



REQUEST FOR PROPOSALS

FOR

Regional Diagnostic Treatment Center Services

to support the (3) following regions:

(1) Southern Ocean, Atlantic: up to \$900,000; (2) Cumberland, Gloucester, Salem, and Cape May: up to \$1,200,000; and, (3) Morris, Sussex, Warren and Hunterdon: up to \$900,000

Each applicant may apply for one, two or all three regions. Separate bids shall be required for each region.

Mandatory Bidders Conference: March 27, 2015

Time: 10:00 AM

**Place: The Professional Center at DCF
30 Van Dyke Avenue, New Brunswick, NJ 08901**

Bids are due: May 22, 2015 at 12:00 PM

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

Commissioner

March 6, 2015

TABLE OF CONTENTS

Section I - General Information

A. Purpose	1
B. Background	2
C. Services to be Funded	6
D. Funding Information	14
E. Applicant Eligibility Requirements	14
F. RFP Schedule	15
G. Administration	16
H. Appeals	19
I. Post Award Review	19
J. Post Award Requirements	19

Section II - Application Instructions

A. Review Criteria	20
B. Supporting Documents	27
C. Requests for Information and Clarification	29

Exhibit A

Exhibit B

Funding Agency

State of New Jersey
Department of Children and Families (DCF)
50 East State Street,
Trenton, New Jersey 08625

Special Notice: *Potential Bidders must attend a mandatory Bidder's Conference on March 27, 2015 at 10:00 AM at The DCF Professional Center, 30 Van Dyke Avenue, New Brunswick, NJ 08901. Questions will be accepted in advance of the Bidder's Conference by providing them via email to DCFASKRFP@dcf.state.nj.us.*

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families' (DCF) announces the availability of up to \$3,000,000 in funding for the purpose of developing additional Regional Diagnostic Treatment Centers to serve Child Protection and Permanency (CP&P) involved children and families in the following counties:

Region 1: Southern Ocean, Atlantic

Region 2: Cumberland, Gloucester, Salem, and Cape May

Region 3: Morris, Sussex, Warren and Hunterdon

Each applicant may apply for one, two or all three regions. Separate bids shall be required for each region.

The additional RDTC capacity will:

- Ensure the availability of highly specialized medical and mental health diagnostic and treatment services for child abuse and neglect victims;
- Provide a coordinated interdisciplinary approach to the assessment and treatment of child abuse and neglect;
- Assist the Division of Child Protection and Permanency (CP&P) and law enforcement agencies to ensure that child victims receive appropriate and timely diagnostic and treatment services;
- Serve as a diagnostic and treatment resource for the region being served;
- Assist in the development of additional resources within that region;
- Provide training and consultation to physicians and other professionals who are involved in the identification, investigation and treatment of child abuse and neglect;
- Provide emergency telephone consultation 24-hours-a-day to physicians, hospitals, law enforcement agencies, and CP&P; and,

- Serve as a resource to county-based multidisciplinary teams (MDTs), which work in conjunction with the county prosecutor and CP&P in the investigation of child abuse and neglect.

B. Background

In July 2006, the Department of Children and Families (DCF) was established as New Jersey's first Cabinet-level department dedicated to serving and safeguarding the State's most vulnerable children and families. The Department has a mission to work in partnership with New Jersey's communities to ensure the safety, well-being, and success of New Jersey's children and families. DCF has four major operating Divisions: The Division of Child Protection and Permanency (CP&P); The Division of Children's System of Care (CSOC); The Division of Family and Community Partnerships (FCP); and the New Jersey Division on Women (DOW). Information on the role and responsibilities of each Division can be found on DCF's website at: <http://www.state.nj.us/dcf/>.

DCF's Division of Child Protection and Permanency (CP&P) is charged with the responsibility of investigating allegations of child abuse and neglect. In 2013, 12.7% or 11,972 children out of 94,486 children reported with cases of suspected abuse and/or neglect were found to be child victims with an established or substantiated finding of abuse or neglect.¹ Given the complexity of many of these child abuse and neglect cases, CP&P regularly relies upon expert consultants from within various fields, including child abuse pediatrics, psychiatry and psychology, to inform and guide decision making during investigations as well as during ongoing case planning. In FY 2012, more than 3% of children with any child protective services allegation and nearly 37% of children with sexual abuse allegations were seen at one of the existing RDTCs during the CP&P investigation.

The State's existing RDTC's each employ specially trained pediatricians and mental health professionals who provide critical forensic work in support of child abuse and neglect investigations by CP&P, IAIU, and law enforcement. The State of New Jersey passed legislation establishing RDTCs in 1998. The legislation, amended in 2006, grants the Commissioner of DCF the authority to establish:

...regional diagnostic and treatment centers for child abuse and neglect affiliated with medical teaching institutions in the State that meet the standards adopted by the commissioner, in consultation with the New Jersey Task Force on Child Abuse and Neglect. The regional

¹ NJ DCF Child Protection and Permanency Abuse and Neglect Findings Report for CY 2013: http://nj.gov/dcf/childdata/continuous/2013_AnnualAbuseNeglectReport.pdf. Additional data can be found on the DCF website at: <http://nj.gov/dcf/childdata/continuous/>.

centers shall be located in the northern, north central, south central and southern regions of the State. Each center shall have experience in addressing the medical and mental health diagnostic and treatment needs of abused and neglected children in the region in which it is located.

DCF currently contracts with four Centers to carry out this work, plus two satellite sites that provide additional capacity. To ensure greater accessibility and availability of these services to all child victims and their families, this RFP seeks to establish additional capacity to better serve three geographic regions:

- Region 1: Southern Ocean, Atlantic
- Region 2: Cumberland, Gloucester, Salem, and Cape May
- Region 3: Morris, Sussex, Warren and Hunterdon

DCF seeks to improve accessibility and availability of trauma informed diagnostic and treatment services to children and families living in these counties by making funds available that will enable services to be positioned and located in such a way that is sensitive to distance and driving times involved for clients.

The chart on page four includes the current contracted providers and coverage areas, as well as what DCF anticipates will be the future areas served by the existing providers once new capacity is established through the RFP process.

RDTC²	Current Areas Served	Future Areas to be Served	Funding Available
Audrey Hepburn Children's House (Hackensack University Medical Center)	Bergen, Hudson, Morris, Passaic, Sussex, Warren	Bergen, Hudson, Passaic	
St. Joseph's Children's Hospital (Paterson)	Passaic	Passaic	
New RDTC Region 3		Morris, Sussex, Warren, Hunterdon	\$900,000
Metropolitan (Children's Hospital of New Jersey at Newark Beth Israel Medical Center)	Essex	Essex	
Dorothy B. Hersh Child Protection Center (The Children's Hospital at St. Peter's University Hospital)	Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset, Union	Mercer, Middlesex, Monmouth, Northern Ocean, Somerset, Union	
Jersey Shore University Medical Center	Monmouth, Ocean	Monmouth, Ocean	
CARES Institute (School of Osteopathic Medicine at Rowan University-Stratford)	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem Counties	Burlington, Camden	
New RDTC Region 2		Atlantic, Southern Ocean	\$900,000
New RDTC Region 1		Cumberland, Gloucester, Salem, Cape May	\$1,200,000

With a growing body of knowledge and understanding about diagnostic approaches and treatment of child victims, there have been a number of changes since the RDTCs were first established more than 15 years ago. The field of child abuse and neglect pediatrics has evolved, and in 2006, child abuse and neglect pediatrics was recognized as a sub specialty. More than 26 fellowship programs in child abuse pediatrics are recognized by the Accreditation Council of Graduate Medical Education, and they allow trainees to develop expertise in determining non-accidental trauma and other forms of maltreatment by developing excellent diagnostic expertise and knowledge of various disorders which may mimic child maltreatment. The first cohort of these subspecialists, 191 child abuse pediatricians, was certified in 2009.

² St. Joseph's Children's Hospital and Jersey Shore University Medical Center serve as RDTC satellite Sites and offer a range of RDTC services to support CP&P and children and families living in the areas listed. Audrey Hepburn Children's House; Metropolitan; Dorothy B. Hersh; and CARES comprise the four RDTC's described in the legislation.

Over the same period of time, a growing body of literature, including the landmark Adverse Childhood Experience (ACE) study, has emerged demonstrating that traumatic childhood events such as child abuse and neglect can have a significant long term impact on one's health and wellbeing throughout the lifespan³. This body of research has received increasing acknowledgement for the implications and possibilities it holds for screening, assessment and treatment of children exposed to traumatic events by practitioners across professional disciplines including pediatric medicine.²

Practice within the child welfare arena itself has also changed. States and jurisdictions are increasingly focused on the safe reduction of the number of children in foster care through both prevention of placement and improved permanency outcomes, recognizing that children who enter and remain in foster care may be at higher risk for poor outcomes and may experience system-induced trauma³, especially if not provided with appropriate services and supports while in care.^{4,5,6,7} States like New Jersey have invested in child abuse and neglect prevention strategies and in child welfare reform efforts which have developed the capacity of frontline child welfare staff to engage and team with families about their strengths and needs and encourage the leveraging of community supports and utilization of evidence supported interventions.

More specifically, DCF has taken steps to strengthen our use of expert evaluation, given the frequency with which DCF relies up on them and the important role they can play in decision making about child safety, permanency and family well-being. In November 2012, DCF issued Guidelines for Expert Evaluations in Child Abuse/Neglect Proceedings (Mental Health). The guidelines are intended to improve the quality of expert forensic evaluations provided for CP&P and the courts, as well as the ability of stakeholders involved in child welfare proceedings and child

³ Anda, R.F., Fleisher, V.I., Felitti, V.J., Edwards, V.J., Whitfield, C.L., Dube, S.R., and Williamson, D.F. (2004). Childhood abuse, household dysfunction, an indicators of impaired adult worker performance. *The Permanente Journal*, 8(1):30.

² Shonkoff, J.P. and Garner, A.S. and the Committee on Psychosocial Aspects of child and Family Health, Committee on Early Childhood Adoption, and Dependent Care, and Section on Developmental and Behavioral Health Pediatrics. Pediatrics. Technical Report: The Lifelong Effects of Early Childhood Adversity and Toxic Stress. American Academy of Pediatrics. December 26, 2011.

³ National Child Traumatic Stress Network. (2008). Child Welfare Trauma Training Toolkit: Trauma Types. http://www.nctsn.org/nctsn_assets/pdfs/CWT3_SHO_Definitions.pdf

⁴ Pecora, P.J., Kessler, R.C., O'Brien, K., White, C.R., Williams, J., Hiripi, E., English, D., White, J., & Herrick, M.A. (2006). Educational and employment outcomes of adults formerly placed in foster care: Results from the Northwest Foster Care Alumni Study. *Child and Youth Services Review*, 28, 1459-1481.

⁵ Courtney, M.E., Dworsky, A., Cusick, G.R., Havlicek, J., Perez, A., & Keller, T. (2007). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21. Chicago, IL: University of Chicago, Chapin Hall Center for Children.

⁶ Park, J.M., Metraux, S. & Culhane, D.P. (2005). Childhood out-of-home placement and dynamic of public shelter utilization among youth homeless adults. *Children and Youth Services Review*, 27(5), 533-546.

⁷ Ryan, J. & Testa, M. (2004). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. Champaign-Urbana, IL: University of Illinois at Urbana-Champaign School of Social Work, Children and Family Research Center.

protective service matters to make better use of them. They can be found at <http://www.state.nj.us/dcf/providers/contracting/childhealth/>.

DCF is also investing in a statewide Coordination Center for Child Abuse and Neglect Forensic Evaluation. The Coordination Center will partner with DCF and our providers to facilitate communities of excellence, promote the sharing of best practices, monitor performance and outcomes, and establish a process for continuous quality improvement to ensure that DCF's significant investment in forensic evaluation and in our RDTC's meets the needs of our staff, children, families, and State and local partners, and also to ensure that DCF supports the providers who perform this work.

As DCF continues its efforts to improve the quality and utilization of expert evaluations, we also recognize a need to ensure that all children with suspected abuse or neglect are examined and treated in a trauma informed setting with the experience and expertise to support children and families. Access to medical and mental health professionals who specialize in child abuse and neglect is essential to our work and assists in helping:

- A child victim receive appropriate follow up care and treatment;
- The child welfare agency in developing a plan to ensure the child is protected and that no further maltreatment takes place;
- Law enforcement with prosecution; and,
- The courts with expert guidance for decision-making.

C. Services to Be Funded:

The core services to be provided by the new RDTC capacity include: expert evaluations; treatment services; case consultation; court testimony; and technical assistance and training. These are each outlined below.

The successful applicant shall ensure the delivery of all services is grounded in the Department's Core Values and Case Practice Model. DCF is committed to expanding the use of evidence-supported, trauma-informed practices into our service array. Thus, the successful proposal will identify specific programs, which are evidence-supported and trauma-informed, to be implemented as part of the array of services provided by the RDTC and any community partners the applicant proposes to partner with.

EXPERT EVALUATIONS

RDTC's receive referrals from CP&P, IAIU and the county prosecutor's office and assist with investigations of child abuse or neglect by providing timely comprehensive medical and mental health evaluations or record reviews of children with suspected physical abuse, sexual abuse, and/or neglect. The purpose of these evaluations is to ensure accurate diagnosis of any signs and symptoms of child abuse and neglect, ensure appropriate handling of forensic evidence, minimize the risk of secondary trauma to the child through examination itself, and maximize access to timely and appropriate treatment.

Medical evaluation for sexual abuse: Comprised of a medical history and comprehensive physical examination, including photographic documentation, laboratory studies, and evidence collection for the purpose of diagnosing and treating the suspected abuse. Additional components shall include collection of lab samples for sexually transmitted diseases when appropriate, collection of forensic evidence, use of colposcopy, and interviews with the child, non-offending parent, and/or other members of the child protection team to obtain relevant information and medical history as clinically or forensically appropriate.

Medical evaluation for physical abuse: Comprised of a medical history and comprehensive physical examination that can include photographic documentation, laboratory studies, imaging studies, and collection of evidence to ascertain whether the injury was accidental, inflicted, or as a result of situational neglect. Additional components shall include interviews with the child, non-offending parent and others as appropriate and other members of the child protective team as clinically or forensically appropriate.

Medical evaluation for neglect: Comprised of a comprehensive head to toe physical examination with special attention to growth parameters, as well as a full review of all available medical records to provide the examining physician with baseline information. Additional components shall include interviews with the child, non-offending parent and others as appropriate and other members of the child protective team as clinically or forensically appropriate.

Psychological Evaluations: During an investigation, psychological evaluations may be needed to assist CP&P and the Courts in assessing whether abuse and/or neglect occurred. These situations most often include allegations of sexual abuse and emotional abuse/neglect. An evaluation during the initial involvement with a child may assist CP&P in determining the impact of an event on a child's psychological functioning. These specialized evaluations are meant to assist in clarifying or

gathering additional information for investigative and are not required in every case. Please see DCF's Guidelines for Expert Evaluations Child Abuse/Neglect Proceedings (Mental Health) at <http://www.state.nj.us/dcf/providers/contracting/childhealth/>.

Reports and Timeframes:

It is crucial that children referred to the RDTCs are seen as quickly as possible and that reports are provided to CP&P within the specified timeframes. Per CP&P policy and New Jersey Administrative Code, CP&P must make a determination of investigation findings for each CPS report received within 60 calendar days of SCR assigning the intake to the Local Office for response. The policy can be found at: http://www.state.nj.us/dcf/policy_manuals/CP-II-C-6-200_issuance.shtml.

Exams and record reviews should generally be scheduled within five business days, or earlier as indicated. The evaluating physician is expected to provide CP&P and caregivers (as appropriate) with information that identifies any immediate medical needs along with any treatment recommendations for the child/adolescent on the day of the evaluation. CP&P will provide background information on the allegation/incident(s) along with available medical and other records. Final reports shall be issued within 10 business days unless key information has not been received and is needed to complete the report.

The provider may need to provide a preliminary written report upon request from CP&P if needed to assist in a court proceeding or to assist in making a decision concerning a child's placement. Preliminary reports would provide an evaluative assessment ("to date") and indicate what outstanding information is required to further inform the final report.

Reports should include a determination of whether the allegation(s) are clinically supported and any clinically appropriate treatment recommendations.

Applicants should describe how their approach to conducting abuse and neglect examinations aligns with best practice standards for evaluating children with suspected abuse and/or neglect and shall be specific in their applications about which best practice standards and/or professional guidelines they are grounded in.

MENTAL HEALTH TREATMENT SERVICES

Applicants must demonstrate capacity to assess the needs of children and youth who have been victims of abuse and neglect and deliver treatment services to a subset of child and adolescent victims. Applicants may partner with an appropriate community provider(s) to assist with delivering these services. Therapeutic interventions should address the symptoms of posttraumatic stress disorder (PTSD), depression, behavioral problems, and other presenting emotional difficulties for children and adolescents who have suffered sexual abuse, physical abuse, traumatic loss, other traumatic experiences.

Treatment provided directly by the RDTC or through community partnerships should be specific and evidence-supported. Applicants are expected to cite how the therapeutic intervention(s) selected are evidence-supported and include how the therapeutic intervention is rated by the California Evidence Based Clearinghouse which ranks interventions on a scale of 1 to 5 based on the strength of the research evidence supporting a program⁴. Applicants should detail why they are selecting a particular treatment modality(ies). Examples of potential treatment modalities include but are not limited to Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Parent Child Interaction Therapy (PCIT), and Combined Parent Child Cognitive Behavioral Therapy (CPC-CBT). DCF understands that in some areas of the State, there may be limited existing capacity to deliver these and other evidence based treatment services, and clinical and implementation capacity may need to be developed. Applicants may submit a detailed plan, including timeframes, for developing and implementing evidence based treatment services within a geographic region with identified partners. Where a certification process has been established or is recognized, applicants should include the plan to meet certification requirements for the intervention(s) selected within their detailed plan.

Involvement of the non-offending parent or caregiver is typically clinically appropriate and often essential to support the treatment goals for the child/youth. And at times, given the circumstance, the participation of the offending parent or caregiver may be warranted. The applicant should describe anticipated barriers and strategies for addressing barriers around parental/caregiver involvement.

⁴If the applicant's proposed approach to treatment(s) is not listed on the California Clearinghouse, applicants can instead describe or provide a reference of how the treatment service(s) meets one of the following criteria: (1) strong evidence from at least one systematic review of multiple well-designed randomized trials; (2) strong evidence from at least one properly designed randomized controlled trial of appropriate size; (3) Evidence from well-designed trials such as non-randomized, cohort studies, time series or matched case-controlled studies; (4) evidence from well-designed non-experimental studies from one or more centers or research groups; (5) opinions of respected authorities, based on clinical evidence, descriptive studies or reports of expert committees.

Through this RFP, DCF is seeking to mitigate challenges children and families experience with accessing services due to driving times, distance and/or transportation issues as well as hours and days treatment services are available. Applicants must address how they will seek to minimize barriers to therapeutic treatment for families.

For children and families requiring mental health assessment and/or treatment outside the scope of the RDTC, the RDTC should have in place appropriate staff to partner with CP&P and caregivers to assist with identifying and accessing these clinical or other resources.

CASE CONSULTATION

In-hospital consultation: The RDTC physician shall provide an in-hospital consultation for children in hospitals in the catchment area as requested by CP&P or as medically necessary to generate an expert opinion to support allegations of abuse/neglect or the absence thereof.

Consultation by Telephone: The RDTC shall demonstrate capacity to provide professional case consultation to community medical professionals, CP&P staff, and law enforcement. The purpose is to assist with clarifying medical issues related to an abuse/neglect investigation and to assist in determining further action.

Record Reviews: The RDTC will conduct an expert review of a child's record including previous medical records, investigative summaries, imaging studies, and other available tests when CP&P needs a medical opinion related to an incident under investigation, during case planning, and where it is not necessary or possible to obtain a new physical examination.

COURT TESTIMONY

The Center staff shall be required to testify in both Civil and Criminal Court at the request of the respective legal counsel representing CP&P, the county prosecutor, the office of the Law Guardian, and counsel requesting expert testimony.

TECHNICAL ASSISTANCE AND TRAINING

The RDTC will provide technical assistance and training forums for medical, CP&P, and law enforcement staff on various topics including medical indicators of child abuse and neglect.

Per the legislation, the RDTCs are also expected to be “a source for research and training for additional medical and mental health personnel dedicated to the identification and treatment of child abuse and neglect.”

TARGET POPULATION

The RDTC must accept referrals for any child ages 0-17 with suspected physical abuse, sexual abuse, and/or neglect. Young adults involved with CP&P may also be referred on a case-by-case basis.

Referrals will primarily come from CP&P, IAIU and law enforcement agencies investigating child abuse and neglect. The RDTC may accept referrals from other community sources including schools and child care facilities, medical and mental health professionals, and concerned individuals. If the RDTC receives referrals from a community source or concerned individual, the RDTC must notify the appropriate agencies responsible for investigating alleged incidents of child abuse or neglect of the referral.

Referral criteria for CP&P staff in cases of child physical or sexual abuse or neglect can be found in DCF policy at http://www.state.nj.us/dcf/policy_manuals/CP-II-C-2-625_issuance.shtml.

When submitting a referral, CP&P will provide appropriate background information on the alleged incident, child, and family, including available medical records for the child.

STAFFING

The applicant should utilize a multidisciplinary team to provide the core components outlined above in the spirit of what is outlined in the legislation, “each center shall demonstrate a multidisciplinary approach to identifying and responding to child abuse and neglect. The center staff shall include, at a minimum, a pediatrician, a consulting psychiatrist, a psychologist and a social worker who are trained to evaluate and treat children who have been abused and their families...At least one member of the staff shall also have an appropriate professional credential or significant training and experience in the identification and treatment of substance abuse.”

Applicants should use their experience and expertise as well as available literature to develop a staffing pattern that will best meet the goals and objectives of this model. Specifically, the proposal must identify that staff have the credentials and/or competency to perform the core services. Professional staff must not provide services outside of their scope of practice. Applicants must describe plans for clinical supervision.

The proposal must also identify any additional specialists or subspecialists that will be available to serve as consultants to the RDTC clinical team.

Services must be delivered in a culturally competent fashion and must take into account the needs of the communities being served.

LOCATION AND ACCESSIBILITY

Applicants must demonstrate that they have or will be able to secure safe and child friendly space to serve the area(s) the applicant is proposing to serve. The location(s) must be identified at the time of the bid. Documentation including a lease or option to lease space, an option to purchase an existing property or existing space should be attached as an appendix.

The Applicant must provide a description of the neighborhood(s) and building(s) where the program site(s) will be located, including details on public transportation available.

The Applicant should describe any plans to offer any in home assessment or treatment services.

Hours of Operation

The RDTC's are expected to be accessible during normal DCF business hours for abuse and neglect evaluations. RDTC's should demonstrate their ability to 24/7 consultation capacity.

Treatment is expected to be offered during hours and locations that meet the needs of children and families, including after school, evenings and weekends. Applicants may offer treatment in an appropriate clinical setting/office and/or may offer to provide treatment in client home.

COLLABORATION

The awarded RDTC shall collaborate with:

- Child Protection and Permanency and other DCF staff
- Law enforcement
- Coordination Center for Child Abuse and Neglect Forensic Evaluations
- Child Advocacy Centers
- Community—pediatricians, etc.
- Other RDTCs and satellite sites

MONITORING AND EVALUATION

DCF is interested in understanding the quality, outcomes and consumer satisfaction with services provided by the RDTC. At a minimum, the awarded provider(s) will be expected to monitor and report on items such as level of service; timeframes; and any waiting lists. Applicants must demonstrate how they will assess if children/youth enrolled in treatment services are meeting their treatment goals. Applicants should include the RDTC's process or proposed plan for quality assurance and continuous quality improvement.

DCF is investing in a statewide Coordination Center for Child Abuse and Neglect Forensic Evaluation. The Coordination Center will partner with DCF and our providers, including RDTC's and non-RDTC contracted providers, to facilitate communities of excellence, promote the sharing of best practices, monitor performance and outcomes, and establish a process for continuous quality improvement to ensure that DCF's significant investment in forensic evaluation and in our RDTC's meets the needs of our staff, children, families, and State and local partners, and also to ensure that DCF supports the providers who perform this work.

RDTC's in coordination with CP&P will establish regular meetings to exchange information about quality of referral information; quality of reports; coordination of evaluations and treatment services; and, other issues.

OTHER REQUIREMENTS

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 up to \$3,000,000 in annualized funding. Continuation funding is subject to appropriations and performance under the provisions of this RFP and the resulting Contract.

In addition to the funds provided for the establishment and operation of a Regional Diagnostic and Treatment Center, the awarded agency may bill CP&P for some direct client services. These services and their corresponding rates are listed in Exhibit C.

One proposal will be funded under this RFP for each region.

Matching funds are not required.

Reasonable operational start-up costs are permitted. Applicants must provide a separate justification and detailed summary of all expenses that must be met in order to begin program operations.

Proposals that demonstrate the leveraging of other financial resources will receive additional consideration in the proposal review process.

Funds awarded under this program may not be used to supplant or duplicate 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 affiliated with a medical teaching institution.

2. Applicants must be for profit or not for profit corporations that are duly registered to conduct business within the State of New Jersey.
3. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
4. If Applicant is under a corrective action plan with DCF, or any other New Jersey State agency or authority, the Applicant may not submit a proposal for this RFP.
5. 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.
6. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
7. Where required, all applicants must hold current State licenses.
8. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
9. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
10. Applicants must specify their timeframes for achieving full operational status within the narrative or within the program implementation schedule, and may propose to do so in reasonable phases. Further, where appropriate, applicants must specify when sub-contracts with partnering entities will be executed.
11. 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
12. 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) shall submit an application.

F. RFP Schedule:

March 6, 2015	Notice of Availability of Funds/RFP publication
March 26, 2015 by 12:00PM	Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us
March 27, 2015	Mandatory Bidders Conference
May 22, 2015	Deadline for Receipt of Proposals by 12:00PM

All proposals must be received by 12:00 PM on or before May 22, 2015. Proposals received after 12:00 PM on May 22, 2015 will **not** be considered. Applicants should submit **one (1) signed original** and **one CD ROM** 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.

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.

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

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

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

G. Administration:

1. Screening for Eligibility, Conformity and Completeness

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

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

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

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

In order for a bid to be considered for award, at least one representative of the Bidder must have been present at the Bidders Conference commencing at the time and in the place specified 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 4th 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

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

J. Post Award Requirements:

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

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

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

- Proof of Insurance naming the Department of Children and Families as an additional insured
- Board Resolution Validation
- DCF Standard Language Document and Signature Pages
- Current agency by-laws
- Copy of lease or mortgage (if applicable)
- Certificate of Incorporation
- 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. 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 (10 Points)

Describe the applicant's history, mission and goals, and where appropriate, experience working in collaboration with the Department of Children and Families and/or relevant projects with other State governmental entities.

Describe your formal affiliation with a medical teaching institution.

Describe the applicant's background and experience in developing and/or delivering the following types of services:

- Forensic evaluation services
- Mental health treatment for adults and/or children
- Specific evidence-supported practices
- Trauma-informed treatment

Describe any steps you've taken to become a trauma-informed system of care.

Describe your experience working with CP&P involved children and families.

Describe your existing relationship with CP&P, including Area and Local Offices with which you interact.

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.

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) Demonstration of Ability to Be Operational (20 Points)

Identify the region to be served by your proposed services.

Applicants must secure or have a concrete plan to secure safe and child friendly space to serve the proposed region and must identify the proposed space to be used in their proposal.

- Describe the neighborhoods and buildings where program sites will be located, including details on public transportation available.
- As an appendix, attach documentation including a lease or option to lease, option to purchase an existing property or existing space, etc.

Successful applicants will provide a reasonable and feasible timeline for implementing the proposed services. Attach a separate Program Implementation Schedule as an appendix. The Program Implementation Schedule should detail how and when the proposed work will be accomplished as well as the responsible parties. Include a description of factors that could delay or be a barrier to implementation as well as how these factors would be managed.

3) Program Approach (35 Points)

Describe how the services outlined in this RFP will be provided, including:

- Expert evaluations (medical and psychological)
 - Describe the process and timeframes for scheduling appointments.
 - Provide a description of verbal and written reports to be provided, including content and timeframes.
 - Discuss how your your mental health expert evaluations align with DCF's Forensic Guidelines for Child Abuse/Neglect Proceedings.
 - Discuss how your medical evaluations align with best practice standards.
- Mental health treatment
 - Describe your assessment/intake process.

- Describe the target population for your proposed treatment services.
 - Identify which therapeutic intervention(s) will be utilized and cite how the intervention(s) are evidence-supported and how the interventions are rated by the California Evidence Based Clearinghouse.⁵ Discuss why a particular treatment or intervention is being proposed.
 - If submitting a plan for development and implementation (capacity building) of an evidence-based treatment in a region, provide a detailed plan including the evidence supported practice(s), timeframes, area(s) to be served, and a description of any proposed partnerships with community based agencies or other organizations.
 - If the proposed therapeutic intervention has a certification process, describe how you will meet certification requirements.
 - Discuss anticipated barriers and strategies to address barriers around parental/caregiver involvement.
- Consultations
 - Describe how you will provide 24/7 coverage for emergency telephone consultation.
 - Court testimony
 - Describe your experience and ability to provide expert testimony.
 - Technical Assistance and Training
 - Describe your plans for providing training forums and technical assistance to CP&P, law enforcement and medical staff on various topics related to child abuse and neglect.

⁵ If the applicant's proposed approach to treatment(s) is not listed on the California Clearinghouse, applicants can instead describe or provide a reference of how the treatment service(s) meets one of the following criteria: (1) strong evidence from at least one systematic review of multiple well-designed randomized trials; (2) strong evidence from at least one properly designed randomized controlled trial of appropriate size; (3) Evidence from well-designed trials such as non-randomized, cohort studies, time series or matched case-controlled studies; (4) evidence from well-designed non-experimental studies from one or more centers or research groups; (5) opinions of respected authorities, based on clinical evidence, descriptive studies or reports of expert committees.

- Discuss how you will be a source of training on the indicators, identification, and treatment of child abuse and neglect for other medical and mental health professionals.

In describing your program approach, include the following:

- How you will work with CP&P, IAIU, and law enforcement agencies to ensure children and youth with suspected abuse and/or neglect are referred for services.
- Your referral process(es) for evaluation and treatment services. Attach as an appendix any forms or documentation that will be required as part of the referral process.
- 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.
- Describe how you will work collaboratively with CP&P and law enforcement agencies.
- 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 the measures or activities that will be taken to ensure that services will be provided in a culturally competent and sensitive manner.
- A description of transportation options available to clients and handicapped accessibility.

Describe your staffing model and the responsibilities assigned to each position, including:

- Indicate the number, qualifications and skills of all staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities.
- Describe how your staffing model will align with the spirit of the legislation, as described on page 11 of the RFP.
- 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; and resumes of any existing staff who will perform the proposed services.
- Describe the management and supervision methods that will be utilized.
- Describe your plan or policy regarding staff training and development.

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.

4) 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. At a minimum, the awarded provider(s) will be expected to monitor and report on items such as level of service; timeframes; and any waiting lists. Applicants must also demonstrate how they will assess if children/youth enrolled in treatment services are meeting their treatment goals. Provide a brief narrative and attach copies of any evaluation tools that will be used to determine the effectiveness of the program services.

Include a description of your process or proposed plan for quality assurance and continuous quality improvement. The RDTC's will be expected to partner with the Coordination Center and CP&P to ensure the provided services meet the needs of our staff, children, families, and State and local partners.

5) Budget (20 Points)

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services (LOS). Therefore, applicants 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 operating schedule and must include, in separate columns, total funds needed for each line item, the funds requested in this grant, and 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 completed budget proposal must also include a detailed summary of and justification for any one-time operational start-up costs. These costs should be reflected on a separate schedule.

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/>

6) Leveraging (5 Points)

Describe any additional funding sources available to support the work of the RDTC.

Identify the total amount and source of any additional financial resources that will be committed to the proposed project as a leveraging mechanism.

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent. If submitting a paper proposal we require 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. Demonstration of Ability to Be Operational
 - c. Program Approach
 - d. Outcome Evaluation
 - e. Budget Narrative
 - f. Leveraging

Part II: Appendices

1. Documentation regarding proposed location/building space
2. Staffing patterns and proposed organization chart
3. Job descriptions of key personnel, resumes if available for key personnel (please do not provide home addresses or personal phone numbers)
4. Current agency organization chart
5. Proposed Program Implementation Schedule
6. Evaluation tools
7. Required referral forms/documents, if applicable
8. DCF Annex B Budget Forms*
9. Affiliation agreements, Memoranda of Understanding, Letters of Commitment and other supporting documents.
10. Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)
11. Copy of agency's Conflict of Interest policy
12. 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
13. Dated List of Names, Titles, Address and Terms of Board of Directors
14. Signed DCF Standard Language Document
<http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>

15. Documentation Demonstrating Compliance with Obtaining a DUNS Number. 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>
16. Renewal Printout from the System for Award Management (SAM) website (<https://www.sam.gov/portal/public/SAM/>)
17. Applicable Consulting Contracts, Affiliation Agreements/Memoranda of Understanding
18. Signed HIPAA Business Associate Agreement (<http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc>)
19. Copies of Applicable Licenses-Licenses are not required but if you have licensed individuals you may provide them.
20. Current Affirmative Action Certificate or Copy of Renewal Application Sent to Treasury
21. Certificate of Incorporation
22. New Jersey Business Registration Certificate with the Division of Revenue
23. Agency By-laws
24. Tax Exempt Certification-IRS Determination Letter regarding applicant's charitable contribution or non-profit status
25. Source Disclosure Certification**
26. Ownership Disclosure-Certification and Disclosure Forms
Note: non-profit entities are required to file all information on pages Page 3 to end**
27. Two-Year Chapter 51/Executive Order 117 Vendor Certification and Disclosure of Political Contributions (For-Profit only)
28. Current or Proposed Agency Organization Chart
29. Annual Report to the Secretary of State (https://www1.state.nj.us/TYTR_COARS/JSP/page1.jsp)
30. Annual Report- Charitable Organizations (If applicable) <http://www.njconsumeraffairs.gov/charity/charfrm.htm>
31. W-9 form (new agencies only) (<http://www.state.nj.us/treasury/omb/forms/pdf/W9.pdf>)
32. Certification regarding Debarment* <http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf>
33. Statement of Assurances* http://www.state.nj.us/treasury/purchase/forms/eo134/c51_eo117_cd_02_10_09.pdf
34. Form 990 for Non-Profits or Form 1120 intended for For-Profit entities
35. Copy of Most Recent Audit or financial statement certified by the accountant

* Standard forms for RFP's are available at:
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

C. Requests for Information and Clarification

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

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

Inclement weather will not result in the cancellation of the Bidders Conference unless it is of a severity sufficient to cause the official closing or delayed opening of State offices on the above date.

In the event of the closure or delayed opening of State offices, the Bidders Conference will be cancelled and then held on an alternate date.

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).

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.*).

EXHIBIT C

Services Type	Rate
Medical exam for physical abuse	\$618
Medical exam for sexual abuse	\$618
Mental health evaluation	\$1,300
Missed appointment	\$45/hour
Court Testimony	\$106.05