



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES
PO BOX 729
TRENTON, NJ 08625-0729

PHILIP MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

October 4, 2022

Youth Consultation Services
Ms. Tara Augustine
284 Broadway
Newark, NJ 07104
taugustine@yics.org

Dear Ms. Augustine:

I am pleased to advise you that your application for the **"American Rescue Plan Supplemental Funding for Early Childhood Prevention Programs"** has been selected for consideration to be funded for the amount of **\$800,000** by the Department of Children and Families.

Funding will become available upon the Department's execution of the contract, which follows its review and acceptance of required documentation and its negotiation of any unresolved issues.

Please note that the execution of this contract is contingent upon the resolution through negotiation of the following unresolved issue(s):

- The organization will need to provide a more detailed description on how the Circle of Security, the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, and the Keys to Interactive Parenting programs are designed to 1) prevent child abuse and neglect, and 2) support the coordination of resources and activities to strengthen and support families to reduce the likelihood of child abuse and neglect.
- The organization will need to provide a complete description of the type of qualitative data that will be used in the quantitative analysis, and what the qualitative approach involves. The organization identified several screening tools with a timeline of implementation and how they will be administered. However, they did not describe what outcomes they would assess and measure (e.g., focus groups, individual interviews, case reviews).
- The organization will need to provide a more detailed budget explanation of the funding per year.

The Office of Contract Administration will be contacting you within the next few weeks to initiate the next steps of the process and answer any questions you may have.

On behalf of the Department of Children and Families, I congratulate you on the quality of your application and thank you for your commitment to the individuals we serve.

Sincerely,

Christine Norbut Beyer, MSW
Commissioner

www.nj.gov/DCF

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
CONTRACT MODIFICATION FORM

Provider Agency Name: Youth Consultation Service Inc. Modification # 1
Fiscal-Year-End 6/30/2023 Contract Term 10/1/2022 thru 9/30/2025

Contract # 23TFGP Cognizant Contract: Yes X No
Division(s) affected by the Modification DCP & DFCP

Date of most recently approved Contract Modification: N/A

Requested effective date for this Contract Modification: 10/1/2022

Check applicable area(s) for modification:

- 1) Change to the Reimbursable Ceiling: from to
2) Increase in Total Cost: from to
3) X Change in the Contract Term: currently from 10/1/22 to 9/30/23 to the revised term 10/1/22 to 9/30/25
4) Change exceeding the Flexible Limits.
5) Transfer of budgeted cost across DCF Contracts or Clusters.
6) Transfer of federal and/or other revenue across DCF Contracts or Clusters.
7) Change to the method of allocating G&A, the indirect cost rate and/or its application.
8) Addition or deletion of an entire Budget Category (A through M individually).
9) Addition of Line Items within Budget Category (B) Consultants and Professional Fees.
10) Equipment not in approved budget above \$5,000 per item.
11) Change in payment methodology.
12) Change in the payment rate(s)
13) Change in target population
14) Change in contracted performance standards
15) Change in contracted level of service
16) Change in contracted staff/client ratios.
17) Change of Subcontractors providing direct services or change to subcontracted direct services.

***** Mod#1 Technical Mod to revise contract period from 10/1/22-9/30/23 to 10/1/22-9/30/25. There is no change to the ceiling of \$801,000. Funding is for Early Childhood Prevention, Direct Service ARP Supplemental. One-Time Funding with a funding period of 10/1/2022 to 9/30/2025. Funding will be dispersed over a 3-year period as follow: \$267,000 (10/1/22-9/30/23 YR.1); \$267,000 (10/1/23-9/30/24 YR.2); \$267,000 (10/1/24-9/30/25 YR.3). ****

Please attach an explanation

This form, its attachments and/or revised section(s) of the programmatic Annex A and/or the revised itemized Annex B Budget or Rate Information Summary, constitute this entire Contract Modification. The persons whose signatures appear below agree to this Contract Modification.

BY: Tara Augustine (Signature)

Tara Augustine (Type name)

BY: [Redacted Signature] (Signature)

[Redacted Name] (Type name)

Title President & CEO

Title: Business Manager

Provider Agency: Youth Consultation Service, Inc.

Departmental Component: Department Of Children & Families

Date:

Date: 6/23/2023

DATE EFFECTIVE:

Schedule of Estimated Claims

Third Party Contract Summary Report - Page 1 of 2

Provider Youth Consultation Service Inc
 Division DFCP
 Contract 23TFGP
 Dates 10/1/2022 to 9/30/2025

Contract Characteristics

Reporting Requirements

- None
- Monthly
- Quarterly
- Other

Advance Payments

- None
- Monthly


Type of Contract


- Cost Related
- Non-Cost Related

Reimbursement Type

- Periodic Reported Expenditures
- Installments
- Provisional
- Fixed Rate

Account and CFDA Information	Amt
1630-090 CBCAP ARP (93.590)	\$801,000.00
Grand Total	\$801,000.00

Authorized Provider Signature 
 Date 3/28/23

DCF Contract Supervisor Signature 
 Date 05/05/2023



Schedule of Estimated Claims

Third Party Contract Summary Report - Page 2 of 2

Provider Youth Consultation Service Inc

Division DFCP

Contract 23TFGP

Dates 10/1/2022 to 9/30/2025

Original Contract Ceiling
\$801,000.00

Contract Modifications	
Mod 1	\$0.00
Mod 2	\$0.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00
	\$0.00

Total Contract Ceiling
\$801,000.00

Total Match Amount
\$0.00

Amended Contract Ceiling *
\$801,000.00

Payments by Month *	
2022 October	\$22,250.00
2022 November	\$22,250.00
2022 December	\$22,250.00
2023 January	\$22,250.00
2023 February	\$22,250.00
2023 March	\$22,250.00
2023 April	\$22,250.00
2023 May	\$22,250.00
2023 June	\$22,250.00
2023 July	\$22,250.00
2023 August	\$22,250.00
2023 September	\$22,250.00
2023 October	\$22,250.00
2023 November	\$22,250.00
2023 December	\$22,250.00
2024 January	\$22,250.00
2024 February	\$22,250.00
2024 March	\$22,250.00
2024 April	\$22,250.00
2024 May	\$22,250.00
2024 June	\$22,250.00
2024 July	\$22,250.00
2024 August	\$22,250.00
2024 September	\$22,250.00
2024 October	\$22,250.00
2024 November	\$22,250.00
2024 December	\$22,250.00
2025 January	\$22,250.00
2025 February	\$22,250.00
2025 March	\$22,250.00
2025 April	\$22,250.00
2025 May	\$22,250.00
2025 June	\$22,250.00
2025 July	\$22,250.00
2025 August	\$22,250.00
2025 September	\$22,250.00
Grand Total	\$801,000.00

Payments by State Fiscal Year *	
2023 1630-090	\$200,250.00
2024 1630-090	\$267,000.00
2025 1630-090	\$267,000.00
2026 1630-090	\$66,750.00
Grand Total	\$801,000.00

* Please note, if this SEC contains mortgage repayment(s) those deductions are reflected.



Schedule of Estimated Claims
Third Party Contracts

Provider Name Youth Consultation Service Inc
Component Name Early Childhood Prevention - Direct Service

Contract Administrator [REDACTED]

Division	DFCP	Contract No	23TFGP	Contract Start	10/1/2022	Contract End	9/30/2025
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Type of Funding 1-Time Funding			
1630-090 CBCAP ARP (93.590)			
	Month	YY	Amount
	October	2022	\$22,250.00
Enter Mod # 1 thru 10 above.	November	2022	\$22,250.00
	December	2022	\$22,250.00
	January	2023	\$22,250.00
	February	2023	\$22,250.00
	March	2023	\$22,250.00
	April	2023	\$22,250.00
	May	2023	\$22,250.00
	June	2023	\$22,250.00
	July	2023	\$22,250.00
	August	2023	\$22,250.00
	September	2023	\$22,250.00
Match Required? No			
0.0%	Total		\$267,000.00

Type of Funding 1-Time Funding			
1630-090 CBCAP ARP (93.590)			
	Month	YY	Amount
	October	2023	\$22,250.00
Enter Mod # 1 thru 10 above.	November	2023	\$22,250.00
	December	2023	\$22,250.00
	January	2024	\$22,250.00
	February	2024	\$22,250.00
	March	2024	\$22,250.00
	April	2024	\$22,250.00
	May	2024	\$22,250.00
	June	2024	\$22,250.00
	July	2024	\$22,250.00
	August	2024	\$22,250.00
	September	2024	\$22,250.00
Match Required? No			
0.0%	Total		\$267,000.00

Type of Funding 1-Time Funding			
1630-090 CBCAP ARP (93.590)			
	Month	YY	Amount
	October	2024	\$22,250.00
Enter Mod # 1 thru 10 above.	November	2024	\$22,250.00
	December	2024	\$22,250.00
	January	2025	\$22,250.00
	February	2025	\$22,250.00
	March	2025	\$22,250.00
	April	2025	\$22,250.00
	May	2025	\$22,250.00
	June	2025	\$22,250.00
	July	2025	\$22,250.00
	August	2025	\$22,250.00
	September	2025	\$22,250.00
Match Required? No			
0.0%	Total		\$267,000.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with APU#/Funding Source from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Type of Funding (enter Type of Funding here from drop-down)			
(enter Account with CFDA from drop-down)			
	Month	YY	Amount
Enter Mod # 1 thru 10 above.			
Match Required? (enter Yes/No)			
0.0%	Total		\$0.00

Component Match Percentage	0.00%
Component Match Amount	\$0.00
Original Component Ceiling	\$801,000.00
Modifications to Component Ceiling	\$0.00
Total Component Ceiling	\$801,000.00
Mod 1	\$0.00
Mod 2	\$0.00
Mod 3	\$0.00
Mod 4	\$0.00
Mod 5	\$0.00
Mod 6	\$0.00
Mod 7	\$0.00
Mod 8	\$0.00
Mod 9	\$0.00
Mod 10	\$0.00

NOTES:
New Contract: FA# 23-79 Multi-Year Contract Term 10/01/22-09/30/25; \$267,000=(10/01/22-09/30/23 yr. 1); \$267,000=(10/01/23-09/30/24 yr. 2); \$267,000=(10/01/24-09/30/25 yr. 3). Carryover funds allowed upon approval by DCF program staff. Funds not expended or carryforward must be returned to DCF within 45 days of each contract year. FROE due by 11/14/2025. One-Time Funding \$267,000 APU: 21-1630-090 CBCAP CFDA# 93.590.

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**STANDARD LANGUAGE DOCUMENT
FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

This CONTRACT is effective as of the date recorded on the signature page between the Department and the Provider Agency identified on the signature page.

WHEREAS the New Jersey Department of Children and Families (the "Department") has been duly designated under the authority of N.J.S.A. 30:1A-1, 30:1-11, 30:1-12, and 30:1-20 to administer or supervise the administration of social service and training programs and has, in turn, designated the Departmental Component to be directly responsible for the funding, implementation and administration of certain social service and training programs, including the program(s) covered by this Contract; and

WHEREAS the Department desires that the Provider Agency provide services and the Provider Agency has agreed to provide services in accordance with the terms and conditions contained in this Contract.

THEREFORE, the Department and the Provider Agency agree as follows:

I. DEFINITIONS

For the purposes of this document, the following terms, when capitalized, shall have meanings as stated:

Additional Named Insured means an endorsement to an insurance policy extending the coverage to the State of New Jersey against loss in accordance with the terms of the policy. Naming the State as an additional named insured permits the Department to pay the premium should the named insured fail to do so.

Contract means one of the Department's social service or training Contracts with a Provider Agency. Terms and conditions of the Contract are included in the Standard Language Document, in DCF-SAGE, appendices, attachments and Contract Modifications (including any approved assignments and subcontracts) and supporting documents. The Contract constitutes the entire binding agreement between the Department and the Provider Agency.

Days means calendar days.

DCF-SAGE means the contract management database containing programmatic and financial information included as terms and conditions of the Contract.

Department means the New Jersey Department of Children and Families. It means, where appropriate from the context, the Division, Commission, Bureau, Office, Unit or other designated component of the Department of Children and Families responsible for the administration of particular Contract programs.

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Departmental Component means the Office of Contract Administration (OCA) as the unit within the Department responsible for the negotiation, administrative review, approval, and monitoring of certain social services and training Contracts or Agreements.

Expiration means the cessation of the Contract because its term has ended.

Notice means an official written communication between the Department and the Provider Agency. All Notices shall be delivered in person or by certified mail, return receipt requested, and shall be directed to the persons and addresses specified for such purpose in DCF-SAGE or to such other persons as either party may designate in writing.

The Notice shall also be sent by regular mail and shall be presumed to have been received by the addressee five days after being sent to the last address known by the Department.

Provider Agency (also Provider) means all for-profit and non-profit private and public entities that have either a Cost Reimbursement or fee for service Contract with the Department, regardless of whether the Department is the State Cognizant Department.

Termination means an official cessation of this Contract, prior to the expiration of its term that results from action taken by the Department or the Provider Agency in accordance with provisions contained in this Contract.

II. BASIC OBLIGATIONS OF THE DEPARTMENT

Section 2.01 Payment. As established in the DCF-SAGE, payment for Contract services delivered shall be based on allowable expenditures or the specified rate per unit of service delivered. Such payment(s) shall be authorized by the Department in accordance with the time frames specified in DCF-SAGE. Total payments shall not exceed the maximum Contract amount, if any, specified in DCF-SAGE. All payments authorized by the Department under this Contract shall be subject to revision on the basis of an audit or audits conducted under Section 3.13 Audit or on the basis of any Department monitoring or evaluation of the Contract.

Section 2.02 Referenced Materials. Upon written request of the Provider Agency, the Department shall make available to the Provider Agency copies of federal and State regulations and other material specifically referenced in this document.

III. BASIC OBLIGATIONS OF THE PROVIDER AGENCY

Section 3.01 Contract Services. The Provider Agency shall provide services to eligible persons in accordance with all specifications contained in this Contract.

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Section 3.02 Reporting. The Provider Agency shall submit to the Department programmatic and financial reports on forms provided by the Department and within the stated time parameters. The reporting frequency and due date(s) are specified and sample forms to be used are included in DCF-SAGE, or otherwise made available by the Departmental Component.

Section 3.03 Compliance with Laws. The Provider Agency agrees in the performance of this Contract to comply with all applicable federal, State and local laws, rules and regulations (collectively, "laws"), including but not limited to the following:

- a. State and local laws relating to licensure; federal and State laws relating to safeguarding of client information.
- b. The federal Civil Rights Act of 1964 (as amended);
- c. P.L. 1975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et seq.) and associated executive orders pertaining to affirmative action and nondiscrimination in public contracts.
- d. The New Jersey Law Against Discrimination (LAD) (N.J.S.A. 10:5-1 et seq.)
- e. The federal Equal Employment Opportunity Act.
- f. Section 504 of the federal Rehabilitation Act of 1973 pertaining to non-discrimination on the basis of handicap, and regulations thereunder.
- g. The Americans With Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; and
- h. Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b)

Failure to comply with the laws, rules and regulations referenced above shall be grounds for Termination of this Contract for cause.

If any provision of this Contract shall conflict with any federal or State law(s) or shall have the effect of causing the State to be ineligible for federal financial participation in payment for Contract services, the specific Contract provision shall be considered amended or nullified to conform to such law(s). All other Contract provisions shall remain unchanged and shall continue in full force and effect.

Section 3.04 Business Associate Agreements and State Confidentiality Statutes. DCF is a covered entity pursuant to the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C.A. §1320d et seq. (HIPAA); 45 CFR Parts 160 and 164. Before a Provider

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Agency obtains or is permitted to access, to create, maintain or store Protected Health Information (PHI) as part of its responsibility under this Contract, the Provider Agency shall first execute a Department of Children and Families Business Associate Agreement (BAA). A Provider Agency, whose work under this Contract does not involve PHI is not required to execute a BAA. DCF shall have the sole discretion to determine when a Provider Agency's work will involve PHI. Protected Health Insurance shall have the same meaning as in 45 CFR 160.103.

Provider Agencies that enter any subcontract where the work for the subcontract involves an individual's PHI shall require its subcontractor to execute a BAA that meets all the requirements of HIPAA, including those in 45 CFR 164.504(e). A standard form of BAA is available for a Provider Agency's use from the Department. If the BAA is breached by the Provider Agency, or its subcontractor, the Provider Agency shall notify the Department within 24 hours of the breach. The Department may, in its sole discretion and at any time, request a BAA compliance audit or investigation of the Provider Agency or its subcontractor with which the Provider Agency has entered into a BAA. The Provider Agency shall cooperate with all Department requests for a BAA compliance audit and/or investigation and shall require that its subcontractor cooperate with all Departmental requests for BAA compliance audits and investigations.

In addition to the confidentiality requirements of HIPAA, if applicable, a Provider Agency shall maintain the confidentiality of all certificates, applications, records and reports ("Records") that directly or indirectly identify any individual and shall not disclose these Records except where disclosure is consistent with applicable Department statute and regulations and the BAA, if any.

Section 3.05 Business Registration.

NOTE: This section does not apply to governmental agencies or non-profit organizations.

The Provider Agency must have a valid Business Registration Certificate (BRC) issued by the Department of Treasury, Division of Revenue prior to the award of a contract in accordance with N.J.S.A. 52:32-44(b). No State Agency may Contract with a Provider Agency if the Provider has not filed for its incorporation papers or filed its annual business registration. Furthermore, no Provider Agency that Contracts with the Department shall enter into any subcontract unless the subcontractor can demonstrate that it is incorporated in the State of New Jersey and its annual business registration is current, and follows the provisions prescribed in this Standard Language Document. Failure to comply with this paragraph or the above-referenced citation will result in cause for the Department to Terminate this Contract.

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Section 3.06 Set-Off for State Tax and Child Support. Pursuant to N.J.S.A. 54:49-19, if the Provider is entitled to payment under the Contract at the same time as it is indebted for any State tax (or is otherwise indebted to the State) or child support, the State Treasurer may set off that payment by the amount of the indebtedness.

Section 3.07 Source Disclosure. N.J.S.A. 52:34-13.2, that codified Public Law 2005, c.92 and Executive Order 129, requires when submitting a Request for Proposals and/or Contract, the Provider Agency shall submit as part of their proposal and/or Contract Certification listing where their contracted services will be performed and if the contracted services, or any portion thereof, will be subcontracted and where any subcontracted services will be performed.

Any changes to the information submitted in the Source Disclosure Certification during the term of the Contract must be immediately reported to the Director of the Division of Purchase and Property and to the Departmental Component within the Department for whom the contracted services are being performed. A Provider that shifts its activities outside the United States and its constituent Commonwealths and territories without prior written affirmation by the Director attesting to the fact that extraordinary circumstances required the shift or that the failure to shift the services would result in the infliction of economic hardships to the State of New Jersey, shall be deemed to be in breach of Contract which would be subject to Termination by the Department.

Section 3.08 Provider Certification and Disclosure of Political Contributions.

NOTE: Non-profit organizations are exempted from the requirements of Section 3.08.

N.J.S.A. 19:44A-20.13 to 19:44A-20.25, that codified Public Law 2005, Chapter 51 and Executive Order 134, and Executive Order 117, requires that any for-profit agency that seeks or contracts to provide services in the amount of \$17,500 or more must submit to the Department the Certification and Disclosure of Political Contribution forms. This form includes a certification that the business entity has not, during certain specified time frames, solicited or made any contribution of money, pledge of reportable contributions, including in-kind contributions, to any candidate committee and/or election fund of the Governor or Lieutenant Governor, any legislative leadership committee or any State, county or municipal political party committee. The form also requires disclosure of any of the above-referenced reportable contributions made by the business entity, its principals, officers, partners, directors, spouses, civil union partners and resident children.

If awarded a Contract, the Provider will, on a continuing basis, continue to report any Contribution it makes during the term of the Contract, and any extension(s) thereof. Failure to do so will result in Termination of the Contract and could result in the debarment from public contracting of the Provider for a period of up to five years.

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Section 3.09 Contract Certification and Political Contribution Disclosure Form. The Provider Agency is advised of its responsibility to file an annual disclosure statement of political contributions with the New Jersey Election Law Enforcement Commission (ELEC), pursuant to P.L. 2005, c.271, section 3 if the Provider Agency receives Contracts in excess of \$50,000 from a public entity in a calendar year. It is the Provider Agency's responsibility to determine if filing is necessary. Failure to so file can result in the imposition of financial penalties by ELEC. Additional information about this requirement is available from ELEC at (888) 313-3532 or at www.elec.state.nj.us/

Section 3.10 Equal Employment Opportunity. Pursuant to N.J.S.A. 10:5-31 *et seq.*, N.J.A.C. 17:27, during the performance of this Contract, the Provider Agency agrees as follows:

- a. The Provider Agency and any subcontractor(s) will not discriminate against any client, 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.
- b. Except with respect to affectional or sexual orientation and gender identity or expression, the Provider will take affirmative action to ensure that such applicants are recruited and employed by DCF contracted agencies.
- c. The Provider Agency will ensure that equal opportunity is afforded to all employees in recruitment and employment, and that all employees are treated equally during employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity, disability, nationality or sex. Such action 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.
- d. The Provider Agency 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.

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- e. The Provider Agency and subcontractor(s), in all solicitations or advertisements for employees placed by or on behalf of the Provider shall 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.
- f. The Provider Agency and subcontractor(s) will send a notice to each labor union or representative with which it has a collective bargaining agreement, other contract, or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the Provider's commitments under this act and shall post copies of the notices in conspicuous places available to employees and applicants for employment.
- g. The Provider Agency and subcontractor(s) agree 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.
- h. The Provider Agency or subcontractor agrees to make a good faith attempt to employ minority and female workers consistent with the applicable county employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time or in accordance with a binding determination of the applicable county employment goals determined by the Division of Contract Compliance & EEO pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time.
- i. The Provider Agency or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, 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.
- j. The Provider Agency 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 State and federal law and applicable State and federal court decisions.
- k. The Provider Agency and subcontractor agree 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,

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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.

1. The Provider Agency and its subcontractors shall furnish such reports or other documents to the Department from time to time in order to carry out the purposes of these regulations, and the Department shall furnish such information to the Department of Treasury, Division of Contract Compliance and EEO, as may be requested by the DCF for conducting a compliance investigation pursuant to Subchapter 10 of N.J.A.C.17:27.

Section 3.10.1 Anti-Discrimination Provisions. Pursuant to N.J.S.A. 10:2-1, during the performance of this Contract, the Provider Agency agrees as follows:

- 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.

Section 3.11 Department Policies and Procedures. In the administration of this Contract, the Provider Agency shall comply with all applicable policies and procedures issued by the Department including, but not limited to, the policies and procedures contained in the

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Department's Contract Reimbursement Manual (as from time to time amended) and the Department's Contract Policy and Information Manual (as from time to time amended). Failure to comply with these policies and procedures shall be grounds to Terminate this Contract.

Section 3.12 Financial Management System. The Provider Agency's financial management system shall provide for the following:

- a. Accurate, current and complete disclosure of the financial results of this Contract and any other contract, grant, program or other activity administered by the Provider Agency.
- b. Records adequately identifying the source and application of all Provider Agency funds and all funds administered by the Provider Agency. These records shall contain information pertaining to all contract and grant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays and income.
- c. Effective internal control structure over all funds, property, and other assets. The Provider Agency shall adequately safeguard all such assets and shall ensure that they are used solely for authorized purposes.
- d. Comparison of actual outlays with budgeted amounts for this Contract and for any other contract, grant, program or other activity administered by the Provider Agency.
- e. Accounting records supported by source documentation.
- f. Procedures to minimize elapsed time between any advance payment issued and the disbursement of such advance funds by the Provider Agency; and
- g. Procedures consistent with the provisions of any applicable Departmental policies and procedures for determining the reasonableness, allowability, and allocability of costs under this Contract.

Section 3.13 Audit. The Department requires a Provider Agency that expends within their fiscal year aggregated Federal or State financial assistance from cost reimbursement contracts of \$100,000 or greater, to submit an annual organization-wide audit.

Audits shall be conducted in accordance with the Federal Single Audit Act of 1984, generally accepted auditing standards as specified in the Statements on Auditing Standards issued by the American Institute of Certified Public Accountants and Government Auditing Standards issued by the Comptroller General of the United States.

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The Department may require, in its sole discretion, a Provider Agency that expends within their fiscal year aggregated Federal or State financial assistance from cost reimbursement contracts of less than \$100,000, or that expends within their fiscal year any amount of Federal or State financial assistance or Medicaid payments for providing services to Medicaid eligible individuals from fee for service contracts, to submit one of the following:

- a. An annual program specific audit performed in accordance with the Uniform Guidance Subpart F for each program providing services under a New Jersey contract; or
- b. A copy of an already prepared annual financial statement audit of the organization performed in accordance with Government Auditing Standards (Yellow Book); or
- c. A compilation of certified financial statements that includes an income statement, cash flow statement or balance sheet, prepared in accordance with generally accepted accounting principles and reviewed by a public accountant attesting to their accuracy.

At any time during the Contract term, the Provider Agency's overall operations, its compliance with specific Contract provisions, and the operations of any assignees or subcontractors engaged by the Provider Agency under Section 5.02 Assignment and Subcontracts may be subject to audit or review by the Department, by any other appropriate unit or agency of State or Federal government, and/or by a private firm or firms retained or approved by the Department for such purpose.

Whether or not such audits are conducted during the Contract term, a final financial and compliance audit of Contract operations, including the relevant operations of any assignees or subcontractors, may be conducted after Contract Termination or Expiration. The Provider Agency is subject to audit up to four years after Termination or Expiration of the Contract. If any audit has been started but not completed or resolved before the end of the four-year period, the Provider Agency continues to be subject to such audit until it is completed and resolved.

The Provider Agency 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.

Section 3.14 Federal Davis-Bacon Act and New Jersey Prevailing Wage Act. Any Department Contract containing federal funds more than \$2,000 utilized for the construction, alteration, renovation, repair, or modification of public works or public buildings to which the federal government is a party or any Contract for similar work on public works financed with federal funds must comply with the federal Davis-Bacon Act,

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40 U.S.C. section 276a et seq. The Davis-Bacon Act requires that the Provider must pay the prevailing wages to each designated worker class engaged under the Contract at wage rates determined by the U.S. Secretary of Labor.

Any subsequent Provider Agency, Contract, or subcontract for any public work in excess of \$2,000 State funds of which the Department is a party shall comply with the N.J. Prevailing Wage Act, N.J.S.A. 34:11-56.27. Such Contracts or subcontracts shall contain a provision stating that the prevailing wage rate, as designated by the New Jersey Commissioner of Labor, must be paid to all designated classes of workers employed through said Contracts or subcontracts. The Provider Agency must determine if the New Jersey Prevailing Wage Act applies and follow all directives per N.J.S.A. 34:11-56 et seq.

Section 3.15 Contract Closeout. The Provider Agency shall comply with all requirements of Department Policy: DCF.P7.01 Contract Closeout. This includes the prompt submittal of the final Report of Expenditures and any other financial or programmatic reports required by the Department. All required documentation is due within 120 days of Contract Expiration or Termination.

IV. TERMINATION

The Department may Terminate or suspend this Contract in accordance with the sections listed below.

Section 4.01 Termination for Convenience by the Department or Provider Agency. The Department or Provider Agency may Terminate this Contract upon 60 Days written advance Notice to the other party for any reason whatsoever.

The parties expressly recognize and agree that the Department's ability to honor the terms and conditions of this Contract is contingent upon receipt of federal funds and/or appropriations of the State legislature. If during the term of this Contract, therefore, the federal and/or the State government reduces its allocation to the Department, the Department reserves the right, upon Notice to the Provider Agency, to reduce or Terminate the Contract.

Section 4.02 Default and Termination for Cause. If the Provider Agency fails to fulfill or comply with any of the terms or conditions of the Contract, in whole or in part, the Department may by Notice place the Provider Agency in default status, and take any action(s) listed in accordance with Department Policy DCF.P9.05, Contract Default. Notice shall follow the procedures established in the policy.

The above notwithstanding, the Department may immediately upon Notice Terminate the Contract prior to its expiration, in whole or in part, whenever it is determined that the Provider Agency has jeopardized the safety and welfare of the Department's clients,

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materially failed to comply with the terms and conditions of the Contract, or whenever the fiscal or programmatic integrity of the Contract has been compromised. The Notice of Termination shall state the reason for the action(s); the Provider Agency's informal review options, time frames, and procedures; the effective date of the Termination; and the fact that a request for a review of the decision for action(s) does not preclude the determined action(s) from being implemented.

Section 4.03 Termination Settlement. When a Contract is terminated under any section of Section IV or policy DCF.P9.05, Contract Default, the Provider Agency shall be prohibited from incurring additional obligations of Contract funds. The Department may allow costs which the Provider Agency could not reasonably avoid during the Termination process to the extent that said costs are determined to be necessary and reasonable.

The Provider Agency and Department shall settle or adjust all accounts in a manner specified by the Department and shall be subject to a final audit under Section 3.13 Audit.

V. ADDITIONAL PROVISIONS

Section 5.01 Application of New Jersey Law. This Contract shall be governed, construed and interpreted in accordance with the laws of the State of New Jersey including the New Jersey Contractual Liability Act (N.J.S.A. 59:13-1 et seq.) and the Law Against Discrimination (LAD) (N.J.S.A. 10:5-1 et seq.).

Section 5.02 Assignment and Subcontracts. This Contract, in whole or in part, may not be assigned by the Provider Agency or assumed by another entity for any reason including but not limited to changes in the corporate status of the Provider Agency, without the prior written consent of the Department. Upon prior written notice of a proposed assignment, the Department may:

- a. Approve the assignment and continue the Contract to term;
- b. Approve the assignment conditioned upon the willingness of the assignee to accept all contractual modifications deemed necessary by the Department; or
- c. Disapprove the assignment and either terminate the Contract or continue the Contract with the original Provider Agency.

The Provider Agency may not subcontract any of the services that it has committed to perform or provide pursuant to this Contract without the prior written approval of the Department. Such consent to subcontract shall not relieve the Provider Agency of its full responsibilities under this Contract. Consent to the subcontracting of any part of the services shall not be construed to be an approval of said subcontract or of any of its terms, but shall operate only as an approval of the Provider Agency's request for the making of a

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subcontract between the Provider Agency and its chosen subcontractor. The Provider Agency shall be responsible for all services performed by the subcontractor and all such services shall conform to the provisions of this Contract.

Section 5.03 Client Fees. Other than as provided for in DCF-SAGE and/or Departmental Component specific policies, the Provider Agency shall impose no fees or any other types of charges of any kind upon recipients of Contract services.

Section 5.04 Indemnification. The Provider Agency shall assume all risk of and responsibility for, and agrees to indemnify, defend and hold harmless the State of New Jersey and its employees from and against any and all claims, demands, suits, actions, recoveries, judgments and costs, and expenses in connection therewith on account of the loss of life, property or injury or damages to the person, body or property of any person or persons, whatsoever, which shall arise from or result directly or indirectly from (1) the work, service or materials provided under this Contract; or (2) any failure to perform the Provider's obligations under this Contract or any improper or deficient performance of the Provider's obligations under this Contract. This indemnification obligation is not limited by, but is in addition to, the insurance obligations contained in this Contract.

Furthermore, the provisions of this indemnification clause shall in no way limit the obligations assumed by the Provider under this Contract, nor shall they be construed to relieve the Provider from any liability nor preclude the State of New Jersey, its Agencies, and/or the Department of Children and Families from taking any other actions available to them under any other provisions of this Contract or otherwise in law.

Section 5.05 Insurance. The Provider Agency shall maintain adequate insurance coverage. The State shall be included as an Additional Named Insured on any insurance policy applicable to this Contract. Should the Provider Agency fail to pay any premium on any insurance policy when due, the Department may Terminate the Contract for Cause.

Section 5.06 Modifications and Amendments. If both parties to this Contract agree to amend or supplement this Contract, any and all such amendments or supplements shall be in writing and signed by both parties. The amendment or supplement shall incorporate the entire Contract by reference and will not serve to contradict, amend, or supplement the Contract except as specifically expressed in the amendment or supplement.

Section 5.07 Statement of Non-Influence. No person employed by the State of New Jersey has been or will be paid any fee, commission, or compensation of any kind or granted any gratuity by the Provider Agency or any representative thereof in order to influence the awarding or administration of this Contract.

Section 5.08 Exercise of Rights. A failure or a delay on the part of the Department or the Provider Agency in exercising any right, power, or privilege under this Contract shall not

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waive that right, power, or privilege. Moreover, a single or a partial exercise shall not prevent another or a further exercise of that or of any other right, power or privilege.

Section 5.09 Recognition of Cultural Sensitivity. The Provider Agency agrees in the performance of this Contract to be sensitive to the needs of the minority populations (as described in section 3.10a of this policy) of the State of New Jersey. This sensitivity includes the employment, if possible, of a culturally diverse staff that can communicate with, and be representative of the entire community it serves.

The Provider Agency shall make programs linguistically appropriate and culturally relevant to underserved minority groups within the community. Appropriate accommodations for services shall be developed and maintained for those minority individuals who are deprived of reasonable access to those services due to language barriers or ethnic, affectional, and cultural differences. In addition, Provider Agencies shall make certain that all programs and services are reflective of the demographic needs of the community, while providing all minorities (as described in section 3.10a of this policy) the opportunity to experience any and all available social services irrespective of their ethnic, affectional, or cultural heritage.

Section 5.10 Copyrights. The Department of Children and Families reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use any work or materials developed under a Department or federally funded Contract or subcontract. The Department also reserves the sole right to authorize others to reproduce, publish, or otherwise use any work or materials developed under said Contract or subcontract.

Section 5.11 Successor Contracts. If an audit or Contract closeout reveals that the Provider Agency has failed to comply with the terms and/or conditions of this Contract, the Department reserves the right to make all financial and/or programmatic adjustments it deems appropriate to any other Contract entered into between the Department and the Provider Agency.

Section 5.12 Sufficiency of Funds. The Provider Agency recognizes and agrees that both the initial provision of funding and the continuation of such funding under the Contract is expressly dependent upon the availability to the Department of funds appropriated by the State Legislature from State and/or Federal revenue or such other funding sources as may be applicable. A failure of the Department to make any payment under its Contract with the Provider Agency or to observe and adhere to its performance obligation under the Contract as a result of the failure of the Legislature to appropriate the funds necessary to do so shall not constitute a breach of the Contract by the Department or default thereunder and the Department shall not be held financially liable, therefore. In addition, future funding shall not be anticipated from the Department beyond the duration of the Contract with the Provider Agency and in no event shall the Contract be construed as a commitment by the Department to expend funds beyond the Termination date set therein.

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Section 5.13 Collective Bargaining. State and federal law allows employees to organize themselves into a collective bargaining unit.

Funds provided under this Contract shall not be utilized to abridge the rights of employees to organize themselves into a collective bargaining organization or preclude them from negotiating with Provider Agency management. Funds may be utilized for legitimate and reasonable management purposes at the direction of the Provider Agency during the process of collective bargaining organization.

Section 5.14 Independent Employer Status. Employees of Provider Agencies that Contract with the Department of Children and Families are employees of the Provider Agency, not the State.

In accordance with the National Labor Relations Act, 29 U.S.C.A. 152(2) and State law, N.J.S.A. 34:13A-1 et seq., Provider Agencies are independent, private employers with all the rights and obligations of such and are not political subdivisions of the Department of Children and Families. As such, the Provider Agency acknowledges that it is an independent Provider, providing services to the Department of Children and Families, typically through a contract-for-services agreement. As independent contractors, Provider Agencies are responsible for the organization's overall functions that include the overseeing and monitoring of its operations, establishing the salary and benefit levels of its employees, and handling all personnel matters as the employer of its workers. This is also inclusive of any travel allocations the Provider Employee pays to its employees.

The Provider Agency acknowledges its relationship with its employees as that of employer. While the Department has an adjunct role with Provider Agencies through regulatory oversight and ensuring contractual performance, the Provider understands that the Department is not the employer of a Provider Agency's employees.

The Provider Agency further acknowledges that while the Department reimburses Provider Agencies for all allowable costs under the Contract, this funding mechanism does not translate into the Department being responsible for any of the elements of any collective bargaining agreements into which Provider Agencies may enter. Moreover, each Provider Agency understands that it is responsible for funding its own programs and is not limited to the amount of funding provided by the Department, and, in fact, is encouraged to solicit non-State sources of funding, whenever possible.

Section 5.15 Executive Order No. 189. Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a Contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

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In compliance with Paragraph 3 of Executive Order No. 189, no Provider Agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such Provider Agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity, or other thing of value by any State officer or employee or special State officer or employee from any Provider Agency shall be reported in writing forthwith by the Provider Agency to the Attorney General and the Executive Commission on Ethical Standards.

No Provider Agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such Provider Agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No Provider Agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No Provider Agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the Provider Agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with Provider Agencies under the same terms and conditions as are offered or made available to members

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NOTICE OF STANDARD CONTRACT REQUIREMENTS,
PROCESSES AND POLICIES
FOR SOCIAL SERVICE AND TRAINING CONTRACTS
(Revised September 16, 2022)**

I. Organizations awarded contracts are required to comply with:

- A. the terms and conditions of the Department of Children and Families' (DCF) contracting rules and regulations as set forth in the appropriate agreement, as determined by DCF, which is either the Standard Language Document (SLD), or the Individual Provider Agreement (IPA), or the Department Agreement with a State Entity. Contractors may view these items on the internet at: <https://www.nj.gov/dcf/providers/contracting/forms/>
- B. the terms and conditions of the policies of the Contract Reimbursement Manual and the Contract Policy and Information Manual. Contractors may review these items on the internet at: <https://www.nj.gov/dcf/providers/contracting/manuals>
- C. all applicable State and Federal laws and statues, assurances, certifications, and regulations.
- D. the Equal Employment Opportunity (EEO) requirements of the State Affirmative Action Policy, N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27.
- E. the laws relating to Anti-Discrimination, including N.J.S.A 10:2-1, Discrimination in Employment on Public Works.
- F. the confidentiality rules and regulations related to the recipients of contracted services including, but not limited to:
 - 1. Complying with 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records.
 - 2. Maintaining client specific and patient personal health information (PHI) and other sensitive and confidential information in accordance with all applicable New Jersey and Federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 - 3. Safeguarding the confidentiality of case information as mandated by N.J.S.A 9:6-8.10a, with the understanding that the release of any such information may be in violation of State law and may result in disciplinary, civil, or criminal actions pursuant to N.J.S.A. 9:6-8.10b.
 - 4. Ensuring the content of every contractor's web site protects the confidentiality of, and avoids misinformation about, the youth served and provides visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.

- G. the terms of Executive Order No. 291 (EO 291) issued March 7, 2022, and DCF Administrative Order 14 titled Limitations on Activity Involving Russia, Belarus, and Ukraine, prohibiting the use of DCF funds to knowingly procure goods or services from any entity owned by, or closely tied to, the governments of Russia or Belarus, their instrumentalities, or companies investing directly in the same. In addition, every entity contracting with the State must submit to DCF a copy of a signed certification that it is not engaged in prohibited activities in Russia or Belarus, as defined in L.2022, c.3 (S1889). The certification is available at: [Certification.on.Non-Involvement.Prohibited.Activities.in.Russia.or.Belarus.pdf \(nj.gov\)](#)
- H. the requirement of N.J.S.A. 52:34-15 to warrant, by signing this document, that no person or selling agency has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by the contractor for the purpose of securing business. If a breach or violation of this section occurs, the State shall have the right to terminate the contract without liability or in its discretion to deduct from the contract price or consideration the full amount of such commission, percentage, brokerage, or contingent fee.
- I. the requirement of N.J.S.A. 52:15C-14(d) to provide, upon request by the State Comptroller, prompt access to all relevant documents and information as a condition of the contract and receipt of public monies, and the requirement of N.J.A.C. 17:44-2.2 to maintain all documentation related to products, transactions, or services under this contract for a period of five years from the date of final payment.

II. Organizations awarded contracts are advised:

- A. As noted in Section 5.12 of the SLD, or in Section 5.03 of the IPA, the initial provision of funding and the continuation of such funding under this contract is expressly dependent upon the availability to DCF of funds appropriated by the State Legislature and the availability of resources. Funds awarded under this contract program may not be used to supplant or duplicate existing funding. If any scheduled payments are authorized under this contract, they will be subject to revision based on any audit or audits required by Section 3.13 Audit of the Standard Language Document (SLD) and the contract close-out described in: [Contract Closeout - CON-I-A-7-7.01.2007 \(nj.gov\)](#)
- B. Any software purchased in connection with the proposed project must receive prior approval from the New Jersey Office of Information Technology.
- C. Any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

- D. Contractors shall maintain a financial management system consistent with all the requirements of Section 3.12 of the SLD or the IPA.
- E. As defined in 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. §1320 b-8 to serve in this State.
- F. DCF endorsed the Prevent Child Abuse of New Jersey's (PCANJ) Sexual Abuse Safe-Child Standards (Standards) as a preventative tool for contractors working with youth and children to reference when implementing policies and procedures to minimize the risks of the occurrence of child sexual abuse. The Standards are available on the internet at: <https://www.nj.gov/dcf/SafeChildStandards.pdf>
- G. NJ Rev Stat § 9.6-8.10f (2017) requires DCF to conduct a check of its child abuse registry for each person who is seeking employment in any facility or program that is licensed, contracted, regulated, or funded by DCF to determine if the person is included on the child abuse registry as a substantiated perpetrator of child abuse or neglect. Contractors are to utilize the Child Abuse Record Information (CARI) Online Application to set-up a facility account by visiting: <https://www.njportal.com/dcf/cari>
- H. DCF staff may conduct site visits to monitor the progress and problems of its contractors in conforming to all contract requirements and in accomplishing its responsibilities. The contractor may receive a written report of the site visit findings and may be expected to submit a plan of correction, if necessary, for overcoming any problems found. Corrective Action Plan (CAP) requirements, timeframes and consequences are explained in the DCF policy found on the internet at: https://www.nj.gov/dcf/policy_manuals/CON-I-A-8-8.03_issuance.shtml
- I. Contractors must have the ability to maintain the full operational census specified in the contract, and to submit timely service reports for Contracted Level of Service (CLOS) utilization in the format and at the time DCF requests.
- J. Contractors awarded contracts must have the ability to achieve full operational census within the time DCF specifies. Extensions may be available by way of a written request to the Contract Administrator, copied to the DCF Director managing the contracted services.
- K. As noted in Section 4.01 of the SLD or the IPA, DCF or the contractor may terminate this contract upon 60 days written advance notice to the other party for any reason whatsoever.
- L. DCF will advise contractors of the documents and reports in support of this contract that they must either timely submit or retain on-site as readily available upon request. The contractor also shall submit all required programmatic and financial reports in the

format and within the timeframes that DCF specifies as required by Section 3.02 of the SLD or IPA. Changes to the information in these documents and reports must be reported to DCF. Contractors are under a continuing obligation, through the completion of any contract with the State, to renew expired forms filed with the NJ Department of Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms. Failure to timely submit updated documentation and required reports may result in the suspension of payments and other remedies including termination.

III. Organizations awarded contracts for the provision of certain types of services additionally shall be aware of the following:

- A. If services are provided at licensed sites, contractors must meet all DCF, and other applicable Federal, Licensure Standards.
- B. If services are paid with Medicaid funds, contractors 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, within prescribed times.
- C. If services are paid with federal funds (including Medicaid funds), contractors must adhere to the provisions set forth in the Rider for Purchases funded in whole or in part, by federal funds. <https://www.nj.gov/dcf/providers/contracting/forms/RIDER-For-Purchases-Funded-by-Federal-Funds.pdf>
- D. If services are provided by programs licensed, contracted, or regulated by DCF to individuals with developmental disabilities, contractors must comply with:
 - 1. the Central Registry of Offenders against individuals with Developmental Disabilities law, N.J.S.A 30:6D-73 et seq. (Individuals on the Central Registry are barred from working in DCF-funded programs for persons with developmental disabilities. If you are not registered to access the Central Registry, DCF will facilitate the qualified applicant's registration into this system after the award of a contract.); and
 - 2. Danielle's Law:
<https://www.state.nj.us/humanservices/dds/documents/fireprocurement/ddd/Danielle%27s%20Law.pdf>
- E. If services are to be administered by the Contracted System Administrator (CSA), contractors must conform with, and provide services under, protocols that include required documentation and timeframes established by DCF and managed by the CSA. The CSA is the single point of entry for these services and facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems. Contractors of these services will be required to utilize "Youth Link",

the CSOC web-based out-of-home referral/bed tracking system process to manage admissions and discharge after being provided training.

- F. If services are to be provided to youth and families who have an open child welfare case due to allegations of abuse and neglect, then contractors shall deliver these services in a manner consistent with the DCF Case Practice Management Plan (CPM) and the requirements for Solution Based Casework (SBC), an evidence-based, family centered practice model that seeks to help the family team organize, prioritize, and document the steps they will take to enhance safety, improve well-being, and achieve permanency for their children. SBC provides a common conceptual map for child welfare case workers, supervisors, leadership, and treatment providers to focus their efforts on clear and agreed upon outcomes. DCF may require contractors to participate in DCF sponsored SBC training, and to be involved in developing plans with the consensus of other participants, incorporating the elements of the plans into their treatment, participating in Family Team Meetings, and documenting progress and outcomes by race, age, identified gender, and other criteria DCF deems relevant and appropriate.
- G. If services provided under a DCF contract are for mental health, behavioral health, or addictions services by a contractor with at least 10 regular full-time or regular part-time employees who principally work for the contractor to provide those services, then P.L. 2021, c.1 (N.J.S.A. 30:1-1.2b) requires the contractor to:
 - 1. submit no later than 90 days after the effective date of the contract an attestation: (a) signed by a labor organization, stating that it has entered into a labor harmony agreement with such labor organization; or (b) stating that its employees are not currently represented by a labor organization and that no labor organization has sought to represent its employees during the 90-day period following the initiation or renewal of the contract; or (c) signed by a labor organization, stating that it has entered into an agreement or binding obligation to be maintained through the term of the contract that provides a commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (N.J.S.A. 30:1-1.2c). The required attestation is submitted to ensure the uninterrupted delivery of services caused by labor-management disputes and is a condition of maintaining a DCF contract. The failure to submit it shall result in DCF's issuance of a financial recovery and a Corrective Action Plan (CAP). Should the contractor not adhere to the terms of the CAP, DCF shall cancel or not renew the contract upon obtaining a replacement contractor to assume the contract or otherwise provide the services. An extension of the 90-day deadline shall be warranted if a labor organization seeks to represent a contractor's employees after the contract is renewed or entered into, but within the 90-day period following the effective date of the contract. The Commissioner of DCF may review any interested person's report of a failure by the contractor to adhere to these requirements and upon finding that a covered contractor failed to adhere to the requirements shall take corrective action which may include a CAP, financial recovery, and cost recoupment, and

cancelling or declining to renew the contract. Should the covered contractor fail to engage in or complete corrective action, the Commissioner of DCF shall cancel or decline to renew the contract; and

2. make good faith efforts to comply with COVID-19 minimum health and safety protocols issued by DCF to adequately ensure the safety of the contractors, employees, and service recipients until the 366th day following the end of the public health emergency and state of emergency declared by the Governor in Executive Order No. 103 of 2020. The Commissioner of DCF shall take into account, prior to awarding or renewing any contract, any prior failures reported by any interested party to demonstrate a good faith effort to contain, limit, or mitigate the spread of COVID-19 among the covered contractor's employees or service recipients and require at a minimum the submission of a CAP to contain, limit, or mitigate the spread of COVID-19 cases. Should the contractor fail to implement a plan or repeatedly fail to demonstrate good faith efforts to contain, limit, or mitigate the spread of COVID-19, the Commissioner shall act, including financial penalties or cancellation or non-renewal of the contract.

H. If a contract includes the allocation and expenditure of COVID-19 Recovery Funds, then it is covered by Executive Order No. 166 (EO166), which was signed by Governor Murphy on July 17, 2020. The Office of the State Comptroller ("OSC") is required to make all such contracts available to the public by posting them on the New Jersey transparency website developed by the Governor's Disaster Recovery Office (GDRO Transparency Website), and by subjecting them to possible review by an Integrity Monitor.

By my signature below, I hereby confirm I am authorized to sign this document on behalf of my organization. I have read, understand, and have the authority to ensure my organization will comply with the terms and conditions of providing services under my contracts with DCF as described in the text and referenced documents above. The terms set forth in this document govern all executed contracts with DCF and contracts to be entered into with DCF in the future.

Signature: 

Printed Name: Tara Augustine

Title: President/CEO

Provider: Youth Consultation Service

Date:

July 5, 2023

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES

This BUSINESS ASSOCIATE AGREEMENT is between the New Jersey Department of Children and Families (DCF) and its undersigned contractor. This Business Associate Agreement sets forth the responsibilities of the **contractor as the Business Associate**, and **DCF as the Covered Entity**, in relationship to Protected Health Information (PHI), as those terms are defined and regulated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the regulations adopted thereunder by the Secretary of the United States Department of Health and Human Services, with the intent that the Covered Entity shall at all times be in compliance with HIPAA and the underlying regulations.

This Business Associate Agreement is entered into for the purpose of the Business Associate providing services on behalf of the Covered Entity. In consideration for the respective benefits, rights, and obligations of HIPAA and its implementing regulations, and for access to the PHI held by Covered Entity, the parties agree to be bound by the terms of this Agreement. There is no underlying contract associated with this Agreement, or the exchange of this PHI.

A. Definitions:

1. The terms specified below shall be defined as follows:

- a. "Business associate" shall mean s a person or entity, other than a member of the workforce of a covered entity, who performs functions or activities on behalf of, or provides certain services to, a covered entity that involve access by the business associate to protected health information. This definition is also applicable to a subcontractor that creates, receives, maintains, or transmits protected health information on behalf of another business associate.
- b. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall the New Jersey Department of Children and Families.
- c. "Agreement" shall mean this Business Associate Agreement.
- d. "Breach" shall mean the unauthorized acquisition, access, use or disclosure of Protected Health Information in a manner not permitted by the Privacy Rule or the Security Rule, which compromises the security of such Protected Health Information. Breach shall exclude such acquisition, access, use or disclosure described in 45 CFR Section 164.402.
- e. "Designated Record Set" shall mean a group of records maintained by or for the Covered Entity that is the medical records and billing records of individuals maintained by or for the Covered Entity; and the enrollment, payment, claims, adjudication, and case or

medical management record systems maintained by or for the Covered Entity, or used, in whole or in part, by or for the Covered Entity to make decisions about individuals.

- f. "HIPAA" shall mean the Health Insurance Portability and Accountability Act.
 - g. "HIPAA Regulations" shall mean the regulations promulgated under HIPAA by the U.S. Department of Health and Human Services, including but not limited to, the Privacy Rule and the Security Rule, and shall include the regulations codified at 45 CFR Parts 160, 162 and 164.
 - h. "HITECH" shall mean the Health Information Technology for Economic and Clinical Health Act, Title XIII of Division A of the American Recovery and Reinvestment Act of 2009, P.L. 111-005.
 - i. "Individual" shall mean the person who is the subject of the Protected Health Information and includes a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
 - j. "Notice of Privacy Practices" shall mean the Notice of Privacy Practices required by 45 CFR 164.520, provided by Covered Entity to Individuals.
 - k. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, Subparts A and E.
 - l. "Protected Health Information (PHI)" shall mean individually identifiable health information that is transmitted by electronic media or transmitted or maintained in any other form or medium.
 - m. "Record" shall mean any item, collection, or grouping of information that includes Protected Health Information and is maintained, collected, used, or disseminate by or for a Covered Entity.
 - n. "Required by Law" shall have the same meaning as in 45 CFR 164.501.
 - o. "Secretary" shall mean the Secretary of the United States Department of Health & Human Services or his designee.
 - p. "Security Rule" shall mean the Standards for Security for the Protection of Electronic Protected Health Information, codified at 45 CFR parts 160, 162 and 164.
2. All other terms used herein shall have the meaning specified in the Privacy Rule or in the absence of if no meaning is specified, shall have their plain meaning.

B. Obligations and Activities of Business Associate

1. Business Associate may use PHI for the following functions, activities, or services for or on behalf of Covered Entity provided that such use would not violate this Agreement, the HIPAA regulations the Privacy Rule, or Notice of Privacy Practices if done by Covered Entity. In the event that this Agreement conflicts and any other written agreement made between the parties, relating to the exchange of PHI, this Agreement shall control. Business Associate's access to and use of the PHI is limited to the provision of services by the Business Associate on behalf the Covered Entity set forth in the contract between the Business Associate and the Covered Entity.
2. Business Associate may further disclose PHI to a subcontractor/person for the proper management and administration of Business Associate, provided that such disclosure is Required by Law, or would not violate this Agreement, the Privacy Rule, or Notice of Privacy Practices if done by Covered Entity, and Business Associate executes an additional business associates agreement as Required by Law or for the purpose for which it was disclosed to the person, and the subcontractor/person notifies Business Associate of any instances of which it is aware in which PHI has been disclosed. In the event that this agreement conflicts with any other agreement relating to the access or use of PHI, this agreement shall control.
3. Business Associate agrees to not use or disclose PHI other than as permitted or required by this Agreement or as Required by Law. In the event that this agreement conflicts with any other agreement relating to the access or use of PHI, this agreement shall control.
4. Business Associate agrees to implement and use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement. Business Associate shall maintain a comprehensive written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the Business Associate's operations and the nature and scope of its activities.
5. Business Associate agrees to take prompt corrective action to mitigate any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
6. Business Associate agrees to notify Covered Entity of any use or disclosure of PHI not provided for by this Agreement, or the Privacy Rule, or of any suspected or actual breach of security or intrusion whenever it becomes aware within twenty-four hours of Business Associate becoming aware of such use, disclosure or suspected or actual breach of security or intrusion. Business Associate further agrees to take prompt corrective action to cure or mitigate any harmful effects of any such use, disclosure, or actual or suspected breach of security of intrusion.
7. Business Associate agrees to ensure that any officer, employee, contractor, subcontractor or agent to whom it provides PHI received from or maintained, created or received by Business Associate on behalf of Covered Entity agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such PHI.

8. Access. Business Associate agrees to provide access to PHI in a Designated Record Set to Covered Entity or to an Individual as directed by Covered Entity in order to meet the requirements of 45CFR 164.524, within 30 days of the date of any such request, unless the request is denied by Covered Entity pursuant to 45 CFR 164.524(a)(1), (a)(2) or (a)(3).
9. Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set as Covered Entity directs in order to meet the requirements of 45 CFR 164.526, within 30 days of such a request, unless the request has been denied pursuant to 45 CFR 164.526(d). Business Associate shall provide written confirmation of the amendment(s) to the Covered Entity.
10. Business Associate agrees to create and maintain an appeal process that meets the requirements of 45 CFR 164.524 and 164.526 that an Individual can utilize if the Individual's request for access to or amendment of PHI is denied.
11. Business Associate agrees to make its comprehensive written information privacy and security program, as well as its internal practices, books and records, including policies and procedures relating to the use and disclosure of PHI received from, or created, maintained, or received by Business Associate on behalf of Covered Entity available to Covered Entity within 30 days of the date of such request, or to the Secretary in a time and manner designated by the Secretary.
12. Business Associate agrees to document all disclosures of PHI which would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528. Business Associate agrees to provide to Covered Entity, within 30 days of the date of such request, all disclosures of PHI.
13. Notwithstanding the provisions of Section D of this Agreement, pursuant to 45 CFR 164.530(j), Business Associate agrees that it and its officers, employees, contractors, subcontractors and agents shall continue to maintain the information required under subsection B(9) of this Agreement for a period of six years from the date of its creation or the date when it was last in effect, whichever is later.
14. Business Associate agrees that from time to time, upon reasonable notice, it shall allow Covered Entity or its authorized agents or contractors, to inspect the facilities, systems, books, records and procedures of Business Associate to monitor compliance with this Agreement. In the event the Covered Entity, in its sole discretion, determines that the Business Associate has violated any term of this Agreement or the Privacy Rule, it shall so notify the Business Associate in writing. Business Associate shall promptly remedy the violation of any term of this Agreement and shall certify same in writing to the Covered Entity. The fact that Covered Entity or its authorized agents or contractors inspect, fail to inspect or have the right to inspect Business Associate's facilities, systems, books, records, and procedures does not relieve Business Associate of its responsibility to comply with this Agreement. Covered Entity's (1) failure to detect, or (2) detection by failure to notify Business Associate, or (3) failure to require Business Associate to remediate any unsatisfactory practices, shall not constitute acceptance of such practice or a waiver of Covered Entity's enforcement rights under this Agreement. Nothing in this paragraph

is deemed to waive Section E of this Agreement or the New Jersey Tort Claims Act, NJSA 59:1-1 et seq., as they apply to Covered Entity.

15. Business Associate shall implement administrative, physical and technical safeguards that protect the confidentiality, integrity, and availability of PHI in compliance with the Security Rule.
16. Business Associate shall report all security incidents, as defined by the Security Rule, within twenty-four hours of becoming aware of such actual or suspected security incident. .
17. Sections 164.308, 164.312 and 164.316 of Title 45, Code of Federal Regulations, apply to Business Associate in the same manner as such sections apply to the Covered Entity. The HITECH requirements that relate to security, and that are applicable to the Covered Entity, shall also be applicable to the Business Associate and are incorporated into this Agreement by reference.
18. Business Associate shall at all times, pursuant to NJSA 9:6-8.10a, maintain the confidentiality of reports of child abuse or neglect, information obtained by the Department of Children and Families in investigating such reports including reports received pursuant to section 20 of P.L.1974, c.119 (C.9:6-8.40), and reports of findings forwarded to the child abuse registry pursuant to section 4 of P.L.1971, c.437 (C.9:6-8.11). Disclosure of such may only be made pursuant to one of the enumerated exceptions pursuant to NJSA 9:6-8.10b.
19. In the event of an actual or suspected breach, Business Associate shall provide Covered Entity with a written report, as soon as possible but not later than five ("5") days after the breach/suspected breach became known. The report shall include, to the extent available: a) the identification of each individual whose unsecured PHI has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, used or disclosed during the breach; b) a brief description of what happened, including the date of the breach and the date of the discovery, if known; c) a description of the types of unsecured PHI involved in the breach; d) any steps individuals affected by the breach should take to protect themselves from potential harm resulting from the breach; and e) a description of what Business Associate is doing to investigate the breach, mitigate harm to the individual(s), and protect against future breaches. In addition, the business Associate shall, at the request of the Covered Entity, provide breach notification required by HITECH.

C. Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions.

1. Covered Entity shall be responsible for using appropriate safeguards to maintain and ensure the confidentiality, privacy and security of PHI transmitted to Business Associate pursuant to this Agreement, in accordance with the requirements and standards in the Privacy Rule, until such PHI is received by Business Associate.
2. In accordance with 45 CFR 164.520, Covered Entity shall notify Business Associate of any limitations in Covered Entity's Notice of Privacy Practices to the extent that such limitation may affect Business Associate's use or disclosure of PHI.

3. Covered Entity shall notify Business Associate of any changes in or revocation of permission by an Individual to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.
4. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.
5. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity or under Covered Entity's Notice of Privacy Practices or other policies adopted by Covered Entity pursuant to the Privacy Rule.

D. Term of Business Associate Agreement

1. This Agreement shall be effective as of the date the Business Associate and the Covered Entity enter into a contract for the Business Associate's provision of services on behalf of the Covered Entity, and it shall terminate when all of the PHI provided by Covered Entity to Business Associate, or created, maintained or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information in accordance with subsection 3, below.
2. Upon Covered Entity's knowledge of a material breach or violation(s) of any of the obligations under this Agreement by Business Associate, Covered Entity shall, at its discretion, either:
 - a. Provide an opportunity for the Business Associate to cure the breach or end the violation upon such terms and conditions as Covered Entity shall specify, and if

Business Associate does not cure the breach or end the violation, upon such terms and conditions as Covered Entity has specified, Covered Entity may terminate this Agreement and require that Business Associate fully comply with the procedures specified in subsection 3, below.
 - b. Immediately terminate the Contract and require that Business Associate fully comply with the procedures specified in subsection 3, below, if Business Associate has breached a material term of this Agreement and Covered Entity has determined, in its sole discretion, that cure is not possible, or
 - c. If neither termination nor cure is feasible, as determined by Covered Entity in its sole discretion, Covered Entity shall report the violation to the Secretary.
3. Effect of Breach of this Agreement.
 - a. Except as provided in paragraph b of this section, upon termination of the Contract for any reason, Business Associate shall return or destroy all PHI received from Covered Entity or

created or received by Business Associate on behalf of Covered Entity. This provision shall also apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of PHI.

- b. Business Associate shall provide Covered Entity with a certification, within 30 days, that neither it nor its subcontractors or agents maintains any PHI in any form, whether paper, electronic or film, received from Covered Entity or created or received by Business Associate on behalf of Covered Entity. Covered Entity shall acknowledge receipt of such certification and, as of the date of such acknowledgement, this Agreement shall terminate.
- c. In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Covered Entity shall have the discretion to determine whether it is feasible for the Business Associate to return or destroy the PHI. If Covered Entity determines it is feasible, Covered Entity shall specify the terms and conditions for the return or destruction of PHI at the expense of Business Associate. Upon Covered Entity determining that Business Associate cannot return or destroy PHI, Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

E. Additional Insurance Considerations

1. Business Associate shall assume all risk and responsibility for, and agrees to indemnify, defend and save harmless Covered Entity, its officers, agents and employees and each and every one of them, from and against any and all claims, demands, suits, actions, recoveries, judgments, and costs (including attorneys' fees and costs and court costs), and expenses in connection therewith, on account of loss of life, property or injury or damages that to the person, body or property of any person or persons, whatsoever, which shall arise from or result directly or indirectly from Business Associate's use or misuse of PHI or from any action or inaction of Business Associate or its officers, employees, agents or Subcontractors with regard to PHI or the requirements of this Agreement or the Privacy Rule. The provisions of this indemnification clause shall in no way limit the obligations assumed by Business Associate under this Agreement, nor shall they be construed to relieve Business Associate from any liability nor preclude Covered Entity from taking any other actions available to it under any other provisions of this Agreement, the Privacy Rule or at law.
2. Notwithstanding the above, the obligations assumed by the Business Associate herein shall not extend to or encompass suits, costs, claims, expenses, liabilities and judgments incurred solely as a result of actions or inactions of Covered Entity.
3. Business Associate acknowledges the possibility of criminal sanctions and penalties for breach or violation of this Agreement or the Privacy Rule pursuant to 42 U.S.C. 1320d-6.
4. Business Associate acknowledges that Social Security number and Social Security Administration (SSA) records, information or data regarding individuals (records) are confidential and require safeguarding. Failure to safeguard Social Security numbers and other

SSA records can subject the Business Associate and its employees to civil and criminal sanctions under Federal and State laws including the Federal Privacy Act at 5 U.S.C. 552a; Social Security Act sections 205 and 1106 (see 42 U.S.C. 405(c)(2)(C)(viii) and 42 U.S.C. 1306, respectively); and N.J.S.A. 56:8-164. The Business Associate shall ensure that all persons who will handle or have access under this Agreement to any Social Security Number or other SSA record will be advised of the confidentiality of the records; the safeguarding requirements to protect the records and prevent unauthorized access, handling, duplication and re-disclosure of the SSA records; and the civil and criminal sanctions for failure to safeguard the SSA records. The Business Associate shall enact and/or maintain safeguards necessary to protect these records and prevent the unauthorized or inadvertent access to, duplication of or disclosure of a Social Security number or other SSA record.

5. Business Associate acknowledges that all Medicaid applicant and beneficiary information is confidential, and 42 C.F.R. 431.300 to 307 restricts the use or disclosure of information concerning applicants and beneficiaries to purposes directly connected with the administration of the plan. Purposes directly related to plan administration include: (a) Establishing eligibility; (b) Determining the amount of medical assistance; (c) Providing services for beneficiaries; and (d) Conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the plan.
6. Business Associate shall be responsible for, and shall at its own expense, defend itself against any and all suits, claims, losses, demands or damages of whatever kind or nature, arising out of or in connection with an act or omission of Business Associate, its employees, agents, or contractors, in the performance of the obligations assumed by Business Associate pursuant to this Agreement. Business Associate hereby releases Covered Entity from any and all liabilities, claims, losses, costs, expenses and demands of any kind or nature whatsoever, arising under state or federal laws, out of or in connection with Business Associate's performance of the obligations assumed by Business Associate pursuant to this Agreement.
7. The obligations of the Business Associate under this Section shall survive the expiration of this Agreement.

F. Miscellaneous

1. A reference in this Agreement to a section of the Privacy Rule means the section as in effect or, it may be amended or interpreted by a court of competent jurisdiction.
2. Business Associate and Covered Entity agree to take such action as is necessary to amend this Agreement from time to time in order that Covered Entity can continue to comply with the requirements of the Privacy Rule and HIPAA and case law that interprets the Privacy Rule or HIPAA. All such amendments shall be in writing and

signed by both parties. Business Associate and Covered Entity agree that this Agreement may be superseded by a revised Business Associate Agreement executed between the parties after the effective date of this Agreement.

3. The respective rights and obligations of Business Associate and Covered Entity under Section D, "Term of Business Associate Agreement", above, shall survive the termination of the Contract. The respective rights and obligations of Business Associate and Covered Entity under Section E, "Indemnification", and Section B (11), "Internal Practices", above, shall survive the termination of this Agreement.
4. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule and HIPAA, as it may be amended or interpreted by a court of competent jurisdiction.
5. Nothing expressed or implied in the Agreement is intended to confer, nor shall anything herein confer, upon any person other than the Business Associate and Covered Entity, and any successor state agency to Covered Entity, any rights, remedies, obligations or liabilities whatsoever.
6. Any notices to be given hereunder shall be made via Regular and Certified US Mail, Return Receipt Requested, to the addresses of the Business Associate and the Privacy Officer of the Covered Entity.

G. Attestations

As the Covered Entity is a body corporate and politic of the State of New Jersey, the signature of its authorized representative is affixed below. The undersigned representative of the Covered Entity certifies that he or she is fully authorized to enter into the terms and conditions of this Agreement and to execute and legally bind such Covered Entity to this document.

Covered Entity Agency: Department of Children and Families

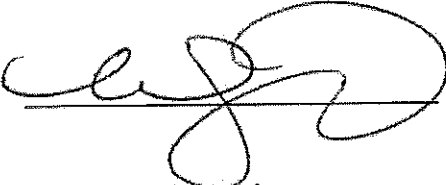
Signature:  Date: 11-9-22

Printed Name:  Title: _____

By my signature below, I hereby confirm I am authorized to sign this document and to enter into the terms and conditions of this Agreement on behalf of my organization and to legally bind my organization as the Business Associate to this Agreement. I have read, understand, and have the authority to ensure

my organization will comply with the terms and conditions of providing services under my contracts with DCF as described in the text and referenced documents above. The terms set forth in this document govern all executed contracts with DCF and contracts to be entered into with DCF in the future.

Business Associate Organization: Youth Consultation Service

Signature: 

Date: 6/23/22

Printed Name: Tara Augustine

Title: President and CEO



Attachment 1 STATE OF NEW JERSEY RIDER FOR PURCHASES FUNDED, IN WHOLE OR IN PART, BY FEDERAL FUNDS (REVISED 11/12/2020)

The provisions set forth in this Rider apply to all contracts funded, in whole or in part, by Federal funds as required by 2 CFR 200.317.

I. CONTRACTING WITH SMALL AND MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, AND LABOR SURPLUS AREA FIRMS.

Pursuant to 2 CFR 200.321, the State must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Accordingly, if subawards are to be made the Contractor shall:

- (1) Include qualified small and minority businesses and women's business enterprises on solicitation lists;
- (2) Assure that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
- (3) Divide total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
- (4) Establish delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises; and,
- (5) Use the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.

II. DOMESTIC PREFERENCE FOR PROCUREMENTS

Pursuant to 2 CFR 200.322, where appropriate, the State has a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). If subawards are to be made the Contractor shall include a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). For purposes of this section:

- (1) "Produced in the United States" means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States.
- (2) "Manufactured products" means items and construction materials composed in whole or in part of nonferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

III. PROCUREMENT OF RECOVERED MATERIALS

Where applicable, in the performance of contract, pursuant to 2 CFR 200.323, the contractor must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR Part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$ 10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

To the extent that the scope of work or specifications in the contract requires the contractor to provide recovered materials the scope of work or specifications are modified to require that as follows.

- i. In the performance of this contract, the Contractor shall make maximum use of products containing recovered materials that are EPA-designated items unless the product cannot be acquired—
 1. Competitively within a timeframe providing for compliance with the contract performance schedule;
 2. Meeting contract performance requirements; or
 3. At a reasonable price.
- ii. Information about this requirement, along with the list of EPA- designated items, is available at EPA's Comprehensive Procurement Guidelines web site, <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.
- iii. The Contractor also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act."

IV. EQUAL EMPLOYMENT OPPORTUNITY

Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of "federally assisted construction contract" in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing

regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor." See 2 CFR Part 200, Appendix II, para. C. During the performance of this contract, the contractor agrees as follows:

- (1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. Such action 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 setting forth the provisions of this nondiscrimination clause.
- (2) The contractor 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 race, color, religion, sex, sexual orientation, gender identity, or national origin.
- (3) The contractor will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the contractor's legal duty to furnish information.
- (4) The contractor will send to each labor union or representative of workers with which he/she has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (5) The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
- (6) The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his/her books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (7) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- (8) The contractor will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (8) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance:

Provided, however, that in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the administering agency, the contractor may request the United States to enter into such litigation to protect the interests of the United States. The applicant further agrees that it will be bound by the above equal opportunity clause with respect to its own employment practices when it participates in federally assisted construction work: Provided, That if the applicant so participating is a State or local government, the above equal opportunity clause is not applicable to any agency, instrumentality or subdivision of such government which does not participate in work on or under the contract.

The applicant agrees that it will assist and cooperate actively with the administering agency and the Secretary of Labor in obtaining the compliance of contractors and subcontractors with the equal opportunity clause and the rules, regulations, and relevant orders of the Secretary of Labor, that it will furnish the administering agency and the Secretary of Labor such information as they may

require for the supervision of such compliance, and that it will otherwise assist the administering agency in the discharge of the agency's primary responsibility for securing compliance.

The applicant further agrees that it will refrain from entering into any contract or contract modification subject to Executive Order 11246 of September 24, 1965, with a contractor debarred from, or who has not demonstrated eligibility for, Government contracts and federally assisted construction contracts pursuant to the Executive Order and will carry out such sanctions and penalties for violation of the equal opportunity clause as may be imposed upon contractors and subcontractors by the administering agency or the Secretary of Labor pursuant to Part II, Subpart D of the Executive Order. In addition, the applicant agrees that if it fails or refuses to comply with these undertakings, the administering agency may take any or all of the following actions: Cancel, terminate, or suspend in whole or in part this grant (contract, loan, insurance, guarantee); refrain from extending any further assistance to the applicant under the program with respect to which the failure or refund occurred until satisfactory assurance of future compliance has been received from such applicant; and refer the case to the Department of Justice for appropriate legal proceedings.

V. DAVIS-BACON ACT, 40 U.S.C. 3141-3148, AS AMENDED

When required by Federal program legislation, all prime construction contracts in excess of \$2,000 shall be done in compliance with the Davis-Bacon Act (40 U.S.C. 3141- 3144, and 3146-3148) and the requirements of 29 C.F.R. pt. 5 as may be applicable. The contractor shall comply with 40 U.S.C. 3141-3144, and 3146-3148 and the requirements of 29 C.F.R. pt. 5 as applicable. Contractors are required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. Additionally, contractors are required to pay wages not less than once a week.

VI. COPELAND ANTI_KICK-BACK ACT

Where applicable, the Contractor must comply with Copeland "Anti-Kickback" Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States").

- a. Contractor. The Contractor shall comply with 18 U.S.C. § 874, 40 U.S.C. § 3145, and the requirements of 29 C.F.R. pt. 3 as may be applicable, which are incorporated by reference into the OGS centralized contract.
- b. Subcontracts. The Contractor or subcontractor shall insert in any subcontracts the clause above and such other clauses as FEMA may by appropriate instructions require, and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for the compliance by any subcontractor or lower tier subcontractor with all of these contract clauses.
- c. Breach. A breach of the clauses above may be grounds for termination of the OGS centralized contract, and for debarment as a Contractor and subcontractor as provided in 29 C.F.R. § 5.12.

VII. CONTRACT WORK HOURS AND SAFETY STANDARDS ACT, 40 U.S.C. 3701-3708

Where applicable, all contracts awarded by the non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must comply with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).

- (1) Overtime requirements. No contractor or subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.
- (2) Violation; liability for unpaid wages; liquidated damages. In the event of any violation of the clause set forth in paragraph (b)(1) of this section the contractor and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, such contractor and subcontractor shall be liable to the United States (in the case of work done under contract for the District of Columbia or a territory, to such District or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (b)(1) of this section, in the sum of \$27 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (b)(1) of this section.
- (3) Withholding for unpaid wages and liquidated damages. The unauthorized user shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the contractor or subcontractor under any such contract or any other Federal contract with the same prime contractor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime contractor, such sums as may be determined to be necessary to satisfy any liabilities of such contractor or subcontractor for unpaid

wages and liquidated damages as provided in the clause set forth in paragraph (b)(2) of this section.

- (4) Subcontracts. The contractor or subcontractor shall insert in any subcontracts the clauses set forth in paragraph (b)(1) through (4) of this section and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs (b)(1) through (4) of this section.

VIII. RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT

If the Federal award meets the definition of "funding agreement" under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

IX. CLEAN AIR ACT, 42 U.S.C. 7401-7671Q, AND THE FEDERAL WATER POLLUTION CONTROL ACT, 33 U.S.C. 1251-1387, AS AMENDED

Where applicable, Contract and subgrants of amounts in excess of \$150,000, must comply with the following:

Clean Air Act

1. The contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.
2. The contractor agrees to report each violation to the Division of Purchase and Property and understands and agrees that the Division of Purchase and Property will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.
3. The contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA.

Federal Water Pollution Control Act

1. The contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.
2. The contractor agrees to report each violation to the Division of Purchase and Property and understands and agrees that the Division of Purchase and Property will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency, and the appropriate Environmental Protection Agency Regional Office.
3. The contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA.

X. DEBARMENT AND SUSPENSION (EXECUTIVE ORDERS 12549 AND 12689)

- (1) This contract is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000. As such, the contractor is required to verify that none of the contractor's principals (defined at 2 C.F.R. § 180.995) or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).
- (2) The contractor must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.
- (3) This certification is a material representation of fact relied upon by the State or authorized user. If it is later determined that the contractor did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to the State or authorized user, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.
- (4) The bidder or proposer agrees to comply with the requirements of 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

XI. BYRD ANTI-LOBBYING AMENDMENT, 31 U.S.C. 1352

Contractors that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award. Such disclosures are forwarded from tier to tier up to the recipient who in turn will forward the certification(s) to the awarding agency.

XII. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPEMENT

- (a) Recipients and subrecipients are prohibited from obligating or expending loan or grant funds to:
- (1) Procure or obtain;
 - (2) Extend or renew a contract to procure or obtain; or
 - (3) Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in *Public Law 115-232*, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - (i) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - (ii) Telecommunications or video surveillance services provided by such entities or using such equipment.
 - (iii) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

Notice of Executive Order 166 Requirement for Posting of Winning Proposal
and Contract Documents

Principal State departments, agencies and independent State authorities must include the following notice in any solicitation:

Pursuant to Executive Order No. 166, signed by Governor Murphy on July 17, 2020, the Office of the State Comptroller (“OSC”) is required to make all approved State contracts for the allocation and expenditure of COVID-19 Recovery Funds available to the public by posting such contracts on an appropriate State website. Such contracts will be posted on the New Jersey transparency website developed by the Governor’s Disaster Recovery Office (GDRO Transparency Website).

The contract, as modified, is subject to the requirements of Executive Order No. 166. Accordingly, the OSC will post a copy of the contract, as modified, and other related contract documents on the GDRO Transparency website.

In submitting its proposal, a bidder/proposer may designate specific information as not subject to disclosure. However, such bidder must have a good faith legal or factual basis to assert that such designated portions of its proposal: (i) are proprietary and confidential financial or commercial information or trade secrets; or (ii) must not be disclosed to protect the personal privacy of an identified individual. The location in the proposal of any such designation should be clearly stated in a cover letter, and a redacted copy of the proposal should be provided. A Bidder’s/Proposer’s failure to designate such information as confidential in submitting a bid/proposal shall result in waiver of such claim.

The State reserves the right to make the determination regarding what is proprietary or confidential and will advise the winning bidder/proposer accordingly. The State will not honor any attempt by a winning bidder/proposer to designate its entire proposal as proprietary or confidential and will not honor a claim of copyright protection for an entire proposal. In the event of any challenge to the winning bidder’s/proposer’s assertion of confidentiality with which the State does not concur, the bidder /proposer shall be solely responsible for defending its designation.

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B: CONTRACT INFORMATION FORM
PAGE 1 OF 33**

Agency: Youth Consultation Service, Inc.
 Address: 284 Broadway
Newark, NJ 07104
 Phone: 973-482-8411
 Chief Executive Officer: Tara Augustine

Prepared By: YCS Finance & Accounting

Date: 6/2/2023

Agency Federal ID#: [REDACTED]
 Charities Registration #: [REDACTED]
 Non-Profit Agency For-Profit Agency Public Agency
 Agency Fiscal Year End: 30-Jun
 Schedules Completed: 1 2 3 4 5 6
 Cash Basis Accrual Basis

Budget Period: 10/01/2022 to 09/30/2025

Contracting Division	Contract #	Column # and Program Name	Reimbursable Ceiling	Type of Service	Contract Type	Payment Method	Division Contact Person	Provider Agency Contact Person and Telephone #
DCF - FCP	TFGP	#2 Early Childhood Prevention-Direct Service Year 1	\$ 267,000	Outpatient	Cost Related	Estimated Claims	[REDACTED]	[REDACTED]
DCF - FCP	TFGP	#2 Early Childhood Prevention-Direct Service Year 2	\$ 267,000	Outpatient	Cost Related	Estimated Claims	[REDACTED]	[REDACTED]
DCF - FCP	TFGP	#2 Early Childhood Prevention-Direct Service Year 3	\$ 267,000	Outpatient	Cost Related	Estimated Claims	[REDACTED]	[REDACTED]

Division Use Only

Contract # _____

Effective Dates _____ to _____

Division _____

Budget: I certify that the cost data used to prepare this contract budget is current, complete, and in accordance with the governing principles for determining costs.

[Signature]
 Agency Authorized Signatory

Expenditure Report: I certify that the expenditures reported herein are current, accurate, and in accordance with the contract budget and the governing principles for determining costs.

_____ Fiscal Officer

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B: CONTRACT EXPENSE SUMMARY
PAGE 4 OF 32**

Agency: Youth Consultation Service, Inc
Contract#: 23TFGP

EXPENSE SUMMARY	29
BUDGET CATEGORY	GENERAL AND ADMINISTRATIVE COSTS
A. PERSONNEL	\$ 17,226,363
B. CONSULTANTS AND PROFESSIONAL FEES	\$ 3,053,400
C. MATERIALS AND SUPPLIES	\$ 4,033,200
D. FACILITY COSTS	\$ 2,144,700
E. SPECIFIC ASSISTANCE TO CLIENTS	\$ -
F. OTHER	\$ 1,090,500
G. GENERAL & ADMINISTRATIVE COST ALLOCATION	\$ (27,548,163)
H. TOTAL OPERATING COSTS	\$ -
I. EQUIPMENT (SCHEDULE 6)	\$ -
J. TOTAL COST	\$ -
K. LESS REVENUE (SCHEDULE 2)	\$ -
L. NET COST	\$ -
M. PROFIT	
N. REIMBURSABLE CEILING	\$ -
O. UNITS OF SERVICE	
P. UNIT COST	

A	BUDGET CATEGORY: PERSONNEL				1	2	3	4	5	6	7	8	9	10
	Position Title/ Name of Employee	Position Number	Date Employed	Hours /Week	TOTAL	ANNEX B CONTRACT PREVENTION-DIRECT SERVICE YEAR 1	CONTRACT PREVENTION-DIRECT SERVICE YEAR 2	EXPENSE DETAIL CHILDHOOD PREVENTION-DIRECT SERVICE YEAR 3		ALL OTHER				
53	IT-Technician			35	\$ 165,000									
54	QA/PIA-Chief			35	\$ 330,000									
55	QA/PIA-Prog Eval Mgr			35	\$ 185,400									
56	QA/PIA-QA Analyst			35	\$ 185,400									
57	Coordinator-			PT	\$ 24,000									
58	Overtime & Flat Amounts			40	\$ 120,000									
59					\$ -									
60					\$ -									
61					\$ -									
62					\$ -									
63					\$ -									
64					\$ -									
65					\$ -									
66					\$ -									
67					\$ -									
68					\$ -									
69					\$ -									
70					\$ -									
71					\$ -									
72					\$ -									
73					\$ -									
74					\$ -									
	SUBTOTAL(pg. 3)					\$ 1,867,725	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
75	AVP of Early Childhood -			3.5	\$ 9,000	\$ 9,000								
76	Program Lead			7	\$ 46,746	\$ 15,000	\$ 15,600	\$ 16,146						
77	Clinician -			17.5	\$ 85,701	\$ 27,500	\$ 28,600	\$ 29,601						
78	Clinician			17.5	\$ 68,519	\$ 15,769	\$ 25,250	\$ 27,500						
79	Administrative Manager			3.5	\$ 15,582	\$ 5,000	\$ 5,200	\$ 5,382						

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B: CONTRACT EXPENSE DETAIL
PERSONNEL
8 OF 32

A	BUDGET CATEGORY: PERSONNEL				1	2	3	4	5	6	7	8	9	10
	Position Title/ Name of Employee	Position Number	Date Employed	Hours /Week	TOTAL	Early Childhood Prevention-Direct Service Year 1	Early Childhood Prevention-Direct Service Year 2	Early Childhood Prevention-Direct Service Year 3		ALL OTHER				
80	Training Director - ■			8.75	\$ 43,755	\$ 14,040	\$ 14,602	\$ 15,113						
81	Autism Evaluator - ■			10	\$ 88,200	\$ 28,800	\$ 30,000	\$ 29,400						
82	Clinical Supervisor ■			2	\$ 18,720	\$ 5,200	\$ 6,760	\$ 6,760						
83					\$ -									
84					\$ -									
85					\$ -									
86	OTHER DIRECT				\$ 122,950,884					\$ 122,950,884				
87					\$ -									
88					\$ -									
89					\$ -									
90					\$ -									
91					\$ -									
92					\$ -									
93					\$ -									
94					\$ -									
95					\$ -									
96					\$ -									
97					\$ -									
98					\$ -									
99					\$ -									
100					\$ -									
	SUBTOTAL (pg. 4)				\$ 123,327,107	\$ 120,309	\$ 126,012	\$ 129,902	\$ -	\$ 122,950,884	\$ -	\$ -	\$ -	\$ -
	BUDGET CATEGORY A: EMPLOYEE SUBTOTAL				\$ 136,377,383	\$ 120,309	\$ 126,012	\$ 129,902	\$ -	\$ 122,950,884	\$ -	\$ -	\$ -	\$ -

A	BUDGET CATEGORY: PERSONNEL		24	25	26	27	28	29
	Position Title/ Name of Employee	AN Position Number					UNALLOWABLE COSTS	GENERAL AND ADMINISTRATIVE COSTS
53	IT-Technician							\$ 165,000
54	QA/PIA-Chief							\$ 330,000
55	QA/PIA-Prog Eval Mgr							\$ 185,400
56	QA/PIA-QA Analyst							\$ 185,400
57	Coordinator-							\$ 24,000
58	Overtime & Flat Amounts							\$ 120,000
59								\$ -
60								\$ -
61								
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68								
69								
70								
71								
72								
73								
74								
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,867,725
75	AVP of Early Childhood -							
76	Program Lead							
77	Clinician -							
78	Clinician							
79	Administrative Manager							

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B: CONTRACT EXPENSE DETAIL
B. CONSULTANTS AND PROFESSIONAL FEES
PAGE 18 OF 32**

Agency: Youth Consultation Service, Inc
Contract#: 23TFGP

PURPOSE
BUDGET PREPARATION
MODIFICATION BUDGET
EXPENDITURE REPORT

----- 10/01/2022 to 09/30/2025

BUDGET CATEGORY- B. CONSULTANTS AND PROFESSIONAL FEES		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	#	#	29
LINE ITEM	BASIS FOR ALLOCATION	TOTAL	Early Childhood Prevention-Direct Service Year 1	Early Childhood Prevention-Direct Service Year 2	Early Childhood Prevention-Direct Service Year 3	0	ALL OTHER	0	0	0	0	0	0	0	0	0	0	0	0			GENERAL AND ADMINISTRATIVE COSTS
Consultant Support Serv	Historical Costs	\$ 4,578,150					\$ 2,814,150															\$ 1,764,000
Evaluation	Historical Costs	\$ 120,000	\$ 40,000	\$ 40,000	\$ 40,000																	
Mom2Mom	Historical Costs	\$ 63,000	\$ 21,000	\$ 21,000	\$ 21,000																	
ADOS Training	Historical Costs	\$ 2,114	\$ 1,402	\$ 712																		
D RFloorTime Training	Historical Costs	\$ 9,275	\$ 4,900	\$ 3,525	\$ 850																	
Accounting and Legal fees	Historical Costs	\$ 1,481,400					\$ 192,000															\$ 1,289,400
Nursing	Historical Costs	\$ -																				
Nutritionist	Historical Costs	\$ -																				
Interns	Historical Costs	\$ 69,600					\$ 69,600															
		\$ -																				
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BUDGET CATEGORY B. TOTAL		\$ 6,323,539	\$ 67,302	\$ 65,237	\$ 61,850	\$ -	\$ 3,075,750	\$ -	\$ -	#	\$	#	#	#	#	\$	#	\$	-	\$	-	\$ 3,053,400

BUDGET CATEGORY F. OTHER		1	2	3	4	5	6	#	8	9	#	12	#	14	#	16	#	19	20	21	22	23	24	25	26	27	28	29	
LINE ITEM	BASIS FOR ALLOCATION	TOTAL	Early Childhood Prevention-Direct Service Year 1	Early Childhood Prevention-Direct Service Year 2	Early Childhood Prevention-Direct Service Year 3	0	ALL OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	UNALLOWABLE COSTS	GENERAL AND ADMINISTRATIVE COSTS	
Travel & Transportation	Historical Costs	\$ 1,743,084					\$ 1,702,584																					\$ 40,500	
Communications	Per Phone (TFGP) Per Phone/Sq Ft All Others	\$ 1,226,037	\$ 720	\$ 720	\$ 720		\$ 1,001,877																					\$ 222,000	
Trainings, Conferences & Meetings	Historical Costs	\$ 259,449	\$ 2,900	\$ 2,900	\$ 2,900		\$ 178,149																					\$ 72,600	
Dues, Subscriptions, Licenses, Fees & Registrations	Historical Costs	\$ 798,867					\$ 367,467																					\$ 431,400	
Advertising & Recruitment	Historical Costs	\$ 334,360	\$ 500	\$ 250	\$ 250		\$ 9,360																					\$ 324,000	
Bank Monthly Fees	Historical Costs	\$ 83,400																								\$ 83,400			
		\$ -																										\$ -	
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BUDGET CATEGORY F. TOTAL		\$ 4,445,197	\$ 4,120	\$ 3,870	\$ 3,870		\$ 3,259,437							\$ -				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 83,400	\$ 1,090,500

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B: CONTRACT EXPENSE DETAIL
G. GENERAL AND ADMINISTRATIVE COST ALLOCATION
PAGE 23 OF 32

Agency: Youth Consultation Service, Inc
Contract#: 23TFGP

PURPOSE
BUDGET PREPARATION
MODIFICATION BUDGET
EXPENDITURE REPORT
PERIOD COVERED 10/01/2022 to 09/30/2

BUDGET CATEGORY G. GENERAL AND ADMINISTRATIVE COST ALLOCATION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	TOTAL	Early Childhood Prevention-Direct Service Year 1	Early Childhood Prevention-Direct Service Year 2	Early Childhood Prevention-Direct Service Year 3	0	ALL OTHER	0	0	0	0	0	0	0	0	0
Total: Categories A-F	\$ 224,166,002	\$ 235,714	\$ 238,393	\$ 238,395	\$ -	\$ 195,821,937	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
G&A	\$ -	\$ 28,286	\$ 28,607	\$ 28,605		\$ 27,452,657									
General and Administrative Costs	>>>>>>>	\$ 28,286	\$ 28,607	\$ 28,605	\$ -	\$ 27,452,657	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BUDGET CATEGORY G. GENERAL AND ADMINISTRATIVE COST ALLOCATION CONTINUED	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
	0	0	0	0	0	0	0	0	0	0	0	0	UNALLOWABLE COSTS	GENERAL & ADMINISTRATIVE COSTS	
Total: Categories A-F	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 83,400	\$ 27,548,163	
G&A													\$ 10,008	\$ (27,548,163)	
General and Administrative Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,008	\$ (27,548,163)	

**STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B
SCHEDULE 2-REVENUE
PAGE 27 OF 32**

1 | THIS SCHEDULE
Agency: Youth Consultation Service, Inc
Contract#: 23TFGP

PURPOSE
BUDGET PREPARATION
MODIFICATION BUDGET
EXPENDITURE REPORT
10/01/2022 to 09/30/2025

DESCRIPTION	1 TOTAL	2 Early Childhood Prevention-Direct Service Year 1	3 Early Childhood Prevention-Direct Service Year 2	4 Early Childhood Prevention-Direct Service Year 3	5 0	6 ALL OTHER	7 0	8 0	9 0	10 0	11 0	12 0	13 0	14 0	15 0	16 0	17 0	18 0	19 0	20 0	21 0	22 0	23 0	24 0	25 0	26 0	27 0	28 UNALLOW ABLE COSTS	29 GENERAL AND ADMINISTRATIVE COSTS
CLIENT GENERATED FEES	\$ -																												
Medicaid	\$ 181,801,812					\$ 181,801,812																							
Individual/Family Fees	\$ 2,743,200					\$ 2,743,200																							
Board of Education	\$ 25,810,137					\$ 25,810,137																							
Miscellaneous Income	\$ 53,700					\$ 53,700																							
In-Kind Facility Rent	\$ 93,600					\$ 93,600																							
	\$ -					\$ -																							
PUBLIC & PRIVATE GRANTS	\$ -					\$ -																							
County/ Government Grants	\$ 6,850,773					\$ 6,850,773																							
Other	\$ -					\$ -																							
Private Contracts	\$ 1,282,779					\$ 1,282,779																							
	\$ -					\$ -																							
OTHER AGENCY FUNDS	\$ -					\$ -																							
Fundraising / Other to fund Deficit	\$ 414,321					\$ 414,321																							
Zero Out for Budget	\$ 4,317,680					\$ 4,224,272																						\$ 93,408	
	\$ -																												
	\$ -																												
Total K. Revenue	\$ 223,368,002	\$ -	\$ -	\$ -	#	\$ 223,274,594	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 93,408	\$ -

Supporting documentation is required to substantiate the allocations.

Agency: Youth Consultation Service,

Contract#: 23TFGP

THIS SCHEDULE IS NOT

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B
SCHEDULE 3-APPLICABLE CREDITS
PAGE 29 OF 33

PURPOSE

BUDGET PREPARATION

MODIFICATION BUDGET

EXPENDITURE REPORT

PERIOD COVERED

10/01/2022 to 09/30/2025

#	DESCRIPTION OF CREDIT/INCOME	AMOUNT	TREATMENT (EXPENSE ITEM OR CATEGORY OFFSET)	EXPLANATORY NOTES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Agency: Youth Consultation Service, Inc
 Contract# 23TEGP

**STATE OF NEW JERSEY
 DEPARTMENT OF CHILDREN AND FAMILIES
 ANNEX B
 SCHEDULE 4 - RELATED ORGANIZATION
 PAGE 30 OF 33**

-
-
-

PURPOSE
 BUDGET PREPARATION
 MODIFICATION BUDGET
 EXPENDITURE REPORT
 PERIOD COVERED

10/01/2022 to 09/30/2025

NAME OF RELATED ORGANIZATION	TYPES OF SERVICES, FACILITIES AND/OR SUPPLIES FURNISHED BY THE RELATED ORGANIZATION	EXPLAIN RELATIONSHIP	COST	NAME & COLUMN NUMBER OF PROGRAM/COMPONENT
YCS Systems, Inc.	Youth Consultation Service, Inc. collects all cash and pays all expenses for this entity. These transactions are recorded in a due to/from account for tracking.	Parent Organization	N/A	N/A
YCS Foundation, Inc.	Youth Consultation Service, Inc. collects all cash and pays all expenses for this entity. These transactions are recorded in a due to/from account for tracking.	Foundation Organization	N/A	N/A

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
ANNEX B
SCHEDULE 6-COST OF EQUIPMENT
PAGE 32 OF 32

1/1 THIS SCHEDULE
Agency Youth Consultation Service, Inc
Contract# 23TFGP

2025

TYPE & DESCRIPTION OF ITEM	BASIS OF ALLOCATION	16 0	17 0	18 0	19 0	20 0	21 0	22 0	23 0	24 0	25 0	26 0	27 0	28 UNALLOWABLE COSTS	29 GENERAL AND ADMINISTRATIVE COSTS
Laptops	2 Clinicians, 1 Evaluator														
TOTAL OF EQUIPMENT		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



REQUEST FOR PROPOSALS

For

American Rescue Plan Supplemental Funding for EARLY CHILDHOOD PREVENTION PROGRAMS

CFDA 93.590

Funding in the amount of \$3,200,000 (through September 30, 2025)

Award range from \$400,000 to \$800,000 Per 36-Month Project

Applicants may only apply for one award

Community-Based Child Abuse Prevention (CBCAP) Funding

There will be no Bidders Conference for this RFP

Questions are due by May 27, 2022

Bids are due: June 20, 2022

Christine Norbut Beyer, MSW
Commissioner

May 10, 2022

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Exhibit B–Anti-Discrimination Provisions

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Exhibit F–Russia Belarus Disclosure Form

Attachment 1–Federal Requirements-Updated Rider for Purchases Funded by Federal Funds of 2CFR 200.317

Funding Agency

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

Special Notice:

There will be no Bidders Conference for this RFP. Questions will be accepted in advance of the proposal deadline by providing them via email to DCF.ASKRFP@dcf.nj.gov until **May 27, 2022, 12PM**. Technical inquiries about forms and other documents may be requested at any time.

All bids must be submitted electronically through our online system. To submit online, applicant must submit an AOR form. The AOR form must be completed and sent to DCF.ASKRFP@dcf.nj.gov. (See Section I).

Section I – General Information

A. Purpose:

In response to the unprecedented national Coronavirus (COVID-19) public health emergency, President Biden signed the American Rescue Plan (ARP) into law. This economic stimulus bill will assist New Jersey's efforts to prepare, prevent, and respond to the COVID-19 pandemic. With the passage of this bill, New Jersey received supplemental ARP federal funding through the Community Based Child Abuse Prevention (CBCAP) Program.

The New Jersey Department of Children and Families' (DCF) Division of Family and Community Partnerships announces the availability of \$3,200,000 in federal funding for Community Based Child Abuse Prevention (CBCAP) programs to enhance services for families with young children designed to strengthen and support families and communities to prevent child abuse and neglect. Funding is available for each 36-month project ranging from \$400,000 to \$800,000 for early childhood services grants to address gaps and support families with children aged 0 through age 5.

Four (4) to eight (8) awards will be made. **Applicants may only apply for one grant** under this offering and one grant under the related CBCAP ARP funding for Community Based Prevention Programs. Applicants that apply for both funding streams cannot apply with the same program offerings. The program offered by the Applicant under each separate proposal must be different. The 36-month grant period shall begin at the time of the award and may continue through September 30, 2025.

CBCAP was established by Title II of the Child Abuse Prevention and Treatment Act (CAPTA). CAPTA has been amended several times and was last

reauthorized on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). It was amended in 2015, 2016, and 2018, and most recently, certain provisions of the act were amended on January 7, 2019, by the Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424).

The purpose of CBCAP is to:

1. Support community-based efforts to develop, operate, expand, enhance and coordinate initiatives, programs and activities to prevent child abuse and neglect and to support the coordination of resources and activities to strengthen and support families thereby reducing the likelihood of child abuse and neglect; and
2. Foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

PLEASE NOTE: ARP funds shall be used to supplement and not supplant other federal, state, and local public funds in accordance with 42 U.S.C § 10406(c)(6).

Exclusions:

Funds for this offering cannot be utilized for domestic violence programs, training, events, and public information campaigns.

These funds cannot be utilized to expand home visiting programs. Rather the intent of this offering is to bolster services and programs that will further support existing home visiting programs and planned universal home visiting.

B. Background:

Since its creation in 2006, DCF has designed and managed a strong, state-wide network of core services including child protection and child welfare services, children's behavioral health care, programming to support children with intellectual and developmental disabilities and their families, community-based family strengthening services, specialized educational programming, and services and programming to support women. Over 100,000 New Jersey constituents are impacted by these services each month.

In keeping with Governor Phil Murphy's platform of a stronger, fairer New Jersey, DCF is undergoing an urgent transformation that is informed by evolving national best practice, ongoing self-evaluation of the Department's performance, and advances in science, and staff and consumer voice.

DCF's vision is that all New Jersey residents are safe, healthy and connected. DCF's values guide the work of the Department, serving as the professional compass for decisions large and small, in all that we do: Collaboration, Equity, Evidence, Family, and Integrity.

The Department has identified a set of core approaches that are not initiatives or programs, but instead are practices that we work to embed in all aspects of our work: Race equity, Healing centered practice, Protective factors framework, Family voice, and Culture of safety.

Lastly, DCF's strategic focus identifies major priorities for the Department as we strive to maintain excellence in core service delivery, while achieving a large-scale, fundamental transformation that includes:

- Primary prevention of maltreatment and maltreatment related fatalities
- Preserving kinship connections
- Staff health and wellness
- A fully integrated and inclusive Children's System of Care (CSOC)

In furtherance of the Department's strategic plan, the Division of Family and Community Partnerships is seeking proposals for programming to support a prevention infrastructure that is designed to reduce rates of child abuse and neglect, and that takes a comprehensive approach to evidence-based prevention services. This offering supports the Department's prioritization of prevention of child maltreatment as a transformational cornerstone for the child welfare system in New Jersey. This RFP provides communities with latitude to determine the specific prevention approach to ensure that community needs are met. Local partnerships are encouraged.

Every year, over 3,000 New Jersey children are victims of abuse or neglect. The most common forms of child maltreatment in New Jersey are neglect (70.9%) followed by sexual abuse (17.5%) and physical abuse (14.4%).¹ The New Jersey Child Welfare Data Hub identifies children under the age of 1 being most at risk for maltreatment (rate of 4.4 per 1,000), compared to children aged 1 to 5 (rate 1.5), aged 6 to 12 (rate 1.4) or aged 13 to 17 (rate 1.1). Rates of child maltreatment-related fatalities have been consistent since 2015 with deaths in 2019 totaling 19 (1.0 per 100,000). A common factor associated with child fatality is caregiver drug abuse. The perpetrators of child fatalities are most often (more than 80%) caregiver of their victims. Additional data regarding child abuse and neglect in New Jersey can be found at the NJ Child Welfare Data Hub: [Data Hub \(rutgers.edu\)](https://datahub.rutgers.edu)

¹U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2022). Child Maltreatment 2020. Available from: <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>.

New Jersey DCF, through partnership with Rutgers, the State University of New Jersey, and New Jersey's 21 Human Services Advisory Councils, conducted a community needs assessment in each of New Jersey's 21 counties during 2019-21. The Needs Assessment includes community data profiles, as well as the results of community surveys, focus groups and interviews in each County. Statewide summaries and county reports identified major challenges experienced by families in communities and identified priority areas in which families need support. The Needs Assessments, including data profiles, can be found at:

https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html

These prevention grants will provide opportunities for communities to:

- Implement evidence-based prevention practices that have demonstrated a high return on investment and/or significant outcomes in the prevention of child maltreatment through either national or local evaluation.
- Implement evidence-based prevention practices (programs, policies and strategies) that also have a positive impact on other health and social outcomes of families from pregnancy through age five (5) with outcomes including but not limited to improved knowledge of child development, expanded supportive parental social networks, improved parental coping skills, improved access to services. Examples of such practices include parent cafes, and improved care coordination including connection with pediatric care.
- Implement community level prevention approaches aimed specifically at improving maternal and infant health through collective impact approaches and the development of community collaboratives.

For the purposes of this CBCAP ARP funding opportunity, evidence-based practice is defined as the integration of the best available research with child abuse prevention program expertise within the context of the child, family, and community characteristics, culture, and preferences. Some form of documented scientific evidence validates these approaches to prevention. This includes findings established through scientific research, such as controlled clinical studies; however, other methods of establishing evidence are also valid. Evidence-based practices may be considered "supported" or "well-supported," depending on the strength of the research design. Evidence-informed practice is similar to evidence-based, but the level of evidence supporting the programs or practices is not as strong. Evidence-informed practices may be considered "promising" or "emerging," depending on the strength of the existing research or documentation of its evidence. Evidence-informed practice allows for innovation within CBCAP, while still incorporating lessons learned from the existing

research literature. Additional information on evidence based and evidence informed programs and practices and distinctions between emerging, promising, supported and well-supported practice can be found at [Evidence-Based Practice in CBCAP | Friends NRC](#) .

In addition:

- Proposals that develop prevention programs in response to family and community needs identified in New Jersey's 2021 Human Services Advisory Council (HSAC) Needs Assessments will **automatically be awarded five (5) points in the scoring of the application.**

The Division of Family and Community Partnerships utilizes a Risk and Protective Factors framework in addressing prevention of child abuse and neglect. All proposed programs must demonstrate impact on the protective factors. DCF has structured its practice models and purchased services to assess for and to promote the five (5) protective factors, conditions which - when they are in place within individuals, family systems, and/or communities - reduce risk to health and well-being: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence for children. For more information on Risk and Protective Factors Framework in addressing child abuse and neglect, see the Center for Disease Control and Prevention ([Risk and Protective Factors|Child Abuse and Neglect|Violence Prevention|Injury Center|CDC](#))

CBCAP funds primary and secondary prevention programs. Primary prevention consists of activities that are targeted toward the community at large. These activities are meant to impact families before any allegations of abuse and neglect. Primary prevention services include public education activities, and family support programs.

Secondary prevention consists of activities targeted to families that have one or more risk factors, including families with substance abuse, teen parents, parents of special needs children, single parents, and low-income families. Secondary prevention services include respite care for parents of a child with a disability, or programs for new parents. Proposals for either Primary or Secondary prevention programming are permitted.

The American Rescue Plan (ARP) provides critical and unprecedented support to children, families, and communities in response to the COVID pandemic and resulting economic downturn, which have been exacerbated by historic racial injustices. ARP funding provides a comprehensive approach to support children and families, meet communities where they are and address systemic inequities.

C. Target Population /Admission:

To be considered for award, the programs must target families with children aged 0 to 5.

Applicants must propose approaches that will impact individual and/or community level changes. The CBAP ARP grant is aimed at strengthening the network of primary and secondary prevention programs in communities to further the goal of reducing child abuse and neglect. Specific community need and target population will vary across applications.

Eligible Applicants include local units of government and nonprofit organizations like faith-based, charitable, community-based, Tribal, school or voluntary associations. Applicants shall take all community and individual characteristics of the target population into account when overseeing implementation of the program. This includes considering geographic location and transportation, racial and/or ethnic backgrounds, sexual orientation, language, and disability. Programs that receive funding must be accessible and delivered without discrimination on the basis of age, disability, gender, gender-identity, sexual orientation, race, color, national origin, or religion. (42 U.S.C. §10406).

All individuals from the target population, regardless of citizenship, legal status, or tribal affiliation, are to have the same access to services without the need to produce documentation of residency/citizenship. Applicants must be able to assist participants with Limited English Proficiency (LEP), and Deaf or hard of hearing. Services are provided without charge to the target population.

D. Resources:

Geographic Area to Be Served

Successful Applicants shall clearly define the New Jersey community to be served (e.g., city, county, school-district, etc.) and location of service delivery.

Staffing

Staffing will be dictated by program activities as described in the proposal narrative and budget. Staff shall possess the requisite knowledge and expertise required for successful project implementation. Staff shall reflect the language, race and cultural backgrounds of the selected communities and target populations.

Continuous Quality Improvement Standards

DCF engages in Continuous Quality Improvement (CQI) to identify and analyze strengths and areas needing improvement. DCF is committed to the process of ongoing evaluation as a vehicle to learn and develop solutions to improve the quality of services.

The successful Applicant shall be required to submit quarterly reports that include qualitative and quantitative data as part of the CQI process. The

Applicant will be required to collect and report pertinent participant and program data relative to the project activities and measurable program outcomes.

Voluntary Participation

The Applicant shall operate with the highest level of ethical practice and accountability to the community. All programming must be available on a voluntary basis.

Healing Centered Approach

The Applicant should articulate a trauma-informed, healing centered and culturally relevant approach to its program delivery. This approach acknowledges the needs of the community and target population.

E. Activities:

Awardees shall:

- Meaningfully partner with families, the community and persons with relevant lived experience in the planning, implementation, CQI activities and evaluation of the program.
- Implement an evidence-based program that will reduce rates of child maltreatment that can include but not be limited to, improved knowledge of child development, expanded supportive parental social networks, improved parental coping skills, improved access to services.
- Collect all relevant data and complete all reports and evaluations as required by DCF.
- Participate in quarterly results and learning meetings and other CQI activities required by DCF.

If the program provides direct services to participants, the Applicant shall clarify how participants are referred into the program and how services are accessed as well as any inclusionary or exclusionary parameters for participation.

F. Outputs:

Measurable outcomes are essential for determining the extent to which implemented approaches and activities achieve their intended effects. Applicants shall identify the specific risk and/or protective factors that the program seeks to influence and identify a related set of milestones and key performance indicators to track progress on outcomes. Applicants must propose measures of success relevant and specific to their proposed strategies.

Depending upon the type of program, measures such as numbers and demographics of program participants shall be provided in addition to metrics that capture changes in behavior or condition are expected.

Awardees shall provide the Division of Family and Community Partnerships with quarterly progress reports that include both qualitative and quantitative data consistent with the goals and objectives of the project, utilizing measurement tools aligned with project outcomes.

Up to 15% of the award may be directed at measurement and evaluation activities.

G. Funding Information:

CBCAP ARP supplemental funding is subject to appropriation. Funding for this offering is available up to \$3,200,000 of federal CBCAPARP funds (CFDA 93.590).

The Department will make available a minimum of four (4) and up to eight (8) awards.

DCF reserves the right to award all or a portion of the requested amount.

Each award will be between \$400,000 and \$800,000 for the 36-month project. The Department will make available \$1,000,000 in FY 2023 of federal CBCAP funds (CFDA # 93.590). It is anticipated that the resulting contract will total between \$400,000 to \$800,000 over the 36-month time frame. Funding will be renewed in each of the three years contingent on availability of federal funds and programmatic progress. Grant funds will not be available after September 30, 2025. Continuation funding is contingent upon the availability of funds in future fiscal years. Universities are reminded that this is a competitive process and on notice that no annual increases will be considered as part of this contract to salaries, fringe or benefits for future negotiations or contracts, unless approved by the State legislature for all contracting entities.

Additional funds are not available, so any proposed one-time expenses must be funded with **anticipated** contract accruals. Applicants must provide a justification and detailed summary of anticipated start-up costs, and the source of anticipated contract accruals, in order to begin program operations.

The CBCAP ARP funding period for this program is anticipated from award July 1, 2022, through June 30, 2025, with the ability to carry over unspent funds, with DCF approval, through September 30, 2025.

Matching Funds: No match is required for the CBCAP ARP grant awards.

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

Proposals that demonstrate the leveraging of other financial resources are encouraged

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

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

H. Applicant Eligibility Requirements:

1. Applicants must be for profit or non-profit corporations and/or Universities 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. If Applicant is **under a corrective action plan with DCF (inclusive of its Divisions and Offices) or any other New Jersey State agency or authority, the Applicant may not submit a proposal for this RFP if written notice of such limitation has been provided to the Agency or authority.** Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated and progress maintained to the satisfaction of DCF for the period of time as required by the written notice.
4. Applicants shall 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.
5. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
6. Where required, all applicants must hold current State licenses.
7. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
8. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
9. Applicants must have the ability to achieve full operational census within 60 days of contract execution. Further, where appropriate, applicants must execute sub-contracts with partnering entities within 60 days of contract execution.
10. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at: <http://fedgov.dnb.com/webform>.

11. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual may submit an application.

I. RFP Schedule:

May 27, 2022	Deadline for Email Questions sent to DCF.ASKRFP@dcf.nj.gov
June 20, 2022	Deadline for Receipt of Proposals by 12:00PM

Proposals received after **12:00PM on June 20, 2022**, will **not** be considered.

All proposals must be delivered ONLINE

To submit online, Applicant must submit an AOR form. The AOR form must be completed and sent to DCF.ASKRFP@dcf.nj.gov

Authorized Organization Representative (AOR) Form:
<https://www.nj.gov/dcf/providers/notices/AOR.doc>

Once the AOR is submitted and the Applicant is granted permission to proceed, instructions will be provided for submission of the proposal.

Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an AOR form.

Registered AOR forms should be received 5 business days prior to the date the bid is due. We recommend not waiting until the due date to submit your proposal in case there are technical difficulties during your submission.

Submission Requirement:

It is required that you submit your proposal as one PDF document. If the Appendices file is too large, it can be separated into more pdf parts, such as Part 3, Part 4, etc. Please do not upload separate documents.

J. 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.

Failure to meet the criteria outlined above, or the submission of incomplete or non-responsive applications may result in rejection of the proposal. 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.

For a bid to be considered for award, at least one representative of the Applicant must have been present at the Bidders Conference, if required. 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 policy P.104 located at <https://www.nj.gov/dcf/providers/contracting/manuals/>. 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 Applicants 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 100 possible points, based

on the following criteria and the highest score will be recommended for approval as the winning Applicant.

Abstract	0 Points
I. Organizational Community & Fit	
A. Expertise of the Applicant Agency	10 Points
B. Project Description: Need HSAC	15 Points
C. Program Approach Family involvement	25 Points
II. Organizational Capacity	15 Points
III. Organizational Support	10 Points
IV. Outcomes and Evaluation	15 Points
V. Budget Narrative	10 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 proof of services, products, transactions and payments under this contract for a period of five (5) years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

All 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 as attached as **Exhibit A**.

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

All Applicants must submit a signed Notice of Standard Contract Requirements, Processes, and Policies as attached as **Exhibit C**.

All Applicants must submit a signed Attestation-Public Law P.L. 2021, c.1 Attestation Form for Providers with DCF Contracts as attached as **Exhibit D**.

All Applicants must comply with the federal requirements of 2CFR 200.317. See **Attachment 1**. See **Attachment posting on DCF website**.

WARRANTY OF NO SOLICITATION ON COMMISSION OR CONTINGENT FEE BASIS. The Applicant warrants by submission of the proposal that no person or selling agency has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by the contractor for the purpose of securing business. If a breach or violation of this section occurs, the State shall have the right to terminate the contract without liability or in its discretion to deduct from the contract price or consideration the full amount of such commission, percentage, brokerage or contingent fee.

Applicants must comply with confidentiality rules and regulations related to the participants in this program including but not limited to:

1. Applicants must comply with 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records.
2. Keep client specific and patient personal health information (“PHI”) and other sensitive and confidential information confidential in accordance with all applicable New Jersey and federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).
3. Recognize and understand that case information is mandated by N.J.S.A. 9:6-8.10a is to be kept confidential and the release of any such information may be in violation of state law.

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.

K. Appeals:

An appeal of the selection process will be heard only if it is alleged that the Department has violated a statutory or regulatory provision in awarding the grant. An appeal will not be heard based upon a challenge to the evaluation of a proposal. Applicants may appeal by submitting a written request to:

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

no later than ten (10) business days following receipt of the notification or by the deadline posted in this announcement.

L. 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: DCF.ASKRFP@dcf.nj.gov.

Post Award Reviews will not be conducted after six (6) months from the date of issuance of this RFP.

M. 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:

1. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA
2. Proof of Insurance naming DCF as additionally insured from agencies

3. Bonding Certificate
4. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
5. ACH-Credit Authorization for automatic deposit (for new agencies only)

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:

Applicants must submit a Narrative that addresses the following criteria below.

In conjunction with DCF's review of the narrative descriptions you insert under each numbered subsection below, DCF will assess the documents you submitted with your response to this opportunity. DCF will determine the score for each section based on the quality, completeness, and accuracy of both the narrative descriptions and the documents it deems to be relevant.

The narrative portion of the proposal should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. The font shall be no smaller than twelve (12) points in Arial or Times New Roman. There is a twenty-five (**25**) 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.

Applicants will have up to five (5) business days after notice from DCF to provide any potentially missing documentation without penalty. If the deductions total twenty (20) points or more, the proposal shall be rejected as non-responsive. A penalty of five (5) points will be deducted for each missing document if not provided within 5 business days. If documents are missing from the proposal, DCF may provide an email notice to the Applicant after the bid is submitted.

The narrative must be organized appropriately and address the key concepts outlined in the RFP. Annex B budget pages and attachments do not count towards the narrative page limit.

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

Project Abstract (not part of the narrative) (no points)

Provide a one (1) Page Maximum Abstract

The abstract should present a concise summary of the well-supported, promising or evidence-based prevention practice (program, policy, strategy) and include information regarding the need, the target population (including number to be served), a brief description of the EBP practice, why it was selected, cost benefit of implementing the selected EBP, what the expected accomplishments will be as well as the total amount of funding being sought.

I. Community and Organizational Fit

Community and Organizational fit refers to Applicant's alignment with the specified community and state priorities, family and community values, culture and history, and other interventions and initiatives.

A. Expertise of the Applicant Agency-(10 Points)

- 1) Describe how this initiative is consistent with your mission and vision, and priorities.
- 2) Describe how this initiative fits with existing initiatives/programming in your organization.
- 3) Describe any services and programs that that your agency provides that are categorized as well as emerging, promising, supported or well-supported practice (see Evidence-Based Practice in CBCAP Friends NRC).
- 4) Describe how this initiative is consistent with your organization's experience working with the target (or similar) populations required to be served by this initiative.

B. Project Description: Need-(15 Points)

Note: The 2021 Human Services Advisory Council (HSAC) Needs Assessments Synthesis Report for New Jersey's 21 Counties identified 6 basic needs areas and 7 specialized service needs areas along with barriers and impacted sub-populations. While not limited to this source for the identification of community need, it is highly encouraged that applicants consider county and statewide needs identified in the state and county reports which can be found at:

https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html

Proposals that develop prevention programs in response to family and community needs identified in New Jersey's 2021 Human Services Advisory Council (HSAC) Needs Assessment reports will **automatically be awarded 5 points**.

- 1) Describe the need(s), service gap(s), barrier or challenge(s) faced by families with children aged 0 – 5 that the initiative will address.
- 2) Describe how the proposed initiative will address the identified gaps or needs.
- 3) Discuss the specific target population of families or children aged 0-5 to be served. The applicant should include population size and demographics as well as any relevant statistics to link the need for this project. This includes a description of disparities impacting target populations historically underserved, marginalized and adversely affected by persistent poverty and inequality.
- 4) Describe how the program contributes to the prevention of child maltreatment. Include a description of other outcomes as described above in the Background section or outcomes that are consistent with the relevant protective factor(s) the program is designed to address. If applicable, how does the program contribute to reduction in infant mortality.
- 5) Include a summary of existing services and community supports in the geographic area, including barriers and gaps. Describe how your program will (i) be different from, rather than duplicate existing community services and resources; and (ii) bridge identified gaps and overcome barriers to build relationships that will reach the target population.

C. Program Approach-(25 Points)

- 1) Describe the proposed program model and all strategies and key activities of the project. Describe how this model meets the stated purpose of the grant.
- 2) Describe how the strategies will keep fidelity to an evidence-based, evidence-supported, or evidence-informed model. If the project includes innovative models or strategies, please provide a clear description of the evidence to support your model/strategy selection.
- 3) Describe the population to be impacted by the project. Include basic demographic information of the community and/or children and families to be served and identify the geographic reach of the project. Include

numbers of children, families, or others to be served by each component of the project.

- 4) Describe outreach strategies to special populations of underserved or underrepresented groups unique to the identified service area.
- 5) Describe any potential barriers to implementation of the proposal and strategies to overcome them.

Note:

Address the following three cross-cutting priorities of the NJTFCAN Prevention Plan for 2022-2025. For reference, the NJTFCAN Prevention Plan can be found at: [2022-2025.NJ.Statewide.Prevention.Plan.pdf](#)

- **Priority 1:** *Promote racial equity/racial justice and reduce disparities across populations in service access, service provision, and retention.*

What strategies will be utilized to ensure that every family, regardless of race, has the same opportunities and access to culturally and linguistically appropriate prevention services.

- **Priority 2:** *Increase opportunities for effective youth and family participation and partnership in policy and program planning, implementation, CQI, evaluation, and outcomes.*

What strategies will the program adopt to enhance opportunities for diverse persons including those with lived experience (e.g., persons or families who have sought support) to partner, collaborate, and provide insight into programs and policies related to this initiative. **DCF places a premium on the meaningful involvement of youth/family and persons with lived experience in the planning, implementation, continuous quality improvement, evaluation and outcomes of programs and services.**

The response for Priority 2 will be awarded up to five (5) points.

- **Priority 3:** *Promote developmentally based trauma-Informed and healing-centered prevention practices.*

Describe how the requirements of this initiative will be met through your policies implementing trauma informed practices.

- **Include written policies implementing trauma informed practices, if available.**

II. Organizational Capacity-(15 Points)

Organizational Capacity refers to the Respondent's ability to financially and structurally meet and sustain the specified minimum requirements.

1) Describe how the organization's leadership is knowledgeable about and in support of this initiative. Include how the requirements of this initiative will be met through your governance and management structure, including the roles of senior executives and governing body (Board of Directors, Managing Partners, Board of County Commissioners). Do leaders have the diverse skills and perspectives representative of the community being served?

- **Include a Governing Body List. (A "governing body" is any of the following: Board or Directors -or- Managing Partners, if LLC/Partnership, -or- Board of County Commissioners of Responsible Governing Body. List must be dated and include the following: names, titles, emails, phone numbers, addresses, and terms for all members of Governing Body.) as part of the appendix.**

- **Include a current Agency-Wide Organizational Chart.**

2) Does the organization currently employ or have access to staff that meet the staffing requirements for this initiative as described in the Resources section of this RFP? If so, describe.

3) Does the staff have a cultural and language match with the population they serve, as well as relationships in the community? If so, describe.

4) Describe how your Agency plans to fulfill staffing requirements not currently in place by hiring staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities.

- Indicate the number, qualifications and skills of all staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities. Describe the management and supervision methods that will be utilized.

- **Include an organizational chart for the proposed program operation as part of the appendix.**

- **Include job descriptions that include all educational and experiential requirements as part of the appendix.**

- **Include professional licenses related to job responsibilities, if applicable.**

- **Include resumes of any existing staff who will perform the proposed services as part of the appendix.**
 - **Include a brief narrative on staffing patterns as part of the appendix.**
- 5) Are there designated staff with capacity to collect and use data to inform ongoing monitoring and improvement of the program or practice? If so, describe.
 - 6) What administrative practices must be developed and/or refined to support the initiative/program/practice? What administrative policies and procedures must be adjusted to support the work of the staff and others to implement the program or practice?
 - 7) Describe how the requirements of this initiative will be met through your existing collaborations, partnerships and collaborative efforts with other communities and systems.
 - 8) Describe how the requirements of this initiative will be met through your membership in professional advisory boards.
 - 9) Briefly describe the ways in which your Agency's operations (policies and/or practices) mirror the Prevent Child Abuse New Jersey's Safe Child standards.

The Standards are available at:

<https://nj.gov/dcf/providers/notices/nonprofit/>

- **Include a brief (no more than 2 pages double spaced) Safe-Child Standards Description demonstrating ways in which your agency's operations mirror the Standards as part of the appendix.**
- 10) Describe how the requirements of this initiative will be met through your plans for program accessibility that include, at a minimum, the following details: site description, safety considerations, and transportation options for clients served.
 - **Submit a description/floor plan of program space as part of the appendix (include address).**
 - **Additional photos and/or floor plans are also welcomed, if available-attach as part of the appendix.**

- 11) Describe how the requirements of this initiative will be met through your strategies for identifying and engaging the target population and for maintaining their participation in services in accordance with service recipients' need(s).
- 12) Describe how the requirements of this initiative will be implemented through the community partners listed and attested to in the resources section of this RFP and the collaborative activities listed and attested to in the activities section of this RFP.
 - **Include a letter of commitment** specific to a service or MOU to demonstrate commitment to the program **as part of the appendix (if relevant to your program). If not applicable, include a written statement stating "NOT APPLICABLE"..**
 - **Include no more than eight (8) professional letter(s) of support** from community organizations that you already partner with **as part of the appendix.** Letters from any New Jersey State employees are prohibited.
- 13) Describe your plans to ensure the needs of the target community will be met in a manner consistent with your commitment to cultural competency and diversity and the Law Against Discrimination (NJSA 10:51 seq.).
- 14) Provide a Proposed Program Implementation Schedule (attached as Appendix item 20), including a detailed timeline for implementing the proposed services or some other detailed weekly description of your action steps in preparing to provide the services of the RFP and to become fully operational within the time specified.
 - **Include a Program Implementation Schedule attached as part of the appendix.**

III. Organizational Supports-(10 Points)

Organizational Supports refers to the respondent's access to Expert Assistance, Staffing, Training, Coaching & Supervision.

- 1) Describe how your organization will support this initiative with required/necessary training, coaching, supervision. Describe your organization's process to evaluate staff performance.
 - **Include a Curricula Table of Contents for current and proposed training as part of the appendix.**

- 2) Describe how your organization will support the staff implementing this initiative by leveraging the resources of providers; communities; and other stake holders.

IV. Outcomes and Evaluation-(15 Points)

- 1) Describe how your organization will support the requirements of this initiative for collection, maintenance, and analysis of data. Will this require use of or changes to existing monitoring and reporting systems?
- 2) Describe how this initiative will be supported by your use of the data after it is analyzed and reported to evaluate program performance.
 - **Include a summary of evaluation tools that will be used to determine the effectiveness of the program services (Summary should be no more than 5 pages) as part of the appendix. These tools must demonstrate outcomes measures that will measure the extent to which your program is impacting the outcomes identified in Section I. B (Need) above, as well as process measures, demonstrating whether your intervention is being carried out as intended.**
- 3) Describe procedures that will be used for data collection, management and timely reporting. Provide a description of data to be recorded, the intended use of that data and the means of maintaining confidentiality of respondents.
- 4) Submit a **signed Notice** of Standard Contract Requirements, Processes, and Policies as attached as **Exhibit C, as an appendix.**
- 5) Submit a **signed Attestation (Exhibit D)**-Public Law P.L. 2021, c.1 Attestation Form for Providers with DCF Contracts, **as an appendix.**
- 6) Describe how this initiative will be supported by your quality assurance and performance improvement processes, including the meaningful role of those to be served.
- 7) Describe how this initiative will be supported by your willingness to engage in participatory, collaborative evaluation planning with DCF to improve and finalize outcome indicators.

V. Budget-(10 Points)

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services (LOS). Therefore,

applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. Provide a line item budget and narrative for the proposed project/program. The narrative must be part of the proposal.

- **The Budget forms are to be attached as an appendix .**

The Applicant shall submit 3 12 month budgets:

Year 1 from 7/1/22 to 6/30/23;

Year 2 from 7/1/23 to 6/30/24; and

Year 3 from 7/1/24 to 6/30/25.

The Applicants shall use the form attached as Exhibit E and provide three 12 month budgets.

The budget shall be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget shall also reflect a twelve (12) month operating schedule and must include, in separate columns, total funds needed for each line item, the funds requested in this grant, and funds secured from other sources. All costs associated with the completion of the project must be clearly delineated and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or “other” items. The completed budget proposal must also include a detailed summary of and justification for any one-time operational start-up costs.

The grantee is expected to adhere to all applicable State cost principles.

A description of General and Administrative Costs are available at <https://www.nj.gov/dcf/providers/contracting/manuals/#1> under the Contract Reimbursement Manual, Section 4.

<https://www.nj.gov/dcf/providers/notices/requests/>

See Standard Documents for RFPs for forms.

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent. There is a twenty-five **(25)** 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.

Applicants will have up to five (5) business days after notice from DCF to provide any potentially missing documentation without penalty. If the deductions total twenty (20) points or more, the proposal shall be rejected as

non-responsive. A penalty of five (5) points will be deducted for each missing document if not provided in five business (5) days after requested by DCF. The narrative must be organized appropriately and address the key concepts outlined in the RFP. Attachments do not count towards the narrative page limit.

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

Part I: Proposal																													
1	<input type="checkbox"/> Proposal Cover Sheet – (signed and dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc																												
2	<input type="checkbox"/> Table of Contents – Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices.																												
3	<input type="checkbox"/> Proposal Narrative in following order 25 Page Limitation <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 40px;">Abstract</td> <td style="text-align: right;">0 Points</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">I. Organizational Community & Fit</td> </tr> <tr> <td style="padding-left: 20px;">A. Expertise of the Applicant Agency</td> <td style="text-align: right;">10 Points</td> </tr> <tr> <td style="padding-left: 20px;">B. Project Description: Need <u>HSAC</u></td> <td style="text-align: right;">15 Points</td> </tr> <tr> <td style="padding-left: 20px;">C. Program Approach <u>Family involvement</u></td> <td style="text-align: right;">25 Points</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="padding-left: 20px;">II. Organizational Capacity</td> <td style="text-align: right;">15 Points</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="padding-left: 20px;">III. Organizational Support</td> <td style="text-align: right;">10 Points</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="padding-left: 20px;">VI. Outcomes and Evaluation</td> <td style="text-align: right;">15 Points</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="padding-left: 20px;">V. Budget Narrative</td> <td style="text-align: right;">10 Points</td> </tr> </table>	Abstract	0 Points			I. Organizational Community & Fit		A. Expertise of the Applicant Agency	10 Points	B. Project Description: Need <u>HSAC</u>	15 Points	C. Program Approach <u>Family involvement</u>	25 Points			II. Organizational Capacity	15 Points			III. Organizational Support	10 Points			VI. Outcomes and Evaluation	15 Points			V. Budget Narrative	10 Points
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VI. Outcomes and Evaluation	15 Points																												
V. Budget Narrative	10 Points																												
Part II: Appendices																													
4	<input type="checkbox"/> Written policies implementing trauma informed practices, if available. If not applicable, include a written statement.																												
5	<input type="checkbox"/> Governing Body List. (A “governing body” is any of the following: Board or Directors -or- Managing Partners, if LLC/Partnership, -or- Board of County Commissioners of Responsible Governing Body). List must be Dated and include the following: <ol style="list-style-type: none"> a. Names b. Titles c. Emails 																												

		d. Phone Numbers e. Address and f. Terms
6	<input type="checkbox"/>	Current Agency-Wide Organization Chart
7	<input type="checkbox"/>	Proposed Organizational Chart for services required by this response - include agency name and date created
8	<input type="checkbox"/>	Professional Licenses related to job responsibilities for this response If not applicable, include a signed/dated written statement on agency letterhead
9	<input type="checkbox"/>	Job Descriptions that include all educational and experiential requirements
10	<input type="checkbox"/>	Resumes of any existing staff who will perform the proposed services (please <u>do not</u> provide home addresses or personal phone numbers)
11	<input type="checkbox"/>	Brief narrative on Staffing Patterns
12	<input type="checkbox"/>	Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)
13	<input type="checkbox"/>	Description/floor plan of program space-Include Address
14	<input type="checkbox"/>	Additional photos and/or floor plans, if available are also welcomed
15	<input type="checkbox"/>	Letter of Commitment specific to a service or MOU to demonstrate commitment to the program (if relevant to your program). If not applicable, include a written statement.
16	<input type="checkbox"/>	No more than 8 Professional Letters of Support from community organizations that you already partner with. Letters from any New Jersey State employees are prohibited.
17	<input type="checkbox"/>	Curricula Table of Contents for current and proposed training
18	<input type="checkbox"/>	Summary of evaluation tools that will be used to determine the effectiveness of the program services (no more than 5 pages)
19	<input type="checkbox"/>	All Applicants must submit a signed Notice of Standard Contract Requirements , Processes, and Policies as attached as <u>Exhibit C</u> . All Applicants must submit a signed Attestation -Public Law P.L. 2021, c.1 Attestation Form for Providers with DCF Contracts as attached as <u>Exhibit D</u> .

20	<input type="checkbox"/>	Proposed Program Implementation Schedule or some other detailed weekly description of your action steps in preparing to provide the services of the RFP and to become fully operational within the time specified.
21	<input type="checkbox"/>	Proposed Exhibit E Budget Form(s) documenting anticipated budget The Applicant shall submit 3 12 month budgets on the form provided as Exhibit E: Year 1 from 7/1/22 to 6/30/23; Year 2 from 7/1/23 to 6/30/24; and Year 3 from 7/1/24 to 6/30/25.
22	<input type="checkbox"/>	Agency's Conflict of Interest policy
23	<input type="checkbox"/>	Copies of any audits (not financial audit) or reviews (including corrective action plans) completed or in process by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last 2 years. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant's position. If not applicable, include a written statement. Applicants are on notice that DCF may consider all materials in our records concerning audits, reviews or corrective active plans as part of the review process.
24	<input type="checkbox"/>	Standard Language Document (SLD) (signed/dated) [Version: Rev. 7-2-19] Form: https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
25	<input type="checkbox"/>	Document showing Data Universal Numbering System (DUNS) Number 2006 Federal Accountability & Transparency Act (FFATA) Website: https://fedgov.dnb.com/webform Helpline: 1-866-705-5711
26	<input type="checkbox"/>	System for Award Management (SAM) printout showing "active" status (free of charge) Website: Go to SAM by typing www.sam.gov in your Internet browser address bar Helpline: 1-866-606-8220
27	<input type="checkbox"/>	Applicable Consulting Contracts, Affiliation Agreements related to this RFP. If not applicable, include a written statement
28	<input type="checkbox"/>	Business Associate Agreement/HIPAA (signed/dated under Business Associate) [Version: Rev. 8-2019]

		Form: https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx
29	<input type="checkbox"/>	<p>Affirmative Action Certificate --or-- Renewal Application [AA302] sent to Treasury</p> <p>Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year 1. Any agency previously contracted through DCF is required to submit an Affirmative Action Certificate.</p> <p>Website: https://www.nj.gov/treasury/purchase/forms.shtml</p> <p>Form: https://www.nj.gov/treasury/purchase/forms/AA_%20Supplement.pdf</p>
30	<input type="checkbox"/>	<p>Certificate of Incorporation</p> <p>Website: https://www.nj.gov/treasury/revenue/</p>
31	<input type="checkbox"/>	<p>For Profit: NJ Business Registration Certificate with the Division of Revenue. If not applicable, include a signed/dated written statement on agency letterhead.</p> <p>Website: https://www.nj.gov/njbusiness/registration/</p>
32	<input type="checkbox"/>	Agency By-laws or Management Operating Agreement if an LLC
33	<input type="checkbox"/>	<p>Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3)</p> <p>If not applicable, include a signed/dated written statement on agency letterhead.</p> <p>Website: https://www.nj.gov/treasury/taxation/exemptintro.shtml</p>
34	<input type="checkbox"/>	<p>Disclosure of Investigations and Other Actions Involving Bidder Form (PDF) (signed/dated)</p> <p>Website: https://www.nj.gov/treasury/purchase/forms.shtml [Version 3-15-19]</p> <p>Form: https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf</p>
35	<input type="checkbox"/>	<p>Disclosure of Investment Activities in Iran (PDF) (signed/dated)</p> <p>Website: https://www.nj.gov/treasury/purchase/forms.shtml [Version 6-19-17]</p> <p>Form: https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf</p>
36	<input type="checkbox"/>	<p>For Profit: Ownership Disclosure Form (PDF)</p> <p>Website: https://www.nj.gov/treasury/purchase/forms.shtml [Version 6-8-18]</p>

		Form: https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf See instructions for applicability to your organization. If not applicable, include a written statement.
37	<input type="checkbox"/>	For Profit: Chapter 51/Executive Order 117 Vendor Certification --and-- Disclosure of Political Contributions (signed/dated) [Version: Rev 4/1/19] See instructions for applicability to your organization. If not applicable, include a signed/dated written statement on agency letterhead. Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/eo134/Chapter51.pdf
38	<input type="checkbox"/>	Certification Regarding Debarment (signed/dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf
39	<input type="checkbox"/>	Statement of Assurances – (Signed and dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc
40	<input type="checkbox"/>	Tax Forms: Non Profit Form 990 Return of Organization Exempt from Income Tax or For Profit Form 1120 US Corporation Income Tax Return or-LLC Applicable Tax Form and may delete or redact any SSN or personal information
41	<input type="checkbox"/>	Executed Russia Belarus Disclosure form provided as Exhibit F

* Standard forms for RFP's are available at:

<https://www.nj.gov/dcf/providers/notices/requests/>

See *Standard Documents for RFPs* for forms.

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

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

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

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

Click on Vendor Information and then on Forms.

Standard Language Document, and the Contract Reimbursement Manual and Information Manual may be reviewed via the Internet respectively

at: <https://www.nj.gov/dcf/providers/contracting/forms/> and www.nj.gov/dcf/providers/contracting/manuals

C. Requests for Information and Clarification:

Question and Answer:

DCF will provide eligible Applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Inquiries will not be accepted after the closing date of the Question and Answer Period.

Questions must be submitted in writing via email to: DCF.ASKRFP@dcf.nj.gov.

Written questions must be directly tied to the RFP. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP. All inquiries submitted to DCF.ASKRFP@dcf.nj.gov must identify, in the Subject heading, the specific RFP for which the question/clarification is being sought. Each question should begin by referencing the RFP page number and section number to which it relates.

Written inquiries will be answered and posted on the DCF website as a written addendum to the RFP at:

<https://www.nj.gov/dcf/providers/notices/requests/>

Technical inquiries about forms and other documents may be requested anytime through DCF.ASKRFP@dcf.nj.gov.

All other types of inquiries will not be accepted. **Applicants may not contact the Department directly, in person, or by telephone, concerning this RFP.**

EXHIBIT A
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies,

placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

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

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

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

Letter of Federal Affirmative Action Plan Approval
Certificate of Employee Information Report
Employee Information Report Form AA302 (electronically available at www.state.nj.us/treasury/contract_compliance).

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

EXHIBIT B
TITLE 10. CIVIL RIGHTS
CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS
N.J. Stat. § 10:2-1 (2012)

§ 10:2-1. Antidiscrimination provisions

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

- a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;
- b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
- c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and
- d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

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

Exhibit C

Notice of Standard Contract Requirements, Processes, and Policies

I. Instructions:

Please carefully read all the information on these page(s) and then sign, scan, and email this executed document to: OfficeOf.ContractAdministration@DCF.NJ.Gov

II. Organizations awarded contracts are required to comply with:

- A. the terms and conditions of the Department of Children and Families' (DCF) contracting rules and regulations as set forth in the Standard Language Document (SLD), or the Individual Provider Agreement (IPA), or Department Agreement with a State Entity. Contractors may view these items on the internet at: <https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>
- B. the terms and conditions of the policies of the Contract Reimbursement Manual and the Contract Policy and Information Manual. Contractors may review these items on the internet at: <https://www.nj.gov/dcf/providers/contracting/manuals>
- C. all applicable State and Federal laws and statues, assurances, certifications, and regulations.
- D. the Equal Employment Opportunity (EEO) requirements of the State Affirmative Action Policy, N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27.
- E. the laws relating to Anti-Discrimination, including N.J.S.A 10:2-1, Discrimination in Employment on Public Works.
- F. the Diane B. Allen Equal Pay Act, N.J.S.A. 34:11-56.14 and N.J.A.C. 12:10-1.1 et seq., mandate to provide the Commissioner of Labor and Workforce Development a report regarding the compensation and hours

worked by employees categorized by gender, race, ethnicity, and job category using the report templates found at <https://nj.gov/labor/equalpay/equalpay.html>.

- G. the confidentiality rules and regulations related to the recipients of contracted services including, but not limited to:
1. Compliance with 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records.
 2. Maintenance of client specific and patient personal health information (PHI) and other sensitive and confidential information in accordance with all applicable New Jersey and Federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 3. Safeguarding of the confidentiality of case information as mandated by N.J.S.A 9:68.10a with the understanding that the release of any information may be in violation of State law and may result in the conviction of individuals for a disorderly person's level offense as well as possibly other disciplinary, civil, or criminal actions pursuant to N.J.S.A. 9:6-8.10b.
 4. Ensuring the content of every contractor's web site protects the confidentiality of and avoids misinformation about the youth served and provides visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.
- H. the terms of Executive Order No. 291 (EO 291) issued March 7, 2022; and DCF Administrative Order 14 titled Limitations on Activity Involving Russia, Belarus, and Ukraine; prohibiting the use of DCF funds to knowingly procure goods or services from any entity owned by or closely tied to the governments of Russia or Belarus, their instrumentalities, or companies investing directly in the same. In addition, every entity contracting with the State must submit to DCF a copy of a signed certification that it is not engaged in prohibited activities in Russia or Belarus, as defined in L.2022, c.3 (S1889). The certification is available at: <https://www.nj.gov/dcf/providers/contracting/forms/>
- I. the requirement of N.J.S.A. 52:34-15 to warrant, by signing this document, that no person or selling agency has been employed or retained to solicit or secure the contract upon an agreement or

understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by the contractor for the purpose of securing business. If a breach or violation of this section occurs, the State shall have the right to terminate the contract without liability or in its discretion to deduct from the contract price or consideration the full amount of such commission, percentage, brokerage, or contingent fee.

III. Organizations awarded contracts are advised:

- A. As noted in Section 5.12 of the SLD, or in Section 5.03 of the IPA, the initial provision of funding and the continuation of such funding under this contract is expressly dependent upon the availability to DCF of funds appropriated by the State Legislature and the availability of resources. Funds awarded under this contract program may not be used to supplant or duplicate existing funding. If any scheduled payments are authorized under this contract, they will be subject to revision based on any audit or audits required by Section 3.13 Audit of the Standard Language Document (SLD) and the contract close-out described in: [Contract Closeout - CON-I-A-7-7.01.2007 \(nj.gov\)](#)
- B. All documentation related to products, transactions, proof of services and payments under this contract must be maintained for a period of five years from the date of final payment and shall be made available to the New Jersey Office of the State Comptroller upon request.
- C. Any software purchased in connection with the proposed project must receive prior approval from the New Jersey Office of Information Technology, and any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.
- D. Any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.
- E. Contractors shall maintain a financial management system consistent with all the requirements of Section 3.12 of the SLD or the IPA.
- F. As defined in 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. §1320 b-8 to serve in this State.

- G. DCF endorsed the Prevent Child Abuse of New Jersey's (PCANJ) Sexual Abuse Safe-Child Standards (Standards) as a preventative tool for contractors working with youth and children to reference when implementing policies and procedures to minimize the risks of the occurrence of child sexual abuse. The Standards are available on the internet at: <https://www.nj.gov/dcf/SafeChildStandards.pdf>
- H. NJ Rev Stat § 9.6-8.10f (2017) requires the Department of Children and Families (DCF) to conduct a check of its child abuse registry for each person who is seeking employment in any facility or program that is licensed, contracted, regulated, or funded by DCF to determine if the person is included on the child abuse registry as a substantiated perpetrator of child abuse or neglect. Contractors are to utilize the Child Abuse Record Information (CARI) Online Application to set-up a facility account by visiting: <https://www.njportal.com/dcf/cari>
- I. DCF staff may conduct site visits to monitor the progress and problems of its contractors in conforming to all contract requirements and in accomplishing its responsibilities. The contractor may receive a written report of the site visit findings and may be expected to submit a plan of correction, if necessary, for overcoming any problems found. Corrective Action Plan (CAP) requirements, timeframes and consequences are explained on the internet at: https://www.nj.gov/dcf/policy_manuals/CON-I-A-8-8.03_issuance.shtml
- J. Contractors must have the ability to maintain the full operations census specified in the contract, and to submit timely service reports for Contracted Level of Service (CLOS) utilization in the format and at the time DCF requests.
- K. Contractors awarded contracts must have the ability to achieve full operational census within the time DCF specifies. Extensions may be available by way of a written request to the Contract Administrator, copied to the DCF Director managing the contracted services.

- L. As noted in Section 4.01 of the SLD or the IPA, DCF or the contractor may terminate this contract upon 60 days written advance notice to the other party for any reason whatsoever.
- M. DCF will advise contractors of the documents and reports in support of this contract that they must either timely submit or retain on-site as readily available upon request. The contractor also shall submit all required programmatic and financial reports in the format and within the timeframes that DCF specifies as required by Section 3.02 of the SLD or IPA. Changes to the information in these documents and reports must be reported to DCF. Contractors are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed the NJ Department of Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms. Failure to timely submit updated documentation and required reports may result in the suspension of payments and other remedies including termination.

IV. Organizations awarded contracts for the provision of certain types of services additionally shall be aware of the following:

- A. If services are provided at licensed sites, contractors must meet all NJ Department of Children and Families and other applicable Federal Licensure Standards.
- B. If services are paid with Medicaid funds, contractors 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, within prescribed times.
- C. If services are paid with federal funds (including Medicaid funds), contractors must adhere to the provisions set forth in the Rider for Purchases funded in whole or in part, by federal funds. <https://www.nj.gov/dcf/providers/contracting/forms/RIDER-For-Purchases-Funded-by-Federal-Funds-7.31.2020.pdf>
- D. If services are provided by programs licensed, contracted, or regulated by DCF and provide services to individuals with developmental disabilities, contractors must comply with:

1. the Central Registry of Offenders against individuals with Developmental Disabilities law, N.J.S.A 30:6D-73 et seq. (Individuals on the Central Registry are barred from working in DCF-funded programs for persons with developmental disabilities. If you are not registered to access the Central Registry, DCF will facilitate the qualified applicant's registration into this system after the award of a contract.); and
 2. Danielle's Law:
<https://www.state.nj.us/humanservices/dds/documents/fireprocurement/ddd/Danielle%27s%20Law.pdf>
- E. If services are to be administered by the Contracted System Administrator (CSA), contractors must conform with, and provide services under, protocols that include required documentation and timeframes established by DCF and managed by the CSA. The CSA is the single point of entry for these services and facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems. Contractors of these services will be required to utilize "Youth Link", the CSOC web-based out-of-home referral/bed tracking system process to manage admissions and discharge after being provided training.
- F. If services are to be provided to youth and families who have an open child welfare case due to allegations of abuse and neglect, then contractors shall deliver these services in a manner consistent with the DCF Case Practice Management Plan (CPM) and the requirements for Solution Based Casework (SBC), an evidence-based, family centered practice model that seeks to help the family team organize, prioritize, and document the steps they will take to enhance safety, improve well-being, and achieve permanency for their children. SBC provides a common conceptual map for child welfare case workers, supervisors, leadership, and treatment providers to focus their efforts on clear and agreed upon outcomes. DCF may require contractors to participate in DCF sponsored SBC training, and to be involved in developing plans with the consensus of other participants, incorporating the elements of the plans into their treatment, participating in Family Team Meetings, and documenting progress and outcomes by race, age, identified gender, and other criteria DCF deems relevant and appropriate.

G. If services provided under a DCF contract are for mental health, behavioral health, or addictions services by a contractor with at least 10 regular full-time or regular part-time employees who principally work for the contractor to provide those services, then P.L. 2021, c.1 (N.J.S.A. 30:1-1.2b) requires the contractor to:

1. submit no later than 90 days after the effective date of the contract an attestation: (a) signed by a labor organization, stating that it has entered into a labor harmony agreement with such labor organization; or (b) stating that its employees are not currently represented by a labor organization and that no labor organization has sought to represent its employees during the 90-day period following the initiation or renewal of the contract; or (c) signed by a labor organization, stating that it has entered into an agreement or binding obligation to be maintained through the term of the contract that provides a commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (N.J.S.A. 30:1-1.2c). The required attestation is submitted to ensure the uninterrupted delivery of services caused by labor-management disputes and is a condition of maintaining a DCF contract. The failure to submit it shall result in DCF's issuance of a financial recovery and a Corrective Action Plan (CAP). Should the contractor not adhere to the terms of the CAP, DCF shall cancel or not renew the contract upon obtaining a replacement contractor to assume the contract or otherwise provide the services. An extension of the 90-day deadline shall be warranted if a labor organization seeks to represent a contractor's employees after the contract is renewed or entered into, but within the 90-day period following the effective date of the contract. The Commissioner of DCF may review any interested person's report of a failure by the contractor to adhere to these requirements and upon finding that a covered contractor failed to adhere to the requirements shall take corrective action which may include a CAP, financial recovery, and cost recoupment, and cancelling or declining to renew the contract. Should the covered contractor fail to engage in or complete corrective action, the Commissioner of DCF shall cancel or decline to renew the contract; and
2. make good faith efforts to comply with COVID-19 minimum health and safety protocols issued by DCF to adequately ensure the

safety of the contractors, employees, and service recipients until the 366th day following the end of the public health emergency and state of emergency declared by the Governor in Executive Order No. 103 of 2020. The Commissioner of DCF shall take into account, prior to awarding or renewing any contract, any prior failures reported by any interested party to demonstrate a good faith effort to contain, limit, or mitigate the spread of COVID-19 among the covered contractor's employees or service recipients and require at a minimum the submission of a CAP to contain, limit, or mitigate the spread of COVID-19 cases. Should the contractor fail to implement a plan or repeatedly fail to demonstrate good faith efforts to contain, limit, or mitigate the spread of COVID-19, the Commissioner shall act, including financial penalties or cancellation or non-renewal of the contract.

- H. If the employees of a contractor or its subcontractor enter, work at, or provide services in any state agency location, then they are covered by Executive Order No. 271 (EO 271), which was signed and went into effect on October 20, 2021. A covered contractor must have a policy in place: (1) that requires all covered workers to provide adequate proof, in accordance with EO 271, to the covered contractor that the covered worker has been fully vaccinated; or (2) that requires that unvaccinated covered workers submit to COVID-19 screening testing at minimum one to two times weekly until such time as the covered worker is fully vaccinated; and (3) that the covered contractor has a policy for tracking COVID-19 screening test results as required by EO 271 and must report the results to local public health departments. The requirements of EO 271 apply to all covered contractors and subcontractors, at any tier, providing services, construction, demolition, remediation, removal of hazardous substances, alteration, custom fabrication, repair work, or maintenance work, or a leasehold interest in real property through which covered workers have access to State property. EO 271 excludes financial assistance; contracts or sub-contracts whose value is less than the State bid Advertising threshold under N.J.S.A. 52:34-7; employees who perform work outside of the State of New Jersey; or contracts solely for the provision of goods.
- I. If a contract includes the allocation and expenditure of COVID-19 Recovery Funds, then it is covered by Executive Order No. 166 (EO166), which was signed by Governor Murphy on July 17, 2020. The Office of the State Comptroller ("OSC") is required to make all such contracts

available to the public by posting them on the New Jersey transparency website developed by the Governor’s Disaster Recovery Office (GDRO Transparency Website), and by subjecting them to possible review by an Integrity Monitor.

By my signature below, I hereby confirm I am authorized to sign this document on behalf of my organization. I have read, understand, and have the authority to ensure my organization will comply with the terms and conditions of providing services under my contracts with DCF as described in the text and referenced documents above. The terms set forth in this document govern all executed contracts with DCF and contracts to be entered into with DCF in the future.

Signature _____ **Date:** _____

Printed Name: _____ **Title:** _____

Exhibit D

**Public Law P.L. 2021, c.1 Attestation Form for Providers with DCF
Contracts**

**ALL DCF Providers must sign, scan, and email this executed document to:
OfficeOf.ContractAdministration@Dcf.nj.us**

By my signature below, I hereby confirm I am authorized to review and sign this document on behalf of my organization. I additionally confirm:

_____ (1) my organization **is not** an entity entering into or renewing a contract or contracts with the Department of Children and Families to provide mental health, behavioral health, or addiction services that employs more than 10 regular full-time or regular part-time employees who principally work for the organization to provide the contracted services as defined in Public Law P.L. 2021, c.1 [if you select this response, please return the signed form as noted above].; OR

_____ (2) my organization **is** such an entity and in compliance with Public Law P.L. 2021, c.1., I therefore must submit within the 90-day period following the initiation or renewal of our DCF contract(s) either:

A. An attestation:

_____ signed by a labor organization confirming entry into a labor harmony agreement with such labor organization; **or**

_____ stating that our employees are not currently represented by a labor organization and that no labor organization has sought to represent our employees during the 90-day period following the initiation or renewal of our DCF contract(s) after the effective date of this act and up to the time of submission; **or**

_____ signed by a labor organization, confirming entry into an agreement or binding obligation to be maintained through the term of the DCF contract that provides a commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (C.30:1-1.2c); **or**

B. A notice:

_____ from a labor organization confirming it seeks to represent our employees after the expiration of the 90-day period following the effective date of our DCF contract, to be followed no later than 90 days after the date of notice stating that we have entered into:

(1) a labor harmony agreement with the labor organization; or

(2) an agreement or binding obligation to be maintained through the term of the contract that provides a commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (C.30:1-1.2c); **and**

C. A COVID-19 health and safety commitment:

I ensure the organization will continue to make a good faith effort to comply with minimum health and safety protocols issued by DCF to adequately ensure the safety of the covered providers' employees, and service recipients at least through the 366th day following the end of the public health emergency and state of emergency declared by the Governor in Executive Order No. 103 of 2020. These efforts

include our adherence to the measures service providers may take to prevent and mitigate exposure to, and spread of, the COVID-19 virus while delivering services, as explained by the DCF Commissioner's issuance of Guidance's published on the DCF website at: https://www.nj.gov/dcf/coronavirus_contractedproviders.html These Guidance's have amended and supplemented, and may continue to amend and supplement, our contract requirements. I additionally represent I am not aware of any prior failures to demonstrate a good faith effort to contain, limit, or mitigate the spread of COVID-19 among the covered provider's employees or service recipients.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Organization Name: _____

2022 RFP ARP Early Childhood Prevention Programs

Questions? Email us anytime at dcf.askrfp@dcf.nj.gov

Contacts: Patti Bowen
Loren LaBadie

- 1. We understand that projects must be evidence-based but must they be from the Evidence-Based Practice in CBCAP|Friends NRC? <https://friendsnrc.org/evaluation/matrix-of-evidence-based-practice/>**

No. Applicants are not limited to the practices listed at the referenced link. Applicants should identify the registry of evidenced based or evidence - informed practices from which the practice was selected.

- 2. Page 4. Exclusions: “Funds for this offering cannot be utilized for domestic violence programs, training, events, and public information campaigns”.**

- Is this exclusion specific to domestic violence or does this mean all trainings, events, and public information campaign are excluded?**

The exclusion related to training, events, and public information campaigns is not specific to domestic violence. Training and public information campaigns that are part of the execution of services using an evidence-based practice are acceptable as part of a proposed program. However, funds may not be used for a project whose focus/purpose is training and/or a public information campaign. In this context, training means training of professionals, paraprofessionals, or others in the provider community. Community education activities are not part of this exclusion.

- 3. Page 4. Exclusion: “These funds cannot be utilized to expand home visiting programs. Rather the intent of this offering is to bolster services and programs that will further support existing home visiting programs and planned universal home visiting”.**

- Can you distinguish between “not expanding home visiting, but funds can be used to bolster services”? Maybe you can provide a clarifying example.**

These funds are not intended to implement evidence-based home visiting programs. DCF is willing to fund programs which address the needs of the population served by New Jersey's home visiting programs, and to which home visitors can refer families.

- 4. Does this Proposal allow for professional training, targeted consumers, or both? Also, are other than domestic violence, are any other types of trainings excluded?**

Please see the answer to number 2.

- 5. Page 3. "Applicants may only apply for one grant under this offering and one grant under the related CBCAP ARP funding for Community Based Prevention Programs". This appears to be one proposal for community Based Prevention Program.**

- **Can you provide clarity and additional information about this statement? Does this proposal include both grants? If so, do we submit 1 application for both or 2 separate applications.**

Applicants may submit applications under both this offering and the related CBCAP ARP offering for Community Based Prevention Programs, however DCF expects that these applications would be for discrete programs, each with their own application. No more than one application may be submitted under each offering.

- 6. Can training costs and fees associated with an affiliation agreement /MOU be taken from accruals in first few months if we have accruals?**

Any proposed one-time expenses should be funded with contract accruals. However, not the limitation on training costs discussed in the response to Question 2. Fees associated with an affiliation agreement/MOU are potentially allowable provided they are necessary for delivery of the proposed program, and are allocated to all benefitting programs, if applicable.

- 7. Can we engage in a collaborative arrangement with another organization – like a subcontract?**

Yes, collaborations are encouraged under this offering. All subcontracts will need to be approved by DCF.

- 8. Would the RFP allow for a new home visiting program to be brought to the state?**

No.

9. Is budget modification permissible throughout the 3-year contract for instances of incidentals or unforeseen items and expenses?

Yes, provided DCF's contract modification policy is followed. [DCF | Contracting Policy Manuals](#).

10. Does this grant permit collaborative MOUs with another grantee that is a critical community resource for this project (i.e. South NJ Perinatal Cooperative).

Yes. DCF encourages collaboration.

11. What is the frequency of submission for fiscal expenditure reports? Is the Annex B, the only fiscal report format required?

No. Annex B is the provider budget. Providers will be expected to submit ongoing financial reports throughout the three-year contract term. DCF will provide the expected format, reporting frequency, and due dates, as outlined in Section 3.02 of the Standard Language Document, however DCF expects providers will be asked to report on a quarterly basis.

12. Is there a cap on indirect costs? Is there a percentage cap on this type of cost?

No.

There is not a cap on indirect (General and Administrative) costs, however grantees are expected to adhere to all applicable State cost principles, including reasonability.

More detail on General and Administrative costs is available in the Contract Reimbursement Manual, Section 4, at [DCF | Contracting Policy Manuals](#).

13. Can start-up costs include rent/stipend for space used within the targeted community. Also costs associated with job posting website membership fees.

These costs are permissible provided they are specifically related to the proposed program. If the costs are benefitting multiple programs, they must be allocated to all benefitting programs.

14. Is DCF interested in awarding grants geographically, so that there will be one or two awarded in the North, North East, Central and Southern areas?

No. Grants will not be awarded geographically.

**State of New Jersey
Department of Children and Families
Proposal Cover Sheet**

Please complete this form in its entirety

Incorporated Name of Applicant: Youth Consultation Service

Public X

Private-for-Profit

Private-Non-Profit

Federal ID No.: [REDACTED] **Charitable Registration No.:** [REDACTED] **Unique Entity ID #:**
[REDACTED]

Applicant Mailing Address: 284 Broadway, Newark, NJ 07104

Contact Person: Tara Augustine

Phone Number: 201-835-6479

Fax: _____

Email: taugustine@ycs.org

Title of RFP/RFQ: American Rescue Plan Supplemental Funding for EARLY CHILDHOOD PREVENTION PROGRAMS

County to be Served: Essex and Hudson

Location of Service(s) to be provided (if known): [REDACTED]
[REDACTED]

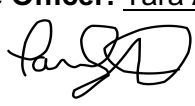
Total dollar amount requested: \$800,000

Funding Period: From 7/1/2022 to 6/30/2025

Brief description of services by program name and type of service to be provided: The *Pediatric Detection, Connection, and Treatment of Autism Spectrum Disorder Project* will provide early screening, connections, evaluation, and treatment for children ages birth-5 with autism spectrum disorder and their families.

Authorization

Chief Executive Officer: Tara Augustine, LCSW

Signature: _____


Date: 6/19/22

CEO Email: taugustine@ycs.org

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Youth Consultation Services

American Rescue Plan Supplemental Funding for EARLY CHILDHOOD PREVENTION PROGRAMS

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Project Abstract

Brief Description of the Proposed Project: The Pediatric Detection, Connection and Intervention (DCI) program will be a collaborative effort by Youth Consultation Services, Rutgers – New Jersey Medical School - Pediatrics Department’s Children’s Research Center and Rutgers – University Behavioral Health Care (UBHC) to 1) advance early identification of Autism Spectrum Disorder (ASD) in underserved communities, 2) improve linkage to care and family support services, and 3) provision of evidence-based early relationship-based interventions (DIRFloortime) to at-risk children in underserved communities. Successful implementation of the project may lead to 1) reduction of health disparities in ASD identification and intervention and 2) reduced risk of maltreatment or neglect among children with ASD or related developmental disabilities.

Need: ASD prevalence rates are considerably higher in New Jersey with multiple communities reporting ASD rates greater than 5%. Children with disabilities can place higher emotional, physical, economic, and social demands on their families, making them more at risk for maltreatment, especially physical abuse.

Target Population: Children ages 18-36 months from low-income households in Essex and Hudson counties, with a focus on those who are marginalized and adversely affected and reside in: East Orange, Jersey City, Newark and Union City. A total of 2,000 children will be screened every year and a total of 432-864 DIRFloortime sessions will be facilitated.

EBP Practice: DCI will utilize the Psychological Development Questionnaire (PDQ-1) to screen children at 18 and 24 months for ASD. To treat children with ASD, YCS will conduct autism evaluations utilizing an array of validated tools including the Bayley Scales of Infant and Toddler Development - Fourth Edition (Bayley IV) and the Autism Diagnostic Observation Schedule-Second Edition (ADOS-2), and the Childhood Autism Rating Scale™, Second Edition (CARS-2). In addition, YCS will provide families with DIRFloortime to promote the development of the capacities for self-regulation, engagement, communication, shared social problem solving, and creative, organized, and reflective thinking and reasoning. DIRFloortime was selected because the intervention has been shown to be more effective in establishing the health foundations for social, emotional, and intellectual development rather than the ABA-based approach which focuses exclusively on skills and isolated behaviors rather than core capacity.

Cost Benefits: Early identification and intervention for children and families with autism help to offset the costs of medical and healthcare, therapy, special education programs, informal care by family members, lost work productivity for adults with ASD, and lost work productivity for family and caregivers.

Total Funding: \$800,000 over three years

I. Community and Organizational Fit

A. Expertise of the Applicant Agency

The Pediatric Detection, Connection and Intervention (DCI) program will be a collaborative effort by Youth Consultation Services (YCS), Rutgers – New Jersey Medical School (NJMS)- Pediatrics Department’s Children’s Research Center (PCRC) and Rutgers University Behavioral Health Care (UBHC). YCS is a private 501(c)3 nonprofit behavioral health agency providing comprehensive, therapeutic services for individuals, birth through adulthood, with complex special needs for over 100 years. The agency’s **mission and vision, and priorities** are to partner with at-risk and special needs children, youth and young adults to build happier, healthier and more hopeful lives in families and communities. The YCS trauma-informed programs include 44 residential homes, 22 treatment homes, two special education schools and nine community-based programs, across New Jersey.

This initiative conforms **with YCS’ existing programming** which supports children ages birth-five and individuals with intellectual and/or developmental disorders. Over the last twenty years, YCS has cultivated an array of early childhood programming. This includes the Institute for Infant and Preschool Mental Health (The Institute), established by Dr. Gerard Costa. The Institute was the first infant and early childhood mental health (IECMH) clinic in New Jersey to provide training, consultation, assessments and clinical services to children and their families. **The Institute implements an array of evidence-based programming** including the Circle of Security, the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5) and the Keys to Interactive Parenting programs. YCS psychologists also administer psychological, educational, and developmental evaluations. YCS implements two **evidence-based** home visiting programs -- the Nurse-Family Partnership of Essex and Morris

County and Parents-as-Teachers in Hudson County. Collectively, these programs serve approximately 300 families per year.

YCS is partnering with Rutgers because researchers at NJMS developed and validated a brief and valid 10-item questionnaire (Psychological Development Questionnaire, PDQ-1) for ASD screening of children at 18 and 24-months, as recommended by the American Academy of Pediatrics. Further, in 2020, researchers at NJMS initiated a new service delivery model (Detection & Connection) in collaboration with Mom2Mom through the University Hospital Pediatric Continuity Care Clinic to improve early identification of ASD and to increase linkage to Early Intervention Program services (IDEA, Part C) and to developmental specialists for comprehensive evaluation. Preliminary findings of this pilot intervention program was successful in increasing ASD screening for children in the target age-group (18-36 months) and increasing EIP and developmental specialist referrals. Mom2Mom is a peer information and support system for caregivers of children with special needs. Mom2Mom uses a reciprocal peer support model described in 4-stages: 1. form a connection, 2. gather information, 3. manage case and 4. re-affirm. Family support of at-risk children for ASD or other developmental disabilities is a key element of the detection and intervention process that is often lacking, and multiple studies suggest that failure to engage will positive resources may be a contributing factor for maltreatment and neglect. As described above, this partnership has a significant track record of service and is committed, experienced and **well-positioned to work with the target population** and to implement a DCF-funded Early Childhood Prevention Program focused on children with intellectual and/or developmental disabilities, specifically those with autism spectrum disorder.

B. Project Description: Need

Need(s), Service Gap(s), Barrier(s): Autism spectrum disorder (ASD) is a prevalent neurodevelopment disorder, affecting 2% to 4% of children across the United States. However, ASD prevalence rates are higher in New Jersey with multiple communities reporting ASD estimates greater than 5%. In 2016, ASD prevalence in Newark (our targeted area) was estimated to be 4.4%. In addition, approximately 20% of school districts in Essex and Hudson (our target area), Ocean, and Union counties conducting active ASD surveillance, reported ASD rates also approaching 5%. While ASD estimates have increased multifold over the past two decades, race- and income-based disparities still exist in identification and intervention.

While symptoms of ASD are evident between 18 and 24 months and can be reliably diagnosed by 24-months, the average age of ASD diagnosis in the US remains between 48 and 60-months, signifying lost opportunities for early intervention by many ASD children. This delay is detrimental and avoidable. Recent analysis showed that while up to 85% of children with ASD might be eligible for EIP (IDEA, Part C) services, only 47% of children with ASD received services, and EIP participation is influenced by demographic factors. Evidence shows that socially-disadvantaged ASD children and ASD children from minority backgrounds are less likely to participate in EIP.

While universal ASD screening is considered a public health priority by leading US pediatric health agencies and organizations, currently, ASD screening reaches fewer than 50% of eligible US children. A considerable barrier to universal autism screening stems from ineffective ASD screeners in use, including the Modified Checklist for Autism in Toddlers (M-CHAT R/F). Multiple studies have documented low sensitivity and low positive predictive value of the M-CHAT R/F at younger ages and in low-risk populations. Another challenge to universal autism

screening is the perceived staff effort required for ASD screening. Early identification is further complicated when autism screening occurs, but there is failure in referral to a development specialist for comprehensive evaluation of screen positive cases. Therefore, new, valid, reliable, brief and efficient autism screeners are urgently needed, as are approaches which enhance the successful engagement of positive screen with diagnostic and intervention services.

Finally, on receiving a positive autism screener, it can be challenging for parents to find an infant and early child mental health clinician experienced in ASD who utilizes relationship-based approach. Often, parents are only informed of ABA services. However, the evidence-based model DIRFloortime® approach, which this initiative will utilize, has been shown to be more effective in establishing the health foundations for social, emotional, and intellectual development rather than the ABA-based approach.

Children with disabilities sometimes place higher emotional, physical, economic and social demands on their families. The financial stress of raising a child with disabilities is often high, and this contributes significantly to family stress. Studies have found that families of children with disabilities have significantly higher out-of-pocket health care expenditures. Caregivers may feel more overwhelmed and unable to cope with the care and supervision responsibilities that are required. Lack of respite or other impediments, including breaks in childcare responsibilities may contribute to a cycle of increasing risk, abuse and neglect. Neglect, the most common form of child maltreatment, is more prevalent in children with disabilities than among children without disabilities. The complex needs of children with disabilities, in both special health care and educational needs, may result in the failure of the child to receive essential medications, therapies and appropriate educational placement.

Addressing Gaps and Needs: According to the 2021 New Jersey Human Services Advisory Council Needs Assessment, enhanced health care was the second highest prioritized basic need area. Other noted health care needs included: awareness of services, excessive waitlists and lack of sufficient providers-specialists and mental health professionals. This proposal directly addresses the needed awareness of ASD services (via a peer-to-peer program) and waitlists (YCS will expand the number of providers for DIRFloortime®) and the need for available professional ASD care services, including comprehensive evaluation and treatment. It also address the risk of child maltreatment among children with autism spectrum disorder, especially among children of color in underserved communities, because the YCS and NJMS will leverage and expand their existing partnerships WIC, Nurse Family Partnership, Parents as Teachers, Early Head Start/Head Start, Connect NJ, and the Essex EIP to screen children for ASD, using the PDQ-1. It also address the challenge of receiving linkage for timely evaluation because Mom2Mom is a 24-7 peer information and counseling system. Mom2Mom will provide support, information and referrals to the local Early Intervention Program, a developmental pediatrician for diagnostic evaluation, and YCS, for DIR intervention.

Target Population: This project will focus on screening and treating children ages 18-36 months from low-income households in Essex and Hudson counties, with a focus on children who are marginalized and adversely affected and reside in underserved municipalities: East Orange, Jersey City, Newark and Union City. Families in both Essex and Hudson County have significant financial need. Residents of Essex (\$64,626) and Hudson (\$78,808) counties have median household income of \$85,751. These average income levels are even lower in East Orange (\$48,072), Jersey City (\$70,752), Newark (\$35,199) and Union City (\$48,992). In addition, 84,025 children in Essex and 61,218 children in Hudson participate in NJ Family Care Medicaid. In Essex

County, 22,101 children and 12,064 children in Hudson County are enrolled in special education services. 1,696 children in Essex County and 1,150 children in Hudson County receive early intervention program services. YCS will also target non-English speakers, as Hudson County has the lowest percentage (40%) of the population speaking English at home, followed by Essex County (62%). (New Jersey's 2021 Human Services Advisory Council Needs Assessment)

Prevention of Child Maltreatment: Children with disabilities can place greater emotional, physical, economic, and social demands on their families, making them more at-risk for maltreatment, especially physical abuse. The proposed project activities were designed to align with the Protective Factors Framework. Activities within the *Detection* activities (ASD screening) align with the Social and Emotional Competence of Children and Knowledge of Parenting Child Development factors because they will help detect children with anomalies in social and emotional development and permit caregivers to learn more about their children's developmental milestones. The *Connection* activities are aligned with the Social Connections and Concrete Support in Times of Need factors because families are provided a trained peer mentor with lived experience to provide emotional support and service linkages to an ASD evaluation and treatment. Third, the *Intervention* activities are aligned with the Social & Emotional Competence of Children and Parental Resiliency factors because DIRTreatment® promotes both the child's individual development and strengthens the parent-child relationship. Caregivers who engage in the project intervention will be empowered to believe they have the skills to meet their child's needs.

Existing Services: Essex and Hudson County contain multiple federally qualified healthcare centers, Early Intervention Programs, Connect NJ, and evidence-based home visiting programs. These programs provide developmental screening; however, only federally qualified healthcare centers screen for ASD. YCS has obtained the support of Early Intervention, Connect NJ hubs,

Nurse-Family Partnership in Essex County, and Parents As Teachers in Hudson County to promote and utilize the PDQ-1 for early ASD screening. Multiple studies have documented low sensitivity and low positive predictive value of the widely-used M-CHAT R/F at younger ages and in low-risk populations. In addition, excluding the Early Intervention Program, only YCS services include infant and early childhood mental health services. While the Early Intervention Program does provide developmental intervention services to children with ASD, they often focus on the developmental skills of the child, rather than utilizing the parent-child relationship as a vehicle for intervention. Lastly, there are few community-based based mental health organizations providing IECMH treatment in Essex and Hudson County that accept public health insurance, and even fewer that provide comprehensive care ranging from developmental and psychiatric evaluations, treatment, and medication monitoring. YCS and NJMS will further leverage their relationships with community-based programs to enhance detection and intervention services to underserved communities. Lastly, the only program in the target area using DIRFloortime® is in Livingston, NJ. This program does not cater to the underserved population this initiative is addressing.

C. Program Approach

Proposed Program Model: The Pediatric Detection, Connection, and Intervention for Autism Spectrum Disorder Project (DCI) is a collaboration between YCS' Institute for Infant and Preschool Mental Health, Rutgers – New Jersey Medical School (NJMS), and Mom2Mom to identify, support, evaluate and treat children and caregivers of color living in under-resourced communities in Essex and Hudson County (with a focus on East Orange, Jersey City, Newark, and Union City) who may be at risk for autism spectrum disorder, as early as possible.

To increase screening (*Detection*) of children with ASD, the project will utilize the Psychological Development Questionnaire (PDQ-1). The PDQ-1 is a brief ASD screening tool,

developed by NJMS that is validated in low-risk populations. It is a parent-report questionnaire and requires approximately three minutes to administer. Responses to items on the screener were designed to indicate delays in social-pragmatic development of children between 18 to 36 months. It consists of 10 statements about the child's behavior, with responses of "no", "sometimes", and "yes". Potential scores on the PDQ-1 range from 0-20, with scores >15 indicating age-appropriate skills (negative screen) and scores ≤12 indicating higher risk of social-communication skill deficits that are consistent with ASD (positive screen). The PDQ-1 was designed to be easily self-administered via paper and pencil or provided verbally, if necessary. It has been translated into several languages (Creole, Portuguese, and Spanish) and both the screener and scoring information are made available in digital form and online at no cost. DCI will collaborate with multiple pediatric centers, the YCS' home visiting programs, ConnectNJ hubs in Hudson and Essex Counties, The Leaguers Early Head Start/Head Start and the Essex Early Intervention Program to **promote racial equity/racial justice and reduce disparities across Essex and Hudson (Priority 1)**.

Research indicates about 5% (100) of these children will screen positive on the PDQ-1. Upon a positive screen, the caregiver will be contacted by Mom2Mom, a 24-7 peer counseling system for caregivers of children with special needs. Mom2Mom will provide information and *connections* to development specialists such as Early Intervention or YCS for a comprehensive evaluation. On average, each family will be provided with ten calls by a trained peer with lived experience in raising a child with special needs. In addition, because caregivers of children with special needs are at risk for depression and related disorders, Mom2Mom will also assess the caregivers for depression, anxiety, family problems and marital issues.

To provide a comprehensive evaluation and **intervention**, a YCS psychologist will conduct an intensive autism assessment. This assessment will involve several phases. For the first phase, the psychologist will meet with the child's caregivers (parents, childcare provider/teacher, and extended family members) and ask various questions regarding the child's family, medical and developmental history. Previous psychological and developmental evaluation reports will also be reviewed.

The second phase will involve the caregiver filling out questionnaires regarding the child's development and behavior. These will include the Bayley Social-Emotional and Adaptive Behavior Questionnaire, which assesses social, emotional, and adaptive functioning, the Sensory Profile, Second Edition, which assesses the sensory processing of the child, and the Childhood Autism Rating Scale Questionnaire for Parents or Caregivers, which is used to gather information regarding the child's functioning in daily life.

The third phase will involve an observation either at the child's school during their school day and/or at the clinic. In either setting, the child will be observed interacting with peers, teachers, and caregivers. Focus will be on understanding the child's communication, relational, and interactional capacities with individuals who they know well. It will also allow clinicians to begin forming recommendations that can support the child after the evaluation, regardless of whether the child qualifies with a diagnosis of ASD.

The fourth phase will involve the use of standardized assessments: the Bayley Scales of Infant and Toddler Development - Fourth Edition (Bayley IV) and the Autism Diagnostic Observation Schedule-Second Edition (ADOS-2), and the Childhood Autism Rating Scale™, Second Edition (the CARS-2). The Bayley IV is a standardized developmental assessment used to assess cognitive, language (receptive and expressive), social-emotional, and motor domains.

The ADOS-2 is a semi-structured, standardized assessment of communication, social interaction, play, and restricted and repetitive behaviors. The CARS-2 provides an opportunity to know how the child interacts with caregivers (whom they know well), thus providing further evidence of the presence or absence of ASD or other diagnoses.

The fifth and final phase of the evaluation will involve presenting the findings of the evaluation in a written report and through feedback sessions with the caregivers and teachers if the child is in school. The caregivers are provided a written report with the evaluation's findings, diagnosis (if applicable), and recommendations. It will be important to note that this evaluation will include functional recommendations for home and school, regardless of the diagnosis. Children who do not satisfy the diagnosis of ASD may still qualify for services and support through other diagnostic categories. YCS believes this evaluation provides families with a comprehensive understanding and story of their child within the context of their family and community. This process is not purely to provide a diagnosis. This evaluation provides the roadmap to treatment and support needs.

Upon receiving a diagnosis of autism spectrum disorder, YCS will utilize the evidenced based DIRFloortime® model, a trauma-informed and healing-centered practice (**Priority 3**) that promotes an individual's development through a respectful, playful, joyful, and engaging process. It is designed to use the power of relationships and human connections to promote the development of the capacities for self-regulation, engagement, communication, shared social problem solving, and creative, organized, and reflective thinking and reasoning. DIRFloortime® is a developmental intervention involving meeting a child at their current developmental level. The parent or therapist follows the child's lead, with playful positive attention while tuning into the child's interests. Once the child connects with the adult, specific techniques are used to challenge and entice the child to

move toward ever more complex developmental milestones outlined in the DIR model. In DIRFloortime®, relationships are the pivotal force that nurtures and optimizes development. Because relationships are essential to the DIRFloortime® model, parents and caregivers are invited into the clinical space and coached to support their child's development so that they can continue the work in interactions at home and out in the community. DIRFloortime® does not require hours and hours of 1:1 sit-down interactions with a child at home. Instead, it can happen throughout the day and across all activities, making it widely accessible for families. This treatment would allow the clinician to train caregivers to utilize this methodology to support their child's growth in everyday life situations at home. By focusing on their individual differences, including their sensory processing needs, developmental capacity, interests, and social-emotional capacity, we can meet children where they are, build upon their already existing capacities and strengths, and move them toward healthier and more productive social and vocational capacities. DIRFloortime® focuses on building a foundation for relationships, learning, and problem solving instead of pure skill development.

To assess the child's functional emotional development and progress within the DIRFloortime® intervention, YCS will utilize the Functional Emotional Assessment Scale (FEAS) at intake and every six months after. Historically, the complexity of emotional functioning has been difficult to measure and assess. The FEAS conceptualizes, operationalizes, and measures reliably and validly: 1. The full range of emotional functioning in infants, young children and their caregivers, 2. Naturally occurring emotional interactions between infants, children, and caregivers in a variety of settings, including home and school, and 3. Both easily observable emotional behaviors and the subtle, difficult-to-measure, deeper levels of emotional functioning. These include infant/child and caregiver interactions, self-regulation, relationships (attachments),

reciprocal emotional interactions, emotional range and stability, social and emotional problem-solving, the emergence of a sense of self, the ability to symbolize or represent emotions and emotional experience, imagination and creativity, pretend play, emotional thinking, appreciation of reality, and the wishes, interests, and range of emotional themes that characterize a child's personality and their interaction with caregivers.

Fidelity to Evidenced-based, Evidence-supported, or Evidence-informed Models: To kick-off the project and to promote a developmental, individual-differences and relationship-based (DIR®) framework across all three programs, YCS, NJMS and Mom2Mom will complete the 12-hour *Introduction to DIR® and DIRFloortime® training* from the International Council on Development and Learning (ICDL) together. Afterwards, two assigned YCS clinicians will continue their DIRFloortime® training to become DIRFloortime® Expert & Training Leaders. Simultaneously, the clinicians will also receive weekly supervision from Dr. Leslie Lester, a DIRFloortime® certified psychologist. Additionally, these clinicians will receive 10-months of monthly 90-minute consultation from ICDL. YCS is fortunate that Dr. Gerard Costa, president of the Board of Directors for ICDL has agreed to provide this consultation. DCI will also employ a psychologist separate from the aforementioned clinicians who will conduct the previously mentioned assessments. To ensure an accurate ASD diagnosis and fidelity to the several evidence-based evaluation tools, this psychologist will receive weekly supervision and consultation from Dr. Samantha Spencer, YCS' Training Director. On award, the Assessment Psychologist, Dr. Lester and Dr. Spencer will complete the ADOS training as a refresher to ensure proper implementation of the tool. In addition, the entire team will participate in a weekly group evaluation supervision. On a monthly basis participating families will be invited to join staff to ensure their experience is considered in the implementation and will lend their voice to the

evaluation of services (**Priority 2**). Finally, YCS, NJMS, and Mom2Mom will conduct monthly continuous quality improvement meetings to measure efficiency, effectiveness, performance and outcomes. Mom2Mom will serve as the family voice (**Priority 2**) ensuring persons with lived experience are involved in the continuous quality improvement and outcomes of the project.

Population to be affected: This project will focus on screening and treating children 18-36 months-old from low-income households in Essex and Hudson counties, with a focus on the families marginalized and adversely affected by persistent poverty and inequality in the following municipalities: East Orange, Jersey City, Newark and Union City. Families in both Essex and Hudson County have significant financial needs. 84,025 children in Essex and 61,218 children in Hudson participate in NJ Family Care Medicaid. In Essex, 22,101 children and 12,064 children in Hudson are enrolled in special education services and 1,696 children in Essex and 1,150 children in Hudson receive early intervention services. YCS will also target non-English speakers whose primary language is Spanish.

During Year 1 of the grant the project proposes to increase the total annual PDQ-1 screens by 20%. In Year 2 and Year 3, 2,000 screens will be completed per year. Research shows that about 5% (100 children) of PDQ-1 screens will screen positive for ASD. These 100 families will be referred to Mom2Mom for peer support and service linkages. Each family will receive approximately 10 phone consultations. YCS Institute will increase its administration of autism evaluations and DIRFloortime® services each year (Year 1: 15 autism evaluations and 432 DIRFloortime® sessions, Year 2: 24 autism evaluations and 691 DIRFloortime® sessions, Year 3, 40 autism evaluations and 864 DIRFloortime® sessions).

Outreach Strategies: In 2020, NJMS engaged the include University Hospital – Pediatric Continuity Care Clinic to assess the usefulness of the detection + connection model and this project

will leverage the work that is still being conducted. In addition, DCI will work with existing partners who have agreed to utilize the PDQ-1 to identify children at risk for ASD, thus expanding outreach to an additional 2,000 families annually. These agencies include the Essex Nurse-Family Partnership and the Hudson Parents As Teachers home visiting programs, the Essex and Hudson Connecting NJ hubs, The Leaguers Early Head Start/Head Start and the Essex Early Intervention Program. In addition, Mom2Mom recently became a national hotline, and referrals from Mom2Mom to treatment at YCS may not only be identified by the PDQ-1. Instead, they may come from families directly seeking support and services.

Potential Barriers: Because this project targets those living in under resourced communities in which many of the caregivers are experiencing an array of stressors including long work hours, lack of childcare, and transportation barriers, it may be difficult at times to engage families in services. DCI will ensure its outreach and service policies allow for an extended timeframe for outreach and flexibility regarding the clients engagement in services.

II. Organizational Capacity

Organizational Leadership: YCS is **governed** by a diverse Board of Trustees, led by a Chairperson and three Officers who meet every other month. The Board is well represented by various community leaders with **diverse skills and perspectives**. In fact, Trustee Herb Ouida, has been a pioneer championing infant mental health since the death of his son and sponsors an annual IMH conference with Montclair State University and YCS. Trustee Vanessa Tyler has championed early intervention and infant mental health by covering many NJ media stories. And several Trustees have lived experience of raising a child with ASD and often lends their expertise to YCS' intellectual and developmental disability program implementation. The CEO, Board of Trustees, and agency at large are aware of the incredible return on investment early childhood programming

has and is committed to expanding its IECMH prevention and intervention community programming. YCS has demonstrated its long-standing commitment to serving children birth-to-5 years and their families, as well as individuals with intellectual or developmental disorders.

Staffing: YCS runs an APA Psychology doctoral internship program. If awarded this grant, YCS' can hire its APA trained Doctoral Psychologists for employment. Many graduates chose to stay at YCS because of the supportive work environment cultivated by YCS and Montclair State University and because of their commitment to serving children and families in East Orange, Union City and the surrounding communities. All three organizations have the experience and expertise to support children ages birth to five with an autism diagnosis living in Essex and Hudson counties, especially within the municipalities of East Orange, Jersey City, Newark, and Union City.

YCS proposed **staff reflect the language, race and cultural backgrounds of the selected communities and target populations.** Most of the staff identify as Latinx, live with the targeted communities, and can provide services in both English and Spanish. Both YCS outpatient mental health clinics have operated within their respective communities for over 10 years and are trusted resources. Both clinics receive referrals from an array of community-based agencies including local school districts and childcare centers, primary physicians, ConnectNJ, domestic violence agencies, community health workers, immigration advocacy centers, and WIC.

Staffing Requirements: All three organizations are ready to implement the activities of this proposal. YCS Institute staff is led by Associate Director, Leslie Lester, Psy.D., who will serve as the program lead for this project. Dr. Lester will also provide supervision to the DIRFloortime® clinicians. If awarded two Post Doctoral Fellows will be hired. Training Director, Samantha Spencer, Psy.D. will coordinate the autism evaluation activities and will provide supervision to the

Autism Assessment psychologist. If awarded YCS will hire a Post Doctoral Fellow. Administrative Manager, Raysa Romero will support the administrative tasks of this project including care coordination of clients and assigning of referrals. All staff will receive an array of supervision, including weekly reflective supervision, group consultation, case conferencing and didactics. Evaluators at NJMS are spearheaded by co-directors Walter Zahorodny, Ph.D, and Josephine Shenouda, DrPH, and supported by research coordinator Ms. Kate Sidwell. Cherie Castellano, LPC is the founder and program director of Mom2Mom and will oversee all Mom2Mom-staffed coordination activities proposed by this proposal.

Collection, Maintenance and Analysis of Data: YCS, NJMS and Mom2Mom are **committed to the process of ongoing evaluation as a vehicle to learn and develop solutions to improve the quality of services.** YCS's Information Management Systems Department will work closely with NJMS to ensure the submission of **quarterly reports that include qualitative and quantitative data as part of the CQI process.** In cooperation with the Centers for Disease Control and Prevention (CDC), NJMS oversees the New Jersey Autism Study (NJAS) an ASD monitoring system. The NJAS autism ascertainment strategy involves active, thorough, ongoing, retrospective, cohort and region-specific, review and analysis of information contained in school and health records. NJAS surveillance is implemented in a four-county New Jersey metropolitan area (Essex, Hudson, Union, Ocean Counties), a region with an annual birth population of approximately 34,000. Because of this experience, NJMS is well equipped to support the evaluation efforts of this proposal.

Administrative Practices: This proposal will leverage the referral process flow already established between NJMS and Mom2Mom. Currently, NJMS refers all children who screen positive on the PDQ-1 to Mom2Mom to receive peer mentorship and services referrals. This

project will need to establish a criteria/decision tree for when Mom2Mom may refer a child to YCS for an evaluation or when a referral to Early Intervention or a Developmental Pediatrician is more appropriate. In addition, YCS will establish a referral criteria and process for DIRFloortime® treatment. Expectations for communication between all three programs, especially between Mom2Mom and YCS, will need to be agreed upon to ensure children and families get their needs met without duplication of services. All three programs will meet weekly during the first six months and monthly afterwards.

Existing Collaborations: YCS is a dedicated member of NJ's Maternal, Infant, and Early Childhood System of Care. They operate two EBHV programs that will conduct PDQ-1 screenings with all eligible participants. YCS also provides infant and early childhood consultation to five Early Head Start centers in Newark and they have agreed to utilize the PDQ-1 to screen and connect children to ASD services. NJMS has obtained the support of the Rutgers WIC program, Essex Early Intervention, and include University Hospital – Pediatric Continuity Care Clinic. Collectively these programs support about 2,000 children annually.

Advisory Boards: YCS participates in many local and statewide professional advisory boards including the Essex and Hudson ConnectNJ Community Advisory Boards and Hub Supervisor meetings; Essex and Hudson Children's Inter-Agency Coordinating Council; Safe Babies Court Team county leadership and state leadership committee (Essex, Hudson, Passaic), ACNJ's Pritzker Children's Initiative, including the Infant Mental Health Subcommittee and are co-chairs of the Medicaid Subcommittee, DCF Infant-Child Health Committee, DCF Zero to Five Steering Committee; Board members of the NJ Association for Infant Mental Health, and are appointed member of NJ's Governor's Council for Young Children. These advisory boards all focus on the

identification and treatment of children's emotional and physical health and work together to eliminate barriers to accessing treatment and expand the availability of services.

Safe Child Standards: YCS is committed to the safety and well-being of all children and youth accessing their services. They have taken steps to educate staff about the risks related to child sexual abuse, instituted policies and practices designed to protect children from the risk of child sexual abuse and trained their staff, interns, and volunteers about proper reporting requirements. Examples of how YCS operations **mirror the six standards of the Prevent Child Abuse New Jersey's Safe Child Standards** are as follows: YCS Child Safe Environment Policy and Code of Conduct is posted and signed by all staff; YCS Risk Management Plan was updated to include risk regarding Child Sexual Abuse; all recruitment and hiring of suitable employee practices are in place; all YCS direct care staff are trained in Child Sexual Abuse and Commercially Sexually Exploited Children as part of the Neglect, Abuse, and Exploitation; and Policies for reporting are addressed through Training; Site Specific Orientation, and the Employee Handbook. In addition, please find attached Safe-Child Standards Description.

Program Accessibility: The PDQ-1 screener is online and can be accessed via a computer or mobile phone, eliminating the need to physically be present for the screening. Mom2Mom's Peer Support Helpline is accessible Monday – Friday, 8:30 am – 8:00 pm. via phone, text messaging, chat feature, and email. In addition, YCS services are available both in person and via telehealth person and are easily accessible by public transportation (via NJTransit or the Brick Church train station in East Orange). Services are available Monday-Friday 9AM-7PM. Both clinics are ADA accessible and take the safety consideration of families seriously when designing the space.

Identifying and Engaging Target Population: DCI has identified several partners to support the detection and treatment of children living in under-resourced communities who may be at risk for

autism spectrum disorder and in need of treatment. These include University Hospital – Pediatric Continuity Care Clinic, Rutgers – New Jersey Medical School - WIC program, Essex County Early Intervention Program, Connect NJ hubs, The Leaguers’ Early Head Start/Head Start five centers, Nurse-Family Partnership, and Parents as Teachers. Both Mom2Mom and YCS understand that life stressors may make it difficult for families to engage in services. This is why Mom2Mom and YCS have outreach policies that allow for flexibility to “meet families where they are.”

Community Partners: DCI will be implemented via several community partners. The first activity (screening) will be implemented with Connect NJ, home visiting programs, The Leaguers, and include University Hospital – Pediatric Continuity Care Clinic. Mom2Mom will receive referrals not only via the PDQ-1 screen but nationally through their hotline. Lastly, all programs listed may refer to YCS for an autism evaluation and DIRFloortime treatment.

Cultural Competency: Integral to the quality of services at YCS is a strong commitment to **cultural competency and diversity**. YCS actively recruits and hires a diverse workforce and complies with nondiscriminatory hiring practices pursuant to **N.J.S.A. 10:5-3**. Almost two thirds of employees at YCS identify as Black or African American and ten percent identify as Hispanic or Latino. YCS, NJMS, and Mom2Mom are committed to ensuring the needs of the target community will be met by providing marketing materials and services within multiple languages, including Spanish, Portuguese, and Creole. In addition, DCI will keep in mind how one’s culture and past experiences play into their philosophy of parenting and expectations of children.

Proposed Implementation Schedule: YCS is confident they will **achieve full operational census and will executive sub-contracts with NJMS and Mom2Mom within 60 days of contract execution.** This is primarily because YCS, NJMS, and Mom2Mom are operational, and this initiative includes an expansion of existing services to an underserved population and creating DIRFloortime® in a critically needed service area. Key implementation activities include completing the group Introduction to DIR® and DIRFloortime® training, developing referral and program policies, creating data collection processes, training new partners to utilize the PDQ-1, and advanced clinical training with DIRFloortime® and ADOS. In addition, please find attached the Program Implementation Schedule.

III. Organizational Supports (10 Points)

Over the last two years YCS had made many strategic changes to enhance its support of its programs. YCS has a robust training department that utilizes a blended approach including a combination of Virtual Instructor-Led training, Instructor-Led Training and E-Learning through the Relias Learning System. The Institute conducts several hours of coaching and training every week including case conferencing, didactics, and group peer supervision. Additionally, the agency facilitates monthly Grand Rounds in which an expert speaker presents a relevant mental health topic. YCS also adopted Reflective Supervision to be the framework in which all supervision is conducted. Each supervisor throughout the agency completed a Reflective Supervision training created by Vice President of Practice Integration, Dr. Dayna Zatina Egan, who also helped to design the New Jersey Association for Infant Mental Health's 16-hour Reflective Supervision certification. YCS is also affiliated with the American Psychological Association to provide a Doctoral Internship Program. Because of the robust nature of this

intensive collaboration the Institute is an expert in providing training, coaching, supervision and evaluative key performance indicators driving staff performance.

Detection, Connection, and Intervention is an incredibly exciting prospect because it leverages the resources of three leading providers. Through an MOU with Rutgers for detection, Moms 2 Moms for connection, the YCS team will be able to provide intervention to the needed target population that the staff is most passionate about serving. Through our existing relations with The Leaguers, Connecting NJ, WIC, include University Hospital – Pediatric Continuity Care Clinic and the Essex Early Intervention Program, the YCS team is poised to leverage these resources and stakeholders in our shared community. If awarded, this grant will provide jobs for Doctoral graduates of the YCS APA Post-Doctoral Training Program and allow us to train more Psychologists in the EBP Dir Floortime. We will also be able to leverage our relationship with Dr. Gerry Costa who started our Institute program as he will provide support to the staff that goes beyond the existing didactics, reflective supervision and group supervision which directly support the staff implementing this initiative.

IV. Outcomes and Evaluation

Organizational Support: This project will utilize multiple data systems already in use by DCI program evaluators to collect and evaluate project information. These include the Research Electronic Data Capture (REDCap) database application, a secure web-based application for managing research studies and operations will be used to collect clinical project data. REDCap database is **HIPAA-compliant** and supported by Rutgers University. This study will gather clinical data for children between the ages of 18-36 months. In addition, the OnTask, a digital form and workflow application (software), will be utilized by caregivers and providers to access the screeners and study information. Screening will be through study-provided tablets or through

participants' smart phones. Follow-up steps will be enhanced through automated email/text alerts to the child's caregivers, providers, and Mom2Mom peers. Since the OnTask application is digital and automated, it will enhance ASD screening of young children without increasing the time and resource burden on participating sites. Lastly, YCS will utilize its Electronic Client Records, Evolv, to monitor client outcomes and program performance.

Use of Data: DCI program's main goal is to introduce a new screening tool (PDQ-1), elevate the family voice (Mom2Mom), and expand intervention (DIRFloortime) at multiple sites serving children ages 18-36 months in underserved communities. DCI program performance will be evaluated using plan-do-study-act (PDSA) techniques to 1) improve ongoing program activities and 2) to inform future program implementation. DCI program will implement a specific strategic **plan** informed by family participants, local stakeholders and leadership at participating sites in an ongoing cycle of continuous program quality improvement. As performance data accumulates and ongoing activities accelerate, strengths and weaknesses in the project activities will be revealed (data collection), as will potential improvements and solutions. DCI program staff will perform **data analysis** specific to the activities and informed by parent leaders and stakeholders, and leadership at participating sites to develop more efficient operations. **Implementation** of new procedures and/or enhanced activities will stem from analysis and provide opportunities for correcting and **enhancing** the core DCI program methodology, specific procedures and operations, defining new ways to accomplish our program goals and provide evidence-based recommendations to implement program activities at new sites.

Procedures: Database management and cleaning will be performed during the project period according to the program data cleaning protocol. DCI program staff will run reports monthly to ensure completeness of data collected. DCI program staff will utilize OnTask software to create

logical and efficient workflows to collect project data. In addition, DCI program investigators will have monthly meetings and calls to discuss potential improvements and track activities and performance toward achieving all aspects of the program strategic plan. Quarterly and annual progress reports will be submitted to DCF. **Collected data** will include identifiers (Guardian's last and first name, contact information, address, Child's name, date of birth and gender), sociodemographic (race/ethnicity and health insurance type), clinical (child's assessments, well visit evaluations, ASD screening scores and current diagnosis), and services (EIP, YCS, Mom2Mom) utilized. DCI program investigators recognize the importance of maintaining the confidential nature of the data that is reviewed and analyzed. Multiple security measures are and will be imposed at every level of activity. DCI program will implement Confidentiality Guidelines and will include specific delineation of procedures for review, abstraction and storage of data and specify standard operating procedures for implementing ascertainment activities. The Guidelines may be modified as additional improvements to security are identified. DCI program investigators will designate a member of our team to serve as the DCI program **Confidentiality Officer (CO)** and provide initial and annual (refresher) security training on DCI program confidentiality requirements. The CO will ensure that all sensitive or identifying data are protected. The CO will ensure that all DCI program staff and associates have been trained in these policies and undergo regular re-training in security operations, as needed.

Quality Insurance: DCI program staff will conduct ongoing quality assurance and control activities (QA/QC) using DCI program QA/QC protocols. Program staff will meet monthly to discuss field activities and potential program improvements. Utilizing plan-do-study-act (PDSA) techniques to improve ongoing activities and provide opportunities for correcting and enhancing the core DCI program methodology, specific procedures and operations, defining new ways to

accomplish our program goals and provide evidence-based recommendations to implement program activities at future participating sites.

Collaborative Evaluation Planning: DCI program evaluators will have internal monthly meetings and calls to discuss potential improvements and track activities and performance toward achieving all aspects of the program strategic plan. DCI program investigators will engage in collaborative evaluation planning with DCF to discuss, review and update performance measures and outcome indicators as needed. Quarterly and annual progress reports will be sent to DCF.

V. Budget Narrative

The budget as presented provides the resources to achieve the DCI goals. The following provides details for each major category of the budget.

Personnel Services: Total for 3 Years is \$456,073

The proposed personnel section of the budget includes the salary and fringe for YCS personnel. This includes a Program Lead who will perform oversight of the program and provide supervision to the Clinicians; 2 Clinicians who will conduct the DIRFloortime treatment; Administrative Manager who will oversee intake, scheduling and documentation of services; Training Director who will oversee autism evaluations and supervise the Autism Assessor; and the Autism Assessor who will perform autism assessments.

Consultants & Professional Fees: Total for 3 Years is \$196,975

YCS will consult with NJMS for the evaluation activities (15% of budget = \$120,000 over the 3 years) and Mom2Mom for peer mentorship and referrals (\$63,000 over the 3 years, 100 caregivers per year x 10 one-hr calls x \$21 per call). In addition, YCS staff will participate in ADOS and DIRFloortime training and consultation. Lastly, the 2 DIRFloortime clinicians will become Endorsed Clinical Mentors through the NJ-AIMH (\$500 per application).

Materials & Supplies: Total for 3 Years \$12,240

Materials & Supplies includes the one-time purchase of the ADOS Spanish Protocol (\$740), as well as, brochures and resource materials (\$2,000) to encourage participation in the program. In addition, toys and books will be purchased to support the DIRFloortime intervention (\$9,500 over the 3 years).

Facility Costs: Total for 3 Years \$31,320

Facility Costs encompasses, the cost of rental space for the operation of the program (\$15,000 over the 3 years), Communication which includes the estimated cost of telephone costs for the program (\$7,920 over the 3 years), Equipment Lease/Rental for the rental of a copier machine (\$6,000 over the 3 years) and Liability Insurance (2,400 over the 3 years).

Specific Assistance to Clients: \$0

Other: Total for 3 Years \$15,000

Other (\$15,000 over the 3 years) includes trainings (\$13,500) provided by YCS as well as any other deemed relative to the operation of the program and recruitment/onboarding (\$1,500) which includes the cost of fingerprints and physicals.

Gen. & Adm. (G&A) Cost Allocation: Total for 3 Years \$85,392

General and Administration includes executive and regional management, accounts receivable, accounts payable, purchasing, information technology, human resources, information management, recruitment, quality assurance, etc. and is calculated at 12% of Operating Costs.

Equipment: Total is \$3,000 for purchase in Year 1

Equipment includes the purchase of Laptops in year 1 for (1) Autism Assessor and (2) DIRFloortime Clinicians.

Part II: Appendices

#4 Trauma Informed Practices

Youth Consultation Services

Trauma Informed Policy

Purpose: The purpose of this policy is to address the trauma in the lives of the children, youth, and families served by Youth Consultation Services (YCS). The policy promotes the understanding of trauma and its impact, ensures the development of a trauma-informed system, and the availability of trauma specific services for children, youth, and families.

Policy: It is the policy of Youth Consultation Services to provide a healing, and therapeutic environment that adheres to the core values and principles of Trauma Informed Care (TIC), utilizes the Six Core Strategies, and the Nurtured Heart Approach to meet the needs of children, youth, and families served by YCS and to avoid re-traumatization.

This policy ensures that the following elements are provided:

- Adoption of trauma informed culture
- Engagement in organizational self-assessment
- Adoption of approaches that prevent and address secondary trauma of staff.
- Trauma specific services for children, youth, and families using evidence-based practices or evidence informed practices.

Process:

Adoption of trauma informed culture:

To create a safe environment that embodies physical as well as social and emotional safety through the core values and principles of Trauma Informed Care and Nurtured Heart Approach.

To empower and inform the clients and families at YCS to have a voice and choice in decision making treatment, programing elements, and evaluation. (TIC, Core Strategy: Inclusion of Youth and Family Voice and Choice)

Engagement in Agency Self-Assessment:

- Utilize the Organizational Self-Assessment (OSA) tool from the National Council of Behavioral Health to assess the organizations strengths and areas for improvement. (TIC, Core Strategy: Using Data to Inform Practice)
- The Central Continuous Quality and Improvement (CCQI) works on projects/programs evaluations/client and caregiver surveys to make improvement to the care and services of YCS. (TIC, Core Strategy: Using Data to Inform Practice)

Adoption of Approaches that Prevent and Address Secondary Trauma of Staff:

- Educate staff on Secondary Stress, Vicarious Trauma, signs of burn out (Core Strategy- Workforce Development).
- Educate staff about the YCS Employee Assistance Program (EAP) to help them cope with secondary trauma and stressors.

- Provide sensory modulation techniques, strategies and items to reduce stress (Core Strategy: Seclusion/Restraint Reduction Tools)
- Utilize Reflective Supervision Approach to provide supervision from a nurturing perspective as well as a practice perspective.
- Implement Staff Debriefing following incidents in the program to take a holistic view of all involved and determine ways to approach this situation differently (Core Strategy: Rigorous Debriefing)

Treatment Specific Assessment for Residential Care:

- Receive the following clinical assessments upon intake as a clinically necessary during their length of service:
 - Columbia Suicide Risk Assessment
 - CRAFFT Screening Assessment (substance abuse)
 - Eating Habit Questionnaire
 - Human Trafficking Questionnaire
 - Mood and Feelings Questionnaire
 - SCARED Anxiety Assessment (child version)
 - Social Media Questionnaire
 - Trauma Assessment, upon intake as a screening tool

Trauma Specific Services:

- Utilize Trauma Focused Cognitive Behavioral Therapy and Dialect Behavioral Therapy.
- Utilize Nurtured Heart Approach in establishing therapeutic rapport, engagement and interactions to create a healing, therapeutic milieu for children and youth.

Part II: Appendices

#5 Board of Directors

YCS Inc. Board of Trustees 2021-2022		
Chair John Uzzi Class of 2023	Advocate [REDACTED]	[REDACTED]
Vice Chair Catherine Tamburello Class of 2023	Advocate [REDACTED]	[REDACTED]
Treasurer John Fatigati Class of 2024	Finance [REDACTED]	[REDACTED]
Secretary Faye Samuels Class of 2023	Educator [REDACTED]	[REDACTED]
President/CEO Tara Augustine	YCS [REDACTED]	[REDACTED]
Dominick Bratti Class of 2024	Attorney - Bratti Greenan LLC [REDACTED]	[REDACTED]
Bruce Egert Class of 2024	Attorney [REDACTED]	[REDACTED]
John Ehresman Class of 2023	Senior VP [REDACTED]	[REDACTED]
Jennifer Mitchell Class of 2023	Communications & Engagement Specialist [REDACTED]	[REDACTED]
Herbert Ouida Class of 2022	Todd Ouida Children's Foundation [REDACTED]	[REDACTED]
Mindy Michaels Roth Class of 2023	Special Master, US Court of Federal Claims [REDACTED]	[REDACTED]
Allison Stangeby Class of 2023	VP of Community & Corporate Relations [REDACTED]	[REDACTED]

Part II: Appendices
#6 Agency-Wide
Organizational Chart



Embracing All the Possibilities

Youth Consultation Services
Current Agency-Wide
Organization Chart 6.20.22

Board of Trustees

Tara Augustine, LCSW
President/CEO

YCS Foundation, INC
Ruthie Harper (Chief Development Officer)
Fran Spiegel
Cathy Tronlone

Chief Communications Officer
Janis Nicolosi-Endo

Chief Human Resources Officer
Steven Kessler

Chief Quality and Compliance Officer
Jaime Fox

Chief Medical Officer
Sharon Mason-Bell

Chief Technology Officer
Hing-Shung Chan

Chief Operations Officer
TBD

Chief Information Officer
Erin McCloskey

Chief Financial Officer
Nancy Keeney

HR/Benefits
Shamaine Williams

Training
Yvonne Montemurro

Northern Nursing Services
Deanna DeStefano

Southern Nursing Services
Kyle Wdzieczkowski

Psychiatric Services
Frances Feigl

Staffing & Retention Team
Andrew Beckford

Senior Project Manager Operations
Laurie Levin

Controller
Rashida Harrison

VP Financial Planning Analysis
Laura Maier

VP Contracts/Facilities
Wanda Cavanaugh

George Washington School
Ruth Ann Hunt

Sawtelle Learning Center
Leisa Tomchek

Northern Behavioral Health & Community Services
Jennifer Stratton

Southern Behavioral Health & Central Intake
Dave Morgado

Southern DDD/ID Adult/Child Services
Dawn Jones

Northern DDD Adult Services
Rayletta Garrison

Practice Integration
Dayna Egan

ABA Services
Jacqueline Maddi

Early Childhood & Community Programming
Christina Colón

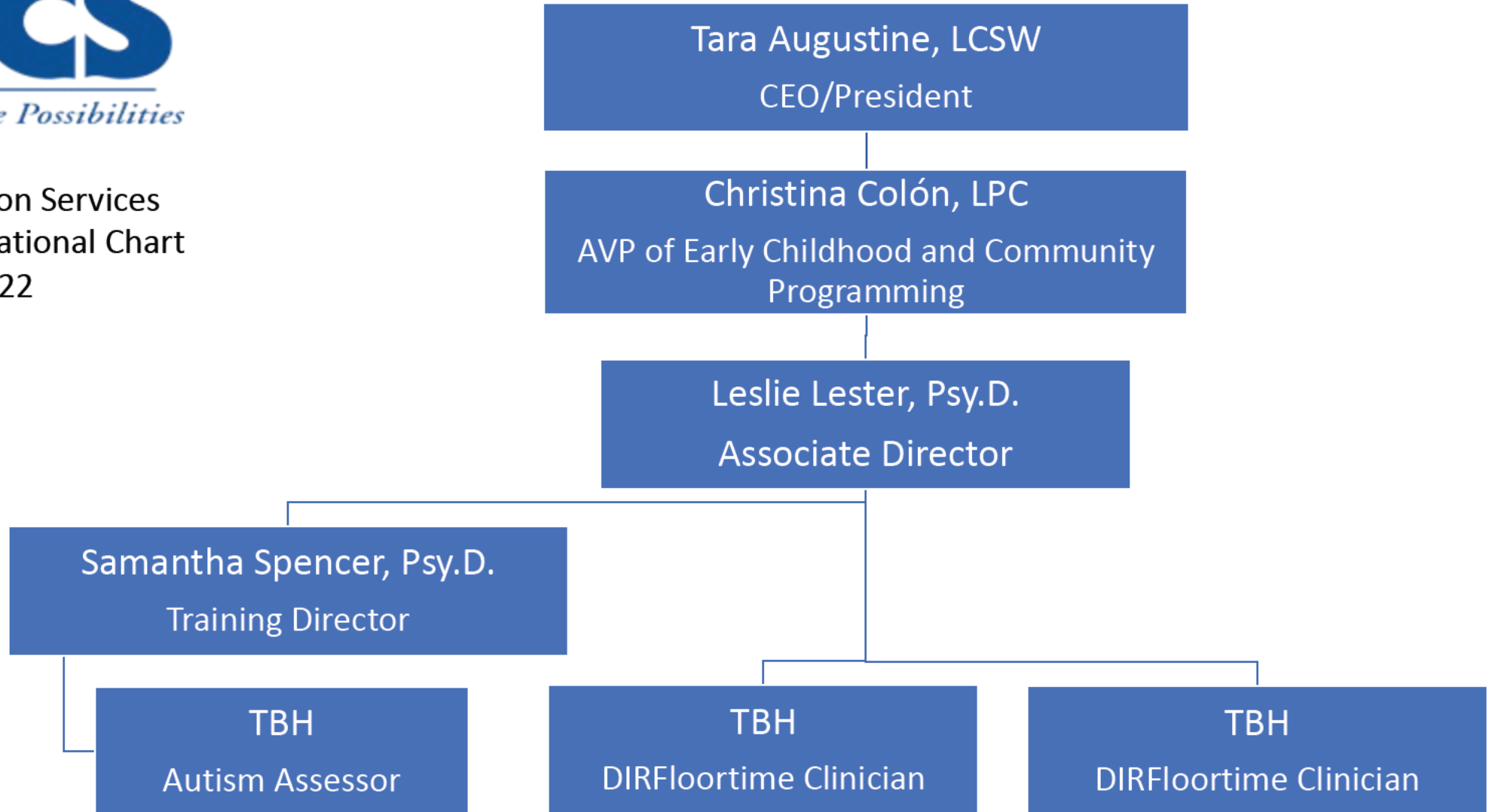
Agency Chaplain/VP Treatment Homes
William Waller

Institute for Infant and Preschool Mental Health
Leslie Lester

Part II: Appendices
#7 Proposed Organizational
Chart



Youth Consultation Services
Proposed Organizational Chart
6.15.2022



Part II: Appendices

#8 Professional Licenses

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**State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs**



THIS IS TO CERTIFY THAT THE
Board of Psychological Examiners

HAS LICENSED

**Leslie A. Lester, Psy.D.
60 Evergreen Place
07018
East Orange NJ 07018**

FOR PRACTICE IN NEW JERSEY AS A(N): Practicing Psychologist

06/17/2021 TO 06/30/2023

VALID

35SI00562900

LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR



PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Psychological Examiners
124 Halsey Street, 6th Floor, Newark, NJ 07102
www.njconsumeraffairs.gov/sw



ANDREW J. BRUCK
Acting Attorney General

SEAN P. NEAFSEY
Acting Director

Mailing Address:
P.O. Box 45017
Newark, NJ 07101
973-504-6470

NOTICE OF TEMPORARY PERMIT

The State Board of Psychological Examiners hereby grants a three-year temporary permit for the private practice of psychology **under supervision** to:

SAMANTHA MARIE SPENCER, PSY.D.

Permit #: TP #213-071

Date Granted: 10/14/2021

Date Expires: 10/14/2024

CANDIDATE'S SIGNATURE

Edie Nugent
Executive Director,
State Board of Psychological Examiners

BOARD SEAL

THIS DOCUMENT IS TO BE RETURNED TO THE BOARD OFFICE UPON ITS EXPIRATION, WRITTEN REQUEST OR REVOCATION

Part II: Appendices

#9 Job Descriptions



Institute for Infant and Preschool Mental Health

Job Description

Title: Associate Director for Clinical Services

Dept.: YCS Institute for Infant and Preschool Mental Health

Report to: AVP of Early Childhood

Date: 7/21

Function: Responsible for operation of the Institute licensed, Medicaid-approved, mental health Clinic, leading clinical team and compliance with JCAHO and DMHS/DCBHS regulations. Principal responsibility for supervision of clinical staff and trainees. Oversee APPIC membership and APPIC-registered psychology internship (5 positions) and externship (varies) programs, including development and monitoring of core and elective rotations, primary supervision and overseeing assessment requirements. Manage small assessment and treatment caseload.

Job Responsibilities:

1. Contributes to and supports goals and objectives of the Institute and YCS
 - a. Supports the goals and objectives of the Institute and YCS
 - b. Consistently behaves in accordance with established Institute policies, and procedures as observed by supervisor.
 - c. Consistently ensures that patients' right to fair and equitable treatment, self-determination, individuality, privacy and civil rights are maintained as observed by supervisor and by minimal complaints and some positive feedback from peers, patients and their families.
 - d. Actively participates in Center-wide meetings, committees and task forces as assigned and as observed by supervisor and Center Administration.
2. Provides psychotherapeutic interventions/services in accordance with accepted professional and ethical standards.
 - a. Consistently provides psychotherapy based on sound clinical judgement as indicated by supervisory observation and feedback from patients, family and fellow team members.
 - b. Consistently provides psychotherapy services with empathy and concern as indicated by supervisory observation and feedback from patients, family and fellow and team members.
 - c. Consistently involves patients and/or family members as clinically indicated, in the development/review of treatment plans as evidenced by periodic record review and supervisory observation.

- d. Consistently performs case management functions to ensure overall coordination of treatment services via systems linkages, service procurement referrals, patient advocacy and community liaison, as indicated by supervisory observation and/or periodic record review.
 - e. Effectively collaborates when clinically indicated with other staff members, referral sources, community - resources, families and support systems as evidenced by feedback, supervisory observation and record review.
 - f. Devotes designated percentage of hours to direct clinical service as determined and observed by Director.
 - g. When properly trained, administers high level diagnostic evaluations or specialized psychological testing for infants and/or as preschool aged children clinically indicated in a timely fashion as observed by Director.
3. Maintains clinical records in compliance with DHS/DMHS/BCBHS, Medicaid, JCAHO and YCS standards.
- a. Formulates clinically appropriate treatment plans consistent with Clinical Records standards as indicated by periodic record review.
 - b. Formulates treatment plans in accordance with prescribed time frames 85-95% of the time as indicated by periodic record review.
 - c. Formulates treatment plan reviews consistent with Clinical Records standards as indicated by periodic record review.
 - d. Formulates treatment plan reviews in accordance with prescribed time frames 85%-95% of the time as indicated by periodic record review.
 - e. Formulates clinically appropriate progress notes consistent with Clinical Records standards as indicated b periodic record review.
 - f. Formulates progress notes in accordance with prescribed time frames 85%-95% of the time as indicated by periodic record review.
 - g. Formulates clinically appropriate discharge summaries consistent with Clinical Records standards as indicated by periodic record review.
 - h. Formulates discharge summaries in accordance with prescribed time frames 85%-95% of the time as determined by supervisory observation and periodic review.
4. Provides clinical and administrative supervision as assigned to practicum students, externs, interns and other trainees.
- a. Maintains membership in APPIC (Association for Psychology Post-doctoral and Internship Centers), ensuring compliance with membership and overseeing "match" process for interns.
 - b. Provides support and guidance to supervisees consistent with their needs as indicated by written evaluation and supervisory consultation.

- c. Evaluates supervisees' performance to determine areas of strength and those in need of improvement as indicated by written evaluation and supervisory consultation.
 - d. Develops and maintains core and elective "rotations" and coordinates development of annual didactic series.
 - e. Exercise appropriate initiative in clinical, supervisory and management decision-making consistent with role and established policies and procedures as observed by supervisor.
5. Provides leadership and initiative in support of the overall Institute mission.
- a. Actively participates in policy and goal formation, implementation and on-going review as observed by supervisor.
 - b. Provides constructive feedback to Institute administrators as observed by supervisor.
 - c. Collects, maintains and provides management data and prepares reports in accordance with established procedures and deadlines as observed by supervisor.
 - d. Contributes to effective Quality Assurance program by compliance to established standards as observed by supervisor.
6. Attends to professional development by remaining current in knowledge of trends and developments in mental health.
- a. Participates meaningfully in supervision/consultation as demonstrated by integration of supervisory material in clinical practice as observed by supervisory observation.
 - b. Participates meaningfully in in-service training as reflected training as reflected in quality of involvement as determined by supervisory observation.
 - c. Participates meaningfully in multi-disciplinary treatment conferences as evidenced by appropriateness of contributions to clinical discussion as ascertained by supervisory observation and/or feedback from colleagues.
 - d. Annually participates in a minimum of two relevant professional colloquia on mental health related issues as reflected in attendance at such training events.
7. Coordinates weekly Institute Clinical Team.
- a. As assigned returns intake calls within 24 hours and reviews referrals with the Director with 72 hours.
 - b. Develops a triage system, to refer emergency referrals for immediate services, develops a waiting list that reflects patient need, whenever there are no openings for cases, and refers cases to other providers if deemed inappropriate.
 - c. Makes case assignments consistent with client need and skill/specialty of clinician, within 5 days.
 - d. Arranges for contact of client within 2 working days of case assignment.

- e. Assigns face-to-face evaluation/assessment intake and ensures completion of necessary paperwork(face sheet, all consent forms, USTF and billing slips within 24 hours of intake etc.) as evidenced by documentation in patient's chart.
 - f. Ensures completion of intake within 4 visits as evidenced by documentation in patient's chart.
 - g. Ensures that new intakes are presented at the next regularly scheduled Weekly Team.
 - h. Offers assistance by phone and/or in person following intake until case is assigned, and according to accepted professional standards, as evidenced by documentation in patient's chart.
8. Provides individual, group and family therapy as clinically indicated, to assigned patients.
- a. Review chart, contacts or attempts contact with patient an/or significant other within 48 hours of receipt of official assignment as evidenced by documentation on patient's chart.
 - b. Counsel's patients and/or families with empathy and concerns as indicated by feedback from patients, family members, fellow team members and Supervisor.
 - c. Involves patient and/or family in developing realistic, achievable and understandable psychosocial multidisciplinary treatment plans in accordance with accepted professional standards and Institute standards and as discussed and agreed to by Supervisor.
 - d. Spends 20% of time in direct service "face-to-face" client activity, as determined by the Director.
 - e. Attempts to secure appropriate resources, placement and/or supplies for patients based on assessed needs and in accordance with professionally acceptable standards within 24 hours of contact as indicated by documentation in patient's chart and as measured by outcome of intervention.
9. Assumes overall case management responsibilities for assigned patients including coordination of treatment within the YCS and liaison with community agencies.
- a. Collaborates effectively with other staff members, referral sources and social support networks to provide treatment and care for patients and families as measured by outcome of intervention and documentation in patient's chart.
 - b. Maintains effective open communication with members of treatment team as indicated by feedback by team members and Supervisor.
10. Maintains appropriate patient chart records/billing as mandated by YCS policy.
- a. Completes master treatment plan for patient within 4 visits or in accordance with YCS standards as indicated by documentation in patient chart.
 - b. Completes progress notes in patient's chart within 24 hours of contact (face-to-face, phone or letter) as indicated by (quarterly) monthly review offices and supervisory observation.

- c. Completes all forms necessary to discharge/refer/transfer patient within 24 hours of decision as documented by chart record.
 - d. Statistical records: Monthly statistical reports on the Institute's clinical activities are completed on a monthly basis as indicated by the Director's review of reports.
 - e. Confidentiality of records is strictly maintained in compliance with DHS/DMHS and Center standards 100% of the time as observed by supervisory observation and documented in chart.
 - f. Clinical treatment is documented in compliance with DHS/DMHS and Center standards 100% of the time as indicated by quarterly random review of files by designated staff.
11. As assigned, participate in community oriented programs to educate the community about The Institute at YCS programs.
- a. Develops and/or provides effective lectures, workshops and discussion materials for use in program to educate community about The Institute at YCS.
12. Maintains knowledge of current trends and developments in the field.
- a. Attends and participates in-service meetings and other designated training events that will enhance clinical skills, as agreed to by the Director.
13. Performs other related duties as required.

Job Requirements:

Specifications: Ph.D. or Psy.D. in psychology at least 5 years experience working with 0-6 Preschool age children and their families. Specialized training in infant and/or preschool therapeutic services is essential. New Jersey license or license eligible; 2 years supervisory/administration experience. YCS is an "Exempt" agency.

Youth Consultation Service
Institute for Infant and Preschool Mental Health

Job Title: Training Director

Reports To: Associate Director

Job Summary: Responsible for supervision and programming for all clinical trainees at the YCS Institute. Oversees both the administrative and clinical functions of the APA and APPIC membership and APPIC-registered psychology internship (3 positions) and externship (varies) programs, and postdoctoral fellows (varies) including development and monitoring of core and elective rotations, primary supervision and overseeing assessment requirements.

Employment Status: Full-Time (35 hrs per week)

Knowledge and Skills Required:

- Ph.D. or Psy.D. in psychology at least 5 years experience working with 0-6 Preschool age children and their families. Specialized training in infant and/or preschool therapeutic services is essential. New Jersey license or license eligible; 2 years supervisory/administration experience. YCS is an “Exempt” agency.
- Infant Mental Health Endorsed (IMH-E), or pursuing preferred

Duties and Responsibilities Include:

- Contributes to and supports goals and objectives of the Institute and YCS
- Supervises psychotherapeutic interventions/services in accordance with accepted professional and ethical standards.
- Provides clinical and administrative supervision as assigned to practicum students, externs, interns and other trainees.
- Provides leadership and initiative in support of the overall Institute mission.
- Attends to professional development by remaining current in knowledge of trends and developments in mental health.
- Oversees and supports overall case management responsibilities for patients assigned to supervisees including coordination of treatment within the YCS and liaison with community agencies.
- Ensures that supervisees maintain appropriate patient chart records/billing as mandated by YCS policy.
- As assigned, participate in community oriented programs to educate the community about The Institute at YCS programs.
- Maintains knowledge of current trends and developments in the field.
- Performs other related duties as required.

Travel Requirements: Periodic travel to community-based and multidisciplinary meetings are required within the designated county.

Salary Range: \$55,000-60,000

**YOUTH CONSULTATION SERVICE
JOB DESCRIPTION**

POSITION TITLE: Administrative Assistant
SALARY CLASSIFICATION: Non-Exempt
REPORTS TO: Site/Assist Administrator/ CRS/Program Manager
JOB NO: TBD
DATE: 10/04/07
REVISED:

SECTION 1 Purpose

- 1.1 The age of the clients served: ___ under 1 year; ___ 1-4 yrs; 5-12 yrs; 13-17 yrs; 18-22 yrs
- 1.2 The primary purpose of this position
- 1.2.1 To provide various administrative and clerical support as needed to assist in the proper operation of the program in conjunction with internal Youth Consultation Service guideline manuals.

SECTION 2 Duties and Responsibilities

- 2.1 Performs general secretarial and clerical duties, including typing, copying and filing correspondence, memos, letters, code violation letters, etc.
- 2.1.1 Answers phones, takes detailed messages and directs calls to appropriate personnel
- 2.1.2 Greets public in person and on the telephone, provides general information, answers questions and directs individuals to appropriate party as necessary.
- 2.1.3 Handles inquiries from clients and vendors.
- 2.1.4 Receives, process and distributes departmental mail.
- 2.1.5 Responsible for recording and maintaining attendance calendar cards on each employee
- 2.1.6 Enter and maintain employee records in accordance with agency procedures
- 2.1.7 Responsible for preparation and processing of payroll on a bi-weekly basis, administrative approval needed
- 2.1.8 Prepares weekly census reports as needed
- 2.1.9 Compiles information and prepares spreadsheets for varies reports to assist site administrator with external and internal audits, etc...
- 2.1.10 Create and process purchase orders
- 2.1.11 Special projects, *as requested*.
- 2.2 Maintains quality of services
- 2.2.1 Ability to work and interact with departments throughout the organization
- 2.2.2 Adheres to policies and procedures of Youth Consultation Service
- 2.2.3 Preserves the confidentiality of employee and client files and agency accounting numbers
- 2.3 Other knowledge, skills and abilities required
- 2.3.1 Demonstrates knowledge of principles and practices of administrative/office/clerical duties
- 2.3.2 Demonstrates ability to establish and maintain effective working relationships
- 2.3.3 Demonstrates ability to exercise good judgment in evaluating situations and choosing an appropriate course of action
- 2.3.4 Demonstrates ability to communicate effectively both written and orally
- 2.3.5 Demonstrates a basic understanding of working with office software
- 2.4 Interpersonal Skills
- 2.4.1 Demonstrates respect, cooperation, consideration and tact in dealing with clients, peers, supervisors and others

Please note this job description provides a general summary of responsibilities and should not be construed as any promise of employment. Also, YCS reserves the right to change the job description with or without prior notice.

- 2.5 The employee will cooperate with the licensee and the applicable State department or division licensing unit with any legally mandated inspections or investigations

SECTION 3 Education Requirements

- 3.1 High school graduation or its equivalent

SECTION 4 Experience required

- 4.1 At least two years of clerical or secretarial experience.

SECTION 5 Training and other requirements

- 5.1 Maintain yearly Core Competency training and other training as required by YCS or state regulations
- 5.2 Must be legally permitted to work in the United States and pass a criminal background check

SECTION 6 Supervisors, Internal, External Contacts

- 6.1 Supervisory responsibility: None
- 6.2 The usual internal and external contacts
 - 6.2.1 Internal – Program Administrator, staff, Supervisor(s), clients and other YCS delegates
 - 6.2.2 External – Vendors, governmental agencies and or representation

SECTION 7 Essential physical/sensory demands and travel involved with position

- 7.1 Essential physical/sensory demands of position
 - 7.1.1 Sitting Frequently
 - 7.1.2 Standing Occasionally
 - 7.1.3 Walking Occasionally
 - 7.1.4 Lifting Occasionally
 - 7.1.5 Carrying Occasionally
 - 7.1.6 Pushing / Pulling Occasionally
 - 7.1.7 Bending Occasionally
 - 7.1.8 Reaching Occasionally
 - 7.1.9 Visual Frequently
 - 7.1.10 Hearing Frequently
 - 7.1.11 Speaking Frequently
- 7.2 Travel involved with the position
 - 7.2.1 Occasionally

SECTION 8 Machines or equipment used

- 8.1 Typewriter, telephone, computer, photocopier, fax, pager, and office related instruments and machinery

SECTION 9 Working conditions

- 9.1 Normal office environment
- 9.2 Any safety conditions or hazards associated with this position
 - 9.2.1 Possible exposure to communicable illnesses

SECTION 10 Additional Comments

- 10.1 Additional responsibilities as directed by supervisor(s)

Please note this job description provides a general summary of responsibilities and should not be construed as any promise of employment. Also, YCS reserves the right to change the job description with or without prior notice.

Youth Consultation Service
Institute for Infant and Preschool Mental Health

Job Title: Autism Assessor

Reports To: Associate Director

Job Summary: Responsible for completing evaluations

Employment Status: Part Time (10 hrs per week)

Knowledge and Skills Required:

- Ph.D. or Psy.D. in psychology at least 3 years experience working with 0-6 Preschool age children and their families. Specialized training in infant and/or preschool therapeutic services is essential. New Jersey license or license eligible; 2 years supervisory/administration experience. YCS is an “Exempt” agency.
- Infant Mental Health Endorsed (IMH-E), or pursuing preferred

Duties and Responsibilities Include:

- Conduct comprehensive autism evaluations utilizing an array of validated autism assessments for children 12months and older.
- Works with the Training Director to ensure evaluations are completed promptly and presented within a multidisciplinary team setting.
- Provides leadership and initiative in support of the overall Institute mission.
- Attends to professional development by remaining current in knowledge of trends and developments in mental health.
- Ensures that supervisees maintain appropriate patient chart records/billing as mandated by YCS policy.
- As assigned, participate in community oriented programs to educate the community about The Institute at YCS programs.
- Maintains knowledge of current trends and developments in the field.
- Performs other related duties as required.

Travel Requirements: Periodic travel to community-based and multidisciplinary meetings are required within the designated county.

YOUTH CONSULTATION SERVICE JOB DESCRIPTION

POSITION TITLE:	Clinician I
SALARY CLASSIFICATION:	Exempt
REPORTS TO:	Program Administrator
JOB NO:	TBD
DATE:	5/10/04
REVISED:	06/17/2021

SECTION 1 Purpose

- 1.1 The age of the clients/students served: ___ under 1 year; ___ 1-4 yrs; ___ 5-12 yrs; ___13-17yrs___18-22 ___23+
- 1.2 The primary purpose of this position
- 1.2.1 To assist youth and their families in identifying, accessing and receiving appropriate mental health and other services in a timely, efficient and effective manner in accordance with the Manual of Standards for Shelters, Group Homes and Residential Treatment facilities established by the New Jersey State Division of Youth and Family Services, NJAC 10:124; NJAC 10:127 and NJAC 10:128 and Manual of Standards For Community and Psychiatric Community Residences established by the New Jersey Department of Human Services, NJAC 10:44A; NJAC 10:37B; NJAC 10:37H and/or Outpatient and Partial Care Mental Health Services in accordance with regulations established by the Department of Human Services, Division of Mental Health Services, and Department of Children and Families, Division of Child Behavioral Health Services in conjunction with internal Youth Consultation Service guideline manuals
- 1.2.2 To act as a liaison between school, home, and community to provide guidance, prevention, assessment, and support services to enhance the academic, social, and emotional success of our clients/students.

SECTION 2 Duties and Responsibilities

- 2.1 Provides treatment under the supervision of licensed clinical social worker or licensed professional counselor to clients and families
- 2.1.1 Assess the needs of clients and families
- 2.1.2 Formulates Comprehensive Treatment Plans to address clinical strengths and needs, as needed
- 2.1.3 Compiles psychosocial history
- 2.1.4 Provides consultation counseling services to clients and their families
- 2.1.5 Provides client centered advocacy
- 2.1.6 Provides referral and linkage to ancillary and or specialized treatment services and interventions as needed in collaboration with CST.
- 2.1.7 Assist in Stabilization via Crisis Prevention/Intervention
- 2.1.8 Home visits when necessary
- 2.2 Documentation
- 2.2.1 Review and track monthly treatment plans/chart documentation
- 2.2.2 Prepare progress notes as indicated by the treatment plan/supervising LCSW
- 2.2.3 Document client's behavior as per the facility's Behavior Management Policy and Procedures
- 2.2.4 Any other relevant documentation as required by the LCSW; LPC or Administrator
- 2.3 Maintains quality of services
- 2.3.1 Participates as a member of an interdisciplinary team to assess treatment needs; coordinates treatment activities and provides input into the development of treatment plans
- 2.3.2 Attend all Staff Meetings
- 2.3.3 Provides bi-annual research through client satisfaction survey data to ensure client needs are met
- 2.3.4 Adheres to relevant professional association code of conduct

Please note this job description provides a general summary of responsibilities and should not be construed as any promise of employment. Also, YCS reserves the right to change the job description with or without prior notice.

- 2.3.5 Adheres to the policies and procedures of Youth Consultation Service
- 2.4 Leads treatment team members
 - 2.4.1 Works in tandem with Licensed Clinical Social Worker to coordinate the therapeutic regime
 - 2.4.2 May provide the necessary supervision and oversight of the case-management staff
 - 2.4.3 Partners with and mentors other staff members on counseling approaches
- 2.5 Maintains all client files
 - 2.5.1 Establishes, updates, and maintains client/student files in caseload
- 2.6 Acts as liaison for clients and families
 - 2.6.1 Inform clients of their rights
 - 2.6.2 Assists clients in accessing resources and appropriate social service programs
- 2.7 Other knowledge, skills, and abilities required
 - 2.7.1 Demonstrates knowledge of principles and practices of social work
 - 2.7.2 Demonstrated ability to establish and maintain effective working relationships
 - 2.7.3 Demonstrated ability to exercise good judgment in evaluating situations and choosing an appropriate course of action
 - 2.7.4 Demonstrated ability to communicate effectively both orally and in writing
- 2.8 Interpersonal Skills
 - 2.8.1 Demonstrates empathy and compassion in conduct towards clients
 - 2.8.2 Demonstrates respect, cooperation, consideration and tact in dealing with subordinates, peers, supervisors and others
- 2.9 The employee will cooperate with the licensee and the applicable State department or division licensing unit with any legally mandated inspections or investigations.

SECTION 3 Education Requirements

- 3.1 Master's degree in Social Work or related mental health discipline
- 3.2 Current NJ State License in Social Work (LSW); or an Associate Counselor (LAC)

SECTION 4 Experience required

- 4.1 1 year of full-time social work experience

SECTION 5 Training and other requirements

- 5.1 Minimum of 20 hours of continuing education bi-annually which includes 5 hours of ethics
- 5.2 Maintain yearly core competency training and credentialing and privileging
- 5.3 Must be legally permitted to work in the United States and pass a criminal background check
- 5.4 Meet performance goal(s) established for the fiscal year

SECTION 6 Supervisors, Internal, External Contacts

- 6.1 Assist in the clinical supervision of workers assigned to clients
- 6.2 The number of employees supervised by this position varies depending on size of site
- 6.3 The usual internal and external contacts
 - 6.3.1 Internal-Program Director, staff, clients, Director of Clinical Services, psychiatrist, clinical nurse specialist
 - 6.3.2 External-Community agencies, guardians (when applicable), and the public

SECTION 7 Essential physical/sensory demands and travel involved with position

- 7.1 Essential physical/sensory demands of position
 - 7.1.1 Sitting Frequently
 - 7.1.2 Standing Occasionally

Please note this job description provides a general summary of responsibilities and should not be construed as any promise of employment. Also, YCS reserves the right to change the job description with or without prior notice.

7.1.3 Walking	Occasionally
7.1.4 Lifting	Occasionally
7.1.5 Carrying	Occasionally
7.1.6 Pushing / Pulling	Occasionally
7.1.7 Bending	Occasionally
7.1.8 Reaching	Frequently
7.1.9 Visual	Frequently
7.1.10 Hearing	Frequently
7.1.11 Speaking	Frequently

7.2 Travel involved with the position

7.2.1 Occasionally

SECTION 8 Machines or equipment used

8.1 Typewriter, telephone, computer, photocopier, fax and pager

SECTION 9 Working conditions

9.1 Normal office environment

9.2 Any safety conditions or hazards associated with this position

9.2.1 Possible exposure to physical and/or verbal altercations with clients/students

9.2.2 Possible exposure to communicable childhood illnesses

SECTION 10 Additional Comments

10.1 Additional responsibilities as directed by supervisor(s)

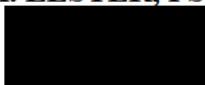
Sign _____ Date _____

Please note this job description provides a general summary of responsibilities and should not be construed as any promise of employment. Also, YCS reserves the right to change the job description with or without prior notice.

Part II: Appendices

#10 Resumes

LESLIE A. LESTER, PSYD, IMHS


NJ License # 35S100562900

LICENSURE

Licensed as a Psychologist in New Jersey since 2016
NJ License # 35S100562900

CERTIFICATION AND ENDORSEMENTS

Endorsement by the New Jersey Association for Infant Mental Health at Category III Infant Mental Health Specialist June, 2018
DIRFloortime® Basic Certificate (DIR-Basic). December 18, 2019
Vetted Reflective Supervisor January, 2021

WORK EXPERIENCE

Associate Director at the YCS Institute for Infant and Preschool Mental Health/Dr. Helen May Strauss Clinics

Youth Consultation Service, East Orange, NJ

February 2021-Present:

Responsible for operation of the Institute license, Medicaid-approved, mental health Clinic, leading clinical team and compliance with licensure regulations. Providing supervision of clinical staff and trainees and running Baby Steps Group supervision. Manage small treatment caseload.

Parent-Infant Services Coordinator

Youth Consultation Service, East Orange, NJ

February 2018- Present: Oversees and runs the Institutes parent-infant group therapies and programs. Liaison between Institute and community organizations to build referral sources and develop programs to serve the community's needs. Carried a caseload of 5 dyadic, individual or family cases, which also included intakes, treatment and charting. Co-lead monthly cultural competency seminar. Supervising externs and interns, running group supervision.

Parent-Child Clinician

Youth Consultation Service, East Orange, NJ

March 2015- February 2018: Carried a caseload of 20 dyadic, individual or family cases at the Institute for Infant and Preschool Mental Health, which also included intakes, treatment and charting. Co-lead monthly cultural competency seminar. Provide 2 hours of consultation to Newark Renaissance House per week. Starting in August 2016 supervised 2 doctoral level externs, and participated in monthly group supervision of supervision.

Post Doctoral Fellow

Youth Consultation Service, East Orange, NJ

September 2014-September 2015. Carried at caseload of 15 cases at the Institute for Infant and Preschool Mental Health, which included intakes, treatment and charting. Carried a caseload of 6 dyadic cases at Newark Renaissance House, and provided 3 hours therapeutic services or consultation to staff at their nursery per week. Co-lead monthly cultural competency seminar.

Pre-Doctoral Internship

Youth Consultation Service, East Orange, NJ

September 2013- September 2014. Carried a caseload of 8 cases at the Therapeutic Nursery which included intakes, assessments, treatment and charting. Provided therapy at the Dr. Helen May Strauss Clinic and the Institute for Infant and Preschool Mental Health.

Adjunct Faculty

Marywood University, Scranton, PA

August 2012-May 2013. Teaching undergraduate students. Duties included: lecture presentations, coordinating internship sites for students and grading course material.

Therapeutic Staff Support

Northwestern Human Services, Carbondale, PA

June 2008 – May 2010. Worked in the community with children and families. Duties included: providing therapeutic staff support with individuals and families, clinical writing, consultation with school personnel and mobile therapists, and individual and group supervision.

Intake Coordinator

Pennsylvania Psychiatric Institute, Harrisburg, PA

June 2010 - August 2010. Worked with crisis workers, hospital staff, community members, and hospital physicians. Duties included: acting as an Intake Coordinator (Per Diem), communicating with crisis work staff, documenting information relating to patients requesting treatment at the hospital, and communicating with hospital staff and physicians to initiate patients into the hospital.

EDUCATION

Marywood University, Scranton, PA

Psy.D. in Clinical Psychology, APA Accredited

December 2014

3.7 GPA

Doctoral Project: *Parental Style, Temperament and Trauma on Incidence of Body Dissatisfaction in American and Indian College Students*

Marywood University, Scranton, PA

M.A. in Psychology

May 2012.

3.67 GPA

Master's Thesis: *Role of Parental Attachment and Temperament on Subjective Well-Being and Incidence of Body Dissatisfaction in Students*

Elizabethtown College, Elizabethtown, PA
B.A. in Psychology and Religious Studies
May 2009
3.65 GPA

PRESENTATIONS:

- Furman, L., M.A. (2012, May). *Role of parental attachment and temperament on subjective-wellbeing and incidence of body dissatisfaction in students*. Poster session presented at the Pennsylvania Psychological Association, Harrisburg, PA.
- Lester, L., Psy.D. (2017, August). *Consultation in Therapeutic Communities: Staff Voices About Daily Work*. Presentation and Discussion at the American Psychological Association, Washington D.C.
- Egan-Zatina, D, Psy.D. Lester, L., Psy.D. (2019, July) *Collaboration Between Infant Mental Health Work and Two Drug Treatment Facilities- in therapy and Consultation*. Presentation and Discussion at the Pennsylvania Infant Mental Health Association Conference, Pittsburg, PA.

PROFESSIONAL AFFILIATIONS

American Psychological Association, 2008 - Present.
Pennsylvania Psychological Association, 2009 – 2012.
New Jersey Psychological Association 2016-Present.
New Jersey Association for Infant Mental Health 2016-Present.

PROFESSIONAL DEVELOPMENT

- Parent Child Interactive Therapy Training April 20, 21, 22 2022 and July
- Certification for Reflective Supervision/Consultation, Dec 1, 8 2020 and Jan 5 & 6 2021
- DIR 201 = DIRFloortime® Basic Certificate (DIR-Basic). December 18, 2019
- DIR 101 = An Introduction to DIR and DIRFloortime, March 8, 2019.
- 2019 ICDL NYC DIR Conference at the Rebecca School; Fostering Curiosity and Creativity Using the DIR Floortime Model , March 8, 2019
- Music together Teacher Training, October 12 - 14, 2018
- DC:0–5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0–5), July 14-15, 2017
- Gilliam, W. (2017, May). *Preschool Expulsion and Suspension: What We Now Know about Disproportionally, Implicit Bias, and the Possible Ways to Address These*. Presentation conducted at the 6th Annual Todd Oida Children's Foundation Conference. Montclair, New Jersey.
- Gipson, P. (2017, May). *Promoting Social Justice through School-Based, Trauma Informed Emotional and Educational Supports for Children*. Presentation conducted at the 6th Annual Todd Oida Children's Foundation Conference. Montclair, New Jersey.

- Cruger, M. (2017, May). *Wondering about the Influence Behind Behavior: Insights from Developmental and Neuropsychology that Promote Just Interventions*. Presentation conducted at the 6th Annual Todd Oida Children's Foundation Conference. Montclair, New Jersey.
- Keys of Interactive Parenting Scale Training (Certification renewal) May, 2017 , 2018, 2019, 2020
- McClure, D. (2017, May) *Between a rock and a hard place: substance abuse in pregnancy and effects on the infant*. Presentation conducted at 2017 Conference: The Impact of Substance Use on Perinatal Women: What You Need to Know through The Partnership for Maternal and Child Health of Northern New Jersey. Wood Ridge, NJ
- Marshall, J. (2017, May) *Opiate Epidemic: Current Trends and Treatment Issues*. Presentation conducted at 2017 Conference: The Impact of Substance Use on Perinatal Women: What You Need to Know through The Partnership for Maternal and Child Health of Northern New Jersey. Wood Ridge, NJ
- Simon, S. (2017, May). *Co-Occurring: Correlation between Mental Health and Substance Use*. Presentation conducted at 2017 Conference: The Impact of Substance Use on Perinatal Women: What You Need to Know through The Partnership for Maternal and Child Health of Northern New Jersey. Wood Ridge, NJ
- Mayes, L. & Rutherford, H. (2017, April). *How Addiction Impacts the Parenting Relationship*. Presentation conducted at Connecticut Association for Infant Mental Health Annual Spring Meeting and Seminar. Branford, Connecticut.
- Individual Level Trained on Brazelton Touchpoints April 2016
- Keys of Interactive Parenting Scale Training April, 2015
- Circle of Security Training March, 2015
- Webster-Stratton, C. (2014, October). The incredible years: parents, teachers and children training series, parent group leader training, Orange, NJ.
- Webster-Stratton, C. (2014, October). The incredible years: parents, teachers and children training series, parent group leader: babies program training, Orange, NJ.
- Ritzler, B. & Sciara, A. (2012, June). Rorschach beginning level training program certification. West Hartford, CT.
- Riggs, D.S. (May, 2012). *American Psychological Association: Caring for the Military Family: What We All Should Know About Military Culture and the Stress of Deployment*. Webinar conducted through the Center for Deployment Psychology in Bethesda, MD.
- Lincoln, S. (March, 2012). *Veterans' Use of Religion/Spirituality as Culturally Relevant Coping Skills for Trauma and Recovery*. Presentation conducted at 2012 Annual Diversity Conference through Philadelphia College of Osteopathic Medicine Department of Psychology & Culturally Aware Psychology Students. Philadelphia, PA.
- Johnson-Huston, N. (March, 2012). *From Homeless to Lawyer to Advocacy of the Culturally Disempowered*. Presentation conducted at 2012 Annual Diversity Conference through Philadelphia College of Osteopathic Medicine Department of Psychology & Culturally Aware Psychology Students. Philadelphia, PA.
- Williams, C.A. (March, 2012). *Doing No Harm: Understanding the Sociocultural Determinants which Influence Quality of Care and Client Outcomes*. Presentation conducted at 2012 Annual Diversity Conference through Philadelphia College of Osteopathic Medicine Department of Psychology & Culturally Aware Psychology Students. Philadelphia, PA.

- Dominguez, J. (March, 2012). *Dueling Identities and Double Jeopardy: My Culture vs. My Life*. Presentation conducted at 2012 Annual Diversity Conference through Philadelphia College of Osteopathic Medicine Department of Psychology & Culturally Aware Psychology Students. Philadelphia, PA.
- Couturier, L. (2011, September). *Restorative Justice Programs for Diversion, Transition, and Therapeutic Purposes for Juveniles and Adults in PA*. Harrisburg, PA.
- Knapp, S. (2011, September). *Advanced principle-based ethical decision making*. Scranton, PA.
- Knapp, S. (2009, October). Major ethical issues in the treatment of adults and children in Pennsylvania. Scranton, PA.

PRACTICUM EXPERIENCE

Greater Binghamton Health Center, Binghamton, NY

May 2012- May 2013. 1,057 Total hours. Work with children and adolescent individuals in an inpatient and day treatment setting. Duties include: suicide and trauma intake assessment, individual counseling, psychological testing, treatment team meetings, group therapy, and individual supervision.

Marywood University Counseling/Student Development Center, Scranton, PA

January 2011 – May 2012. 607.27 Total hours. Work with undergraduate and graduate students. Duties included: intake assessment, treatment planning, individual counseling, group counseling, psychological testing, outreach, staff meetings, and individual and group supervision.

Marywood University Psychological Services Center, Scranton, PA

September 2010 – November 1, 2012. 807.5 Total hours. Work with outpatient adults, children, college students and older adults. Duties included: intake assessment, treatment planning, individual and family counseling, psychological and educational testing, geriatric testing, report-writing, psychoeducational outreach, and group and individual supervision.

Clark Summit State Hospital, Clark Summit, PA

May - August 2011. 68.90 Total hours. Worked with inpatient adults with severe mental illness. Duties included: program development, group therapy, clinical writing, milieu therapy, and individual supervision.

Waymart Prison, Waymart, PA

May - August 2011. 75.68 Total hours. Worked with male inmates with psychological concerns. Duties included: individual and group therapy, chart review, consultation, milieu therapy, psychological testing, clinical writing, and individual supervision.

SUPERVISION PRACTICUM EXPERIENCE

Marywood University, Scranton, PA

September 2012- November 1, 2012. 63 hours Total hours. Supervised one master's level student and one doctoral level student at Marywood Psychological Services Center. Received group supervision of supervision.

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AWARDS

Psy Chi International Honor Society in Psychology, 2008.
Alpha Lambda Delta Freshman Honor Society, 2005.

Samantha Spencer, Psy.D.

EDUCATION

Doctorate in Psychology, School-Clinical Child Psychology

August 2021

Pace University - New York, NY

- Dissertation: Personality Psychopathology Five (PSY-5) Traits and their Relationship to Suicidal Behaviors in an Adolescent Inpatient Population
- Ivan Wentworth-Rohr Professional Practice Award Recipient

Master of Science in Education, School Psychology

December 2019

Pace University - New York, NY

Graduate Certificate, Infant and Early Childhood Mental Health

August 2014

Montclair State University - Montclair, NJ

Bachelor of Arts, Family and Child Studies

May 2013

Honors: Summa Cum Laude

Montclair State University - Montclair, NJ

CLINICAL TRAINING

Youth Consultation Services

July 2021 – Present

(In collaboration with Montclair State University's Center for Autism and Early Childhood Mental Health)

Postdoctoral Fellow

Supervisors: Dayna Zatina Egan, Psy.D.; Kaitlin Mulcahy, Ph.D.

- Provided individual and family therapy to children, adolescents, adults, and families utilizing an approach integrating infant mental health, psychoanalytic, and family systems perspectives
- Provided consultation and therapeutic intervention to parents of children and adolescents being seen for individual therapy
- Provided clinical supervision to psychology graduate student

- Conducted comprehensive interdisciplinary developmental and psychological evaluations to include developmental, cognitive, achievement, performance-based/projective, and self-report measures for children and adolescents
- Co-led weekly testing supervision and case conferences
- Supported training program by providing consultation to trainees and providing various didactics throughout the year
- Developed and oversaw application and interview process for incoming intern and extern trainee classes

Youth Consultation Services

July 2020 – June 2021

Clinical Psychology Intern

Supervisors: Melany Rivera-Maldonado, Ph.D.; Dayna Zatina Egan, Psy.D.; Rosanne Moreno, Psy.D.

- Provided individual, group, and family therapy to children, adolescents, adults, and families utilizing an approach integrating infant mental health, psychoanalytic, and family systems perspectives
- Provided consultation and therapeutic intervention to parents of children and adolescents being seen for individual therapy
- Provided mentorship and secondary supervision to psychology extern
- Conducted comprehensive psychological assessments to include cognitive, achievement, and performance-based/projective and self-report measures for children and adolescents
- Facilitated therapeutic groups for parents and adolescents
- Facilitated reflective practice groups for early childhood workers
- Provided presentations to community members and professionals
- Presented case summaries at weekly case conferences

McShane Center for Psychological Services – New York, NY

September 2016 – May 2020

Student Therapist

Supervisors: Laura Miles, Ph.D., Kate Oram, Ph.D., Martin Weinberg, Ph.D., Meredith Mahoney, Psy.D.

- Conducted intake interviews using the Structured Clinical Interview for the DSM-V (SCID-V) with adults and adolescents seeking outpatient therapy and evaluation services; write intake reports including psychological diagnoses, case formulation, and treatment recommendations
- Provided long-term individual psychotherapy using psychodynamic and supportive therapy techniques to adolescents and young adults (ages 16-30) from diverse backgrounds and socioeconomic statuses
- Attended weekly individual and group clinical supervision by licensed psychologists

Mount Sinai Beth Israel Medical Center – New York, NY

July 2019 – April 2020

Child Outpatient Psychiatry Service Extern

Supervisor: Maria Klara, Psy.D.

- Provided individual, group, and family therapy to children, adolescents, and their families utilizing an approach integrating psychodynamic, cognitive behavioral, dialectical behavioral, and family systems perspectives
- Provided consultation and therapeutic intervention to parents of children and adolescents being seen for individual therapy
- Conducted intake interviews with children, adolescents, and families seeking outpatient therapy and evaluation services
- Wrote intake reports and quarterly treatment plans
- Participated in weekly didactic training seminars on issues in child and family therapy, including risk assessment, trauma, and evidence based treatments, including ACT and TF-CBT
- Presented case summaries at weekly interdisciplinary case conferences

- Collaborated with psychiatrists, social workers, case managers, and care coordinators to provide interdisciplinary care

Four Winds Hospital – Katonah, NY

June 2018 – June 2019

Psychological Testing Extern

Supervisor: John Stokes, Ph.D.

- Conducted comprehensive psychodiagnostic and neuropsychological assessments to include cognitive, achievement, and performance-based/projective and self-report personality measures for children and adolescents (ages 6-17)
- Administered, scored, and interpreted neuropsychological test batteries and wrote integrative reports utilizing test data
- Studied various neuropsychological batteries, discuss neuropsychological concepts, diagnoses and interventions, analyzed case studies, and develop report writing skills
- Provided individual supervision to incoming externs

Fair Lawn School District – Fair Lawn, NJ

September 2017 – June 2019

School Psychology Intern

Supervisor: Lily Shinkar, Psy.D.

- Administered comprehensive psychological assessments (including cognitive, personality, and adaptive behavior measures) and write integrative reports using assessment data
- Provided feedback and recommendations to parents and teachers
- Provided therapy and crisis intervention to ethnically and socioeconomically diverse students (ages 5-12) with various academic, social, and emotional difficulties
- Designed and lead curriculum for weekly social skills counseling groups
- Attended Committee on Special Education meetings to present assessment findings and suggest recommendations for students and parents
- Provided mental health and behavioral consultation to teachers and parents regarding student difficulties with learning and social/emotional challenges

Center for Autism and Early Childhood Mental Health (in conjunction with Ben Samuels Children’s Center) – Montclair, NJ

January 2013 – May 2013

Undergraduate Intern

Supervisor: Gerard Costa, Ph.D.

- Implemented learning and developmental interventions with children in early intervention program using a developmental, individual difference, relationship-based approach, including DIR®/Floortime
- Assisted with birth and pregnancy education program, “Giving Birth and Being Born”
- Assisted with creation of curriculum materials for a state funded “Child Welfare Training Project” for Child Protective Service caseworkers, “Working with Cognitively-Impaired Parents of Infants”
- Participated in weekly didactic reading seminar and case consultation meetings

RESEARCH ACTIVITIES AND INTERESTS

Four Winds Hospital/Pace University

Supervisor: John Stokes, Ph.D.

- Examining Minnesota Multiphasic Personality Inventory for Adolescents (MMPI-A), Rorschach and Personality Assessment Inventory for Adolescents (PAI-A) assessment data to determine the impact of personality functioning, psychopathology, and family stress on suicidality and self-harm behaviors in an adolescent inpatient population

Pace University

Supervisor: Perna Arora, Ph.D.

- Study focused on developing a culturally-adapted school-based suicide prevention program for secondary schools in Guyana, South America
- Coded and analyzed qualitative student and teacher interview data

Pace University

January 2017 – June 2017

Social Cognition and Imagination Lab

Primary Investigator: Thalia Goldstein, Ph.D.

- Administered and scored Peabody Picture Vocabulary Tests to children and adolescent participants in the Arts Connection: Theater in School program

Montclair State University

January 2012 – July 2013

Institute for Research on Youth Thriving and Evaluation (RYTE)

Principal Investigator: Jennifer Brown Urban, Ph.D.

- Conducted phone interviews with participants in a National Science Foundation (NSF) funded large-scale, mixed-methods youth program evaluation study
- Performed literature searches and reviews on program development and youth programs
- Entered and analyzed qualitative interview data
- Prepared poster and paper presentations for university, regional, and national conferences

PRESENTATIONS

Spencer, S., Kui, T., & Stillo, G. (January, 2021) Culturally responsive social emotional learning strategies. Presented Virtually at Programs for Parents' 6th Annual Family Engagement Conference in collaboration with Newark Public Schools' Office of Early Childhood, Newark, NJ

Spencer, S. (December, 2020) Creating Calm for Ourselves and Our Students. Presented virtually at Academy of the City Charter School, New York, NY

Kui, T. & Spencer, S. (November, 2020) Online learning during COVID-19: What can parents do? Presented virtually at Academy of the City Charter School, New York, NY

Spencer, S. (2020) Creating Calm for Ourselves and Our Children. Presented virtually Newark, NJ

Persaud, S., Kaplan, I., Bhatnagar, V., **Spencer, S.**, Vitiello, V., Arora, P. (August, 2018) *Developing a school-based suicide prevention program for Guyanese youth: Stakeholder perspectives*. Presented at 126th Annual Convention of the American Psychological Association (APA), San Francisco, CA.

Persaud, S., Kaplan, I., Bhatnagar, V., **Spencer, S.**, Vitiello, V., Arora, P. (July, 2017) *School-based suicide prevention program development in Guyana: Stakeholder perspectives and recommendations*. Presented at 75th International Council of Psychologists (ICP) Conference, New York, NY.

Welch, D. & Spencer, S. (March, 2015) *Max's boat: Inviting children with autism into the world of stories*. Presented at the Rebecca School DIR Conference, New York, NY

ADDITIONAL WORK EXPERIENCE

Advanced DIR/Floortime Practitioner

August 2016 – Present

- Provide DIR/Floortime intervention for children with developmental disabilities

Samantha Spencer 4

- Support and train parents in DIR/Floortime and other developmental interventions, focusing on communication, developmentally appropriate behavior, and social-emotional growth

Rebecca School, New York, NY

July 2013 – August 2016

Head Teaching Assistant

- Worked on an interdisciplinary team to develop and implement education and treatment plans for students
- Facilitated lessons and academic activities for students with autism and other developmental delays of relating and communicating under the supervision of a head teacher
- Lead Professional Development Committee
- Member of crisis intervention team, utilizing Nonviolent Crisis Intervention principles
- Lead girls’ health group and developed health activities and lessons on healthy foods, puberty, body awareness, and emotions

Institute for Research on Youth Thriving and Evaluation (RYTE)

January 2012 – July 2013

Montclair State University, Montclair, NJ

Undergraduate Research Assistant

Principal Investigator: Jennifer Brown Urban, Ph.D.

- Conducted phone interviews with participants in a National Science Foundation (NSF) funded large-scale, mixed-methods youth program evaluation study
- Performed literature searches and reviews on program development and youth programs
- Entered and analyzed qualitative interview data
- Prepared papers and poster presentations for university, regional, and national conferences

ADDITIONAL VOLUNTEER EXPERINCE

Children’s Hospital of Philadelphia – Child Life Volunteer (Hematology and Oncology Units)

Weisman Children’s Rehabilitation Hospital – Therapeutic Recreation Volunteer

ADDITIONAL SKILLS & COMPETANCIES

Advanced DIR/Floortime Provider Certificate – Interdisciplinary Council on Developmental and Learning Disabilities

Nonviolent Crisis Intervention (CPI) Training

Dignity for All Students Act (DASA) Training

New York State Level 1 Teaching Assistant Certificate

New York State Child Abuse Certification

New York State Violence Prevention Certification

Raysa Romero

WORK EXPERIENCE

YCS Institute for Infant Mental Health, East Orange, NJ 09/21-Present

Administrative Manager

- Contributes to, supports goals of the HMS Clinics
- Supervises administrative support in other HMS Clinic
- Attend administration/team meetings
- Provides ongoing support to the staff to assure job responsibilities and evaluates productivity
- Oversight of billing processes

YCS Helen May Strauss Clinic, Union City, NJ 4/19-9/21

Administrative Assistant,

- Assist with Payroll for office staff
- Provides support to agency staff and management
- Answers telephone and provides routine information. Assists clients (over the phone and in-person) by communicating in a positive, friendly and professional manner.
- Verify, review and update demographic and insurance information in the agency's electronic health record
- Maintain general knowledge of all insurance benefit and coverage.
- Handle incoming/outgoing correspondence
- Maintains office equipment – printer, fax/scanner

YCS May Academy, Jersey City, NJ 11/13-04/15

Teacher's Assistant,

- Consult with teacher on special instructions for the day
- Client Supervision/Behavior Management
- Maintain weekly plan record
- Assist teacher in helping a child who has been in crisis regain control
- Responsible for school-wide duties as assigned by principal

Union City Board of Education, , Union City, NJ 10/10- 06/13

Substitute Teacher

- Supervised 30+ students
- Implemented lesson plans
- Proctored exams
- Served as a translator for parents/teachers conferences

EDUCATION

St. Peter's College, Jersey City, NJ 5/2010

Bachelor's of Arts: Communications, Minor: Journalism

CHERIE CASTELLANO MA, CSW, AAETS, LPC

CAREER GOAL

To utilize expertise in peer support and crisis intervention with first responders and other populations exposed to trauma and considered “high risk.” Program development, training, and clinical leadership within an integrated health care delivery systems and/or government entity that will utilize an extensive behavioral health care, helpline and disaster mental health knowledge for innovative service is a goal. Creator of the national best practice in peer support known as “Reciprocal Peer Support.”

SUMMARY OF QUALIFICATIONS

- *Nationally recognized expert in peer support as the creator of the “Reciprocal Peer Support” model.
- *Nationally recognized expert in law enforcement behavioral healthcare services
- *Nationally recognized expert in Disaster Mental Health Service Delivery Innovations
- *Directed Disaster response programs/helplines for Police, Fire fighters, EMS workers, Veterans, Educators, Mothers of special needs children, and Child Protective Workers and large scale victim populations
- *Appointed to several Governor Task Forces- Mental Health Task Force- Emergency Preparedness- Police Suicide-Children’s System of Care
- *Authored “Reciprocal Peer Support: A Not So Random Act of Kindness” International Journal of Emergency Mental Health, a model identified as a national best practice in peer support by the DCOE
- *Co-authored “Psychological Counter terrorism”, “The Ultimate Back-Up” and numerous articles in the field of Peer Support, Crisis Intervention, Suicide, Trauma, and Innovative service delivery
- *Grant writing expertise, design and implementation capacity
- *9/11/01 –Coordinated programs for all New Jersey First Responders, Veterans, and eight million residents for post disaster crisis intervention and counseling support.
- *International lecturer & consultant with over 100 awards, recognitions, and letters of commendation
- *American Academy of Experts in Traumatic Stress Member
- * Master Trainer in multiple models of suicide prevention, acute traumatic stress management, and peer support models.
- *Managed Care system delivery expertise
- *Case management and Management Service Organization development
- *Academic and research oriented outcomes and quality improvement system design
- *System and administrative expertise to facilitate organizational expansion
- *Strong philosophy of trauma informed patient care focus & integration of clinical skills
- *Clinical experience which includes a broad exposure to a variety of patient populations both as a clinician, peer, and leader
- *State of the art clinical pathways & products packaging tailored for health care reform
- *Marketing and contract negotiations
- *Volunteer management

EDUCATIONAL BACKGROUND

Non-matriculated

M.S. in Management Science* Project Management 1995
Stevens Institute of Technology Hoboken, NJ

M.A. in Counseling Psychology*1990
Montclair State University, Montclair, NJ
Magna cum Laude (GPA 3.79)

B.A in Communication Theory * 1984

Montclair State University, Montclair, NJ

Licenses & Certifications

Licensed Professional Counselor-LPC#PC00152
Certified Social Worker- License # SW 1205

Faculty appointments

Associate in Psychiatry-Department of Psychiatry/New Jersey Medical School-UMDNJ

Faculty/Consultant FBI National Academy, Quantico, Virginia -2005

PROFESSIONAL BACKGROUND

Rutgers University Behavioral Health Care

Program Director Mom 2 Mom program –

July 2010 - present

Developed and implemented the Mom 2 Mom peer support program to provide statewide “Reciprocal Peer Support” for mothers of special needs children through an innovative program funded by the New Jersey Division of Children & Families

Program Director Worker 2 Worker program -

January 2012-present

Developed and implemented the Worker 2 Worker peer support program to provide statewide “Reciprocal Peer Support” for NJ DCPW workers through an innovative program funded by the New Jersey Division of Children & Families/NJDCPP

Program Director-Cop 2 Cop Program

November 2000-Present

Developed, implemented and directed the Cop 2 Cop Program, the first legislated law enforcement crisis hotline in the country. Currently Cop 2 Cop is recognized as a “model for the Nation” in peer based clinical support and has subverted over 60 suicides and received over 18,000 calls. Numerous awards and recognitions (AAS,NASP) have confirmed this program as an ideal example of peer clinical collaboration, government collaboration, and disaster response capability at its best.

Program Director - “For Port Authority Cops Program”

January 2002-July 2008

Post 9/11 01,developed, implemented and directed the For PA Cops Program which has provided Critical Incident Stress Management Innovation programming as well as a customized crisis hotline. Participated in a ‘/11 Emergency Service Delegation in this role traveling across Europe sharing “9/11 Lessons Learned”. This program received numerous awards and established the “PAPD Re-Entry Program” an adaptation of a Crisis Management Briefing currently being used internationally.

Program Director - WTC-RSVP

January 2003-September 2004

Post 9/11 01, developed, implemented and directed the WTC-RSVP Program which has provided Critical Incident Stress Management Innovation programming as well as a customized crisis hotline to all New Jersey First Responders involved in the rescue and recovery mission at the WTC Site. Police, Fire, and EMS were served in a peer/ clinical collaboration focused on education, awareness, and resources available to cope with the aftermath of 9/11/01. This program received the Governor's Proclamation for Outstanding service following the Tropicana Disaster response also. Crisis Management Briefing were successfully utilized to outreach the population of 125,000 NJ First Responders.

Program Director - New Jersey FIRE & EMS Lifeline Program July 2004-July 2008

Post 9/11 01, developed, implemented and directed the NJ FD EMS Lifeline Program which has provided Critical Incident Stress Management as well as a customized crisis hotline. Prevention, training and education have also been a focus of this unique initiative that emerged from a 9/11 program into a regular service program through legislation and support to meet the behavioral healthcare crisis line needs of all NJ Fire and EMS professional.

Program Director - "For You New Jersey 9/11" Program September 2004-October 2005

Based on the success of the First Responder 9/11 programs the New Jersey Attorney General's Office awarded UBHC the "For You New Jersey 9/11" Program to outreach over 4 million New Jersey residents and offer a customized 9/11 hotline that could provide telephonic support, crisis triage, and links to resources and outreach events to both educate and foster wellness in those "missed" in New Jersey impacted by 9/11/01. 2.5 million dollars was awarded to create and deliver this innovative program in collaboration with the NJ Ag's office and the State Office of Victim Witness Advocacy.

Program Director - "For You New Jersey First" Program September 2004-October 2005

As a focused outreach program, For You New Jersey First reflected a collaboration with the New Jersey State Police to identify First Responder who were the most high risk for services and follow-up post 9/11/01.

Program Director - Hurricane Katrina Project Rebound September 2005-August 2006

NJDMHS/FEMA/SAMSHA and UBHC partnered with the support of the NJSP to establish a disaster response program to meet the behavioral healthcare needs of the NJ First Responders deployed to the EMAC Katrina response from New Jersey. Crisis hotline support and education, prevention programs, and disaster preparedness were a focus to serve these heroic individuals.

Program Director -Southern Law Enforcement Program September 2006-December 2007

Based on the success of our Project Rebound UBHC partnered with the Southern Law Enforcement Program (SLEF) to establish a disaster response program to meet the behavioral healthcare needs of the SLEF members in Louisiana involved in the response to Hurricane Katrina. AmeriCares awarded this grant and we are subcontracted to provide hotline, consultation and training.

Program Director - New Jersey Vet 2 Vet " Program September 2006-Present

Based on the success of the "Cop 2 Cop" Program and others the New Jersey Vets For You Program reflects a partnership with the NJ DMAVA to outreach and serve veterans returning from the war in Iraq.

A customized helpline staffed by vets and clinicians provides telephonic support, crisis triage, and links to resources and outreach events.

Program Director – Fort Hood Helpline/Vets4Warriors Program January 2011- December 2011

Designed to target the military population at Fort Hood Military base in Texas utilizing veteran peer support and resource support. Trauma exposure and response was initiated after a deadly shooting and a series of military suicides on base.

Clinical/Peer Support Coordinator – Vets4Warriors Program December 2011-present

National expansion of the New Jersey “Vet 2 Vet” program to serve 54 territories throughout the country targeted at offering peer support to over 900,000 military service members and their families. Department of Defense contract serving as a model for national peer support service delivery in the military.

**The University of Medicine & Dentistry of New Jersey
Department of Psychiatry-New Jersey Medical School**

Clinical Network Director/University Psychiatric Associates 1997-October 1999

*Piloted and managed The University Psychiatric Associates/Regional Key Group for Magellan Behavioral Health for over 150,000 covered lives in New Jersey

*Network development including 120 providers and 15 sites throughout New Jersey

Co-Investigator/Project Coordinator January 1999- January 2000

Violence Institute of New Jersey Grant
"Violence Prevention for Law enforcement Officers in Newark"

*Coordinated academic programming for over 1,500 law enforcement officers

*Developed and maintained a specialized hotline unit

*Provided clinical services to officers as part of a specialized clinical team

*Provided debriefing services to over 400 officers in Newark

Consultant Clinical Network Director/Per Diem Clinician October 1999-October 2000

The University Physicians Associates/UMDNJ

***Practice Administrator** 1994-1997

Mountainside Department of Psychiatry* Montclair, NJ 1989-1994

Clinical Supervisor Outpatient Department of Psychiatry 1992-1994

Clinical Coordinator, Outpatient Department of Psychiatry 1990-1992

Clinician/Coordinator 1989-1990

Staff Model Clinician – Mountainside Hospital Outpatient Clinic, Montclair, NJ

Police Psychological Support
Provide crisis intervention services to police officers as needed

FOP/Newark – Provide individual psychotherapy services as needed
2000-2006

AWARDS AND ACCOMPLISHMENTS

- 9/11 Governor’s Proclamation for outstanding service-2001
- New Jersey Attorney General’s Recognition Award, 2001
- Certified by the American Association of Suicidology, 2002 AAS Recertification – May 2005
- PAPD Rescuer Award 2002
- New York Times Feature Article, “*Tough Guy to Tough Guy*”, February, 2002
- Jersey City Mayor’s award for service 2002
- USAR-NJTF-1 NJSP Service Award 2002
- Fraternal Order of Police Recognition Award 2002
- World Congress Award, International Critical Incident Stress Foundation, “Outstanding Response in a Mass Disaster”, February 2003
- Governor proclamation- WTC-RSVP- Tropicana Casino disaster October 2003
- World Congress Award, International Critical Incident Stress Foundation “Innovation in Disaster Response”, February 2004
- The New Jersey Governor’s Excellence Award from the State Office of Volunteerism, 2003
- “Stand By Me” video- “The 2004 Communicator Award of Distinction”, “2004 Silver Telly Award.
- Commerce Bank “Hometown Hero” Award 2005
- Star Ledger “People Who Make A Difference” feature 2005
- 100+ letters of appreciation and accommodation from Police, Fire and EMS Officials 2006
- Unico Person of the Year Award 2006
- New Jersey Faith Based Coalition Outstanding Service Award 2006
- NOBLE Public Safety/Law Enforcement Award 2006
- “Best Practice,” [New Jersey] Governor’s Task Force on Police Suicide 2008
- Community Effort Ambassador Award from New Jersey Governor’s Council on Mental Health Stigma 2010
- National Police Defense Foundation “Woman of the Year Award” 2012
- Healthcare Hero in Education Award, presented by NJBIZ 2012
- New Jersey Black Issues Convention’s (NJBIC) Community Change Award in the category of “Health & Human Services.” October 2012.
- Lester Lieberman/NJ HealthCare Foundation – “Humanitarian of the Year” Award 2013

PUBLICATIONS

Castellano, Cherie. (2013) **Police Marriages: The Most Dependable Partners.** *New Jersey COPS, March 2013, p-67-68.*

Castellano, Cherie. (2013) **Cops and Faith-Your acts of kindness.** *New Jersey COPS, February 2013, p-56.*

Castellano, Cherie. (2013) **Suicide by Cop: controlling the uncontrollable.** *New Jersey COPS, January 2013, p-47-48.*

Castellano, Cherie. (2012) **Going from Green to Blue.** *New Jersey COPS, November 2012, p-47-48.*

Castellano, Cherie. (2012) **Getting from Giving: Police Peer Support.** *New Jersey COPS, October 2012, p-62-63.*

Castellano, Cherie. (2012) **Is that ‘one’ response the right response?** *New Jersey COPS, September 2012, p-59-63.*

Castellano, Cherie. (2012) **Protecting Our Greatest ‘Back-up’.** *New Jersey COPS, August 2012, p-52-53.*

Castellano, Cherie. (2012) **“Reciprocal Peer Support” (RPS): A Decade of Not So Random Acts of Kindness.** *International Journal of Emergency Mental Health, Vol. 14, No. 2, 2012.*

Everly, George S., Jr. and Castellano, Cherie. (2010) **Large Group Intervention for Military Reintegration: Peer Support & Yellow Ribbon Enhancements.** *International Journal of Emergency Mental Health, Vol. 12, No. 3, 2010.*

Castellano, Cherie, McGuire, John, and Sullivan, Karen. (2010) **“Chief 2 Chief” at “Cop 2 Cop”:** **Reflections on Retirement and Wellness.** *New Jersey Police Chief Magazine, September 2010, p7-8.*

Castellano, Cherie. (2010) **Cops and Choir Practice: Substance Abuse in Law Enforcement.** *The New Jersey FOP News, Summer 2010, p14.*

Everly, George S., Jr. and Castellano, Cherie. (2009) **Fostering Resilience in the Military: The Search for Psychological Body Armor.** *Journal of Counterterrorism & Homeland Security International, Vol. 15, No. 4.*

Castellano, Cherie. (2009) **Health Matters: Cops & “Choir Practice”.** *Journal of Counterterrorism & Homeland Security International, Vol. 15, No. 2*

Castellano, Cherie. (2008) **Cops in the Military: Resilient or Relentless?** *Journal of Counterterrorism & Homeland Security International, Vol. 14, No. 2.*

Crimando, Steve and Castellano, Cherie. (2008) **A First Responder’s Guide to the Ultimate Terrorist Weapon.** *Journal of Counterterrorism & Homeland Security International, Vol. 14, No. 1.*

Reese, James T. and Castellano, Cherie. (2007) **Law Enforcement Families: Protecting our Nation’s Greatest Resource.** *Journal of Counterterrorism & Homeland Security International, Vol. 12, No. 4.*

Castellano, Cherie. (2007) **Coping with loss after Suicide.** *The New Jersey FOP News, Winter 2007-p25.*

Waters, Judy, Ussery, William J. and Castellano, Cherie. (2007) **Police Stress: History, Contribution Factors, Symptoms and Interventions** *Accepted by the International Journal of Stress Management*

Everly, GS, Jr. and Casetellano, C (2006) **Rebuilding Psychological fences: Reducing Trauma Through Personal and Response Management.** *Who Gets PTSD?: Issues of Posttraumatic Stress Vulnerability- Ch 8*

Plionis, Elizabeth, Castellano, Cherie. (2006) **Comparative Analysis of Three Crisis Intervention Models Applied to Law Enforcement First Responders During 9/11 and Hurricane Katrina.** *Brief Treatment and Crisis Intervention, Vol 6, No.4, p326-336*

Drylie, James J, Castellano, Cherie. **Suicide by Cop, A review of deadly force.** *The Journal of Counterterrorism & Homeland Security International, Vol. 12, No. 3, 53-56;69*

Castellano, Cherie, Ussery, William J. and Grutfest, Steven,. (2006) **Looking for “higher ground” post Hurricane Katrina; Disaster Preparedness for wading through the crisis**

Everly, GS, Jr. and Casetellano, C. (2005). **Psychological Counterterrorism and World War IV.** Ellicott City, MD: Chevron Publishing.

Castellano, Cherie, Everly, George S. Jr. (2005). **A Model for Law Enforcement Resiliency.** *On the Ground After September 11 – Mental Health Responses and Practical Knowledge Gained, Ch 68, 423-428*

Sheehan, Donald C, Everly, George S. Jr., Langlieb, Alan. (2004) **Current Best Practices –Coping with Major Critical Incidents** *FBI Law Enforcement Bulletin, September 200, 1-13 (Contributing Author)*

Castellano, Cherie, Everly, George S. Jr. **Can we put the Genie back into the bottle?** *The Journal of Counterterrorism & Homeland Security International, Vol. 10, No. 4, 10-12*

Castellano, Cherie, Everly, George S. Jr. **Ten “Commandments” of Winning the War Against Terrorism Three Years Later.** *The Journal of Counterterrorism & Homeland Security International, Vol. 10, No. 3, 12-12*

Castellano, Cherie, Everly, George S. Jr. (2004) **Strategies and Tactics for Psychological Counter Terrorism – Reflections on a Model Response to the September 11 Mass Disaster,** *The Journal of Counterterrorism & Homeland Security International, Vol. 10, No. 2, 16-20*

Castellano, Cherie, Everly, George S. Jr. (2004) **Psychological Counterterrorism and Homeland Security,** *The Journal of Counterterrorism & Homeland Security International, Vol. 10, No. 1, 4-5*

Myron L. Pulier, Donald S. Ciccone, Cherie Castellano, Karen Marcus and Steven J. Schleifer. (2003). **Medical versus nonmedical mental health referral: Clinical decision-making by telephone access center staff.** *The Journal of Behavioral Health Services and Research, Vol. 30, Number 4, 444-451*

Castellano, Cherie. (2003). **Large Group Crisis Intervention for Law Enforcement in Response to the September 11 World Trade Center Mass Disaster.** *International Journal of Emergency Mental Health, Vol 5, Number 4, 211-215*

Castellano, Cherie, Everly, George S. Jr. **Psychological Counterterrorism,** *The Journal of Counterterrorism & Homeland Security International, Vol. 9, No. 4*

Amaranto, Ernesto, Steinberg, Jakob, Castellano, Cherie, Mitchell, Roger. (2003) **Police Stress Interventions.** *Brief Treatment and Crisis Intervention. Vol 3. 47-54*

Everly, George S. Jr., Lating, Jeffrey M. (2002) **A Clinical Guide to the Treatment of the Human Stress Response.**

Curriculum Vitae

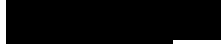
Josephine Shenouda

CONTACT INFORMATION

Office



Phone



Email



Citizenship Status

US citizen

EDUCATION

2022	DrPH	Public Health - Epidemiology Advisor: Emily Barrett Rutgers School of Public Health
2009	M.S.	Biomedical Science - Pharmacology Rutgers Graduate School of Biomedical Science
2007	B.A.	Psychology Rutgers College of Arts and Sciences

RESEARCH EXPERIENCE

2019-	Co-Director, Autism Screening Project, Department of Pediatrics, Rutgers, New Jersey Medical School, Newark, NJ
2018-	Co-Principal Investigator, New Jersey Autism Study, Department of Pediatrics, Rutgers, New Jersey Medical School, Newark, NJ
2010-	Program Manager, Department of Pediatrics, Rutgers, New Jersey Medical School, Newark, NJ
2020-2022	Co-Principal Investigator, Hepatitis C Virus – Pilot Program, Department of Biostatistics and Epidemiology, Rutgers, School of Public Health, Piscataway, NJ
2020-2021	Program Manager of Scientific Director's Office, NJ Autism Center of Excellence, Rutgers University, New Brunswick, NJ

TEACHING EXPERIENCE

- 2022- Course Instructor, Public Health Surveillance,
Rutgers School of Public Health, Piscataway, NJ
- 2022- Preceptor, MPH Practicum Capstone
Rutgers School of Public Health, Piscataway, NJ
- 2021 Preceptor, MPH Applied Practice Experience
Rutgers School of Public Health, Piscataway, NJ
- 2020- Lab Rotation Advisor, School of Graduate Studies
Rutgers, The State University of New Jersey, Newark, NJ
- 2019- Student Mentor – Summer Student Research Program (first year Medical
Students) Rutgers New Jersey Medical School
- 2020-2022 Course Instructor, Principles & Methods of Epidemiology,
Rutgers School of Public Health, New Brunswick, NJ
- 2020-2020 Teaching Assistant, Department of Biostatistics and Epidemiology,
Rutgers School of Public Health, New Brunswick, NJ
- 2017-2017 Teaching Assistant, Department of Biostatistics and Epidemiology,
Rutgers, School of Public Health, New Brunswick, NJ

PROFESSIONAL ACTIVITY

- 2022- Member, International Society for Autism Research
- 2022- Member, New Jersey Kids Study Neurodevelopment Work Group
- 2020- Member, Infant-Child Health Committee,
New Jersey Department of Children and Families
- 2019- Member, American Public Health Association
- 2014- Member, American Psychological Association
- 2007- Member, Psi Chi International Honor Society in Psychology

AWARDS & HONORS

- 2007 Joel Girgus Award
- 2020 Rutgers Predoctoral Leadership Academy

FELLOWSHIPS

2020-2021 Rutgers Predoctoral Leadership Academy

ACTIVITIES & SERVICES

2021 Treasurer – St. Luke’s Community Health Clinic
Belleville, New Jersey

RESEARCH FUNDING (CURRENT)

Award # PC 108-21

Funding Agency – New Jersey Health Foundation

Role- Co-Principal Investigator

Grant Period - 02/01/2021-02/01/2023

Status – Active

Award - \$35,000

Title: Development of a brief Autism screener for Preschool-age Children

Award # U53DD19-1901

Funding Agency - CDC

Role- Co-Principal Investigator

Grant Period - 01/01/2019-12/31/2022

Status – Active

Award - \$1,602,916

Title: Enhancing Autism Surveillance in New Jersey

Award # P7GEN20N

Funding Agency – NJ DHS-DDD

Role- Co-Principal Investigator

Grant Period – 07/01/2019 – 06/30/2022

Status – Active

Award - \$555,000

Title: Autism Screening Project

Award # Foundation Gift

Funding Agency - Joseph Currier Foundation

Grant Period - 01/01/2019 -

Status- Active

Award - \$13,000

RESEARCH FUNDING (PAST)

Award # PC-103-20

Funding Agency – NJ Health Foundation

Role- Co-Principal Investigator/ Study Director

Grant Period - 02/29/2020-03/01/2022

Status – Complete

Award - \$35,000

Title: Active Surveillance Program – Hepatitis C Virus

Award # UL1TR003017

Funding Agency – New Jersey Alliance for Clinical and Translational Science (NJ ACTs)

Role- Co-Principal Investigator

Grant Period - 07/01/2020-06/30/2021

Status – Complete

Award - \$10,000

Title: Partnership for Autism Awareness

Award # DD000008-02

Funding Agency – CDC

Role- Co-Principal Investigator

Grant Period - 07/01/2020-06/30/2021

Status – Complete

Award - \$79,510

Title: Enhancing Autism Surveillance in New Jersey

Award # CAUT18ACE014

Funding Agency – The NJ Governor’s Council for Medical Research and Treatment of Autism

Role- Program Manager

Grant Period - 07/01/2020-06/30/2021

Status – Complete

Award - \$145,000

Title: New Jersey Autism Center of Excellence (NJACE)

Award # NJ-CAUT17APL013

Funding Agency – The NJ Governor’s Council for Medical Research and Treatment of Autism

Role- Co-Investigator

Grant Period - 06/1/17-05/31/2021

Status- Complete

Award - \$399,000

Title: Characterize the Trajectory of Autism Spectrum Disorder (ASD) in Adolescents.

Award # U53DD15-1501

Josephine Shenouda, DrPH, MS

Funding Agency - CDC
 Role- Co-Investigator/ Project Coordinator
 Grant Period - 01/01/2015-12/31/2018
 Status – Complete
 Award - \$2,260,000
 Title: Enhancing Autism Surveillance in New Jersey

Award # NJ-CAUT14APL013

Funding Agency – The NJ Governor’s Council for Medical Research and Treatment of Autism
 Role- Project Coordinator
 Grant Period - 06/1/14-05/31/2016
 Status- Complete
 Award - \$400,000
 Title: Perinatal Risk Factors and Their Influence on ASD Prevalence

Award # U53DD10-1001

Funding Agency - CDC
 Role- Project Coordinator
 Grant Period - 06/01/2010-12/31/2015
 Status – Complete
 Award - \$2,000,000
 Title: Enhancing Autism Surveillance in New Jersey

Award # U53DD06-0601

Funding Agency - CDC
 Role- Research Assistant
 Grant Period - 06/01/2009-12/31/2010
 Status – Complete
 Award - \$317,000
 Title: Enhancing Autism Surveillance in New Jersey

PUBLICATIONS (PEER REVIEWED)

1. **Shenouda J**, Barrett E, Davidow AL, et al. Disparities in Early Intervention Program Participation by Children with Autism Spectrum Disorder in a US Metropolitan Area: 2006-2016. *JAMA Peds* [accepted May 2022].
2. **Shenouda J**, Barrett E, Davidow AL, et al. Increasing prevalence and disparities in detection of Autism without intellectual disability. *Pediatrics* [in revision].
3. **Shenouda J**, Barrett E, Davidow AL, Halperin W, Silenzio VMB, Zahorodny W. Prevalence of autism spectrum disorder in a large, diverse metropolitan area: Variation by sociodemographic factors. *Autism Res.* 2022;15(1):146-155.

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6. Wiggins LD, Durkin M, Esler A, et al. Disparities in Documented Diagnoses of Autism Spectrum Disorder Based on Demographic, Individual, and Service Factors. *Autism Res.* 2020;13(3):464-473.
7. Shaw KA, Maenner MJ, Baio J, et al. Early Identification of Autism Spectrum Disorder Among Children Aged 4 Years - Early Autism and Developmental Disabilities Monitoring Network, Six Sites, United States, 2016. *MMWR Surveill Summ.* 2020;69(3):1-11.
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9. Zahorodny W, **Shenouda J**, Mehta U, et al. Preliminary Evaluation of a Brief Autism Screener for Young Children. *J Dev Behav Pediatr.* 2018;39(3):183-191.
10. Christensen DL, Braun KVN, Baio J, et al. Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years - Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2012. *MMWR Surveill Summ.* 2018;65(13):1-23.
11. Baio J, Wiggins L, Christensen DL, et al. Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years - Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2014. *MMWR Surveill Summ.* 2018;67(6):1-23.
12. Zahorodny W, **Shenouda J**, Howell S, Rosato NS, Peng B, Mehta U. Increasing autism prevalence in metropolitan New Jersey. *Autism.* 2014;18(2):117-126.
13. **Shenouda J**, Green P, Sultatos L. An evaluation of the inhibition of human butyrylcholinesterase and acetylcholinesterase by the organophosphate chlorpyrifos oxon. *Toxicol Appl Pharmacol.* 2009;241(2):135-142.

ABSTRACTS & PRESENTATIONS

1. Zahorodny W., Shenouda J., Verile M, et al. Prevalence of Autism Spectrum Disorder in a Population of New Jersey Adolescents. International Society for Autism Research; 2022; Austin, TX.
2. Gomez S., Shenouda J., Kam L., Sidwell K., W. Z. Multiple Birth As a Risk Factor for Autism Spectrum Disorder: Findings from a Large Population. International Society for Autism Research; 2022; Austin, TX.
3. Palmeri M., Krishnaraj R., Shenouda J., Sidwell K., W. Z. Trends in Regressive Autism between 2000 and 2016. International Society for Autism Research; 2022; Austin, TX.
4. Gu L., Sidwell K., Shenouda J., W. Z. Use of ATLAS.ti to Improve Efficiency of Active Surveillance of Autism Spectrum Disorder. International Society for Autism Research; 2022; Austin, TX.
5. Shenouda J., W. Z. Disparities in Early Intervention Program Participation by Children with Autism Spectrum Disorder in a US Metropolitan Area: 2006-2016. New York City Epidemiology Forum; 2022; Columbia University, NY.
6. Shenouda J., Lescott C., Jackson M., Kam L., Sidwell K., W. Z. Trends in Intellectual Ability among Children with Autism Spectrum Disorder from 2000 to 2016 in a large diverse metropolitan area. International Society for Autism Research; 2022; Austin, TX.
7. Jones J., Palmeri M., Schwab J., et al. Autism Spectrum Disorder (ASD) Screening Project: How to increase community ASD screening and improve linkage to care in an underserved region. International Society for Autism Research; 2022; Austin, TX.
8. Lescott C., Palmeri M., Jackson M., et al. Pharmacotherapy of adolescents with Autism Spectrum Disorder: Findings from population based surveillance in a US metropolitan area. International Society for Autism Research; 2022; Austin, TX.
9. Jiang C., Shenouda J., Sidwell K., W. Z. Racial/Ethnic and Socioeconomic Disparities in identification and diagnosis of Autism Spectrum Disorder. International Society for Autism Research; 2022; Austin, TX.
10. Shenouda J., W. Z. Higher-than-expected ASD Prevalence in Toms River, New Jersey in 2016. International Society for Autism Research; 2021; Virtual.
11. Zahorodny W., J. S. Prevalence and Expression of Autism Spectrum Disorder Among Preschool-Age Children in New Jersey 2010-2014. International Society for Autism Research; 2019; Montreal, Canada.

12. Zahorodny W., J. S. Sex Based Differences in the Diagnosis and Expression of Autism Spectrum Disorder Among Preschool-Age Children: Findings from Population-Based Surveillance in New Jersey. International Society for Autism Research; 2019; Montreal, Canada.
13. Shenouda J., W. Z. Association Between Race and Age of First Evaluation Among Children with Autism Spectrum Disorder. International Society for Autism Research; 2019; Montreal, Canada.
14. Shenouda J., W. Z. Autism Prevalence in Union County, New Jersey: 2000-2014. International Society for Autism Research; 2017; Rotterdam, Amsterdam.
15. Wright M., Shenouda J., W. Z. Bridging the Gap: Delayed Autism Diagnosis. Autism New Jersey Conference; 2016; Atlantic City, New Jersey.
16. Liu M., Kollin C., Sidwell K., Philip C., Shenouda J., W. Z. Limited Danger Awareness in Children with Autism Spectrum Disorder. Autism New Jersey Conference; 2016; Atlantic City, New Jersey.
17. Johnston L., Shenouda J., W. Z. Frequency of Applied Behavior Analysis (ABA) Among 8-Year-Olds in New Jersey. Autism New Jersey Conference; 2016; Atlantic City, New Jersey.
18. Sidwell K., Lincer D., Solis J., Shenouda J., W. Z. Special Education Autism Classification. International Meeting for Autism Research; 2016; Baltimore, MD.
19. Shenouda J., Solis J., Sidwell K., Lincer D., Baltus R., W. Z. Early Intervention Program Participation By Preschool Children with Autism Spectrum Disorder. International Meeting for Autism Research; 2016; Baltimore, MD.
20. Zahorodny W., Rajan M., Oldewurtel K., J. S. Prevalence of Regressive Autism from 2000 to 2010: Findings from a Population-Based System. International Meeting for Autism Research; 2015; Salt Lake City, Utah.
21. Verile M, Forsythe M., Shenouda J., W Z. Obsessive and Circumscribed Patterns of Interest (OCPI) of Children with Autism Spectrum Disorder. International Meeting for Autism Research; 2015; Salt Lake City, Utah.
22. Donnelly M., Sidwell K., Shenouda J., W. Z. Sensory Processing Abnormalities of Children with Autism Spectrum Disorder. International Meeting for Autism Research; 2015; Salt Lake City, Utah.

23. Zahorodny W., Verile M., J. S. Use of Standardized Tests for Autism Diagnosis in Metropolitan New Jersey. Association for Psychological Sciences Conference; 2014; San Francisco, CA.
24. Verile M., Forsythe M., Sidwell K., Shenouda J., W. Z. Identical Twins are Highly Similar in Their Expression of ASD. Autism New Jersey Conference; 2014; Atlantic City, New Jersey.
25. Shenouda J., Baltus R., W. Z. How Many Children Have Asperger's Syndrome? Estimates from Autism Monitoring in Metropolitan New Jersey. Association for Psychological Sciences Conference; 2014; San Francisco, CA.
26. Rajan M., Shenouda J., W. Z. Use of Propensity Matching to Assess the Effect of Paternal Age on the Development of Autism Spectrum Disorder – a Study of Two Birth Cohorts in NJ. Child Health Services Research Interest Group; 2014; San Diego, CA.
27. Zahorodny W., J. S. Sex Differences in the Expression of Autism Spectrum Disorders in Children. American Academy of Child and Adolescent Psychiatry Conference; 2012; San Francisco, CA.
28. Neves S., Kurland S., Shenouda J., Scotto Rosato N., Howell S., W. Z. Socioeconomically-based disparities in classification and services to Autism Spectrum Disorder children. Advances in Child Health UMDNJ Research Symposium; 2012; New Brunswick, NJ.
29. Neves S., Shenouda J., Patel H., Fongan-Fossa A., W. Z. Intellectual Ability and Autism. International Meeting for Autism Research; 2012; Toronto, Canada.
30. Shenouda J., Neves S., W. Z. Autistic Characteristics Before and After the Age of Three in Children with Autism Spectrum Disorder. International Meeting for Autism Research; 2012; Toronto, Canada.
31. Shenouda J., Baltus R., Yarlagadda K., W. Z. Pharmacotherapy in Children with Autism Spectrum Disorder. American Academy of Child and Adolescent Psychiatry 2012; San Francisco, CA.
32. Patel H., Shenouda J., W. Z. Autism Spectrum Disorders & Regression: Findings from a Population-based Study. International Meeting for Autism Research; 2012; Toronto, Canada.
33. Rosivack D., Shenouda J., Peng B., W. Z. Frequency of Interventions to Children with ASD in the Pre-School Period: Findings from the New Jersey Autism Study. Advances in Child Health UMDNJ Research Symposium; 2012; New Brunswick, NJ.

34. Shenouda J., Khandge P., Patel H., et al. Autism Spectrum Disorders & Comorbid Disorders: Findings from New Jersey Autism Study. International Meeting for Autism Research; 2011; San Diego, CA.
35. Patel H., Shenouda J., Khandge P., et al. The Relation of Language Disorder and Developmental Delay to Timing of ASD Diagnosis. International Meeting for Autism Research; 2011; San Diego, CA.
36. Shenouda J., Rosivack D., Peng B., W. Z. Pharmacotherapy in Children with ASD: findings from NJ Autism Study. International Meeting for Autism Research; 2010; Philadelphia, PA.

CURRICULUM VITAE

DATE: February 10, 2022

NAME: Walter Zahorodny, Ph.D.

PRESENT TITLE: Associate Professor

OFFICE ADDRESS: Rutgers-New Jersey Medical School
Pediatrics Department

[REDACTED]
[REDACTED]

TELEPHONE NUMBER/E-MAIL ADDRESS: [REDACTED]
[REDACTED]

CITIZENSHIP: USA

EDUCATION:

Undergraduate
Rutgers University
Newark, New Jersey
B.A. (Psychology) 1978

A. Graduate
New School for Social Research
New York, New York
M.A. (Psychology) 1980

New School for Social Research
New York, New York
Ph.D. (Clinical Psychology) 1988

POSTGRADUATE TRAINING:

A. Internship and Residencies
University of Medicine and Dentistry of New Jersey
Clinical Psychology Internship (APA Certified), 1983 - 1984

B. Research Fellowships
Columbia University-Harriman Institute for Advanced Study of the Soviet Union -- IREX Disciplinary Fellow, 1984 – 1985

MILITARY: None

ACADEMIC APPOINTMENTS:

Pediatrics Department
Rutgers-New Jersey Medical School
Associate Professor of Pediatrics
2017 – present

Pediatrics Department

*Rutgers (UMDNJ)-New Jersey Medical School
Assistant Professor of Pediatrics
1998 – 2017*

*Psychology Department
Seton Hall University
Assistant Professor of Psychology
1988 – 1989*

HOSPITAL APPOINTMENTS:

*Pediatrics Department
University Hospital – Rutgers (UMDNJ) New Jersey Medical School
Psychologist
1992 – present*

OTHER EMPLOYMENT OR MAJOR VISITING APPOINTMENTS:

*New Jersey Autism Study: Population-Based Autism Spectrum Disorders Surveillance System
Rutgers -- New Jersey Medical School
Director
2001 – present*

*Rutgers—New Jersey Autism Center of Excellence
Scientific Director
2020-2021*

*FXB Pediatric HIV Center - Department of Pediatrics
UMDNJ -- New Jersey Medical School
Consulting Psychologist
1991 – 2006*

*High-Risk Infant Follow-up Program - Department of Pediatrics
UMDNJ -- New Jersey Medical School
Consulting Psychologist
1989 - 2004*

*NIMH (ACTG) Protocol 188: Neuropsychological Functions in Pediatric HIV
UMDNJ -- New Jersey Medical School
Investigator
1992 - 1994*

*New Jersey Cystic Fibrosis Program
UMDNJ -- New Jersey Medical School
Consulting Psychologist
1993 - 1998*

*Psychiatry Department
Newark Beth Israel Medical Center
Clinical Psychologist-Emergency and Outpatient Departments
1988 -1990*

*Psychology Department
Graduate Faculty -- New School of Social Research
Research Assistant to Jerome S. Bruner - Mead Professor of Psychology
1987 –1989*

*Psychiatry Department
Overlook Hospital
Crisis Intervention Consultant
1986 – 1992*

LICENSURE: *New Jersey Board of Psychological Examiners/ New Jersey S102698
Clinical Psychology (1988-current; expiration: 2021).*

DRUG LICENSURE:

*CDS: Not Applicable
DEA: Not Applicable*

CERTIFICATION: *Not Applicable*

MEMBERSHIPS, OFFICES AND COMMITTEE ASSIGNMENTS IN PROFESSIONAL SOCIETIES: *Not Applicable*

HONORS AND AWARDS:

*Lifetime Achievement Award
New Jersey Council of Special Education
Administrators
2014*

*Award for Excellence in Autism Research
New Jersey Medical School Autism Center
2009*

*IREX Developmental Fellow
International Research and Exchanges Board
1985 - 1986*

*Rutgers Scholar
Rutgers University
1978*

*Phi Beta Kappa
Rutgers University
1978*

*Psi Chi—International Psychology Honor Society
Rutgers University
1978*

*B.A. summa cum laude
Rutgers University
1978*

BOARDS OF DIRECTORS/TRUSTEES POSITIONS:

*New Jersey Governor's Council on Autism, 2002 – 2004
New Jersey Department of Education Taskforce on Autism, 2003 – 2005*

SERVICE ON NATIONAL GRANT REVIEW PANELS, SECTIONS, COMMITTEES: *None*

SERVICE ON MAJOR COMMITTEES:

- A. *Admissions Committee, UMDNJ -- New Jersey Medical School, 2001-2004*
- B. *Institutional Review Board, Rutgers-- New Jersey Medical School, 2005 - present*
- C. *Faculty Committee on Appointments and Promotions, Rutgers – New Jersey Medical School, 2017 - 2019*

SERVICE ON GRADUATE SCHOOL COMMITTEES: *None*

SERVICE ON HOSPITAL COMMITTEES: *None*

SERVICE TO THE COMMUNITY: Senator Menendez Autism Leaders Roundtable 2015

SPONSORSHIP (Mentorship) OF CANDIDATES FOR POSTGRADUATE DEGREE:

Michele Polan MD, (Pediatrics, Medical Genetics), Ismael Penukonda MD (Psychiatry), Bharat Nandu MD (Child Psychiatry)

SPONSORSHIP (Primary Mentorship) OF POSTDOCTORAL FELLOWS: *None*

SPONSORSHIP (Primary Mentorship) OF DOCTORAL and PREDOCTORAL FELLOWS:

Dr. Zahorodny has trained and supervised over 50 individuals who went on to complete doctoral programs in psychology, medicine, dentistry or public health. References available on request.

TEACHING RESPONSIBILITIES:

- A. Research Training:
 - Post-doctoral Fellow: *Pending*
 - Doctoral Candidate: Josephine Shenouda, Rutgers SPH-Epidemiology
 - Pre-doctoral Student: Cindy Cruz Alvarez, Loyola Medical School, Chicago, Illinois

CLINICAL RESPONSIBILITIES:

*Autism and Child Evaluation Center
Rutgers-New Jersey Medical School
Psychological and Neurodevelopmental Evaluations, Psychotherapy, Psychological Consultations
University Behavioral Health Center, 130 South Orange Avenue, Newark, New Jersey
2001 – present*

*Psychiatric Emergency Services - Department of Psychiatry
Newark Beth Israel Medical Center
120 Lyons Avenue, Newark, New Jersey
1988 – 1999*

*Psychiatry and Community Mental Health Services - Department of Psychiatry
Newark Beth Israel Medical Center
120 Lyons Avenue, Newark, New Jersey
1996 – 1999*

GRANT SUPPORT:

- A. Principal Investigator:
 - 1. *Centers for Disease Control and Prevention (CDC), “Enhancing Public Health Surveillance of Autism Spectrum Disorders-Public Health of ASD Study (supplemental award), 2020-2022, \$55,000*

2. *NJ Health Foundation, Development of a Brief Autism Spectrum Disorder Screener for Preschool-age Children, 2020-2022, \$30,000*
3. *NJACTS, Partnership for Autism. Awareness, 2021-2022 NIH, ULTR003017, \$10,000*
4. *New Jersey Department of Human Services, Division of Developmental Disabilities (DDD) "ASD Screening Project, 2019-2022, \$540,000*
5. *Centers for Disease Control and Prevention (CDC), "Enhancing Public Health Surveillance of Autism Spectrum Disorders, "2019-2022, \$1,675,000*
6. *New Jersey Governor's Council on Autism, "Characterizing the Trajectory of Autism Spectrum Disorder in Adolescents," 2017-2019, \$399,999*
7. *Centers for Disease Control and Prevention (CDC), "Enhancing Public Health Surveillance of Autism Spectrum Disorders, "2015-2018, \$2,260,000*
8. *New Jersey Governor's Council on Autism, "Perinatal Risk Factors and their Influence on ASD Prevalence," 2014-2016, \$400,000*
9. *Centers for Disease Control and Prevention (CDC), "Enhancing Public Health Surveillance of Autism Spectrum Disorders, " 2010-2014, \$2,000,000*
10. *Centers for Disease Control and Prevention (CDC), "Enhancing Population-Based Surveillance of Autism Spectrum Disorders, " 2009-2010, \$317,000*
11. *New Jersey Governor's Council on Autism, "New Jersey Autism Study (2006): Population-Based Surveillance of Autism Spectrum Disorders in New Jersey," 2007-2009, \$200,000*
12. *New Jersey Governor's Council on Autism, "Young Adults with Autism: A Pilot Epidemiologic Study," 2007-2009, \$40,000*
13. *Centers for Disease Control and Prevention (CDC), "Population-Based Surveillance of Autism Spectrum Disorders, " 2001-2006, \$1,500,000*
14. *New Jersey Governor's Council on Autism, "PDQ-1 Screening Project," 2005-2008, \$80,000*
15. *Healthcare Foundation of New Jersey, "PDQ-1 Validation Study," 2002-2003, \$40,000*
16. *New Jersey Governor's Council on Autism, "New Jersey Answers for Autism Survey," 2001-2003, \$80,000*

B. Co-Investigator: *Not Applicable*

PUBLICATIONS:

- A. Refereed Original Articles in Journals:
1. *Marshall, R., Zahorodny, W., Passannante, M.; Burnout among neonatologists and pediatricians; Neonatal Intensive Care, 11:16-18, 1998*
 2. *Zahorodny, W., Rom, C., Whitney, W., Giddens, S., Samuel, M., & Marshall, R.; The neonatal withdrawal inventory: A simplified score of withdrawal severity; Journal Development and Behavioral Pediatrics, 19:89-93, 1998*
 3. *Maichuk, G., Zahorodny, W., & Marshall, R.; Use of positioning to reduce the severity of neonatal narcotic withdrawal syndrome; Journal of Perinatology, 19:1-4, 1999*
 4. *Aviv, A., & Zahorodny, W.; Telomeres: the time factor in essential hypertension; Current Hypertension Report, 3 (1): 33-5, 2001*
 5. *ADDM Network; Prevalence of the Autism Spectrum Disorders -- Autism and Developmental Disabilities Monitoring Network, 14 Sites, United States, 2002. MMWR 56: 12-28, 2007*
 6. *ADDM Network; Prevalence of the Autism Spectrum Disorders -- Autism and Developmental Disabilities Monitoring Network, Six Sites, United States, 2000. MMWR 56: 1-11, 2007*
 7. *Durkin M., Maenner M., Newschaffer C., Lee L., Cunniff C., Zahorodny W., Schieve L.; Advanced Parental Age and the Risk of Autism Spectrum Disorder, American JI of Epidemiology, 168(11) 1268-1276, 2008*

8. Thomas P., **Zahorodny W.**, Kim S., Jani N., Halperin W., Brimacombe M.; *The association of Autism diagnosis with socioeconomic status; Autism, 16(2): 201-213, 2012*
9. **ADDM Network**; *Prevalence of the Autism Spectrum Disorders -- Autism and Developmental Disabilities Monitoring Network, Fourteen Sites, United States, 2008. MMWR 61(3): 1-19, 2012*
10. **ADDM Network**; *Prevalence of the Autism Spectrum Disorders - Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2010, MMWR 61 (3): 1-19, 2014*
11. **Zahorodny W.**, Shenouda J., Peng B., Mehta U.; *Increasing Autism Prevalence in Metropolitan New Jersey; Autism, 18:117-126, 2014*
12. Dickerson A., Rahbar M., Han I., Bakian A., Bilder D., Harrington R., Pettygrove S., Durkin M., Kirby R., Wingate M., Tian, L., **Zahorodny W.**, Pearson D., Moye L., Baio J.; *Autism spectrum disorder prevalence and proximity to industrial facilities releasing arsenic, lead or mercury; Science of the Total Environment 536:245-251, 2015*
13. Christensen D., Bilder D., **Zahorodny W.**, Pettygrove S., Durkin M., Fitzgerald R., Yeargin-Allsopp M.; *Prevalence and Characteristics of Autism Spectrum Disorder among 4-year old children; Journal of Developmental and Behavioral Pediatrics, 2015*
14. Christensen D., Baio J., Braun K Bilder D., **Zahorodny W.**, Pettygrove S., Durkin M., Yeargin-Allsopp M.; *Prevalence of the Autism Spectrum Disorders - Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2012, MMWR 65 (3) 1-23, 2016*
15. Dickerson A., Rahbar M., Han I., Bakian A., Bilder D., Harrington R., Pettygrove S., Durkin M., Kirby R., Wingate M., Tian, L., Moye L. **Zahorodny W.**, *Autism spectrum disorder prevalence and associations with air concentrations of lead, mercury and arsenic; Environmental Monitoring and Assessment, 188:407-422, 2016*
16. Dickerson A., Rahbar M., Pearson D, Kirby R., Bakian A., Bilder D., Harrington R., Pettygrove S., **Zahorodny W.**, R., Moye L., Durkin M., Wingate M. *Autism Spectrum Disorder reporting in lower socioeconomic neighborhoods; Autism, 20:1-11, 2016*
17. **Zahorodny W.**, Mehta U., Shenouda J., Rajan M., Yee E., Garcia P., Goldfarb M. *Preliminary evaluation of a brief autism screener for young children; Journal of Developmental and Behavioral Pediatrics, 39 (3):183-191, 2018*
18. Baio J., Christensen D., Daniels J., Warren Z., Spencer M. **Zahorodny W.**, Pettygrove S., Lopez M., Li L., Imm P., Fitzgerald R., Hewitt A., Constantino J., Vehorn A., Shenouda J., Durkin M., Yeargin-Allsopp M.; *Prevalence of the Autism Spectrum Disorders - Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2014, MMWR 67 (6) 1-28, 2018*
19. Nevison C., Blaxill, M., **Zahorodny W.** *California Autism Prevalence Trends from 1931-2014 and Comparison to National ASD data from IDEA and ADDM. Journal of Autism and Developmental Disorders 48 (12): 4103-4117, 2018*
20. Christensen D., Maenner M., Bilder D., Constantino J., Daniels J., **Zahorodny W.**, Pazol K., Dietz, P. *Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 4 Years – Early Autism and Developmental Disabilities Monitoring Network, Seven Sites, United States, 2010, 2012, and 2014. MMWR 68 (2) 1-27, 2019*
21. Nevison C., **Zahorodny W.** *Race/Ethnicity-Resolved Time Trends in United States ASD Prevalence Estimates from IDEA and ADDM. JI of Autism and Developmental Disorders 49 (13):1-10, 2019*
22. Wiggins L., Durkin M., Esler A., Lee L., **Zahorodny W.**, Rice, C., Yeargin-Allsopp M., Hall-Linde J., Moriarty M., Christensen J., Shenouda J., Baio

- J. Disparities in Documented Diagnoses of Autism Spectrum Disorder Based on Demographic, Individual and Service Factors. *Autism Research* 13 (3) 464-473, 2020
23. Maenner M., Shaw K., Baio J., Washington A., Shenouda J., Wiggins L., Christensen D., Hewitt A., Esler A., **Zahorodny W.**, Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years - Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2016. *MMWR* 69 (4) 1-12, 2020
 24. Shenouda J., Barrett, E., Davidow E., Halperin W., Silenzio V., **Zahorodny W.**, Prevalence of Autism Spectrum Disorder in a large, diverse metropolitan Area:
 25. Maenner M., Shaw K., Bakian A., Bilder D., Durkin M., Furnier S., Shenouda J., Hewitt A., Esler A., **Zahorodny W.**, Cogswell M. Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years - Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2018. *MMWR* 70 (11) 1-15, 2021
 26. Maenner M., Shaw K., Bakian A., Bilder D., Durkin M., Washington A., Shenouda J., Wiggins L., Christensen D., Hewitt A., Esler A., **Zahorodny W.**, Lee L., Cogswell M. Early Identification of Autism Spectrum Disorder Among Children Aged 4-years - Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2018. *MMWR* 70 (10) 1-14, 2021
 27. Rice C., Carpenter L, Morrier M., Lord C., **Zahorodny W.**, Hobson N., Mars A., Bishop S., Wiggins L. Defining in Detail and Evaluating Reliability of DSM-5 Criteria for Autism Spectrum Disorder Among Children. *JADD*, online: January 2022

B. Books, Monographs and Chapters: *None*

C. Patents Held: *None*

D. Other Articles:

1. Durkin M, Bilder D, Pettygrove S, **Zahorodny W.** The validity and usefulness of public health surveillance of autism spectrum disorder. *Invited Letter, Autism*, 18: 1-2, 2014

E. Abstracts

1. Shenouda J., **Zahorodny W.** Higher-than-expected ASD Prevalence in Toms River, New Jersey in 2016. *International Society for Autism Research 2021, Virtual Meeting May, 2021*
2. Shenouda J., **Zahorodny W.** The Association Between Race and Age of First Evaluation Among Children with Autism Spectrum Disorder. *International Meeting for Autism Research 2019, Montreal, May, 2019*
3. **Zahorodny W.**, Shenouda J. Sex Based Differences in the Diagnosis and Expression of Autism Spectrum Disorder Among Preschool-Age Children: Findings from Population-Based Surveillance in New Jersey. *International Meeting for Autism Research 2019, Montreal, May, 2019*
4. **Zahorodny W.**, Shenouda J. Prevalence and Expression of Autism Spectrum Disorder Among Preschool-Age Children in New Jersey 2010-2014. *International Meeting for Autism Research 2019, Montreal, May, 2019*
5. Shenouda J., **Zahorodny W.**, Autism Prevalence in Union County, New Jersey: 2000-2014. *International Meeting for Autism Research 2018, Rotterdam, May, 2018*
Zahorodny W., Shenouda J., Autism Spectrum Disorders Among Young Adults in Union County, New Jersey. *International Meeting for Autism Research 2017, San Francisco, May, 2017*

6. Shenouda J., Sidwell K., Solis J., Howell J., **Zahorodny W.** *Autism Spectrum Disorder and Early Intervention Services in New Jersey from 2006-2012. International Meeting for Autism Research 2017, San Francisco, May, 2017*
7. Wiggins L., Baio J., Kast K., Kirby R., Maenner M., Rice C., Van Narden Braun K., **Zahorodny W.**, Wingate M. *Influence of Clinical Judgment in a Record-Review Surveillance System on Autism Spectrum Disorder Prevalence Estimates. International Meeting for Autism Research 2017, San Francisco, May, 2017*
8. Johnston L., Shenouda J., **Zahorodny, W.**, *Frequency of Applied Behavioral Analysis (ABA) Among 8-Year-Olds in New Jersey. 2016 Autism New Jersey Annual Meeting, October, 2016*
9. Liu M., Kollin C., Sidwell K., Philip C., Shenouda J., **Zahorodny W.** *Limited Danger Awareness in Children with Autism Spectrum Disorder. 2016 Autism New Jersey Annual Meeting, October, 2016*
10. Wright M., Shenouda, **Zahorodny W.** *Bridging the Gap: Delayed Autism Diagnosis. 2016 Autism New Jersey Annual Meeting, October, 2016*
11. Shenouda J., Solis J., Sidwell K., Lincer D., Baltus R., **Zahorodny W.** *Early Intervention Program Participation by Preschool Children with Autism Spectrum Disorder. International Meeting for Autism Research 2016, Baltimore, Maryland, May, 2016*
12. Sidwell K., Lincer D., Solis J., **Zahorodny W.**: *Special Education and Autism Classification. International Meeting for Autism Research 2016, Baltimore, Maryland, May, 2016*
13. Rice C., Carpenter L., Boan M., Morrier M., Skowrya C., Bishop S., Hobson N., Thum A., **Zahorodny, W.**, Lord C.: *Defining in Detail and Establishing Consensus on DSM-5 Autism Spectrum Disorder Criteria for Case Review. International Meeting for Autism Research 2016, Baltimore, Maryland, May, 2016*
14. **Zahorodny W.**, Rajan M., Oldewurtel K., Shenouda J.; *Prevalence of Regressive Autism from 2000 to 2010: Findings from a Population-Based System; International Meeting for Autism Research 2015, Salt Lake City, Utah, May, 2015*
15. Verile M, Forsythe M., Shenouda J., **Zahorodny W.**; *Obsessive and Circumscribed Patterns of Interest (OCPI) of Children with Autism Spectrum Disorder; International Meeting for Autism Research 2015, Salt Lake City, Utah, May, 2015*
16. Donnelly M., Sidwell K., Shenouda J., **Zahorodny W.**; *Sensory Processing Abnormalities of Children with Autism Spectrum Disorder; International Meeting for Autism Research 2015, Salt Lake City, Utah, May, 2015*
17. Verile M., Forsythe M., Sidwell K., Shenouda J., **Zahorodny W.**; *Identical Twins are Highly-Similar in their Expression of ASD; 2014 Autism New Jersey Conference, October, 2014*
18. Rajan M., Shenouda J., **Zahorodny W.**; *Use of Propensity Matching to Assess the Effect of Paternal Age on the Development of Autism Spectrum Disorder – a Study of Two Birth Cohorts in NJ; Child Health Services Research Interest Group, June, 2014*
19. **Zahorodny W.**, Verile M., Shenouda J.; *Use of Standardized Tests for Autism Diagnosis in Metropolitan New Jersey; Association for Psychological Sciences Conference, 2014*
20. Shenouda J., Baltus R., **Zahorodny W.**; *How Many Children Have Asperger's Syndrome? Estimates from Autism Monitoring in Metropolitan New Jersey; Association for Psychological Sciences Conference, 2014*
21. **Zahorodny W.**, Shenouda J.; *Sex Differences in the Expression of Autism Spectrum Disorder in Children; American Academy of Child and Adolescent Psychiatry Conference, 2012.*
22. Shenouda J., Neves S., **Zahorodny W.**; *Autistic Characteristics Before and After the Age of Three in Children with Autism Spectrum Disorder; International Meeting for Autism Research, 2012*
23. Neves S., Shenouda J., Patel H., Fongan-Fossa A., **Zahorodny W.**; *Intellectual Ability and Autism; The International Meeting for Autism Research, 2012*

24. Patel H., Shenouda J., **Zahorodny W.**; *Autism Spectrum Disorders & Regression: Findings from a Population-based Study; International Meeting for Autism Research, 2012*
25. Shenouda J., Khandge P., Patel H., Neves S., Scotto Rosato N., Howell S., **Zahorodny W.**; *Autism Spectrum Disorders & Comorbid Disorders: Findings from the New Jersey Autism Study; International Meeting for Autism Research, 2011*
26. Neves S., Kurland S., Shenouda J., Scotto Rosato N., Howell S., **Zahorodny W.**; *Socioeconomically-based disparities in classification and services to Autism Spectrum Disorder Children; International Meeting for Autism Research, 2011*
27. Patel H., Shenouda J., Khandge P., Mahabir S., Baltus R., Scotto Rosato N., Howell S., **Zahorodny W.**; *The Relation of Language Disorder and Developmental Delay to Timing of ASD Diagnosis; International Meeting for Autism Research, 2011*
28. Shenouda J., Rosivack D., Baltus R., **Zahorodny W.**; *Pharmacotherapy in Children with ASD: findings from NJ Autism Study; International Meeting for Autism Research, 2010*
29. Rosivack D., Shenouda J., Peng B., **Zahorodny W.**; *Frequency of Interventions to Children with ASD in the Pre-School Period: Findings from the New Jersey Autism Study; International Meeting for Autism Research, 2010*
30. **Zahorodny W.**, Thomas P., Peng B.; *Parental Age and Autism in New Jersey; Population Association of America Meeting, 2008*
31. **Zahorodny, W.**, Desposito, F., Brimacombe, M., Rodriguez, V., Cirlincione, K., Smith, M., Vidal, J., Vidal, V. *New Jersey Answers for Autism Survey: Initial Findings from an ASD Database; Proceedings of the National Center for Birth Defects and Developmental Disabilities Annual Meeting, 2004*
32. **Zahorodny, W.**, Holmes D., VanDriesen D, Brimacombe M., Vidal, J, Vidal V, Goldfarb M.; *PDQ-1 and ABC as Autism Screeners, Society for Pediatric Research, 2004, 55: 3290*
33. Yeargin-Allsopp M., Rice C., Doernberg N., **Zahorodny W.**; *A Collaborative Network for Monitoring the Autism Spectrum Disorders in the United States; International Meeting for Autism Research Meeting, 2004*
34. Van Naarden-Braun K., Baio J, Nicolas J., Brimacombe B, **Zahorodny W.**; *Approaches to Evaluation of Multiple-Source, Population-Based Surveillance of Autism Spectrum Disorders in the United States; Public Health Tracking Conference, 2004*
35. **Zahorodny, W.**, Becker-Cottrill, B., Charles, J., Conway, D., Cuniff, C., Desposito, F., Rice, C.; *Autism Surveillance by the Autism and Developmental Disabilities Monitoring (ADDM) Network; Proceedings of the Society for Research in Child Development, 2003, 21:1045*
36. Vidal, J., Brimacombe, M., Desposito, F., **Zahorodny, W.**; *Reviewing hospital-based medical records to ascertain ASD prevalence; Proceedings of the National Center for Birth Defects and Developmental Disabilities, 2002, 1:32*
37. **Zahorodny, W.**, David, E., Estrada, P., Co, J., Marshall, R.; *Efficacy of a sucrose pacifier for newborn pain; Society for Pediatric Research, 1999, 45:S93*
38. **Zahorodny, W.**, Suarez, Y., Marshall, R.; *Efficacy of EMLA and sucrose for crying associated with circumcision; Society for Pediatric Research, 1998, 43:S1190*
39. **Zahorodny, W.**, Marshall, R.; *Dramatic growth in prevalence, incidence and treatment needs of narcotic withdrawing infants, Society for Pediatric Research, 1998, 43:S109*
40. Marshall, R., **Zahorodny, W.**; *Does naltrexone reduce the time required for paregoric treatment in newborns passively addicted to opiates?; Society for Pediatric Research, 1998, 43:S1065*
41. **Zahorodny, W.**, Marshall, R.; *The neonatal withdrawal inventory: a simplified score of neonatal narcotic withdrawal; Society for Pediatric Research, 1997, 41:S87*
42. **Zahorodny, W.**, Marshall, R., Brendel, B., Feuerman, M.; *Predicting length of treatment for newborn narcotic withdrawal; Society for Pediatric Research, 1996, 39:S 514*

F. Reports: None

PRESENTATIONS:

A. Scientific (Epidemiology):

1. **One in 54: Autism's Continued Climb**, Invited Presentation, National Council on Severe Autism, March 26, 2020
2. **Diagnostic and Classification Systems for Autism Spectrum Disorder. Invited Address. New Jersey Autism Summit II.** Keynote Presentation. New Jersey Autism Center of Excellence, October 6, 2017
3. **Prevalence of Autism Spectrum Disorders Among Young Adults in Union County New Jersey.** Oral Presentation. International Meeting for Autism Research 2017, May 12, 2017
4. **Autism Prevalence: New Jersey & United States Trends -- 2000-2012.** Invited Workshop. Autism New Jersey Annual Meeting, October 18, 2016
5. **Autism Monitoring and Autism Research at New Jersey Medical School.** Invited Presentation. Rutgers -- Brain Health Institute Autism Research Workshop, May 10, 2016
6. **Demographic and Perinatal Risks for Autism Spectrum Disorder.** Invited Presentation. New Jersey Autism Center of Excellence Summit 2015: The Unfolding Story of Autism Research in New Jersey, September 18, 2015

B. Professional (Clinical):

1. **The Continuing Surge: Autism Data and Implications for the Future.** Invited presentation: National Council on Severe Autism, March 25, 2021
2. **Introduction to Autism Epidemiology.** Invited Presentation. Rutgers-RWJ Medical School, LEND Program, December 11, 2020
3. **Update on Autism Spectrum Disorder 2020.** Rutgers-New Jersey Medical School-Pediatrics Department Grand Rounds, October 21, 2020
4. **Autism Prevalence: New Jersey & US Trends 2000-2016.** Invited Presentation. Rutgers-RWJ Medical School, LEND Program, October 7, 2020
5. **Autism Prevalence: New Jersey & US Trends 2000-2016.** Invited Presentation. Rutgers-RWJ Medical School, LEND Program, October 7, 2019
6. **Knowing the Signs and Characteristics of Autism.** Invited Presentation. Rutgers-RWJ Medical School, LEND Program, October 20, 2018
7. **Tracking Autism Prevalence: US and National Trends (2000-2014).** Rutgers-New Jersey Medical School-Pediatrics Department Grand Rounds, November 10, 2017
8. **Knowing the Signs and Characteristics of Autism.** Invited Presentation. Rutgers-RWJ Medical School, LEND Program, October 20, 2017
9. **Autism Prevalence: NJ & US Trends 2000-2012.** Invited Presentation. Rutgers-RWJ Medical School, LEND Program, October 7, 2016
10. **Prevalence and Characteristics of Autism Spectrum Disorders Among School-Age Children in Metro New Jersey.** Invited Presentation. New Jersey Department of Education, Division of Special Education, March 15, 2016
11. **New Jersey Autism Study and Autism and Developmental Disorders Monitoring Network Study 2012 Autism Surveillance Report.** Invited Presentation. New Jersey Department of Health, March 30, 2016
12. **Autism Prevalence: United States and New Jersey Trends.** Rutgers-Robert Wood Johnson Medical Center - Pediatrics Department Grand Rounds, April 2014
13. **Autism Prevalence: New Jersey and United States Trends.** UMDNJ-New Jersey Medical School-Pediatrics Department Grand Rounds, April 2012
14. **Autism Research in New Jersey.** UMDNJ-New Jersey Medical School, Pediatrics Department Grand Rounds, September 18, 2009
15. **Scope of Autism in New Jersey.** Keynote Presentation, Center for Outreach and Service to the Autism Community (COSAC/Autism New Jersey) Annual Conference, May 11, 2006

16. **Autism Surveillance in New Jersey.** Keynote Presentation. Children's Specialized Hospital 2005 Meeting: Autism Through the Life Span, October 15, 2005

KATE SIDWELL

Research Coordinator with 8+ years of experience in the research field. I'm very passionate about research in all disciplines, but especially the social sciences. My double major from Elon University has benefited me greatly in my career by allowing me to analyze and understand data in a deeper way. I'm highly committed to producing quality work and rely on my excellent attention to detail, strong communication skills and effective organizational abilities to achieve the best outcomes in all situations.

| EDUCATION

May 2013

ELON UNIVERSITY, ELON, NC

Bachelor of Arts in Psychology (GPA 3.8) and Statistics with a Social Science Concentration (GPA 3.7) Double-Major

Honors: Elon College Fellow, Psi Chi, Pi Gamma Mu, Dean's List, President's List, cum laude

| SKILLS & CERTIFICATIONS

- Microsoft Office (Excel, Word, PowerPoint), Outlook, Redcap, Atlas.ti, Box, SAS, SPSS, Photoshop
- CITI Certificate -Social/Behavioral/Epidemiologic Research Investigators - *Expires 9/17/23*
- CITI Certificate - Biomedical/Clinical Research Investigators - *Expires 9/28/23*

| WORK EXPERIENCE

January 2018 - Present

NEW JERSEY AUTISM STUDY - Rutgers New Jersey Medical School, Newark, NJ

Research Coordinator

- Coordinates all aspects of a CDC-funded, multi-year, multi-cohort, epidemiological autism monitoring study
- Supervises and delegates assignments to all research assistants and graduate student workers/volunteers
- Reviews job applications, resumes, and conducts interviews with research assistant applicants (independently and as a group)
- Develops training systems/modules and trains all full-time research assistants and student workers
- Liaises with local clinical sites and school districts to facilitate site visits and data sharing (both in-person and remotely)
- Communicates progress updates, issues, and project statuses to the CDC senior project directors & managers, in addition to the on-site principal investigators, to ensure all deadlines are met
- Oversees and implements quality assurance measures to ensure data is being collected and entered correctly
- Runs data cleaning reports
- Updates and maintains logs to ensure every aspect of all projects are on track to meet deadlines
- Contributes to literature reviews & writing abstracts, conference posters, and manuscripts for submission to scientific journals
- Attends and presents posters at multiple conferences such as International Society for Autism Research (INSAR) and Autism New Jersey
- Assists in the development and implementation of new projects (conception, logistics, funding, etc.), such as our new "Detection & Connection" autism screening project. This focuses on early & universal screening, connection to early intervention services, and peer-support for parents & families in the Newark, NJ area

January 2014 - January 2018

NEW JERSEY AUTISM STUDY - Rutgers New Jersey Medical School, Newark, NJ

Research Assistant

- Reviewed and analyzed documents using key phrases for abstraction
- Read educational and medical evaluations and entered relevant information to online database
- Reviewed and corrected data entry errors, along with any other missing fields in database
- Used Atlas.ti to review and code collected information
- Used SAS to assist with data analysis and variable data cleaning
- Trained new research assistants and student employees
- Handled various administrative office tasks, such as scanning, filing, shredding, and document organization
- Monitored and updated news and events on social media accounts

February 2013 - October 2013

ELON UNIVERSITY - Teaching and Learning Department, Elon, NC

Research Assistant

- Read relevant literature and collected information for literature reviews
- Reviewed and scored qualitative data in the form of student essays
- Performed data entry and analysis (factor analysis)
- Presented findings at the International Society for the Scholarship of Teaching and Learning (ISSOTL) 2013 conference

February 2013 - October 2013

ELON UNIVERSITY – Tutoring Services, Elon, NC

Student Tutor

- Explained introductory statistical concepts to students in preparation for assignments and exams
- Communicated with professors regarding students' understanding of the course material

| INDEPENDENT RESEARCH EXPERIENCE

September 2011 – May 2013

Role of Activity and Social Engagement in the Psychosocial Development & Well-being of College Students

Independent Undergraduate Research for Elon College Fellows program under the guidance of Dr. Katie King

- Created, designed, and administered a variety of surveys to college students
- SAS and SPSS for data analysis
- Presented findings at Student Undergraduate Research Forum (SURF) at Elon University

January 2013 – May 2013

Statistical Analysis of Psychosocial Development & Well-being of College Students

Undergraduate research for major capstone under the guidance of Dr. Laura Taylor

- Completed additional data analysis in SAS (factor analysis) for the study listed above

January 2011 – May 2011

Threshold Concepts in Psychology

- Assisted Dr. Katie King with data collection by interviewing Elon University psychology students at various academic levels to determine their knowledge of genetics and environment in relation to development (nature vs. nurture)

Part II: Appendices

#11 Staffing Patterns

Staffing Patterns

- 1 Staff members of Youth Consultation Service, Institute for Infant and Preschool Mental Health
 - a. Program Lead (.1 FTE/ 35 hours/52 weeks): Provides DIRFloortime® supervision to both DIRFloortime® Clinicians. In conjunction with Administrative Manager, coordinates all clinical assignments. Will monitor grant deliverables.
 - b. Training Director (.25 FTE/35 hours/52 weeks): Provides coordination of all autism and other psychological evaluations for the Institute. Will provide supervision to the Autism Assessor.
 - c. Autism Assessor (10 hours per week/50 weeks): Will provide autism evaluations for the Institute.
 - d. (2) DIRFloortime® Clinicians (.5 FTE/35 hours/52 weeks): Will provide the DIRFloortime® intervention.
 - e. Administrative Manager (.1 FTE/ 35 hours/52 weeks): Will coordinate referrals to both YCS outpatient clinics for DIRFloortime® services as well as support care coordination for families.

Part II: Appendices
#12 Safe-Child Standards
Description

Safe-Child Standards: Implementation Explanation

Youth Consultation Service, Inc. (“YCS”) is committed to the safety and well-being of all children and youth accessing our services. We have taken steps to educate our staff about the risks related to child sexual abuse, instituted policies and practices designed to protect children from the risk of child sexual abuse and trained our staff, interns and volunteers about proper reporting requirements.

Standard 1: Post a clear and accessible child-safe policy

- YCS Child Safe Environment Policy and Code of Conduct implemented 5.15.14. This document is posted and signed by all current and future staff, interns, consultants, and volunteers.

Standard 2: Analyze risk of harm and minimize risk

- The YCS Risk Management Plan was updated to include risk regarding Child Sexual Abuse. This document is reviewed annually.
- Agency Clinicians met to address Strengths and Needs. Result, suggestions on additional trainings needed. Trainings to be implemented. Annually review will occur with clinicians to assess the strengths and needs and implement further initiatives.
- Employees, interns, consultants, and volunteers are made aware of Child Sexual Abuse and Agency Policy through the following trainings provided at Orientation and annually:
 - Identifying Abuse, Exploitation and Prevention
 - Corporate Compliance
 - Ethics
 - Crisis Intervention

Standard 3: Develop a code of conduct for adults and children

- YCS Child Safe Environment Policy and Code of Conduct implemented 5.15.14. This document is posted and signed by all current and future staff, interns, consultants, and volunteers.

Standard 4: Recruit and hire suitable employees and volunteers

- 2014- Review of Standards took place with the Director of Human Resources. All recruitment and hiring of suitable employee practices are already in place.
- All new staff are trained through Orientation in the areas of:
 - YCS Child Safe Environment Policy and Code of Conduct
 - Identifying Abuse, Exploitation and Prevention
 - Corporate Compliance
 - Ethics
 - Crisis Intervention
 -

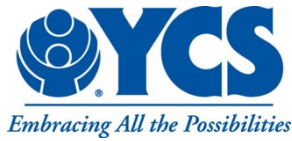
Standard 5: Educate staff and volunteers about the risk of child sexual abuse

- All Employees, interns, consultants, and volunteers receive training.
- Performance is evaluated through annual performance evaluations.
- All staff are trained in the Child Safe Environment Policy and Code of Conduct upon hire.
- All YCS direct care staff are trained in Neglect, Abuse, and Exploitation, inclusive of Child Sexual Abuse and Commercially Sexually Exploited Children (CSEC) at orientation and annually.

Standard 6: Report and respond appropriately to suspected abuse and neglect

- Policies for reporting are addressed through Identifying Abuse, Exploitation and Prevention Training; Site Specific Orientation, and The Residential Assistant Handbook, which includes documentation expectations.
- If a youth discloses that he/she is a victim of CSEC, the Program Administrator or designee will be notified immediately.
- If the exploiter of a child under 18 years is a parent, guardian, or caregiver, a report must be made to SCR at 1-877-NJ-ABUSE immediately.
- If the exploiter of a child under 18 years is not a parent, guardian, or caregiver, the site should seek assistance through another appropriate channel. Options include:
 - Local Resources:
 - a. 1-877-652-7624 to access NJ Children's System of Care (CSOC)
 - b. The NJ Human Trafficking Hotline 1-855-END-NJ-HT (NJ Law enforcement)
 - c. Dream Catcher – 1-800-286-4184 (NJ Statewide Victim Services)
 - d. 911 (Emergency)
 - National Resources:
 - a. The National Human Trafficking Resource Center 1-888-373-7888 (Victim Centered National Hotline).
 - b. National Center for Missing and Exploited Children 1-800-THE-LOST (Report a cybercrime, online exploitation, trafficking, and or missing children).
- All Incidents of Abuse and Neglect are documented internally through the Incident Report and externally through the Unusual Incident Reporting System.

Part II: Appendices
#15 Letter of
Commitment/MOU



Memorandum of Understanding (MOU) between Youth Consultation Service, Inc. (YCS) and Rutgers – New Jersey Medical School (NJMS) for the NJ Department of Children and Families American Rescue Plan Supplemental Funding for Early Childhood Prevention Programs (CFDA 93.590)

Youth Consultation Service, Inc. (“YCS”), which operates the Institute for Infant and Preschool Mental Health (“Institute”), will be pleased to partner with Rutgers- New Jersey Medical School (NJMS) as the evaluators for reporting and continuous quality efforts related to the *Pediatric Detection, Connection, and Intervention of Autism Spectrum Disorder Project*. In addition, NJMS oversees the work of **Mom2Mom**.

1. Evaluation service to be provided:

- a. Track the increase in usage of the PDQ-1 amongst children 18 and 24 months old
- b. Monitor the time from screening positive on the PDQ-1 to linkages to an evaluation and/or treatment services via Mom2Mom.
- c. Track the total number of peer-to-peer mentorship sessions and service referrals provided by Mom2Mom
- d. Track number of children who receive a comprehensive autism evaluation by YCS
- e. Track number of DIRFloortime® sessions provided to children and their caregivers by YCS
- f. Improvement in the child’s functional emotional development utilizing the Functional Emotional Assessment Scale (FEAS)
- g. Provide any quarterly and yearly data as required by the grant to DCF

2. Mom2Mom services to be provided:

- a. Peer-to-Peer mentorship and support
- b. Developmental health guidance
- c. Referrals for an evaluation to assess for autism spectrum disorder
- d. Referrals to NJ’s maternal, infant and early childhood system of care

3. Reimbursement: This partnership will be possible as part of a subcontract/subaward of the American Rescue Plan Supplemental Funding for Early Childhood Prevention Programs if awarded to YCS. Reimbursement to NJMS will be detailed in a contract upon that will be generated after notification of award. Invoices and payment process will be determined in the contract.

4. Term & Termination: NJMS and YCS agree that this Letter Agreement shall be effective as of June 20th, 2022, and until grant notification is awarded. If granted, NJMS and YCS will sign a formal contract, and this Letter of Agreement will be revisited to

reflect the latest details in the programming efforts. This Agreement may be terminated by either party, at any time, on sixty (60) days advance written notice.

5. **Confidentiality:** Both YCS and NJMS will comply with any and all federal regulations regarding client rights to privacy, which includes the Health Insurance Portability and Accountability Act of 1996. As such, no protected health information of YCS clients will be provided by YCS to Rutgers without the express, written consent of the client or the client's legal guardian.
6. **Indemnification:** The parties shall save, hold and keep harmless and indemnify the other and any of their trustees, officers, directors, agents and employees from and for any and all payments, expenses, costs, attorney fees and from and for any and all claims and liability for losses or damage to property or injuries to persons occasioned wholly or in part by or resulting, or for any cause or reason whatsoever arising out of or by reason of their respective breach of their obligations, representations and/or warranties set forth in this Letter Agreement, and/or the negligence or willful misconduct of either party or their respective employees or agents to the extent permitted by law.
7. **Contact Information:** The Institute's contact person with respect to the coordination of clinical evaluations and treatment at the YCS Institute, [REDACTED]
[REDACTED] With respect to the coordination of the project, [REDACTED]
[REDACTED]

Kindly sign below indicating that you are authorized to act on behalf of **Rutgers – New Jersey Medical School** and that NJMS has read, understood and agreed to the terms and conditions set forth in this Letter Agreement. Then, please return the original to me and keep a copy for your records.

I acknowledge that I have read and understood the terms of this correspondence. I further acknowledge that I am authorized to sign and execute this document on behalf of **Youth Consultation Service**, who approves and agrees to the terms herein.



Tara Augustine, President/CEO

Walter Zahorodny
Walter Zahorodny (Jun 18, 2022 08:33 EDT)

Walter Zahorodny, Director

6/19/22

Dated

6/18/22

Dated

cc: Nancy Kenney, CFO

Part II: Appendices
#16 Professional Letters of
Support

Christine Norbut Beyer
Commissioner
Department of Children and Families
50 E. State Street,
Trenton, NJ, 08608

Dear Commissioner Beyer,

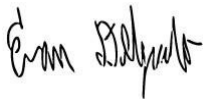
It is with great joy that Turrell Fund provides a letter of support for Youth Consultation Service (YCS) and Rutgers New Jersey Medical School's proposal *Pediatric Detection, Connection, and Intervention of Autism Spectrum Disorder Project* for the American Rescue Plan Supplemental Funding for Early Childhood Prevention Programs.

The mission and purpose of the Turrell Fund is to eliminate barriers in accessing quality educational and developmental experiences, especially for the youngest and their families so that they may be prepared for academic and life success. Our team works closely with YCS to encourage the spread and scale of quality early childhood services and best practices.

We are excited to know that YCS will leverage this relationship to now partner with Rutgers- New Jersey Medical School's and screen children for autism spectrum disorder utilizing the Psychological Development Questionnaire (PDQ-1).

We are in full support of this project and look forward to supporting them in their efforts to screen, connect, and treat children and their families at risk for autism spectrum disorder.

Sincerely,



Evan L. Delgado
President
Programs and Planning
Turrell Fund
(626) 607-9631
evand@turrellfund.org

**Gerard Costa, Ph.D., DIR®-C – Training Leader, IMHM®-Clinical
NJ Licensed Psychologist**

Specializing in the Assessment and Treatment of Adults, Children, Parents and Infants
Consultations to Infant, Child and Early Intervention Programs

Christine Norbut Beyer
Commissioner
Department of Children and Families
50 E. State Street,
Trenton, NJ, 08608

June 16, 2022

Dear Commissioner Beyer:

I enthusiastically support Youth Consultations Services' application for DCF's Early Childhood Prevention Program RFP. Since 2000, YCS has been a pioneer in providing infant and early childhood mental health services in northern NJ. During my time at YCS (2000-2011), both Executive Leadership and the Board of Trustees supported my vision to establish the first infant and early childhood mental health training institute and clinic, the *YCS Institute for Infant and Preschool Mental Health*. The Institute was modeled after a training institute I developed within a women's and children's substance abuse treatment center, with the aim of supporting the infant/child-parent relationship.

In 2011, I founded the *Center for Autism and Early Childhood Mental Health (CAECMH)* at Montclair State University, and we continued our close relationship with YCS and the YCS Institute. In the decade since the CAECMH was founded, I have partnered with YCS on local, state and national initiatives, and I serve as a faculty member in the YCS Institute's APA-Accredited Psychology Internship, and Post-doctoral Programs. I have been privileged to work with their team, notably Dr. Dayna Egan and Christina Colón, and they have emerged as leaders in the field. While serving as Director of the CAECMH, I also served as the first Principal Investigator of The New Jersey Autism Center of Excellence Coordinating Center (NJACE-CC) and in that position, provided consultation and support to over 30 research projects in the state, supported by the Governor's Council for Medical Research and Treatment of Autism. Among the researchers, I was privileged to work with Dr. Water Zahorodny and his team at the New Jersey Medical School. His work is outstanding!

For much of my career, I have worked in the field of Autism Spectrum Disorder (ASD), promoting multidisciplinary, developmental, relationship-based approaches, serving as a training leader in DIRFloortime® and President of ICDL which was co-founded by Dr. Stanly Greenspan, the

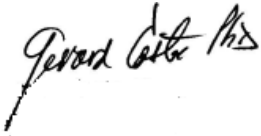
New Jersey License Number SI 03095
Founding Director (2001), YCS Institute for Infant and Preschool Mental Health
Founding Director (2011), Center for Autism and Early Childhood Mental Health &
Retired Professor, Department of Teaching and Learning, Montclair State University
President and Trustee, Interdisciplinary Council on Development and Learning

developer of the DIRFloortime® framework. DIR was offered both at the YCS Institute and the Center for Autism and Early Childhood Mental Health.

I look forward to providing support and consultation to YCS in its implementation of the DIRFloortime® model and know they have the clinical expertise, leadership, and organizational structure to achieve the intended outcomes of the project.

Please contact me with any questions at [REDACTED].

Sincerely,

A handwritten signature in black ink that reads "Gerard Costa Ph.D." with a stylized flourish at the end.

Gerard Costa
Licensed Psychologist

New Jersey License Number SI 03095
Founding Director (2001), YCS Institute for Infant and Preschool Mental Health
Founding Director (2011), Center for Autism and Early Childhood Mental Health &
Retired Professor, Department of Teaching and Learning, Montclair State University
President and Trustee, Interdisciplinary Council on Development and Learning



Phone: 973-323-3000
Fax: 973-323-3015
300 Broadacres Dr. 3rd Fl.
Bloomfield, NJ 07003
www.pcenj.org

June 15, 2022

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

Dear Commissioner Beyer,

Partnership for Children of Essex (PCE) fully supports Youth Consultation Service and Rutgers New Jersey Medical School's proposal *Pediatric Detection, Connection, & Intervention of Autism Spectrum Disorder Project* for the American Rescue Plan Supplemental Funding for Early Childhood Prevention Programs. The activities of this project would address wealth and race-based disparities in the early identification of ASD and connection to timely evaluation and treatment. In addition, young children diagnosed with ASD will have the opportunity to receive DIRFloortime treatment, a relationship-based intervention rooted in human development.

PCE has a strong working relationship with YCS and together we support children throughout Essex to receive outpatient mental health treatment and intermediate-term therapeutic residential treatment for children with behavioral health issues and/or intellectual/developmental disabilities.

PCE also has extensive experience working with youth diagnosed with ASD that led to the development of specialty teams within our organization to better support this population. Early detection is crucial to the success of each child with ASD as well the development of quality services and resources which we believe YCS can accomplish.

We look forward to supporting this project and recognize this initiative closely aligns with CSOC's *Birth to Five: Helping Children Thrive* initiative to promote infant and early childhood mental health and family well-being.

Sincerely,

Victor Alvarez, LCSW
Executive Director

MISSION

PCE will partner with children, families and communities to provide an integrated, strength-based, comprehensive, accessible, and accountable system of care management for children with emotional and behavioral challenges and their families throughout Essex County.



June 10, 2022

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

Dear Commissioner Beyer,

Prevent Child Abuse of NJ's Essex Pregnancy and Parenting Connection (EPPC), the Connecting NJ hub for Essex, is excited to support Youth Consultation Service and Rutgers New Jersey Medical School's proposal *Pediatric Detection, Connection, & Intervention of Autism Spectrum Disorder Project* for the American Rescue Plan Supplemental Funding for Early Childhood Prevention Programs. The activities of this project would address wealth and race-based disparities in the early identification of ASD and connection to timely evaluation and treatment. In addition, young children diagnosed with ASD will have the opportunity to receive DIRFloortime treatment, a relationship-based intervention rooted in human development.

YCS is currently a part of our Essex Connecting NJ Hub and we regularly provide referrals to the Institute for Infant and Preschool Mental Health for parent-child dyadic therapy and the Nurse-Family Partnership for evidence based home visiting. We have always found our relationship to be collaborative. EPPC will continue to provide referrals to children needing an evaluation or treatment for Autism Spectrum Disorder. In addition, EPPC will promote the Psychological Development Questionnaire (PDQ-1) to screen children who may be at risk for ASD.

This project closely aligns with the goals of the Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIIN). We look forward to continuing to work with YCS and together will continue to provide a meaningful impact for children and families in Essex, especially those with ASD.

Sincerely,

Gina Hernandez
Executive Director
Prevent Child Abuse – New Jersey
732-246-8060
gbernandez@preventchildabusenj.org

550 Broad Street, Suite 1105, Newark, NJ 07102
Phone: (973) 621-9157
Fax: (862) 763-9222
www.EssexPregnancyAndParenting.org



June 15, 2022

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

Dear Commissioner Beyer,

Connecting NJ Hudson County is in full support of Youth Consultation Service and Rutgers New Jersey Medical School's proposal *Pediatric Detection, Connection, & Intervention of Autism Spectrum Disorder Project* for the American Rescue Plan Supplemental Funding for Early Childhood Prevention Programs. The activities of this project closely aligns with the goals of DCF's Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIIN), which we continue to sustain after the project ended in 2021.

The Partnership's mission is to meet the healthcare needs of women, infants and children in NJ while coordinating education, outreach and advocacy through regional planning and collaboration. The Partnership conducts extensive community outreach and educational programs for the consumers and health care providers in New Jersey. Specifically, the Partnership operates three evidence-based home visiting programs across several northern counties and Connecting NJ (as part of the NJ Early Childhood System of Care) in Hudson County. Connecting NJ also conducts developmental screening to identify children potentially at risk for a developmental delay and we are committed to promoting the Psychological Development Questionnaire (PDQ-1) to explore a child's risk for autism. In addition, we are looking forward to referring to the Helen May Strauss clinic in Union City for DIRFloortime® treatment.

The Partnership and Youth Consultation Service have collaborated on many projects in the past. We look forward to expanding this collaboration and working with Youth Consultation Service in their implementation of this early childhood program.

Sincerely,

Mariekarl Vilceus-Talty
President & CEO
Partnership for Maternal and Child Health of NJ

The Leaguers, Incorporated

405-425 University Avenue • Newark, New Jersey 07102
973-643-0300 • Fax 973-624-1265 • E Mail info@theleaguers.org

"Opportunity Through Education"
Mary B. Birch, Founder

**HEAD START GRANTEE
UNITED WAY AFFILIATE**

Christine Norbut Beyer
Commissioner
Department of Children and Families
50 E. State Street,
Trenton, NJ, 08608

Dear Commissioner Beyer,

The Leaguers, Inc. enthusiastically supports Youth Consultation Service and Rutgers New Jersey Medical School's proposal *Pediatric Detection, Connection, & Intervention of Autism Spectrum Disorder Project* for the American Rescue Plan Supplemental Funding for Early Childhood Prevention Programs.

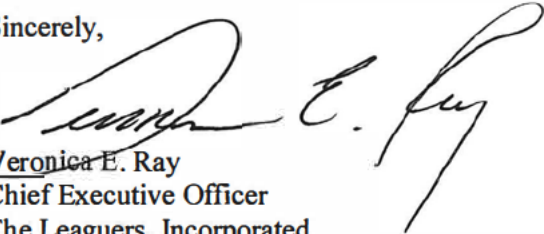
The Leaguers, Inc. was founded in 1943 and is the oldest incorporated African American social service agency in the state. Today, The Leaguers, Inc. is a multicultural program servicing over 1,700 families a year providing high quality early Childhood Education in Newark, Irvington, Roselle, and Elizabeth. On average we educate 350 Early Head Start students within our Newark early childhood centers.

Over the last two years, The Leaguers, Inc. has partnered with YCS to receive 20 hours a week of infant and early childhood mental health consultation within five of our Early Head Start/Head Start centers in Newark. This work includes parent and teacher consultations, classroom observations, parent groups, teacher trainings, and service referrals.

The Leaguers, Inc. is committed to utilizing Rutgers- New Jersey Medical School's Psychological Development Questionnaire for Toddlers (PDQ-1) to screen children for ASD. Currently The Leaguers, Inc. uses the Early Screening Inventory-Revised to identify children who may need special education services to perform successfully in school. However, this does not screen for autism spectrum disorder.

We have found YCS to be committed and capable of serving children and families, especially those birth to five. We look forward to working with YCS to screen, connect, and treat children and their families at risk for autism spectrum disorder.

Sincerely,



Veronica E. Ray
Chief Executive Officer
The Leaguers, Incorporated
(973) 643-0300
veronica_ray@theleaguers.org



June 17, 2022

Ms. Christine Norbut Beyer
Commissioner
Department of Children and Families
50 E. State Street,
Trenton, NJ, 08608

Dear Commissioner Beyer,

On behalf of The Healthcare Foundation of New Jersey, please accept this letter of support for Youth Consultation Service and Rutgers New Jersey Medical School's proposal *Pediatric Detection, Connection, & Intervention of Autism Spectrum Disorder Project* for the American Rescue Plan Supplemental Funding for Early Childhood Prevention Programs.

As you may know, The Healthcare Foundation of New Jersey is a significant funder of infant and early childhood behavioral health initiatives in the greater Newark NJ area as we work to overcome disparities and increase access to high quality health.

Over the past two years, the Healthcare Foundation of New Jersey has funded YCS to provide infant and early childhood mental health consultation to five Early Head Start/Head Start (The Leaguers, Inc) sites in Newark, NJ. We are proud of our collaborative relationship and impressed with the tenacity of YCS to achieve the deliverables of the grant during a very challenging time for child care centers across the county. We have worked with the YCS Institute over the years and view them as a critical partner in this work in the region.

We are excited to know that YCS and The Leaguers will leverage this relationship to now partner with Rutgers- New Jersey Medical School's and screen children for autism spectrum disorder utilizing the Psychological Development Questionnaire (PDQ-1). Given the burden on families and early childhood providers at this time, due to the impact that the pandemic has had on all,

additional efforts are greatly needed to increase screenings, identify/diagnose young children at risk and eliminate barriers to intervention services. We applaud all the groups involved for their joint efforts to improve access and outcomes.

As such, we encourage you to give serious consideration to this proposal and look forward to supporting YCS and Rutgers University in their efforts to screen, connect, and treat children and their families at risk for autism spectrum disorder.

Sincerely,

A handwritten signature in black ink that reads "Michael Schmidt". The signature is written in a cursive style with a large, stylized initial "M".

Michael Schmidt
Executive Director/CEO

Part II: Appendices
#17 Curricula Table of Contents

Curriculum

DIR Floortime® Training Program

ICDL has developed a comprehensive DIR training program that leads to progressively advancing certificates in DIRFloortime. There are three groups of trainings offered. 1) The DIR 101 introductory training, 2) The DIRFloortime Certificate trainings, and 3) DIRFloortime electives that are designed to enhance and expand knowledge and skills in particular areas.

The **DIR 101 course** is the introduction to the DIR model and Floortime. It is a 12-hour course taught both live online and onsite throughout the world. A list of available trainings can be found on our [course offerings page](#). The DIR 101 course is a prerequisite to attend the DIR 201 course. ICDL can arrange for a DIR 101 course for your organization or your community. To learn more about setting up a local course, [please click here](#).

The **DIR 201 – DIR 204 courses** are the core of the progressively advancing DIRFloortime Certificate program. The courses are typically designed with weekly interactions, utilizing the concepts of ongoing, applied learning. The convenient and accessible ICDL online courses use our virtual classrooms that allow for live presentations and video

discussions. These courses are typically offered as 14-week semester courses, with weekly 2-hour sessions. Participants will have access, for each course, to recorded video lectures and readings in our secure course management system (Moodle). The community-based live trainings utilize the same curriculum, however, the scheduling and exact session lengths may vary depending on the needs of the community and training leader. Furthermore, ICDL also has the ability to create these trainings as “hybrid” online and live session trainings to bring together both the convenience of online training with the real face-to-face experience of a live training.

Title: DIR 101: An Introduction to DIR[®] and DIRFloortime[®]

Prerequisite: none

This is an introductory course that reviews the theoretical framework, scientific evidence, and scope of application of the model promoting functional emotional developmental capacities, reflective thinking, and overall mental health for all children and adults, including those with developmental disabilities.

[View Learning Objectives for DIR 101](#)

[DIR 101 General Course Information with Time Ordered Agenda \(pdf\)](#)

Basic Requirements, Evaluation of Knowledge, and Certificate Obtained

- Certificate of Attendance (by request) and/or Completion
- Attendance is required to complete this course. Students in live online courses must have a device (PC, Mac, Tablet, Smartphone) with a microphone. ICDL provides the software for the course.

Title: DIR 201: Promoting Basic Functional Emotional Developmental Capacities

Prerequisite: DIR 101

This is a practicum course that helps participants develop competencies to promote the first four functional emotional developmental capacities: regulation, engagement, purposeful reciprocal communication, sense of self, and problem-solving, all based on the child's inner will and motivation. Participants will learn how to apply the principles of Floortime by tailoring their interactions to the individual differences of children or adults with developmental disabilities.

[View Learning Objectives for DIR 201](#)

[DIR 201 Terms & Conditions](#)

Basic Requirements, Evaluation of Knowledge, and Certificate Obtained

Attendance is required to complete this course. Students in online courses must have a device that has a camera and microphone to fully engage in the course. ICDL provides the software.

Participants are evaluated on case presentations, class participation, and written responses to forum questions.

Students must present two cases using video recordings during the course. The individuals being presented (the cases) can be of any age, but should have challenges in FEDCs 1-4. Most typically, younger children on the autism spectrum are presented. The child being presented cannot be a child that the participant is parenting themselves. We ask that participants be prepared to present two different cases, but sometimes trainers will prefer or allow participants to present the same case twice. If you only have one case to present, please e-mail us at dirfloortimettraining@icdl.com to confirm this will be acceptable (it usually is OK, but depends on the case being presented as well). Recordings and case presentations of either in-person or virtual sessions are acceptable.

Students in online courses must have a device that has a camera and microphone to fully engage in the course. ICDL

provides the software.

Participants must achieve a minimum of 80% on each of the four domains listed in the learning objectives as assessed by their Training Leader(s).

This course is an assessment-based course that assesses each student's DIRFloortime competencies. Successful completion leads to a **DIRFloortime® Basic Certificate (DIR-Basic)** and a listing in the ICDL registry and listing online.

All participants can request a Certificate of Attendance documenting hours of participation at the time of registration.

Title: DIR 202: Promoting Higher Functional Emotional Developmental Capacities

Prerequisite: Successful completion of DIR 201

This is a practicum course that helps participants develop competencies to promote all functional emotional developmental capacities, with an emphasis on the higher capacities: sense of self and problem solving, emotional and logical thinking, multiple cause, triangular, gray area, emotionally differentiated thinking, and reflective thinking based on a growing sense of self and an internal standard. Participants will learn how to apply the principles of

Floortime by tailoring their interactions to the individual differences of children or adults with developmental disabilities.

[View Learning Objectives for DIR 202](#)

[DIR 202 Terms and Conditions](#)

Basic Requirements, Evaluation of Knowledge, and Certificate Obtained

Attendance is required to complete this course. Students in online courses must have a device that has a camera and microphone to fully engage in the course. ICDL provides the software.

Participants are evaluated on case presentations, class participation, and written responses to forum questions.

Students must present two cases using video recordings during the course. We ask that participants be prepared to present two different cases, but sometimes trainers will prefer or allow participants to present the same case twice. If you only have one case to present, please e-mail us at dirfloortimetraining@icdl.com to confirm this will be acceptable (it usually is OK, but depends on the case being presented as well). The case presentations in this course must have at least one case that is different than those₁₂₆

presented in DIR 201. Recordings and case presentations of either in-person or virtual sessions are acceptable.

Participants must achieve a minimum of 80% on each of the four domains listed in the learning objectives as assessed by their Training Leader(s).

This course is an assessment-based course that assesses each student's DIRFloortime competencies. Successful completion leads to a **DIRFloortime® Certificate of Proficiency (DIR-Proficient)** and a listing on the ICDL registry and listing online.

[Engaging Autism](#) is a required text for this course.

All participants can request a Certificate of Attendance documenting hours of participation at the time of registration.

Title: DIR 203: Coaching Caregivers, Teachers, or Other Care Providers

Prerequisite: Successful completion of DIR 202 and a DIRFloortime Certificate of Proficiency. Participants must have the equivalent of a Bachelor's level university/college degree in occupational therapy, speech therapy, education, psychology, social work, counseling, nursing, marriage and family therapy, medicine, music therapy, or physical therapy. If you have a degree in a related field and want to see if it

can be considered, please email training@icdl.com. Degrees in Criminal Justice or Applied Behavioral Analysis do not qualify.

This is a practicum course that helps participants develop competencies to coach another adult (e.g. caregiver, teacher) on how to interact with a child or adults with special needs, following the Floortime principles, and promoting basic functional emotional developmental capacities. At this advanced-level course, participants will be integrating what they learned in the two previous courses by showing video examples of themselves coaching others. Recordings and case presentations of either in-person or virtual sessions are acceptable.

[View Learning Objectives for DIR 203](#)

[DIR 203 Terms and Conditions](#)

Basic Requirements, Evaluation of Knowledge, and Certificate Obtained

Attendance is required to complete this course. Students in online courses must have a device that has a camera and microphone to fully engage in the course. ICDL provides the software.

Participants are evaluated on case presentations, class₂₈

participation, and written responses to forum questions.

Students must present two cases using video recordings during the course. We ask that participants be prepared to present two different cases, but sometimes trainers will prefer or allow participants to present the same case twice. If you only have one case to present, please e-mail us at dirfloortimetraining@icdl.com to confirm this will be acceptable (it usually is OK, but depends on the case being presented as well). The case presentations in this course must have at least one case that is different than those presented in DIR 201 and DIR 202. Recordings and case presentations of either in-person or virtual sessions are acceptable.

Students in online courses must have a device that has a camera and microphone to fully engage in the course. ICDL provides the software.

Participants must achieve a minimum of 80% on each of the four domains listed in the learning objectives as assessed by their Training Leader(s).

This course is an assessment-based course that assesses each student's DIRFloortime competencies. Successful completion leads to a **DIRFloortime® Advanced Certificate (DIR-Advanced)** and a listing on the ICDL registry and listing online.

All participants can request a Certificate of Attendance documenting hours of participation at the time of registration

Title: DIR 204: Becoming an Expert DIRFloortime[®] Provider and Training Leader.

Prerequisite: Participants must have earned a DIRFloortime Basic Certificate at least 12 months prior and an Advanced DIRFloortime[®] Certificate at least 3 months prior to enrolling in DIR 204. Participants must have the equivalent of a Master's level university/college degree in occupational therapy, speech therapy, education, psychology, social work, counseling, nursing, marriage and family therapy, medicine, music therapy, or physical therapy. If you have a degree in a related field and want to see if it can be considered, please email training@icdl.com. Degrees in Criminal Justice or Applied Behavioral Analysis do not qualify.

This is an intensive leadership course that helps participants develop competencies as DIR[®] Experts and Training Leaders in their communities and refine their application of the DIR[®] model and Floortime principles at the expert level. This 14-week course requires at least 4 hours of practicum work every week by participating as co-leaders of other courses (DIR 201-DIR 203) for 2 hours every week, help course participants prepare their presentations

(approximately 30 minutes - 1 hour/week), work on their written assessment, supervised by the 204A Training Leader (approximately 30 minutes/week) and participate during the oral feedback sessions for participants (approximately 30 minutes/week). In addition, participants will meet with the DIR 204 course Training Leader for a total of 16 to 20 hours depending upon the specific schedule of the course. In the 204 meetings participants will review readings related to adult education and reflective leadership, as well as demonstrate competencies of using video clips and powerpoint presentations as training tools. Total time commitment for this course is approximately 5 to 6 hours per week.

For questions about this internship, please contact dirfloortimetraining@icdl.com

[View Learning Objectives for DIR 204](#)

Basic Requirements, Evaluation of Knowledge, and Certificate Obtained

Attendance is required to complete this course. Students in online courses must have a device that has a camera and microphone to fully engage in the course. ICDL provides the software.

Participants are evaluated on class participation, written

responses to forum questions and mini presentations.

Students must serve as an intern in a DIR 201, 202, or 203 course during their DIR 204 course.

Students will prepare a mini-presentation on a DIR-related topic that is geared towards a 201 student/course. It is a student's responsibility to obtain a signed video permission form, if needed, for this assignment. All the presentations created in the DIR 204 course become property of ICDL.

Participants must achieve a minimum of 80% on each of the four domains listed in the learning objectives as assessed by their Training Leader(s).

This course is an assessment based course that assesses each student's DIRFloortime competencies. Successful completion leads to a **DIRFloortime® Expert Certificate (DIR-Expert)** plus a listing on the ICDL registry and listing online.

The Expert certificate makes the expert a candidate to serve as an Expert Training Leader for ICDL and to teach official DIRFloortime® Training Program certificate courses. Teaching is dependent upon attending a Training Leader Orientation and having a fully executed professional service agreement and/or licensing agreement with ICDL - therefore, serving as an Independent Contractor or

Licensee of ICDL.

All participants can request a Certificate of Attendance documenting hours of participation at the time of registration.

Part II: Appendices
#18 Summary of Evaluation
Tools

Evaluation Plan and Performance Measures

Objective 1 – To expand ASD screening in underserved communities.

Performance Measure: The project investigators will report their progress regarding securing IRB approval and acquiring permissions and agreements to implement project activities at participating sites, development of a study-specific database and creation of a study-specific procedures protocol and perform data analyses and report findings in peer-reviewed journals, professional meetings and semi-annual progress reports.

Objective 1 Metrics:

- Report the rate of autism screening among children 18-36 months visiting participating sites 1-year after DCI program implementation
- Report the rate of autism screening among children 18-36 months visiting participating sites 2-years after DCI program implementation
- Report the rate of autism screening among children 18-36 months visiting participating sites 3-years after DCI program implementation
- At sites conducting ASD screening using M-CHAT-R/F, compare autism screening rate 1-year prior to program implementation and 1-year after program implementation
- Report the autism screen positivity rate among children 18-36 months visiting participating sites

Objective 1 Performance and Study Tools:

1. Psychological Developmental Questionnaire (PDQ-1)

The PDQ-1 is a brief ASD screening tool, developed by Rutgers New Jersey Medical School (NJMS) investigators, that is validated in low-risk populations. It is a parent-report questionnaire, estimated to take approximately three minutes to administer. Responses to items on the screener were designed to indicate delays in social-pragmatic development of children between 18 to 36 months of age. It consists of 10 statements about the child's behavior, with responses of "no", "sometimes", and "yes". Potential scores on the PDQ-1 range from 0-20, with scores >15 indicating age-appropriate skills (negative screen) and scores ≤12 indicating higher risk of social-communication skill deficits that are consistent with ASD (positive screen). The PDQ-1 was designed to be easily self-administered via paper and pencil or provided verbally, if necessary. It has been translated into several languages and both the screener and scoring information are made available online at no cost. The current project would aim to utilize the English, Spanish, Portuguese and Creole versions of the PDQ-1 to administer to parents and guardians at participating sites.

2. M-CHAT R/F (FQHC sites)

The M-CHAT R/F is an autism screening tool intended to be administered to mothers/caregivers of children between the ages of 16 and 30 months. Like the PDQ-1, it has also been translated into several languages and is available online at no cost (with scoring instructions included). The M-CHAT R/F is a 20-item questionnaire that asks parents and guardians yes or no questions about their child's behavior, with instructions to only mark "yes" if a child displays that behavior regularly, and mark "no" if that behavior is never seen or only seen infrequently. Potential scores on the M-CHAT R/F range from 0-20, with each item being worth up to one point and scored as a typical (0) or at-risk (1) response. According to M-CHAT R/F scoring guidelines, scores of 0-2 are considered "low risk" with no follow-up needed. Scores of 3-7 indicate

“moderate risk” and a need for additional follow-up questions. If the responses continue to indicate risk, then it is recommended to refer the child to EIP and/or diagnostic evaluation. Scores greater than 8 indicate that there is “high risk” and that follow-up questions can be bypassed. In this case, it is recommended that the child be referred immediately to EIP and/or diagnostic evaluations. In this study, the investigators will be considering scores of 0-2 to be negative screens and scores greater than 3 to be positive screens. This study will be aiming to incorporate the M-CHAT R/F at primary pediatric sites, alongside the PDQ-1.

Objective 2 – To increase linkage to the early intervention program (EIP: IDEA Part C), YCS DIRFloortime and to increase referral for comprehensive developmental evaluation by a specialist.

Performance Measure: The investigators will perform data analyses and report findings in peer-reviewed journals, professional meetings, semi-annual progress reports.

Objective 2 Metrics:

- Time (in months) between a positive ASD screen and initiation of EIP services among children with positive autism screen, where appropriate compare average age (in weeks) from screening to EIP services before and after program implementation.
- Number of families of children with positive ASD screen in contact with Mom2Mom peer counselors
- Average number of follow-up calls Mom2Mom on behalf of project families
- Compare EIP linkage rate between at-risk children engaged by Mom2Mom to at-risk children not engaged by Mom2Mom
- Track number of at-risk children (18-36 months) identified through ASD screening linked to YCS and are receiving DIRFloortime.
- Track number of at-risk children (18-36 months) identified through ASD screening received a developmental evaluation.
- Using a pre-post study design compare the number of children receiving DIRFloortime in the year prior to program implementation and 1-year after program implementation.

Objective 2 Performance and Study Tools:

3. Site Evaluations (including well visits, evaluations and assessments)

The AAP recommends ASD screening at ages 18 and 24 months. All well visit evaluations conducted at 18, 24, and 30 months will be collected to abstract ASD screening information to establish autism screening rate, before and after program implementation at participating pediatric practices. At WIC, YCS, and Early Head Start programs, comparable evaluations will be collected.

4. EIP assessments (EIP site)

All EIP assessments (initial and follow-up) and Battelle Developmental Inventory (BDI-II) assessments will be collected by the study.

5. Written informed consent form

All caregivers/guardians of children 18-36 months screened for ASD through participating sites will be invited to enroll in the DCI program and provide written informed consent to allow 1) review of their children's medical records to verify ASD diagnosis and co-occurring developmental disorders and 2) agree to contact by Mom2Mom peer counselors.

Objective 3 – To provide DIRFloortime® model treatment, an intervention that promotes an individual's development through a respectful, playful, joyful, and engaging process to at-risk children.

Performance Measure: The investigators will perform data analyses and report findings in peer-reviewed journals, professional meetings, semi-annual progress reports.

Objective 3 Metrics:

- Track improvement in the child's functional emotional development utilizing the Functional Emotional Assessment Scale (FEAS)
- Time (in months) between a positive ASD screen and initiation of YCS services among children with positive autism screen.
- Average number of DIRFloortime® sessions for at-risk children in year 1, year 2, and year 3 in the program
- Number of DIRFloortime® trained providers

Objective 3 Performance and Study Tools:

6. Functional Emotional Assessment Scale (FEAS)

YCS DIRFloortime® clinician will conduct the FEAS as part of the enrollment process and every six months to track improvement in the child's functional emotional development.

Objective 4 – To assess program success in early ASD identification.

Performance Measure: The investigators will perform data analyses and report findings in peer-reviewed journals, professional meetings, semi-annual progress reports.

Objective 4 Metrics:

- Time (in months) between a positive ASD screen and diagnostic evaluation by a developmental specialist
- Proportion of at-risk children diagnosed with ASD by 36-months
- Proportion of at-risk children identified with ASD and Intellectual Disability
- Proportion of at-risk children identified with ASD and a co-morbid disorder
- Proportion of children with ASD receiving Early Intervention Program services
- Proportion of children with ASD receiving YCS DIRFloortime® interventions

Objective 4 Performance and Study Tools:

7. Follow-up questionnaire

Research assistants will follow-up with caregivers agreeing to participate in the program when their children reach age 48-months or older to conduct a brief follow-up questionnaire to assess the child's development and report any diagnosis of ASD and/or development disability or delay.

Objective 5 – To provide a mechanism for support for families of children at-risk

Performance Measure: The investigators will perform quantitative and qualitative data analyses and report findings in peer-reviewed journals, professional meetings, semi-annual progress reports.

Objective 5 Metrics:

- Number of families of children with positive ASD screen in contact with Mom2Mom peer counselors
- Average number of follow-up calls Mom2Mom on behalf of project families
- Qualitative analysis – identify a list of hardships/challenges facing caregivers of at-risk children

- Qualitative analysis – identify a list of strengths caregivers of at-risk children use for handling everyday activities
- Qualitative analysis – summary of caregivers’ success stories

Objective 5 Performance and Study Tools:

8. Mom2Mom call notes

Mom2Mom interactions with study enrolled caregivers will be summarized by Mom2Mom peer counselors and shared with project staff to identify challenges faced by caregivers. Qualitative information provided from Mom2Mom interactions will guide future strategies to address caregiver challenges for optimal health outcomes.

Objective 6 – To reduce health disparities in socially disadvantaged regions by targeting disadvantaged areas for implementation of autism screening (detection), improve linkage to services.

Performance Measure: The project investigators will perform data analyses and report findings in peer-reviewed journals, professional meetings and semi-annual progress reports.

Objective 6 Metrics:

- Describe the project population by sex, race/ethnicity and socioeconomic status
- Using NJ ADDM surveillance data as baseline data for Essex and Hudson counties, compare EIP linkage rates after program implementation to EIP linkage rates based on NJ ADDM surveillance data to determine improvement in EIP participation among socially disadvantaged children.

Objective 6 Performance and Study Tools:

9. NJ ADDM Surveillance

NJ ADDM conducts active ASD surveillance in Essex County, NJ and will evaluate service uptake in the surveillance area before and after implementation of the DCI program

10. DCI program data

DCI program data will be compared to baseline data provided by NJ ADDM surveillance data to examine sociodemographic differences in ASD diagnosis age and EIP participation

Objective 7 – To reduce potential maltreatment/neglect experienced by children with ASD

Performance Measure: The project investigators will perform data analyses and report findings in peer-reviewed journals, professional meetings and semi-annual progress reports.

Objective 6 Metrics:

- Long-term analysis – We will request de-identified data for children with ASD served by Child Protection and Permanency (CP&P) in the Newark region and Essex County to determine changes in rates of children with ASD served by CP&P overtime. Using NJ ADDM surveillance data as baseline data for Essex and Hudson counties, compare EIP linkage rates after program implementation to EIP linkage rates based on NJ ADDM surveillance data to determine improvement in EIP participation among socially disadvantaged children.

Objective 7 Performance and Study Tools:

11. Child Protection and Permanency deidentified data

Part II: Appendices
#20 Proposed Program
Implementation Schedule

Program Implementation Schedule

Tasks to Complete	Responsible Party	Proposed Start	Proposed End
Contract finalization	DCF and YCS	Upon announcement of award	30 days following award
Execute Subcontracts	YCS and Rutgers	Upon announcement of award	60 days following award
One-time expenditures (Assessments, Therapeutic Toys)	YCS	30 days following contract finalization	60 days following contract finalization
Staff program orientation/training	YCS, Rutgers, and Mom2Mom	30 days following announcement of award	45 days following announcement of award
Create Program and Data Collection Policies	YCS, Rutgers, and Mom2Mom	30 days following announcement of award	60 days following announcement of award
Completion of the DIR® 101 group	YCS, Rutgers, and Mom2Mom	30 days following announcement of award	45 days following announcement of award
Training Community Partners in PDQ-1	Rutgers	Upon execution of subcontracts	60 days following execution of subcontracts
Family enrollment/service engagement	YCS, Rutgers, and Mom2Mom	30 days following announcement of award	60 days following award
Full Service Implementation	DCF and YCS	60 days following award	90 days following award
Monitor service outcomes	Rutgers	60 days following award	Ongoing Monthly Internally
Report contract commitments quarterly to DCF	YCS	Upon receipt of reporting forms	Ongoing Quarterly

Part II: Appendices
#21 Exhibit E Budget Forms

DCF Budget Form -Year 1 from 7/1/22 to 6/30/23

BUDGET CATEGORIES 12-Month Budget	TOTAL COSTS	DCF Funding request	Other Cash or In-Kind Funding Sources*	START-UP FUNDING REQUEST
A. Personnel - Salary (FTEs/hours/week)				
Program Director – (.1FTE/35hrs/52wks)	15,000	15,000		
Clinician – (.50FTE/35hrs/52wks)	27,500	27,500		
Clinician – (.50FTE/35hrs/52wks)	27,500	27,500		
Administrative Manager – (.1FTE/35hrs/52wks)	5,000	5,000		
Training Director – (.25FTE/35hrs/52wks)	14,040	14,040		
Autism Evaluator – (10hrs/50wks)	30,000	30,000		
Fringe (% rate)	28,445	28,445		
B. Consultants & Professional Fees				
Evaluation Services	40,000	40,000		
Mom2Mom	21,000	21,000		
DIRFloortime Training	4,900	4,900		
ADOS Training	1,575	1,575		
NJ-AIMH Endorsement	1,000	1,000		
C. Materials & Supplies				
Program Supplies	1,000	1,000		
DIRFloortime Supplies	1,500	1,500		
ADOS Kit	740	740		
D. Facility Costs				
Space Rental	5,000	5,000		
Communications	2,640	2,640		
Insurance - Liability	800	800		
Equipment Lease/Rental	2,000	2,000		
E. Specific Assistance to Clients				
F. Other				
Training	4,500	4,500		
Recruitment/Onboarding Screenings	500	500		

G. Gen. & Adm. (G&A) Cost Allocation	28,156	28,156	
H. Total Operating Costs	262,796	262,796	
I. Equipment	3,000	3,000	
J. Total Cost	265,796	265,796	
K. Revenue (deduct)*	()	n/a	n/a
L. Funding Request		n/a	n/a
The budget request shall indicate the Agency's total proposed budget for delivery of the service(s) reduced by the other sources of funding (Line K). If applicable, indicate the sources of leveraged funding and the dollar amounts for each below:			
Other Sources of Funding for this Program: (Specify These)			
Other Funding Amounts:	0	0	0

DCF Budget Form - Year 2 from 7/1/23 to 6/30/24

BUDGET CATEGORIES 12-Month Budget	TOTAL COSTS	DCF Funding request	Other Cash or In-Kind Funding Sources*	START-UP FUNDING REQUEST
A. Personnel - Salary (FTEs/hours/week)				
Program Lead – (.1FTE/35hrs/52wks)	15,600	15,600		
Clinician – (.50FTE/35hrs/52wks)	28,600	28,600		
Clinician – (.50FTE/35hrs/52wks)	28,600	28,600		
Administrative Manager – (.1FTE/35hrs/52wks)	5,200	5,200		
Training Director – (.25FTE/35hrs/52wks)	14,602	14,602		
Autism Assessor – (10hrs/50wks)	30,000	30,000		
Fringe (32% rate)	29,633	29,633		
B. Consultants & Professional Fees				
Evaluation Services	40,000	40,000		
Mom2Mom	21,000	21,000		
DIRFloortime Training	5,300	5,300		
C. Materials & Supplies				
Program Supplies	500	500		
DIRFloortime Supplies	4,000	4,000		
D. Facility Costs				
Space Rental	5,000	5,000		
Communications	2,640	2,640		
Insurance - Liability	800	800		
Equipment Lease/Rental	2,000	2,000		
E. Specific Assistance to Clients				
F. Other				
Training	4,500	4,500		
Recruitment/Onboarding Screenings	500	500		
G. Gen. & Adm. (G&A) Cost Allocation	28,617	28,617		
H. Total Operating Costs	267,092	267,092		

I. Equipment				
J. Total Cost	267,092	267,092		
K. Revenue (deduct)*	()	n/a	n/a	
L. Funding Request		n/a	n/a	
The budget request shall indicate the Agency's total proposed budget for delivery of the service(s) reduced by the other sources of funding (Line K). If applicable, indicate the sources of leveraged funding and the dollar amounts for each below:				
Other Sources of Funding for this Program: (Specify These)				
Other Funding Amounts:	0	0	0	

DCF Budget Form - Year 3 from 7/1/24 to 6/30/25

BUDGET CATEGORIES 12-Month Budget	TOTAL COSTS	DCF Funding request	Other Cash or In-Kind Funding Sources*	START-UP FUNDING REQUEST
A. Personnel - Salary (FTEs/hours/week)				
Program Director – (.1FTE/35hrs/52wks)	16,224.	16,224.		
Clinician – (.50FTE/35hrs/52wks)	29,744	29,744		
Clinician – (.50FTE/35hrs/52wks)	29,744	29,744		
Administrative Manager – (.1FTE/35hrs/52wks)	5,408	5,408		
Training Director – (.25FTE/35hrs/52wks)	14,602	14,602		
Autism Evaluator – (10hrs/50wks)	30,000	30,000		
Fringe (32% rate)	30,631	30,631		
B. Consultants & Professional Fees				
Evaluation Services	40,000	40,000		
Mom2Mom	21,000	21,000		
DIRFloortime Training	1,200	1,200		
C. Materials & Supplies				
Program Supplies	500	500		
DIRFloortime Supplies	4,000	4,000		
D. Facility Costs				
Space Rental	5,000	5,000		
Communications	2,640	2,640		
Insurance - Liability	800	800		
Equipment Lease/Rental	2,000	2,000		
E. Specific Assistance to Clients				
F. Other				
Training	4,500	4,500		
Recruitment/Onboarding Screenings	500	500		
G. Gen. & Adm. (G&A) Cost Allocation				
	28,619	28,619		
H. Total Operating Costs	267,112	267,112		

I. Equipment				
J. Total Cost	267,112	267,112		
K. Revenue (deduct)*	()	n/a	n/a	
L. Funding Request		n/a	n/a	
The budget request shall indicate the Agency's total proposed budget for delivery of the service(s) reduced by the other sources of funding (Line K). If applicable, indicate the sources of leveraged funding and the dollar amounts for each below:				
Other Sources of Funding for this Program: (Specify These)				
Other Funding Amounts:	0	0	0	

Part II: Appendices
#22 Conflict of Interest Policy

ARTICLE XVI

CONFLICT OF INTEREST POLICY

16.1 Purposes. It is the purpose of this conflict of interest policy to prevent the personal interest of any Corporation trustee, officer or staff member from:

- A. interfering with the performance of their responsibilities to the Corporation and the Corporation's clients; or
- B. resulting in personal, financial, professional and/or political gain on the part of any Corporation trustee, officer or staff member at the expense of the Corporation and/or the Corporation's clients' interest.

16.2 Disclosure Requirements. It is the responsibility of affected individuals to disclose, in writing, to the Corporation's Chairperson of the Board or President when any one of the following conditions apply:

- A. a trustee is related to another trustee;
- B. a trustee is related to a Corporation staff member;
- C. a trustee is also a Corporation staff member;
- D. a Corporation staff member in a supervisory capacity is related to another staff member

he/she supervises;

- E. a trustee or a Corporation staff member received payment from the Corporation for any sub-contracts, goods or services, such as consultant, laundry, maintenance, construction or remodeling; or
- F. a trustee or a Corporation staff member is a member of the governing body of a contributor to the Corporation.

When such disclosure as required above directly involves the Chairperson of the Board or the President each shall notify the other in writing.

16.3 Review Procedure. Upon receipt of a written disclosure statement (as required above), or upon information and/or belief concerning any conflict or potential conflict of interest, the Chairperson of the Board or the President (and in matters directly involving either of them, the one of them not involved) shall at the next regularly scheduled meeting of the Corporation's Board, appoint an ad-hoc committee consisting of any three trustees to:

- A. review the facts, circumstances and all other relevant information pertinent to the conflict or potential conflict of interest;
- B. recommend to the Board what action, if any, must be taken to insure adherence to the intent

purpose of this policy as set forth in Section 16.1. Such recommendation must conform to relevant state and federal conflict of interest laws, rules and regulations and may include, but not be limited to:

1. no action required,
2. appropriate disciplinary action, including dismissal (staff) or removal (Board),
3. referral to legal counsel for determination as to whether legal action is required/appropriate.

The Board of Trustees as the exclusive governing body, shall take into consideration the recommendations of the ad hoc committee and make a final decision as to action to be taken, sanctions to be imposed, etc. The Board of Trustees shall also consider appeals relating to the final decision, provided that the appeal be made to the Chairperson of the Board or the President in writing and that such appeal include new information not previously known or considered.

16.4 Prohibitions. Corporation trustees, officers and staff members are prohibited from participation in the selection, award or administration of a procurement transaction in which federal, state or other Corporation funds are used where to his/her knowledge, any of the following has a financial or other personal interest in that transaction:

- A. the trustee, officer or staff member;
- B. his/her spouse or partner;
- C. an organization in which any of the above is a trustee, director, officer or employee; or
- D. a person or organization with whom any of the above is negotiating or has any arrangement concerning prospective employment.

ARTICLE XVII

AMENDMENTS

17.1 Amendments to Bylaws. Subject to the approval by YCS System, the Board of Trustees shall have the power to make, alter, amend, and repeal the Bylaws of the Corporation by affirmative vote of a majority of those trustees present at any duly-convened meeting (except where a greater majority is required by law), or by unanimous consent of all trustees without a meeting. If being approved at a meeting, the proposed alteration, amendment, or repeal shall be specified in the notice of the meeting of this Corporation provided for in Article V of these Bylaws.

Dated: December 11, 1997

Part II: Appendices
#31 NJ Business Registration



YCS Headquarters
25 East Salem Street, 3rd floor
Hackensack NJ 07601
www.ycs.org

**Appendices:
#31: NJ Business Registration**

A NJ Business Registration is not required for Youth Consultation Service, Inc. because YCS is a 501(c)(3) Non-Profit Entity.



Tara Augustine, LCSW President/CEO

6/14/2022

Date

Part II: Appendices
#39 Statement of Assurances

**State of New Jersey
Department of Children and Families
Statement of Assurance**

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Children and Families of the accompanying application constitutes the creation of a public document and as such maybe made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidders list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Children and Families, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DCF will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1.) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3.) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4.) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5.) Federal Equal Employment Opportunities Act; and 6.) Affirmative Action Requirements of PL 1975 c. 127 (N.J.A.C. 17:27).

- Will comply with all applicable federal and State laws and regulations.
- Will comply with .the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Chapter 51 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Children and Families
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.
- Will notify the New Jersey Department of Children and Families of any changes to the applicant's organization that alters the ability to continue to provide the services or the qualifications to provide services.

Youth Consultation Service

Name of Applicant Organization _____

Signature _____



Date 6/14/2022

Chief Executive Officer or Designee

This section is an internal document that is not a public record pursuant to N.J.S.A. 47:1a-1.1 as it constitutes intra-agency advisory, consultative, or deliberative material.