**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.

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| Position | Qualifications | Other requirements | Hours/youth/week |
| *Psychiatrist or APN* | 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 1st 24 hours); psychiatric intake assessment and report (within 1st week). | 1.25 clinical hours per week per youth; 75 % of which must be face-to-face time with youth and/or families. |
| *Pediatric APN or Pediatrician* | MD, BC/BE/APN. NJ licensed, board certified. | Pediatric assessment and report (within 1st 24 hours). | 24/7 availability by contract. |
| *NJ licensed therapist (clinician)* | Masters, LCSW, LMFT, LPC, NJ licensed psychologist | IMDS strengths and needs assessment (within 1st 24 hours); initial treatment and crisis plan (within 1st 24 hours); bio-psychosocial assessment and report (within 1st week); comprehensive treatment and discharge plan (within 1st week). Individual, group, family therapy as needed. Member of treatment team. Provides IIH as appropriate | 8 hours per week per youth. Must be available by telephone for emergencies. |
| *Masters level therapist* | Masters under the supervision of NJ licensed practitioner with documented plan to achieve licensure within 2 years. |
| *Behavioral analyst* | 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). |
| *Allied clinical therapist* | Licensed where applicable. | Recreation/leisure assessment and report (within 1st week). | 6 hours per week per youth (3 of which may be substituted with behavior support intervention and activities). |
| *Nurse/RN* | 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 1st 24 hours and then weekly); nursing assessment and report (within 1st 24 hours). | 2.5 hours per week per youth; 30% must be provided by an RN). |
| *Psychologist* | PhD, PsyD and Ed.D |  | As needed |
| *Direct care staff* | 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 1st 24 hours). | 84 hours per week per youth (represents multiple FTEs). |
| *Case manager-Bachelors level practitioner* | 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 1st 24hours); review and signing of all required paperwork (within 1st 24 hours). | 5 hours per week per youth. |
| *Dietician* |  |  | .50 hours at intake; then as needed. |
| *Service/program director* | 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. |

1. 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 Date

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Printed Name