



STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

REQUEST FOR PROPOSAL
FOR
HUMAN TRAFFICKING SERVICES FOR YOUTH-ONE
AWARD OF 10 BEDS

Funding up to \$1,939,500 Available Per Year

Bidders Conference: October 30, 2013

Time: 10:00 AM

Place: 101 South Broad Street, Trenton, N.J. 08625

Deadline for Receipt of Proposals: November 13, 2013 at 12:00 PM

Allison Blake, PhD., L.S.W.

Commissioner

Date: October 16, 2013

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Funding Agency

State of New Jersey
Department of Children and Families
50 East State Street, 5th Floor
Trenton, New Jersey 08625-0717

Special Notice: Potential Bidders must attend a Mandatory Bidder's Conference at 101 South Broad Street, Trenton, NJ 08625 on October 30, 2013, at 101 South Broad Street, Trenton, NJ 08625. Questions will be accepted in advance of the Bidder's Conference by providing them via email to DCFASKRFP@dcf.state.nj.us.

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families (DCF) announces the availability of funding for the purpose of developing an out-of-home treatment program that will serve an emerging population in need of therapeutic treatment options. Specifically, DCF is seeking to provide out of home treatment services to youth who are the victims¹ of human trafficking. This initiative is anticipated to primarily address sex trafficking, although labor trafficking may also be addressed. In addition, there may be circumstances by which a youth has engaged in behaviors consistent with “survival sex” (yet human trafficking was not confirmed). These youth too would benefit from treatment aimed at human trafficking prevention and/or allowing them to self-identify as having been victimized.

Eligible youth must be supported by intensive, timely, comprehensive, and trauma-informed services that are delivered within the context of the Wraparound Model. These services shall be focused on restoring and reintegrating these youth back to their families, communities, and other available supports. This RFP seeks programming that embodies consistency, clear expectations, flexibility, and reliability in allowing these youth to build trust and to develop and strengthen protective factors to promote success. The respondent must demonstrate its capacity to provide emergency housing for youth immediately upon rescue. Attention must be focused on safety and the high risk of runaway behavior that

¹ DCF realizes that *victims* may also be considered *survivors* of trafficking, and this document refers to both.

often occurs in the days immediately following a rescue. Considering that these youth have left circumstances by which traumatic bonding most likely occurred, the program design should incorporate the premise that progress may be non-linear.

B. Background:

The New Jersey Department of Children and Families is the state's first comprehensive agency dedicated to ensuring the safety, well-being, and success of children, youth, families, and communities. Our vision is to ensure a better today and even a greater tomorrow for every individual we serve.

Human Trafficking, particularly that which is referred to as Domestic Minor Sex Trafficking (DMST) or the Commercial Sexual Exploitation of Children (CSEC), presents new and unique challenges to our Department as well as to our counterparts across the country. This challenge presents an opportunity to work across all of our Divisions, and with our community partners, to develop and refine a program that could emerge as a national model.

One figure estimates that the number of youth who may require sex trafficking treatment services in New Jersey ranges from 30-50 per year. Locations such as Atlantic City and areas impacted by Hurricane Sandy are at-risk for an increased occurrence of human trafficking in New Jersey. In addition, research has shown that human trafficking activity increases during major sporting events. Of particular concern is the upcoming Super Bowl, which is scheduled to be hosted by New Jersey at MetLife Stadium in February 2014.

While data on human trafficking is in its infancy, there are some well-established facts about trafficking victims. Specifically, many trafficking victims exude a vulnerability that is exploited by the trafficker. This vulnerability may indeed have its roots in past trauma which is often impacted by sexual abuse victimization. Homeless and runaway youth comprise a large portion of the trafficking victim population. Likewise, youth who have a history of gang involvement, involvement with the child welfare system, and those who have cognitive disabilities are considered at significant risk.

The trafficker is often described as a predator. Literature suggests that the trafficker is one who initially fulfills a youth's needs as a significant other who lavishes attention, gifts, and promises as part of a "grooming" process. Once trust and loyalty is established, the trafficker transforms the relationship into one of isolation and control, which in turn requires the victim to be dependent upon the trafficker for survival. This relationship may be characterized by the complexity of affection and violence. Therefore, the applicant must demonstrate a clear understanding of the complex relationship between a victim and their trafficker, and should clearly describe how this dynamic will be addressed through clinical treatment.

A complex web of coping strategies and harsh realities make it difficult for some victims of human trafficking to seek and receive help. The shame of stigma and fear of the trafficker may lead them to conceal their involvement in prostitution, even in therapeutic relationships, where success is dependent on frank disclosure and "working through" the trauma (Herman, 2003)². Victims may fear retaliation by their trafficker which may include physical harm towards the victim and/or their family members.

In addition, the emotional effects of this complex trauma can be persistent and devastating. Victims of human trafficking may suffer from a variety of mental health conditions, including, but not limited to, anxiety, major depression, substance abuse, and eating disorders. For some victims, the trauma induced by someone they once trusted results in pervasive mistrust of others and their motives. This impact of trauma can make the job of first responders difficult, at best. In addition to emotional challenges, physical health and dental problems can also predominate and result from the trauma of physical injury or indirectly through stress-related illnesses. For example, service providers report victims often complain of stomach pain, headaches, and other unexplained ailments. Given the impact of these trauma symptoms on the emotional and physical well-being of victims, it is not surprising that some victims of human trafficking experience difficulties obtaining and maintaining employment and reintegrating back into society (Clawson, Solomon, &

² Herman, J.L. (2003). Hidden in plain sight: Clinical observations on prostitution. In M. Farley (Ed.). *Prostitution, trafficking, and traumatic stress* (pp. 1-16). Binghamton, NY: The Hawthorne Maltreatment and Trauma Press.

Grace, 2008)³. Therefore, the respondent must demonstrate the ability to meet the emotional, physical, educational, and vocational needs of this vulnerable population.

Best practices for serving minors and youth involved in human trafficking are in their early stages of development. It is essential, however, that providers practice accurate empathy, flexibility in their treatment approach, individualized care, an understanding of the complexities of trauma that the youth presents, and, above all, be unconditional in the provision of care. Successful programming will allow victims to regain control by their active participation and engagement in the development and implementation of a service plan that builds resiliency and promotes empowerment and recovery.

As such, while not endorsing any particular framework, respondents may benefit from reviewing the following documents or websites:

- *National Colloquium 2012 Final Report – An Inventory of the Current Shelter and Services Response to Domestic Minor Sex Trafficking*, published May 2013 by Shared Hope International; ECPAT-USA; The Protection Project, Johns Hopkins University
- PolarisProject.org
- <http://ncfy.acf.hhs.gov/news/2013/01/human-trafficking-prevention-roundup>
- https://www.childwelfare.gov/responding/human_trafficking.cfm
- <http://www.victimsofcrime.org/our-programs/other-projects/child-trafficking/child-trafficking-resources>
- National Center for Missing and Exploited Children – www.missingkids.org
- Girls Educational and Mentoring Services: www.gems-girls.org
- The Bridge Program: www.youthcare.org

³ Clawson, H.J., Salomon, A., Grace, L.G. (2008). *Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking*.

Wellspring Living: www.wellspringliving.org

New Jersey shares the belief with many human trafficking experts that both prevention and a keen awareness of trafficking is the first step towards addressing the needs of human trafficking victims. DCF is in the fortunate position of collaborating with several State entities, both governmental agencies and community stakeholders, in the effort towards public awareness and prevention. Most recently, funding was granted for two NJ homeless youth outreach programs whose goal is to prevent trafficking and promote rescue interventions.

As such, the purpose of this RFP is to complement existing efforts by providing critically needed emergent response and housing with stabilization services, intensive clinical treatment, and restorative services. These services will be characterized with individualized supports and skill building to deepen resiliency. The awardee will be expected to establish linkages with those entities addressing prevention/awareness activities as part of a statewide continuum of services.

C. Services to be Funded:

DCF is seeking to award one integrated 10-bed emergency, stabilization, and treatment program in a group home setting for youth impacted by human trafficking in the State of New Jersey. Although limited data indicates that the majority of trafficking victims are female, male and transgendered youth are also eligible for service consideration under this RFP. In addition, considering that human trafficking victims may be foreign-born and face additional barriers related to language, culture, and isolation, services must be culturally competent and address immigration needs when they arise. Capacity to service bilingual and non-English speaking youth is preferred. Ages served will be 11-17 who have past or current involvement with the Department. The awardee will be expected to work closely with other entities, including, but not limited to, education, health providers, law enforcement, immigration, and substance abuse service agencies.

1. Duties and Obligations – Department of Children and Families

Youth requiring these services may have been recently rescued and awaiting assistance at a hospital or law enforcement agency. DCF will

collaborate with all involved parties in arranging secure transportation to the treatment location. The awardee will be responsible for providing requisite transportation 24/7.

2. Duties and Obligations – Contractor

The awardee shall provide a treatment model supported by intensive trauma-informed services for youth who are victims of trafficking or at high risk of trafficking – both sexual and labor. As described above, this population presents with unique challenges and issues. While some youth may view this program as both a refuge and an opportunity to rebuild their lives, others may not be ready to fully engage, and will instead utilize this program for purposes of rest and regeneration. Therefore, the awardee must assume a circumspect approach. Staff should clearly understand this perspective and use insight in terms of how they approach each individual situation. Staff should seek opportunities to incrementally develop credibility with each youth. The program shall maintain flexibility and unconditionality at all times.

Along with the specificity of this program, the awardee shall develop a special advisory board comprised of individuals who are familiar and experienced with the characteristics and the circumstances surrounding human trafficking. It is highly recommended that this advisory board consist of a survivor of human trafficking.

The awardee will accept referrals and maintain youth on a no eject/no reject basis.

3. Agency/Provider – Knowledge and Skills

- Knowledge of the dynamic of human trafficking, treatment, and supports required for the victim.
- Knowledgeable about the core components of trauma-informed and trauma-specific services.
- Agency's policies, procedures, and practices will support a welcoming and agency trauma-informed and culturally sensitive perspective.
- Agency will provide training to prospective staff in order to clearly understand the experiences of youth who have been involved in trafficking.

- Agency will provide staff with proper training so that they are aware of youth who are most vulnerable to trafficking, the techniques traffickers use to recruit victims, the impact on victims, and how a path to recovery might be envisioned and developed.
- Agency will provide broad-based cultural competency training to staff.
- Agency will be aware and able to implement of crisis intervention techniques and strategies for victims.
- The agency will provide an intensive support team to staff. This support should include key agency team members who are available 24/7.
- The agency will include peer models and supports available to the youth.
- The agency will comply with the specific processes developed for identification and referral for youth.
- The agency will conform to the processes of access and authorization through the DCF Contracted Systems Administrator (CSA).

4. Therapeutic Placement

- i. The awardee shall provide the youth with a room that may be shared with a peer in a community-based group home setting. The awardee must facilitate these placements both on an emergent or planned basis, at any time of the day/night, including holidays and weekends.
- ii. The program staff must have cultural sensitivity skills to provide guidance in personal hygiene, nutrition, exercise, clothing, and other areas that allow the victim to build self-esteem and avoid judgment and shame.
- iii. The staff must have training in identifying signs and symptoms of human trafficking issues. Staff must also have training and experience in being able to de-escalate behaviors that are likely to occur and which may be prominent during the initial stages of a youth's recovery. Behaviors may include, but are not limited to, recurring runaway, depression, self-mutilation, impulsivity, and feelings of helplessness, shame, and guilt.
- iv. Provider agency employees must be able to provide 1-1 shadowing and/or mentoring in order to engage the youth, thus building trust and security, while also trying to insure the safety and stability of the youth

at the home. Staff also must be able to respond with patience and insight to critical issues with the youth as they may arise.

- v. The provider agency will link the youth with necessary medical, dental, mental health, and substance abuse screenings and assessments as well as services that meet the unique needs of the individual youth.
- vi. The provider agency shall involve the youth in planned, community activities in order to restore a sense of normalcy and also help build the social skills and confidence of the victim/survivor.
- vii. The individual staff shall:
 - Engage in one-to-one interactions with the youth as frequently as possible. Often times, this staff person is the first person to help the youth process behaviors and lay the foundation toward change
 - Build trust
 - Be empathic
 - Show compassion
 - Reassure the youth
 - Remain calm and even-keeled
 - Be empowering
 - Demonstrate strong verbal and documentation skills
 - Positive attitude
 - Non-judgmental
 - Supportive
 - Use active listening skills
 - Understands that certain behaviors are a response to trauma
 - Focus on and develop youth's strengths

5. Education

- i. An educational plan shall be available for each youth within 72 hours of admission to address educational needs and assist in the completion of high school, obtaining a GED, or attending college or vocational school. The linkage or development of supervised internship programs for youth would be a plus.
- ii. The provider agency must demonstrate that arrangements have been confirmed for the provision of appropriate educational programs and

services for both special education and general education students at an appropriate and safe DCF Regional School approved school commensurate with the youth's identified needs and strengths. Educational programs must be provided for a minimum of four hours per day, five days per week. High school graduates must be provided with an alternate educational/vocational curriculum.

- iii. The provider agency must provide documentation to the OOE school to facilitate the educational process for students in their care. Respondents shall provide transportation services to expedite school placement. It is recognized that in some situations, identification documents or other necessary documents may not be available and may delay the response to this requirement – especially in situations where the youth is from another country or out-of-state.
- iv. Genuine coordination and collaboration between the applicant organization and the educational provider is expected. All applicants must articulate and/or provide:
 - The strategies that will be employed to coordinate clinical treatment with educational planning and service delivery.
 - Before and after-school communication strategies with school staff, as applicable.
 - Daily support of student homework, special projects, and study time.
 - The availability of computers for student use to support schoolwork.
 - Mechanisms to stay abreast of the educational progress of each student.
 - Problem resolution strategies.
 - Ongoing participation in the educational program of each student
 - Immediate and therapeutic responses to problems that arise during the school day.
 - Supervision of students who are unable to attend school on a given day.
 - Adequate supervision to support home instruction if determined necessary in accordance with educational regulations.
 - The supervision and programming for students who may not have a summer school curriculum.

- When appropriate and safe opportunities for the youth to participate in extracurricular activities (i.e. sports and clubs).

6. Course and Structure of Treatment

i. Treatment Team

This RFP requires the establishment of a multi-disciplinary treatment team with required functions. Respondents must provide detailed information about treatment team members. Respondents must demonstrate the capacity to meet the minimum requirements described below:

- The treatment team must include, but is not limited to, the following individuals:
 1. Youth
 2. Family members, if applicable
 3. Natural supports as identified and selected by youth and family
 4. Psychiatrist
 5. Agency nurse
 6. Educational or vocational professionals
 7. Licensed clinicians
 8. Program Coordinator and/or Director
 9. CSOC Case Management Entity, if applicable
 10. DCP&P Case Management, if applicable
 11. Law Enforcement and/or Victim Specialists, as appropriate
 12. US Citizenship and Immigration Services, if applicable

ii. Treatment Plans and Therapeutic Services

The development and implementation of treatment plans for youth served by this program must incorporate the following recommendations from the National Colloquium 2012 Final Report – An Inventory of the Current Shelter and Services Response to Domestic Minor Sex Trafficking:⁴

- Age, socioeconomic status, culture, personality, and other associated factors require that each victim have tailored treatment plans within the context of flexible and adaptive programming.

⁴ Issued May 2013 by Shared Hope International; ECPAT-USA; and The Protection Project, Johns Hopkins University

- All treatment plans must be designed to lead to self-sufficiency and must identify services that will allow the victim/survivor to transition towards interdependence (unless inappropriate due to a very young age or cognitive functioning). Conversations and formulation of exit plans must occur with survivors to support their understanding of the value of progressing towards independence
- Trauma-informed therapeutic services shall occur in an individual and/or group settings, as deemed appropriate. Peer-to-peer support from other victims/survivors of trafficking should be part of the treatment approach whenever possible.

The RFP respondent shall utilize services that are demonstrated as effective through research, evidence-based, -informed, or -suggested, and appropriate. This should be articulated by the respondent, and can include Aggression Replacement Therapy, Trauma Focused Cognitive Behavior Therapy (TFCBT -- conducted and/or supervised by an appropriately trained and credentialed clinical professional), the Sanctuary Model, Trauma Affect Regulation: Guidelines for Education and Therapy (TARGET), Attachment, Self-Regulation, and Competency (ARC) Model, Motivational Interviewing and The Stages of Change and Participation Enhancement Intervention.

While management of behavior is a critical requirement of the programming for this RFP, equally important is addressing issues of trauma bonding and models of intervention that address attachment issues and support healthy attachments. Thus, the respondent must provide evidence of their qualifications to address trauma bonding and attachment, as well as the evidence base for their therapeutic approach and tools. This will include providing a detailed description of their approach to assist the youth in the development of healthy relationships, including building connections with family or other support networks. For those survivors with family resources, the respondent's service model must include services to the parents/siblings of victims and survivors.

iii. Within the first 24 hours of admission, the treatment team will:

- Develop and implement a threat assessment/safety plan for the youth. Along with including the caregiver(s), this should occur in a manner that engages the youth's in participation as a means of returning control to the youth, and also provides

him/her with information and resources to use in returning to the community and/or home.

- Complete IMDS Strengths and Needs Assessment, as well as any other identified tool specific to trafficking victims agreed upon with DCF.
- Complete initial treatment plan along with the youth, and provide copies to him/her and the family, if applicable.
- Complete a nursing assessment and incorporate it into the initial treatment and crisis plan.
- Insure the youth has received immediate medical care and assessment, and formulate a plan for additional medical care, including dental care.
- At a minimum, assure that the youth is oriented to the service and preferably engage him/her in planning as an early step in regaining control of his/her life.
- Assure that the family members are oriented to the service, if applicable.
- File all necessary consents and releases.

iv. Within 72 hours, the youth will:

- Have a completed psychiatric review and report.
- Have a completed psychosocial assessment, which includes recommendations for inclusion in allied therapies where appropriate.

v. Within the first week, the agency will:

- Have conducted a treatment team meeting and completed the comprehensive treatment and discharge plan integrating all of the treatment team's input, assessments, and recommendations.
- Have completed appropriate assessments.

vi. Each day, the program staff will provide:

- Comprehensive and well documented communication sharing significant events, youth behaviors, and other relevant information across disciplines and time frames.
- Beginning and end of day meetings are also to be used to "check in" with the emotional state of youth.
- As needed, medication dispensing and monitoring.

- Adhere to all required documentation and activities in accordance with licensing regulations and the addendum to Administrative Order 2:05.
- Transport, as needed, youth to medical appointments, family visits, school, community outings, and any other requisite need as regulated by licensing standards and guided by the safety requirements specific to the youth.

vii. At a minimum, the following shall occur monthly:

- The youth's threat assessment/safety assessment is reviewed and updated as needed.
- Comprehensive treatment and discharge plan meetings occur that include all members of the multidisciplinary treatment team, and the youth whenever possible and appropriate. The treatment plan is reviewed, discussed, and modified to reflect needed changes.
- IMDS assessment review is updated.
- Psychiatrist has a meeting with the staff around medication issues, if appropriate.
- Psychiatrist has a clinical session with the youth if deemed necessary by the clinical team.
- Psychiatrist has a meeting with the family if possible.
- If applicable, on site family psycho-educational activities occur, minimally three hours of structured and professional-staff directed per month.

viii. Discharge Preparation:

The team will provide a "step down" action plan that details week-to-week activities supporting a smooth and planful transition from out-of-home services. At minimum, the action plan must include:

- More than two (2) meetings between the treatment team to discuss youth and family strengths, continuing goals, successful strategies, and potential pitfalls.
- "Set back" plan for times during the discharge phase when youth and/or family encounter difficulties that make discharge appear less likely. This plan will delineate critical staff necessary to re-focus, rally, and support youth and family through to discharge.
- Action steps that youth and family might take to capitalize on successes such as: formal feedback (in addition to satisfaction

surveys) to service staff and any multi-media activity that documents youth and family achievement.

- Joint Care Reviews (including JCR's, TJCR's, and DJCR's) and Strength and Needs Assessments (when applicable) must be completed and submitted to the CSA on time.

ix. Discharge:

The program shall provide post-placement support to the youth upon his/her transition out of the program into an alternative stable living arrangement for up to 12 weeks (or the duration of the funding period). The establishment of an alumni program as part of the survivor's support network for the future may be utilized. The respondent shall also provide post-placement support services for family members or others providing housing and support to a survivor who has recently transitioned out of the program.

7. Staffing Structure

The following are the minimum requisite activities by staff title. These guidelines are not to be interpreted as comprehensive of the total responsibilities each staff member will manage. Respondents must demonstrate in their response to this RFP that the requirements can be met.

- i. A Board Certified Child Psychiatrist or Psychiatric Advanced Practice Nurse (APN) in affiliation with a Board Certified Child Psychiatrist will be available to provide:
 - Services as needed as indicated in the treatment plan; 75% of which must be face-to-face time with youth and/or families; 24/7 availability by contract.
 - Intake Psychiatric review and report within the first week of admission.
 - Initial treatment and crisis plan within the first 24 hours of admission.
 - Medication management meetings monthly or as needed.
 - Clinical visit with family monthly, if applicable, and as needed.
 - Attend treatment team meeting monthly or as needed.
- ii. An Advanced Practice Nurse or Physician will provide:

- General medical assessment and report within the first 24 hours of admission if an assessment has not completed prior to admission.
 - Arrange for any urgent specialty care (gynecologist, dental, etc., within 72 hours).
 - 24/7 availability by contract.
- iii. 6 hours of Allied Therapies (music, art, movement, recreation, occupational, vocational, combination thereof); Allied therapy will be provided as part of the treatment plan and must the youth's unique interests.
- iv. Bachelor's level practitioner(s) with 3-5 years of relevant experience or an unlicensed master's level practitioner with 1-year relevant experience will provide:
- case management, 5 hours per week per youth
 - Family orientation in the first week, if applicable
 - Review and signing of all required paperwork and consents within the first 24 hours of admission
 - As needed on-site family psycho educational activities tied to comprehensive treatment and discharge plan monthly
 - Attend treatment team meeting monthly
- v. Bachelors level practitioner(s) with 3-5 years of relevant experience or an unlicensed master's level practitioner with 1-year relevant experience will provide:
- Daily support in the home, at school, and in the community.
 - There will be a ratio of 1 staff to 3 youth 24 hours a day/7 days a week, including overnight hours. These staff will serve as mentors and ongoing supports for the youth during their stay in the program.
- vi. Clinician(s) who holds an active clinical license to practice in NJ:
- Shall provide two individual therapy sessions (or the equivalent for youth who are not ready to engage in treatment) weekly as called for in the treatment plan and appropriate to the youth's identified needs.
 - Psychosocial assessment and report with the first week of admission.
 - IMDS Strengths and Needs Assessment within the first 24 hours of admission.

- Initial treatment and crisis plan development, documentation, and consultation within the first 24 hours.
 - Individual therapy weekly.
 - Three group therapy sessions weekly if deemed appropriate for the individual and all the youth in the home
 - Weekly supervision of non-licensed Master's staff
 - Family therapy with family of origin or natural supports weekly if applicable
 - IMDS assessment review and update monthly
 - Attend and direct treatment team meeting monthly
- vii. A Registered Nurse (RN) or a Licensed Practical Nurse (LPN) under the direct supervision of an RN will provide:
- 1.5 hours of service per week per youth or as needed.
 - Medication dispensing daily, if applicable.
 - Health/hygiene/sex education as indicated in the treatment plan.
 - Medication education monthly, as applicable.
 - Attend debriefing on youth status, as needed.
 - Attend treatment team meeting monthly.
 - Availability 24/7 for consultation
- viii. Service/Program Director with a Master's degree and (5) years post M.A. experience (at least two years of which shall be in a supervisory capacity) will:
- Attend treatment team meeting monthly or as needed
 - Should be aware of daily changes and treatment issues as needed
 - Oversee all QA/PI activities with particular attention to benchmarking activities for all direct care staff;

8. Program Administration

The provider agency's programming for this treatment program must include the following:

- Establishment of a protocol to handle disclosures of trafficking made by youth during their placement.
- Establishment of working relationships and partnerships with local law enforcement to have an appropriate and informed response by law

enforcement in the event such is needed by the youth/at the placement location.

- Demonstration of the capacity and willingness to recognize that the victim/survivor may be involved with law enforcement, especially as a witness, and provide the support necessary to protect the best interests of the youth yet allow for the prosecution of the trafficker.
- Programming that assists the youth in building the independent living skills necessary for adulthood, including assisting with driver's licenses, obtaining identification documents, linking to health insurance, job skills, etc.
- A staffing and supervision model that includes training on trafficking, skill building, and addresses compassion fatigue/secondary trauma.

9. Outcome Measures

The Department of Children and Families utilizes outcome evaluations, which includes setting outcomes, establishing indicators, and changing behavior to achieve desired results and outcomes. As noted elsewhere, data collection and best practice standards for this population is still in its infancy. However, DCF believes that there is sufficient experience in serving youth in treatment program settings to guide this work.

The Children's System of Care makes use of the IMDS tools and satisfaction surveys, in measuring the achievement of system partners. Additional considerations and areas of measurement include compliance with all reporting requirements, compliance with all requirements of record keeping, advocacy on behalf of youth and families, and collaborative activities that support youth and their families. Thus, respondents will be expected to follow and report on the following semi-annually:

- Utilize the IMDS tools to inform treatment planning;
- Use the IMDS tools to measure relative achievement and continued need;
- Utilize risk management mechanisms and structures such that incidents inform changes to policy, practice, and treatment;

- Conduct on-going satisfaction surveys with youth, families, and other system partners;
- Provide a means for identification and communication of system needs and areas of excellence to local partners and CSOC administration.

Youth Outcomes:

- Youth receive ongoing medical, dental and medical health care, including required follow up services;
- Youth will be regularly attending (9 out of 10 days) their least restrictive educational option if applicable;
- All youth are aware of their safety plan, and a 24/7/365 number to call for immediate assistance if they are on the street;
- Youth who engage in runaway behavior show a de-escalating pattern of runaway episodes and durations;
- At least 85% of all youth will be involved in community-based activities every 7 days;
- Youth served should show improvements on identified strength and needs domains from the time of admission to discharge.

Program Outcomes:

- Program will not reject or eject any referred youth who are appropriately matched to their service;
- Program will maintain compliance with all CSOC out-of-home reporting requirements and timeframes: Joint Care Reviews (JCR), Transitional Joint Care Reviews (TJCR), Discharge Joint Care Reviews (DJCR), addendum to AO 2:05, and contracting requirements;
- Program will collect “3-D” satisfaction surveys from youth, family members (if available), and other providers for 75% percent of all youth served at two points during the service period;
- Program will conduct quarterly “health checks” through satisfaction surveys, stakeholders meetings, and review of SNA data. Health checks will report status, progress, and needs to the service community and CSOC;
- The program utilizes its Advisory Board to provide guidance and support in carrying out its work.

10. Quality Assurance

Quality Assurance and Performance Improvement (QA/PI) activities

are an essential aspect of DCF. As such, respondents must have a quality assurance and performance improvement (QA/PI) plan that includes all members of the service: youth, families (when applicable), and all levels of staff. QA/PI plans and data must be submitted quarterly to DCF/CSOC. Respondents shall utilize ongoing QA/PI activities that reflect the capacity to make necessary course corrections in a planful and responsive fashion.

Respondents must have a QA/PI plan that:

- Measures metrics related to providing for the youth's safety, stability, and restoration/reintegration.
- Demonstrates integration with overall organization/provider goals.
- Demonstrates a multi-disciplinary approach that engages staff at all levels and discipline in the activities of QA/PI.
- Demonstrates compliance with addendum to Administrative Order 2:05 and DCF licensing standards at NJAC 10:128.
- Demonstrates a commitment to approaching critical events as opportunities to improve care of youth, training, monitoring, and regulation of their service. QA/PI plans must articulate a meaningful and manageable process for responding to critical events that minimally collects, analyzes, and synthesizes information from:
 - Youth
 - Family
 - Natural supports
 - Direct care staff
 - Professional staff
 - Medical providers
 - Case management entity if applicable
 - Law enforcement
 - Educational setting
- Incorporates "3-D" satisfaction surveying -- from youth, families, and other providers -- on a regular basis and articulates the dissemination of these data to stakeholders including DCF and the U.S. Department of Health and Human Services.
- Provide documentation that psychologists and other mental health professionals complete a minimum of 10 hours of continuing education each year related to child welfare, mental health assessment, child sexual abuse, child well-being, etc.⁵

⁵ Based on minimum requirements observed in the APA State Provincial Mandatory Continuing Education in Psychology Requirements Survey (2006)

11. Confidentiality Compliance

The contractor shall, at all times, in performance of this contract, ensure that it maintains State supplied documents in a confidential manner.

Such compliance shall include, but not be limited to, the erasure and deletion of all personal, confidential information that may be contained on all personal computers and their drives prior to disposal, or any other disposition that may be required, of such informational technology equipment in accordance with the requirements set forth by the US Department of Defense (DoD) 5220.22-M Standard.

Such compliance shall further include, but not be limited to, ensuring that the release of client records is restricted to those situations identified in DCF Policy P8.01 – 2007 (revised January 1, 2012) and N.J.S.A. 30:4-24.3.

All data supplied by DCF to the contractor are confidential. The contractor is required to use reasonable care to protect the confidentiality of such data. Any use, sale or offering of this data in any form by the contractor, or any individual or entity in the contractor's charge or employ, will be considered a violation of this contract and may result in contract termination and the contractor's suspension or debarment from DCF contracting. In addition, such conduct may be reported to the State Attorney General for possible criminal prosecution. AA's (Health Insurance Portability and Accountability Act) privacy regulations require protection of individually identifiable health information. The regulations define "Protected Health Information" as information that relates to the:

- Past, present, or future physical or mental health or condition of an individual
- Provision of health care to an individual
- Past, present, or future payment for the provision of health care to an individual

Protection applies to information collected from the individual or received or created by a health care provider, health plan, health care clearinghouse, or employer, and is maintained or transmitted in any form or medium. All providers shall be required to adhere to HIPPA and execute a HIPPA Privacy Agreement which is located at: <http://www.state.nj.us/dcf/providers/contracting/forms/index.html>

12. Other

This RFP does not cover legal services related to the youth's involvement as a witness or having any potential criminal charges brought against him/her.

All applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.

Applicants are also advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

Licensure: Respondents must provide evidence of, or demonstrated ability to meet, all NJ Department of Children and Families; Health and Senior Services; Human Services; and other Federal Licensure standards. DCF Office of Licensing standards can be accessed at: <http://www.nj.gov/dcf/providers/licensing/>

Accreditation: It is a preference of CSOC that respondents to this RFP are Joint Commission, COA, or CARF accredited.

Provider Information Form: The grantee will be required to complete a Provider Information Form (PIF) in collaboration with CSOC at the time of contracting. The PIF will reflect the obligations outlined in this RFP.

Site Visits: CSOC, in partnership with the DCF Office of Licensing, will conduct site visits to monitor grantee progress and problems in accomplishing responsibilities and corresponding strategy for overcoming these problems. The grantee will receive a written report of the site visit findings and will be expected to submit a plan of correction, if necessary.

Contracted System Administrator (CSA): Ability to conform with and provide services under protocols, including documentation and timeframes, established by CSOC and managed by the Contracted System Administrator. The CSA is the Division's single point of entry. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems.

Organ and Tissue Donation: As defined in section 2 of P.L. 2012, c. 4 (N.J.S.A.52:32-33), contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees

shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320b-8 to serve in this State.

D. Funding Information:

For the purpose of this initiative, the Department will make available maximum annualized funding of up to \$1,939,500.

The per diem rate per youth is \$430 and is reimbursed on a fee for service basis. Due to the emergent nature of the proposed program, CSOC will additionally provide for a \$37,000 annual subsidy per bed for a total of \$370,000 to maintain this emergent program at full readiness. Funding is all inclusive compensation and reimbursement for all services, activities, administrative and clinical to serve the youth. CSOC does not guarantee 100% occupancy.

Matching funds are not required.

Funds awarded under this program may not be used to supplant or duplicate existing funding.

Operational start-up costs of up to 5% of award are permitted. Applicants must provide a justification and detailed summary of all expenses that must be met in order to begin program operations-see under Budget.

Programs shall be operational within 60 days of being awarded. Extensions will be available by way of written request to the CSOC Division Director.

Award is subject to be rescinded if not operationalized within six months of RFP award.

Any expenses incurred prior to the effective date of the contract will not be reimbursed by the Department of Children and Families.

E. Applicant Eligibility Requirements:

1. Applicants must be for profit or not-for-profit corporations that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. Applicants may not be suspended, terminated, or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
4. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
5. Where appropriate, all applicants must hold current State licenses.

6. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
7. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
8. Applicants must have the ability to achieve full operational census within 60 days of contract execution. Further, where appropriate, applicants must execute sub-contracts with partnering entities within 45 days of contract execution.
9. Applicants must comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27, the State Affirmative Action policy.
10. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at www.dnb.com
11. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.
12. The actual award of funds is contingent upon a successful contract negotiation. If, during the negotiations, it is found that the selected applicant is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

F. RFP Schedule:

October 16, 2013	Notice of Availability of Funds/RFP publication
October 16-October 29, 2013	Period for Email Questions sent to DCFASKRFP@dcf.state.nj.us
October 30, 2013	Mandatory Bidder's Conference at 10 am
November 13, 2013	Deadline for Receipt of Proposals by 12:00PM

Proposals received after 12:00 PM will **not** be considered. Applicants should submit **one (1) signed original** and **one CD ROM**, including a signed cover letter of transmittal as indicated below.

Proposals must be delivered either:

- 1) In person to:**

Catherine Schafer, Director of Grants Management, Auditing and Records
Department of Children and Families
101 South Broad Street, 7th Floor
Trenton, New Jersey 08625

Please allow time for the elevator and access through the security guard. Applicants submitting proposals in person or by commercial carrier should submit **one (1) signed original** and **one CD ROM** with all documents including a signed cover letter of transmittal.

2) Commercial Carrier (hand delivery, federal express or UPS) to:

Catherine Schafer, Director of Grants Management, Auditing and Records
Department of Children and Families
101 South Broad Street, 7th Floor
Trenton, New Jersey 08625

Applicants submitting proposals in person or by commercial carrier should submit **one (1) signed original** and **one CD ROM** with all documents including a signed cover letter of transmittal.

3) Online- <https://ftpw.dcf.state.nj.us>

DCF offers the alternative for our bidders to submit proposals electronically to the web address above. Online training is available at the bidder's conference and on our website at: www.nj.gov/dcf/providers/notices/

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission. Registration forms are available on our website. Registered AOR forms must be received 5 business days prior to the date the bid is due. You need to register only if you are submitting a proposal online.

G. Administration:

1. Screening for Eligibility, Conformity and Completeness

DCF will screen proposals for eligibility and conformity with the specifications set forth in this RFP. A preliminary review will be conducted to determine whether the application is eligible for evaluation or immediate rejection.

The following criteria will be considered, where applicable, as part of the preliminary screening process:

- a. The application was received prior to the stated deadline
- b. The application is signed and authorized by the applicant's Chief Executive Officer or equivalent
- c. The applicant attended the Bidders Conference (if required)
- d. The application is complete in its entirety, including all required attachments and appendices
- e. The application conforms to the specifications set forth in the RFP

Upon completion of the initial screening, proposals meeting the requirements of the RFP will be distributed to the Proposal Evaluation Committee for its review and recommendations. Failure to meet the criteria outlined above, or, the submission of incomplete or non-responsive applications, constitutes grounds for immediate rejection of the proposal if such absence affects the ability of the committee to fairly judge the application.

In order for a bid to be considered for award, at least one representative of the Bidder must have been present at the Bidders Conference commencing at the time and in the place specified above. Failure to attend the Bidders Conference will result in automatic bid rejection.

2. Proposal Review Process

DCF will convene a Proposal Evaluation Committee in accordance with existing regulation and policy. The Committee will review each application in accordance with the established criteria outlined in Section II of this document. All reviewers, voting and advisory, will complete a conflict of interest form. Those individuals with conflicts or the appearance of a conflict will be disqualified from participation in the review process. The voting members of the Proposal Evaluation Committee will review proposals, deliberate as a group, and then independently score applications to determine the final funding decisions.

The Department reserves the right to request that applicants present their proposal in person for final scoring. In the event of a tie in the scoring by the Committee, the bidders that are the subject of the tie will provide a presentation of their proposal to the evaluation committee. The evaluation committee will request specific information and/or specific questions to be answered during a presentation by the provider and a brief time-constrained presentation. The presentation will be scored out of 50 possible points, based on the following criteria

and the highest score will be recommended for approval as the winning bidder.

Requested information was covered- 10 Points

Approach to the contract and program design was thoroughly and clearly explained and was consistent with the RFP requirements- 20 Points

Background of organization and staffing explained- 10 Points

Speakers were knowledgeable about topic- 5 Points

Speakers responded well to questions - 5 Points

The Department also reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include, but are not limited to: State loss of funding for the contract; the inability of the applicant to provide adequate services; the applicant's lack of good standing with the Department, and any indication, including solely an allegation, of misrepresentation of information and/or non-compliance with any State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

All applicants will be notified in writing of the Department's intent to award a contract.

H. Appeals:

An appeal of the selection process will be heard only if it is alleged that the Department has violated a statutory or regulatory provision in awarding the grant. An appeal will not be heard based upon a challenge to the evaluation of a proposal. Applicants may appeal by submitting a written request to the following address no later than five (5) calendar days following receipt of the notification or by the deadline posted in this announcement:

Office of Legal Affairs
Contract Appeals
50 East State Street 4th Floor
Trenton NJ 08625

I. Post Award Review:

As a courtesy, DCF may offer unsuccessful applicants an opportunity to review the Evaluation Committee's rating of their individual proposals. All Post Award Reviews will be conducted by appointment.

Applicants may request a Post Award Review by contacting: DCFASKRFP@dcf.state.nj.us

Post Award Reviews will not be conducted after six months from the date of issuance of this RFP.

J. Post Award Requirements:

Selected applicants will be required to comply with the terms and conditions of the Department of Children and Families' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual. Applicants may review these items via the Internet at www.nj.gov/dcf/providers/contracting/manuals

Selected applicants will also be required to comply with all applicable State and Federal laws and statutes, assurances, certifications, and regulations regarding funding.

Upon receipt of the award announcement, and where appropriate, selected applicants will be minimally required to submit one (1) copy of the following documents:

- Proof of Insurance naming the Department of Children and Families as an additional insured
- Board Resolution Validation
- DCF Standard Language Document and Signature Pages
- Current agency by-laws
- Copy of lease or mortgage (if applicable)
- Certificate of Incorporation
- Conflict of Interest policy
- Affirmative Action policy and certificate
- A copy of all applicable professional licenses
- Current single audit report
- Current IRS Form 990
- Copy of the agency's annual report to the Secretary of State
- Public Law 2005, Chapter 51, Contractor Certification and Disclosure of Political Contributions (not required for non-profit entities)

The actual award of funds is contingent upon a successful Contract negotiation. If, during the negotiations, it is found that the selected Applicant is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

Section II – Application Instructions

A. Proposal Requirements and Review Criteria:

All applications will be evaluated and scored in accordance with the following criteria:

The narrative portion of the proposal should be double-spaced with margins of 1 inch on the top and bottom and 1½ inches on the left and right. The font may be no smaller than 12 points. There is a 15 page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Five (5) points will be deducted for each missing document. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The narrative must be organized appropriately and address the key concepts outlined in the RFP. Items included in the transmittal cover letter, Annex B budget pages, and attachments do not count towards the narrative page limit.

Proposals may be bound or fastened by a heavy-duty binder clip. Do not submit proposals in loose-leaf binders, plastic sleeves, or folders.

Each proposal narrative must contain the following items organized by heading in the same order as presented below:

1) Applicant Organization (15 Points)

Describe the agency's history, mission and goals, and where appropriate, a record of accomplishments in working in collaboration with the Department of Children and Families and/or relevant projects with other state governmental entities.

Describe the agency's background and experience in implementing the types of services.

Provide an indication of the organization's demonstrated commitment to cultural competency and diversity. The provider shall identify and develop, as needed, accessible culturally responsive services and supports. These shall include, but are not limited to, affiliations with

informal or natural helping networks such as language services, neighborhood and civic associations, faith based organizations, and recreational programs determined to be appropriate. Supervisors must be culturally competent and responsive, with training and experience necessary to manage complex cases in the community across child serving systems. Explain how the provider is working toward a cultural competency plan that describes actions your agency will take to insure that policies, materials, environment, recruitment, hiring, promotion, training and Board membership reflect the community or the intended recipients of the services you provide and promote the cultural competency of the organization and that resources and services will be provided in a way that is culturally sensitive and relevant. If your agency is able to provide services to bi-lingual and/or non-English speaking youth and families, please provide a clear description of what services will be provided and by whom.

Describe the agency's governance structure and its administrative, management, and organizational capacity to enter into a third party direct state services contract with the Department of Children and Families. Note the existence (if any) of professional advisory boards that support the operations. If applicable, indicate the relationship of the staff to the governing body. Attach a current organizational chart.

Provide an indication of the agency's demonstrated capability to provide services that are consistent with the Department's goals and objectives for the program to be funded. Include information on current programs managed by the agency, the funding sources and if available, any evaluation or outcome data.

2) Program Approach

(55 Points)

Specify a program approach that includes an overview of the proposed services and their anticipated impact on the target population, including:

Service Description

- Demonstrate the capacity to meet minimum requirements listed in "Section I: C. Services to be Funded, Course and Structure of Treatment";
- Demonstrate that youth will have a stable, familiar, consistent, and nurturing experience through staffing patterns, the management of youth cohorts, site design and utilization, community affiliation, and the type, scope and frequency of family/caregiver involvement;
- Include policy regarding engaging and sustaining the involvement of family and/or natural supports;

- Articulate etiology and demonstrate the links between the intervention model, strategies and techniques;
- Demonstrate how the relationships with direct care staff (as supported through team structure, supervision, and staffing patterns) will help youth move from being “managed” to being engaged in treatment;
- Describe direct care staff’s supervision of youth and staff/youth ratios;
- Fully articulate the management and treatment models to be utilized, including the use of evidence-based, -informed, or -suggested interventions;
- Describe, through policy and procedures: documentation, mechanisms for communication, responsiveness, flexibility, & creativity of treatment teams;
- Describe the mechanisms for managing and treating aggressive and running away behavior;
- Demonstrate experience with, understanding of, and integration of issues of trauma in youth and how it will be integrated into the treatment plan;
- Include curricula for psycho-educational groups, including those focused on wellness, recovery, and life skills;
- Identify and describe the geographic location(s) of the services;
- Describe client eligibility requirements, referral processes, and include client rejection/termination policies;
- Provide a feasible timeline for implementing the proposed services within 60 days of award. Attach a separate Program Implementation Schedule as part of the Appendices. Provide a detailed week-by-week description of your action steps in preparing to provide this service. At a minimum, detail when and who will:
 - Secure and ready site
 - Outline plans to make the site youth friendly, welcoming and home like
 - Secure licensing from OOL from staff and site
 - Recruit all necessary staff
 - Train all staff
 - Complete Provider Information File and meet with the CSA
 - Meet with the DCF Regional School to ensure coordinated care for youth

- Describe any fees for services, sliding fee schedules, and waivers;
- Include a description of client data to be recorded, the intended use of that data, and the means of maintaining confidentiality of client records;
- Describe how the proposed program will meet the needs of various and diverse cultures within the target community based on the Law Against Discrimination (N.J.S.A. 10:51 et seq.);
- Include policy or procedures regarding:
 - The use of the IMDS tools and any additional outcome measures
 - Community-based activities
- Attach three (3) letters of support/affiliation from community-based organizations.

Program Planning Requirements for Student Education and Child Care

- Describe arrangements for or access to appropriate educational programs and services for special education and general education students.
- Describe plans for collegial and proactive coordination/collaboration with educational and child care providers.

Program Operation Requirements for Student Education

- Articulate and clearly describe:
 - Strategies to coordinate clinical treatment with educational planning and service delivery;
 - Daily before & after-school communication strategies with school staff;
 - Daily support of student homework, special projects, and study time;
 - Specific strategies, including responsible staff and timelines, for including families-of-origin and/or natural supports in educational updates, progress monitoring and planning;
 - Availability of computers for student use to support schoolwork;
 - Mechanisms to monitor the educational progress of each student;
 - Problem resolution strategies;
 - Ongoing participation in the educational program of each student.
- Provide a detailed plan for:

- Immediate and therapeutic responses to problems that arise during the school day;
- Supervision of students who are unable to attend school due to illness or suspension;
- Planned collaboration with all school personnel ensuring that youth remain in school when appropriate;
- Adequate supervision, programming, and professional staff contact to support home instruction in accordance with educational requirements;
- The supervision and programming for students who do not have a summer school curriculum;
- Plan for supervision and programming for high school graduates.

Governance and Staffing

- Indicate the number, qualifications, and skills of all staff, consultants, sub-grantees, and/or volunteers who will perform the proposed service activities. Attach, in the proposal Appendices, an organizational chart for the proposed program; job descriptions that include all educational and experiential requirements; salary ranges; and resumes of any existing staff who will perform the proposed services. Applicants must:
 - Identify the administrator and describe the job responsibilities;
 - Describe the proposed staffing by service component, include daily, weekly and monthly schedules for all staff positions;
 - Describe any consultants & their qualifications, include a consultant agreement if applicable;
 - Provide letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care;
- Include policy or procedures regarding: timelines, program operations, and responsible staff for admission, orientation, assessment, engagement, treatment planning, discharge planning, and transition;
- Describe a staff training model that includes all required training per DCF Office of Licensing regulations as well as all appropriate New Jersey System of Care trainings. Training for staff shall minimally include:
 - Creating and maintaining safe, therapeutic, and nurturing environments;
 - Verbal de-escalation and engagement skills;

- Proactive intervention for maintaining safety and promoting change;
 - Post-crisis debriefing skills;
 - Treatment planning that is responsive and focused on change
 - Recommended (evidence based is preferred) treatment approaches;
 - Promoting positive peer culture;
 - Cultural Competence;
 - Information Management Decision Support Tools (IMDS);
 - Understanding and Using Continuous Quality Improvement.
- Describe the management & staff supervision methods that will be utilized

3) Outcome Evaluation

(10 Points)

Describe the outcome measures that will be used to determine that the service goals and objectives of the program have been met. Provide a brief narrative and attach copies of any evaluation tools that will be used to determine the effectiveness of the program services.

4) Budget Narrative

(15 Points)

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services (LOS) at 100%. Therefore, respondents must clearly indicate how this funding will be used to meet the project goals and/or requirements. Provide a line item budget and narrative for the proposed project/program.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget should also reflect a 12 month itemized operating schedule and include, in separate columns, total funds needed, the funds requested through this grant, and where necessary, funds secured from other sources. All costs associated with the completion of the project must be clearly delineated and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or “other” items. The proposed budget should be based on 100% occupancy and may not exceed \$1,939,500 in funds provided under this grant inclusive of the \$370,000 to maintain the program at full readiness. The facility must also assure a **generator** is installed and operational to address any power outages (to full agency capacity) that may occur. Purchase and installation of generators are acceptable as part of the start-up funds.

The completed budget proposal must also include a detailed summary of and justification for any one-time operational start-up costs. It is not a

preferred practice of CSOC to offer or provide start-up costs; subsequently, the inclusion of such costs may be a determining factor in the proposal selection process. CSOC intends to purchase as much direct clinical care service as funding allows. CSOC acknowledges that there may be organizations with sound clinical care models that may not have the fiscal resources to incur all related costs. Thus, CSOC would be amenable to modest participation in “facility renovations” costs and will permit reasonable start-up under the following conditions:

- The need must be fully presented and explained
- Costs may not exceed 5% of the award
- Costs must be reflected on a separate schedule
- All start-up costs are subject to contract negotiations

The grantee must adhere to all applicable State cost principles.

Standard DCF Annex B (budget) forms are available at: <http://www.state.nj.us/dcf/providers/contracting/forms/> and a description of General and Administrative Costs are available at <http://www.state.nj.us/dcf/providers/notices/>

5) Completeness of the Application (5 Points)

The Department will also consider the completeness of the application and the clarity of statements within the proposal, including the availability, accuracy, and consistency of all supporting documentation.

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and a CD ROM containing all the documents in PDF or Word format. Failure to submit any of the required documents requested in this RFP will result in a loss of five (5) points per item from the total points awarded for the proposal.

All supporting documents submitted in response to this RFP must be organized in the following manner:

Part I: Proposal

1. Proposal Cover Sheet*
2. Table of Contents
3. Proposal Narrative (in following order)
 - a. Applicant Organization
 - b. Program Approach
 - c. Outcome Evaluation
 - d. Budget Narrative

Part II: Appendices

1. Job descriptions of key personnel, resumes, and current salary ranges
2. Current and proposed agency organizational charts
3. Staffing patterns
4. Current/dated list of agency Board of Directors/Terms of Office
5. Copy of agency Code of Ethics and/or Conflict of Interest policy
6. Three letters of support/affiliation from community based organizations
7. Statement of Assurances*
8. Certification regarding Debarment*
9. Copy of IRS Determination Letter regarding applicant's charitable contribution or non-profit status (if appropriate)
10. All required Certification and Disclosure Forms in accordance with PL 2005, c.51 ("Chapter 51") and Executive Order 117 (2008), if appropriate**
Note: non-profit entities are exempt from Chapter 51 disclosure requirements).
11. Copies of all applicable professional licenses/organization's licensure status
12. DCF Annex B Budget Forms*
13. A detailed summary of and justification for any one-time operational start-up costs
14. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at <http://www.dnb.com>
15. Proposed Program Implementation Schedule
16. Copies of any audits or reviews completed or in process by DCF or other State entities from 2011 to the present. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant's position
17. Applicable Consulting Contracts, Memoranda of Agreement and other supporting documents. Provide letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care
18. Current Form 990 for non-profits
19. Current Single Audit Report for non-profits/ Current Audited Financial Statements for for-profit entities
20. Include curricula for psycho-educational groups, including those focused on wellness and recovery
21. Include policy regarding engaging and sustaining the involvement of family and/or natural supports
22. Include policy or procedures regarding: timelines; program operations; and responsible staff for admission, orientation, assessment, engagement, treatment planning, discharge planning, and transition

23. Attach copies of any evaluation tools that will be used to determine the effectiveness of the program services
24. Include policy or procedures regarding:
 - a. The use of IMDS tools and any additional outcome measures
 - b. Community-based activities

*Standard forms for RFP's are available at www.nj.gov/dcf/providers/notices/ Forms for RFP's are directly under the Notices section. Forms for Budget are available at <http://www.state.nj.us/dcf/providers/contracting/>

** Chapter 51 forms are available on the Department of the Treasury website at <http://www.state.nj.us/treasury/purchase/> (Note: non-profit entities are exempt from Chapter 51 disclosure requirements.). Click on Vendor Information and then on Forms

C. Requests for Information and Clarification

Applicants shall not contact the Department directly, in person, or by telephone, concerning this RFP. Applicants may request information and/or assistance from DCFASKRFP@dcf.state.nj.us until the Bidders Conference. Inquiries will not be accepted after the closing date of the Bidders Conference. Questions may be emailed in advance of the Bidders Conference to DCFASKRFP@dcf.state.nj.us.

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures at the technical assistance meeting/Bidder's Conference. All prospective applicants must attend the Bidders Conference and participate in the onsite registration process in order to have their applications reviewed. Failure to attend the Bidders Conference will disqualify individuals, agencies, or organizations from the RFP process.

Inclement weather will not result in the cancellation of the Bidders Conference unless it is of a severity sufficient to cause the official closing or delayed opening of State offices on the above date. In the event of the closure or delayed opening of State offices, the Bidders Conference will be cancelled and then held on an alternate date.