STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

REQUEST FOR PROPOSALS

FOR

RESIDENTIAL TREATMENT SERVICES (RTC) INTENSITY OF SERVICES (IOS)

TWO CLUSTERS OF THREE (3) FIVE-BED HOMES

(TOTAL OF 30 BEDS)

Annualized Maximum Funding of $3,832,500 Available

Bidders Conference: August 3, 2015

Time: 10:00AM

Place: 222 South Warren Street, Trenton NJ 08625

Bids Due: September 15, 2015 at 12:00PM

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

Commissioner

July 14, 2015

TABLE OF CONTENTS

Section I - General Information

A. Purpose Page 2

B. Background Page 3

C. Services to be Funded Page 4

D. Funding Information Page 23

E. Applicant Eligibility Requirements Page 24

F. RFP Schedule Page 25

G. Administration Page 26

H. Appeals Page 28

I. Post Award Review Page 28

J. Post Award Requirements Page 29

Section II - Application Instructions

A. Review Criteria Page 30

B. Supporting Documents Page 40

C. Requests for Information and Clarification Page 43

Exhibit A

Exhibit B

Exhibit C

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

Special Notice: *Potential Bidders must attend a Mandatory Bidder's Conference on August 3, 2015 at 222 South Warren, Trenton, NJ 08625 at 10:00 AM. Questions will be accepted in advance of the Bidder's Conference by providing them via email to DCFASKRFP@dcf.state.nj.us. until July 30, 2015 at 12:00PM.*

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 integrated out-of-home treatment services. Annualized funding is available up to $3, 832, 500 and thereafter if the contract is renewed and funding is available. The goal is to create a service environment with professional competencies and capabilities to maintain a treatment milieu that is functionally relevant to youth whose significant behavioral health challenges cannot be sufficiently maintained in a non-clinical setting in the community.

To that end, DCF is seeking proposals from private or public non-for-profit entities and for profit organizations to provide Residential Treatment Center (RTC) Intensity of Service to males and females age 15 to 17 through its Children's System of Care (CSOC). This RFP will award two (2) clusters of three (3) five-bed community based homes (total of 30 beds). One cluster (15 beds) will be dedicated to females only. One cluster (15 beds) will be dedicated to males only. This program will operate within the concept of a "cluster care" service delivery model by which each individual home will have dedicated staffing as well as a "hub" of agency professional staff who will be exclusively utilized to support the treatment and care of youth across all three site locations.

This announcement seeks to maximize the utilization of the RTC IOS using a transparent and contracted clinical treatment model that utilizes evidence-based, data driven, informed, or suggested methodologies paired with a rate structure consistent with national best practices and a service delivery model that is designed to achieve maximum efficiency of worker time and treatment flexibility.

The goal is to create a safe, holistic, consistent, and therapeutically supportive environment with a comprehensive array of services. These

services will assist the youth with acquiring, improving, retaining, and generalizing the behavioral, self-help, socialization, and adaptive skills needed to achieve objectives of improved health, welfare, and the realization of individuals' maximum physical, social, psychological, and vocational potential for useful and productive activities in the home and community. All program staff must hold professional and experiential competencies in the field of behavioral health and clearly display the capacity to provide appropriate care, supervision, and targeted clinical, behavioral, and self-care interventions to the children, youth, and young adults served in these programs and their family.

B. Background:

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

The Children's System of Care, within DCF, has sought to better develop out-of-home clinical services for youth and families in a variety of ways. CSOC researched and established a rate setting methodology that delineates critical elements of out-of-home services and market-based rates for each service element. CSOC serves children, youth, and young adults with a wide range of challenges associated with emotional and behavioral health, intellectual/developmental disabilities, and substance use. CSOC is committed to providing these services based on the individualized need of each child and family within a family-centered, strength-based, culturally competent, and community-based environment.

Out-of-home-treatment is a time-limited intervention aimed at stabilizing identified behaviors and addressing the underlying factors that may have influenced the etiology of these behaviors so that the child/youth/young adult may safety return home or to a non-clinical setting with as little disruption to his/her life as possible. RTC IOS provides 24-hour all-inclusive clinical services in a community-based homelike therapeutic setting for youth who present severe and persistent challenges in social, emotional, behavioral, and/or psychiatric functioning. Youth receive individualized clinical interventions, psychopharmacology services (when applicable), education, medical services, and specialized programming in a safe, controlled environment with a high degree of supervision and structure. Treatment primarily provides rehabilitative services including, but not limited to, social, psychosocial, clinical, medical, and educational services. The purpose of RTC IOS is to engage the youth to address clearly identified needs, stabilize symptomology, and prepare the youth for a less restrictive environment. The goal is to facilitate the youth's reintegration with their family/caregiver and community or in an alternative permanency plan preparing for

independent living. Length of stay is individualized based on each youth's treatment planning needs.

C. Services to be Funded:

The grantee for this request for proposal is expected to provide a comprehensive array of therapeutic supports and services using a cluster care service delivery model that ensures that children, youth, and young adults with behavioral health challenges have a stable, safe, familiar, consistent, and nurturing treatment experience. Cluster care offers flexibility and support in sharing clinical, medical, and other supports to each of the cluster homes which are within close proximity to each other. Each individual home within the cluster will have dedicated staff, including a house/case manager and direct care milieu staff who will interface with the youth within the home on a daily basis. There must be a minimum of 2 awake staff on site at all times, including hours of sleep.

The "cluster" services will be exclusively provided by the following therapeutic team of professionals:

a) Program Director will oversee the clinical and operational aspects of the entire cluster;
b) Licensed behavioral health clinician(s), (LPC, LCSW, or Licensed Psychologist);
c) Medical staff (nurse/pediatrician);
d) Psychiatrist/APN;
e) Allied therapist(s)
f) "Pool" of milieu staff designed to augment dedicated staff and provide additional support and supervision to the youth living within the entire cluster as needed;

Please note: Youth are not permitted to be transferred between cluster homes.

For **Target Cluster Population #1** funding is available for one (1) cluster of three, 5-bed community-based homes, which must be located within a 10-mile radius **or** a maximum of thirty minutes travel time between each home. Applicants must apply for the entire cluster of the Target Population:

Target Cluster Population #1:

OF YOUTH PER HOME: 5

OF HOMES IN CLUSTER: 3

AGE RANGE: 15-17

GENDER: Males

CLASSIFICATION: Educationally Classified and Non-Classified

FSIQ: 65+

LOCATION: North, Central, or Southern Region

Northern Region = Bergen, Essex, Hunterdon, Hudson, Morris, Passaic, Somerset, Sussex, Warren, and Union

Central Region = Mercer, Middlesex, Monmouth, and Ocean

Southern Region = Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem

For **Target Cluster Population #2** funding is available for one (1) cluster of three, 5-bed community-based homes, which must be located within a 10-mile radius **or** a maximum of thirty minutes travel time between each home. Applicants must apply for the entire cluster of the Target Population:

Target Cluster Population #2:

OF YOUTH PER HOME: 5

OF HOMES IN CLUSTER: 3

AGE RANGE: 15-17

GENDER: Females

CLASSIFICATION: Educationally Classified and Non-Classified

FSIQ: 65+

LOCATION: North, Central, or Southern Region

Northern Region = Bergen, Essex, Hunterdon, Hudson, Morris, Passaic, Somerset, Sussex, Warren, and Union

Central Region = Mercer, Middlesex, Monmouth, and Ocean

Southern Region = Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem

Applicants may apply for both awards by submitting a separate proposal for each Target Population; however a successful applicant will be permitted only one award.

Duties and Obligations

Applicants are to provide details regarding operations, policy, procedures, and implementation of their proposed program (s). The first home within the cluster shall be operational within 120 days of being awarded. The second and third homes shall be operational within 60 days thereafter. Extensions will be available by way of written request to the CSOC Assistant Commissioner. **Awards are subject to be rescinded if not operationalized within six months of RFP award.**

CSOC will support respondents who successfully operationalize the principles of individualized, needs driven, and family focused care, and display sustainable progress throughout the course of treatment. Models of service delivery that promote persistence and creativity of professional staff are valued. Service delivery models must pay particular attention to ensure youth have a stable, familiar, consistent, safe, and nurturing experience within a context of a holistic care approach. Respondents can demonstrate this attention in their descriptions of staffing patterns, how they intend to recruit and retain staff (particularly milieu staff), site design and utilization, and the type, scope, and frequency of family involvement. Services that are demonstrated as effectively through research, evidence-based, -informed, or –suggested are strongly encouraged. The implementation of a service modality not only requires training, but also requires a full understanding and commitment across the entire agency organization, including administrative staff. Therefore, respondents are to provide specific details regarding their plan for staff training, implementation, and sustainability of the service modality of choice.

As the CSOC out-of-home treatment programs have transformed from institutional settings to home-like community based settings, the therapeutic approach must also be transformed from an institutional approach to that of "interpersonal" in the group or milieu setting (See footnote 1, Yalom, 2002). In the matter of individualized care, it must assume a greater focus and frame of reference on the realities of a youth's life, looking to understand her/his life in context as an effort to address the etiology of the youth's symptoms and behaviors instead of containment. The individualized care should assume a dynamism that can address the implicit experiences of the youth, working towards ameliorating the implicit inner conflicts as contrasted

with the explicit and external events. While programs are encouraged to utilize evidenced-based practices, they should also be flexible and avoid "secularism" in favor of "therapeutic pluralism"[1].

CSOC is particularly concerned with the management, treatment, and sequelae of trauma that affects so many youth. Youth who present with challenges requiring services should also be understood in terms of their experiences of trauma and consequent difficulties in forming and maintaining healthy attachments. Service providers should not solely focus on the surface behaviors that a youth may display, but rather assess and understand these behaviors within the context of trauma reaction. Management of behavioral symptoms alone is not sufficient, however, and the 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 milieu 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 that many management strategies are directly linked to treatment interventions. Respondents are asked to fully articulate their management and treatment model.

While individuals may exhibit overt symptoms of trauma, others may exhibit implicit trauma indicators. Implicit trauma indicators involve situations and experiences that may not produce an explicit memory of a specific traumatic event and/or result in overt reactive behaviors. Such indicators may include, but are not limited to, in utero/infant trauma, adoption, caregiver terminal illness, caregiver separation/grief/loss, cultural trauma, multiple placements, and multiple system involvement. However, these experiences are prone to cause reaction by the individual at some point and thus should be considered during the assessment and treatment planning process. Respondents shall articulate how both explicit and implicit trauma will be addressed within the context of staff support and assessment/treatment.

CSOC is concerned with the utilization of seclusion and restraint in out-of-home treatment settings. The reduction of seclusion and restraint (S/R) use has been given national priority by the US government. S/R is viewed as a

[1] Yalom, Irvin D. The Gift of Therapy, Harper Perennial, New York (2002).

treatment failure rather than a treatment intervention. It is associated with high rates of patient and staff injuries[2] and is a coercive and potentially traumatizing intervention with no established therapeutic value[3].

The Six Core Strategies for Reducing Seclusion and Restraint Use is an evidence-based model that was developed by the National Association of State Mental Health Program Directors (NASMHPD) and has successfully reduced the use of S/R in a variety of mental health settings for children and adults across the United States and internationally[4]. Respondents are required to submit as part of the Appendices a summary of no more than 3 pages that describes how this model will be implemented within their program model. The summary must address the following six core strategies:

1) Leadership Toward Organizational Change
2) Use of Data to Inform Practice
3) Workforce Development
4) Use of S/R Prevention Tools
5) Consumer Roles in Inpatient Settings
6) Debriefing Techniques

Additional information on *The Six Core Strategies for Reducing Seclusion and Restraint Use* can be located via the following link:

http://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf

CSOC firmly believes that the caregiver and family play a crucial role in the health and well-being of children, youth, and young adults. Families/ caregivers/guardians should be actively and creatively engaged by the treating provider(s) at the outset of treatment and throughout the entire planning and treatment process. This practice is necessary in order to create a service approach that provides families with the tools and supports necessary to create successful and sustainable life experiences for their children. In order to engage the youth and family, the out-of-home treating agency and the members of the Child Family Team shall, whenever possible, coordinate **at least** one site visit/meeting prior to actual admission (at least two contacts and more than one visit is preferable). This will ensure that the youth and family are familiar with the setting and agency culture

---

[2] Weiss EM, Altimari D., Blint DR., Megan K. Deadly restraint: A five-part series. The Hartford Courant. 1998. Oct 11-15; p. 1-16.

[3] Sailas E., Fenton M. Seclusion and restraint for people with serious mental illness. Cochrane Database of System Rev 2000. CD001163.

[4] National Association of State Mental Health Program Directors. Six Core Strategies for Reducing Seclusion and Restraint Use. Revised 2006.

before engaging in care. Throughout the course of treatment, the youth and family should be engaged to explore the factors that led up to out-of-home treatment and actively participate in the treatment planning process in order to meet identified treatment goals. Treatment should not only focus on the youth's treatment needs. Rather, treatment should also focus on family dynamics. Families should be encouraged and supported to participate in the ongoing care of their youth which includes active participation in programmatic activities rather than only as visitors. This will afford an opportunity for families to contribute and feel a part of their youth's healing and growth process. This may also present an opportunity for agency staff to model best practices.

If family reunification is not a viable discharge plan, the treatment team shall carefully plan towards the next transition. Considering that each out-of-home treatment setting that a youth endures is a life altering experience, transitional planning should be done with clear purpose and expectations. Respondents are to provide specific examples as to how family engagement will be initiated and sustained. Respondents are to include plans for collaboration with system partners, including, but not limited to, the Division of Child Protection and Permanency (DCP&P), and the Care Management Organization (CMO).

RTC IOS addresses a youth's individualized needs though cyclical assessments, services, and treatment that focus on identified strengths and the development of social skills, problem solving, and coping mechanisms. All interventions must be directly related to the goals and objectives established by the Child Family Team (CFT) process in coordination with the multidisciplinary ISP/treatment plan. Respondents are asked to fully articulate their ability to integrate the CFT into the treatment planning process as full and equal participants. Family/guardian/caregiver involvement is essential, and, unless contraindicated, should occur consistently and on a regular basis (or as determined in the ISP/treatment plan). Respondents are asked to fully articulate their plan to collaborate with care management organizations and probation officers (if youth is on probation). Cooperation and understanding between the treatment providers and Probation Officers is crucial to the youths' successful reintegration with their families and communities. The grantee must integrate resources for planned, purposeful, and therapeutic activities that encourage developmentally appropriate autonomy and self-determination within the community. Robust interactions based on group psycho-metrics are encouraged in order to better prepare for the youth's return to the community. Treatment issues must be addressed by means of a therapeutic milieu, which is fundamental at this intensity of service. **Youth are not permitted to be transferred between cluster homes.**

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

Course and Structure of Treatment:

The grant requires the establishment of a multi-disciplinary treatment team with required functions. Respondents should provide detailed information about treatment team members. Additionally, respondents should describe, through policy and procedure documents, mechanisms for communication, responsiveness, flexibility, and creativity in treatment teams.

The minimum treatment activities to be provided in this service are described below. Interaction with youth should emanate from a non-institutional point of view. Respondents must demonstrate the capacity to meet these minimum requirements.

The treatment team shall include, but are not limited to, the following individuals:

1. Youth
2. Family members
3. Natural supports as identified and selected by youth and family
4. Psychiatrist/APN
5. Nurse
6. Allied Therapist
7. Milieu staff
8. Educational professionals
9. Licensed clinicians
10. Program Director
11. CSOC care management entity (Care Management Organization)
12. Child Protection & Permanency (CP&P), if applicable

The nature of a youth's introduction to an out-of-home treatment program is of paramount importance to the care of the youth and also sets the stage for success. In order to achieve optimum success, the out-of-home provider and the care management entities, which may include, Care Management Organization (CMO) and if applicable, CP&P must collaborate at least twice (as deemed feasible) prior to the youth's admission. This process will assist the youth in becoming acclimated to the program and a new environment.

Within the first 48 hours of RTC services, the treatment team will:

- Receive a thorough orientation to all aspects of the program conducted by both agency staff and current residents;

- Assure that the family members/caregivers/guardians are oriented to the service;
- File all necessary consents and releases;
- Complete IMDS Strengths and Needs Assessment;
- Complete initial treatment and crisis plan; provide copies to youth and family/care giver/guardian;
- Complete a nursing assessment and incorporate it into the initial treatment and crisis plan;
- Complete a pediatric assessment;

Within the first 96 hours, the youth will have the following assessments completed:

- Psychiatric assessment with report;
- Psychosocial assessment, which includes recommendations for inclusion in allied therapies, when appropriate.

Within the first week, the treatment provider will:

- Have conducted a treatment team meeting that includes CMO and if applicable CP&P and completed the comprehensive treatment and discharge plan integrating all of the treatment team's input, assessments, and recommendations.

Each day, the service staff will provide,

- Comprehensive and well documented communication, sharing significant events, youth behaviors, and other relevant information across disciplines and time frames;
- Proper supervision of youth; a ratio of 1 milieu staff for every 5 youth must be maintained at all hours with a minimum of 2 awake staff on site at all times, including while youth are asleep;
- Fewer than 30% of all youth waking hours will be spent in "milieu" activities;
- Beginning and end of day meetings are also to be used to "check in" with the emotional state of the youth;
- As needed, medication dispensing and monitoring;
- Adhere to all required documentation and activities as per licensing regulations and the addendum to Administrative Order 2:05;
- Transport, as needed, youth to medical appointments, family visits, community outings, and other requisite needs as regulated by licensing.
- Consistent administrative oversight and support to milieu staff, including weekends and holidays.

Each week, every youth and family will receive (each 30 to 45 minutes in duration):

- Three (3) psycho-educational activities directed by Bachelor's level staff consistent with the treatment focus of the service. Additional group activities will be provided to support: pro-social learning, problem solving, life-skill development, and coping strategies;
- Two (2) individual and/or family (may be 90 minutes) therapy sessions with a licensed clinician; family therapy sessions may be conducted off-site; if necessary, family therapy sessions may be conducted via telephone for not more than half of all family sessions; clinician schedules should promote flexibility for families;
- Three (3) group therapy sessions with a licensed clinician or unlicensed Master's level clinician under the supervision of an on-site clinically licensed Master's level clinician or on-site Psychiatrist ;
- Two (2) Health Education group sessions with a licensed health professional (RN, MD, LPN, APN). Topics may include, but are not limited to: medication education, hygiene, sexuality, substance use, and nutrition.
- Structured and guided community-based activities or involvement that is participatory in nature, such as: "YMCA" or "YWCA" classes or organized sports leagues, scouting programs, volunteerism, community center and/or or public library activities; and public events;
- Six (6) hours of structured Allied Therapy such as life skills, art, music, yoga, and dance/movement. Allied activities must be directly related to the goals and objectives of an individual's treatment plan.

Each month:

- Comprehensive treatment and discharge plan meetings occur that include all members of the multidisciplinary treatment team.
- IMDS assessment review is updated;
- Psychiatrist has a meeting with the staff around medication issues.
- Psychiatrist has a clinical session with the youth;
- Psychiatrist has a meeting with the family;
- On-site family psycho-educational activities occur, minimally three hours of structured and professional-staff directed per month.

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 out-of-home treatment services. At a minimum, the action plan must include:

- More than two (2) meetings between the treatment team to discuss youth and family strengths, continuing goals, successful strategies, and potential pitfalls;
- "Set back" plan for times during the discharge phase when youth and/or family encounter difficulties that make discharge appear less likely. This plan will delineate critical staff necessary to re-focus, rally, and support youth and family through to discharge;
- Action steps youth and family might take to capitalize on successes such as: formal feedback (in addition to satisfaction surveys) to service staff and any multi-media activity that documents youth and family achievement;
- Joint Care Reviews (JCR's), Transitional Joint Care Reviews (TJCR's), Discharge Joint Care Reviews (DJCR's), and Strength and Needs Assessments (when applicable) must be completed and submitted on time;
- If the treatment team agrees that a youth has optimized the care in the program, but requires continued treatment, the out-of-home treatment agency must initiate the TJCR in collaboration with the involved case/care management entity(ies). This process will result in the youth's return to Youth Link. Agencies are encouraged to seek out other suitable OOH programs and indicate them in the TJCR;
- Transitional planning documents(s);
- Psychiatric, pediatric, psychological, and nursing assessments;
- Crisis plan.

Staffing Structure

The following are the minimum requisite activities by staff title. Staff requirements are divided by dedicated **House Staff** and **Hub Professional Staff**. These guidelines are not to be interpreted as comprehensive of the total responsibilities each staff member will manage. Respondents must demonstrate, through narrative, Annex B, and with necessary letters of affiliation, that guidelines below are achievable. The Applicant must sign, date and submit the Minimum Staffing Requirements-RTC Cluster of 3 Homes Attestation attached as **Exhibit C.**

House Staff: (required for each home within the cluster):

House Manager – Full-time and on-site Bachelors level practitioner(s) with 3-5 years of supervisory experience (and no less than 4 years of experience in the human services field) or an

unlicensed Master's level practitioner with 1-year supervisory experience (and no less than 3 years of experience in the human services field) will provide:

- Supervise milieu staff and schedules;
- Oversee daily operational aspects of the home;
- Five (5) hours of documented case management per week per youth *(Case management is a creative and collaborative process that requires planning, communication, coordination, and monitoring of the services provided to each youth within the RTC program. Case management duties may include, but are not limited to, scheduling appointments, coordinating family visits, and communication with CMO, DCP&P, school, etc. All case management duties must be clearly documented within the youth's record);*
- Family orientation in the first 24 hours;
- Review and signing of all required paperwork and consents within the first 48 hours of admission;
- As needed, on-site psycho educational activities tied to comprehensive treatment and discharge plan monthly;
- Attend treatment team meeting monthly.

Milieu Support Staff - Bachelor's level practitioner(s) or a high school diploma practitioner with 3-5 years of experience providing direct care to youth in a behavioral health agency or institutional setting, will provide:

- *44 hours per week per youth (represents multiple FTE's);*
- Youth orientation within the first 24 hours of admission;
- Daily milieu activities;
- Weekly community integration focused leisure/recreational activities;
- Daily direct youth supervision;
- Monthly attendance to treatment team meetings;
- Pre-Vocational skills training 5 hours weekly;
- Provision of Ansell-Casey or Botvin Life Skills training: 3 hours weekly.

Additional Milieu Support Staff:

- This program shall allocate two additional full-time milieu support staff positions which will be utilized for the exclusive purpose of providing additional support and supervision across the three homes as needed. Agencies may <u>not</u> utilize staff from existing programs.

<u>"Hub" Professional Staff (shall serve all 15 youth within the cluster)</u>:

Program Director - Relevant Master's degree and three (3) years post Master's experience working with youth with emotional and behavioral challenges (at least one year of which shall be in a supervisory capacity) will:

- Must be full-time on-site a minimum of 10 hours per week per house to oversee the clinical and operational aspects of the entire cluster. *Must exclusively serve within the capacity of this cluster program only;*
- Monthly attendance to treatment team meetings;
- Oversee all QA/PI activities with particular attention to bench-marking activities for all direct care staff;

Clinicians who are clinically licensed to practice in NJ or a Master's level practitioner who is three years or less from NJ licensure and is practicing under the direct and on-site supervision of a clinician who is clinically licensed to practice in NJ will provide:

- *6 hours per week per youth only within the cluster (must provide clinical service exclusively to the cluster);*
- Psychosocial assessment and report with the first week of admission;
- IMDS strengths and needs assessment within the first 24 hours of admission;
- Initial treatment and crisis plan development, documentation and consultation with the first 48 hours;
- Initial treatment and crisis plan family and youth debriefing within the first 48 hours of admission;
- Comprehensive treatment and discharge plan development, documentation and consultation in the first 7 days;
- Weekly individual trauma informed therapy;
- Weekly group therapy;
- Bi-monthly (and/or as needed) family therapy with family of origin or natural supports;
- Monthly IMDS assessment review and update;
- Monthly attendance and facilitation of treatment team meetings
- Monthly supervision of non-licensed Master's staff.

A Board Certified Child Psychiatrist *or* Psychiatric Advance Practice Nurse (APN) in affiliation with a Board Certified Child Psychiatrist will provide:

- *Provide .67 hours per week per child; 75% of which must be face-to-face time with youth and/or families;*
- Intake Psychiatric assessment and report within the first week of admission;
- Initial treatment and crisis plan within the first 48 hours of admission;
- Monthly medication management meetings;
- Monthly clinical visit with youth/family;
- Monthly attendance to treatment team meetings;
- 24/7 availability by contract.

Pediatric Advanced Practice Nurse (APN) or Pediatrician will provide:

- Pediatric assessment and report within the first 48 hours of admission;
- 24/7 availability by contract.

Allied Therapies (music, art, movement, recreation, occupational, vocational, combination thereof) Professional(s) (licensed when applicable) will provide:

- *6 hours per week per youth*
- Recreation/Leisure Assessment and report within the first week of admission;
- Allied activities should be developed based on the cognitive and emotional needs of the milieu;
- The individual providing a particular allied activity should hold credentials when appropriate and must follow the requirements for screening/background checks.
- Allied activities must be structured and must directly relate to the goals and objectives of an individual's treatment plan.

A Registered Nurse (RN) or Pediatric Nurse Practitioner:

- 1.50 hours per week per youth
- Nursing assessment and report within the first 24 hours of admission;
- Initial treatment and crisis plan consultation within the first 48 hours and then weekly;
- Daily medication dispensing;

- Weekly health/hygiene/sex education;
- Monthly medication education;
- Daily debriefing of youth status;
- Monthly attendance at treatment team meetings;

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 document any efforts to obtain the necessary educational commitment from the district in which the proposed facility is located.

- 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:

The grantee will be responsible for ensuring that youth receiving RTC-IOS services are enrolled in and receiving an appropriate educational program as required under federal and State regular and special education laws. DCF does not fund educational programs and services that youth are entitled to under those laws or provide on-site educational services for youth in out-of-home treatment settings. As such, the grantee will be expected to collaborate with the educational entities responsible for providing educational services and funding those services. A Department of Education (DOE) 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. High school graduates must be provided with an alternate educational/vocational curriculum.

Applicant organizations that operate a DOE approved private school for students with disabilities, the applicant must demonstrate that arrangements have been made with the local school district to enroll and serve general education students.

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 RTC program. The school district may charge the individual student's

parental District of Residence for the cost of the educational program and services.

In addition, the grantee will facilitate the process of enrolling the youth by providing accurate documentation to the school, including the Agency Identification Letter, a letter acknowledging fiscal responsibility for the district of residence or a District of Residence determination letter from the Department of Education, and immunization records. When necessary the grantee shall provide interim transportation services to expedite school placement.

Consistent with those responsibilities, applicants must:

- Document any efforts to confirm the willingness of the school district in which the proposed facility is located to educate youth served in the facility consistent with State education law.

- Describe their procedures for ensuring that youth receiving RTC IOS services are enrolled in an appropriate educational program.

- Provide a plan for collegial and proactive coordination with educational providers for both classified and non-classified youth, including procedures for ensuring information is shared consistent with the applicable federal and State confidentiality laws, including but not limited to 42 C.F.R. Part 2.

Student Educational Program Planning 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. Accordingly, genuine and proactive coordination and collaboration between the grantee and educational providers is expected. To that end, applicants must describe:

- The strategies to be employed to coordinate co-occurring clinical treatment with educational planning and service delivery;
- The daily before and after school communication strategies with school staff;
- The daily support of student homework, special projects, and study time;
- The specific strategies, including responsible staff and timelines, for including families-of-origin and/or natural supports available to the youth in educational update, progress, and planning;
- The availability of computers for student use to support homework and projects;

- Mechanisms to stay abreast of the educational progress of each student;
- Problem resolution strategies; and
- Ongoing participation in the educational program of each student.

Applicants also must also articulate a plan for:

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

Outcome Evaluation:

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

CSOC 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 for:

- 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 CSOC administration.

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

Data-driven performance and outcomes management is a central aspect of CSOCs' 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 RTC 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 quarterly to CSOC. Respondents should describe on-going QA/PI activities that reflect the capacity to make necessary course corrections with a plan and in responsive fashion.
Respondents must submit a QA/PI plan that:

- Measures the three foundation metrics of CSOC: in school, at home, and in the community.

- 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 strict 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"
  Case management entity if applicable

Care Management Organization

Providers may use a “root cause analysis” model or something akin in responding to critical incidents.

- 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 CSOC.

Youth Outcomes:

- 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 8 to 10 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 at least 9 of 10 days;
- 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 including outcome measures for Ansell-Casey or Botvin Life Skills where applicable;
- 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 CSOC.

Service Outcomes:

- Service will maintain compliance with all CSOC 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 CSOC.

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.

Specific Requirements for RTC 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 and other applicable Federal Licensure standards. DCF Office of Licensing standards as specified in the Manual of Requirements for Children's Group Homes (N.J.A.C. 10:128) can be accessed at: http://www.nj.gov/dcf/providers/licensing/laws.

Accreditation

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

Provider Information Form

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

Site Visits

CSOC, in partnership with the DCF Office of Licensing, will conduct site visits to monitor grantee progress and problems in accomplishing

responsibilities and corresponding strategy for overcoming these problems. The grantee will receive a written report of the site visit findings and will be expected to submit a plan of correction, if necessary.

Contracted System Administrator (CSA)

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

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.

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. The grantee 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.

D. Funding Information:

For the purpose of this initiative, the Department will make available funding up to $3, 832, 500 the first year and thereafter if the contract is renewed and funding is available.

The per diem rate per youth is $350 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, including but not limited to the youth's personal needs, e.g. toiletries, clothing, etc.. Reimbursement is based exclusively on occupancy. CSOC does not guarantee 100% occupancy.

Matching funds are not required.

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

Operational start-up costs of up to 5% of award are permitted. Applicants must provide a justification and detailed summary of all expenses that must be met in order to begin program operations-see pages #38-39 under Budget.

The first home within the cluster shall be operational within 120 days of being awarded. The second and third homes shall be operational within 60 days thereafter. Extensions will be available by way of written request to the CSOC Division Director. **Awards are subject to be rescinded if not operationalized within six months of RFP award.**

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

E. Applicant Eligibility Requirements:

1. Applicants must be for profit or not-for-profit corporations that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. Applicants may not be suspended, terminated, or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
4. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
5. Where appropriate, all applicants must hold current State licenses.
6. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
7. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
8. Applicants must have the ability to achieve full operational census within 180 days of contract execution. Further, where appropriate, applicants must execute sub-contracts with partnering entities within 45 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
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:

July 14, 2015	Notice of Availability of Funds/RFP publication
July 30, 2015 until 12 PM	Period for Email Questions sent to DCFASKRFP@dcf.state.nj.us
August 3, 2015 10:00AM	Mandatory Bidder's Conference at 10:00AM
September 15, 2015 12:00PM	Deadline for Receipt of Proposals by 12:00PM

Proposals received after September 15, 2015 at 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.

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 above. Failure to attend the Bidders Conference will result in automatic bid rejection.

2. Proposal Review Process

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

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

Requested information was covered-	10 Points
Approach to the contract and program design was thoroughly and clearly explained and was consistent with the RFP requirements-	20 Points
Background of organization and staffing explained-	10 Points
Speakers were knowledgeable about topic-	5 Points
Speakers responded well to questions -	5 Points

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

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

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.**

Applicants must sign, date and submit the Minimum Staffing Requirements-RTC Cluster of 3 Homes Attestation attached as **Exhibit C.**

H. Appeals:

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

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

I. Post Award Review:

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

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

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

J. Post Award Requirements:

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

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

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

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

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

Section II – Application Instructions

A. Proposal Requirements and Review Criteria:

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

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

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

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

1) Applicant Organization (15 Points)

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

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

Provide an indication of the organization's demonstrated commitment to cultural competency and diversity. The provider shall identify and develop, as needed, accessible culturally responsive services and supports. These shall include, but are not limited to, affiliations with informal or natural helping networks such as language services, neighborhood and civic associations, faith based organizations, and recreational programs determined to be appropriate. Supervisors must be culturally competent and responsive, with training and experience necessary to manage complex cases in the community across child

serving systems. Explain how the provider is working toward a cultural competency plan that describes actions your agency will take to insure that policies, materials, environment, recruitment, hiring, promotion, training and Board membership reflect the community or the intended recipients of the services you provide and promote the cultural competency of the organization and that resources and services will be provided in a way that is culturally sensitive and relevant. If your agency is able to provide services to bi-lingual and/or non-English speaking youth and families, please provide a clear description of what services will be provided and by whom.

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

Provide an indication of the agency's demonstrated capability to provide services that are consistent with the Department's goals and objectives for the program to be funded.

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:

Service Description

- Demonstrate the capacity to meet minimum requirements listed in "Section I: C. Services to be Funded, Course and Structure of Treatment";
- Demonstrate that youth will have a stable, familiar, consistent, and nurturing experience through staffing patterns, the management of youth cohorts, site design and utilization, community affiliation, and the type, scope and frequency of family/caregiver involvement;
- Include policy regarding engaging and sustaining the involvement of family and/or natural supports;
- Articulate etiology and demonstrate the links between the intervention model, strategies and techniques;
- Demonstrate how the relationships with milieu staff (as supported through team structure, supervision, and staffing patterns) will help youth move from being "managed" to being engaged in treatment;

- Describe milieu staff's supervision of youth and staff/youth ratios;
- Incorporate age appropriate transitional living skills as a component of the youth's treatment plan that will define the manner in which the development of self-reliant living skills are integrated into the service delivery, including real-life application of these skills in provided core areas;
- Fully articulate the management and treatment models to be utilized, including the use of evidence-based, -informed, or -suggested interventions **and** provide specific details regarding plan for staff training, implementation, and sustainability of the service modalities of choice.
- Describe, through policy and procedures: documentation, mechanisms for communication, responsiveness, flexibility, & creativity of treatment teams;
- Describe the mechanisms for managing and treating aggressive behavior;
- Demonstrate experience with, understanding of, and integration of issues of trauma in youth and how it will be integrated it into the treatment plan;
- Articulate how both explicit and implicit trauma will be addressed within the context of staff support and assessment/treatment.
- Describe how The *Six Core Strategies for Reducing Seclusion and Restraint Use* will be implemented within the program model and will address the six core strategies.
- Provide specific examples as to how family engagement will be initiated and sustained throughout the treatment planning process.
- Include Table of Topics for psycho-educational groups, including those focused on wellness and recovery;
- Identify and describe the geographic location(s) of the services;
- Describe client eligibility requirements, referral processes, and include client rejection/termination policies;
- Provide a feasible timeline for implementing the proposed services. <u>Attach a separate Program Implementation Schedule</u>. 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 from staff and site
    - Recruit all necessary staff
    - Train all staff
    - Complete Medicaid application
    - Complete Provider Information File and meet with the CSA
    - Meet with the Local Education Authority to ensure coordinated care for youth

- Describe any fees for services, sliding fee schedules, and waivers;

- Include a description of client data to be recorded, the intended use of that data, and the means of maintaining confidentiality of client records;

- Describe how the proposed program will meet the needs of various and diverse cultures within the target community based on the Law Against Discrimination (N.J.S.A. 10:51 et seq.);

- Include policy or procedures regarding community-based activities

- Attach three (3) letters of support/affiliation from community-based organizations.

Program Planning Requirements for Student Education and Child Care

- Describe arrangements for or access to appropriate educational programs and services for special education and general education students.

- Describe plans for collegial and proactive coordination/collaboration with educational and child care providers.

Program Operation Requirements for Student Education

- Articulate and clearly describe:

    - Strategies to coordinate clinical treatment with educational planning and service delivery;
    - Daily before & after-school communication strategies with school staff;
    - Daily support of student homework, special projects, and study time;
    - Specific strategies, including responsible staff and timelines, for including families-of-origin and/or natural supports in educational updates, progress monitoring and planning;

- Availability of computers for student use to support schoolwork;
- Mechanisms to monitor the educational progress of each student;
- Problem resolution strategies;
- Ongoing participation in the educational program of each student.

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

Governance and Staffing

- Indicate the number, qualifications, and skills of all staff, consultants, sub-grantees, and/or volunteers who will perform the proposed service activities. Attach, in the proposal Appendices, an organizational chart for the proposed program; job descriptions that include all educational and experiential requirements; salary ranges; and resumes of any existing staff who will perform the proposed services. Applicants must:
  - Identify the RTC administrator and describe the job responsibilities;
  - Describe the proposed staffing by service component, include daily, weekly and monthly schedules for all staff positions;
  - Describe any consultants & their qualifications, include a consultant agreement if applicable;
  - Provide letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care;

- Include policy or procedures regarding: timelines, program operations, and responsible staff for admission, orientation, assessment, engagement, treatment planning, discharge planning, and transition;

- Describe a staff training model that includes all required training per DCF Office of Licensing regulations as well as all appropriate New Jersey System of Care trainings. Training for staff shall minimally include:
    - Creating and maintaining safe, therapeutic, and nurturing environments;
    - Verbal de-escalation and engagement skills;
    - Proactive intervention for maintaining safety and promoting change;
    - Post-crisis debriefing skills;
    - Treatment planning that is responsive and focused on change
    - Recommended (evidence based is preferred) treatment approaches;
    - Promoting positive peer culture;
    - Cultural Competence;
    - Information Management Decision Support Tools (IMDS);
    - Understanding and Using Continuous Quality Improvement.
- Describe the management & staff supervision methods that will be utilized

3) Outcome Evaluation (10 Points)

Describe the outcome measures that well 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.

Outcome Evaluation:

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

CSOC 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 for:

- 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 CSOC administration.

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

Data-driven performance and outcomes management is a central aspect of CSOCs' 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 RTC 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 quarterly to CSOC. Respondents should describe on-going QA/PI activities that reflect the capacity to make necessary course corrections with a plan and in responsive fashion.
Respondents must submit a QA/PI plan that:

- Measures the three foundation metrics of CSOC: in school, at home, and in the community.
- 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 strict 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"
Case management entity if applicable
Care Management Organization

Providers may use a "root cause analysis" model or something akin in responding to critical incidents.

- 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 CSOC.

Youth Outcomes:

- 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 8 to 10 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 at least 9 of 10 days;
- 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 including outcome measures for Ansell-Casey or Botvin Life Skills where applicable;
- 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 CSOC.

Service Outcomes:

- Service will maintain compliance with all CSOC 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 CSOC.

4) Budget (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. Include Budget Narrative in the Appendices section. This will not be included as part of the 15 page limitation.

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 $350 per diem per youth in funds provided under this grant. The facility must also assure a **generator** is installed and operational to address any power outages (to full agency capacity) that may occur. Purchase and installation of generators are acceptable as part of startup funds.

The completed budget narrative portion of the written proposal must also include a detailed summary of and justification for any one-time operational start-up costs within the narrative. It is not a preferred practice of CSOC to offer or provide start-up costs; subsequently, the inclusion of such costs may be a determining factor in the proposal selection process. CSOC intends to purchase as much direct clinical care service as funding allows. CSOC acknowledges that there may be organizations with sound clinical care models that may not have the fiscal resources to incur all related costs. Thus, CSOC would be amenable to modest participation in "facility renovations" costs and will permit reasonable start-up under the following conditions:

- The need must be fully presented and explained
- Costs may not exceed 5% of the award ($31, 938 per home)
- Costs must be reflected on a separate schedule and may be attached as an appendix for "facility renovation costs"
- All start-up costs are subject to contract negotiations
- Start-up cost funds will be released upon execution of finalized contract and are paid via Schedule of Estimated Claims (SEC) Start-up costs are to be delineated on separate column in the proposed Annex B Budget.

Once the program is operational and to support a gradual ramp up of admissions to the program, additional funding above the 5% 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 $ 9,800 per home as follows. Please note that this ramp up plan must be detailed in the program narrative of proposal under the "Budget" section.

Week 1: For admission of up to 2 youth, an additional $7,350 will be provided (**3** x **7** x $350 per diem rate) per home
Week 2: For admission of up to 4 youth, an additional $2,450 will be provided (**1** x **7** x $350 per diem rate) per home. The maximum funding for this operational ramp up cannot exceed $9800 per home. The schedule above highlights an ideal ramp up plan given availability of youth eligible for the 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 must adhere to all applicable State cost principles. Standard DCF Annex B (budget) forms are available at: http://www.state.nj.us/dcf/providers/contracting/forms/ and a description of General and Administrative Costs are available at http://www.state.nj.us/dcf/providers/notices/

5) Reduction of Seclusion and Restraint Use (5 Points)

The Six Core Strategies for Reducing Seclusion and Restraint Use is an evidence-based model that was developed by the National Association of State Mental Health Program Directors (NASMHPD) and has successfully reduced the use of S/R in a variety of mental health settings

for children and adults across the United States and internationally[5]. Respondents are required to submit as Appendices a summary of no more than 3 pages that describes how this model will be implemented within their program model. The summary must address the following six core strategies:

1) Leadership Toward Organizational Change
2) Use of Data to Inform Practice
3) Workforce Development
4) Use of S/R Prevention Tools
5) Consumer Roles in Inpatient Settings
6) Debriefing Techniques

Additional information on *The Six Core Strategies for Reducing Seclusion and Restraint Use* can be located at:
http://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf

6) Completeness of the Application (5 Points)

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

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and a CD ROM containing all the documents in PDF or Word format. There is a 15 page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. 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. DCF Proposal Cover Sheet*
2. Table of Contents-Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices
3. Proposal Narrative (in following order)
    a. Applicant Organization
    b. Program Approach

[5] National Association of State Mental Health Program Directors. Six Core Strategies for Reducing Seclusion and Restraint Use. Revised 2006.

c. Outcome Evaluation
d. Budget Narrative (Include in Appendices)
e. Reduction of Seclusion and Restraint Use
f. Completeness of the Application

Part II: Appendices

1. Job descriptions of key personnel, resumes if available for key personnel (please do not provide home addresses or personal phone numbers)
2. Staffing patterns
3. Current or Proposed Agency Organization Chart
4. Proposed Program Implementation Schedule
5. Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)
6. Budget Narrative [OPTIONAL: Start up-Facility Renovations costs (See Budget Section)]
7. DCF Annex B Budget Forms*
8. Copy of agency's Conflict of Interest policy
9. 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
10. Three Letters of Support/Affiliation from community based organizations
11. Dated List of Names, Titles, Address and Terms of Board of Directors
12. Include curricula table of contents for psycho-educational groups, including those focused on wellness and recovery
13. Include policy regarding engaging and sustaining the involvement of family and/or natural supports
14. Written letters of commitment 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 RTC IOS program (if available).
15. Provide letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care
16. Include policy or procedures regarding: timelines; program operations; and responsible staff for admission, orientation, assessment, engagement, treatment planning, discharge planning, and transition
17. Attach copies of any evaluation tools that will be used to determine the effectiveness of the program services
18. Include 2 documents -policy or procedures regarding:
    a. The use of IMDS tools and any additional outcome measures
    b. Community-based activities
19. Summary of Reduction of Seclusion and Restraint Use (maximum 3 page limit)

20. Signed DCF Standard Language Document http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
21. 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
22. Renewal Printout from the System for Award Management (SAM) website (https://www.sam.gov/portal/public/SAM/)
23. Applicable Consulting Contracts, Affiliation Agreements/Memoranda of Understanding
24. Signed HIPAA Business Associate Agreement (http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc)
25. Copies of Applicable Licenses-Licenses are not required but if you have licensed individuals you may provide them
26. Current Affirmative Action Certificate or Copy of Renewal Application Sent to Treasury
27. Certificate of Incorporation
28. New Jersey Business Registration Certificate with the Division of Revenue
29. Agency By-laws or Management Operating Agreement if an LLC
30. Tax Exempt Certification-IRS Determination Letter regarding applicant's charitable contribution or non-profit status, if a non- profit
31. Disclosure of Investigation and Other Actions Involving Bidder-Full Version** Signed and dated
32. Disclosure of Investment Activities in Iran** Signed and dated
33. MacBride Principles** Signed and dated
34. Statement of Bidder/Vendor Ownership Full Version** Signed and dated
35. Chapter 271** Signed and dated
36. Source Disclosure Certification** Signed and dated
37. Two-Year Chapter 51/Executive Order 117 Vendor Certification and Disclosure of Political Contributions (For-Profit only) **Signed and dated
38. Annual Report to the Secretary of State (https://www1.state.nj.us/TYTR_COARS/JSP/page1.jsp
39. Annual Report- Charitable Organizations (If applicable)
40. W-9 form (new agencies only) (http://www.state.nj.us/treasury/omb/forms/pdf/W9.pdf
41. Certification regarding Debarment* Signed and Dated http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf
42. Statement of Assurances* Signed and Dated
43. Form 990 for Non-Profits or Form 1120 intended for For-Profit entities. LLC's shall provide an applicable tax form and may delete or redact any SSN or personal information

44. Copy of Most Recent Audit or financial statement certified by an accountant or accounting firm

* 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/Bidder's Conference. All prospective applicants must attend the Bidders Conference and participate in the onsite registration process in order to have their applications reviewed. Failure to attend the Bidders Conference will disqualify individuals, agencies, or organizations from the RFP process.

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

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. l7:27-5.2.

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 ww.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
State of New Jersey-Department of Children and Families
Minimum Staffing Requirements-RTC-Cluster of 3 homes

1. I, (Name) ____________________________, am the (Title) _____________________________of the (Name of Provider Agency) _____________________________________.

The following are the *minimum* staffing credentials and requirements for a DCF contracted provider of Residential Treatment Services (RTC) Intensity of Service (IOS) – One cluster of three (3) five-bed homes. This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage. Staff requirements are divided by dedicated **House Staff** and **Hub Professional Staff**. *Contracted staff to youth ratio*: a ratio of 1 direct care staff for every 5 youth must be maintained at all hours with a minimum of 2 awake staff on at all times – including while youth are asleep.

Dedicated House Staff Positions	Qualifications	Other requirements	Hours/youth/week
House Manager	BA with 3-5 years of direct experience; or unlicensed MA with 1 year of direct experience.	Supervise milieu staff and schedules. Oversee daily operations of home. Family orientation (within 1st 24hours); review and signing of all required paperwork (within 1st 48hours). As needed, on-site psycho educational activities. Member of treatment team.	FT dedicated on site. 5 hours per week per youth of documented case management.
Milieu Support Staff –	BA or HS with 3-5 years' experience providing direct care to youth in a behavioral health agency or institutional setting.	Youth orientation (within 1st 24 hours). Daily milieu activities. Pre-vocational skills training 5 hours weekly. Life skills training 2 hours weekly. Member of treatment team.	44 hours per week per youth (represents multiple FTEs).

Hub Staff Positions	Qualifications	Other requirements	Hours/youth/week
Program Director	MA with 3 years post MA experience in field (at least one of which shall be in a supervisory capacity).	Attend monthly treatment team meetings; oversee all quality assurance / program improvement activities. Member of treatment team.	FT dedicated, on-site. Minimum 10 hours per week per house. Must exclusively serve within the capacity of this program only.
NJ licensed therapist (clinician)	Masters, LCSW, LMFT, LPC, NJ licensed psychologist	IMDS strengths and needs assessment (within 1st 24 hours); initial treatment and crisis plan (within 1st 48 hours); comprehensive treatment and discharge plan (within 1st week). Weekly individual trauma informed therapy, weekly group therapy. Bi-monthly family therapy. Member of treatment team. Monthly IMDS assessments. Supervision of non-licensed staff.	6 hours per week per youth only within the cluster (must provide clinical service exclusively to the cluster).
Masters level therapist	Masters under the supervision of NJ licensed practitioner with documented plan to achieve licensure within 3 years.		
Psychiatrist or APN	MD, BC/BE/APN. Board certified child psychiatrist or psychiatric APN in affiliation with a board certified child psychiatrist.	Initial treatment and crisis plan (within 1st 48 hours); psychiatric intake assessment and report (within 1st week). Monthly medication management meetings. Monthly clinical visit with youth/family. Member of treatment team.	.67 clinical hours per week per youth; 75 % of which must be face-to-face time with youth and/or families. 24/7 availability by contract.
Pediatric APN or Pediatrician	MD, BC/BE/APN. NJ licensed, board certified.	Pediatric assessment and report (within 1st 48 hours).	24/7 availability by contract.
Allied clinical therapist	Licensed where applicable.	Recreation/leisure assessment and report (within 1st week).	6 hours per week per youth.
Nurse/RN	Registered nurse (RN) or a licensed practical nurse (LPN), under the supervision of an RN, with a current NJ nursing license and one year direct care nursing experience with children.	Nursing assessment and report (within 1st 48 hours). Initial treatment and crisis plan consultation (within 1st 48 hours, then weekly). Daily medication dispensing. Weekly health/hygiene/sex education. Monthly medication education. Daily debriefing. Member of treatment team.	1.5 hours per week per youth.

Hub Staff Positions	Qualifications	Other requirements	Hours/youth/week
Additional Milieu Support Staff	BA or HS with 3-5 years' experience providing direct care to youth in a behavioral health agency or institutional setting.	Daily milieu activities. Pre-vocational skills training 5 hours weekly. Life skills training 2 hours weekly. Member of treatment team.	Two additional FT milieu support staff positions for the exclusive purpose of providing additional support and supervision across the three homes as needed. May not be staff from other existing programs.

2. By my signature below, I hereby certify that I have read and understand the *minimum* staffing requirements for a DCF contracted provider of an RTC-IOS-One cluster of three (3) five-bed homes.

_______________________________________ ____________________

Signature Date

____

Printed Name