



**REQUEST FOR PROPOSALS**

**FOR**

**Intensive Residential Treatment Services (IRTS)**

**Intensity of Services (IOS) 50 Beds**

**Annualized Funding of \$16, 096, 500 Available**

**There will be no Bidders Conference. Questions may be submitted  
Until October 29, 2014 at 12:00PM**

**Bids are due: November 19, 2014 at 12:00 PM**

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

Commissioner

**October 8, 2014**

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## **Funding Agency**

State of New Jersey  
Department of Children and Families  
50 East State Street, PO Box 717  
Trenton, New Jersey 08625-0717

**Special Notice #1:** Questions may be submitted to [dcfaskrfp@dcf.state.nj.us](mailto:dcfaskrfp@dcf.state.nj.us) until October 29, 2014 at 12:00PM

**Special Notice #2:** Proposals shall be accepted for up to 2 bids from one provider. Separate proposals for each home are required. Staffing for each proposal must meet the minimum requirements as set forth in this RFP or the proposal shall be subject to disqualification.

## **Section I – General Information**

### **A. Purpose:**

The New Jersey Department of Children and Families' (DCF) announces the availability of funding for the purpose of providing out of home Intensive Residential Treatment Services (IRTS) located regionally for youth with emotional and behavioral health challenges. Funding is subject to State fiscal year appropriations.

The annualized funding available is up to **\$16, 096, 500**.

The goal is to create an integrated service delivery approach with professional competencies and capabilities to maintain a treatment setting that is functionally appropriate for this population. Services should be comprehensive, effective, easily accessible, and integrated into the Children's System of Care (CSOC) continuum of services. CSOC seeks to enhance the continuum of care for children with mental illness.

To that end, the Department is seeking proposals from private or public not-for-profit or for-profit organizations to provide Intensive Residential Treatment Services (IRTS) for New Jersey's youth and their families through the Children's System of Care (CSOC). IRTS provide intensive clinical care and supervision to children and youth who require 24/7 care in a safe, sheltered, supervised environment with constant line-of-sight supervision, medication management, and a concentrated individualized treatment protocol. Services are provided to youth with a wide range of serious emotional and behavioral challenges. Under this announcement, funding for six (6) homes for co-ed beds for youth ages 14 through 17 years of age and

four (4) homes for co-ed beds for youth ages 11 through 13 years. IRTS programs will be established to serve the following geographic areas:

- *Northern Region: Bergen, Essex, Hudson, Morris, Passaic, Sussex*
- *Central Region: Hunterdon, Middlesex, Monmouth, Somerset, Union, Warren*
- *Southern Region: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Ocean, Salem*

This announcement seeks to maximize the utilization of IRTS services through a transparent and contracted clinical model paired with a rate structure consistent with national best practices. Respondents are to provide details regarding operations, policy, procedures, and implementation of their proposed program(s).

Existing IRTS providers are required to respond to this RFP if they wish to continue providing this intensity of service for the Children's System of Care. Consideration will be extended for existing programs to keep the existing configuration of current contracted beds. DCF/CSOC will reserve the right to distribute the remaining beds accordingly. If an existing program is not awarded the beds, a transition plan will be developed. Programs shall be operational within 120 days of being awarded. Extensions will be available by way of written request to the CSOC Division Director. **Awards are subject to be rescinded if not operationalized within 6 months of RFP Award.**

## **B. Background:**

Mental health disorders among youth are an important public health issue because of their prevalence, early onset, and impact on the youth, family, and community. In this population, mental disorders are described as "serious deviations from expected cognitive, social, and emotional development" and include conditions meeting criteria described by the *Diagnostic and Statistical Manual of Mental Disorders (4th edition, Text Revision DSM-IV-TR or DSM 5)*. For some youth, mental health disorders result in serious difficulties at home, with family/peer relationships and in school. Other challenges experienced can include an increase in chronic health conditions, substance use, criminal behavior and other risk taking behaviors as compared to youth without mental health disorders. Finally, mental health challenges in youth are associated with an increased risk of mental disorders in adulthood which are associated with decreased productivity, increased substance use and injury and substantial costs to the individual and society. These youth and their families are in need of a comprehensive, coordinated array of supports and services" (*Centers for*

*Disease Control and Prevention, Mental Health Surveillance Among Children-United States 2005-2011).*

The Center for the Study of Social Policy (CSSP) introduced the Youth Thrive Framework which was developed through the examination of literature on adolescent development, resilience, brain development, trauma impact information, and positive youth development. . Based on this review, Youth Thrive promotes the development and strengthening of protective and promotive factors in youth specifically: resilience, social connections, knowledge of adolescent development, concrete supports, and cognitive and social emotional competence (for more information on Youth Thrive go to <http://www.cssp.org/reform/child-welfare/youth-thrive>). In response to the newly introduced Youth Thrive Framework, DCF created the Task Force on Helping Youth Thrive in Placement (HYTIP). The Task Force was asked to identify and implement strategies to promote statewide, systematic, and cultural change that will impact the safety, well-being, and development of our adolescents and young adults residing in out of home care placements. (<http://www.nj.gov/dcf/providers/notices/nonprofit/youth.html>).

To that end, CSOC encourages applicants to demonstrate how they plan to integrate the Youth Thrive Framework concepts in their current policies and practices to enhance and ensure that the well-being of youth in an out of home treatment setting are supported so they have the most normal childhood and adolescence possible, thrive as individuals, and successfully transition into adulthood.

CSOC provides an array of services to youth with emotional, behavioral, and cognitive challenges and their families. The Children's System of Care is based on the principles of family-driven, accessible, need based, clinically appropriate, and outcome-driven individualized care for children and youth. By definition, Intensive Residential Treatment Services (IRTS) is a highly structured non-hospital based restricted, treatment setting that brings comprehensive and specialized diagnostic and treatment services to youth with mental health challenges and their families.

Typically, all children referred to IRTS intensity of service come directly from a Children's Crisis Intervention Services (CCIS) Unit, Intermediate Care Unit, or private psychiatric hospitals, where they could not be maintained in a community setting with a reasonable degree of safety. The youth approved for these programs require exceptional care on a 24/7 basis in an environment with continuous line of sight supervision, medication management, and a concentrated individualized treatment protocol. The majority of those referred for the IRTS programs will be youth who along with a mental health component have experienced trauma. Trauma is defined as the experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and /or the witnessing of

violence, terrorism or disasters. These Adverse Childhood Events (ACEs) have serious mental health consequences and youth have often learned to deal with them by adopting negative coping mechanisms (*Felitti et al. 1998*). Trauma Informed Care therapeutic models are essential in understanding the impact of youth's exposure to past and current traumatic events (*Bloom, S.L., 1994*). An organization that is trauma informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in consumers, staff and others involved with the system of care; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings (*SAMHSA*).

These youth require continued intensive psychiatric care in a highly staffed and supportive residential milieu before they can return home or transition to a less intensive out-of-home treatment setting. The IRTS programs are not authorized to use mechanical restraints or any form of locked seclusion. Staff members must train to implement approved crisis management techniques and procedures to ensure the safety of youth being served. Staffing levels are enriched and provide one to one supervision when clinically appropriate. Staffing must maintain a ratio of at least 1:2 at all times, including sleeping hours. However any configuration or grouping of children will require 2 awake staff at all times. Due to the level of care required by these youth, CSOC recommends that all exit doors contain a 30 second delay for safety as permitted by the local municipality and Department of Community Affairs. Delayed exit doors will also require the house to be outfitted with a hard-wired fire alarm system. The requested IRTS treatment services are comprehensive, multidisciplinary, multimodal therapies that are designed to meet the individual needs of youth who have co-occurring intellectual and developmental challenges. The Department of Children and Families currently funds 52 IRTS beds throughout the State of New Jersey.

CSOC believes seclusion and restraint of youth are not treatment and contrary to the mission of the division. A prevention oriented philosophy is preferred consisting of progressive policy, regulations, forms, philosophy and environment.

Agencies must demonstrate how to eliminate/reduce the use of restraint and seclusion by using therapeutic interventions based on clinical knowledge. Nonviolent Crisis Intervention (Preventative Techniques, Team Intervention, Post Intervention) Crisis Prevention Training through the Crisis Prevention Institute is the preferred program. Programs can only utilize one model of nonviolent crisis intervention.

### **C. Services to be Funded:**

Intensive Residential Treatment Services programs are available for co-ed residences for youth within the age range of 14 through 18 years, who are

receiving treatment in an inpatient Children's Crisis Intervention Services (CCIS), Intermediate Unit, private psychiatric hospital, or other high intensity out-of-home treatment setting. (Youth referred into the program will be from 14 through 17 years of age, but youth can remain in the program through age 18.) The youth must demonstrate symptoms consistent with a DSM-IV-TR/V Axis I or DSM 5 mental health disorder. The grantee for this program is expected to provide, initiate and/or coordinate an array of services, including:

- Individual, group and family therapy (evidence-based practice specialist and mainstream therapies);
- Psychiatric treatment services, including routine and emergency psychiatric evaluations, medication evaluations, and prescription adjustments;
- Medication monitoring and education;
- Psychiatric consultation (including input into the clinical component of an individualized treatment plan developed by the multidisciplinary treatment team);
- Educational planning to include advocacy, enrollment, and transitional aftercare or step-down to another school setting;
- Case management;
- Independent daily living skills (Money Management, Socialization and Relationship Building, Meal Preparation etc.);
- Intake/treatment/transitional planning/discharge planning;
- Provisions for diagnostic assessments/ongoing treatment; and
- Behavior modification/management;
- Access to other services (such as psychological testing, vocational counseling, and medical services)
- Alternatives to seclusion and restraint

Clinical Criteria for this program is posted at <http://performcarenj.org/pdf/provider/clinicalcriteria/intensive-residential-treatment.pdf> .

Funding is available for ten homes, each with bed capacity of 5, who serve the following target populations:

**Target Population #1:**

**# of youth per home: 5**

**# of homes: 6**

**Age: 14-17**

**Gender: Both**

**Educationally Classified and Not Classified**

**Location: Two homes will be awarded in each the Northern, Central, and Southern region.**

**Northern Region: Bergen, Essex, Hudson, Morris, Passaic, Sussex**

**Central Region: Hunterdon, Middlesex, Monmouth, Somerset, Union, Warren**

**Southern Region: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Ocean, Salem**

**Target Population #2:**

**# of youth per home: 5**

**# of homes: 4**

**Age: 11-13**

**Gender: Both**

**Educationally Classified and Not Classified**

**Location: One home will be awarded in each the Northern and Southern region. Two homes will be award in the Central region.**

**Northern Region: Bergen, Essex, Hudson, Morris, Passaic, Sussex**

**Central Region: Hunterdon, Middlesex, Monmouth, Somerset, Union, Warren**

**Southern Region: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Ocean, Salem**

The Division of Children's System of Care is seeking respondents who successfully operationalize the principles of individualized, needs driven, and family driven care, and display sustainable progress throughout the course of treatment. Models of service delivery that promote persistence and creativity of professional staff are valued. Services that are demonstrated as effective through research, evidence-based, -informed, or -suggested, are strongly encouraged. Respondents are to provide details regarding operations, policy, procedures, and implementation of the IRTS services to be provided.

Most importantly, IRTS services will be provided in a freestanding, non-institutional setting in the community. Applicant should identify the specific



geographic service area that is being proposed to serve and include a description of the proposed site (i.e. living and program space, provisions for security). Since this particular program will be co-ed, the awardee shall ensure that male and female residents have separate sleeping units. The grantee must provide a welcoming, safe, staff-secured, nurturing clinical environment. Respondents must demonstrate their ability to fulfill this requirement through their description of staffing patterns, staff training, site design and utilization, community affiliation, as well as the type, scope, and frequency of family involvement. Guidelines for the youth's safety should be reflected in the ISP/treatment plan.

IRTS treatment services are uniquely tailored to the particular needs of youth in a manner that extends beyond the usual expectations of individualized care. IRTS must conceptualize the etiology and the "driving dynamics" of youth's needs. Respondents must demonstrate their understanding of the target population by describing the source, nature, intensity, frequency, and duration of the particular disturbances that youth present. Moreover, services and models of delivery should reflect a direct correlation to etiology. Successful proposals will articulate that etiology and include a detailed discussion of the links between the intervention model, strategies, and techniques.

CSOC is particularly concerned with the management and treatment of trauma and the sequelae of trauma that affect so many of our youth. Respondents shall articulate the management of behaviors that impede and support healthy attachments. Management of behavioral symptoms alone is not sufficient, however, and respondents must also describe models of intervention that actively treat underlying trauma issues. For example, youth with physically aggressive behaviors are often managed with additional or altered staffing patterns, alterations to youth's schedule, and more carefully controlling the youth's movements and interactions with others, etc. Behavioral management is necessary and an important aspect of serving youth well in a safe and supportive milieu. However, it is not sufficient for true change and growth. Therefore, respondents are asked to demonstrate, for example, how the relationships with direct care staff (as supported through team structure, supervision, the development of verbal de-escalation methods, restraint reduction initiatives, and staffing patterns) will help youth move from being merely "managed" to engaging in transformational treatment. This RFP asks respondents to consider the continuum of care from management to treatment. This continuum is fluid and seasoned providers will recognize many management strategies are directly linked to treatment interventions. Respondents are asked to fully articulate their management and treatment model.

IRTS require a wellness and recovery-oriented system. It is based on the belief that wellness and recovery is possible and recognizes the potential

inherent in all youth and their families/caregivers. The program must value and seek to build upon individual strengths and ensure access to effective and timely treatment, rehabilitation, crisis intervention, and on-going peer/other natural support services that promote meaningful lives and empowerment. It offers hope, is culturally competent, accountable, and is wise in its use of resources. Information on Wellness and Recovery can be found on the Department of Human Services' Division of Mental Health and Addiction Services website at: <http://www.state.nj.us/humanservices/dmhs/>.

Special focus must be afforded to the psychiatric needs of the youth who either have been in the acute care axis of the System of Care, or for whom the IRTS will provide an alternative to acute care treatment. The program will develop individualized plans of care by a team that includes the youth, family, clinicians, and psychiatric care providers.

All youth will receive focused care provided by clinically licensed professionals who are in regular consultation with a psychiatrist. While youth may not receive individualized therapy on a daily basis, they must have daily contact with an assigned therapist. Providers are encouraged to utilize up-to-date knowledge and evidence-based interventions that promote the use of milestones and timely recovery with positive outcomes. Treatment is provided with the understanding that good mental health is essential to the overall health of the youth. The overriding goal of the IRTS is to facilitate recovery so that youth can live, learn, and participate fully in their communities with sufficient coping mechanisms.

IRTS also seek to foster resilience and hope in youth through the development of positive individual traits, such as optimism and problem solving skills, along with the treatment.

Youth and family members will also benefit from having access to readily available information that will support their ability to learn, self-monitor, and be assured of accountability.

IRTS service providers will approach care with zeal and creativity in order to adjust to the ever-changing population in the system of care.

All IRTS services and interventions must be directly related to the goals and objectives established in each youth's Individual Service Plan (ISP)/treatment plan. CSOC believes that family/caregiver involvement is extremely important and, unless contraindicated, should occur from the beginning of treatment and continue as frequently as possible, as determined appropriate in the ISP/treatment plan.

Capacity to service bilingual and non-English speaking youth is preferred. If bilingual services are offered, the respondent should clearly specify within this proposal the type of services and staff supports that will be provided.

### **Process for Admission and Initial Authorization**

The CSOC IRTS Coordinator receives and reviews referral packets and makes the decision based on the clinical criteria and comprehensive up-to-date clinical documentation as to whether or not a child/youth will be admitted to the program.

The CSOC IRTS referral packet consists of:

1. Demographic Information (i.e. face sheet)
2. Psychiatric Evaluation
3. Interim Treatment Summary
4. IMDS Assessment (if available)
5. Physical Health Evaluation
6. Laboratory Reports
7. Medical Clearance
8. Previous Discharge Summary (if available)
9. Psychological Evaluation (if available)
10. Social Services Assessment (if available)
11. Relevant Progress Notes
12. Pertinent DCP&P Court Orders/Custody Orders
13. Detainer (if applicable)
14. Other Supporting Documentation as appropriate

### **Psychosocial, Occupational, Cultural, Religious and Linguistic Factors**

Organizations should utilize protective and promote behaviors that address the challenges experienced by minority youth. There should be an understanding of the historical, social, political, institutional and cultural factors in the dominant society that contribute to the legitimization and maintenance of racial inequities. Organizations should make a conscious effort to teach youth to develop healthy responses to daily life stressors, toxic stress, trauma, racism and other forms of oppression (*Center for Study of Social Policy, Charlyn Harper Browne, PhD, Senior Associate, 2014*). These factors will change the risk assessment and should be considered when making level of care decisions; however, they do not preclude a child/youth from admission to the program.

The awardee will follow CSOC's process for obtaining a continued stay for authorization via submission of the Strength and Needs Assessment and the Joint Care Review (JCR) to the CSA for clinical review.

If continued stay is clinically appropriate, the CSA will enter authorization for 30 days. Due to the variation of the length of stay, the CSA will review IRTS youth more often to assure that the youth is discharge appropriate.

### **Course and Structure of Treatment**

#### **Treatment: Development of an integrated plan of care, which includes:**

- Referrals for medical, dental, neurological or other identified evaluations.
- Interventions shall include but are not limited to:
  - Instruction in learning adaptive frustration tolerance and expression, which may include anger management
  - Instruction in stress reduction techniques
  - Problem solving skill development
  - Psycho-educational services to improve decision making skills to manage behavior and reduce risk behaviors
  - Social skills development
  - Instruction in Activities of Daily Living
  - Behavioral Support Plan as indicated
  - Parent/guardian training and support for transition of the youth back home

Of primary importance is the establishment of a multi-disciplinary treatment team with specific and delineated functions. The treatment team **must** include, but is not limited to the following individuals:

- Youth
- Family members
- Natural supports as identified and selected by youth, and family
- Care Management Organization
- DCP&P Case Management entity (if applicable)
- Program Director/Coordinator
- Clinicians
- Adjunct Therapist (Music, Recreation, Occupational, vocational, etc.)
- Program Care Manager
- Direct Care Staff
- Psychiatrist
- Advanced Practice Nurse (Psychiatric and Pediatric)
- Registered Nurse/Licensed Practical Nurse
- Dietician
- Allied Therapist
- Educational Professionals

Programs must be able to accommodate youth who speak languages other than English and have full wheelchair accessibility.

\*At least two (2) instances of Family and Youth engagement before admission must occur.

**Within the first 24 hours of admission**

- The IMDS Strengths and Needs Assessment will be completed
- Initial treatment and crisis plans will be completed and copies provided to the youth and family
- A nursing assessment will be completed and incorporated into the initial treatment and crisis plans
- A Pediatric assessment will be completed
- The youth and his/her family will be oriented to the services
- All necessary consents and releases will be completed and filed

**Within 72 hours of admission:**

- A psychiatric assessment, report and recommendations will be completed;
- A psychosocial assessment and accompanying recommendations will be completed;
- Behavior Support Plan will be completed for those identified youth;
- A Substance Use screen will be completed;
- A comprehensive crisis plan for each youth that details triggers and specific interventions for staff. This crisis plan shall be updated on a regular basis;

**Within the first week of admission:**

A treatment team meeting will be conducted and a comprehensive treatment and discharge plan that integrates all of the treatment team's input, assessments, and recommendations will be completed. The treatment plan shall contain clearly delineated goals and objectives with specified timelines and benchmarks for success, including a detailed description of the treatment goals that must be attained in order for the youth to be considered discharge ready.

- A Nutritional screening will be completed;
- A Psychological evaluation will be completed;
- Educational programming will be arranged;
- Referrals for medical, dental, neurological or other identified evaluations;

**Each day:**

- Comprehensive and well-documented communication regarding significant events, youth behaviors, and other relevant information will be provided for each shift;

- All residents will be properly supervised; a ratio of 1 direct care staff for every 2 youth must be maintained at all hours with a minimum of 2 awake staff on at all times, including while youth are asleep. Also, proper supervision ratios must be maintained during crisis situations;
- No more than 30% of all youth waking hours will be spent in “milieu” activities;
- Beginning and end of day meetings will be convened to monitor the emotional state of each resident;
- Medication will be dispensed and monitored as needed;
- Youth will be transported to medical appointments, family visits, community outings, and any other off-site requisite activities as needed;
- A licensed clinician will have face-to-face contact and “check-in” with each resident;
- All required documentation and activities will be provided in accordance with applicable licensing regulations and the Addendum to Administrative Order 2:05, which address the reporting of Unusual Incidents;

**Each week: (each unit of service (activity, session, etc.) shall be at least 30 minutes in duration.)**

- Six (6) psycho-educational activities that are consistent with the treatment focus will be provided by Bachelor’s level staff. Additional group activities will also be provided to support pro-social learning, problem solving, life-skills development, and coping strategies.
- 1 individual and 1 family therapy session will be provided by a licensed clinician; family therapy sessions may be conducted off-site; if necessary, family therapy sessions may be conducted via telephone.
- 9 hours of allied therapies contoured to the needs of the youth will be provided.
- Two (2) Health Education group sessions will be provided by a licensed health professional (RN, MD, LPN, APN). At a minimum, topics must include, but are not limited to: medication education, wellness and recovery, hygiene, sexuality, substance abuse, and nutrition.
- As clinically appropriate, residents will participate in structured and guided community-based activities such as: “Y” classes, organized sports leagues, Scouting programs, volunteerism, community center and/or public library activities, and public events as well as activities such as yoga and coping skills, and socialization skills etc.
- Individual behavioral supports such as Positive Behavioral Supports; training/coaching for the youth/young adult and caregivers/staff to meet the individual’s behavioral needs.

**Interventions shall include but are not limited to:**

- Instruction in learning adaptive frustration tolerance and expression, which may include anger management;
- Instruction in stress reduction techniques;
- Problem solving skill development;
- Psycho-educational services to improve decision making skills to manage behavior and reduce risk behaviors;
- Social skills development;
- Instruction in Activities of Daily Living;
- Behavioral Support Plan;
- Parent/guardian training and support for transition of the youth home;

The treatment program must be able to safely address complex needs and challenging behaviors including but not limited to: elopement, property destruction, physical/verbal aggression, self-injurious behaviors, tantrums, non-compliance to verbal/written directions, sexual behaviors, and trauma that has been a result of exposure to violence, neglect, poverty and abuse.

**Each Month**

- Comprehensive treatment and discharge plan meetings that include all members of the multidisciplinary treatment team will be convened to review, discuss and modify the treatment plan as needed;
- An IMDS assessment will be completed and updated;
- A Licensed Psychiatrist will meet with staff regarding medication issues;
- Residents will participate in a clinical session conducted by a Licensed Psychiatrist;
- At least 3 hours of on-site psycho-educational activities will be provided to the family;

**Two months prior to discharge:**

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

- More than two (2) meetings of the IRTS 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 identify the critical staff necessary to re-focus, rally, and support the youth and family through to discharge;
- Action steps that youth and family will take to build on successes and achievements that were accomplished during treatment;
- A Transitional Joint Care Review (TJCR) will be completed;

### **Typical Youth Experiences (Normalized Environment):**

While the IRTS program is very structured and is the most intensive supervised treatment setting funded by CSOC, it remains important that each youth is able to partake in normal age appropriate activities and that normal age appropriate activities are not needlessly restricted. This includes supporting frequent contact via phone and visitation with family or other supports.

### **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. Applicants must demonstrate, through the proposal narrative, budget-Annex B, and any necessary letters of affiliation that the standards outlined below will be met.

#### **A Board Certified Child Psychiatrist or Psychiatric APN in affiliation with a Board certified child psychiatrist will provide:**

- 2.50 clinical hours per week per youth; 75% of which must be face-to-face time with youth and/or families
- Psychiatric intake assessment and report (within the first week)
- Initial treatment and crisis plan (within the first 24 hours)
- Medication management meetings (monthly)
- Clinical visit with youth (monthly)
- Clinical visit with family (monthly)
- Attend treatment team meeting (monthly)
- 24/7 availability by contract
- All of the above must be provided in accordance with the DCF Psychotropic Medication Policy.

#### **Bachelors level case manager with 3-5 years of relevant experience or an unlicensed master's level practitioner with 1-year of related experience will provide:**

- 5 hours per week per youth
- Family orientation (within the first 24 hours)
- Review and signing of all required paperwork (within 24 hours)
- On-site family psycho educational activities consistent with the comprehensive treatment and discharge plan (monthly)
- Attend treatment team meetings (monthly)

#### **Clinician(s) licensed to practice in NJ or a Master's level practitioner who will obtain a NJ clinical license in two years or less and is practicing under the direct on-site supervision of a NJ licensed clinician as is deemed appropriate will provide:**

- 12 hours per week per youth
- Psychosocial assessment and report within the first week



- IMDS strengths and needs assessment (within the first 24 hours)
- Initial treatment and crisis plan development, documentation and consultation (within the first 24 hours of admission)
- Initial treatment and crisis plan debriefing with family and youth (within the first 24 hours of admission)
- Comprehensive treatment and discharge plan development, documentation and consultation (within the first week)
- Individual therapy appropriate to youth's ability (weekly)
- Group therapy appropriate to youth's ability (weekly)
- Family therapy with family of origin or natural supports (weekly)
- IMDS assessment review and update (monthly)
- Attend and direct treatment team meeting (monthly)
- Therapeutic rehabilitative supports and services combined with individualized behavioral supports.

**Nurse-health educator/Registered Nurse (RN) or a Licensed Practical Nurse (LPN) under the supervision of a RN who possesses a current New Jersey registered nursing license and one year direct care nursing experience with children. The responsibilities of the nurse health educator shall include, but need not be limited to, the following:**

- Assess the physical condition of the children in the program under the direction of the medical director or psychiatrist and integrate findings into the child's treatment plan
- Provide education and support to direct care staff on the administering of medications and possible side effects, under the direction of the medical director or other physician
- Implement the quality assurance program
- Provide injections of medication, as needed and directed by the medical director or other physician
- 16 hours per day per youth (30% must be provided by an RN).
- Nursing assessment and report (within the first 24 hours)
- Initial treatment and crisis plan consultation (within the first 24 hours and then weekly)
- Medication dispensing (daily)
- Attend debriefing on youth status (daily).
- Health/Hygiene/sex education (weekly)
- Medication education (monthly)
- Attend treatment team meetings (monthly)

**A full-time Service/Program Director dedicated exclusively to this program with a Clinically Based Master's degree and three (3) years post M.A. experience (at least one year of which shall be in a supervisory capacity) will:**

- 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

**Direct Care staff - Bachelor's level practitioner(s) with 3-5 years of experience providing direct care to youth in a behavioral health agency or institutional setting, will provide:**

- 91 hours per week per youth (represents multiple FTEs)
- Youth orientation (within the first 24 hours of admission)
- Milieu activities (daily)
- Community integration via focused recreational activities (weekly)
- Direct client supervision (daily)
- Attend treatment team meeting (monthly)

**Allied Therapies (including but not limited to: music, art, movement, yoga, pet therapy, creative therapeutic groups, art therapy, recreation, occupational, vocational, combination thereof) Professional(s) will provide:**

- 9 hours per week per youth
- Recreation/Leisure Assessment and report (within the first week)

### **Staff Training**

- Trauma Informed Care
- Positive Behavioral Supports
- Identifying developmental needs, strengths
- Crisis management
- 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
- Danielle's Law
- Basic First Aid and CPR
- HIPAA
- Confidentiality and Ethics
- Identifying and reporting child abuse and neglect; (Any incident that includes an allegation of child/abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10)

- Identifying and reporting abuse, neglect and exploitation of an individual with a developmental disability by a caregiver to the Central registry of Offenders Against Individuals with Developmental Disabilities pursuant to N.J. S.A. 30:6D-73 to 82

### **Student Educational Program Planning Requirements:**

- The respondent must describe how arrangements for or access to appropriate educational programs and services for both special education and general education students will be provided.
- The respondent must provide a plan for collegial and proactive coordination and collaboration with educational providers (for both classified and non-classified youth).

### **Student Educational Program Operational Requirements:**

Assessment of school performance is an essential component of treatment planning as is involvement with school personnel to monitor the ongoing impact of treatment and to facilitate constructive ways of working with the youth. The Department of Children and Families will not fund or provide onsite education programs and services for children/youth placed within an out-of-home treatment setting. Providers awarded the IRTS services must demonstrate that arrangements have been confirmed for the provision of appropriate educational programs and services for both special education and general education students. A Department of Education approved school must provide the educational program for students with disabilities. Educational programs must be provided for a minimum of four hours per day, five days per week.

Applicant organizations that operate a Department of Education (DOE) approved private school for students with disabilities may enroll special education students in their Approved Private School for the Disabled. However, in these circumstances, awardees would also demonstrate that arrangements have been made with the local public school district to enroll and serve general education students.

After award, Applicant organizations that do not operate a DOE approved school must demonstrate that a commitment has been received from the local public school district in which the facility is located to register, enroll, and educationally serve all general and special education students placed in the IRTS. The school district may charge the individual student's parental District of Residence for the cost of the educational program and services.

All applicants must commit to providing accurate documentation to the local school district to facilitate the educational process for students in their care. Upon registration of each student, applicants must provide the local school district with an Agency Identification Letter, a funding commitment letter from each student's parental District of Residence, and evidence of student immunization. When necessary, applicants shall provide interim transportation services to expedite school placement.

Genuine coordination and collaboration between the applicant organization and the educational provider is expected. All applicants must articulate:

- The strategies that will be employed to coordinate clinical treatment and behavioral management with educational planning and service delivery
- Daily before and after-school communication strategies with school staff
- 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 due to illness or suspension
- Adequate supervision to support home instruction when determined necessary in accordance with educational regulations
- The supervision and programming for students who do not have a summer school curriculum

**Outcome Evaluation:**

This RFP represents an outcomes approach for out-of home treatment services. The outcome evaluation includes setting outcomes, establishing indicators, and changing behavior to achieve desired results and outcomes.

DCSOC makes use of the IMDS tools, service authorizations, and satisfaction surveys, in measuring the achievement of system partners and achieving the primary system goals of keeping youth in home, in school, and out of trouble. Additional considerations and areas of measurement are 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. Respondents are expected to consider and articulate where necessary plans:

- Use of the IMDS tools to inform treatment planning;
- Use of the IMDS tools to measure relative achievement and continued need;
- Mechanisms for maintaining compliance with addendum to Administrative Order 2:05;
- Risk management mechanisms and structures such that incidents inform changes to policy, practice, and treatment;
- On-going satisfaction surveys to youth, families, and other system partners;
- Means for identification and communication of system needs and areas of excellence to local partners and DCSOC administration.
- To reduce the use of **seclusion and restraints**

**Quality Assurance and Performance Improvement (QA/PI) Activities:**

Data-driven performance and outcomes management is a central aspect of CSOC management of the system of care. The practice model is based on current best practices regarding out-of-home treatment for children and youth. In order to support sensitive and responsive management of these specialty services and to inform future practice, regulation, and “sizing”, respondents to this RFP are to give outcomes special consideration in their response. Respondents must articulate a robust quality assurance and performance improvement (QA/PI) plan that includes all members of the service: youth, families, and all levels of staff. QA/PI plans and data must be submitted upon request to CSOC. Respondents are to describe on-going QA/PI activities that reflect the capacity to make necessary course corrections in a planful and responsive fashion.

- Respondents must submit a QA/PI plan that:
- Measures the three foundation metrics of system of care approach: in school, out of trouble, and at home
- Demonstrates integration with overall organization/provider goals and monitoring activity
- Demonstrates a multi-disciplinary approach that engages staff at all levels and discipline in the activities of QA/PI
- Demonstrates compliance with addendum to AO 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”
  - Care management
- 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 DCSOC.
  - Providers may use a “root cause analysis” model or something akin in responding to critical incidents.

### **Youth Outcomes**

- < 15% will be readmitted to CCIS within 30 day following IRTS treatment.
- 80% of youth who complete the program will require less restrictive services at 3 and 6 month post discharge.
- 80% of all youth will have lengths of stay between 4 to 6 months.
- 90% of all youth will not incur new legal charges or violate existing charges while in treatment.
- 90% of all youth will be regularly attending their least restrictive educational option 95% of the time.
- 80% of all youth served will show improvement on identified strength and needs domains from the time of admission to discharge.
- 80% of all youth will demonstrate improved functioning (from the time of intake to time of discharge) as measured on independent, valid, and reliable measures.
- Life skills assessment (adaptive and positive behavior that enables youth to deal effectively with the demands and challenges of everyday life. Life skills represent the psycho-social skills that determine valued behavior and include reflective skills such as problem solving, critical thinking, and personal skills such as self-awareness, and interpersonal skills. Youth who are able to practice life skills have improvement in self-esteem, sociability and tolerance).
- 75% of all youth and families will demonstrate improved functioning (from time of intake to time of discharge) as measured on independent, valid, and reliable measures. Acceptable measures will be determined in collaboration with DCSOC.

### **Service Outcomes**

- Service will maintain compliance with all DCSOC 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.
- Service will collect “3-D” satisfaction surveys from youth, family members, and other providers for 75% percent of all youth served at two points during the service period.

- Service 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 DCSOC.

### **Specific Requirements for IRTS Providers**

NJ Medicaid Enrollment: Respondents must have the demonstrated ability, experience, and commitment to enroll in NJ Medicaid, and subsequently submit claims for reimbursement through NJ Medicaid and its established fiscal agent, Molina, within prescribed timelines.

Licensure: Respondents must provide evidence of, or demonstrated ability to meet, all NJ Department of Children and Families standards. The grantee must comply with DCF Office of Licensing requirements at N.J.A.C. 10:128 the Manual of Requirements for Children’s Group Homes. As additional requirements governing the operation of IRTS programs may still be a Proposed Amendment to N.J.A.C. 10:128 at the time of award, the awardee will be contractually required to follow the proposed regulations until the time of adoption.

No Eject/No Reject Policy: The grantee must comply with DCF No Eject/No Reject policies governing this service:

#### *Rejection:*

If the clinical supervisor or service supervisor/director wishes to challenge any referral’s appropriateness (which is made in strict adherence to the notes the provider has made in his/her Provider Information Form) they may do so by sending a letter or e-mail to the CSOC SRTU Manager. CSOC will review these challenges and make the final decision within 2 business days of receiving the letter or e-mail. This letter/email must be received within 3 business days of the initial referral. Admission will be put on hold until a decision is made only if the letter/e-mail is received within the defined time frame. The provider must accept the final decision of CSOC.

#### *Ejection:*

Under no circumstances may a provider terminate a youth who is enrolled from their service without first contacting and receiving written approval from CSOC. The facility must submit this request in writing with supporting documentation. CSOC will make the final determination about disposition for the youth. 14 day regulation of immediate discharge will not apply to this program if child is admitted to a psychiatric inpatient unit or a general medical floor unit). (Should an inpatient hospitalization to a CCIS or Intermediate Unit be necessary the IRTS must readmit the youth as soon as it is clinically possible).

*Eject/Reject Follow-up:*

Careful controls and monitoring regarding the number and type of disputes will be maintained by CSOC and may result in regulatory action within the contract year. Additionally, any eject/reject activities will be addressed at the time of contract renewal.

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 and the DCF Contracting Unit, 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):

Provider must have the 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.

The awardee will be required to utilize "Youth Link" the CSOC web-based out of home referral/bed tracking system process to manage admissions and discharge. Training will be provided for "Youth Link" and access requirements.

Organization/Agency Web Site: Publicly outlining the specific behavioral challenges exhibited by some of the children served by an agency may lead to confusion and misinformation. Without the appropriate context, the general public may wrongly assume that all children served are dealing with those challenges. Applicants must ensure that the content of their organization's web site protects the confidentiality of and avoids misinformation about the youth served. The web site should also provide visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.

ADA: Awardee must be in compliance and abide with the Americans with Disabilities Act (ADA) and the New Jersey Law Against Discrimination.



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.

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 funding up to an annualized amount of **\$16, 096, 500** for ten awards, subject to appropriation. Contracts may be renewed annually subject to appropriation and performance under the provisions of this RFP and the subsequent contract. Continuation funding is contingent upon the availability of funds in subsequent fiscal years.

The per diem rate per youth is \$882.00 and is reimbursed on a fee for service basis. Medicaid billing is the payment methodology for reimbursement. The per diem rate is all inclusive compensation and reimbursement for all services, activities, administrative and clinical to serve the youth. Reimbursement is based exclusively on occupancy. CSOC does not guarantee 100% occupancy.

Matching funds are not required.

Operational start-up costs of up to 4% of award are permitted. Start-up costs are not available for existing programs. Applicants must provide a justification and detailed summary of all expenses that must be met in order to begin program operations-see Budget Section.

Once the program is operational and to support a gradual ramp up of admissions to the program, additional funding above the 4% start-up indicated above for developing the services and personnel over the first 2 weeks will be available- see Budget Section.

Funds awarded under this program may be used to supplant existing funding.

Any expenses incurred prior to the effective date of the contract will not be reimbursed by DCF.

**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 required, 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 120 days of contract execution. Further, where appropriate, applicants must execute sub-contracts with partnering entities within 60 days of contract execution.
9. 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](http://www.dnb.com)
10. 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.

**F. RFP Schedule:**

<b>October 8, 2014</b>	<b>Notice of Availability of Funds/RFP publication</b>
<b>October 29, 2014 at 12:00 PM</b>	<b>Deadline for Email Questions sent to <a href="mailto:DCFASKRFP@dcf.state.nj.us">DCFASKRFP@dcf.state.nj.us</a></b>
<b>November 19, 2014 at 12:00 PM</b>	<b>Deadline for Receipt of Proposals by 12:00PM</b>

All proposals must be received by 12:00 PM on or before November 19, 2014. 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  
50 East State Street, 3rd floor  
Trenton, New Jersey 08625-0717

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  
50 East State Street, 3rd floor  
Trenton, New Jersey 08625-0717

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/](http://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 below. 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.

**3. Special Requirements**

The successful Applicant shall maintain all documentation related to products, transactions or services under this contract for a period of five years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

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. A copy is attached as **Exhibit A.**

Applicants must comply with laws relating to Anti- Discrimination as attached as **Exhibit B.**

## **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

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

no later than five (5) calendar days following receipt of the notification or by the deadline posted in this announcement.

## **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](mailto: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](http://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: A site visit *may* be conducted with the successful applicant before a contract is granted. The site visit will determine the applicant's capacity to maintain these standards.
- Current agency by-laws
- Copy of lease or mortgage (if applicable)
- Certificate of Incorporation
- Affirmative Action policy and certificate
- A copy of all applicable professional licenses
- Copy of the agency's annual report to the Secretary of State

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 30 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 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 described in the RFP.

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 and youth 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.

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 (50 Points)**

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



- A description of the services to be provided, including the specific goals and objectives of each;
- A description of the activities or methods that program personnel will employ to achieve the service objectives;
- A description of any service coordination, collaborative efforts or processes that will be used to provide the proposed services (attach any affiliation agreements or Memoranda of Understanding);
- Information on the accessibility of services, including the hours and days that services will be available to clients, and the geographic location(s) where services will be provided and a description of transportation options available to clients and handicapped accessibility;
- Client eligibility requirements, referral processes and client rejection/termination policies;
- A description of client data to be recorded, the intended use of that data and the means of maintaining confidentiality of client records; and
- Information on the level of service (LOS), including a definition of each unit of service and an indication of the level of service anticipated throughout the contract period.
- Describe a staff training model that includes all required training in accordance with Licensing regulations as well as all appropriate New Jersey System of Care trainings.
- 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 Appendices section of the application, an organizational chart for the proposed program operation; job descriptions that include all educational and experiential requirements; salary ranges; and resumes of any existing staff who will perform the proposed services.
  - Identify the agency administrator for this IRTS program 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 and their qualifications, include a consultant agreement if applicable

- Provider contracts if graduate students will be involved in the provision of care
  - Describe the management and supervision methods that will be utilized.
- Demonstrate that youth will have a stable, familiar and nurturing experience through staffing patterns, the management of youth cohorts, facility design and utilization, 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”.
- 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, and creativity of treatment teams; Describe the mechanisms for managing and treating aggressive and self-injurious behavior; Agencies are encouraged to provide a clear plan of action that will reduce its (the agency's) utilization of restraints and seclusion (verbal de-escalation, eliminate the use of a point system, increase family involvement and youth voice, etc.). A viable plan must identify an evidence based clinical model.
- Demonstrate experience with, understanding of, and integration of issues of trauma in youth and how it will be integrated it into the treatment plan.
- Describe policy or procedures regarding the use of the IMDS tools and any additional outcome measures Community-based activities.
- Include table of contents for curricula or a 2 page summary for curricula for psycho-educational groups, including those focused on wellness and recovery.
- Identify and describe the geographic location(s) of the services.

- Applicant agrees by submitting this proposal to comply with CSOC Policy #4 – Referral for OOH Treatment Policy. With this policy in mind, describe client eligibility requirements, referral processes.
- Provide a feasible timeline for implementing the proposed services. Attach a separate Program Implementation Schedule as part of the Appendix.
- 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
  - Secure licensing from OOL for staff and site
  - Recruit all necessary staff
  - Train all staff
  - Complete Medicaid application
  - Complete Provider Information File and meet with the CSA
  - Meet with Local Education Authority officials to ensure coordinated care for youth

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.).

The New Jersey Department of Children and Families endorsed Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child Standards in August 2013 (The "Standards"). The Standards are a preventative tool for implementing policies and procedures for organizations working with youth and children and through their implementation, an organization can minimize the risks of the occurrence of child sexual abuse.

The Standards are available at:

<http://www.state.nj.us/dcf/SafeChildStandards.pdf>

As an Appendix, provide a brief (no more than 2 pages double spaced) Standards Description demonstrating ways in which your agency's operations mirror the Standards.

Program Planning Requirements for Student Education

- Describe arrangements for or access to appropriate educational programs and services for both special education and general education students
- Describe plans for coordination/collaboration with educational 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

**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 narrative must be part of the 30 page proposal. The Budget forms are to be attached as an Appendix.

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 \$882.00 per diem per youth in funds provided under this grant. The facility must also assure an installed full house capacity **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 startup funds.

The completed budget proposal must also include a detailed summary of and justification for any one-time operational startup costs. It is not a preferred practice of CSOC to offer or provide startup 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.

### Start Up Costs

Thus, CSOC would be amenable to modest participation in “facility renovations” costs and will permit reasonable start-up under the following conditions and for newly developed programs (start-up funds are not allowed for existing providers of IRTS program).

- The need must be fully presented and explained
- Costs may not exceed 4% of the award
- Costs must be reflected on a separate schedule
- All start-up costs are subject to contract negotiations
- Startup cost funds will be released upon execution of finalized contract and are paid via Schedule of Estimated Claims (SEC). Startup costs must be delineated on a separate column in the proposed Annex B Budget and be described in the Budget Narrative, attached as an Appendix.

### Ramp Up Costs

Once the program is operational and to support a gradual ramp up of admissions to the program, additional funding above the 4% start-up indicated above for developing the services and personnel over the first 2 weeks will be available for a maximum funding level of up to \$30, 870\* as

follows. Please note that this ramp up plan must be detailed in the Budget Narrative of proposal and attached as a separate Appendix.

- Week 1: To support up to 3 unoccupied beds, an additional \$18, 522 will be provided (3 x 7 x \$882 per diem rate)
- Week 2: To support up to 2 unoccupied beds, an additional \$12, 348 will be provided (2 x 7 x \$882 per diem rate)

\*As an example, if the program is only able to admit 3 youth for the first month, the maximum funding for this operational ramp up cannot exceed \$30,870. The schedule above highlights an ideal ramp up plan given availability of youth eligible for program and acknowledges the difficulties of ramping up a new program to full capacity in a planful way.

*Ramp-up costs must be documented in accordance with initial plan and are contingent upon actual admissions that take place the first two weeks of program implementation as verified through 1st quarter level of service reporting and Cyber census data. Ramp up is billed separately via Children's System of Care and does not increase total contract reimbursable ceiling.*

The grantee is expected to 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 and accuracy of all supporting documentation.

## **6) Response to Vignettes (5 points)**

Responses shall 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 2 page limitation for each response to vignette portion of the grant application. Agencies may receive up to five (5) points for vignette responses. All responses shall be submitted with RFP proposal as an Appendix, listed in the Appendices of Supporting Documents (page 39).

Vignette 1:

Please construct a response to Vignette 1 found in the Attachment in a way that demonstrates your proposed service capability. At a minimum, describe your response to the referral; information gathering; communication; planning for the admission; the admission process; assessment and service planning; treatment; psychotherapeutic model(s); therapeutic relationship; communication therapy style; family/systemic therapies; challenges you anticipate; strategies; goals; outcomes; assessing the effectiveness of therapy; and all other relevant aspects of the care and treatment you would provide to maximize the youth's ability to be successfully returned home or to a lower level of care in the community.

Vignette 2:

Please construct a response to Vignette 2 found in the Attachment in a way that demonstrates your agency's capability to respond to a youth in crisis. Respond specifically to the youth's presenting behaviors including the identification of potential triggers; strategies for engaging with youth; development of the therapeutic relationship; mechanisms for managing and treating aggressive behaviors; implementation of an intervention model that utilizes a trauma informed approach; and outcomes for the presented scenario including the methods and strategies for processing the crisis.

## **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
  - e. Completeness of the Application
  - f. Responses to Vignettes

## Part II: Appendices

1. Job descriptions of key personnel that include all educational and experiential requirements, salary ranges, of any existing staff who will perform the proposed services.
2. Proposed agency organizational charts
3. Staffing patterns
4. Current/dated list of agency Board of Directors/Terms of Office
5. Statement of Assurances\*
6. Certification regarding Debarment\*
7. DCF Annex B Budget Forms\*
8. Chapter 51 Certification Regarding Political Contributions\*\* (Required by for profit entities)
9. Source Disclosure Certification\*\*
10. Ownership Disclosure-Certification and Disclosure Forms  
Note: non-profit entities are required to file the Certification-Disclosure of Investigations starting at Page 3 through 5\*\*
11. Copy of IRS Determination Letter regarding applicant's charitable contribution or non-profit status (if appropriate)
12. Copies of all applicable licenses/organization's licensure status (if appropriate)
13. 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>
14. Copies of any audits or reviews completed or in process by DCF or other State entities from 2013 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
15. Applicable Consulting Contracts, Affiliation Agreements/Memoranda of Understanding, Letters of Commitment and other supporting documents.
16. Current Form 990 for non-profits
17. Current Single Audit Report for non-profits/ Current Audited Financial Statements for for-profit entities
18. Proposed Program Implementation Schedule (Signed Standard Language Document
19. Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)
20. Three letters of support/affiliation from community based organizations for this proposal
21. Table of Contents for curricula or a 2 page summary of curricula for psycho-educational groups, including those focused on wellness and recovery
22. Letters of Affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care



23. Attach copies of any evaluation tools that will be used to determine the effectiveness of the program services
24. Explicit No Eject/No Reject policy for all youth approved for admission by CSOC
25. Response to Vignette 1 and 2 (see attachment)

\* Standard forms for RFP's are available at:

[www.nj.gov/dcf/providers/notices/](http://www.nj.gov/dcf/providers/notices/) Forms for RFP's are directly under the Notices section.

Standard DCF Annex B (budget) forms are available at:

<http://www.state.nj.us/dcf/providers/contracting/forms/>

\*\* Treasury required forms are available on the Department of the Treasury website at

<http://www.state.nj.us/treasury/purchase/forms.shtml>

Click on Vendor Information and then on Forms.

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](http://www.nj.gov/dcf/providers/contracting/manuals)

## C. Requests for Information and Clarification

### Question and Answer:

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Answers will be posted on the website at: <http://www.state.nj.us/dcf/providers/notices/>

Questions must be submitted in writing via email to: [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us).

All inquiries submitted to this email address must identify, in the Subject heading, the specific RFP for which the question/clarification is being sought.

Written questions must be directly tied to the RFP. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP. Each question should begin by referencing the RFP page number and section number to which it relates.

All other types of inquiries will not be accepted. **Applicants may not contact the Department directly, in person, or by telephone, concerning this RFP.** Inquiries should only be addressed for technical support through [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us). Inquiries will not be accepted after the closing date of the Question and Answer Period. Written inquiries will be answered and posted on the DCF website as a written addendum to the RFP.

## **ATTACHMENT 1 (IRTS 14-17 YEARS)**

### **Vignette: Iris**

Iris is a 16 year old youth who is currently being treated on a CCIS unit. This is her twelfth admission to an inpatient psychiatric unit. She was admitted following a suicide attempt by overdosing on pills. This is her third psychiatric admission in the past six months for depression, suicidal attempts, cutting and combative behavior. In the most recent incident prior to this admission, Iris attempted to commit suicide by setting her blanket on fire in her room in hopes of getting sleepy from smoke inhalation. She became combative with the police and while in the emergency department required four point restraints and STAT psychotropic medications. She injured one police officer and two hospital staff during this aggressive episode. Iris has been prescribed various types of anti-depressants. She is currently being treated with Abilify.

Iris's first psychiatric hospitalization occurred when she was 11 years old. She has been under the care of DCPD since the age of 10 years and has had a total of 29 placements in foster homes and residential facilities. Iris has no biological familial supports in the community and while she can make friends with her peers she has a great deal of difficulty sustaining a meaningful relationship. She tends to challenge authority figures and has physically assaulted residential program staff when she feels she has been treated unfairly. She has also been known to attack visibly pregnant female staff at two different residential programs. It is notable to mention, Iris has never been physically violent toward her peers and has often been noted to try to verbally intervene for her peers when she feels staff is being unfair or another child is being bullied on the unit.

Iris's mother is deceased and had a history of poly-substance abuse. Iris was born addicted to cocaine and has had a history of erratic behavior which has progressively worsened with the onset of puberty. Her biological father is unknown while her maternal grandfather is currently incarcerated for sexually abusing her. Iris has a history of running away from placements and supports herself on the street through prostitution.

Iris enjoys socializing with her peers, playing X-Box, listening to music, journaling and participating in art therapy. She states her three wishes are: (1) To be on her own when she turns 18 years old so no one can tell her what to do, (2) To have a baby so she can have somebody truly love her and (3) to have her own apartment.

She is currently diagnosed with Mood Disorder NOS, and Post Traumatic Stress Disorder. She was also diagnosed with chlamydia and trichomoniasis. She is always agreeable to taking her medication for her sexually transmitted diseases but is inconsistent in taking her psychotropic medication stating she feels fine and doesn't need it. The inpatient unit is referring Iris for IRTS level of care. They report that she is stabilized but requires line of sight supervision. She has been on the unit for 38 days.

## **ATTACHMENT 2 (IRTS 11-13 YEARS)**

### **Vignette: Adam**

Adam is an 11 year old male diagnosed with Bipolar Disorder. He was admitted for visual hallucinations, paranoid ideations and aggressive behavior toward himself, family, peers and school staff. He admitted to his school psychologist that he didn't always take the pills his mother and father gave him and for the past two weeks he had been seeing blood come out of the walls and felt he was being followed by a zombie. This led to him becoming aggressive toward himself and with others as he was having increasing difficulty distinguishing reality from fantasy. Upon admission he presented with pressured speech and racing thoughts. He was easily distractible and hyperactive.

Adam is sitting at a table working on a writing project during a psycho-educational activity. The counselor notices that Adam is writing frantically on his paper, tapping his foot at a rapid pace, and nodding his head repeatedly. The counselor observes that Adam's behaviors are becoming increasingly intensified. The counselor then prompts Adam to engage by noting his pattern of behaviors. Upon prompting, Adam stands up out of his chair, begins to scream, and repeatedly stabs himself on the arm with his pencil.

**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.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically available at [www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance)).

The contractor and its subcontractors shall furnish such reports or other documents to the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

**EXHIBIT B**

TITLE 10. CIVIL RIGHTS  
CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS

*N.J. Stat. § 10:2-1 (2012)*

§ 10:2-1. Antidiscrimination provisions

Antidiscrimination provisions. Every contract for or on behalf of the State or any county or municipality or other political subdivision of the State, or any agency of or authority created by any of the foregoing, for the construction, alteration or repair of any public building or public work or for the acquisition of materials, equipment, supplies or services shall contain provisions by which the contractor agrees that:

a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;

b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;

c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and

d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L.1985, c.490 (*C.18A:18A-51 et seq.*).