



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Adolescent Substance Use Recovery Initiative

DCF Children's System of Care

Thursday, April 24, 2025

Agenda & Objectives

- CSOC Overview
- Goals of the Program
- Services and Activities
- Level of Service Requirements
- Staffing & Professional Development
- Funding
- Q&A



Children's System of Care

- New Jersey's public behavioral health system serving youth under age 21 with emotional and mental health care needs, substance use challenges, and/or intellectual/developmental disabilities and their families.
- Family driven & youth guided
- Individualized and community based
- Culturally and linguistically competent
- Evidence-based / Informed



Contracted System Administrator

- PerformCare, the Contracted Systems Administrator for the Children's System of Care, is the single point of access to CSOC's wide array of behavioral health, substance use, and intellectual and developmental disability services for youth and families throughout New Jersey.
- PerformCare can refer and authorize substance use treatment services for eligible youth who meet the clinical criteria for treatment.



Goals to be Met by this Program

- Reduce substance use & promote early intervention
- Improve the identification of adolescent substance use
- Enhance adolescents' access & engagement in treatment and recovery
- Improve youth functioning, skills, and insights necessary for recovery



Target Population

- Youth diagnosed with a substance use disorder, may also have a co-occurring mental health diagnosis, and meet appropriate American Society of Addiction Medicine (ASAM) criteria for outpatient or intensive outpatient Substance Use treatment.
- Age:
 - 13 to 17 years old
 - youth receiving services prior to turning 18 years old shall continue in the treatment, or
 - youth who are referred to treatment at 18 years old, are in high school or equivalent, and are best served in an adolescent program



Services to be Funded

- Adolescent Substance Use Outpatient treatment (Level 1.5)
- Adolescent Substance Use Intensive Outpatient treatment (Level 2.1)
- Assessment / Evaluation Services
- Co-occurring treatment
- Non-Clinical case management & recovery supports



Evidence Based Service Modalities

Licensed mental health clinician(s) must be trained or enrolled in training within 6 months of award in Evidence Based Practices which are recognized and implemented within the substance use/ mental health communities and proven effective.

Examples of EBPs

- Multisystemic Family Therapy (MST)
- Cognitive Behavioral Therapy (CBT)
- Motivational Enhancement Therapy (MET)
- Motivational Interviewing (MI)



Case Management

- Care coordination with other systems (e.g., school, legal, child welfare)
- Facilitate service access and utilization; transportation
- Follow up with families re: appointments
- Vocational & educational supports



Recovery Supports

- Resources can include, but may not be limited to:
 - Life skills
 - Educational groups
 - Art therapy
 - Music therapy
 - Mind-body activities (fitness, yoga, meditation, etc.)



Contingency Management

Behavioral management strategy utilizing incentives to reinforce change

- Gift cards, prizes, snacks
- No more that \$75.00 per adolescent per year
- Each individual award can be no more that \$10 in value
- Cash payments are not permitted
- Must maintain a tracking log



Level of Service

- Minimum of 2,400 direct counseling hours per year (individual, group, family)
- Unduplicated individuals served
 - 67 unduplicated adolescents during fiscal year 2026
 - 100 unduplicated adolescents per year thereafter
- Minimum caseload of 30 active youth at any given time



Other Requirements

- Outreach/Marketing
- Community, stakeholder, & multidisciplinary team engagement
- Data collection & reporting
- Unusual Incident Reporting
- Services must be available at times that are convenient to adolescents and families (after school, evenings, weekends)
- Language services (if other than English)
- All applicants must have a license from the Department of Human Services to deliver adolescent outpatient and intensive outpatient substance use treatment.



Expected staffing

- Certified Alcohol & Drug Counselor (1.0 FTE)
 - Minimum annual salary \$52,000
- Licensed Co-occurring Mental Health Clinician (1.0 FTE)
 - Minimum annual salary \$62,000
- Licensed Clinical Supervisor (.5 FTE)
 - Minimum annual salary \$40,000 (for .5 FTE)
- BA level Case Manager (1.0 FTE)
 - Minimum annual salary \$52,000



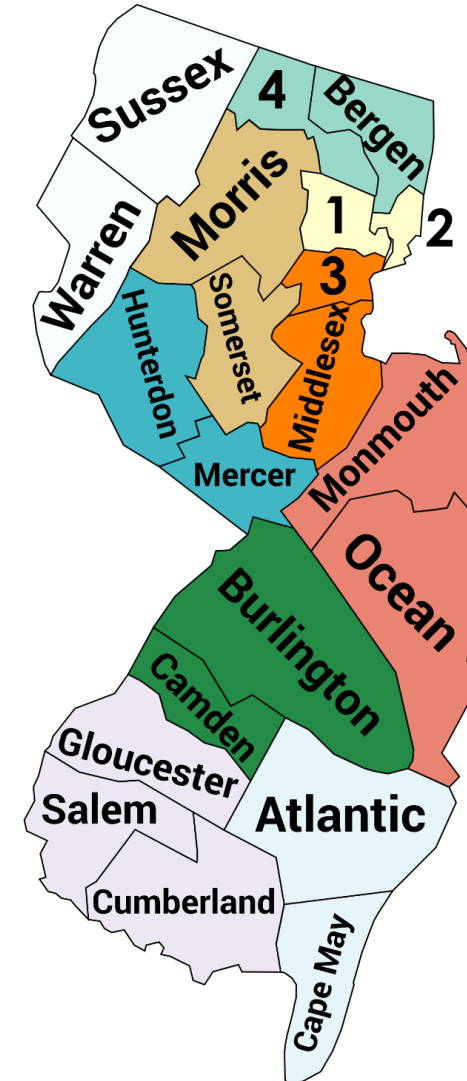
Professional Development and Training

- DCF Training and Technical Assistance
 - Strengths & Needs Assessment training within 60 days of hire and become certified within 14 days of training. Recertification is required annually.
 - NJ Wrap Around
 - Nurtured Heart Approach
 - Understanding Child Abuse & Mandatory Reporting Laws
- CSA (PerformCare)
 - New CYBER Users, as applicable
 - Security Administrator Functions, as applicable
 - Substance Use Initial Assessment
 - Substance Use Treatment Plans
- CSOC Trainings
 - Unusual Incident Reporting



Service Regions

- Region 1: Atlantic & Cape May County
- Region 2: Bergen & Passaic County
- Region 3: Burlington & Camden County
- Region 4: Cumberland, Gloucester, & Salem County
- Region 5: Essex & Hudson County
- Region 6: Union & Middlesex County
- Region 7: Hunterdon & Mercer County
- Region 8: Monmouth & Ocean County
- Region 9: Morris & Somerset County
- Region 10: Sussex & Warren County



- 1 Essex
- 2 Hudson
- 3 Union
- 4 Passaic



Funding

(subject to appropriation)

- Year 1 (September 1, 2025 - June 30, 2026)
 - \$304,454 per award (up to 10 awards)
 - Awardees may support budget through billable services
 - Up to 20% of the budget may be used for start-up costs
- Year 2 (July 1, 2026 - June 30, 2027)
 - \$327,861 per award
- Year 3 (July 1, 2027 – June 30, 2028)
 - \$327,861 per award



Medicaid Enrollment

Although not required for payment under the cost-reimbursement contract, respondents must have the demonstrated ability, experience, and commitment to enroll as a NJ Medicaid provider and subsequently to submit claims for reimbursement through NJ Medicaid.



Timeframes

Date	Event
Wednesday, April 16 th	RFP Published
Thursday, April 24 th (10:00am)	Virtual Conference
Monday, April 28 th (12:00pm)	Email RFP Content/Deliverables Related Questions Due
Tuesday, May 20 th	Authorized Organization Representative (AOR) form due
Wednesday, May 28 th (12:00pm)	Response Due by 12:00 NOON

*** DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your submission.**



Registration for the Authorized Organization Representative (AOR)
To Submit a Grant Application Electronically

Organization Name: Example, Inc.

Type of Organization: ☒ Non-Profit; ☐ For-Profit; ☐ University; ☐ LLC

Organization Mailing Address: 123 Main Street, Cherry Hill, NJ 08002

Organization Email Address: main@exampleinc.org

Organization Phone Number: (856) 555-5555

AOR Contact Name: John Smith

AOR Contact Phone Number: (856) 555-5555

AOR Contact Email Address: john@exampleinc.org

I hereby designate the **above-named organization, AOR Contact, and valid email address** to be authorized to submit a Request for Proposal (RFP) / Request for Qualifications (RFQ) application in response to a competitive procurement advertised by the Department of Children and Families called:

RFP/RFQ: **ENTER RFP/RFQ NAME HERE**

County/Region/Location to be served (if applicable): **ENTER HERE**

Note: You need to register for each RFP/RFQ to be provided access. You may keep the name and password the same. This information will be retained.

Signature of Organization Authority (CEO/President)

Print Name and Exact Title. This signature indicates the authority to permit the submission of the RFP/RFQ electronically. Permission and access information will be provided by email to the AOR Contact email address provided above.

Print Name/Title: John Smith Date: 5/5/2025

Signature: **SIGN HERE**

CEO Email Address: john@exampleinc.org

Pre-Submission Instructions: AOR

- Submit a completed AOR form to DCF.ASKRFP@dcf.nj.gov at least 5 business days **May 20, 2025**, before the response deadline.
- Ensure the form is filled out **completely and signed**.
- Please enter the name of the RFP on the line RFP/RFQ. **Adolescent Substance Use Recovery Initiative**
- Please enter the region that you plan on serving on the line County/Region/Location.
- Note: The contact name/email address on this form will be the only point person we correspond with and the one with access to the FTP site for submitting the response.
- Providers will be given access and instructions to a secure FTP website to upload their application (after they submit the AOR form and before the response deadline).



Organizing Your Application

- The application must be submitted as four (4) separate PDF documents labeled as follows:
 - **PDF 1 - Statement of Acceptance**
The entire content of Section II - Required Performance and Staffing Deliverables (ending with a Signed Statement of Acceptance) Refer to pages 7-26 of the RFP
 - **PDF 2 - Organizational Documents**
All documents in Section III – Subsection A. Documents Requested to be Submitted with This Response (Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with the Response) Refer to pages 26-30 of the RFP
 - **PDF 3 - Additional Documents**
All documents in Section III – Subsection B. Documents Requested to be Submitted with This Response (Additional Documents Requested to be Submitted in Support of This Response) Refer to pages 30-31 of the RFP
 - **PDF 4 - Narrative Responses**
Narrative answers to all questions in Section IV – Subsections A, B, & C. Respondent's Narrative Responses (A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports) Refer to pages 31-34 of the RFP



Organizing Your Application

F. Signature Statement of Acceptance:

By my signature below, I hereby certify that I have read, understand, accept, and will comply with all the terms and conditions of providing services described above as *Required Performance and Staffing Deliverables* and any referenced documents. I understand that the failure to abide by the terms of this statement is a basis for DCF's termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Location to be served:

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

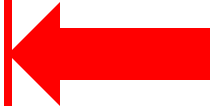
Contact Person:

Title:

Phone:

Email:

Mailing Address:



Section III - Documents Requested to be Submitted with This Response

In addition to the Signature Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requests respondents to submit the following documents with each response. Respondents must organize the documents submitted in the same order as presented below under one (1) of the two (2) corresponding title headings: A. *Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with This Response* and B. *Additional*

PDF 1: Section II – Required Performance and Staffing Deliverables

- Complete and sign **Signature Statement of Acceptance** (Found in RFP pages 25-26)
- Submit a **complete copy of the content of Section II (RFP pages 7-26), ending with your signed statement of acceptance**, as a single PDF document. This will be the first PDF submission in your response packet and is to be labeled as: **PDF 1: Statement of Acceptance**
- Your signature certifies that you have read, understood, accepted and, if awarded a contract, will comply with all the deliverables, terms and conditions included in the RFP.



Organizing Your Application

- **PDF 2: Section III - Subsection A - Documents Requested to be Submitted with This Response**

(Organizational Documents Prerequisite to a DCF Contract Award
Requested to be Submitted with the Response)

- There are 25 documents that should be combined into this second PDF. Please complete and, if applicable, sign and date each document.
- If any document is not applicable to your agency, please submit a brief statement of non-applicability.

This will be the second PDF submission in your response packet and is to be labeled as: PDF 2-Organizational Documents



PDF 2 Common Questions

Form AA302
Rev. 02/22

STATE OF NEW JERSEY
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT FEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY <input type="text"/>	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY <input type="text"/>		
4. COMPANY NAME <input type="text"/>		COMPANY E-MAIL <input type="text"/>		
5. STREET <input type="text"/>	CITY <input type="text"/>	COUNTY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) <input type="text"/>		CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>
7. CHECK ONE: IS THE COMPANY: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER				
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ <input type="text"/>				
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT <input type="text"/>				
10. PUBLIC AGENCY AWARDED CONTRACT <input type="text"/>				
CITY <input type="text"/>				
COUNTY <input type="text"/>				
STATE <input type="text"/>				
ZIP CODE <input type="text"/>				
Official Use Only	DATE RECEIVED	INAUG. DATE	ASSIGNED CERTIFICATION NUMBER	

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

2. Affirmative Action Certificate

- If you are a startup, you may submit the completed AA302 (left) and the receipt of payment from the Treasury (\$150.00).
- Otherwise, you must submit your active Affirmative Action Certificate.



PDF 2 Common Questions

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT POLICY: DCF.P8.05-2007

EFFECTIVE DATE: August 1, 2007

REVISED: July 1, 2008

SUBJECT: **Conflict of Interest**

I. PURPOSE

The purpose of this policy is to establish minimum standards for use by Provider Agencies in the development and implementation of a Conflict of Interest policy and the Department of Children and Families' (DCF) compliance procedure.

II. SCOPE

This policy applies to all DCF Contracts.

III. DEFINITIONS

In addition to defined terms included in the Glossary of the Manual, the following terms, when capitalized, shall have meanings as stated:

Conflict of Interest (also Conflict) means a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include, but are not limited to Provider Agency paid and volunteer Staff Members, officers, or Governing Board

8. Your Organization's Conflict of Interest Policy

- Do **not** submit the DCF Conflict of Interest Policy.



PDF 2 Common Questions



OWNERSHIP DISCLOSURE FORM

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

VENDOR NAME:

YOUR AGENCY NAME HERE

PURSUANT TO N.J.S.A. 52:25-24.2, ALL PARTIES ENTERING INTO A CONTRACT WITH THE STATE ARE REQUIRED TO PROVIDE A STATEMENT OF OWNERSHIP.
Please answer all questions and complete the information requested.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. The vendor is a Non-Profit Entity ; and therefore, no disclosure is necessary. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The vendor is a Sole Proprietor ; and therefore, no other disclosure is necessary.
A Sole Proprietor is a person who owns an unincorporated business by himself or her-self.
A limited liability company with a single member is not a Sole Proprietor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The vendor is a corporation, partnership, or limited liability company with individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest; and therefore, disclosure is necessary. | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **YES** to Question 3, you must disclose the information requested in the space below:*

- (a) the names and addresses of all stockholders in the corporation who own 10% or more of its stock, of any class;
- (b) all individual partners in the partnership who own a 10% or greater interest therein; or,
- (c) all members in the limited liability company who own a 10% or greater interest therein.

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

- | | YES | NO |
|---|--------------------------|--------------------------|
| 4. For each of the corporations, partnerships, or limited liability companies identified in response to Question #3 above, are there any individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest of those listed business entities? | <input type="checkbox"/> | <input type="checkbox"/> |

13. Ownership Disclosure Form

- You **must** submit this with your response, or it will not be considered.

Read and complete each section carefully.



PDF 2 Common Questions

 **SAM.GOV®** Attachment 24: System for Award Management (SAM) Status and Expiration Date

Entity Workspace Results 1 Total Results

Example, Inc.

Unique Entity ID: 123ABDEF5678

CAGE/NCAGE: 25XX

Entity Status: Active Registration

Doing Business As:

Physical Address:

123 Main Street
Cherry Hill, NJ 08002

Expiration Date:

October 2025

Purpose of Registration:

All Awards

16. System of Award Management (SAM)

- Submit a printout showing your UEID, Active Status, and Expiration Date.
- This is a (free) two-step process, first you must apply for a UEI number at sam.gov and once you have the UEI number then you must register it, also at sam.gov. This process may take about two weeks.



PDF 2 Common Questions

22. Please submit only one:

- Standard Language Document
- Individual Provider Agreement
- Department Agreement



Organizing Your Application

PDF 3: Section III – Documents Requested to Submitted with This Response

■ Subsection B. Additional Documents Requested to be Submitted in Support of This Response

This will be the third PDF submission in your response packet that should include **ten (10) documents** and is to be labeled as: [PDF 3 - Additional Documents](#)

1. Proposed Budget Form
2. Budget Narrative
3. Implementation Plan
4. Minimum of one (1) Letter of Collaboration
5. Minimum of two (2) Letters of Support
6. Proposed Respondent Organizational Chart
7. Summary of Reduction of Seclusion and Restraint Use
8. Professional Licenses and/or Certificates
9. Proof of License
10. Proof of approval



Organizing Your Application

PDF 4: Section IV – Narrative Responses

Narrative answers to all questions in Section IV – Subsections A, B, & C.

- Subsection A. Community and Organizational Fit
- Subsection B. Organizational Capacity
- Subsection C. Organizational Support

PLEASE NOTE: There is a 15-page limit for the entire narrative response (excluding cover page and appendices).

This will be the fourth PDF submission in your response packet and is to be labeled as:

PDF 4 – Narrative Responses



Questions & Answers

- Respondent may not contact the Department directly, in person, or by telephone, concerning this RFP. Questions may be sent via email to DCF.ASKRFP@dcf.nj.gov
- Technical questions about forms, documents, and format may be sent at any time prior to the response deadline, **12:00 PM on Wednesday, May 28, 2025**
- Questions about the content and deliverables of the RFP they must be sent by **Monday, April 28, 2025**
- All answers to content and deliverables related questions will be posted to the Department website at [DCF | Requests for Proposals, Qualifications/or Information and Funding Opportunities \(nj.gov\)](https://www.nj.gov/DCF/RequestsforProposals/Qualifications/orInformationandFundingOpportunities)



Questions

