



**REQUEST FOR PROPOSALS
FOR
SPECIALTY (SPEC) OUT-OF-HOME
TREATMENT SERVICES
AGES 15 THROUGH 19 YEARS**

**Up To Three (3) Five-Bed Programs located in Northern or Central
Region of New Jersey**

Funding of up to \$2,436,375 available

Questions are due: July 17, 2020 by 12:00pm

Bids are due: August 26, 2020 by 12:00pm

**Christine Norbut Beyer, MSW
Commissioner**

June 18, 2020

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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 by providing them via email to DCF.ASKRFP@dcf.nj.gov until **July 17, 2020 by 12PM**. Technical inquiries about forms and other documents may be requested anytime.

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families' (DCF) Children's System of Care (CSOC) announces the availability of annualized funding for the purpose of providing **Specialty Services to New Jersey youth ages 15 through 19** that manifest significant emotional and/or behavioral challenges which require specialized clinical intervention. Proposals shall address the needs of youth ages 15 through 19; however, after the award, DCF/CSOC reserves the right and option to permit and require that additional or alternate age and / or gender groups be served upon appropriate notice and subject to licensing and any other legal requirements. This Request For Proposal (RFP) will award a total of **three (3) five-bed programs (two five-bed programs for females and one five-bed program for males) for a total of fifteen (15) beds. Program locations must be in the Northern or Central Regions of New Jersey.**

The annualized funding available is \$2,436,375. Each award is up to \$812,125. The per diem rate per youth is \$430/day (base rate) or \$445/day if accredited by one of the following: Council on Accreditation (COA), Commission on Accreditation of Rehabilitation Facilities (CARF) or, The Joint Commission (TJC) and is reimbursed on a fee for service basis. The per diem rate is all-inclusive reimbursement for clinical services, social, recreational, and other activities, and facility and administrative costs to serve the youth. The payment methodology for reimbursement is through Medicaid claims submission.

Reimbursement is based exclusively on occupancy. CSOC does not guarantee 100% occupancy.

Northern Region is defined as Hunterdon, Warren, Sussex, Morris, Passaic, Bergen, Essex, and Hudson.

Central Region is defined as Mercer, Monmouth, Ocean, Middlesex, Somerset, and Union.

Applicants must provide a separate proposal for each population and site. A successful applicant will be permitted no more than one five- bed award. Specialty referrals will come exclusively through the CSOC Specialized Residential Treatment Services Unit (SRTU) and will be strictly managed on a no eject/no reject basis. All funding shall be subject to the appropriation of sufficient funds and the availability of sufficient resources.

This program is not designed for youth with I/DD. Applicants are advised that this program must accept youth referred from throughout the state.

Applicants are to provide details regarding the implementation of a program reflective of the Children’s System of Care family-centered and community-based approach, which should inform operations, policies, procedures, and implementation of the Specialty Services to be provided. DCF/CSOC will consider applicants who successfully operationalize the principles of individualized, and family-centered care, identify strengths-based strategies, and achieve measurable outcomes throughout the course of treatment. Service delivery models must ensure that youth have a stable, predictable, familiar, consistent, and nurturing treatment experience. Applicants may demonstrate adherence to these principles in their program description and descriptions of staffing patterns, including strategies to recruit, train, and retain staff (particularly milieu staff), site design, and approach to ensuring frequent family involvement. Services must include evidence-based and evidence-informed approaches.

Applicants are expected to create a highly structured environment within a community-based out-of-home treatment setting for youth whose treatment needs require individualized care at the SPEC intensity of service level. Specific behaviors that may qualify for specialty treatment services include assaultive behavior, fire setting, problematic sexual behavior, and animal cruelty. The purpose of Specialty Services is to engage youth in addressing identified behavioral health challenges and to stabilize symptoms and prepare youth to be served in a less restrictive environment.

B. Background

The Department is a family and child serving agency, working to assist NJ families in being or becoming safe, healthy and connected.

The DCF CSOC serves children, youth, and young adults with emotional and behavioral health challenges, intellectual/developmental disabilities, and substance use challenges. CSOC is committed to providing these services based on the needs

of the youth and family, in strength-based, family-focused, and culturally competent community-based environments. CSOC understands that the family or caregiver plays a central role in the health and well-being of children, youth, and young adults. CSOC involves families/caregivers/guardians throughout the treatment process to promote youth and family voice and provides families with the tools and support needed to create and sustain success for children, youth, and young adults. All services offered within the New Jersey Children's System of Care are expected to function in alignment of the Wraparound Practice Model. Provider agency leadership and staff are required to participate in the *Nurtured Heart Approach* and *the Six Core Strategies to Reduce the Use of Seclusion and Restraints* training program.

C. Services to be Funded:

Applicants for the Specialty Services programs are required to provide 24-hour Out-of-Home (OOH) all-inclusive services in nurturing and comfortable therapeutic settings in a safe, controlled environment with a high degree of supervision and structure. Rehabilitative treatment services shall include, but not be limited to, social, psychosocial, clinical, medical, and educational services. The service duration is determined based on individual needs and treatment progress. The objectives for this program are to:

- Engage youth to facilitate feelings of safety and comfort in an unfamiliar setting;
- Identify and address behavioral health challenges and stabilize symptoms to prepare youth for a less restrictive environment;
- Provide therapeutic interventions that address the youth's specialized treatment needs which may include aggressive and assaultive behavior, problematic sexual behavior, fire setting, and complex trauma;
- Provide comprehensive and collaborative treatment and transition plans in collaboration with the Care Management Organization (CMO) through Child Family Team (CFT) meetings that include all members of the team;
- Be receptive and responsive to youth and family voice throughout the care planning process;
- Outline short-term treatment goals while actively pursuing plans for long-term stabilization at home or in an alternate living situation;
- Provide a consistent and predictable environment with intensive support and supervision and in which there is a demonstrative understanding of the explicit and/or implicit trauma the youth may have experienced;
- Provide interventions that are reflective of CSOC's commitment to the *Nurtured Health Approach* and *Six Core Strategies to Reduce Seclusion and Restraint*;
- Provide consistent and robust collaboration with the CSOC CMO and the Division of Child Protection and Permanency (DC&P), when involved, in order to facilitate a timely transition from this program; and

- Work with the youth's school district to address educational programming with the goal, when possible, of maintaining the youth in his/her current school program.

Number of Programs/Locations:

Population #1:

Gender: Females

Age: 15-19 upon admission

of homes: two (2) five-bed homes

Location: Northern or Central Region

Population #2:

Gender: Males

Age: 15-19 upon admission

of homes: one (1) five-bed home

Location: Northern or Central Region

Northern Region is defined as: Hunterdon, Warren, Sussex, Morris, Passaic, Bergen, Essex, and Hudson.

Central Region is defined as: Mercer, Monmouth, Ocean, Middlesex, Somerset, and Union.

Number of Bedrooms: Single bedrooms are preferred. There must be a minimum of three (3) bedrooms to accommodate the maximum of five youth in the program. At least one bedroom and one bathroom, as well as all common areas within the home, **MUST** be located on the 1st floor and be accessible and barrier-free.

Compliance with the Americans With Disabilities Act (ADA)

Under the terms of this award, the grantee shall follow all applicable federal and State laws prohibiting discrimination, including all provisions of the Americans With Disabilities Act (ADA). For the purposes of this award, the grantee shall undertake and execute any and all duties and obligations under the ADA, including any reasonable accommodation that would be required by the Department of Children and Families under Title II of the ADA. The grantee shall be solely responsible for any and all reasonable accommodations that arise under Title II of the ADA. Any individual receiving and/or accessing services under this award that would be covered under Title II of the ADA shall have all rights available to appeal the grantee's denial or limitation of the reasonable accommodation request. The Department shall ensure that any reasonable accommodation that would have been provided by the Department under Title II of the ADA is provided by the grantee. Any failure to provide a reasonable accommodation under Title II of the ADA by the grantee may result in the award being terminated and the total amount of the award, including funds already spent and/or encumbered, returned to the Department. Provider must also comply with the Americans with Disabilities Act (ADA) and the NJ Law Against

Discrimination with respect to its consultants, part-time workers and employees as below, including but not limited to:

- Americans with Disabilities Act (ADA) including but not limited:
 - N.J.S.A. 10:5-1 to -42 NJLAD
 - N.J.S.A. 13-13-2.1 et seq Regulations Pertaining to Discrimination on the Basis of Disability, Employment
 - 28 CFR 35.104. Non-Discrimination on the Basis of Disability in State and Local Government Services
 - 42 U.S.C. Section 12101. Equal Opportunity for Individuals with Disabilities

Specialty Admission Criteria: The awardee is responsible for serving youth who may meet one or more of the specialty treatment criteria below:

- **Fire Setting:** The youth has a history or pattern of fire setting behaviors, with the most recent incident occurring within the last two (2) year period. A fire setting evaluation (which must be completed by a licensed clinician) with documented risk level must be completed within 12 months of the referral for out of home (OOH) treatment, and the youth's risk to re-engage in the fire setting behaviors must be moderate risk or higher.
- **Assaultive Behavior:** The youth has a history or pattern of assaultive behaviors as evidenced by a significant assaultive behavior which has occurred within the past twelve (12) month period, either with or without a weapon. The assaultive behavior resulted in a medical injury that required the need for medical treatment for either the victim or the youth; there may be legal charges related to the assaultive behavior.
- **Problematic Sexual Behavior:** The youth manifests a pattern of problematic sexual behavior which may or may not have resulted in legal charges, with the most recent incident occurring within the past two (2) year period. A psychosexual evaluation (which must be completed by a licensed clinician) with a document risk level must be completed within 12 months of the referral for OOH treatment, and the youth's risk to re-engage in problematic sexual behavior must be moderate or higher. The youth may be Tier I or II under Megan's Law.
- **Cruelty to Animals:** The youth exhibits a history or pattern of aggressive or cruel behaviors directed towards animals. The most recent incident of animal cruelty behavior must be within twelve (12) months of the referral for OOH treatment.
- **Complex Trauma:** The youth meets DSM 5 criteria for Trauma and Stress Related Disorders, including Post Traumatic Stress Disorder (PTSD) and Reactive Attachment Disorder, as evidenced by trauma which may include, but not be limited to, physical, sexual, or emotional abuse, natural disaster, domestic violence, violent crime victimization, or profound neglect. The youth's presenting behaviors require intensive supervision and specialized

clinical interventions that cannot be provided at a higher or lower intensity of service. In addition, the youth may also have a history of multiple resource family/kinship placements, multiple OOH treatment episodes, and/or juvenile court/juvenile justice involvement.

- Youth are not required to have an educational classification to be eligible for this program.
- Level of cognitive and/or adaptive functioning is not below a mildly impaired range.

Additional information about Specialty clinical criteria can be accessed at the PerformCare website via the following link:

<https://www.performcarenj.org/provider/clinical-criteria.aspx>

Evidence-based Treatment and Practice Requirements

Implementation of Reduction of Seclusion and Restraint Use

DCF/CSOC seeks to reduce the use of seclusion and restraint in OOH treatment settings. The reduction of seclusion and restraint (S/R) has been given national priority by the US government and the DCF/CSOC through its Substance Abuse and Mental Health Service Administration (SAMSHA) funding to implement *The Six Core Strategies for Reducing Seclusion and Restraint Use*. S/R is considered a treatment failure rather than a treatment intervention. It is associated with high rates of patient and staff injuries and is a coercive and potentially traumatizing and retraumatizing intervention with no established therapeutic value.

The DCF/CSOC is committed to the reduction and ultimate elimination of the use of seclusion and restraints. This RFP requires applicants to describe how they will begin or continue working toward that goal and what methods of de-escalation will be developed and documented by the applicant. The use of police intervention needs to be clearly defined, as the CSOC understands their potential role, but does not recognize this as a hands-off approach.

The Six Core Strategies for Reducing Seclusion and Restraint Use is an evidence-based model developed by the National Association of State Mental Health Program Directors (NASMHPD) and has successfully reduced the use of S/R in a variety of mental health settings for children, youth and young adults, and adults across the United States and internationally.

Applicants are required to submit as part of the Appendices a summary of no more than three (3) pages that describes how *The Six Core Strategies for Reducing Seclusion and Restraint Use* will be implemented within their program. The summary must address the implementation of each of the six core strategies:

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

Additional information on *The Six Core Strategies for Reducing Seclusion and Restraint Use* can be located at:

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

The awardee is responsible for participating in the trainings and for the implementation of the Nurtured Heart Approach* and Six Core Strategies to Reduce Seclusion and Restraints.

**Offered through CSOC Training:*
<https://www.nj.gov/dcf/providers/csc/training/>

Applicants must describe within their proposed program narrative a plan to eliminate/reduce the use of restraint and seclusion by through appropriate and effective therapeutic interventions. Nonviolent Crisis Intervention (Preventative Techniques, Team Intervention, and Post Intervention) is the preferred program. Crisis Prevention Training is available through the Crisis Prevention Institute. Programs may utilize only **one model** of nonviolent crisis intervention.

Implementation of Healing Centered Care

CSOC is concerned with the treatment of trauma and its sequelae. Youth who present with challenges should be understood in terms of their experiences of trauma and consequent difficulties in forming and maintaining healthy attachments. Applicants must describe models of intervention that actively treat underlying trauma (both implicit and explicit) and consequent dysregulation and attachment issues. Trauma may affect youth in a multitude of ways, such as disruption in emotional responses, behavior, cognition, physical health, self-concept and future orientation. Increased isolation and fewer social opportunities can contribute to low self-esteem/less opportunity to learn about abuse prevention. Applicants must be cognizant of this fact and describe how they plan to assure safety, predictability, and comfort for this vulnerable population.

Applicants shall implement comprehensive services that include, but are not limited to, the following multimodal therapies:

- Individual, group, and family therapy facilitated by a clinician independently licensed in New Jersey (or, at minimum, three years of obtaining independent NJ clinical licensure and under the direct on-site supervision of a clinically licensed practitioner);
- Psychiatric treatment, consultation, and medication monitoring services, including psychiatric diagnostic evaluations, which are completed by a licensed Child and Adolescent Psychiatrist and/or Advanced Practicing Nurse * (APN);
- Comprehensive and collaborative treatment and transition planning meetings that include all members of the Child Family Team (CFT);
- Crisis prevention, stabilization, and interventions that are reflective of CSOC's commitment to the Nurtured Heart Approach and Six Core Strategies to Reduce Seclusion and Restraint;
- Recreational activities that build on the youth's strengths and interests;
- Allied therapeutic services that are participatory in nature and focus on developing daily living skills and vocational skills;
- Activities designed to engage and encourage the youth's abilities to integrate into the community and in preparation for return to his/her own home/community or an independent living arrangement, as deemed appropriate;
- Educational services including timely linkage to community-based schools when deemed appropriate;
- Coordination with the Child Study Team, as applicable;
- Modeling for parents/caregivers;
- Nursing services to monitor physical health needs;
- Coordination with the Division of Child Protection and Permanency (DCP&P), when applicable.

The Implementation of Treatment Process and Structure Requirements:

The establishment of a multi-disciplinary treatment team with specific and delineated functions is of primary importance. The youth's plan of care shall identify the youth's interests, preferences, and needs in the following areas, as determined appropriate by the youth, family/caregiver, and Child Family Team (CFT): physical and emotional well-being, risk and safety factors, medical, nutrition, adaptive and independent activities of daily living, personal care needs, educational/vocational skills, recreation and leisure time, family time, community participation, communication, religion and culture, social and personal relationships, transition plan, and any other areas important to the youth and their family.

The Child Family Team **must** include, but is not limited to the following individuals:

1. Youth
2. Family members
3. Formal/informal supports as identified and selected by youth and family when possible
4. Psychiatric Care Provider *
 - Advance Practice Nurse (APN)
 - Child and Adolescent Psychiatrist
5. Psychologist
6. Nurse (Supervising RN)
 - Nurse Health Educator**/Registered Nurse (RN) or a Licensed Practical Nurse (LPN)
7. Pediatrician
8. Case Manager
9. Dietitian
10. Allied Therapist(s)
11. Milieu staff
12. Educational professionals
13. Independently Licensed Clinicians
14. Service/Program Director
15. CSOC Care Management Organization (CMO)
16. DCP&P Case Management entity (if applicable)

*A psychiatric care provider is a Child and Adolescent Board-Certified Psychiatrist or an Advanced Practice Nurse (APN) with a psychiatric specialty whose Collaborative Agreement describes the population of youth served, the likelihood of complex and/or emergent psychiatric decision making, and the availability of an M.D. for consultation. For the purpose of this RFP, where the term, “psychiatrist” is used, an APN that meets these standards is also acceptable. Please note the DCP policy regarding psychotropic medication for children available at https://www.nj.gov/dcf/policy_manuals/CPV-A-1-1500_issuance.shtml.

**Health education is defined as the practice of educating youth about topics of health. Areas within health education encompass environmental health, physical health, reproductive/sexual, social health, emotional health, intellectual health, and spiritual health. It can be defined as the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance, or restoration of health. Health education shall cover topics that are applicable to the particular program’s age and gender population and related health needs.

Implementation Process

Within the first 24 hours of Specialty Services the treatment team will complete the following:

- IMDS Strengths and Needs Assessment
- Initial treatment and crisis plan, and copies will be provided to the youth and family
- Nursing assessment and incorporate it into the initial treatment and crisis plan
- Pediatric assessment
- The youth and family will be oriented to the services
- All necessary consents and releases will be completed and filed
- The youth's home school district will be contacted by the next business day following admission to discuss whether the youth can remain in his/her current educational placement; if it is not appropriate for the youth to continue at his/her current educational placement alternative educational placements shall be discussed and the coordination of transportation initiated

Within the first week of admission, the service staff will:

- Have a completed psychosocial assessment, which includes recommendations for allied therapies where appropriate
- Have conducted a Child Family Team (CFT) meeting and completed the comprehensive treatment and transition plan integrating all of the treatment team's input, assessments, and recommendations
- Have a completed intake psychiatric assessment and report

Each day, the service staff will provide:

- Comprehensive and well-documented communication sharing significant events, youth behaviors, and other relevant information across disciplines and time frames.
- Interventions based on contracted deliverables (described below).
- Proper supervision of youth; a ratio of 1 direct care milieu staff for every 4 youth must be maintained at all hours with a minimum of two awake staff present at all times, whenever any youth are present, including while youth are asleep. When no youth are present in the home, N.J.A.C. 3A:56 requires at least one staff member be present in the home or immediately reachable by telephone. The program must demonstrate the capacity to provide 1:1 supervision as needed. Required supervision ratios must be maintained during crisis situations.
- Fewer than 30% of all youth waking hours will be spent in "milieu" activities.
- Beginning and end of day meetings are also to be used to "check in" with the emotional state of youth.
- As needed, medication dispensing and monitoring.
- The youth will be transported to medical appointments, family time, community outings, and any other off-site requisite activities as needed.

- During the change of shifts, meetings will be convened to monitor the emotional well-being of each youth.
- All youth will be engaged in structured skill building activities tailored to meet their individual needs. Participation will be documented daily.

All required documentation and activities will be provided in accordance with applicable licensing regulations and the Addendum to Administrative Order 2:05, which address the reporting of Unusual Incidents.

https://www.state.nj.us/dcf/about/divisions/opma/AO2_05.pdf

Complete a report for all related accidents, incidents, or unusual occurrences involving staff, youth and/or families and send to CSOC through the UIR system.

Information can be found at:

<https://www.state.nj.us/humanservices/ddd/news/publications/dc14.html>

Transition Planning:

The CFT shall begin planning for transition immediately upon the youth's admission. Youth and family voice are components of transition planning. Therefore, their input must be thoroughly considered and discussed throughout the transition planning process. The team will provide:

- A "step down" action plan that details OOH treatment. This action plan should consider the youth and family strengths, continuing goals, successful strategies, and potential pitfalls;
- "Set back" plan for times during the transition phase when youth and/or family encounter difficulties that make transition appear less likely. This plan will identify the critical staff necessary to re-focus, rally, and support the youth and family through to transition;
- Action steps that youth and family will take to build on successes and achievements that were accomplished during treatment.

Staffing Structure:

The following are the minimum responsibilities by staff title. It is the responsibility of the awardee to provide services in accordance with New Jersey State Board of Social Work, State Board of Psychological Examiners, State Board of Medical Examiners, State Board of Nursing, State Boards of Marriage and Family Therapy Examiners and the Professional Counselors Examiners Committee for licensure regulations. These guidelines are not to be interpreted as comprehensive of the total responsibilities each staff member will manage. Applicants agree that by

accepting this RFP and applying for this funding that they shall during the term of the contract meet or exceed the following requirements. Applicants must demonstrate, through narrative, Annex B, and with necessary letters of affiliation, that guidelines below are achievable.

The Agency CEO or equivalent is required to sign, date and submit “Minimum Staffing Requirements and No Eject/No Reject Policy Stipulations Attestation”. This document attests that the agency will meet the minimal requisite staffing, credentials and experience consistent with the scope of services delineated in this RFP.

Proposals submitted without the signed Attestation of “Minimum Staffing Requirements and No Eject/No Reject Policy Stipulations” will not move to the evaluation process.

Required Staffing Structure and Scope of Work:

Board Certified Child and Adolescent Psychiatrist (and in the case of a SPEC program - who has experience in prescribing and monitoring medication for youth with substance use needs) or Psychiatric Advanced Practice Nurse (APN) in affiliation with a Board-Certified Child Psychiatrist will provide:

- 1.25 clinical hours per week per youth; 75% of which must be face-to-face time with youth and/or families
- Psychiatric intake assessment and report (within the first week)
- Initial treatment and crisis plan (within the first 24 hours)
- Medication management meetings (monthly)
- Clinical visit with youth monthly and as needed
- Clinical visit with family monthly and as needed
- Attend treatment team meeting (monthly), and
- 24/7 availability by contract

A Pediatric Advanced Practice Nurse or Pediatrician will provide:

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

Direct Care Milieu Staff – A bachelor’s level practitioner(s) or a high school graduate(s) with 3-5 years of experience providing direct care to youth with behavioral health challenges in a behavioral health agency or institutional setting, will provide:

- 63 hours per week per youth (represents multiple FTEs)
- Youth orientation (within the first 24 hours of admission)

- Milieu activities (daily)
- Community integration focused, age appropriate recreational activities (weekly)
- Direct youth supervision (daily)
- Attend treatment team meetings (monthly)
- Pre-Vocational skills training 5 hours (weekly)
- Provision of Ansell-Casey or Botvin Life Skills training (minimum 3 hours weekly)
- Six (6) psycho-educational activities consistent w/pro-social learning, problem solving, life-skill development, and coping strategies. These psycho-educational activities to be delivered by qualified by training and experience bachelor level direct care staff and/or bachelor level case managers (e.g. part of case managers below listed on-site family psycho-educational activities).

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

- 6 hours of Allied Therapies per youth must be offered each week as part of a group activity (if the youth refuses or is unable to attend, the reason must be documented)
- Recreation/Leisure Assessment and report (within the first week)
- Allied activities that are based on the cognitive and emotional needs of the youth in the milieu and require identified outcome measures
- Activities shall be structured and guided and participatory in nature; examples may include, but not limited to, yoga, movement, music, art therapy, vocational, etc.
- Allied activities must be directly related to the youth's treatment planning needs
- Allied therapies may occur both on grounds and within the community, and
- The individual providing a particular allied activity should hold credentials, where appropriate, and must follow the requirements for screening/background checks.

Case Management: Bachelors level practitioner(s) with 3-5 years of relevant experience or an unlicensed master's level practitioner with 1-year relevant experience will provide:

- 5.5 hours per week per youth
- Family orientation (within the first 24 hours of admission)
- Review and signing of all required paperwork and consents (within the first 24 hours of admission)
- On-site family psychoeducational activities tied to comprehensive treatment and transition plan (as needed)

- Participate in treatment team meetings (monthly)
- Monitor transition plans of youth and facilitate follow-up as needed in effort to minimize delayed transitions of youth (routinely)
- Note: If case management is delivered by clinicians, direct care milieu staff, or other qualified professionals charged with duties other than case management under this contract, then the hours they dedicate to case management must be additional to the hours they dedicate to these other duties and must be documented accordingly.

NJ Independently Licensed Clinician(s) (LCSW, LPC, LMFT or Psychologist) who is clinically licensed to practice in NJ OR a master's level practitioner with appropriate licensure (MSW must have LSW licensure and MA/MS must have LAC licensure) who is three years or less from NJ clinical licensure and is practicing under the direct and on-site supervision of a clinician who is clinically licensed to practice and provide clinical supervision per board regulations in NJ. The Clinician position(s) must provide a minimum of eight (8) hours per week (6 hours face-to-face interaction and 2 hours to document the interaction) for each youth and be available via telephone for emergency consultation.

The clinician will provide:

- 8 hours per week per youth (as indicated above)
- Psychosocial assessment and report which includes recommendations for the inclusion of allied therapies where appropriate (within the first week of admission)
- IMDS Strengths and Needs Assessment (within the first 24 hours of admission)
- Initial treatment and crisis plan development, documentation, and consultation (within the first 24 hours of admission)
- Initial treatment and crisis plan family and youth debriefing (within the first 24 hours of admission)
- Comprehensive treatment and transition plan development, documentation, and consultation (within the first seven days of admission)
- Individual therapy (weekly); (if the youth refuses or is unable to attend, the reason must be documented)
- Group therapy (weekly)
- Family therapy with family of origin or natural supports (weekly)
- IMDS assessment review and update (monthly)
- Lead treatment team meetings (monthly)
- Clarification: At least 75% of each clinical hour must be dedicated to face to face interaction with youth in individual, group and family therapy, and the time remaining may be dedicated to all ancillary tasks such as documentation in the youth's record of services provided, meetings, consultations, telephone calls, relevant research, and supervisory

responsibilities. The time a clinician spends on case management must be additional to these clinical services.

- Clarification: In the interests of promoting more individualized treatment, DCF will no longer enforce the requirement found in some past SPEC RFPs to provide a minimum of two individual or family therapy sessions and three group therapy sessions every week. It is now left to the discretion of the provider to decide which configuration of individual, group or family therapy sessions best serves the needs of each youth in a particular week. All three types of therapy must be included as part of the youth's treatment plan. While still providing a total of at least 6 hours per week, a minimum of 25% of all therapies provided monthly must be in individual or family sessions.

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

- 1.5 hours per week per youth (30% of all hours must be provided by an RN)
- Nursing assessment and report (within the first 24 hours of admission)
- Initial treatment and crisis plan consultation (within the first 24 hours and then weekly)
- Medication dispensing (daily)
- Health/Hygiene/sex education (weekly)
- Medication education (monthly)
- Attend debriefing on youth status (daily)
- Attend treatment team meeting (monthly)

Minimally, twice weekly health education groups led by licensed professional(s) (RN, MD, LPN, APN) must be provided to youth to teach them to behave in a manner conducive to the promotion, maintenance, or restoration of health. Health education shall cover topics that are applicable to the age and gender population of the particular program and their related health needs, and address physical, environmental, social, emotional, intellectual, and spiritual health. The staff responsible for providing each health education group must clearly document the duration of each session as well as the topic discussed.

Service/Program Director with a master's degree in a behavioral health field and three (3) years post M.A. experience with youth in an out of home setting (License preferred and at least one year of which shall be in a supervisory capacity) will:

- Participate in treatment team meetings (monthly)
- Oversee all QA/PI activities with particular attention to bench-marking activities for all direct care staff
- The hours provided by a Program Director are the number required to ensure that the needs of the youth are appropriately addressed in a manner consistent with DCF's requirements of the contracted provider.

Staff Retention:

Turnover rates have an impact on quality of services provided. Outcomes for youth are improved where there is staff retention as developing a connection can be an intervention by itself. Competitive compensation for employees is more likely to attract seasoned applicants and maintain a consistent, highly qualified and experienced team. It is imperative that providers of out-of-home treatment services create a structural business framework in which turnover is minimized, particularly of direct care/milieu staff. This includes adequate support and supervision, training, incentives and competitive salary offerings.

Applicants are required to include a summary (no more than one page) which describes steps in place to enhance staff retention.

Staff Training:

Required trainings include and are not limited to:

- Creating and maintaining safe, therapeutic, and nurturing environments
- Verbal de-escalation and engagement skills
- Proactive intervention for maintaining safety and promoting change
- Post-crisis debriefing skills
- Treatment planning that is responsive and focused on change
- Recommended(evidence based is preferred) treatment approaches
- Promoting positive peer culture
- Cultural Competence
- Information Management Decision Support Tools (IMDS)
- Understanding and Using Continuous Quality Improvement
- Human Trafficking Identification
- Crisis Management
- Suicide Prevention
- Trauma Informed Care
- Training in Nurtured Heart Approach
- Leadership Toward Organizational Change
- Six Core Strategies to Prevent Seclusion and Restraint
- Nurtured Heart
- Use of Data to Inform Practice

- Workforce Development
- Use of S/R Prevention Tools
- Consumer Roles in Inpatient Settings
- Debriefing Techniques
- Gang Involvement
- Adolescent Brain Development
- Substance Use
- Medication protocols
- Narcan Administration Training
- Basic First Aid and CPR
- Confidentiality and Ethics
- Identifying and reporting child abuse and neglect; (Any incident that includes an allegation of child/abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10)
- HIPAA: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191, and regulations promulgated by the United States Department of Health and Human Services, 45 CFR Parts 160 and 164) was enacted to establish national standards for privacy and security in the handling of health-related information.
- 42 CFR Part 2 training

Student Educational Program Planning Requirements:

The awardee will be expected to facilitate the ongoing provision of an appropriate educational program as required under federal and State education law through communication with the youth's school district. DCF does not fund educational programs and services that youth are entitled to under those laws or provide on-site educational services for youth in out-of-home treatment settings. As such, the awardee will be expected to collaborate with the educational entities responsible for providing educational services and funding for those services.

Consistent with those responsibilities, applicants must:

- Describe its procedures for ensuring that youth receiving Specialty Services will receive an appropriate educational program, including applicant's efforts to maintain the youth in his/her current educational placement.
- Provide a plan for collegial and proactive coordination with educational providers for both classified and non-classified youth, including procedures for ensuring that information is shared consistent with the applicable federal and State confidentiality laws.

- Applicant organizations that operate a DOE approved private school for students with disabilities may enroll special education students in their Approved Private School for the Disabled. However, in these circumstances, applicants must also demonstrate that arrangements have been made with the local public-school district to enroll and serve general education students.
- If the awardee does not operate a DOE approved school, the awardee must demonstrate at the time of contract negotiation that a commitment has been obtained **or** how it will be obtained from the local public school district in which the home is located to register, enroll, and educationally serve all general and special education students residing in the home. The school district may charge the individual student's parental District of Residence for the cost of the educational program and services.
- All applicants must commit to providing accurate documentation to the local school district to facilitate the educational process for students in their care. Upon registration of each student, applicants must provide the local school district with an Agency Identification Letter, a funding commitment letter from each student's parental District of Residence, and evidence of student immunization. When necessary, awardees shall provide interim transportation services to expedite school placement.

Student Educational Program Operations Requirements:

Assessment of school performance is an essential component of treatment planning, as is involvement with school personnel to monitor the ongoing impact of treatment and to facilitate constructive ways of working with the youth.

- Genuine and proactive coordination and collaboration between the grantee and educational providers is expected. To that end, applicants must describe:
 - The strategies to be employed to coordinate clinical treatment with educational planning and service delivery;
 - The daily before and after school communication strategies with school staff;
 - The daily support of student homework, special projects, and study time;
 - The specific strategies, including responsible staff and timelines, for including families-of-origin and/or natural supports available to the youth in educational update, progress, and planning;
 - The availability of computers for student use to support homework and projects;
 - Mechanisms to stay abreast of the educational progress of each student;

- Problem resolution strategies; and
- Ongoing participation in the educational program of each student.

All applicants must also articulate a plan for:

- Immediate and therapeutic responses to problems that arise during the school day;
- The supervision of students who are unable to attend school due to illness or suspension;
- The supervision of and programming for students during school breaks/vacations;
- Planned collaboration with all school personnel ensuring youth remain in school as appropriate; and,
- Adequate supervision, programming, and professional staff contact in support of home instruction as provided in accordance with educational regulation.

Outcome Methods and Evaluation:

This RFP requires an outcomes-oriented approach to contracting for OOH treatment services. This approach includes identifying measurable outcomes, developing a means to measure performance indicators, and a plan to use this data to inform programmatic improvements as needed.

CSOC utilizes the Information Management Decision Support (IMDS) tools, service authorizations, and satisfaction surveys, in measuring the achievement of system partners and achieving the primary system goals of keeping youth in home, in school, and out of challenging situations and/or settings. Additional considerations and areas of measurement are compliant with all reporting requirements, compliance with all requirements of record keeping, advocacy on behalf of youth and families, and collaborative activities that support youth and their families. Applicants are expected to consider and articulate where necessary plans for:

- Use of the IMDS tools to inform treatment planning
- Use of the IMDS tools to measure relative achievement and continued need
- Mechanisms for maintaining compliance with Addendum to Administrative Order 2:05
- Compliance with risk management mechanisms and structures such that incidents inform changes to policy, practice, and treatment
- Distribution of ongoing satisfaction surveys to youth, families, and other system partners, and
- Means for the identification and communication of system needs and areas of excellence to local partners and CSOC administration.

Outcomes for Youth:

- 80% of youth who complete the program will require less restrictive services at 3- and 6-month post discharge
- 80% of all youth will have lengths of stay between 8 to 10 months
- 85% of all youth will not incur new legal charges or violate existing charges while in treatment
- 85% of all youth will have a 90% attendance rate at school
- 70% of all youth served will show improvement on identified strength and needs domains from the time of admission to discharge
- 75% of all youth will demonstrate improved functioning (from the time of intake to time of discharge) as measured on independent, valid, and reliable measures

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

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

Applicants must submit a QA/PI plan that:

- Measures the three-foundation metrics of CSOC: in school, at home, and in the community.
- Demonstrates integration with overall organization/provider goals and monitoring activity.
- Demonstrates a multi-disciplinary approach that engages staff at all levels and discipline in the activities of QA/PI.
- Demonstrates strict compliance with addendum to AO 2:05 and DCF licensing standards at N.J.A.C. 3A:56.
- Demonstrates a commitment to approaching critical events as opportunities to improve care of youth, training, monitoring, and regulation of their service. QA/PI plans must articulate a meaningful and manageable process for responding to critical events that *minimally* collects, analyzes, and synthesizes information from:

Youth
Family
Natural supports
Milieu staff
“Professional staff”
Care Management Organization

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

- Incorporates “3-D” satisfaction surveying -- from youth, families, and other providers -- on a regular basis and articulates the dissemination of these data to stakeholders including CSOC.

Service Outcomes:

Programs must focus on transition success, for example lower intensity of service, supports coordinated prior to transition, length of time youth remains in lower level of care, and level of community integration.

- Program will maintain compliance with all CSOC reporting requirements and timeframes: Joint Care Reviews (JCR), Transitional Joint Care Reviews (TJCR), Discharge Joint Care Reviews (DJCR), addendum to AO 2:05, and contracting requirements.
- Program will collect “3-D” satisfaction surveys from youth, family members, and other providers for 75% percent of all youth served at two points during the service period.
- Program will conduct quarterly “health checks” through satisfaction surveys, stakeholders’ meetings, and review of SNA data. Health checks will report status, progress, and needs to the service community and CSOC.

Additional Requirements:

Licensure:

Applicants must provide evidence of, or demonstrated ability to meet, all NJ Departments of Children and Families, and other applicable State and Federal Licensure standards. DCF Office of Licensing standards as specified in the N.J.A.C. 3A:56 Manual of Requirements for Children’s Group Homes can be accessed at: <https://www.nj.gov/dcf/providers/licensing/laws>.

Accreditation:

CSOC requires that awarded programs be Joint Commission, COA, or CARF accredited or, if not currently accredited, achieve accreditation within twenty-

four (24) months of award. If applicable, include a copy of the letter from the accrediting body regarding the agency's accreditation status **as part of the appendix.** Upon award, if accreditation status is terminated for any reason, the awardee is responsible for notifying their contract administrator immediately. Awardees that do not achieve accreditation within this timeframe or do not maintain accreditation for awarded program may be subject to contract termination.

NJ Medicaid Enrollment:

Applicants 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, DXC, within prescribed timelines.

No Eject/No Reject Policy:

The awardee must comply with DCF No Eject/No Reject policies governing this service.

Rejection:

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

Ejection:

Under no circumstances may a provider terminate a youth who is enrolled from their service without first contacting and receiving written approval from DCF CSOC. The facility must submit this request in writing with supporting documentation. DCF CSOC will make the final determination about disposition for the youth.

Eject/Reject Follow-up:

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

Provider Information Form:

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

Site Visits:

CSOC, in partnership with the DCF Office of Licensing and the Office of Contract Administration's Business Office where needed, will conduct site visits to monitor awardee(s) progress and challenges in accomplishing responsibilities and corresponding strategy for overcoming these challenges. The awardee may receive a written report of the site visit findings and will be expected to submit a plan of correction, if necessary.

Contracted System Administrator (CSA):

The CSA is the single point of entry for the Children's System of Care (CSOC). The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems. The awardee must demonstrate the ability to conform with and provide services under protocols, including documentation and timeframes, established by CSOC and managed by the CSA.

Organization/Agency Web Site:

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

Software and Data:

All applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology. Applicants are also advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

Organ and Tissue Donation:

As defined in section 2 of P.L. 2012, c. 4 (N.J.S.A.52:32-33), contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320b-8 to serve in this State.

D. Funding Information:

For the purpose of this initiative, the Department will make available up to three awards totaling an annualized amount not to exceed \$812,125 per award thereafter as funding is available; services are utilized; and contracts are renewed. 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.

The per diem rate per youth is \$430.00/day or \$445.00 if accredited by one of the following accrediting agencies: Council on Accreditation (COA), Commission on Accreditation of Rehabilitation Facilities (CARF), or the Joint Commission (TJC).

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

Matching funds are not required.

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

Operational startup costs are permitted and must be reasonable. Applicants must provide a justification and detailed summary of all operational start-up costs necessary to begin program operations (See under Budget section).

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

E. Applicant Eligibility Requirements:

1. Applicants must be for profit or 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 90 days of award. Due to urgent need of this service, proposals should provide a clear time frame on ability to obtain site location and contract negotiation, Extensions may be available by way of written request to the CSOC Assistant Commissioner. **Award is subject to be rescinded if not operationalized within six (6) months of RFP award.**
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:
Website: <https://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 (N.J.A.C. 10:3) may submit an application.

F. RFP Schedule:

July 17, 2020	Deadline for Email Questions sent to DCF.ASKRFP@dcf.nj.gov by 12:00PM
August 26, 2020	Deadline for Receipt of Proposals by 12:00PM

Proposals received after 12:00 PM on **August 26, 2020**, will **not** be considered. Applicants shall submit **one (1) signed original** and should submit **one CD ROM** as indicated below.

Proposals must be delivered either:

1) In person to:

Catherine Schafer, Director of Grants, Integrity and Accountability
 Department of Children and Families
 50 East State Street, 3rd floor
 Trenton, New Jersey 08625-0717

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

2) Commercial Carrier (U.S. Postal Office, Federal Express or UPS) to:

Catherine Schafer, Director of Grants, Integrity and Accountability
Department of Children and Families
50 East State Street, 3rd floor
Trenton, New Jersey 08625-0717

Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

3) Online:

DCF offers the alternative for our bidders to submit proposals electronically. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an AOR form.

AOR Registration forms and online training are available on our website at:
<https://www.nj.gov/dcf/providers/notices/requests/>

See *Standard Documents for RFPs* for forms.

- [Submitting Requests for Proposal Electronically PowerPoint \(pdf\)](#)
- [Registration for the Authorized Organization Representative \(AOR\) Form](#)

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Registered AOR forms may be received 5 business days prior to the date the bid is due.

G. Administration:

1. Screening for Eligibility, Conformity and Completeness

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

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

- a. The application was received prior to the stated deadline
- b. The application is signed and authorized by the applicant's Chief Executive Officer or equivalent
- c. The applicant attended the Bidders Conference (if required)

- d. The application is complete in its entirety, including all required attachments and appendices
- e. The application conforms to the specifications set forth in the RFP

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

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

2. Proposal Review Process

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

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

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

Speakers responded well to questions

5 Points

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

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

3. Special Requirements

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

Applicants must sign, date and submit the *Minimum Staffing Requirements and No Eject/No Reject Policy Stipulations Attestation* as **Attachment 1**.

Applicants must sign, date and submit the *Community Agency Head and Employee Certification, Permission for Background Check and Release of Information* as **Attachment 2**.

Applicants must respond to the *Specialty RFP Vignette* as **Attachment 3**.

Applicants must comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27, the State Affirmative Action policy. A copy is attached as **Exhibit A**.

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

Applicants must submit with their response to this RFP all of the documents listed in **Exhibit C**: *CSOC Pre Award Documents Required to Be Submitted with a Response to an OOH RFP*.

Applicants who receive an award letter after submitting a response to this RFP **thereafter** must submit as a condition of receiving a contract, all of the documents listed in **Exhibit D**: *CSOC Post-Award Documents Required to Be Submitted for Contract Formation if the Response to the OOH RFP Results in an Award*. **Exhibit D**, therefore, provides notice to applicants who are successful in securing an award that the listed documents will be required to be submitted to your

assigned contract administrator, or maintained on site as indicated, after notice of award as a condition of receiving a contract.

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 and may result in the conviction of individuals for a disorderly person’s level offence as well as possibly other disciplinary, civil or criminal actions pursuant to N.J.S.A. 9:6-8.10b.

H. Appeals:

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

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

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

I. Post Award Review:

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

Applicants may request a Post Award Review by contacting:
DCF.ASKRFP@dcf.nj.gov

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

J. Post Award Requirements:

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

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

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

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:

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

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 1 inch on the top and bottom and 1 inch on the left and right. **The required font is Arial 12 point.** There is a **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. Five (5) points will be deducted for each missing document. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The narrative must be organized appropriately and address the key concepts outlined in the RFP. Annex B budget pages, and attachments do not count towards the narrative page limit.

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

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

I. Community and Organization Fit (10 Points)

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

- 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 existing services and programs that are categorized as well as supported and promising as per the California Evidence-Based Clearinghouse for Child Welfare definition (CEBC). <https://www.cebc4cw.org/>
- 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.
- 5) 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.**
- 6) Describe how this initiative fits with family and community values in your community; including the values of culturally and linguistically specific populations.

Provide a description of the organization's demonstrated commitment to cultural competency and diversity. The provider shall identify and develop, as needed, accessible culturally responsive services and supports. These shall include, but are not limited to, affiliations with informal or natural helping networks such as language services, neighborhood and civic associations, faith-based

organizations, and recreational programs determined to be appropriate. Supervisors must be culturally competent and responsive, with training and experience necessary to manage complex cases in the community across child and youth serving systems. Explain how the provider is working toward a cultural competency plan that describes actions your agency will take to ensure that policies, materials, environment, recruitment, hiring, promotion, training and Board membership reflect the community or the intended recipients of the services you provide and promote the cultural competency of the organization and that resources and services will be provided in a way that is culturally sensitive and relevant.

II. Organizational Capacity

(10 Points)

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

- 1) Describe 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 Freeholders).
 - **Include a Governing Body List. (A “governing body” is any of the following: Board or Directors -or- Managing Partners, if LLC/Partnership, -or- Chosen Freeholders 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.)**
 - **Include a current Agency-Wide Organizational Chart.**
- 2) Does the staff have a cultural and language match with the population they serve, as well as relationships in the community? If so, describe.
- 3) Describe how your Agency plans to fulfill staffing requirements not currently in place by hiring staff, consultants and their qualifications, 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.
 - Identify the Stabilization and Assessment management and describe the job responsibilities
 - Describe the proposed staffing, include daily, weekly and monthly schedules for all staff positions

- Describe the management and supervision methods that will be utilized. Applicants must:
 - **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 as part of the appendix, 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.**
 - **Include a consultant agreement, letters of affiliation and proposed Student-School Service Provider contracts if graduate students will be involved in the provision of care as part of the appendix, if applicable.**
- 4) 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.
- 5) 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?
- 6) Describe how the requirements of this initiative will be implemented through your existing collaborations, partnerships and collaborative efforts with other community, professional advisory boards and systems partners. Provide a clear and detailed plan on how robust collaboration with CMO, DCP&P, and other system partners ensure the youth's timely transition from this short-term program.
- **Include letter of commitment or MOU as part of the appendix.** (if relevant to your program) If not applicable, include a written statement.
 - **As part of the Appendix include three (3) written professional letters of support** on behalf of the applying individual/agency specific to the provisions of services under this RFP. (That is, for example, not letters from families or individuals who previously received services from your program. Additionally, references from New Jersey state employees are prohibited.). A professional letter of support from the CMO (s) of the county(ies) you are serving is encouraged. Template/duplicate letters of support are not acceptable. Please

include telephone numbers and e-mail for all references so they may be contacted directly.

7) Provide supplemental explanation of the Applicant's ability to manage this project described in this RFP and the other ongoing programs.

- **List any programs awarded to your agency within the last 18 months through an RFP process with DCF that are not yet implemented, as part of the Appendix, if applicable.**
- **Applicants that were awarded other programs through a previous RFP within the last eighteen (18) months shall submit the status of implementation, as part of the Appendix, if applicable. (Max 5 pages)**

8) 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.**
- 9) 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.**
- 10) 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).
- 11) 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.).
- 12) Provide a Proposed Program Implementation Plan, 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. Organization 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.
 - Training for staff shall be conducted within six (6) months of the date of hire and shall minimally include:
 - Creating and maintaining safe, therapeutic, and nurturing environments
 - Verbal de-escalation and engagement skills
 - Proactive intervention for maintaining safety and promoting change
 - Post-crisis debriefing skills
 - Treatment planning that is responsive and focused on change
 - Recommended(evidence based is preferred) treatment approaches
 - Promoting positive peer culture
 - Cultural Competence
 - Information Management Decision Support Tools (IMDS)
 - Understanding and Using Continuous Quality Improvement
 - Human Trafficking Identification
 - Crisis Management
 - Suicide Prevention
 - Trauma Informed Care
 - Training in Nurtured Heart Approach
 - Leadership Toward Organizational Change
 - Use of Data to Inform Practice
 - Workforce Development
 - Use of S/R Prevention Tools
 - Consumer Roles in Inpatient Settings
 - Debriefing Techniques
 - Gang Involvement
 - Adolescent Brain Development
 - Substance Use
 - Medication protocols

- Narcan Administration Training
- Basic First Aid and CPR
- HIPAA/42-CFR Part 2/PHI Protection
- Confidentiality and Ethics
- Identifying and reporting child abuse and neglect; (Any incident that includes an allegation of child/abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10)

- **Include a Curricula Table of Contents for current and proposed training as part of the appendix.**

- 2) Describe how this initiative will be supported by your training model and offerings to program staff who will be in contact with youth, including transportation staff.
- 3) Describe how your organization will support this initiative by leveraging the resources of providers; communities; and other stake holders.
- 4) 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?

The outcome evaluation includes setting outcomes, establishing indicators, and providing a transformative experience to youth to achieve desired results and outcomes as follows:

- 80% of youth who complete the program will require less restrictive services at 3- and 6-months post discharge
 - 80% of all youth will have lengths of stay between 8 to 10 months
 - 85% of all youth will not incur new legal charges or violate existing charges while in treatment
 - 85% of all youth will have a 90% attendance rate at school
 - 70% of all youth served will show improvement on identified strength and needs domains from the time of admission to discharge
 - 75% of all youth will demonstrate improved functioning (from the time of intake to time of discharge) as measured by independent, valid, and reliable tools
- 5) 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.**

- 6) Describe procedures that will be used for data collection, management and timely reporting. Provide a description of student data to be recorded, the intended use of that data and the means of maintaining confidentiality of student records
- 7) **Submit a signed Attestation as an appendix “Attestation of Minimum Staffing Requirements and “No Eject/No Reject Policy Stipulations” (see Attachment 1).**

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

Data-driven performance and outcomes management is a central aspect of CSOC’s management of the system of care. The practice model is based on current best practices regarding out-of-home treatment for children, youth, and young adults. In order to support sensitive and responsive management of these services and to inform future practice, regulation, and “sizing,” applicants to this RFP are to give outcomes special consideration in their response.

Describe how this initiative will be supported by your quality assurance and performance improvement processes, including the meaningful role of those to be served.

Applicants must articulate a robust quality assurance and performance improvement (QA/PI) plan that includes all members of the service: youth, families, and all levels of staff. QA/PI plans and data must be submitted upon request to CSOC. Applicants are to describe on-going QA/PI activities that reflect the capacity to make necessary course corrections in a planned and responsive fashion.

- 9) 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.
- 10) **As part of the appendix, submit corrective action plans and licensing reports requested by IAIU for established or substantiated findings within the last two years.** Provide details, including dates, but redact any identifying information. Attach any plans of correction. Please be advised that the RFP Evaluation Committee may review Unusual Incident Reports (UIRs) and licensing reports.

IV. Program Approach

(40 Points)

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

Service Description

- Demonstrate the capacity to meet minimum requirements listed in “Section I: C Services to be Funded.”

- Demonstrate that youth will have a stable, familiar, consistent, and nurturing experience through staffing patterns, the management of youth cohorts, site design and utilization, and the type, scope and frequency of family/caregiver involvement.
- Describe how the agency will engage and sustain the involvement of family and/or natural supports.
 - **As part of the appendix, attach a Policy or Procedures regarding engaging and sustaining the involvement of family and/or natural supports.**
- Articulate etiology and demonstrate the links between the intervention model, strategies and techniques specific to the target population of NJ youth ages 15 through 19 with complex trauma and related behaviors as described in Services to be Funded section.
- Demonstrate how the relationships with direct care staff (supported through a teaming structure, supervision, and staffing patterns) will help youth move from being “managed” to being “engaged in treatment”.
- Describe milieu (direct care) staff’s supervision of youth and staff/youth ratios.
- Describe the program’s approach to managing medically compromised youth, including the nursing schedule.
- Describe the engagement and treatment methods to be utilized, including the use of evidence-based and evidence-informed interventions.
- Describe documentation, mechanisms for communication, responsiveness, flexibility, and creativity of treatment teams.
- Describe the mechanisms for managing and treating aggressive behavior.
- Demonstrate experience with, understanding of, and integration of issues of trauma in youth and how this will be integrated it into the treatment plan.
 - **As part of the appendix, attach curricula Table of Contents for age and developmentally appropriate psycho-educational groups.**
- Describe developmentally and age appropriate community-based activities the program will provide.
 - **As part of the Appendix, attach a Policy or Procedures regarding community-based activities.**
- Describe how the program will engage families in transition planning- Include how the program will work with families to access services so that the youth can transition home or to another intensity of service.
- Describe access to and utilization of IIC services at the time of transition. IIC providers may be employed by the applicant or by another IIC agency
- Include a description of youth data to be recorded, the intended use of

that data, and the means of maintaining confidentiality of youth records.

- **As part of the appendix, attach Policy or procedures regarding timelines;** program operations; and, staff responsible for admission, orientation, assessment, engagement, treatment planning, transition planning.
- Describe the agency's approach to ensuring safety and continuity of care in the event of an emergency or planned program closure.
- Provide details around any licensure violations in the past 12 months.
- **List of any programs** that were closed in the last eighteen (18) months and include documentation for the reasons the contracts were ended, if applicable as part of the appendix.

If the applicant has not had any closures and these questions do not apply, it will not impact the score, however, applicants that have had a closure may have up to 10 points deducted from their total score depending upon the responses to this section.

- Party that initiated closure (DCF or agency) and include detailed description of reason(s)
- Program intensity of service
- Number of beds closed
- Date of closure
- Time from notification to youth, families, and staff to safe transfer/discharge of all youth served in the program (the "transition period")
- Challenges encountered during the transition period (staff coverage, disruption in programming)

Program Requirements for Student Education

- It is preferred that youth maintain enrollment at their current school when available so that they continue to receive existing supports. Describe how the program will maintain youth in their current school, including the coordination of transportation services.
- For youth unable to remain in their original school district, describe the arrangements for or access to appropriate educational programs and services for special education and general education students.
- Articulate and clearly describe:
 - Strategies to coordinate clinical treatment with educational planning and service delivery:
 - Daily before & after-school communication strategies with school

- staff
 - Daily support of student homework, special projects, and study time
 - Specific strategies, including responsible staff and timelines, for including families-of-origin and/or natural supports in educational updates, progress monitoring and planning
 - Availability of computers for student use to support schoolwork
 - Mechanisms to monitor the educational progress of each student
 - Problem resolution strategies
 - Ongoing participation in the educational program of each student.
- Provide a detailed plan for:
 - Immediate and therapeutic responses to problems that arise during the school day
 - Supervision of students who are unable to attend school due to illness or suspension
 - Planned collaboration with all school personnel ensuring that youth remain in school when appropriate
 - Adequate supervision, programming, and professional staff contact to support home instruction in accordance with educational requirements
 - The supervision and programming for students who do not have a summer school curriculum.

V. Staff Retention

(5 Points)

Turnover rates have an effect on quality of services provided. Outcomes for youth are improved where there is staff retention. Competitive compensation for employees is more likely to attract seasoned applicants and maintain a consistent, highly qualified and experienced team. It is imperative that providers of OOH treatment services create a structural business framework in which turnover is minimized, particularly of direct care/milieu staff. This includes adequate support and supervision, training, incentives and competitive salary offerings.

As part of this narrative, provide a brief summary (no more than one page) which describes steps taken to enhance staff retention.

VI. 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 program.

- **Include the Budget Narrative and Budget forms as part of the Appendices.**
This will not be included as part of the 25-page limitation.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget should also reflect a 12-month operating schedule and must include, in separate columns, total funds needed for each line item, the funds requested under this award, 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 proposed budget should be based on 100% occupancy and may not exceed \$784,750.00 (base rate) or \$812,125.00 (accredited rate) per 5 bed programs, in funds provided under this award. The facility must also assure a **generator** is installed and operational to address any power outages (to full agency capacity) that may occur. Purchase and installation of generators are acceptable as part of startup funds.

Applicants requesting one-time operational startup costs must include a detailed summary of and justification with the completed budget proposal. CSOC intends to purchase as much direct clinical care service as funding allows. CSOC acknowledges that there may be organizations with sound clinical care models that may not have the fiscal resources to incur all related costs. CSOC would be amenable to modest participation in “facility renovations” costs and will permit reasonable **start-up** under the following conditions:

- The need must be fully presented and explained
- Costs may not exceed 5% of the award; Up to \$39,237.50 (base rate) or \$40,606.25 (accredited rate) per 5 bed programs
- All start-up costs are subject to contract negotiations. Start-up cost funds will be released upon execution of finalized contract and are paid via Schedule of Estimated Claims (SEC)
- Start-up costs **must be** delineated on separate column in the proposed Annex B Budget and be described in the Budget Narrative, attached as an Appendix

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

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

<https://www.state.nj.us/dcf/providers/contracting/forms/> and a description of General and Administrative Costs are available at <https://www.nj.gov/dcf/providers/notices/requests/>

See *Standard Documents for RFPs* for forms.

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

The DCF/CSOC is committed to the reduction and ultimate elimination of the use of seclusion and restraints.

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

This RFP requires applicants to describe how they will begin working toward the goal of reducing and ultimately eliminating the use of S/R and what methods of de-escalation will be developed and documented. **Include a summary of no more than 3 pages that describes how this model will be implemented within the program model as part of the appendix. This can be a separate appendix and will not need to be included within the 25-page narrative.**

The summary must address the following six core strategies:

- a) Leadership Toward Organizational Change
- b) Use of Data to Inform Practice
- c) Workforce Development
- d) Use of S/R Prevention Tools
- e) Consumer Roles in Inpatient Settings
- f) Debriefing Techniques

Additional information on *The Six Core Strategies for Reducing Seclusion and Restraint Use* can be located at:

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

VIII. Response to Specialty RFP Vignette (10 Points)

Vignette Response: The applicant shall read the vignette and questions included as Attachment 3 and develop a maximum one-page response to the questions.

The applicant's 1-page response shall be submitted with their proposal as appendix #3. The vignette response does not count toward the narrative page limitation.

B. Supporting Documents:

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

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

Part I: Proposal	
1	<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 for paper copies, CD and electronic copies.
3	<input type="checkbox"/> Proposal Narrative in following order 25 Page Limitation for (#1– 5) 1) Organization Fit (10 points) 2) Organization Capacity (10 points) 3) Organization Supports (10 points) 4) Program Approach (40 points) 5) Staff Retention (5 points)
Part II: Appendices: As a Condition of receiving an award, the documents below are required to be submitted with your response to the RFP <u>in the order as presented.</u>	
4	<input type="checkbox"/> Budget Narrative (See Budget Section) (10 points)
5	<input type="checkbox"/> Summary of Reduction of Seclusion and Restraint Use (Max 3 pages) (5 points)
6	<input type="checkbox"/> Attachment 3 Response to Specialty RFP Vignette (Max 1 page) (10 points)
7	<input type="checkbox"/> Corrective action plans and licensing reports requested by IAIU for established or substantiated findings within the last two years, if applicable. Provide details, including dates, but redact any identifying information. Attach any plans of correction.

8	<input type="checkbox"/>	<p>List any programs awarded to your agency within the last 18 months through an RFP process with DCF that are not yet implemented, if applicable.</p> <ul style="list-style-type: none"> • Party that initiated closure (DCF or agency) and include detailed description of reason(s). • Program intensity of service. • Number of beds closed. • Date of closure. • Time from notification to youth, families, and staff to safe transfer/discharge of all youth served in the program (the “transition period”). • Challenges encountered during the transition period (staff coverage, disruption in programming).
9	<input type="checkbox"/>	Provide details around any licensure violations in the past 12 months.
10	<input type="checkbox"/>	Applicants that were awarded other programs through a previous RFP within the last eighteen (18) months shall submit the status of implementation, if applicable. (Max 5 pages)
11	<input type="checkbox"/>	Job descriptions that reflect all educational and experiential requirements of this RFP; salary ranges; and, resumes of any existing staff that will provide the proposed services. Please do not provide home addresses or personal phone numbers.
12	<input type="checkbox"/>	Current Agency-Wide Organization Chart
13	<input type="checkbox"/>	Policy or procedures regarding timelines; program operations; and, staff responsible for admission, orientation, assessment, engagement, treatment planning, transition planning.
14	<input type="checkbox"/>	Three (3) written professional letters of support on behalf of the applying individual/agency specific to the provisions of services under this RFP. (That is, for example, not letters from families or individuals who previously received services from your program. Additionally, references from New Jersey state employees are prohibited.) A professional letter of support from the CMO (s) of the county(ies) you are serving is encouraged. Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly.
15	<input type="checkbox"/>	Letters of Affiliation and proposed <u>Student-School-Service Provider contracts</u> if graduate students will be involved in the provision of care
16	<input type="checkbox"/>	Attach Curricula Table of Contents for age, gender, and developmentally appropriate psycho-educational groups

17	<input type="checkbox"/>	Summary of any evaluation tools that will be used to determine the effectiveness of the program services – limit 5 pages
18	<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 two (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.
19	<input type="checkbox"/>	A copy of the letter from the accrediting body regarding the agency's accreditation status . If not applicable, include a written statement.
20	<input type="checkbox"/>	Policy regarding engaging and sustaining the involvement of family and/or natural supports
21	<input type="checkbox"/>	Policy or Procedures regarding community-based activities
22	<input type="checkbox"/>	Attestation signed and dated by the CEO or equivalent- <u>Attachment 1</u> Attestation of Minimum Staffing Requirements and "No Eject/No Reject Policy Stipulations
23	<input type="checkbox"/>	Certification signed and dated by the CEO or equivalent for Background Check and Release of Information-<u>Attachment 2</u>
24	<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
25	<input type="checkbox"/>	Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)
26	<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
27	<input type="checkbox"/>	Policies implementing trauma informed practices , if available.
28	<input type="checkbox"/>	Staffing patterns

29	<input type="checkbox"/>	Letter of commitment or MOU (if relevant to your program) If not applicable, include a written statement.
30	<input type="checkbox"/>	Curricula Table of Contents for current and proposed training
31	<input type="checkbox"/>	Description/floor plan of program space , if available, as part of the appendix. Additional photos and/or floor plans are also welcomed.

* 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, the Contract Reimbursement Manual and the Contract Policy and Information Manual may be reviewed via the Internet at:
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.**

Attachment 1

Minimum Staffing Requirements and No Eject /No Reject Policy Stipulations Attestation

**New Jersey Department of Children and Families
Children's System of Care (CSOC)
Specialty (SPEC) Out-Of-Home Treatment Services-Ages 15-19 years**

The following are the *minimum* staffing credentials and requirements for a DCF contracted provider of **Specialty (SPEC) Services**. This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage. The following requirements regarding the hours for each youth are to be documented in a manner that can be audited and reviewed. In the event that there are circumstances in which a youth is not able to participate in the treatment, this must be clearly documented to explain the efforts made to engage the youth and the reasons why the youth was not able to participate.

Position	Qualifications	Other Minimum Requirements	Hours/youth/week
<i>Psychiatrist or APN</i>	MD, BC/BE/APN. Board certified child and adolescent psychiatrist (and in the case of a SPEC program - who has experience in prescribing and monitoring medication for youth with substance use needs) or Psychiatric Advanced Practice Nurse (APN) in affiliation with a Board-Certified Child	-Psychiatric intake assessment & report (within one week of admission) -Initial treatment & crisis plan (within 1 st 24 hours) -Medication management meetings (monthly) -Clinical visit with youth (monthly and/or as needed) -Clinical visit with family (monthly and/or as needed) -Attend treatment team meeting (monthly)	1.25 clinical hours per week per youth. Clarification: At least 75 % of each clinical hour must be dedicated to face-to-face interaction with youth and/or families and the time remaining may be dedicated to all ancillary tasks such as documentation in the youth's record of services provided, meetings, consultations, telephone calls, relevant research, and supervisory responsibilities. -24/7 availability by contract.
<i>Pediatric APN or Pediatrician</i>	MD, BC/BE/APN. NJ licensed, board certified	-Pediatric assessment & report (within 1 st 24 hours).	24/7 availability by contract.
<i>NJ Licensed Therapist (Clinician)</i>	LCSW, LMFT, LPC, NJ licensed psychologist; or	-Psychosocial assessment & report, which includes recommendations for the inclusion of allied therapies where appropriate (within 1 st week)	8 hours per week per youth.
<i>Masters Level Therapist (LSW, LAC)</i>	* Master's level licensed practitioner under the direct on-site supervision of NJ clinically licensed practitioner with documented plan to achieve clinical licensure within 3 years. *	-IMDS strengths & needs assessment (within 1 st 24 hours) -Initial treatment & crisis plan development, documentation, consultation (within 1 st 24 hours) -Initial treatment & crisis plan debriefing w family & youth (within	<u>Clarification:</u> At least 75% of each clinical hour must be dedicated to face to face interaction with youth in individual, group and family therapy, and the time remaining may be dedicated to all ancillary tasks such as documentation in the youth's record of services provided, meetings,

Position	Qualifications	Other Minimum Requirements	Hours/youth/week
		<p>1st 24 hours)</p> <ul style="list-style-type: none"> -Comprehensive treatment & discharge plan development documentation and consultation (within 1st week) -Comprehensive treatment and transition plan development, documentation, and consultation (within the first seven days of admission) -Individual therapy (weekly); must be offered weekly and documented if youth refuses. -Group therapy (weekly) -Family therapy w family of origin or natural supports (weekly) <p>Clarification: In the interests of promoting more individualized treatment, DCF will no longer enforce the requirement found in some past SPEC RFPs to provide a minimum of two individual or family therapy sessions and three group therapy sessions every week. It is now left to the discretion of the provider to decide which configuration of individual, group or family therapy sessions best serves the needs of each youth in a particular week. All three types of therapy must be included as part of the youth's treatment plan. While still providing a total of at least 6 hours per week, a minimum of 25% of all therapies provided monthly must be in individual or family sessions.</p> <ul style="list-style-type: none"> -IMDS assessment review & update (monthly) - Attend & direct treatment team meeting (monthly) 	<p>consultations, telephone calls, relevant research, and supervisory responsibilities. The time a clinician spends on case management must be additional to these clinical services.</p>

Position	Qualifications	Other Minimum Requirements	Hours/youth/week
<i>Allied Clinical Therapist</i>	Professional (Licensed or credentialed, where applicable, and must follow the requirements for screening/background checks)	<ul style="list-style-type: none"> - Recreation/leisure assessment and report (within 1st week). - Clarification: Allied therapists must provide youth with a minimum of 6 hours per week of structured and guided activities, on the program's site or in the community, which are participatory in nature and directly related to the youth's treatment planning needs. Examples may include, but not be limited to, yoga, movement, music, art therapy, vocational activities not supported through educational funding, etc. These 6 hours must be additional to the minimum of 8 hours per week of clinical services delivered by clinicians. <p>Allied activities that are based on the cognitive and emotional needs of the youth in the milieu and require identified outcome measures</p>	6 hours per week per youth
<i>Nurse-Health Educator/RN</i>	Registered nurse (RN) or a licensed practical nurse (LPN), under the supervision of an RN, with a current NJ nursing license and one-year direct care nursing experience with children	<ul style="list-style-type: none"> -Nursing assessment and report within the first 24 hours of admission -Initial treatment and crisis plan consultation (within 1st week) -Medication dispensing daily -Health/Hygiene/sex education/sexuality/substance abuse weekly - Medication education monthly - Attend debriefing on youth status daily - Attend treatment team meeting monthly -Minimally, twice weekly health education groups led by licensed professional(s) (RN, MD, LPN, APN) must be provided to youth to teach them to behave in a manner conducive to the promotion, maintenance, or restoration of health. Health education shall cover topics that are applicable to the age and gender population of the particular program and their related health needs, and address 	1.5 hours per week per youth; 30% must be provided by an RN.

Position	Qualifications	Other Minimum Requirements	Hours/youth/week
		physical, environmental, social, emotional, intellectual, and spiritual health. The staff responsible for providing each health education group must clearly document the duration of each session as well as the topic discussed.	
<i>Psychologist or Psychiatrist</i>	PhD, PsyD, and E d. D	-A psychological or psychiatric evaluation will be completed	At the time of intake and thereafter, if the clinical team determines it is needed to inform the youth's care.
<i>Direct Care Milieu Staff</i>	Bachelor's level or HS with 3-5 years' experience providing direct care to youth in a behavioral health agency or institutional setting	<ul style="list-style-type: none"> -Youth orientation (within 1st 24 hours) -Milieu activities (daily) -Community integration via focused recreational activities (weekly) -Direct youth supervision (daily) -Attend treatment team meetings (monthly) -Pre-Vocational skills training (5 hours per week) -Provision of Ansell Casey or Botvin Life Skills training: 3 hours weekly, as applicable/appropriate for youth age ranges. -Six (6) psycho-educational activities consistent w/pro-social learning, problem solving, life-skill development, and coping strategies. These psycho-educational activities to be delivered by qualified by training and experience bachelor level direct care staff and/or bachelor level case managers (e.g. part of case managers below listed on-site family psycho-educational activities). 	63 hours per week per youth (represents multiple FTEs).
<i>Case Management</i>	Bachelor's level with 3-5 years of relevant experience or unlicensed master's level with 1 year of related experience	<ul style="list-style-type: none"> -Family orientation (within 1st 24 hours) -Review and signature of all required paperwork and consents (within 24 hours) -As needed on-site family psycho-educational activities tied to comprehensive treatment and discharge plan. -Attend treatment team meetings (monthly) - Monitor transition plans of youth and facilitate follow-up as needed in effort to minimize delayed 	5.5 hours per week per youth. Clarification: If case management is delivered by clinicians, direct care staff, or other professionals charged with duties other than case management under this contract, then the hours they dedicate to case management must be additional to the hours they dedicate to these other

Position	Qualifications	Other Minimum Requirements	Hours/youth/week
		transition of youth (routinely)	duties
<i>Dietician</i>		-A nutritional screening will be completed (may be completed by nurse)	.50 hours at intake; then as needed. Clarification: A Dietician or Nurse shall screen all youth at intake, and thereafter as needed, for any dietary restrictions or allergies to ensure their health and safety.
<i>Service/Program Director</i>	master's degree in a behavioral health field and three (3) years post M.A. experience with youth in an out of home setting (License preferred and at least one year of which shall be in a supervisory capacity)	-Attend treatment team meetings (monthly) -Oversee all Quality Assurance/Program Improvement activities with particular attention to bench-marking activities for all direct care staff	-The hours provided by a Program Director are the number required to ensure that the needs of the youth are appropriately addressed in a manner consistent with DCF's requirements of the contracted provider.

Contracted staff to youth ratio:

Each contracted program component must maintain a ratio of 1 direct care milieu staff for every 4 youth at all hours. A minimum of two staff members must be awake, on site, and accessible to youth at all times whenever any youth are present, including overnight while youth are asleep.

- Clarification: One of the 2 minimally required staff members, who must be awake and accessible to youth at all times whenever any youth are present, must be a direct care worker. The second awake staff person minimally required must be either: 1) an additional direct care staff; or 2) another professional treatment team member working in the home. When a provider elects option 2, the professionals who serve as the second staff person awake in the home: 1) may include Program Directors, House Managers, Program Coordinators, Clinicians, Therapists, Case Managers; and Health Care providers; 2) must be certified in any therapeutic holds or de-escalation techniques the Agency may subscribe to; and 3) trained to provide direct care duties. The time professionals are contractually required to provide treatment is not reduced by the time they serve as the second staff awake in the home.
- Clarification: When no youth are present in the home, N.J.A.C. 10:128-5.3 requires at least one staff member present in the home or immediately reachable by telephone.
- Clarification: Minimum staff requirements apply to each contracted program and it is not permissible to satisfy these requirements by floating staff among different contracted programs. Staff assignments among homes within contracted programs must never result in less than the minimum staff being present at any of one of the homes within the contracted programs.

No Eject/No Reject Policy Stipulations:

- Provider will accept all referrals designated by the CSA and/or the SRTU at CSOC for this level of care.
- Provider will not eject any youth until they qualify for a lower level of care.

2. By my signature below, I hereby certify that I have read and understand the *minimum* staffing requirements for a DCF contracting provider of Specialty Services outlined in this document.

CEO or Equivalent (please print)	Title	Signature	Date
-------------------------------------	-------	-----------	------

ATTACHMENT 2

**COMMUNITY AGENCY HEAD AND WORKER CERTIFICATION
PERMISSION FOR BACKGROUND CHECK AND RELEASE OF INFORMATION**

I hereby agree to undergo a criminal history background check and I agree to be fingerprinted in order to complete the State and Federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Children and Families. Check one of the options listed below. If Option 2 is checked or the criminal background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

- Option 1** – I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.
- Option 2** – I hereby affirm that I have been convicted of the following offense listed below:

_____ on _____
Offense *Date*

FOR PROVISIONAL WORKER ONLY

As a provisional worker, I further understand that I may be engaged by the agency for a period not to exceed six (6) months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

Offenses covered under P.L. 1999,

c.358 In New Jersey, any crime or disorderly person offense:

--involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- | | |
|---|----------------------------------|
| i. Murder | viii. Kidnapping |
| ii. Manslaughter | ix. Interference with custody of |
| iii. Death by auto | x. Sexual assault |
| iv. Simple assault | xi. Criminal sexual contact |
| v. Aggravated assault | xii. Lewdness |
| vi. Recklessly endangering another person | xiii. Robbery |
| vii. Terroristic threats | |

-- against the children or incompetents as set forth in N.J.S.A. 2C:24-1 et seq. including the following:

- i. Endangering the welfare of a child
- ii. Endangering the welfare of an incompetent person

--a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

--in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

FOR COMMUNITY AGENCY HEAD ONLY:

I understand the results of this background check will be reported to the President of the Board of my agency.

*Name of Board President
Business)*

Address of Board President (Home or

COMMUNITY AGENCY HEAD OR WORKER:

WITNESS:

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Attachment 3

Specialty RFP Vignette

Background: Courtney is a sixteen-year-old female who has been receiving specialty treatment services at the New Beginnings Specialty Program for the past eleven months. Courtney has been in OOH treatment for the past three years, with time in the community as well. Prior to receiving services at New Beginnings, Courtney received treatment in three prior out-of-home treatment settings (one group home and two residential treatment centers). Courtney has been involved with her local Care Management Organization (CMO) for four years. Her mother was offered support through the Family Support Organization (FSO), but she declined services. DCPD is not currently involved, although there is a history of DCPD involvement due to a past substantiated allegations of physical and sexual abuse by Courtney's stepfather. Courtney's mother has been sporadically involved with Courtney's out-of-home treatment due to their tumultuous relationship. Courtney has two half-siblings to whom she has a close relationship with but only sees them sporadically when her mother visits. Courtney's diagnoses include Post Traumatic Stress Disorder, Conduct Disorder, and ADHD. Courtney is educationally classified as Emotionally Disturbed but does well academically. She enjoys playing basketball, cooking, spending time with her siblings, and listening to music.

Incident: Yesterday, Courtney returned to New Beginnings after an off-site visit with her mother. John, Jackie, and Ann were the milieu staff on shift during this time. Courtney was clearly upset and withdrawn. She ignored John's instruction to join a scheduled group therapy session. Instead, Courtney put on her headphones and listened to music. John removed Courtney's headphones and insisted that she "comply" with the instructions to join the group. At this point, Courtney became very agitated and began yelling. John called on Jackie for assistance then both attempted to physically escort Courtney to therapy. Courtney pushed John and he landed on the floor uninjured. John and Ann physically restrained Courtney then called the police. Upon police arrival, Courtney was transported to hospital screening for evaluation. John pressed assault charges against Courtney.

Vignette Response: Upon review of the above-mentioned information, the RFP respondent shall address the following questions within a one-page maximum response (via attachment).

- **Did the staff at New Beginnings handle this incident appropriately? Why or why not?**
- **What information within Courtney's provided background contributes to the current situation? Explain how this information could assist in planning next steps. What additional information would be helpful to know?**
- **If your agency was New Beginnings:**
 - **How would your staff have handled this incident?**
 - **What were the triggers?**
 - **What staff practices would you change (if any) and how would you go about promoting such change?**
 - **What next steps do you propose for your staff and the Child Family Team?**

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

Rev. 9-24-19

**CSOC Pre Award Documents
Required to Be Submitted with a Response to an OOH RFP**

CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RESPONSE:
<p>Standard Language Document (SLD) (signed/dated) [Rev. 7-2-19] Form: https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc</p>
<p>Business Associate Agreement/HIPAA (signed/dated under Business Associate) [Rev. 8-2019] Form: https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx</p>
<p>Proposed Annex B Budget Form documenting anticipated budget (include signed cover sheet) Annex B: https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.</p>
<p>Dated List of Names, Titles, Emails, Phone Numbers, Addresses & Terms of Board of Directors -or- Managing Partners, if a LLC/Partnership -or- Chosen Freeholders of Responsible Governing Body</p>
<p>Disclosure of Investigations and Other Actions Involving Bidder (signed/dated) [Rev. 3-15-19] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf</p>
<p>Disclosure of Investment Activities in Iran (signed/dated) [Version 6-19-17] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf</p>
<p>For Profit: Ownership Disclosure (signed/dated) [Rev. 9-24-19] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf</p>
<p>Subcontract/Consultant Agreements related to this response If not applicable, include a signed/dated note, on agency letterhead, stating your agency will not have any subcontract/consultant agreements and the requirement does not apply.</p>
<p>For Profit: Chapter 51/Executive Order 117 Vendor Certification and Disclosure of Political Contributions [Rev 4/1/19] See instructions for applicability to your organization. If not applicable, include a signed/dated note, on agency letterhead, stating a Chapter 51 form is not required and include a brief explanation as to why. Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/eo134/Chapter51.pdf</p>
<p>Agency By Laws -or- Management Operating Agreement if a LLC</p>
<p>Certificate of Incorporation Website: https://www.nj.gov/treasury/revenue/filecerts.shtml</p>
<p>Document showing Data Universal Numbering System (DUNS) Number [2006 Federal Accountability and Transparency Act (FFATA)] Website: https://fedgov.dnb.com/webform Helpline: 1-866-705-5711</p>

For Profit: NJ Business Registration Certificate with the Division of Revenue
See instructions for applicability to your organization. If not applicable, include a signed/dated note, on agency letterhead, stating a NJ Business Registration is not required and include a brief explanation as to why. Website: <https://www.nj.gov/njbusiness/registration/>

Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3)

If not applicable, include a signed/dated note, on agency letterhead, stating the tax exempt requirement does not apply and include a brief explanation as to why.
Website: <https://www.nj.gov/treasury/taxation/exemptintro.shtml>

Proposed **Program Implementation Status Update Form** documenting anticipated implementation schedule --or-- some other detailed weekly description of your action steps in preparing to provide the services of the RFP to become fully operational within the time specified.

Website for OOH Form: <https://nj.gov/dcf/providers/contracting/forms/csoc.html>

CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RESPONSE & ANNUALLY UPDATED THEREAFTER:

Affirmative Action Certificate --or-- Renewal Application [AA302] sent to Treasury with payment.

Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year 1. Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate.

Website: <https://www.nj.gov/treasury/purchase/forms.shtml>

Form: https://www.nj.gov/treasury/purchase/forms/AA_%20Supplement.pdf

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>

Tax Forms – Full Return Required

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

Proposed **Organizational Chart** for services required by this response – Ensure chart includes the agency name and current date

Current **Professional Licenses and/or Certificates** related to job responsibilities for this response

If not applicable, include a signed/dated note, on agency letterhead, stating your programs do not require staff to be professionally licensed/certified and the requirement does not apply.

System for Award Management (SAM) printout showing active status and expiration date

Note: Should be obtained free of charge

Website: Go to SAM by typing **www.sam.gov** in your Internet browser address bar

Helpline: 1-866-606-8220

Proposed **Program Staffing Summary Report (PSSR)** documenting anticipated staff levels and assignments

Website for OOH Form: <https://nj.gov/dcf/providers/contracting/forms/csoc.html>

EXHIBIT D

Rev. 9-24-19

**CSOC Post-Award Documents
Required to be Submitted for Contract Formation
if the Response to the OOH RFP Results in an Award**

▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:	
1	<input type="checkbox"/> Annex A (Include: Summary, Agency Documents 1.1, 1.2, 1.3 & Program Component Documents 2.1, 2.2, 2.3, 2.4 & 2.5) -or- other CSOC Approved Form (signed/dated) Annex A: https://www.nj.gov/dcf/providers/contracting/forms CSOC Form: Provided by contract administrator if applicable (e.g. OOH Annex A Attestation, PSSR, Program Summary Form, Agency Data Sheet, Program Component Form)
2	<input type="checkbox"/> Annex A Addendum (for each program component) - submitted online in CYBER (signed/dated)
3	<input type="checkbox"/> <u>For Programs that Submitted a Proposed Annex B in Response to the RFP:</u> Updated Annex B Budget Form (signed/dated) Annex B: https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
4	<input type="checkbox"/> <u>For Fee for Service Contracts [other than those formed by an RFQ]</u> Annex B-2 (DCF.CRM 5.2 and 5.3) CSOC Form: Provided by contract administrator if applicable
5	<input type="checkbox"/> <u>For Cost Reimbursement Contract Components Including Startup:</u> Schedule of Estimated Claims (SEC) (signed/dated) CSOC Form: Provided by contract administrator, if applicable
6	<input type="checkbox"/> Acknowledgement of Receipt of NJ State Policy & Procedures returned to the DCF Office of EEO/AA (signed/dated) Form: https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf Policy: https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf
7	<input type="checkbox"/> Chapter 271/Vendor Certification and Political Contribution Disclosure Form (signed/dated) [Rev 7/10/17] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf
8	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> Current or Continued Certificate of Occupancy If not applicable, include a signed/dated note, on agency letterhead, stating you do not host youth onsite and a certificate of occupancy is not required.
9	<input type="checkbox"/> <u>For Each Site Hosting Youth:</u> Copy of Lease, Mortgage or Deed If not applicable, include a signed/dated note, on agency letterhead, stating you do not host youth onsite and a lease, mortgage or deed is not required.
10	<input type="checkbox"/> Document showing NJSTART Vendor ID Number (NJ's eProcurement system) Website: https://www.njstart.gov/ Help Desk: Call 609-341-3500 -or- Email njstart@treas.nj.gov

11	<input type="checkbox"/>	For Medicaid Paid Programs: Medicaid Provider Enrollment Application (signed/dated) Form: Provided by CSOC, if applicable
12	<input type="checkbox"/>	For Programs that Submitted a Proposed Program Staffing Summary Report (PSSR) in Response to the RFP: Updated PSSR Form Form: ProgramStaffingSummaryReport.xlsm Website: https://nj.gov/dcf/providers/contracting/forms/csoc.html
▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & <u>ANNUALLY</u> UPDATED THEREAFTER:		
13	<input type="checkbox"/>	Annual Report to Secretary of State Website: https://www.njportal.com/dor/annualreports
14	<input type="checkbox"/>	Employee Fidelity Bond Certificate (commercial blanket bond for crime/theft/dishonest acts) Refer to policy for Minimum Standards for Insurance: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf Bond must be at least 15% of the full dollar amount of all State of NJ contracts for the current year when the combined dollar amount exceeds \$50,000. If not applicable, include a signed/dated note, on agency letterhead, stating the bond certificate is not required as your agency will not exceed \$50,000 in combined State of NJ contracts for the current year. <u>Note:</u> The \$50,000 threshold includes fee-for-service reimbursements made via Medicaid.
15	<input type="checkbox"/>	Equipment Inventory for items purchased with DCF Funds If not applicable, include a signed/dated note, on agency letterhead, stating you will not purchase any equipment with DCF funds and the requirement is not applicable. Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf
16	<input type="checkbox"/>	For Each Site Hosting Youth: Current Health/Fire Certificates If not applicable, include a signed/dated note, on agency letterhead, stating you do not host youth onsite and a health/fire certificate is not required.
17	<input type="checkbox"/>	Liability Insurance (Declaration Page/Malpractice Insurance) <u>Note:</u> Policy must show two items... 1. List DCF as the certificate holder - NJDCF, 50 East State St, Floor 3, POB 717, Trenton, NJ 08625 2. Contain language stating DCF is an additional insured Refer to policy for Minimum Standards for Insurance: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf
18	<input type="checkbox"/>	DCF Notification of Licensed Public Accountant Form (NLPA) [Rev. 7-15-19] -and- copy of Non-Expired Accountant's Certification [Ensure DCF form is used and 2 signatures are provided] Form: https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx Not required for agencies expending under \$100,000 in combined federal/state awards or contracts. If not applicable, submit a signed/dated note, on agency letterhead, stating the NLPA form and accountant's certificate are not required as you will not exceed \$100,000 in combined federal/state awards or contracts. <u>Note:</u> The \$100,000 threshold includes fee-for-service reimbursements made via Medicaid. Also, the NLPA is a State of NJ form and need only list federal/state funds received via contracts with the State of NJ.
19	<input type="checkbox"/>	For Each Site Hosting Youth: Current DCF Office of Licensing (OOL) Certificate If not applicable, include a signed/dated note, on agency letterhead, stating you do not provide services to youth onsite and an OOL certificate is not required. Website: https://www.nj.gov/dcf/about/divisions/ol/

20	<input type="checkbox"/>	Most recent Audit -or- Financial Statement (certified by accountant or accounting firm) <u>Audit</u> : For agencies expending over \$100,000 in combined federal/state awards/contracts -or- <u>Financial Statement</u> : For agencies expending under \$100,000 Policy: https://www.state.nj.us/dcf/policy_manuals/CON-I-A-7-7.06.2007_issuance.shtml [Policy Rev. 7/15/19]
21	<input type="checkbox"/>	<u>For Cost Reimbursement Contract Components Including Startup</u> : Report of Expenditures (ROE) Annex B Interim (15 days of end of 6 th month) -and- Final (9 months after end of fiscal year) Form: https://nj.gov/dcf/providers/contracting/forms/ Submit To: ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us
22	<input type="checkbox"/>	<u>For Each Site Hosting Youth - Copy of Accreditation</u> {Joint Commission, COA, CARF} as applicable (required annually and as amended). If not applicable, include a signed/dated written statement on agency letterhead stating you do not host youth onsite and the accreditation requirement is not applicable.
▶ CONTRACT DOCUMENTS TO BE MAINTAINED <u>ONSITE</u> BY PROVIDER:		
23	<input type="checkbox"/>	Agency Organizational Chart
24	<input type="checkbox"/>	Copy of Most Recently Approved Board Minutes
25	<input type="checkbox"/>	Personnel Manual and Employee Handbook (include staff job descriptions)
26	<input type="checkbox"/>	Affirmative Action Policy/Plan
27	<input type="checkbox"/>	Conflict of Interest Policy and Attestation https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf
28	<input type="checkbox"/>	Procurement Policy https://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf