**Exhibit E, Part A**

**New Jersey Department of Children and Families**

**Children’s System of Care (CSOC)**

**Residential Treatment Intensity of Service (RTC IOS) Services**

**Minimum Staffing Requirements**

The following are the *minimum* staffing credentials and requirements for a DCF contracted provider of **Residential Treatment IOS (RTC IOS) Services**. This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage.

| Position | Qualifications | Other Requirements | Hours/youth/week |
| --- | --- | --- | --- |
| *Psychiatrist or APN* | MD, BC/BE/APN. Board certified child psychiatrist or psychiatric APN in affiliation with a board certified child psychiatrist | -Psychiatric intake assessment & report (within 1st week)-Initial treatment & crisis plan -Medication management meetings (monthly)-Clinical visit with youth/family (monthly)-Attend treatment team meeting (monthly) | - .67 clinical hours per week per youth; 75 % of which must be face-to-face time with youth and/or families.-24/7 availability by contract. |
| *Pediatric APN or Pediatrician* | MD, BC/BE/APN. NJ licensed, board certified | -Pediatric assessment & report (within 1st 48 hours). | 24/7 availability by contract. |
| *NJ Licensed Therapist (Clinician)* | LCSW, LMFT, LPC, NJ licensed psychologist; or | -Bio-psychosocial assessment & report-IMDS strengths & needs assessment -Initial treatment & crisis plan development, documentation, consultation (within 1st 48 hours)-Initial treatment & crisis plan debriefing w family & youth (within 1st 48 hours)-Comprehensive treatment & discharge plan development documentation and consultation (within 1st week)-Individual therapy (weekly)-Group therapy (weekly)-Family therapy w/ family of origin or natural supports (bi-monthly and/or as needed)-IMDS assessment review & update (monthly)- Attend & facilitate treatment team meeting (monthly)- Supervision of non-clinically licensed Master’s level staff pending clinical licensure | 6 hours per week per youth; at least 75% of each clinical hour must be face-to-face clinical interaction with youth and family; time remaining may be dedicated to all ancillary tasks such as documentation in the youth’s record of services provided, meetings, consultations, telephone calls, relevant research, and supervisory responsibilities. The time a clinician spends on case management must be additional to these clinical services.  |
| *Masters Level Therapist* (LSW, LAC) | Master’s level licensed practitioner under the direct on-site supervision of NJ clinically licensed practitioner with documented plan to achieve clinical licensure within 3 years. |
| *Allied Clinical Therapist* | Professional (Licensed, credential or certified where applicable) | * Recreation/leisure assessment and report (within 1st week).

Allied activities based on cognitive and emotional needs of the youth in the milieu and require identified outcome measures;Structured, guided and participatory in nature;Directly related to youth’s treatment planning needs* May occur both on grounds and within community
 | 6 hours per week per youth |
| *Nurse-Health Educator/RN* | Registered nurse (RN) or Pediatric Nurse Practitioner  | -Assess physical condition of youth (under direction of medical director or psychiatrist) & integrate findings into treatment plan-Educate & support direct care staff on administering medications and possible side effects (under direction of medical director or other physician)-Implement quality assurance program-Provide injections of medication, as needed and directed by medical director or other physician-Nursing assessment & report (within 1st 48 hours)-Initial treatment and crisis plan consultation (within 1st 48 hours & then weekly)-Attend debriefing on youth status (daily)-Health/hygiene/sex education (weekly)-Medication education (monthly)-Attend treatment team meeting (monthly) | 2 hours per week per youth |
| *Psychologist or Psychiatrist* | PhD, PsyD, Ed.D., M.D. | -A psychological or psychiatric evaluation will be completed  | At the time of intake and thereafter, if the clinical team determines it is needed to inform the youth’s care. |
| *Milieu Staff* | Bachelor’s level or HS with 3-5 years’ experience providing direct care to youth in a behavioral health agency or institutional setting | -Youth orientation (within 1st 24 hours)-Milieu activities (daily)-Community integration via focused recreational activities (weekly)-Direct client supervision (daily)-Attend treatment team meetings (monthly)-Pre-Vocational skills training (5 hours per week) | 44 hours per week per youth (represents multiple FTEs).  |
| *Case Manager-Bachelors Level Practitioner* | Bachelor’s level with 3-5 years of relevant experience or unlicensed Master’s level with 1 year of related experience | -Family orientation (within 1st 24 hours)-Review and signature of all required paperwork (within 48 hours)-On-site family psycho educational activities consistent w/ comprehensive treatment & discharge plan (as needed/monthly)-Attend treatment team meetings (monthly) | 5.5 hours per week per youth;  |
| *Dietician* |  | -A nutritional screening will be completed (may be completed by nurse) | .50 hours at intake; then as needed.Clarification: A Dietician or Nurse shall screen all youth at intake, and thereafter as needed, for any dietary restrictions or allergies to ensure their health and safety.  |
| *Service/Program Director* | -Relevant Master’s degree and three years post Master’s experience working w/youth w/emotional and behavioral challenges* Minimum of 1 of the three years’ experience must be in a supervisory capacity
 | -Attend treatment team meetings (monthly)-Oversee all Quality Assurance/Program improvement activities with a focus on attaining bench-mark activities for all direct care staff* Administer or insure initial and follow up Life Skills Assessment for youth ages 18-21 admitted to program
 | FT dedicated, on-site. |

Contracted staff to youth ratio:

* Ratio of 1 direct care staff for every 5 youth must be maintained at all hours with a minimum of 2 awake staff whenever youth are present – including while youth are asleep.
* Clarification: One of the 2 minimally required staff members, who must be awake and accessible to youth at all times whenever any youth are present, and must be a direct care milieu worker. The second awake staff person minimally required must be either: 1) an additional direct care staff; or 2) another professional treatment team member working in the home. When a provider elects option 2, the professionals who serve as the second staff person awake in the home: 1) may include Program Directors, House Managers, Program Coordinators, Clinicians, Therapists, Case Managers; and Health Care providers; 2) must be certified in any therapeutic holds or de-escalation techniques the Agency may subscribe to; and 3) trained to provide direct care duties. The time professionals are contractually required to provide treatment is not reduced by the time they serve as the second staff awake in the home.
* Clarification: When no youth are present in the home, N.J.A.C. 10:128-5.3 requires at least one staff member present in the home or immediately reachable by telephone.
* Clarification: Minimum staff requirements apply to each contracted program and it is not permissible to satisfy these requirements by floating staff among different contracted programs. Staff assignments among homes within contracted programs must never result in less than the minimum staff being present at any of one of the homes within the contracted programs.

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| CEO or Equivalent (please print) | Title | Signature | Date |