**Attachment 1**

**New Jersey Department of Children and Families**

**Children’s System of Care (CSOC)**

**Residential Treatment Intensity of Service (RTC IOS) Services for youth with Co-Occurring Mental Health and Substance Use Diagnoses**

**Minimum Staffing Requirements**

The following are the *minimum* staffing credentials and requirements for a DCF contracted provider of **Residential Treatment IOS (RTC IOS) Services for youth with Co-Occurring Mental Health and Substance Use Diagnoses**. 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 Requirements | Hours/youth/week |
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| *Psychiatrist or APN* | MD, BC/BE/APN. Board certified child and adolescent psychiatrist (in the case of a co-occurring program-who has experience in prescribing and monitoring medication for youth with substance use needs) or psychiatric APN in affiliation with a board-certified child psychiatrist | -Psychiatric intake assessment & report (within 1st week)-Initial evaluation on all children and adolescent youth prescribed psychotropic medication-Initial treatment & crisis plan -Medication management meetings (monthly)-Clinical visit with youth (monthly)-Clinical visit with family (monthly)-Attend treatment team meeting (monthly) | - .67 clinical hours per week per youth; 75 % of which must be face-to-face time with youth and/or families.-24/7 availability by contract. |
| *Pediatric APN or Pediatrician* | MD, BC/BE/APN. NJ licensed, board certified | -Pediatric assessment & report (within 1st 48 hours).-Initial evaluation for children and adolescent youth who are not prescribed psychotropic medications (within 1st week)-Provide ongoing medication management for children and adolescent youth after initial evaluation conducted by the Psychiatrist | 24/7 availability by contract. |
|  *Independently licensed clinician* |  Independently licensed LCSW, LPC, LMFT or Licensed Psychologist who has at least two years of experience providing direct clinical services to youth and young adults with co-occurring behavioral health and substance use treatment needs. The requisite experience should demonstrate the 1) use of integrated assessment approach that results in highly individualized and holistic treatment plans; 2) the use of trauma informed evidence-based practices that assist youth and young adults in identifying and changing patterns of behavior related to substance use; 3) the delivery of psycho-educational groups supportive of age-appropriate pro-social learning, problem solving, life-skill development, and coping strategies. The clinician must either hold or be actively pursuing Licensed Certified Alcohol and Drug Counselor (LCADC) and obtain licensure within two years to remain in the position. | -Bio-Psychosocial assessment & report (within 1st week)-IMDS strengths & needs assessment (within 1st 48 hours)-Initial treatment & crisis plan development, documentation, consultation (within 1st 48 hours)-Initial treatment & crisis plan debriefing w family & youth (within 1st 48 hours)-Comprehensive treatment & transition plan development documentation and consultation (within 1st week)-Individual trauma informed therapy (weekly)-Group therapy (weekly)-Family therapy w family of origin or natural supports (bi-monthly and/or as needed)-IMDS assessment review & update (monthly)- Attend & direct treatment team meeting (monthly)-Supervision of LSW and/or LAC Master’s level staff pending clinical licensure to LCSW or LPC as required by the respective state licensing board. | 6 hours per week per youth; at least 75% of each clinical hour must be face-to-face clinical interaction with youth and family; 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.  |
| *Allied Clinical Therapist* | Professional (Licensed, credentialed, or certified where applicable) | -Recreation/leisure assessment and report (within 1st week);-Allied activities based on cognitive and emotional needs of the youth in the milieu and require identified outcome measures;-Structured, guided and participatory in nature;-Directly related to the youth’s treatment planning needs;-May occur both on grounds and within community-Individual providing a particular allied activity should hold credentials, where appropriate, and must follow the requirements for screening/background checks(music, art, movement, recreation, occupational or certified where applicable) | 6 hours per week per youth |
| *Nurse-Health Educator/RN* | Registered nurse (RN) or Pediatric Nurse Practitioner, with knowledge of substance use | -Assess physical condition of youth (under direction of medical director or psychiatrist) & integrate findings into treatment plan-Educate & support direct care staff on administering medications and possible side effects (under direction of medical director or other physician)-Implement quality assurance program-Provide injections of medication, as needed and directed by medical director or other physician-Nursing assessment & report (within 1st 48 hours of admission)-Initial treatment and crisis plan consultation (within 1st 48 hours & then weekly)-Attend debriefing on youth status (daily)-Health/hygiene/sex education (weekly)-Medication education (monthly)-Attend treatment team meeting (monthly) | 2 hours per week per youth. |
| *Psychologist* | PhD, PsyD, and Ed.D. | -A psychological 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. |
| *Milieu Staff*  | Bachelor’s level or HS with 3-5 years’ experience providing direct care to youth in a behavioral health agency or institutional setting | -Youth orientation (within 1st 24 hours)-Milieu activities (daily)-Community integration via focused leisure/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 as appropriate: 3 hours weekly(In case of co-occurring, LCADC is preferred.) | 44 hours per week per youth (represents multiple FTEs).  |
| *Case Manager-Bachelors Level Practitioner* | Bachelor’s level with 3-5 years of relevant experience or unlicensed Master’s level practitioner with 1 year of related experience | -Family orientation (within 1st 24 hours)-Review and signature of all required paperwork and consents (within 48 hours)-On-site family psycho educational activities consistent w/ comprehensive treatment & discharge plan (as needed/monthly)-Attend treatment team meetings (monthly) | 5.5 hours per week per youth. |
| *Dietician* |  | -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. |
| *Service/Program Director* | -Relevant Master’s degree and three years post Master’s experience working w/youth w/emotional, behavioral and substance abuse challenges-Minimum of 1 of the three years’ experience must be in a supervisory capacity. -Agencies must adjust their management and administrative structure accordingly to their size | -Attend treatment team meetings (monthly)-Oversee all Quality Assurance/Program improvement activities with a focus on attaining bench-mark activities for all direct care staff. | FT dedicated, on-site. |

Contracted staff to youth ratio:

* Ratio of 1 direct care staff for every 5 youth must be maintained at all hours with a minimum of 2 awake staff whenever youth are present – including 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 and must be a direct care milieu 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.

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