

## EXHIBIT C

### State of New Jersey-Department of Children and Families Children’s System of Care

#### Minimum Staffing Requirements-Crisis Stabilization and Assessment Services

1. I, (Name) \_\_\_\_\_, am the (Title) \_\_\_\_\_ of the (Name of Provider Agency) \_\_\_\_\_.

The following are the *minimum* staffing credentials and requirements for a DCF contracted provider of Crisis Stabilization and Assessment services. This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage.

*Contracted staff to youth ratio:* a ratio of 1 direct care staff for every 2 children must be maintained at all hours with a minimum of 2 awake staff on at all times – including while youth are asleep.

Position	Qualifications	Other requirements	Hours/youth/week
<i>Psychiatrist or APN</i>	MD, BC/BE/APN. Board certified youth psychiatrist or psychiatric APN in affiliation with a board certified youth psychiatrist.	Initial treatment and crisis plan (within 1 <sup>st</sup> 24 hours); psychiatric intake assessment and report (within 1 <sup>st</sup> week).	1.25 clinical hours per week per youth; 75 % of which must be face-to-face time with youth and/or families.
<i>Pediatric APN or Pediatrician</i>	MD, BC/BE/APN. NJ licensed, board certified.	Pediatric assessment and report (within 1 <sup>st</sup> 24 hours).	24/7 availability by contract.
<i>NJ licensed therapist (clinician)</i>	Masters, LCSW, LMFT, LPC, NJ licensed psychologist	IMDS strengths and needs assessment (within 1 <sup>st</sup> 24 hours); initial treatment and crisis plan (within 1 <sup>st</sup> 24 hours); bio-psychosocial assessment and report (within 1 <sup>st</sup> week); comprehensive treatment and discharge plan (within 1 <sup>st</sup> week). Individual, group, family therapy as needed. Member of treatment team. Provides IHH as appropriate	8 hours per week per youth. Must be available by telephone for emergencies.
<i>Masters level therapist</i>	Masters under the supervision of NJ licensed practitioner with documented plan to achieve licensure within 2 years.		

<i>Behavioral analyst</i>	Masters level, board certified. Master's must be in psychology, special education, guidance and counseling, social work, or related field with at least one year of experience in the development and implementation of behavior support plans.	Development and implementation of individualized behavior support plans. Includes completion of an FBA.	10 hours per week per youth (3 of which could be applied toward the 6 hours per week of allied therapy).
<i>Allied clinical therapist</i>	Licensed where applicable.	Recreation/leisure assessment and report (within 1 <sup>st</sup> week).	6 hours per week per youth (3 of which may be substituted with behavior support intervention and activities).
<i>Nurse/RN</i>	Registered nurse (RN) or a licensed practical nurse (LPN), under the supervision of an RN, with a current NJ nursing license and one year direct care nursing experience with children.	Initial treatment and crisis plan consultation (within 1 <sup>st</sup> 24 hours and then weekly); nursing assessment and report (within 1 <sup>st</sup> 24 hours).	2.5 hours per week per youth; 30% must be provided by an RN).
<i>Psychologist</i>	PhD, PsyD and Ed.D		As needed
<i>Direct care staff</i>	BA or HS with 3-5 years' experience providing direct care to children with I/DD challenges in a behavioral health agency or institutional setting.	Youth orientation (within 1 <sup>st</sup> 24 hours).	84 hours per week per youth (represents multiple FTEs).
<i>Case manager- Bachelors level practitioner</i>	BA with 3-5 years of direct experience with I/DD youth; or unlicensed MA with 1 year of direct experience with I/DD youth.	Family orientation (within 1 <sup>st</sup> 24hours); review and signing of all required paperwork (within 1 <sup>st</sup> 24 hours).	5 hours per week per youth.
<i>Dietician</i>			.50 hours at intake; then as needed.
<i>Service/program director</i>	MA with 3 years post MA experience in ID/DDD field (at least one of which shall be in a supervisory capacity).	Attend monthly treatment team meetings; oversee all quality assurance / program improvement activities	FT dedicated, on-site.

2. By my signature below, I hereby certify that I have read and understand the *minimum* staffing requirements for a DCF contracted provider of Crisis Stabilization and Assessment services outlined in this document.

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Signature

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Date

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Printed Name