NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

REQUEST FOR PROPOSALS

FOR

Assertive Community Treatment Services for Youth

Publication Date September 29, 2023

Response Deadline: November 1, 2023, by 12:00 P.M.

Funding of $5,000,000 Available

ARP Funding: CFDA # 21027

There will be a mandatory virtual conference on October 11, 2023

from 9:30 to 11:00 A.M.

The link for the conference is: https://www.zoomgov.com

Christine Norbut Beyer, MSW, Commissioner

The Department of Children and Families (DCF) is the agency dedicated to ensuring all New Jersey residents are safe, healthy, and connected. To that end, DCF announces to potential respondents its intention to award a new contract.

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Section I - General Information

A. Summary Program Description:

DCF Division of Children's System of Care (CSOC) announces its intent to award a contract for Assertive Community Treatment Services for Youth (Youth ACT). The youth to be served by this program will be ages five (5) through twenty (20) years old who present with significant mental health needs and/or complex, challenging behavior, and are at-risk of psychiatric hospitalization or out-of-home high intensity care.

Youth ACT will be delivered by multidisciplinary mobile teams to provide intensive and immediate access to treatment services and supports in the youth's and family's home and community. Priority admission to Youth ACT will be given to youth who have been identified by Mobile Response and Stabilization Services (MRSS) as high-risk for decompensation without timely psychiatric evaluation and clinical treatment services. Referrals received by community programs, including but not limited to Care Management Organizations, will be considered on a case-by-case basis.

Through an individualized approach, based on an assessment of the youth and family system, services will be tailored to each youth and their family. A multi-disciplinary team will be comprised of licensed therapists and psychiatric experts, supported by a team of other professionals and those with lived experience as a family member. Through a family-centered approach, the Youth ACT team will focus on crisis stabilization and assisting the youth with ameliorating the significant functional impairments and severe symptomatology indicative of mental health challenges and serious emotional disturbance. Interventions will also be focused on enhancing family functioning to foster healthy communication, effective limit-setting, and overall stability in the home environment. The treatment plan will focus on community-based crisis stabilization and risk reduction with the goal of transitioning to lower-intensity community services. In vivo community based and telehealth services will be available seven (7) days a week with a staff member on call 24/7, including outside of normal business hours, to address and stabilize emerging crises.

DCF anticipates making one (1) award to fund one (1) respondent with the ability to provide holistic care through two (2) treatment teams, each serving twenty (20) (forty (40) total) male and female youth and young adults. The anticipated duration of a youth's engagement with the program is three (3) to six (6) months, although individual length of stay will vary based on client need.

The respondent will propose to establish a team in each of the following two (2) counties: Cape May & Atlantic Counties. The designated county service areas may be adjusted by CSOC as needed to ensure full utilization of program resources.

A respondent shall demonstrate their ability to provide a comprehensive in-home program with a full range of services beyond traditional interventions and crisis response. Using evidence-based and promising practices, the model shall include 24/7/365 crisis response; comprehensive, coordinated continuum of supports; intensive transition planning; collaboration with key system partners; equitable access for all families; a culturally and linguistically competent team; an appropriate framework for monitoring and quality assurance; and the development of a robust individual youth and program outcomes tracking system.

B. Funding Information:

All funding is subject to appropriation. The continuation of funding is contingent upon the availability of funds and resources in future fiscal years.

This is a competitive process. Respondents are on notice that no annual increases will be considered as part of this contract to salaries, fringe, or benefits in future negotiations or contracts, unless approved by the State legislature for all contracting entities. Funds awarded under this program may not be used to supplant or duplicate existing funding.

The Department will make available up to **$5,000,000** in total in ARP funding, CFDA# 21.027, for FYs 2024-2026 for one (1) award. The funds support expenses incurred from the start of the contract on January 1, 2024, through February 2026. The funds available are to be budgeted to cover the expenses incurred during the contract term. DCF will not reimburse expenses incurred prior to the effective date of the contract except for approved start-up costs.

DCF is providing this funding to support start up and operational costs. A justification and detailed summary of the anticipated costs required for implementation and program operations must be entered for the first **six (6) months of the twenty-six (26) month contract term** of this contract into the Proposed Budget Form found at:
https://www.nj.gov/dcf/providers/contracting/forms/.

The Proposed Budget Form must be submitted as a document included in PDF 2: Section III - *Documents Required to be Submitted with This Response, subsection A. Documents to be Submitted in Support of This Response.*

This Proposed Budget Form will detail expenditures of up to **$1,153,846,** in anticipation of payments being made of up to $192,307 per month, from the date the contract is effective on January 1, 2024, through June 30, 2024. This first budget is inclusive of any start-up costs.

A justification and summary of the anticipated start-up costs required to begin program operations must be entered into the final column of this same Proposed Budget Form. The reimbursement of all start-up costs is subject to contract negotiations and DCF approval. Start-up cost funds will be released upon the execution of a finalized contract.

Note: If awarded a contract, the awardee then will be required to submit their proposed budget information to DCF again using the more detailed Annex B Budget Form found at: https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls).

The **first** Annex B Budget will detail the expenditures of up to **$1,153,846** already documented in the Proposed Budget Form submitted with this response with any updates to it resulting from the passage of time between the submission of this response and the date of award. The final report of expenditures for this first Annex B budget accounting for the months of January 1, 2024, through June 30, 2024, will be due **September 1, 2024.**

Additional Annex B Budget Forms also must be submitted for each subsequent state fiscal year of the contract term. Each Annex B Budget is subject to DCF approval and requires the subsequent submission of a separate report of expenditures.

The **second** Annex B budget will detail expenditures of up to **$2,307,692,** from July 1, 2024, through June 30, 2025. The final report of expenditures accounting for this second Annex B budget will be due **September 1, 2025.**

DCF may consider requests from the awardee to carry forward funds budgeted, but not spent by June 30, 2024, into the budget term for the months of July 1, 2024, through June 30, 2025. If approved, the second budget term should account for the increase in the originally intended reimbursable ceiling of **$2,307,692** by the amount approved to be carried forward from year one into year two.

The **third** Proposed Budget Form will detail expenditures of up to **$1,538,462** from July 1, 2025, through February 28, 2026. The final report of expenditures for this third budget will be due **May 1, 2026.**

DCF may consider requests from the awardee to carry forward funds budgeted, but not spent by June 30, 2025, into the budget term for the months of July 2025 through February 28, 2026. If approved, this third budget term should account for the increase in the originally intended reimbursable ceiling of up to **$1,538,462** by amount approved to be carried forward from year two into the final year.

DCF may elect to refuse to approve the carry forward of unexpended funds into the second and third budgets if it determines the contractor will be unable to spend the funds made available from underspending in the previous fiscal years.

A close out of the contract ending February 28, 2026, will require DCF's recoupment of all funds unspent by the contract end date of April 30, 2026.

Additional funding to pay for permitted start-up costs is not available.

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

Matching funds are not required.

Responses that demonstrate the leveraging of other financial resources are encouraged.

This awarded contract will involve the allocation and expenditure of COVID-19 Recovery Funds and is subject to the requirements of Executive Order No. 166 (EO166), which was signed by Governor Murphy on July 17, 2020. The Office of the State Comptroller ("OSC") is required to make all such contracts available to the public by posting them on the New Jersey transparency website developed by the Governor's Disaster Recovery Office (GDRO Transparency Website). Accordingly, the OSC will post a copy of the contract, including the RFP, the response, and other related contract documents on the GDRO Transparency website.

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

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

C. Pre-Response Submission Information:

There will be a Mandatory Virtual Conference for all respondents to be held on October 11, 2023 from 9:30-11:00 A.M.

Join ZoomGov Meeting
https://www.zoomgov.com/j/1601196382

Meeting ID: 160 119 6382
One tap mobile
+16692545252,,1601196382# US (San Jose)
+16468287666,,1601196382# US (New York)

Dial by your location
• +1 669 254 5252 US (San Jose)
• +1 646 828 7666 US (New York)
• +1 646 964 1167 US (US Spanish Line)
• +1 669 216 1590 US (San Jose)
• +1 415 449 4000 US (US Spanish Line)
• +1 551 285 1373 US (New Jersey)
Meeting ID: 160 119 6382

Find your local number: https://www.zoomgov.com/u/aeAkklmA1F

Join by SIP
1601196382@sip.zoomgov.com

Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 160 119 6382

Respondents may not contact DCF directly, in person, or by telephone, concerning this RFP. Questions may be sent in advance of the response deadline via email to DCF.ASKRFP@dcf.nj.gov.

Technical inquiries about forms, documents, and format may be requested at any time prior to the response deadline, but **questions about the content of the response must be requested by 12 P.M. on October 13, 2023.** Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP and reference the page number and section number to which it relates. All inquiries submitted should reference the program name appearing on the first page of this RFP. Written inquiries will be answered and posted on the DCF website as a written addendum to this RFP at: https://nj.gov/dcf/providers/notices/requests/

D. Response Submission Instructions:

All responses must be delivered ONLINE by 12:00 P.M. on November 1, 2023. Responses received after this deadline will not be considered.

To submit online, respondent must first complete an Authorized Organization Representative (AOR) form found at AOR.pdf (nj.gov). The completed AOR form must be signed and dated by the Chief Executive Officer or designated alternate and sent to DCF.ASKRFP@dcf.nj.gov. Upon receipt of the completed AOR, DCF will grant the Respondent permission to proceed and provide instructions for the submission of the response.

Registered AOR forms should be received in the DCF.ASKRFP mailbox **not less than five (5) business days prior to the date the response is due**. DCF recommends emailing your AOR forms as soon as you know you will be filing a response to allow time to report to DCF any technical difficulties you may encounter and to timely resolve them.

E. Required PDF Content of the Response:

Submit in response to this RFP separate PDF documents labeled as follows:

PDF 1: *Section II - Required Performance and Staffing Deliverables* ending with a Signed Statement of Acceptance

PDF 2: *Section III - Documents to be Submitted with This Response, subsection A. Organizational Documents Prerequisite to a DCF Contract Award to be Submitted with the Response*

PDF 3: *Section III – Documents to be Submitted with This Response, subsection B. Additional Documents to be Submitted in Support of This Response*

PDF 4: *Section IV - Respondent's Narrative Responses, subsections A. Community and Organizational Fit; B. Organizational Capacity; C. Organizational Supports; and D. Vignette.*

F. Respondent Eligibility Requirements:

Respondents must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship and in compliance with all terms and conditions of those grants and contracts.

Respondents must 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.

DCF will not accept, receive, or consider a response from those under a corrective action plan in process with DCF or any other New Jersey State agency or authority.

Respondents must be fiscally viable and be able to comply with the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (CPIM) found at: DCF | Contracting Policy Manuals (nj.gov).

Where required, all respondents must hold current State licenses.

Respondents that are not governmental entities must have a governing body that provides oversight as is legally required in accordance with how the entity was formed, such as a board of directors for corporations, or the managing partners of a Limited Liability Corporation (LLC)/Partnership, or the members of the responsible governing body of a county or municipality.

Respondents must have the capability to uphold all administrative and operating standards as outlined in this RFP.

Respondents must be a Behavioral Health Provider.

Respondents must be business entities that are duly registered to conduct business within the State of New Jersey, for profit or non-profit corporations, partnerships, limited liability companies, etc. or institutions of higher education located within the State of New Jersey.

Respondents awarded a contract should achieve full operational census within sixty (60) days of contract award or the award will be subject to be rescinded. Extensions may be available by way of written request to DCF.

Respondents awarded a contract must be prepared to execute any planned sub-contracts, memorandum of agreements with vendors, consultants, or agencies, after the review and approval of DCF, within sixty (60) days of contract execution.

Respondents awarded a contract 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 and its established fiscal agent, Gainwell Technologies, within prescribed timelines; etc.

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

Section II - Required Performance and Staffing Deliverables

NOTE: After reviewing the required deliverables listed below, respondents must sign the statement at the bottom of this Section II to signify acceptance of all of them.

(SUBMIT A COMPLETE COPY OF THE CONTENT OF SECTION II, 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: SECTION II - REQUIRED PERFORMANCE AND STAFFING DELIVERABLES*.)

A. Subject Matter - The below describes the needs the awarded respondent must address in this program, the goals it must meet, and its prevention focus.

1) **The need for this program as indicated by data regarding the health and human services issues and parent and community perceptions is:**

CSOC contracted programs utilize a clinical treatment approach that supports the utilization of evidence-based practices and an approach to service delivery that promotes flexible, individualized treatment and effective utilization of program resources. CSOC continues to develop appropriate resources and services to support individuals with the most significant behavioral challenges. CSOC's goal is to continue to develop a system of services to support individuals in the least restrictive environment and concurrently ensure appropriate treatment and targeted planning to transition individuals out of more intensive and restrictive settings or maintain them in the least restrictive setting.

CSOC commits to serving youth within their home and community whenever possible. While New Jersey is recognized nationally for our rich behavioral health services for youth, there are gaps in our continuum of care that have become increasing apparent during the pandemic and current youth mental health crisis. Youth and families who access crisis services through MRSS may wait weeks for an initial Intensive In-Community (IIC) clinician, outpatient or inpatient services, and access to psychiatric evaluation may take months. While Stabilization Services are available for up to eight (8) weeks, many youth need more intensive, immediate treatment services than are currently available in our CSOC continuum. The lack of services results in increased acuity, increased use of hospital emergency rooms, and ongoing disruption and distress for the youth and family.

CSOC serves children, youth, and young adults with emotional and behavioral health challenges, intellectual/developmental disabilities, substance use challenges, and their families. CSOC is committed to providing these services with an approach that is strength-based, family-focused, culturally competent, healing centered and delivered within community-based environments based on the youth and family's needs, elements reflective of the System of Care approach, (See, The Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances | SAMHSA Publications and Digital Products; and Toolkit_SOC_Resource1.pdf (georgetown.edu)); Wraparound values and principles, (See, National Wraparound Initiative (NWI) (pdx.edu)); the Nurtured Heart Approach, (See, https://nurturedheart.net/nha-overview/; implementation of Healing Centered Trauma Informed Care, (See, SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach); and the Six Core Strategies for Reducing Seclusion and Restraint, (See, National Association of State Mental Health Program Directors (nasmhpd.org).

Consistent with the Six Core Strategies for Reducing Seclusion and Restraint Use, DCF/CSOC is committed to reducing and ultimately eliminating seclusion and restraints (S/R) in treatment settings, as seclusion and restraints are considered a treatment failure rather than a treatment intervention. It is associated with high rates of youth and staff injuries and is a coercive and potentially traumatizing and retraumatizing intervention with no established therapeutic value.

Respondents are requested to submit with their responses a Summary of Reduction of Seclusion and Restraint Use (maximum three (3) pages) describing policies adopted and the practices implemented to achieve this goal. This is to be included as a Third PDF Submission in Your Response Packet and is to be labeled as: PDF 3: Section III - Documents to be Submitted with This Response, Subsection B. Additional Documents to Be Submitted in Support of This Response.

CSOC also is committed to managing, treating, and preventing trauma that affects many youth. Trauma may affect youth in a multitude of ways, such as disruption in emotional responses, behavior, cognition, physical health, self-concept, and future orientation. There is a higher prevalence of trauma within the population of people with intellectual and developmental challenges than in the general population. Increased isolation, differing abilities, and fewer social opportunities can contribute to low self-esteem/less opportunity to learn about abuse prevention. Respondents must be cognizant of this fact and assure safety, predictability, and comfort for this vulnerable population. Youth who present with challenges requiring services must also be understood in terms of their experiences of trauma and consequent

difficulties in forming and maintaining healthy attachments. Respondents are requested to submit with their responses written policies describing the incorporation of Trauma Informed and Cultural Inclusivity Practices into your provision of services. This is to be included as a Second PDF Submission in Your Response Packet and is to be labeled as: PDF 2: Section III - Documents to Be Submitted with This Response, Subsection A. Organizational Documents Prerequisite to a DCF Contract Award.

2) **The goals to be met by this program are:**

Youth ACT aims to stabilize youth so they may remain in their home and reduce the likelihood of inpatient psychiatric hospitalization and residential placement. Removing youth from their home can disrupt healthy family dynamics and supportive relationships, which are vital in any youth's healing and development when facing challenges. Ultimately this can complicate the treatment process and lead to extended lengths of stay and a delayed discharge and transition to home. Longer lengths of stay can lead to feelings of hopelessness, and disengagement from natural supports in their community, and limit access to residential services for other youth needing residential care. Youth ACT aims to prevent youth from further decompensating and presenting in emergency rooms, psychiatric screening centers, and psychiatric inpatient units.

3) **The prevention focus of this program:**

Prevention of a youth's need for higher acuity services such as psychiatric hospitalization or out-of-home high intensity care.

B. Target Population - The below describes the characteristics and demographics the awarded respondent must ensure the program serves.

1) **Age:**
5 through 20

2) **Grade:**
K-12; Undergraduate

3) **Gender:**
All

4) **Marital Status**:
N/A

5) **Parenting Status:**
N/A

6) **Will the program initiative serve children as well as their parent or caregiver?**
N/A

7) **DCF CP&P Status:**
N/A

8) **Descriptors of the youth to be served:**
N/A

9) **Descriptors of the Family Members/Care Givers/Custodians required to be served by this program initiative:**
N/A

10) **Other populations/descriptors targeted and served by this program initiative:**

Youth considered for this program shall present with significant mental health needs and complex challenging behavior(s) of such intensity, frequency, and duration that they impact the youth's self-care abilities, family life, social relationships, self-direction/self-control and/or the youth's ability to learn. The youth's presentation may also impact their ability to remain in the home and may jeopardize the health or life safety of themselves or others. Youth served by this program will present with a designated mental illness diagnosis according to the most recent Diagnostic and Statistical Manual of Mental Disorders and will be experiencing functional limitations due to emotional disturbance. Youth presenting with a primary or stand-alone substance use disorder are not eligible for Youth ACT services.

11) **Does the program have income eligibility requirements?**
No.

C. Activities - The below describes the activities this program initiative requires of awarded respondents, inclusive of how the target population will be identified and served, the direct services and service modalities that will be provided to the target population, and the professional development and training that will be required of, and provided to, the staff delivering those services.

1) **The level of service increments for this program initiative:**
Unduplicated youth.

2) **The frequency of these increments to be tracked:**
At any given time, as needed.

3) **Estimated Unduplicated Clients:** 40

4) **Estimated Unduplicated Families:** 40

5) **Is there a required referral process?**
Yes

6) **The referral process for enabling the target population to obtain the services of this program initiative:**

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.

Youth ACT referrals will come exclusively through the CSOC Office of the Clinical Director and will be strictly managed on a no eject/no reject basis. CSOC's CSA will monitor lengths of stay via the adapted Joint Care Review (JCR) process.

Youth ACT services are designed to provide flexible and responsive, community-based, in-home services for youth ages five through twenty and their families in need of immediate access to comprehensive treatment services and support. Priority admission to Youth ACT will be given to youth who have been identified by MRSS as high-risk for decompensation without timely psychiatric evaluation and clinical treatment services. Referrals received from community providers, including but not limited to Care Management Organizations, will be considered on a case-by-case basis. Youth ACT services will be available within forty-eight (48) hours of referral to the Youth ACT provider.

Each youth receiving Youth ACT services shall have an approved, documented service plan developed by the team of credentialed staff individually crafted to address identified needs that impact on the youth's ability to function at home, school or in the community. The service plan shall identify the services to be delivered. Services shall be subject to prior authorization by the CSA. Respondents shall be required to demonstrate the ability to conform with and provide services under all protocols, including documentation and timeframes,

established by CSOC, and managed by the Contracted System Administrator.

Requests for authorization for service utilization and continuing care shall include justification of the need for the level of service intervention; the frequency of the intervention, and the period the intervention is needed. Such justification shall be provided for the initial request, as well as for each request for continued services beyond the initial authorization. All Youth ACT services and interventions must be directly related to the goals and objectives established in each youth's Individual Service Plan (ISP)/treatment plan.

7) **The rejection and termination parameters required for this program initiative:**

Rejection:
If the clinical supervisor or program supervisor/director wishes to challenge the appropriateness of any referral (which is made in strict adherence to the notes the provider has made in their Provider Information Form), they may do so by sending an email request to the CSOC Youth ACT CSOC Program Lead. This email request must be received within three (3) business days of the initial referral. CSOC will review these challenges and make the final decision with the program within two business days of receipt. Admission will be put on hold until a decision is made only if the email is received within the defined time frame. The provider must accept the final decision of CSOC.

Ejection:
Under no circumstances may a provider terminate a youth enrolled from its service without first contacting and receiving written approval from CSOC. The provider must submit this request in writing with supporting documentation. CSOC will make the final determination about the disposition of 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 the contract term.

8) **The direct services and activities required for this program initiative:**

DCF proposes to utilize the principles of Assertive Community Treatment (ACT), a recognized evidence-based practice in the delivery of community-based, intensive outpatient services for people with severe mental illness who are most at-risk of psychiatric crisis and

hospitalization. The consistent, caring, person-centered relationships fostered by its multidisciplinary team approach have a positive effect upon outcomes and quality of life.

Assertive Community Treatment (ACT) is an evidenced-based, comprehensive community-based model for delivering treatment, support, and rehabilitation services to individuals with severe mental illness endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA). ACT has been seen as appropriate for adults who experience the most intractable symptoms of severe mental illness and the most significant level of functional impairment. Programs that adhere most closely to the ACT model are more likely to get the best outcomes.

Traditional ACT is characterized by:

- A team approach where practitioners with various professional training and general life skills work closely together to blend their knowledge and skills.
- In vivo services are delivered in the places and contexts where they are needed.
- Small staff-to-consumer ratio.
- Services are provided as needed.
- Shared caseload where the team as a whole is responsible for ensuring that individuals receive the services they need to live in the community and reach their personal goals.
- Flexible service delivery where the team meets daily to discuss the individual's progress and quickly adjust services to respond to the individual's changing needs.
- Fixed point of responsibility where the team provided most of the needed services instead of sending individuals to various providers; however, the team ensures the individual receives the needed services.
- Services are available twenty-four (24) hours a day, seven (7) days a week. However, team members often find that they can anticipate and avoid crises.
- Research demonstrates that the ACT model effectively reduces hospitalization, is no more expensive than traditional care, and is more satisfactory to consumers and their families than standard care.

Treatment Process and Team Structure

Youth ACT treatment services shall be uniquely tailored to the needs of youth in a manner that extends beyond the usual expectations of individualized care. The Youth ACT program must conceptualize the etiology and the "driving dynamics" of youth's

needs. Awarded respondents understand the target population and the source, nature, intensity, frequency, and duration of the challenges and needs that youth present. Moreover, services and delivery models must reflect a direct correlation to etiology. The awarded program shall strategically link strategies and technique to address challenges to align with the ACT model.

This program consists of two multi-disciplinary direct service teams and one oversight team to support up to forty (40) youth and families within their communities. The model staffing structure includes supports to address integrated health components of care necessary for the identified population, such as medical, psychiatric, behavioral, communication, social and emotional, and family dynamics.

All Youth ACT team members must bring to the team proven and effective experience in serving youth with severe mental, emotional, and behavioral impairments and families with complex, multi-system needs. A Youth ACT Team functions as a multi-disciplinary, collaborative, and integrated team that supports the needs of the "whole person" and family.

Within the range of the Youth ACT model, the team will provide all identified services for the youth and family "in-house". Except at the time of discharge, the Youth ACT team will not refer the youth and family to external mental health related clinical or supportive services.

Services shall include, but are not limited to:

- Multi-disciplinary assessments as a continuous process throughout treatment
- Comprehensive safety and soothing plans, including but not limited to prevention, de-escalation, intervention, and debriefing
- Implementation of clinical intervention strategies and treatment plans
- Modeling of interventions with family
- Assistance with identifying necessary environmental adaptations
- Accompanying youth and family to appointments as necessary
- 24/7/365 crisis response
- Psychiatric treatment services, including routine and emergency psychiatric evaluations, medication evaluations, monitoring and prescription adjustments
- Psychiatric consultation (including input into the clinical component of an individualized treatment plan developed by the multi-disciplinary treatment team)

- Collaboration and coordination with CMO and Child Family Team as required without duplication of services
- Individual and family therapy
- Individual and family psychoeducation
- Trauma-informed counseling
- Relationship and Skill-building
- Family peer supportive services
- Case management linking and ensuring access to community resources and supports in areas such as medical, social, educational, financial, vocational, housing, and other services as identified
- Transition planning for youth sixteen (16) years of age and older
- Building system level connections with partners and providers

The objectives of this program are to:

- Assess immediate needs
- Engage the family to ensure active participation
- Provide comprehensive assessments that result in an Individualized Service Plan (ISP) which is strength-based, youth-centered, family-focused, and goal-oriented. Other assessment tools as indicated; clinicians must be familiar with the array of considerations that would indicate preferred assessment methods over others
- Outline short-term stabilization goals while pursuing plans for long-term stabilization at home
- Complete the ISP within thirty (30) days of admission and a skill-building routine and relationship building strategies in preparation for their transition to lesser intensive community services
- Identify and develop family and youth strengths-based strategies within the ISP and foster interests for growth opportunities
- Coordinate educational needs with school districts as needed
- Engage youth and their families in a strength-based and compassionate manner sensitive to cultural and linguistic differences to facilitate feelings of safety and comfort, identify and address behavioral health challenges and stabilize symptoms through evidence-based practices
- Provide comprehensive and collaborative treatment plans that focus on transition planning in collaboration with the Care Management Organization (CMO) through Child Family Team (CFT) meetings that include all team members
- Empower youth and their families to actively participate in the care planning process through responsiveness to youth and family voice

- Engage and support youth's siblings in participating in the care planning process and treatment.
- Provide a consistent and predictable in-home environment with intensive support and supervision in which there is a demonstrative understanding of the explicit and implicit trauma the youth may have experienced
- Provide interventions that reflect CSOC's commitment to Wraparound, the Nurtured Heart Approach and Six Core Strategies to Reduce Seclusion and Restraint
- Provide consistent and robust collaboration with CSOC, CMO, and the Division of Child Protection and Permanency (DCPP) when involved
- Evaluate youth and their family's progress in meeting treatment goals

Youth ACT programs are expected to operationalize the principles of individualized, needs-driven, and family-focused care, identify strengths-based strategies, and display sustainable progress throughout the course of treatment. Service planning should be developmentally appropriate and address the unique needs and strengths of the youth and family.

CSOC believes that the family or caregiver plays a central role in the health, well-being, and recovery of youth. CSOC values and promotes the advice and recommendations of families and involves families/caregivers/guardians throughout the treatment planning and delivery process. To the extent possible and appropriate the family participates as a full partner in a shared decision-making approach to service delivery. CSOC provides families with the tools and support needed to meet the treatment goals of the youth and create life experiences for the youth that set the youth on a path to successful and sustainable positive treatment outcomes. All services offered within the New Jersey Children's System of Care are expected to function within the Wraparound Model and the values and principles of the System of Care approach.

CSOC values an approach to service delivery that promotes the commitment and creativity of professional staff. Youth ACT programs must ensure youth have a stable, predictable, familiar, consistent, and nurturing treatment experience. Successful Youth ACT programs can recruit and retain staff, maintain consistent and appropriate staffing patterns, utilize program design to support program goals, and ensure full inclusion of family members in the youth's service plan, including the type, scope, and frequency of family involvement in the youth's treatment.

Many individuals exhibit symptoms of Post-Traumatic Stress

Disorder (PTSD). While some individuals may exhibit overt symptoms of trauma, others may exhibit implicit trauma. Implicit trauma indicators are reflective of situations and experiences that may not result in an explicit memory of a specific traumatic event and/or manifest reactive behaviors. Such indicators may include, but are not limited to, in utero/infant trauma, adoption, caregiver terminal illness, caregiver separation/grief/loss, cultural trauma, multiple placements, and multiple system involvement. However, these experiences are prone to cause reaction by the individual at some point and thus should be considered during the assessment and treatment planning process. Respondents must describe models of intervention that actively treat underlying trauma and consequent attachment issues. Respondents must also describe how they plan to assure the safety of youth by minimizing any situations that would deepen, intensify, or create trauma.

Key Model Components

The awarded respondent will be required to include the following essential elements in their model of care:

Engagement of caregivers - early in the referral process to meet caregivers where they are and incorporate increased family therapy, coaching, and peer support as a critical component of service planning and delivery. Increased intensity of services when services begin, ensuring that wraparound services are utilized to ensure the caregivers have supports needed.

24/7 Crisis Response – Develop a crisis response system that is available twenty-four (24) hours a day, seven (7) days a week, to provide in-community, face to face crisis services and treatment with a particular focus on family-defined crisis and on cross-systems crisis prevention and intervention planning to help maintain an individual in their existing residence. Establish relationships with local hospital emergency rooms and Designated Psychiatric Emergency Screening Service (PESS) Centers, Police and Other First Responders. Focus is not only when youth and family enter a crisis but intervening prior to a crisis. Priority must be placed on youth safely remaining in their home.

Comprehensive Assessment and Treatment Planning – This process forms the basis for interventions to help youth and their families work towards their vision and achieve sustainable progress. Comprehensive Assessment is a process of engaging with youth and families around gathering clinical and other relevant information to gain an understanding of the needs of a youth and

family across life domains and within applicable contexts. Components important to inform the assessment include presenting needs and related history (onset, duration, course, severity), emotional and behavioral needs, current functioning (across domains for example, education/employment, family, social) youth and family culture, risk and protective (strengths) factors, previous assessments, interventions and diagnosis, youth and family history of behavioral health needs, current medications, medical and developmental history, legal history, exposure to trauma, relationship and attachment needs, goals and needs across domains of social determinants of health. Comprehensive assessment begins with engagement and requires a multidisciplinary and team approach and yields a clinical conceptualization and integrative summary using a biopsychosocial assessment that systematically considers biological, psychological, and social factors and their complex interactions in understanding health, illness, and health care delivery to inform the prioritization of needs and treatment recommendations. This assessment should provide clear context and synthesis of the youth and family's strengths, needs and presentation and should strengthen the engagement of the youth and their family in their story telling process, offering them the opportunity to gain education, perspective, and insight to their unique circumstances and move forward with clear steps designed to help them identify strategies that will ultimately help them feel better.

Treatment planning is the process by which families, providers and teams develop family vision, targeted goals and desired outcomes driven by identified needs as well as the strategies, activities, supports and services necessary to promote progress towards meeting needs, improving relationships, and functioning and maintaining youth at home and connected to school and community. Treatment planning includes safety and self-care planning as well as transition planning from the beginning of a family's involvement with care. Treatment planning is part of the care planning process grounded in wraparound that includes both informal and formal strategies and supports and cultivates a team approach to care that promotes family capacity to facilitate their own individual team to support them after formal treatment and care management systems have transitioned. Assessment and treatment planning are ongoing throughout care to inform additional areas of need that may arise, progress made, identify what is helpful and inform when additional strategies, services, supports or team members are necessary.

Intensive Transition Planning – Ensure youth who are referred to the Youth ACT program from highly restrictive settings, such as

inpatient treatment and out-of-home residential settings receive a coordinated and comprehensive step-down plan focused on preventing readmission.

Comprehensive, coordinated continuation of supports between multi-disciplinary services, which ensure a therapeutic environment in the home with an intensity of services, should decrease throughout the intervention as progress towards addressing needs is made.

Highly individualized services offering a combination of face-to-face, virtual, and technology integrated services. Youth and caregivers participate in daily mood check-ins with the ability to contact the Youth ACT team 24/7 for support.

Individual and family therapy by staff trained in evidence-based practices, including Cognitive Behavioral Therapy, Motivational Interviewing, and Trauma-Informed Care, multiple times a week in person and virtually, depending on the family's needs and preferences.

Collaboration with key system partners, including CMO, FSO and DCPP, when appropriate to identify transition and treatment gaps (continuation of care) to ensure services and supports are appropriately in place before transition. Consistent participation in Child Family Team is required.

Coordination of services to ensure linkages and relationships with community partners for ensure coordination of ongoing care, planned respite, Family Support Services and development of cross-systems crisis planning.

Equitable access for all families requires a targeted and sensitive approach to support families who may not have an enhanced natural support system to ensure successful engagement in this high-intensity service.

Culturally and linguistically competent team that is responsive to youth and their families.

Holistic, integrated care, including psychiatric assessment, medication management, nursing evaluations, health and wellness education, nutritional planning, exercise coaching, and health and wellness treatment.

Robust assessment and care coordination based on identified Social Determinants of Health needs. Youth ACT teams coordinate

with families, the CMO, and local helping organizations to assist with housing, food, education, utility, medical, and vocational needs.

Workforce Wellness plan designed to promote staff health and well-being, including availability of supports and resources to support job satisfaction and work-life balance.

Commitment to participating in program evaluation with DCF's selected program evaluator.

9) **The service modalities required for this program initiative are:**

a) Evidence Based Practice (EBP) modalities:
Assertive Community Treatment (ACT)

b) DCF Program Service Name:
Youth Assertive Community Treatment (Youth ACT)

c) Other/Non-evidence-based practice service modalities:
N/A

10) **The type of treatment sessions required for this program initiative are:**

Complete intake assessment, Individual, Family, Face to Face, One to One, In Family Home, In Resource Home, In Community, CPP Shelter Sessions

11) **The frequency of the treatment sessions required for this program initiative are:**

At any given time, as needed.

The awarded respondent will implement the type and frequency of treatment as follows:

Within the first forty-eight (48) hours of Youth ACT services being initiated, the treatment team will complete the following:

- Develop an initial safety and self-care plan for each youth and the family. The safety and self-care plan will identify triggers and provide specific interventions for staff, and be updated on a regular basis
- Ensure the youth and family members are oriented to the service via at least one face to face visit
- Complete IMDS: Review and update Strengths and Needs Assessment

- Complete other assessment tools as indicated; clinicians must be familiar with the array of considerations that would indicate preferred assessment methods over others
- Provide the youth and family with copies of the initial safety and self-care plan
- Complete and file all necessary consents and releases

Within thirty (30) days of admission, the treatment team will complete the following:

- Comprehensive safety and self-care plan which details triggers and specific interventions for staff. This safety and self-care plan shall be reviewed with the family and youth and updated on a regular basis.
- A psychiatric assessment, report and recommendations will be completed.
- A psychosocial evaluation and accompanying recommendations will be completed.
- Complete other assessment tools as indicated; clinicians must be familiar with the array of considerations that would indicate preferred assessment methods over others.
- A psychological evaluation, if indicated, will be completed.
- Conduct a treatment team meeting if indicated, resulting in a comprehensive treatment, safety and self-care and discharge plan (Individualized Service Plan, ISP) that integrates all the treatment team's input, assessments, and recommendations. The treatment plan shall contain clearly delineated goals and objectives with specified timelines and benchmarks for success, including a detailed description of the treatment goals that must be attained in order for the youth to be considered discharge ready.
- Participate in a Child and Family Team (CFT) meeting with the youth's Care Management Organization and all CFT members.
- Complete and submit an adapted Joint Care Review to the CSA and obtain CSA approval.

Each month, the treatment team will complete the following:

- Conduct comprehensive treatment and discharge plan meetings that include all members of the multi-disciplinary treatment team will be convened to review, discuss, and modify the treatment plan as needed.

  Forty-five (45) days before discharge, the treatment team will complete the following:

- The treatment team will work with the CFT to begin planning for transition immediately upon the youth's admission to Youth ACT, as reflected in the initial and subsequent ISPs.

- The treatment team will provide a "step down" action plan which details week-to-week activities supporting a smooth and well-planned transition from treatment. At a minimum, the action plan must include:
  - At least three (3) meetings of the treatment team to discuss youth and family strengths, continuing goals, successful strategies, and potential pitfalls.
  - Revised plan for times during the discharge phase when youth and family encounter difficulties that make discharge appear less likely. This plan will delineate critical staff necessary to re-focus, rally, and support youth and family through the completion of the treatment episode
  - Action steps youth and family might take to capitalize on successes include formal feedback (in addition to satisfaction surveys) to service staff and any multi-media activity documenting youth and family achievement.

At the time of transition, where a need is demonstrated, Intensive In-Community/Behavior Assistance (IIC-BA) will be built into the community plan. The IIC-BA provider will gather information through observation and interaction with the youth, family and team members and review the youth's clinical records. The IIC-BA provider's familiarity with the family will provide a sense of security and increased confidence for the family. This will enable the IIC-BA provider to train the parents/caregiver on the treatment and/or behavior support plan and modify it where needed more quickly. The IIC-BA provider will attend joint sessions with the youth and family prior to discharge to ensure a smooth transition.

12) **Providers are required to communicate with Parent/Family/Youth Advisory Councils, or to incorporate the participation of the communities the providers serve in some other manner:**

Yes.

13) **The professional development through staff training, supervision, technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:**

Staff Retention

The development of meaningful relationships between youth and staff can improve outcomes for youth. Therefore, a high staff retention rate shall be maintained. Competitive compensation for employees is more likely to attract seasoned applicants and maintain a consistent, highly qualified, and experienced team. Providers of in-home treatment services must implement a business model that minimizes staff turnover for direct care/milieu staff. This shall include adequate support, supervision, training, and other staff retention incentives, as well as a program to support workforce wellness.

Staff Training

All staff must participate in training in the following areas prior to program implementation:

- Orientation on program approach: Population served, program model, staffing, deliverables, expected outcomes
- Crisis management including de-escalation techniques and safety planning
- Navigating boundaries of home-based interventions
- Identifying and reporting child abuse and neglect (Any incident that includes an allegation of child/abuse and neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with NJSA 9:6-8.10)
- Reporting and management of unusual incidents per AO 2:05 (2004) and the Addendum (2005) available promulgated by the NJ Department of Human Services
- 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, 45C.F.R. (Parts 160 and 164) was enacted to establish national standards for privacy and security in handling health-related information.
- Professional staff must be trained in evidence based and/or promising practices within their area of expertise and service delivery.

All staff must participate in training in the following areas within three months of onboarding:

- CSOC core System of Care approaches
- Intercultural effectiveness
- Motivational interviewing
- Orientation to family systems approach
- Infusing Healing Centered and Trauma informed care
- Basic First Aid and CPR
- Six Core Approach

- Nurtured Heart Approach
- Continuous quality improvement
- Maintaining healthy therapeutic boundaries while delivering services in the home
- Wraparound values

Independent documentation (i.e., unexpired certificates of completion signed and dated by a qualified training provider) may be accepted in lieu of training during on-boarding.

Note: A significant number of required trainings are offered by the DCF contracted training and technical assistance provider. Providers may access the DCF CSOC training site and staff may attend offered training(s) which are funded by the DCF and are at no cost to the providers.

The awarded respondent is responsible for participating in trainings and for the implementation of Six Core Strategies to Reduce Seclusion and Restraint, offered through available CSOC training at: https://www.nj.gov/dcf/providers/csc/training/

The awarded respondent is responsible for participating in the trainings and for the implementation of the Nurtured Heart Approach offered through CSOC Training: https://www.nj.gov/dcf/providers/csc/training/

Staff also may receive training in the other required topics from any other appropriate source. Many agencies have their own curriculums and train staff in-house.

14) **The court testimony activities, which may address an individual's compliance with treatment plan(s); attendance at program(s), participation in counseling sessions, required for this program initiative are:**

N/A

15) **The student educational program planning required to serve youth in this program:**

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 facilitate constructive ways of working with the youth. Accordingly genuine and proactive coordination and collaboration between the grantee and educational providers is expected.

To that end, awarded respondents shall ensure:

- Strategies to be employed to coordinate clinical treatment with educational planning and service delivery
- Daily before and after school communication strategies with school staff, as needed
- Support of student homework, special projects, and study time
- Specific strategies, including responsible staff and timelines, for including families-of-origin and natural supports available to the youth in an educational update, progress, and planning
- Mechanisms to stay abreast of the educational progress of each student
- Problem resolution strategies

All awarded respondents must also ensure:

- Immediate and therapeutic responses to problems that arise during the school day
- Coordination of programming or services for students who do not have a summer school curriculum or who have graduated high school, as well as for breaks/vacations
- Planned collaboration with all school personnel ensuring youth remain in school as appropriate

D. Resources - The below describes the resources required of awarded respondents to ensure the service delivery area, management, and assessment of this program.

1) **The program initiative's service site is required to be located in:**

County Specific: Atlantic and Cape May Counties.

2) **The geographic area the program initiative is required to serve is:**

County Specific: Atlantic and Cape May Counties.

3) **The program initiative's required service delivery setting is:**

Community, CPP Shelter, Family Home and Resource Home

4) **The hours, days of week, and months of year this program initiative is required to operate:**

24/7/365 days per year.

5) **Additional procedures for on call staff to meet the needs of those served twenty-four (24) hours a day, seven (7) days a week?**
Yes

6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served?**

Yes

7) **The language services (if other than English) this program initiative is required to provide:**

The respondent should have an awareness of the cultural and linguistic needs of the youth and families it proposes to serve. Clinical treatment services for youth with limited English proficiency (LEP) must be provided in the youth's primary language; providers may retain per diem staff to meet this requirement. The respondent may propose technology solutions to support communication with peers and non-clinical program staff.

8) **The transportation this program initiative is required to provide:**

Yes. Transporting youth and family to appointments as necessary.

9) **The staffing requirements for this program initiative, including the number of any required FTEs, ratio of staff to clients, shift requirements, supervision requirements, education, content knowledge, staff credentials, and certifications:**

Staffing Descriptions All staff positions below are full-time except for the Child/Adolescent Psychiatrist which is a .5 FTE position

Child/Adolescent Psychiatrist (one .5 FTE dedicated to the program) M.D./D.O. Board Certified Child Psychiatrist Licensed in the State of New Jersey. Extensive experience treating individuals with mental health behavioral health challenges required. Responsibilities shall include, but are not limited to, the following:

- Provide consultation and training to staff
- Collaborate with primary treating physicians of youth enrolled in program
- Consult with psychiatric hospitals regarding treatment of individuals with mental health or co-occurring behavioral health needs as needed
- Participate in recurring team meetings, as needed
- Provide a minimum of one clinical hour per youth per month, 75% of which must be face-to-face time 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, consultation, telephone calls, relevant research, and supervisory responsibilities.

- Complete a Psychiatric Intake Assessment and report (within the first week)
- Participate in the development of the initial treatment and crisis plan (within the first 24 hours)
- Participate in medication management meetings (monthly)
- Complete clinical visit with each youth as needed
- Provide clinical consultation with family, as needed
- Attend treatment team meeting (monthly)
- All the above must be provided in accordance with the DCF Psychotropic Medication Policy available at: DCF Psychotropic Medication Policy

Advanced Practice Nurse (APN) (full-time dedicated 100% exclusively to this program) with current New Jersey advance practice nursing license and one-year direct care nursing experience with children. Board Certification in Child/Adolescent Psychiatry preferred. Responsibilities shall include, but are not limited to the following:

- Complete medication audit (weekly)
- Provide consultation, as needed
- Assess the physical condition of the youth under the direction of the Psychiatrist and integrate findings into the youth's treatment plan
- Provide education and support to direct care milieu staff on the administering of medications and possible side effects, under the direction of the Psychiatrist
- Monitor medication
- Provide medication education to youth and family
- Attend treatment team meetings.
- 24/7 availability as needed
- All the above must be provided in accordance with the DCF Psychotropic Medication Policy available at: DCF Psychotropic Medication Policy
- 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, consultation, telephone calls, relevant research, and supervisory responsibilities.

Program Director (full-time dedicated 100% exclusively to this program) who is a NJ independent clinically Licensed Clinical Social Worker or Licensed Professional Counselor or Licensed Marriage and Family Therapist or psychologist; 4 years of supervisory experience in the behavioral healthcare field and working with youth with Mental Health needs including complex trauma; experience with implementation. The responsibilities shall include, but are not limited to, the following:

- Provide clinical and administrative oversight/supervision and management of the program and team including consultation on clinical activities, therapeutic and behavioral assistance supports and direct on-site intervention with youth and families as needed
- Provide daily clinical triage support
- Oversee the development of treatment / behavior / support / safety plans, as needed
- Review youth referrals and coordinate admissions
- Oversee all Quality Assurance/Program Improvement activities with a focus on attaining bench-mark activities for all team members
- Establish community linkages and serve as the liaison to community partners
- Identify and coordinate training and support needs of the community
- Identify and coordinate internal trainings utilizing the expertise of the clinical team and specialists within the community
- Maintain communication with system partner leaders
- Ensure the collection of required data and documentation on youth access and utilization of services
- Supervise the medical team, Assistant Program Director, and Administrative Assistant
- Provide support as needed to the clinical team 24/7/365
- Manage program evaluation activities including but not limited to, gathering, reviewing, and utilizing youth and family feedback for continuous quality improvement

Assistant Program Director (full-time dedicated 100% exclusively to this program) NJ independent clinically Licensed Clinical Social Worker or Licensed Professional Counselor or psychologist; 4 years of supervisory experience in the behavioral healthcare field and working with youth with Mental Health needs including complex trauma; experience with implementation and evaluation of evidence-based practices. The responsibilities shall include, but are not limited to, the following:

- Support the Program Director in the provision of clinical and administrative oversight/supervision and management of the program and team
- Provide daily clinical triage support
- Oversee development of treatment / behavior / support / safety plans, as needed
- Review youth referrals and coordinate admissions
- Participate in all Quality Assurance/Program Improvement activities
- Collaborate with community partners

- Identify and coordinate training and support needs of the community
- Identify and coordinate internal trainings utilizing the expertise of the clinical team and specialists within the communicate
- Maintain communication with system partner leaders
- Ensure the collection of required data and documentation on youth access and utilization of services
- Supervise the clinical team
- Provide support as needed to the clinical team 24/7/365

Clinicians (Four independently licensed Clinicians full-time 100% dedicated to the program, and two Clinicians under supervision of an independently licensed practitioner 100% dedicated to the program) possessing independent licensure in NJ including LCSW, LPC, LMFT, PhD, PsyD. All Clinicians must have a minimum of one-year experience working with youth within family systems and 1 year experience working with people who have mental health and/or co-occurring behavioral health needs including complex trauma. Clinicians will work flexible shifts based on family need. The responsibilities shall include, but are not limited to, the following:

- Serve as a liaison between the program and the family
- Provide on-site family therapy with regularity so that the family is involved in the ongoing treatment of their child. Interact with the family and the CFT during the referral and admission process
- Complete a Biopsychosocial (BPS) assessment, intake and other assessments as required
- Complete IMDS Strengths and Needs Assessment (within the first 24 hours and as needed in conjunction/coordination with CFT)
- Assist with program admissions or inpatient hospital admissions/transitions as necessary
- Develop cross systems crisis prevention and intervention plans, comprehensive treatment and transition plans (within the first week and update as needed)
- Complete the initial safety and soothing plan development, documentation, and consultation (within the first 48 hours of admission)
- Complete the initial safety and soothing plan debriefing with family and youth (within the first 48 hours of admission)
- Develop and oversee the implementation of the Behavioral Assistant ISP, modify as needed based on frequent evaluation of implementation and progress
- Provide direct supervision of the Behavioral Assistants as required by Medicaid Regulations and Board standards.

- Provide on-site individual therapy as indicated in the youth's treatment plan with EBP approaches and in coordination with consultant adjunct therapists or wellness service providers
- Implement interventions and activities based on individual needs and ongoing assessment
- Attend and facilitate treatment team meetings
- Share on-call responsibilities to ensure a timely telephonic response to crises within one hour of the call and face-to-face within 24 hours of the call
- Provide coordinated support with program staff and participate as part of the clinical team
- Provide daily clinical triage support
- Provide systemic consultation
- Prepare agendas and document outcomes for in-home sessions
- Ensure the coordination of treatment team meetings
- Provide in-community visits, as needed
- 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. A clinician's time on case management must be in addition to these clinical services. Clinical services delivered must be grounded in evidence-based practice.

Crisis Support Specialists/Behavioral Assistants (three full-time dedicated 100% exclusively to this program) Bachelor's degree in psychology, special education, guidance and counseling, social work, or a related field. At least one year of supervised experience in implementing treatment/service plans for youth who have
behavioral health or co-occurring needs OR a high school diploma or GED and at least two years of supervised experience in implementing treatment/service plans for these youth. The responsibilities shall include, but are not limited to the following:

- Provide support to youth and families to develop and practice positive relationship and skill building based on individual needs and ongoing assessment
- Implement activities included in the youth's individualized treatment/service plan aimed at promoting sustainable positive behavioral changes that reflect improved daily functioning, enhanced quality of life and strengthened skills in a variety of life domains
- Provide individual support, such as positive behavioral supports, social and emotional learning supports, regulation and other positive, health coping skill development

- Provide education/training/coaching for youth/caregivers
- Provide education/training/coaching for the youth to meet the individual's treatment needs
- Provide modeling for youth and families, including support of transfer of knowledge and support of techniques with caregivers
- Support community involvement via strengths and interests focused recreational activities, skill building and informal connection development
- Provide and/or arrange for health and wellness promotion services as part of the treatment plan and accessing social determinants of health.
- Attend treatment team meetings
- Available to work on a rotating coverage schedule, including weekends

Resource and Care Coordinators (two full-time dedicated 100% exclusively to this program) Bachelor's degree in social work, counseling, psychology, or human services field with a minimum of two years' experience providing services to people with mental health or co-occurring behavioral health challenges. The responsibilities shall include, but need not be limited to, the following:

- Work with youth and family to plan, implement and evaluate service provision and navigate treatment needs
- Provide active care management including linkages to community resources including for needs in areas of social determinants of health
- Ensure the coordination of support meetings and crisis plans for individuals served
- Coordinate development of cross-systems crisis plans, intake/assessments, intervention and outcomes and any other applicable documentation of services provided
- Participate in recurring meetings with leadership and ACT team
- Maintain linkages and relationships with community partners

Peer Support Partner (two full-time dedicated 100% exclusively to this program) Required experience as caregiver or primary support person of youth with mental health or co-occurring behavioral health needs. Preferred bachelor's degree in human service or related field with 2 years' experience providing supports to caregivers of youth who have mental health or co-occurring behavioral health. Holds NJ Peer Support Partner certification or ability to obtain within 1 year of hire. The responsibilities shall include, but need not be limited to, the following:

- Responsible for emotional support, system education and advocacy, coordinating resources, connecting families within the community, and participating in building a support team. Includes providing and/or arranging for health and wellness promotion services as part of the treatment/support plans.
- Participates in Youth ACT team meetings.

Youth Coach/Mentor Required experience as caregiver or primary support person of youth with mental health. Preferred bachelor's degree in human service or related field with two (2) years of experience providing support to youth who have mental health or co-occurring behavioral health needs. Holds NJ Peer Support Partner certification or has ability to obtain.

- Responsible for youth support, education, and advocacy: coordinating resources, engaging youth with peer support, various life experiences such as volunteer and social activities and connecting within the community to help promote personal growth, and participating in building support teams as well as ensuring youth voice is incorporated in all program operations

Administrative Assistant (one full-time dedicated 100% exclusively to this program) with High School diploma/equivalent, two years of experience as an administrative assistant and basic knowledge of Microsoft Office suite. The responsibilities shall include, but need not be limited to, the following:

- Routine administrative tasks: scheduling, tracking projects, word processing, typing, reproduction, filing and phone coverage.
- Maintain all records in accordance with state regulations and requirements
- Maintain record of Youth ACT team meetings and daily triage calls
- Contact youth/families for reminders of scheduled home visits

<u>Consultant Descriptions</u>
Contractor's consultants shall be available to provide consultation to the program team as needed and work with youth and families to support individual care planning and implementation. In addition to the required consultants below, Respondents may propose to engage other clinical or behavioral professionals to be available to ensure comprehensive, individualized care.

Occupational Therapist (OT) master's degree in occupational therapy, appropriate NJ license and three (3) years of experience working with children, shall be responsible for the following:

- Promote skill development and independence in activities of daily living (ADL) as needed per assessment and in coordination with the youth's IEP
- Provide treatment for sensory processing difficulties
- Identify and eliminate environmental barriers to participation and daily activities
- Attend treatment team meetings
- Provide other services as identified in the treatment plan
- Partner with existing school providers to ensure continuity of care
- Work in conjunction with the OT in an educational setting to augment services both in the house and with the family

Allied Therapist Minimum of one (1) year experience working with youth with mental health. Preferred credential is minimum bachelor's degree in related field and credential must be appropriate to therapy offered. Allied Therapies are defined as:

- Activities that are structured, guided, and participatory in nature. Examples may include, but are not limited to yoga, movement, music, art therapy, vocational, etc. therapies must be directly related to the youth's treatment planning needs. Allied therapies may occur both on grounds and within the community.
- Provide services, as recommended, in the treatment plan
- Complete Recreation/Leisure Assessment and Report (within the first week)

Health/Wellness/Nutrition Coach

- Assists the team in creating and implementing effective solutions to improve youth/family health and wellness.

Interpreter Services

- Facilitate communication among youth, family, and team members with language-related needs

Audit/Legal

- Provides audit and legal support to the program

Notes on staffing

It is the responsibility of the awardee to provide services in accordance with the New Jersey State Board of Social Work Examiners, State Board of Medical Examiners, State Board of Nursing, State Board of Marriage and Family Therapy Examiners, and Professional Counselors Examiners Committee, for licensure regulations. These guidelines are not to be interpreted as comprehensive of each staff member's total responsibilities. Awarded respondents shall meet or exceed the staffing requirements during the term of the contract. Respondents must

demonstrate, through their narrative, attachments, and with necessary letters of affiliation, that the staffing guidelines are achievable.

Awarded respondents must ensure that all employees of the agency who provide direct service will have State and Federal background checks with fingerprinting completed and pass now and every two (2) years thereafter. The cost of the fingerprinting and criminal history background check to become a qualified provider will be paid for by DCF. Instructions on the fingerprinting process and background checks will be provided to each qualified Applicant.

Awarded respondents must ensure that all staff complete a TB Skin Test. Staff rendering in-home services are required to pass a TB Skin Test. Do not send protected health information. Awarded respondents shall record and maintain records of staff on file in the Applicant office available for review and audit upon reasonable notice.

N.J.S.A 9:6-8.10f (2017) requires the Department of Children and Families (DCF) to conduct a check of its child abuse registry for each person who is seeking employment in any facility or program that is licensed, contracted, regulated, or funded by DCF to determine if the person is included on the child abuse registry as a substantiated perpetrator of child abuse or neglect. Contractors are to utilize the Child Abuse Record Information (CARI) Online Application to set-up a facility account by visiting: https://www.njportal.com/dcf/cari.

10) **The legislation and regulations relevant to this specific program, including any licensing regulations:**

Medicaid Enrollment

The awardee will enter a cost-reimbursement contract for up to 26 months, contingent on available funding. 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 and its established fiscal agent, Gainwell Technologies, within prescribed timelines.

- N.J.S.A. 10:5-1 to -42 New Jersey Law Against Discrimination
- 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
- N.J.A.C. 10:196 - Determination of Eligibility for Functional Services From The Division Of Children's System Of Care

Unusual Incident Reporting & Management

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

11) **The availability for electronic, telephone, or in-person conferencing this program initiative requires:**

In vivo community based, and telehealth services will be available 7 days a week with a staff member on call 24/7 including outside of normal business hours to address and stabilize crisis.

12) **The required partnerships/collaborations with stakeholders that will contribute to the success of this initiative:**

A multi-disciplinary team will be comprised of licensed therapists and psychiatric experts, supported by a team of direct support from other professionals and those with lived experience as a family member.

13) **The data collection systems this program initiative requires:**

Applicants shall have the ability to utilize Cyber, the CSOC Care Management Record, and shall utilize an agency based electronic health record for documenting treatment planning and interventions, as well as all services provided for the youth and family. Applicants shall also collect and report data to support evaluation activities as required by the evaluator.

E. Outcomes - The below describes the evaluations, outcomes, information technology, data collection, and reporting required of respondents for this program.

1) **The evaluation required for this program initiative:**

Applicants shall dedicate resources to participate in the program evaluation. This will include meetings with CSOC and designated evaluator, gathering and reporting on data as required to support the evaluation and outcomes measurement, and partnering in implementation and quality improvement initiatives.

2) **The outcomes required of this program initiative:**

The purpose of Youth ACT is to support children with complex mental health needs and their families so that they may remain in their homes and communities, achieve success in their educational, vocational or employment endeavors and foster positive relationships among friends and family. As such, the expected outcomes of Youth ACT include:

a) Short Term Outcomes:

- Youth is stabilized and able to successfully remain in their home, school, and community
- Youth and their families are actively engaged in community-based services

b) Mid Term Outcomes:

- Youth eliminate or reduce frequency or duration of inpatient admissions, emergency room use, and crisis services use
- Youth and families acquire effective skills such that youth can achieve age-appropriate developmental milestones

c) Long Term Outcomes:

- Youth and their families have adequate supports to sustain gains achieved in the program
- Youth and family have enhanced capacity to sustain healthy interactions, secure emotional attachment, and functional relationships

3) **Required use of databases:**

Applicants must have the ability to utilize Cyber, the CSOC Care Management Record, and possess and utilize an agency based electronic health record. Applicants shall also collect and report data to support evaluation activities as required by the evaluator.

4) **Reporting requirements:**

Applicants shall have the ability to utilize Cyber, the CSOC Care Management Record, and shall utilize an agency based electronic health record for documenting treatment planning and interventions, as well as all services provided for the youth and family. Applicants shall also collect and report data to support evaluation activities as required by the evaluator.

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.

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

Section III - Documents 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 to be Submitted with This Response* and B. Additional Documents *to be Submitted in Support of This Response*. **Each of these two (2) sections must**

be submitted as a separate PDF, which would be the second and third PDF submission in your response packet.

A. Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with this Response:

(THIS WILL BE THE SECOND PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: *PDF 2: SECTION III - DOCUMENTS TO BE SUBMITTED WITH THIS RESPONSE, SUBSECTION A. ORGANIZATIONAL DOCUMENTS PREREQUISITE TO A DCF CONTRACT AWARD.)*

1) A description of how your **Accounting** System has the capability to record financial transactions by funding source, to produce funding source documentation, authorization to support all expenditures, and timesheets which detail by funding source how the employee spent their time, invoices, etc.

2) **Affirmative Action Certificate:** Issued after the renewal form [AA302] is sent to Treasury with payment.
Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year One (1). Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate.
Website: https://www.state.nj.us/treasury/contract_compliance/

3) **Agency By-Laws** -or- Management **Operating Agreement** if a Limited Liability Corporation (LLC) or Partnership

4) 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

5) **Attestation Form for Public Law P.L. 2021, c.1** - Complete, sign and date as the provider.
Form:
Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf (nj.gov)

6) Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the **Board of Directors** of a corporation, or the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality.

7) For Profit: **NJ Business Registration Certificate** with the Division of Revenue (see instructions for applicability to your organization).

Website: https://www.nj.gov/treasury/revenue/busregcert.shtml

8) **Business Associate Agreement/HIPAA** - Sign and date as the Business Associate.
Form: https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx

9) For Profit: **Chapter 51/Executive Order 117** Vendor Certification and Disclosure of Political Contributions (See instructions for applicability to your organization). Website: https://www.nj.gov/treasury/purchase/forms.shtml

10) **Conflict of Interest Policy** (Respondent should submit its own policy, **not** a signed copy of the DCF model form found at the end of the following DCF policy.)
https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf

11) All **Corrective action plans or reviews** completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years. If applicable, a copy of the corrective action plan should be provided and any other pertinent information that will explain or clarify the respondent's position.

If not applicable, the respondent is to **include a signed written statement** that it has never been under any Corrective Actions or reviews. Respondents 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. Respondents subject to a Corrective Action not yet completed are not eligible to apply.

12) Certification Regarding **Debarment**
Form:https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf

13) Disclosure **of Investigations & Other Actions Involving Respondent**
Form:
https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf

14) **Disclosure of Investment Activities in Iran**
Form:
https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf

15) **Disclosure of Ownership (Ownership Disclosure Form)**
NOTE: A RESPONSE SHALL BE DEEMED NON-REPONSIVE UNLESS THIS FORM IS SUBMITTED WITH IT.
Form:
https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf
The Ownership Disclosure form must be completed and returned by non-profit and for-profit corporations, partnerships, and limited liability

companies. The failure of a **for-profit** corporation, partnership, or limited liability company to complete the form prior to submitting it with the response **shall result in rejection of the response**.

16) **Disclosure of Prohibited Activities in Russia and Belarus**
Form:
https://www.state.nj.us/treasury/administration/pdf/DisclosureofProhibitedActivitesinRussiaBelarus.pdf

17) **Source Disclosure Form (Disclosure of Source Location of Services Performed Outside the United States)**
Form:
http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf

18) Document showing **Unique Entity ID (SAM)** Number
Website: https://sam.gov/content/duns-uei

19) Certificate **of Incorporation**
Website: https://www.nj.gov/treasury/revenue

20) **Notice of Standard Contract Requirements, Processes, and Policies**
Sign and date as the provider
Form: Notice.of.Standard.Contract.Requirements.pdf (nj.gov)

21) **Organizational Chart of respondent -** Ensure chart includes the agency name, current date, and the allocation of personnel among each of the agency's DCF programs with their position titles and names.

22) **Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards -** A brief description (no more than two (2) pages double spaced) of the ways in which respondent's operations (policies and/or practices) mirror these standards. The document should include the agency name & current date. The Standards are available at: "Sexual Abuse Safe-Child Standards" (state.nj.us)

23) **Standard Language Document (SLD) (or Individual Provider Agreement or Department Agreement with another State Entity as designated by DCF.)**
Sign and date as the provider
Form:
https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc

24) **System for Award Management** (**SAM)** Submit a printout showing active status and the expiration date. Available free of charge.
Website: https://sam.gov/content/home
Helpline:1-866-606-8220

25) **Tax Exempt Organization Certificate** (ST-5) -or- **IRS Determination Letter** 501(c)(3)
Website: https://www.nj.gov/treasury/taxation/exemptintro.shtml

26) **Tax Forms: Submit a copy of the most recent full tax return** Non-Profit: Form 990 Return of Organization Exempt from Income Tax or- For Profit: Form 1120 US Corporation Income Tax Return -or- LLCs: Applicable Tax Form and may delete/redact any SSN or personal information
Note: Store subsequent tax returns on site for submission to DCF upon request.

27) **Trauma Informed and Cultural Inclusivity Practices -** Submit written policies describing the incorporation of these practices into your provision of services.

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

(THIS WILL BE THE THIRD PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: *PDF 3: SECTION III – DOCUMENTS TO BE SUBMITTED WITH THIS RESPONSE, SUBSECTION B. ADDITIONAL DOCUMENTS TO BE SUBMITTED IN SUPPORT OF THIS RESPONSE*.)

1) A completed **Proposed Budget Form** documenting all costs associated with operating the program. If DCF is allowing funding requests for **start-up costs**, document these separately in the final column of the Proposed Budget Form. This form is found at:
https://www.nj.gov/dcf/providers/contracting/forms/

2) A completed **Budget Narrative** is required for the proposed program that: a) clearly articulates budget items, including a description of miscellaneous expenses or "other" items; b) describes how funding will be used to meet the project goals, responsibilities, and requirements; and c) references the costs associated with the completion of the project as entered in the Proposed Budget Form found at:
https://www.nj.gov/dcf/providers/contracting/forms/. When DCF allows funding requests for start-up costs, include in the Budget Narrative a detailed summary of, and justification for, any one-time program implementation costs documented in the final column of the Proposed Budget Form.

3) An **Implementation Plan** for the program that includes a detailed timeline for implementing the proposed services, or some other detailed weekly description of your action steps in preparing to provide the services and to become fully operational.

4) **Letter(s) of Collaboration** specific to a service to demonstrate commitment to the program.

5) (3) **Letter(s) of Commitment** specific to a service or MOU to demonstrate commitment to the program.

6) (3) **Letter(s) of Support** from community organizations with which you already partner. Letters from any New Jersey State employees are prohibited.

7) **Proposed Respondent Organizational Chart** for the program services required by this response that includes the respondent's name and the date created.

8) **Proposed Program Staffing Summary Report (PSSR)** A full updated report must be submitted with this response and then **annually** by the 10th day of the month following each contract year. Form: https://www.nj.gov/dcf/providers/contracting/forms/ProgramStaffingSumm aryReport.xlsm

9) **Proposed Subcontracts/Consultant Agreements/ Memorandum of Understanding** to be used for the provision of contract services.

10) **Summary of Reduction of Seclusion and Restraint Use** (maximum 3 pages) describing policies adopted and the practices implemented to achieve this goal.

11) A **Training Curricula Table of Contents** for the current and proposed staff consistent with the requirements described and certified to in the Activities Requirements) of the Required Performance and Staffing Deliverables of this RFP.

Section IV - Respondent's Narrative Responses

Respondents who sign the above Statement of Acceptance to provide services in accordance with the *Required Performance and Staffing Deliverables* additionally must submit a narrative response to every question below. A response will be evaluated and scored as indicated on each of the following four (4) Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; C. Organizational Supports, and D. Vignette. Respondents must organize the Narrative Response sections submitted in the same order as presented below and under each of the four (4) corresponding title headings.

There is a ten (10) page limit for each of the first three (3) narrative sections of the response – sections A, B, and C, below. There is a two (2) page limit for the vignette

– section D, below. Each narrative section should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. The font shall be no smaller than twelve (12) points in Arial or Times New Roman. Each narrative section should be numbered separately at the bottom center of each page.

(ALL FOUR (4) OF THESE SECTIONS MUST BE SUBMITTED AS A SINGLE PDF DOCUMENT, WHICH WOULD BE THE FOURTH PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: *PDF 4 – SECTION IV: RESPONDENT'S NARRATIVE RESPONSES, SUBSECTIONS A. COMMUNITY AND ORGANIZATIONAL FIT; B. ORGANIZATIONAL CAPACITY; C. ORGANIZATIONAL SUPPORTS AND D. VIGNETTE*.)

A. Community and Organizational Fit (20 Points)

Community and Organizational fit refers 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 organization's mission, 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 supported, supported, or promising as per the California Evidence-Based Clearinghouse for Child Welfare definition(s) (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 you will meet the geographic area requirements of this program initiative.

B. Organizational Capacity (45 Points)

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

1) Describe how the organization's leadership is knowledgeable about and in support of this initiative. Include how the requirements of this initiative will be met through your governance and management structure, including the roles of senior executives and governing body (Board of Directors,

Managing Partners, or the members of the responsible governing body of a county or municipality). Do leaders have the diverse skills and perspectives representative of the community being served?

2) Does the organization currently employ or have access to staff that meet the staffing requirements for this initiative as described and certified to in the Resources/Staff Requirements section of the *Required Performance and Staffing Deliverables* of this RFP. If so, describe.

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

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

5) Are there designated staff with capacity to collect and use data to inform ongoing monitoring and improvement of the program or practice? If so, describe.

6) What administrative practices must be developed and/or refined to support the initiative/program/practice? What administrative policies and procedures must be adjusted to support the work of the staff and others to implement the program or practice?

7) Describe how the requirements of this initiative will be met through your existing collaborations, partnerships and collaborative efforts with other communities and systems.

8) Describe how the requirements of this initiative will be met through your membership in professional advisory boards.

9) Describe how the requirements of this initiative will be implemented through the existing or anticipated community partners listed and certified to in the resources section and the collaborative activities listed and certified to in the activities section of the *Required Performance and Staffing Deliverables* of this RFP.

10) Describe how the requirements of this initiative will be met through your plans for program accessibility that include, at a minimum, the following details: site description, safety considerations, and transportation options for those served.

11) Describe how the requirements of this initiative will be met through your strategies for identifying and engaging the target population and for maintaining their participation in services in accordance with service recipients' need(s).

12) ACT is an evidence-based model that relies upon the teaming of multi-disciplinary professionals and paraprofessionals to deliver intensive in-home services. Identify the evidence-based, evidence-informed, and/or culturally promising practices treatment interventions that will be delivered by this team. Discuss how each intervention chosen is appropriate for the target population and aligns with the desired program outcomes. Describe any modifications that will be made to the proposed EBP(s) and the reason the modifications are necessary. If you are not proposing any modifications, indicate so in your response.

13) Describe the teaming structure and process you will utilize to ensure an integrated approach to care to ensure continuity of care including the inclusion of family and/or natural supports.

14) Describe how services will be delivered within the community while ensuring equitable access, safety, healthy boundaries, and therapeutic integrity.

15) Describe how staff scheduling will be managed to ensure on call coverage in accordance with program expectations.

C. Organizational Supports (25 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.

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

3) 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?

4) Describe how this initiative will be supported by your use of the data after it is analyzed and reported to evaluate program performance.

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

6) 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.

D. Vignette and Response (10 Points)

Anya is a 16-year-old Black, Hispanic female who is a junior in high school. She resides with her mother Bea, her father Rob and her 13-year-old brother James. Her mother works second shift as a nurse in the local hospital. Her father was born in Puerto Rico and moved to NJ as a child. Rob was a business owner of a successful restaurant but due to the pandemic the business permanently closed. There is a family history of substance use on Anya's mother's side as well as history of substance use and mental health challenges on her father's side. Anya's brother James maintains average grades and is involved with wrestling. He is quite popular, part of a championship team and has many friends.

Prior to the pandemic Anya was involved in extracurricular activities and maintained above average grades. She was socially connected and had a positive relationship with her family. During the pandemic Anya experienced sleep challenges, lost 15 pounds, was very isolated, and her grades significantly declined. Anya did not like to attend virtual classes and skipped school often. The school counselor recommended individual therapy and while in therapy Anya revealed she had been cutting herself and was experiencing suicidal ideation. Anya was admitted to a CCIS after disclosing a plan to overdose on Tylenol and alcohol. During her 5-day admission, she was started on psychotropic medication and diagnosed with Major Depression, single episode. She was discharged with a plan to continue therapy and medication monitoring. Therapy lasted four sessions before the family did not follow up, and within 3 months, Anya discontinued her medication.

After her first hospitalization Anya became increasingly oppositional, often slept most of the day, began smoking marijuana and drinking alcohol. Her behaviors became unsafe as she often stayed out late or overnight without her parent's knowledge. Her father's business closed, he began to drink and smoke marijuana and her mother was working a great deal of overtime. When Anya's brother tried to confront her about her behaviors, she became physically aggressive, threw a dish at him and threatened to cut herself with the broken glass. She was psychiatrically screened and re-admitted to CCIS. While inpatient medication changes were made and she was diagnosed with Oppositional Defiant Disorder, a Mood Disorder, Cannabis Use Disorder, and a rule out of Major Depressive Disorder. She was again referred for outpatient therapy and medication management, neither of which she consistently participated in.

A few months after the hospital discharge Anya engaged in a suicide attempt by taking Adderall and Tylenol. After being medically cleared, she was transferred to CCIS. During her 10-day stay her medication regimen was again changed and she was diagnosed with Major Depressive Disorder, recurrent, and Oppositional Defiant Disorder. The transition plan included referring the family to PerformCare to request Care Management Organization services and a referral to the Youth ACT Program.

Vignette Responses:

- Please describe your approach to assessing the youth and family system including the process and areas of focus.
- Please describe your approach to treatment planning that represents an integrated approach to care.
- Please describe your approach to safety assessment and planning.
- Please describe how you will engage in a cultural and ethical approach to providing home based services in the context of assessment, treatment planning and the implementation of interventions.
- Please describe your anticipated transition/discharge plan once the family is ready for a lower intensity of service.

Section V - Response Screening and Review Process

A. Response Screening for Eligibility, Conformity, and Completeness:

DCF will conduct a preliminary review of each response to determine whether it is eligible for evaluation or immediate rejection in accordance with the following criteria:

1) The response was received prior to the stated deadline.

2) The Statement of Acceptance is signed by the person with the necessary authority to execute the agreement.

3) The response is complete in its entirety, including all documents required to be submitted in support of the response listed in Section III. A. and the organizational documents prerequisite to a contract award listed in Section III. B. If any of these documents are missing from the response, DCF may provide an email notice to the respondent after the response is submitted.

Respondents will have up to five (5) business days after notice from DCF to provide the missing documentation, except those documents, such as the Ownership Disclosure Form, required by the applicable law to be submitted with the response. If the documents are not then timely submitted in response to that notice, the response may be rejected as non-responsive.

4) The response conforms to the specifications set forth in the RFP.

5) At least one representative of the respondent must have been present at the Mandatory Conference

Failure to meet the criteria outlined above, constitutes grounds for rejection of the response.

Responses meeting the initial screening requirements of the RFP will be distributed to the Evaluation Committee for its review and recommendations.

B. Response Review Process

The Department convenes an Evaluation Committee in accordance with existing regulation and policy to review all responses. All voting and advisory reviewers complete a conflict-of-interest form. Those individuals with conflicts or with the appearance of a conflict are disqualified from participation in the review process. The voting members of the Evaluation Committee will review responses, deliberate as a group, and recommend final funding decisions.

The Department reserves the right to reject any response 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, the State's loss of funding, inability of the respondent to provide adequate services, applicant's lack of good standing with the Department, and indication or allegation of misrepresentation of information or non-compliance with any State contracts, policies and procedures, or State or Federal laws and regulations.

A response to an RFP may result in a contract award if the Evaluation Committee concludes the respondent will comply with all requirements as demonstrated by submitting the specified documentation and signing the Statement of Acceptance. All respondents are required to provide all the requested documentation, to confirm their ability to meet or exceed all the compulsory requirements, to provide services consistent with the scope of services delineated, and to comply with the service implementation and payment processes described. In addition, a response to an RFP will be evaluated and scored by the Evaluation Committee based on the quality, completeness, and accuracy of each of the three Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports. A response earning the highest score may result in a contract award. The

narrative must be organized appropriately and address the key concepts outlined in the RFP. The quality and completeness of the required documents may impact the score of the Narrative Sections to which they relate.

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

C. Appeals

An appeal of a determination to reject a response as incomplete or unresponsive may be considered only to dispute whether the facts of a particular case are sufficient to meet the requirements for rejection and not to dispute the existence of any of the requirements.

An appeal of a determination not to award contract funding may be considered only if it is alleged that DCF has violated a statutory or regulatory provision in its review and evaluation process.

Pursuant to DCF policy P1.08, such appeals must be submitted in writing within ten (10) business days following the date on the Notice of Disqualification or Notice of Regret letter by emailing it to DCF.AHUAppeals@dcf.nj.gov and/or mailing it to:

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

Section VI - Post Award Requirements

A. General Conditions of Contract Execution:

Respondents who receive notice of DCF's intent to award them a contract will be referred to the DCF Office of Contract Administration (OCA). As a condition of executing a contract, awarded respondents must resolve with OCA any issues raised in the award letter or otherwise found to be need of clarification. If DCF finds after sending a notice of intent to award that the awarded respondent is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the award may not proceed to contract execution. DCF determines the effective date of any contract, which is the date compensable services may begin.

An awarded respondent shall be required to comply with the terms and conditions of the Department of Children and Families' contracting rules, regulations, and policies as set forth in the Standard Language Document, the Notice of Standard DCF Contract Requirements, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. Awarded respondents may review these items via the Internet at:
www.nj.gov/dcf/providers/contracting/manuals
https://www.state.nj.us/dcf/providers/contracting/forms/. Awarded respondents also shall comply with all applicable State and Federal laws and statutes, assurances, certifications, and regulations regarding funding.

B. Organizational Documents Prerequisite to Contract Execution to be Submitted After Notice of Award:

The OCA contract administrator assigned to initiate and administer an awarded respondent's contract will require the awarded respondent to submit the following documents prior to finalizing the contract for funding:

Post-Award Documents Prerequisite to the Execution of All Contracts

1) **Acknowledgement of Receipt** of NJ State Policy and Procedures:
Return the receipt to DCF Office of EEO/AA.
Form:https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf
Policy:https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf

2) **Annual Report to Secretary of State** proof of filing.
Website: https://www.njportal.com/dor/annualreports

3) **Employee Fidelity Bond Certificate (**commercial blanket bond - crime/theft/dishonest acts)

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. The $50,000 threshold includes fee-for-service reimbursements made via Medicaid. Not Applicable Note: Should state your agency will not exceed $50,000 in combined State of NJ contracts for the current year.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator
Policy:https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

4) **Liability Insurance** (Declaration Page/Malpractice Insurance/Automobile Liability Insurance)
Important: Policy must show:
   a. DCF as the certificate holder – NJDCF 50 E State Street, Floor 3, P.O. Box 717, Trenton, NJ 08625
   b. Language Stating DCF is "an additional insured"
   c. Commercial Liability Minimum Limits of $1,000,000 an occurrence, $3,000,000 aggregate
   d. Commercial Automobile Liability Insurance written to cover cars, vans or trucks, limits of liability for bodily injury and property damage should not be less than $2,000,000/occurrence.

   Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator
   Policy:https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

5) Document showing **NJSTART** Vendor ID Number (NJ's eProcurement System) Website: https://www.njstart.gov/ Helpline: 609-341-3500 or - njstart@treas.nj.gov

6) **Standardized Board Resolution Form**
   Form:https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf

7) **Chapter 271/Vendor Certification and Political Contribution Disclosure Form**
   [2006 Federal Accountability & Transparency Act (FFATA)]
   Form:https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf

8) **Program Organizational Chart**
   Should include agency name & current date

Post-Award Documents Prerequisite to the Execution of This Specific Contract

9) **Annex A -** Sections 1.1, 1.3 & 2.4
   Note: Contract Administrators will provide any Annex A forms customized for programs when they are not available on the DCF public website. Website: https://www.nj.gov/dcf/providers/contracting/forms

10) **Annex B Budget Form -** Include Signed Cover Sheet
   Form: https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls
   Note: The Annex B Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
   Website: https://www.nj.gov/dcf/providers/contracting/forms

11) **Certification Regarding Exemptions**
Website: https://www.nj.gov/dcf/providers/contracting/forms

12) **Certification Regarding Reporting**
Website: https://www.nj.gov/dcf/providers/contracting/forms

13) **Equipment Inventory** (of items purchased with DCF funds) Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf

14) **Schedule of Estimated Claims** (SEC) signed
Form: Provided by contract administrator when applicable.

15) **Professional Licenses and/or Certificates** currently effective related to job responsibilities.

16) **Program Staffing Summary Report (PSSR)**
A full updated report must be submitted **annually** by the 10th day of the month following each contract year.
Form:https://www.nj.gov/dcf/providers/contracting/forms/ProgramStaffingSummaryReport.xlsm

17) **Subcontracts/Consultant Agreements/ Memorandum of Understanding** related to this contract for DCF review and approval.

C. Reporting Requirements for Awarded Respondents

Awarded Respondents are required to produce the following reports in accordance with the criteria set forth below, in addition to the reports specified above in this RFP related to the delivery and success of the program services.

1) **Audit** or **Financial Statement** (Certified by accountant or accounting firm.)
A copy of the Audit must be submitted to DCF by all agencies expending over $100,000 in combined federal/state awards/contracts if cognizant with any department of the State of NJ. As noted in the Audit DCF Policy CON -I-A-7-7.6.2007 Audit Requirements, section 3.13 of the Standard Language Document, DCF also may request at any time in its sole discretion an audit/financial statement from agencies expending under $100,000 that are not cognizant with any department of the State of NJ. Note: Document should include copies of worksheets used to reconcile the department's Report of Expenditures (ROE) to the audited financial statements. (DCF Policy CON -I-A-7-7.6.2007 Audit Requirements)

Awarded respondents are to submit the most recent audit or financial statement with the initial contract and then each subsequent one within 9 months of the end of each fiscal year.

Policy:
https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf

2) **DCF Notification of Licensed Public Accountant Form** (NLPA)**-and-** copy of **Non-Expired Accountant's Certification**

Awarded respondents must ensure DCF form is used, and 2 signatures are provided. Not required for agencies expending under $100,000 in combined federal/state awards or contracts. 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.

Awarded respondents are to submit this form with each Audit, providing info related to the year subsequent to the audit.

Not Applicable Note: Must state your agency will not exceed $100,000 in combined Federal/State awards or contracts.
Form: https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx

3) Photocopies of Licensed Public Accountant firm's **license to practice**, and most recent **external quality control review** to be submitted with the NPLA.

4) **Reports of Expenditures (ROE)**:
A. Scheduled Payments Contract Component: To be submitted two times during the contract year: Interim (15 days from the end of the6th month, and Final (120 days after the end of the fiscal year); or in accordance with any separate DCF directive to file additional ROEs for specific contracted programs**. Quarterly ROEs must be submitted for contracted program budgets funded with federal grants.** The format for the ROE must match that of the Annex B budget form. **Note:** Must be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6)

B. Fee for Service Contract Component: Not Required
Website: https://nj.gov/dcf/providers/contracting/forms/

5) **Level of Service (LOS) Reports**
Enter the cited DCF Standard Template Form for each month the number of youth, adults, and families served and ages of those receiving services, and the hours/days, county locations, etc. of those services, or record this data into another form, survey, or database that DCF agrees can serve to track LOS for the contracted program.
Website: https://www.nj.gov/dcf/providers/contracting/forms/

6) **Significant Events Reporting:**

Timely reports as events occur to include, but not be limited to, changes to: (1) Organizational Structure or Name [DCF.P1.09-2007]; (2) Executive and/or Program Leadership; (3) Names, titles, terms and addresses, of the Board of Directors; (4) Clinical Staff; (5) Subcontract/consultant agreements and the development or execution of new ones; (6) a FEIN; (7) Corporate Address; (8) Program Closures; (9) Program Site locations; (10) Site Accreditations (TJC,COA,CARF); (11) the contents of the submitted Standard Board Resolution Form; (12) Debarment and SAM status; and (13) the existence and status of Corrective Action Plans, Audits or Reviews by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities.

Note: Agencies are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed with the NJ Department of the Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms regarding: Investment Activities in Iran as per P.L. 2012, C.25; Investment Activities in Russia or Belarus as per P.L. P.L.2022, c.3; Disclosures of Investigations of the Vendor; Ownership Disclosure if for profit; Service Location Source Disclosure as per P. L. 2005, C.92; Political Contribution Disclosure as per P.L. 2005, C.271; Report of Charitable Organizations, and the Two-Year Chapter 51 Vendor Certification and Disclosure.
Policy:
https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf
Website:
https://www.state.nj.us/treasury/purchase/forms.shtml

D. Requirements for Awarded Respondents to Store Their Own Organizational Documents on Site to be Submitted to DCF Only Upon Request

1) Affirmative Action Policy/Plan

2) Copy of Most Recently Approved Board Minutes

3) Books, documents, papers, and records which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions, and to be produced for DCF upon request.

4) Personnel Manual & Employee Handbook (include staff job descriptions)

5) Procurement Policy