

**ATTACHMENT 1**  
**State of New Jersey-Department of Children and Families**  
**Stabilization and Assessment Services Staffing Attestation**

1. I, (Name) \_\_\_\_\_, am the (Title) \_\_\_\_\_ of  
the (Name of Provider Agency) \_\_\_\_\_.

The following are the *minimum* staffing credentials and requirements for a DCF contracted provider of Stabilization and Assessment services. This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage.

Position	Qualifications	Other requirements	Hours/youth/week
Psychiatrist or APN	Board certified child psychiatrist or psychiatric APN in affiliation with a board-certified child psychiatrist.	<ul style="list-style-type: none"> <li>• Psychiatric intake assessment and report (within 7 days)</li> <li>• Initial treatment and crisis plan (within the first 24 hours)</li> <li>• Medication management meetings (monthly)</li> <li>• Clinical visit with youth as needed; clinical visit with family, as needed</li> <li>• Attend treatment team meeting (monthly)</li> <li>• 24/7 availability by contract</li> </ul>	1.25 clinical hours per week per youth; 75 % of which must be face-to-face time with youth and/or families. (if the youth refuses or is unable to attend, the reason must be documented);
Pediatric APN or Pediatrician	MD, BC/BE/APN. NJ licensed, board certified	<ul style="list-style-type: none"> <li>• Pediatric assessment and report (within 1<sup>st</sup> 24 hours).</li> </ul>	24/7 availability by contract.

<p>Clinician dedicated to the program, NJ licensed clinician(s) OR a master's level practitioner with appropriate licensure (MSW must have LSW licensure and MA/MS must have LAC licensure) (see additional description in next column)</p>	<p>NJ Licensed Clinician: LCSW, LPC, LMFT or Psychologist) who is clinically licensed to practice in NJ</p> <p>Or</p> <p>Master's Level Licensed Clinician (LSW, LAC) 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.</p>	<ul style="list-style-type: none"> <li>• CSOC Bio psychosocial assessment and report uploaded to Cyber within seven days of youth's admission</li> <li>• IMDS Strengths and Needs assessment (within first 24 hours)</li> <li>• Initial treatment and crisis plan development, documentation and consultation (within first 24 hours of admission)</li> <li>• Initial treatment and crisis plan debriefing with family and youth (within first 24 hours of admission)</li> <li>• Comprehensive treatment and discharge plan development, documentation and consultation (within the first week)</li> <li>• Positive Behavioral Supports (daily)</li> <li>• Individual therapy as applicable (weekly)</li> <li>• Group therapy as applicable (weekly)</li> <li>• Family therapy with family of origin or natural supports (weekly)</li> <li>• Skill building (weekly)</li> <li>• IMDS assessment review and update (monthly)</li> <li>• Attend and direct treatment team meeting (monthly)</li> </ul>	<p>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. (if the youth refuses or is unable to attend, the reason must be documented);</p>
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<p>Program Transition Specialist</p>	<p>Bachelors level practitioner(s) with 3-5 years relevant experience or an unlicensed master's level practitioner with 1-year relevant experience will:</p>	<ul style="list-style-type: none"> <li>• Conduct family orientation in the first 24 hours;</li> <li>• Review and sign of all required paperwork and consents within the first 48 hours of admission;</li> <li>• Demonstrate collaborative relationships with system partners including CMO and DCP&amp;P (if involved) and knowledge of system of care procedures and resources;</li> <li>• Daily check in with program staff to obtain necessary information for transition planning;</li> <li>• Contact with parent/caregiver at minimum twice per week in order (more frequently as deemed necessary) to discuss status of their youth's transition plan;</li> <li>• Provide, as needed, on-site family psycho educational activities tied to comprehensive treatment and discharge plan monthly;</li> <li>• On a weekly basis, will gather input from all team members and enter a weekly summary in the youth's progress notes within CSOC's CYBER EHR;</li> <li>• Attend treatment team meeting monthly.</li> </ul>	<p>7.0 hours per youth week per</p>
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<p>Allied Therapies (music, art, movement, recreation, occupational, vocational, combination thereof). Professional(s) will provide:</p>	<p>Licensed where applicable.</p>	<ul style="list-style-type: none"> <li>• Recreation/Leisure Assessment and report (within the first week)</li> <li>• Allied activities that are based on the cognitive and emotional needs of the youth in the milieu and require identified outcome measures;</li> <li>• Activities shall be structured and guided and participatory in nature; examples may include, but not limited to, yoga, movement, music, art therapy, vocational, etc.;</li> <li>• Allied activities must be directly related to the youth's treatment planning needs;</li> <li>• Allied therapies may occur both on grounds and within the community; The individual providing a particular allied activity should hold credentials, where appropriate, and must follow the requirements for screening/background checks.</li> </ul>	<p>6 hours of Allied Therapy 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);</p>
<p>Nurse-health educator/</p>	<p>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.</p>	<ul style="list-style-type: none"> <li>• Assess the physical condition of the youth in the program under the direction of the medical director or psychiatrist and integrate findings into the youth's treatment plan;</li> <li>• Provide education and support to milieu staff on the administering of medications and possible side effects, under the direction of the medical director or other physician;</li> <li>• Implement the quality assurance program;</li> <li>• Provide injections of medication, as needed and directed by the medical director or other physician;</li> </ul>	<p>A minimum of 2.5 hours per week per child (30% must be provided by an RN), or more as needed dependent upon the needs of the population;</p>

		<ul style="list-style-type: none"> <li>• Nursing assessment and report (within the first 24 hours);</li> <li>• Initial treatment and crisis plan consultation (within the first 24 hours and then weekly);</li> <li>• Dispense medication as needed</li> <li>• Attend debriefing on youth status (daily);</li> <li>• Health/Hygiene/ groups(weekly);</li> <li>• Medication education (monthly);</li> <li>• Attend treatment team meetings (monthly);</li> <li>•</li> </ul>	
Milieu staff	BA or HS with 3-5 years' experience providing direct care to youth with behavioral health challenges in a behavioral health agency or institutional setting.	<ul style="list-style-type: none"> <li>• Youth orientation (within the first 24 hours of admission)</li> <li>• Milieu activities (daily)</li> <li>• Community integration via focused, age appropriate recreational activities (weekly)</li> <li>• Direct client supervision (daily)</li> <li>• Attend treatment team meeting (monthly)</li> <li>• Data collection (daily, as indicated)</li> <li>• Life Skills and/or Vocational Training;</li> <li>• Provision of Ansell-Casey or Botvin Life Skills training: a minimum of 3 hours weekly</li> </ul>	112 hours per week per youth (represents multiple FTE's. 1:3 staff to youth ratio with a minimum of two awake staff at all times, including community trips. Provides 1:1 supervision as needed.
Service/Program Director	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)	<ul style="list-style-type: none"> <li>• Attend treatment team meetings (monthly)</li> <li>• Oversee all Quality Assurance/Program Improvement activities with a focus on attaining bench-mark activities for all direct care staff</li> </ul>	FT dedicated, on-site.
Assessments	Completed by qualified staff or through affiliation agreement	<ul style="list-style-type: none"> <li>• CSOC Bio Psychosocial Assessment</li> <li>• Nursing Assessment</li> <li>• Nutritional Assessment</li> <li>• Psychiatric Evaluation</li> </ul>	

Assessments (continued)	In addition, the following assessments shall be provided/obtained, on an expedited basis through provider or affiliation agreement as deemed necessary by the treatment team	<ul style="list-style-type: none"> <li>• Psychological evaluation</li> <li>• Neurological evaluation</li> <li>• Psychosexual evaluation, by a Licensed Psychologist with a specialization in this area</li> <li>• Fire setting evaluation, by a Licensed Psychologist with a specialization in this area</li> <li>• Life skills assessment including outcome measures for Ansell-Casey or Botvin Life Skills where applicable</li> <li>• Other assessment may be indicated. Clinicians must be familiar with the array of considerations</li> </ul>
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2. By my signature below, I hereby certify that I have read and understand the *minimum* staffing requirements for a DCF contracted provider of Stabilization and Assessment services outlined in this document.

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CEO or Equivalent (please print)	Title	Signature	Date
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