participation is noted, as a role call will be conducted at the outset of the meeting. A proposal submitted by a bidder not in attendance will not be considered. The Mandatory Bidders Virtual Meeting will be held as follows:

Date: January 21, 2022
Time: 10am

The Mandatory Bidders Virtual Meeting will provide the bidder with an opportunity to ask questions about the RFP requirements, the award process, and to clarify technical

aspects of the RFP. This ensures that all potential bidders have equal access to information. Questions regarding intent or allowable responses to the RFP, outside the Mandatory Bidders Virtual Meeting, are not permitted. Specific individual guidance will not be provided to individual bidders at any time.

Potential respondents to this RFP are requested to register for the Mandatory Bidders Virtual Meeting via <https://dmhas.dhs.state.nj.us/events/eiss/register.aspx>. A separate link to access the Mandatory Bidders Virtual Meeting will be sent to those that register via the registration link.

Additionally, if you require assistance with this registration link, please contact MH.upload@dhs.nj.gov no later than two (2) days prior to the Mandatory Bidders Virtual Meeting.

VII. Required Proposal Content

Proposals will be evaluated based on the elements indicated below. The proposal must not exceed 25 pages (not inclusive of appendices and required attachments.) All proposals must include responses that clearly correspond to each category as delineated by the lettered bullets in this section.

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

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder's Organization, History and Experience (20 points)

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

Describe the agency's history, mission, purpose, current licenses and modalities, and record of accomplishments. A complete description of how the applicant (and affiliated partner programs, if applicable) will establish and operate the solicited services to meet the goals listed previously, including:

1. A comprehensive description of the total service package, inclusive of the specific service components and methods the EISS program will employ to achieve the service objectives referenced above. Explain the work with the target population and persons experiencing vulnerability and underserved populations, and the number of years' experience working with the target population and persons experiencing vulnerability and underserved populations;
2. Describe the bidder's background and experience in implementing this or related types of services. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area;

3. Summarize the bidder's administrative and organizational capacity to establish and implement sound administrative practices and successfully carry out the proposed program;
4. Describe the bidder's current status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be explained with supporting documentation as an appendix to the bidder's proposal;
5. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice. Failure to disclose active or pending litigation may result in the agency being ineligible for contract award at DMHAS' sole discretion.
6. Include a description of the bidder's ability and commitment to provide culturally competent services (CLAS Standards) and diversity (Law against Discrimination, N.J.S.A. 10.5-1et seq.). Attach a cultural competency plan as an addendum and discuss in the narrative how the plan will be updated and reviewed regularly;

Project Description (30 points)

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

1. The bidder's proposed approach to the business opportunity or problem described in the State's RFP, including the following.
 - a. how the bidder's approach satisfies the requirements as stated in the RFP;
 - b. the bidder's understanding of the project goals and measurable objectives;
 - c. the bidder's justification of program services which includes assessment and needs of the target population;
 - d. all anticipated collaboration with other entities in the course of fulfilling the requirements of the contract resulting from this RFP;
 - e. all anticipated barriers and potential problems the bidder foresees itself and/or the State encountering in the successful realization of the initiative described herein; and
 - f. All other resources needed by the bidder to satisfy the requirements of the contract resulting from this RFP.
2. Describe the bidder's evidence-based practice(s) that will be used in the design and implementation of the program.
3. Describe the organization's committees or workgroups that focus on efforts to reduce disparities in access, quality, and program outcomes for the target population. Include the membership of committee members and their efforts to review agency services/programs, correspond and collaborate with quality assurance/improvement, and make recommendations to executive management with respect to cultural competency.
4. Describe how the demographic makeup of the service area population (race, ethnicity, gender, sexual orientation, language, etc.) will shape the design and implementation of evidence based and best practice program approaches.
5. Describe the bidder's capacity to accommodate all consumers who take legitimately prescribed medications and who are referred to or present for admission.

6. Provide a summary of the policies that prohibit discrimination against consumers who are assisted in their prevention, treatment and/or recovery from substance use disorders and/or mental illness with legitimately prescribed medication/s.
7. A description of the bidder's last Continuous Quality Improvement effort, identified issue(s), actions taken, and outcome(s).
8. The implementation schedule for the contract, including a detailed monthly timeline of activities, commencing with the date of award, through service initiation, to timely contract closure.
9. Provide a proposed schedule of operations and after hours availability.
10. Bidder is to articulate a plan of outreach to underserved populations and what they will do if demographic of individuals served are not reflective of demographic in county.

Outcome(s) and Evaluation (10 points)

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

1. Describe the bidder's approach to measurement of consumer satisfaction.
2. Describe the bidder's measurement of the achievement of identified goals and objectives.
3. The evaluation of contract outcomes.
4. Description of all tools to be used in the evaluation.
5. Details about any an outside entity planned for use to conduct the evaluation, including but not limited to the entity's name, contact information, brief description of credentials and experience conducting program evaluation.
6. Tools and activities the bidder will implement to ensure fidelity to the evidence-based practice.
7. The assessment, review, implementation, and evaluation of quality assurance and quality improvement recommendations particular to the reduction of disparities and barriers in access, quality, and treatment outcomes.
8. Add additional items for measurement.

Staffing (10 points)

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

1. Describe the composition and skill set of the proposed program team, including staff qualifications.
2. Provide details of the Full Time Equivalent (FTE) staffing required to satisfy the contract scope of work. Describe proposed staff qualifications, including professional licensing and related experience. Details should include currently on-board or to be hired staff, with details of the recruitment effort. Identify bilingual staff.
3. Describe program efforts to recruit, hire and train staff who are from or have experience working with target population.
4. Describe the management level person responsible for coordinating and leading efforts to reduce disparities in access, quality, and outcomes for the populations

served. Information provided should include the individual's title, organizational positioning, education, and relevant experience.

5. Provide copies of job descriptions or resumes as an appendix – limited to two (2) pages each – for all proposed staff.
6. Identify the number of work hours per week that constitute each FTE in the bidder's proposal. If applicable, define the Part Time Equivalent (PTE) work hours.
7. Description of the proposed organizational structure, including the submission of an organizational chart as an appendix to the bidder's proposal.
8. Describe the bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
9. Describe the strategy to deliver topics related to diversity, inclusion, cultural competence, and the reduction of discrepancies in the access, quality, and program outcomes, which includes information on implicit bias, diversity, recruitment, creating inclusive working environments, and providing languages access services.
10. The approach for supervision of clinical staff, if applicable.
11. A list of the bidder's board members and current term, including each member's professional licensure and organizational affiliation(s). The proposal shall indicate if the Board of Directors vote on contract-related matters.
12. A list of names of consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s). Each consultant must be further described as to whether they are also a board member and, if so, whether they are a voting member. The bidder must identify all reimbursement the consultant received as a board member over the last twelve (12) months.

Facilities, Logistics, Equipment (10 points)

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

1. A description of the manner in which tangible assets, i.e., computers, phones, other special service equipment, etc., will be acquired and allocated.
2. A description of the bidder's Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.

Budget (30 points)

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

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

1. A detailed budget using the Annex B Excel template is required. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The Excel budget template will be emailed to all attendees from the Mandatory Bidders Conference. The budget must include two (2) separate, clearly labeled sections:
 - a. Section 1 – Full annualized operating costs to satisfy the contract scope of work detailed in the RFP and revenues excluding one-time costs; and
 - b. Section 2 - Proposed one-time costs.
2. Budget Notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget Notes, to the extent possible, should be displayed on the Excel template itself.
3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
4. For all proposed personnel, the template should identify the staff position titles and total hours per workweek.
5. Identify the number of hours per clinical consultant.
6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.
7. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with DMHAS should limit its G&A expense projection to “new” G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs’ G&A in the revenue section.
8. Written assurance that if the bidder receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award and in future contracts, including agreement to obtain approval as a Medicaid-eligible provider.
9. INCLUDE ADDITIONAL ITEMS AS NEEDED

Appendices

The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 20 pages. Please note that if items 9-12 are not submitted, the proposal will not be considered.

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;

5. A description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation of the bidder's charitable registration status;
8. Original and/or copies of letters of commitment/support;
9. Department of Human Services Statement of Assurances (RFP Attachment C);
10. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
11. Disclosure of Investment in Iran (www.nj.gov/treasury/purchase/forms.shtml); and
12. Statement of Bidder/Vendor Ownership Disclosure (www.nj.gov/treasury/purchase/forms.shtml).

Additional attachments that are requested in the written narrative section such as the Cultural Competency Plan and not listed in items #1-12 under Appendices do not count towards the 20-page limit for appendices. Appendix information exceeding 20 pages will not be reviewed.

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

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

VIII. Submission of Proposal Requirements

DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 15 pages, be single-spaced with one (1") inch margins, and no smaller than twelve (12) point Arial, Courier or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 23 it is 21 pages long, not 20 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendices do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on February 18, 2022. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically using the DHS secure file transfer protocol (SFTP) site.

Additionally, bidders must request login credentials by emailing MH.upload@dhs.nj.gov **no later than one (1) week before the proposal is due**, in order to receive unique login credentials to upload your proposal to the SFTP site. Email requests for login credentials must include the individual's first name, last name, email address and name of agency/provider.

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

Proposal(s) must also be submitted to the County Mental Health Administrator(s) for the county(ies) in which the bidder is proposing services

IX. Review of Proposals

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

The bidder must obtain a minimum score of 75 points out of 110 points for the proposal narrative and budget sections in order to be considered eligible for funding.

DMHAS will award up to 20 points for fiscal viability, using a standardized scoring rubric based on the audit, which will be added to the average score given to the proposal from the review committee. Thus, the maximum points any proposal can receive is 130 points, which includes the combined score from the proposal narrative and budget as well as fiscal viability.

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

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

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in DHS Policy Circular P1.04 <https://www.state.nj.us/humanservices/olra/contracting/policy/>.

DMHAS recognizes the invaluable perspective and knowledge that consumers, family members and County Mental Health Boards possess. Input from these groups is an integral component of a system that holds wellness and recovery principles at its core. Consequently, DMHAS will convene an advisory group consisting of consumers and family members to provide input to the review committee regarding the proposals submitted.

County Mental Health Boards recommendations and comments must be received by DMHAS no later than March 18, 2022. This input will be incorporated in the final deliberations of the review committee.

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by March 28, 2022.

X. Appeal of Award Decisions

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by DMHAS at the address below no later than 4:00 p.m. Eastern Standard Time on April 4, 2022. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie Mielke, Assistant Commissioner
Division of Mental Health and Addiction Services
Department of Human Services
5 Commerce Way
PO Box 362
Trenton, NJ 08625
Fax number: (609) 341-2302

Or via email: alicia.meyer@dhs.nj.gov

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

DMHAS will review all appeals and render a final decision by April 11, 2022. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

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

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: <http://www.state.nj.us/treasury/revenue>);
3. A list of all current contracts and grants as well as those for which the bidder has applied from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of

- performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625 as an additional insured;
 5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
 6. Current Agency By-laws;
 7. Current Personnel Manual or Employee Handbook;
 8. Copy of Lease or Mortgage;
 9. Certificate of Incorporation;
 10. Co-occurring policies and procedures;
 11. Policies regarding the use of medications, if applicable;
 12. Policies regarding Recovery Support, specifically peer support services;
 13. Conflict of Interest Policy;
 14. Affirmative Action Policy;
 15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
 16. A copy of all applicable licenses;
 17. Local Certificates of Occupancy;
 18. Current State of New Jersey Business Registration;
 19. Procurement Policy;
 20. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
 21. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
 22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
 23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
 24. Business Registration (online inquiry to obtain copy at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp; for an entity doing business with the State for the first time, it may register at <https://www.nj.gov/treasury/revenue>);
 25. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
 26. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

Attachment A – Proposal Cover Sheet

_____ Date Received

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

Name of RFP: Early Intervention Support Services (EISS)

Incorporated Name of Bidder: _____

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

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

DUNS Number: _____

Address of Bidder: _____

Chief Executive Officer Name and Title: _____

Phone No.: _____ Email Address: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

County in which services are to be provided: _____

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

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

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

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

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

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

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

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

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

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

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

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

Attachment C – Statement of Assurances

Department of Human Services Statement of Assurances

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

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352;34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

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

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

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

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by 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.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Attachment E - County Mental Health Administrators RFP Submission Preference
(as of 11/2021)

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

Hudson	Robin F. James, Mental Health Administrator Email: rjames@hcnj.us	Email
Hunterdon	Susan Nekola, Assistant Mental Health Administrator 6 Gaunt Place - PO Box 2900 Flemington, NJ 08822-2900 snekola_r@co.hunterdon.nj.us	Email + Postal Mail
Mercer	Michele Madiou, Administrator Division of Mental Health 640 South Broad Street PO Box 8068 Trenton, NJ 08650	Postal Mail
Middlesex	Elisabeth Marchese, Administrator Office of Human Services JFK Square – 5 th floor New Brunswick, NJ 08901 Email: Elisabeth.Marchese@co.middlesex.nj.us	Email + Postal Mail
Monmouth	Desiree Whyte, Mental Health Administrator Email: Desiree.Whyte@co.monmouth.nj.us	Email
Morris	Amy Archer, Mental Health Administrator Morris County Department of Human Services PO Box 900, Morristown, NJ 07953-0900 Email: aarcher@co.morris.nj.us	Email + Postal Mail
Ocean	Jamie Busch, Assistant Mental Health Administrator Email: jbusch@co.ocean.nj.us	Email
Passaic	Chi Shu (Bart) Chou, Director Email: bartc@passaiccountynj.org	Email
Salem	Shannon Reese, Mental Health Administrator Department of Health and Human Services 110 5 th Street, Suite 500 Salem, NJ 08079 Email: Shannon.reese@salemcountynj.gov	Email + Postal Mail
Somerset	Megan Isbitski, Mental Health Administrator Email: isbitski@co.somerset.nj.us	Email

Sussex	Cindy Armstrong, Mental Health Administrator Sussex County Administrative Center 1 Spring Street, Newton, NJ 07860 Email: carmstrong@sussex.nj.us	Email + Postal
Union	Marilucy Lopes, Mental Health Administrator Email: marilucy.lopes@ucnj.org	Email
Warren	Laura Richter, Mental Health Administrator Email: lrichter@co.warren.nj.us	Email

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

Attachment F

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.