



REQUEST FOR PROPOSALS

PSYCHIATRIC COMMUNITY HOME SERVICES

FOR

TWO 5-BED PROGRAMS FOR

MALES & FEMALES, AGES 5-10, WITH IQ of 65+

TWO 5-BED PROGRAMS FOR

FEMALES, AGES 11-14, WITH IQ of 65+

THREE 5-BED PROGRAMS FOR

FEMALES, AGES 15-17, WITH IQ of 65+

Seven (7) five-bed community-based homes (35 Beds)

Funding up to

\$6,987,925.00

Questions are due by February 12, 2021

Bids are due: March 10, 2021

Christine Norbut Beyer, MSW
Commissioner

January 26, 2021

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Funding Agency

State of New Jersey
Department of Children and Families
50 East State Street,
Trenton, New Jersey 08625

Special Notices:

There will be no Bidders Conference for this RFP. Questions will be accepted in advance by providing them via email to DCF.ASKRFP@dcf.nj.gov until **February 12, 2021 12PM**. Technical inquiries about forms and other documents may be requested anytime.

All bids must be submitted electronically through our online system (see Section J.) Applicants are expected to submit proposals electronically. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an AOR form. The AOR form must be completed and sent to DCF.ASKRFP@dcf.nj.gov. (See Section J)

Section I – General Information

A. Purpose

The New Jersey Department of Children and Families' (DCF) Children's System of Care (CSOC) announces the availability of funding for the purpose of providing **Psychiatric Community Home services to New Jersey youth with IQ of 65+ (males and females, ages 5-10; females, ages 11-14; and females, ages 15-17)** with severe psychiatric disturbances. Proposals shall address the needs of youth in these age groups; however, after the award, CSOC reserves the option to require that additional or alternate age and / or gender groups be served upon appropriate notice and subject to licensing and other legal requirements.

The annualized funding available is up to \$6,987,925.00. Each 5 bed program's award is up to \$998,275.00. The per diem rate per youth is \$532/day (base rate) or \$547/day if accredited by one of the following: Council on Accreditation (COA), Commission on Accreditation of Rehabilitation Facilities (CARF) or, The Joint Commission (TJC) and is reimbursed on a fee for service basis. All services and activities are authorized by CSOC's Contracted System Administrator (CSA), PerformCare, and claims are submitted to and processed by New Jersey's Medicaid fiscal agent, Gainwell Technologies. The per diem rate is all-inclusive reimbursement for clinical services, social, recreational, and other activities, and facility and administrative costs to serve the youth. Reimbursement is based on occupancy. CSOC does not guarantee 100% occupancy. All funding shall be subject to the appropriation of sufficient funds and the availability of sufficient resources.

The goal of the Psychiatric Community Home (PCH) is to facilitate recovery so that youth can live, learn, and participate fully in their communities. Recovery can also mean a complete remission of symptoms. PCHs also seek to foster resilience and hope in youth

and families. PCH service providers will approach care with flexibility and creativity in order to adjust to the ever-changing population in the system of care.

Applicants are expected to create a highly structured environment within a community-based out-of-home treatment setting for youth whose treatment needs require individualized care at the Psychiatric Community Home (PCH) intensity of service level.

PCH referrals will come exclusively through the CSOC Office of Residential Services and will be strictly managed on a no eject/no reject basis. The anticipated length of stay is eight to ten months. However, dependent upon the unique situation of each youth, the length of stay may be longer. Length of stay will be monitored by CSOC's CSA, via the Joint Care Review (JCR) process.

Funding is expected for seven (7) five-bed community-based homes (total of 35 beds) serving the Northern Region (Hunterdon, Warren, Sussex, Morris, Passaic, Bergen, Essex, and Hudson Counties) and Central Region (Mercer, Monmouth, Ocean, Middlesex, Somerset, and Union Counties). The programs shall be awarded by region and age group as detailed below in section C. Target Population/Admission Criteria. Applicants are advised that programs must accept youth from all areas of the state.

Applicants must provide a separate proposal for each five-bed program site for which they are applying. A successful applicant can receive no more than two awards (a maximum of two programs, each with five beds). An awardee must have its home operational within 180 days of award. If an applicant is awarded a second home, it shall be operational within 60 days of the first home. (total of 240 days from day of award).

B. Background

The Department is a family and child serving agency, working to assist NJ families in becoming or remaining safe, healthy, and connected. CSOC serves children, youth, and young adults with emotional and behavioral health challenges, intellectual/developmental disabilities, and substance use challenges and their families. CSOC is committed to providing these services, based on the needs of the youth and family, in strength-based, family-focused, and culturally competent, and community-based environments.

DCF is seeking proposals from private, public not-for-profit, and for-profit organizations to provide Psychiatric Community Home (PCH) programs. These programs are required to provide 24-hour Out-of-Home (OOH) all-inclusive services in nurturing and comfortable therapeutic settings in a safe, supportive environment with a high degree of supervision and structure. PCH programs utilize a clinical treatment model that utilizes well-supported, supported, or promising practices and an approach to service delivery that promotes flexible, individualized treatment and effective utilization of program resources.

Services shall include, but are not limited to:

- Psychiatric treatment services, including routine and emergency psychiatric evaluations, medication evaluations, medication monitoring and prescription adjustments
- Psychiatric consultation, including input into the individualized treatment plan developed by the multidisciplinary treatment team
- Individual and family therapy, as appropriate
- Group and allied therapy
- Behavioral management
- Crisis de-escalation, intervention, and debriefing
- Structured recreational activities
- Ensure appropriate educational and vocational opportunities
- Linking and ensuring access to other necessary services, such as psychological testing, vocational counseling, and medical services

The objectives for this program are to:

- Engage youth and their families in a strength based and compassionate manner that is sensitive to cultural and linguistic differences to facilitate feelings of safety and comfort Identify and address behavioral health challenges and stabilize symptoms through the utilization of evidence-based practices to prepare youth for a less restrictive environment
- Provide comprehensive and collaborative treatment plans that include a focus on transition planning in collaboration with the Care Management Organization (CMO) through Child Family Team (CFT) meetings that include all members of the team
- Empower youth and their families to actively participate in the care planning process through responsiveness to youth and family voice
- Outline short-term treatment goals while actively pursuing plans for long-term stabilization at home or in an alternate living situation
- Provide a consistent and predictable environment with intensive support and supervision and in which there is a demonstrative understanding of the explicit and/or implicit trauma the youth may have experienced
- Provide interventions that are reflective of CSOC's commitment to the Nurtured Heart Approach and Six Core Strategies to Reduce Seclusion and Restraint
- Provide consistent and robust collaboration with the CSOC CMO and the Division of Child Protection and Permanency (DCPP), when involved, in order to facilitate a timely transition from this program
- Evaluate a youth and their families progress in meeting treatment goals

DCF/CSOC will consider applicants who successfully articulate how they plan 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. CSOC values an approach to service delivery that promotes commitment and creativity of professional staff. Applicants shall demonstrate how they will ensure youth have a stable, predictable, familiar, consistent, and nurturing treatment experience. Applicants can demonstrate this in a number of ways: by describing how they intend to recruit and retain staff, how they will maintain consistent and appropriate staffing patterns, how the design will be utilized toward to support program goals, and by ensuring robust inclusion of family members in the youth's service plan, including the type, scope, and frequency of family involvement in the youth's treatment.

CSOC believes that the family or caregiver plays a central role in the health and well-being of children, youth, and young adults. CSOC values and promotes the advice and recommendations of families and involves families/caregivers/guardians throughout the treatment planning and delivery process. CSOC provides families with the tools and support needed to not only meet the treatment goals of the youth, but also to create life experiences for the youth that set the youth on a path to success and sustain 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.

C. Target Population/Admission Criteria

PCH services are designed to provide community-based treatment to youth, whose DSM 5 diagnosis(es) and clinical needs indicates that they are in need of acute care, and their families. The requested PCH treatment services are comprehensive, multidisciplinary, multimodal therapies that are designed to meet the individual needs of youth who have psychiatric disorders. Youth admitted to PCH programs present with at least one of the following acute presenting needs:

- Potential danger to self as exemplified by suicidal ideation without a plan or determined to be at risk of self-harm
- Manifests psychotic symptoms that are disruptive to daily functioning, but the youth does not require inpatient hospitalization
- Unable to adequately function in multiple areas due to psychiatric symptoms and requires targeted clinical intervention
- Manifests poor judgment and lacks problem-solving skills to the extent that he/she might inadvertently place him/herself in life-threatening situations
- Currently taking multiple psychotropic medications which require a higher level of medication monitoring and psychiatric intervention
- Multiple psychiatric hospitalizations within past 12-month period

Additionally, these youth may have been receiving Intensive Residential Treatment Services (IRTS), and now require continued intensive psychiatric care in a safe, highly staffed, and supportive residential milieu before they can return home or transition to a less intensive out of home treatment setting. These services may also be accessed by youth who require this intensity of care but have not been admitted previously into an acute inpatient setting.

PCH providers are expected to serve youth who present with above needs, but who may also be involved in the juvenile justice system and/or have legal charges related to aggressive / assaultive behavior, sexually reactive behavior, fire setting behavior, but determined to be at low to moderate clinical risk to reengage in these behaviors.

Youth are not required to have an educational classification to be eligible for this program.

CSOC is seeking seven (7) five-bed programs for youth with IQ of 65+, broken down by region, age range, and gender as follows:

Two (2) five-bed homes: Northern or Central Region Age: 5-10 upon admission Gender: Female and Males
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Two (2) five-bed home: Northern or Central Region Age: 11-14 upon admission Gender: Females

Three (3) five-bed home: Northern or Central Region Age: 15-17 upon admission Gender: Females

Bedroom and Bathroom Requirements

Single bedrooms are preferred. There must be a minimum of four (4) bedrooms to accommodate the maximum of five youth in the program. At least one bedroom and one bathroom, as well as all common areas within the home, MUST be located on the first floor and be accessible and barrier-free.

Compliance with the Americans With Disabilities Act (ADA)

Under the terms of this award, the grantee shall follow all applicable federal and State laws prohibiting discrimination, including all provisions of the Americans With Disabilities Act (ADA). For the purposes of this award, the grantee shall undertake and execute any and all duties and obligations under the ADA, including any reasonable accommodation that would be required by the Department of Children and Families under Title II of the ADA. The grantee shall be solely responsible for any and all reasonable accommodations that arise under Title II of the ADA. Any individual receiving and/or accessing services under this award that would be covered under Title II of the ADA shall have all rights available to appeal the grantee's denial or limitation of the reasonable accommodation request. The Department shall ensure that any reasonable accommodation that would have been provided by the Department under Title II of the ADA is provided by the grantee. Any failure to provide a reasonable

accommodation under Title II of the ADA by the grantee may result in the award being terminated and the total amount of the award, including funds already spent and/or encumbered, returned to the Department. Provider must also comply with the Americans with Disabilities Act (ADA) and the NJ Law Against Discrimination with respect to its consultants, part-time workers and employees as below, including but not limited to:

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

Languages

Programs that can provide services to limited-English speaking, and/or non-English speaking individuals are required. The applicant must clearly specify within their proposal the type of bilingual services offered and staff supports that will be provided to support youth and families.

D. Resources

Required Staff Duties/Responsibilities

Required staff include:

Board Certified Child and Adolescent Psychiatrist or Psychiatric Advanced Practice Nurse (APN) in affiliation with a Board-Certified Child Psychiatrist will provide:

- 1.25 clinical hours per week per youth; 75% of which must be face-to-face time with youth and/or families (if the youth refuses or is unable to attend, this is acceptable but must be documented)
- Psychiatric intake assessment and report (within the first week)
- Initial treatment and safety plan (within the first 24 hours)
- Medication management meetings (monthly)
- Clinical visit with youth (monthly)
- Clinical visit with family (monthly)
- Attend treatment team meeting (monthly)
- 24/7 availability by contract

A Pediatric Advanced Practice Nurse or Pediatrician will provide:

- Pediatric assessment and report (within the first 24 hours)
- 24/7 availability by contract

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

- 84 hours per week per youth (represents multiple FTEs)
- Youth orientation (within the first 24 hours of admission)
- Milieu activities (daily)
- Community integration via focused recreational activities (weekly)
- Direct client supervision (daily)
- Attend treatment team meeting (monthly)
- Pre-Vocational skills training, including provision of Ansell-Casey or BotvinLife Skills training (5 hours per week)

Allied Therapist – Licensed or credentialed, where applicable, and must follow the requirements for screening/background checks (music, art, movement, recreation, occupational, vocational, or a combination thereof). Professional(s) (licensed when applicable) will provide:

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

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

- 5 hours per week per youth
- Family orientation (within the first 24 hours)
- Review and signing of all required paperwork (within 24 hours)

- On-site family psycho educational activities consistent with the comprehensive treatment and discharge plan (monthly)
- Attend treatment team meetings (monthly)
- Monitor transition plans of youth and facilitate follow-up as needed in effort to minimize delayed transitions of youth (routinely)

NJ Independently Licensed Clinician(s) (LCSW, LPC, LMFT or Psychologist) who is clinically licensed to practice in NJ OR a master's level practitioner with appropriate licensure (MSW must have LSW licensure and MA/MS must have LAC licensure) who is three years or less from NJ clinical licensure and is practicing under the direct and on-site supervision of a clinician who is clinically licensed to practice and provide clinical supervision per board regulations in NJ. The Clinician position(s) must provide a minimum of ten (10)* hours per week for each youth and be available via telephone for emergency consultation.

*75% of each clinical hour must be dedicated to face to face interaction with youth in individual, group and family therapy, and the time remaining may be dedicated to all ancillary tasks such as documentation in the youth's record of services provided, meetings, consultations, telephone calls, relevant research, and supervisory responsibilities. The time a clinician spends on case management must be additional to these clinical services.

The clinician will provide:

- 10 hours per week per youth (as indicated above)
- Psychosocial assessment and report which includes recommendations for the inclusion of allied therapies where appropriate (within the first week of admission)
- IMDS Strengths and Needs Assessment (within the first 24 hours of admission)
- Initial treatment and safety plan development, documentation, and consultation (with the first 24 hours of admission)
- Initial treatment and safety plan family and youth debriefing (within the first 24 hours of admission)
- Comprehensive treatment and transition plan development, documentation, and consultation (within the first seven days of admission)
- Individual therapy utilizing an evidence-based practice (weekly); (if the youth refuses or is unable to attend, the reason must be documented)
- Group therapy (weekly)
- Family therapy with family of origin or natural supports utilizing an evidence-based practice (weekly)
- IMDS assessment review and update (monthly)
- Attend and direct treatment team meetings (monthly)

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

- Provide 2.5 hours per week per youth (30% must be provided by an RN)
- Assess the physical condition of the youth in the program under the direction of the medical director or psychiatrist and integrate findings into the child's treatment plan
- Provide education and support to direct care staff on the administering of medications and possible side effects, under the direction of the medical director or other physician
- Implement the quality assurance program
- Provide injections of medication, as needed and directed by the medical director or other physician
- Initial treatment and safety plan consultation (within the first 24 hours and then weekly)
- Nursing assessment and report (within the first 24 hours of admission)
- Initial treatment and safety plan consultation (within the first 24 hours and then weekly)
- Medication dispensing, as needed (daily)
- Health/Hygiene/sex education (weekly)
- Medication education (monthly)
- Attend debriefing on youth status (daily)
- Attend treatment team meeting (monthly)

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

Dietician, or nurse, will:

- Screen all youth at intake, and thereafter as needed, for any dietary restrictions or allergies to ensure their health and safety.

Psychologist (PhD, PsyD, or EdD) will:

- Complete a psychological evaluation at intake or thereafter, if the clinical team determines it is needed to inform the youth's care.

Program Director with a Master’s degree from an accredited graduate school in social work, psychology or related field and three (3) years of professional experience in human services field (at least one year of which shall be in a supervisory capacity) will:

- Attend treatment team meetings (monthly)
- Oversee all Quality Assurance/Program Improvement activities with a focus on attaining bench-mark activities for all direct care staff
- Be full-time dedicated, on-site

It is the responsibility of the awardee to provide services in accordance with New Jersey State Board of Social Work, State Board of Psychological Examiners, State Board of Medical Examiners, State Board of Nursing, State Boards of Marriage and Family Therapy Examiners and the Professional Counselors Examiners Committee for licensure regulations. These guidelines are not to be interpreted as comprehensive of the total responsibilities each staff member will manage. Applicants agree that by accepting this RFP and applying for this funding that they shall during the term of the contract meet or exceed the following requirements. Applicants must demonstrate, through narrative, Annex B, and with necessary letters of affiliation, that guidelines below are achievable.

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

<https://www.performcarenj.org/pdf/provider/clinicalcriteria/psychiatric-community-residence.pdf>

The Agency CEO or equivalent is required to sign, date and submit “Minimum Staffing Requirements and No Eject/No Reject Policy Stipulations Attestation.” This document attests that the agency will meet the minimal requisite staffing, credentials and experience consistent with the scope of services delineated in this RFP. Proposals submitted without the signed Attestation of “Minimum Staffing Requirements and No Eject/No Reject Policy Stipulations” will not move to the evaluation process.

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. It is important that providers of out-of-home treatment services implement a business model that minimizes staff turnover for direct care/milieu staff. This shall include adequate support, supervision, and training, and other staff retention incentives.

Applicants are required to include a summary (no more than one page) as part of the Narrative which describes proposed and current strategies to enhance staff retention.

Staff Training

Required trainings include and are not limited to:

- Creating and maintaining safe, therapeutic, and nurturing environments
- Verbal de-escalation and engagement skills
- Proactive intervention for maintaining safety and promoting change
- Post-crisis debriefing skills
- Treatment planning that is responsive and focused on change
- Evidence based treatment approaches
- Promoting positive peer culture
- Cultural Competence
- Information Management Decision Support Tools (IMDS)
- Understanding and Using Continuous Quality Improvement
- Human Trafficking Identification
- Crisis Management
- Suicide Prevention
- Trauma Informed Care
- Training in Nurtured Heart Approach
- Leadership Toward Organizational Change
- Six Core Strategies to Prevent Seclusion and Restraint
- Use of Data to Inform Practice
- Workforce Development
- Consumer Roles in Inpatient Settings
- Debriefing Techniques
- Gang Involvement
- Adolescent Brain Development
- Substance Use
- Medication protocols
- Narcan Administration Training
- Basic First Aid and CPR
- Confidentiality and Ethics
- Identifying and reporting child abuse and neglect; (Any incident that includes an allegation of child/abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10)
- HIPAA: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191, and regulations promulgated by the United States Department of Health and Human Services, 45 CFR Parts 160 and 164) was enacted to establish national standards for privacy and security in the handling of health-related information.
- 42 CFR Part 2 training

In addition to the above one-time training courses, clinical staff/administrative staff/milieu staff shall receive refresher training (at least bi-annually) and advanced training, annually, to be provided by the agency, or an outside source. Designated administrative agency staff who satisfactorily complete the training may, in turn, train the remaining staff.

Ratio Requirements

A ratio of 1 direct care staff to every 3 youth must be maintained at all hours including overnight, and a minimum of 2 staff must be awake and on site whenever youth are present, including while youth are asleep. This second staff person must be either: 1) an additional direct care staff; or 2) another professional treatment team member working in the home. When a provider elects option 2, the professionals who serve as the second staff awake in the home: 1) may include Program Directors, House Managers, Program Coordinators, Clinicians, Therapists, Case Managers; and Health Care providers; 2) must be certified in any therapeutic holds or de-escalation techniques the Agency may subscribe to; and 3) trained to provide direct care duties. The time professionals are contractually required to provide treatment is not reduced by the time they serve as the additional staff awake in the home. Required supervision ratios must be maintained during crisis situations.

E. Activities

Applicants are to provide details regarding operations, policy, procedures, and implementation of the PCH services to be provided.

Treatment Process and Team Structure

PCH treatment services should be uniquely tailored to the needs of youth in a manner that extends beyond the usual expectations of individualized care. PCH's must conceptualize the etiology and the "driving dynamics" of youth's needs. Applicants must demonstrate their understanding of the target population by describing the source, nature, intensity, frequency, and duration of the particular disturbances that youth present. Moreover, services and models of delivery should reflect a direct correlation to etiology. Successful proposals will articulate that etiology and include a detailed discussion of the links between the intervention model, strategies, and techniques.

Special focus must be afforded to the psychiatric needs of the youth who either have been in the acute care axis of the System of Care, or for whom the PCH will provide an alternative to acute care treatment. The program will develop individualized plans of care by a team that includes the youth, family, clinicians, and psychiatric care providers.

All youth will receive focused care provided by clinically licensed professionals who are in regular consultation with a psychiatrist. While youth may not receive individualized therapy on a daily basis, they must have daily contact with an assigned therapist. Providers are expected to utilize up-to-date knowledge and evidence-based interventions that promote the use of milestones and timely recovery with positive

outcomes. Treatment is provided with the understanding that good mental health is essential to the overall health of the youth.

All PCH services and interventions must be directly related to the goals and objectives established in each youth's Individual Service Plan (ISP) / treatment plan. CSOC believes that family/caregiver involvement is extremely important and, unless contraindicated, should occur from the beginning of treatment and continue as frequently as possible, as determined appropriate in the ISP/treatment plan.

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

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

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

*A psychiatric care provider is a Child and Adolescent Board-Certified Psychiatrist or

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

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

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

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

Within 72 hours of admission, the program shall ensure:

- A psychiatric assessment, report and recommendations will be completed
- A psychosocial assessment and accompanying recommendations will be completed
- A substance use screen will be completed
- A comprehensive safety plan for each youth that details triggers and specific interventions for staff. This safety plan shall be updated on a regular basis.

Within the first week of admission, the program shall ensure:

- A treatment team meeting will be conducted and a comprehensive treatment and discharge plan that integrates all the treatment team's input, assessments and recommendations will be completed. 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.
- A Nutritional screening will be completed
- A Psychological evaluation will be completed
- Educational programming will be arranged

Each day, the program shall:

- Provide comprehensive and well-documented communication regarding significant events, youth behaviors, and other relevant information for each shift
- Provide proper supervision to all residents; a ratio of 1 direct care staff for every 3 youth must be maintained at all hours with a minimum of 2 awake staff on at all times, including while youth are asleep
- Ensure that no more than 30% of all youth waking hours are spent in "milieu" activities
- Convene "check in" meetings at the beginning and end of the day to monitor the emotional state of each resident
- Dispense and monitor medication, as needed
- Transport youth to medical appointments, family visits, community outings, and any other off-site requisite activities as needed
- Ensure a licensed clinician will have face-to-face contact and "check-in" with each resident
- All youth will be engaged in structured skill building activities tailored to meet their individual needs. Participation will be documented daily.

Each week, the program shall provide the following (each unit of service shall be 30 to 45 minutes in duration):

- Six (6) psycho-educational activities that are consistent with the treatment focus will be provided by bachelor's level staff. Additional group activities will also be provided to support pro-social learning, problem solving, life-skills development, and coping strategies.
- One (1) individual and one (1) family therapy session will be provided by a licensed clinician; family therapy sessions may be 90 minutes in duration and conducted off-site; if necessary, family therapy sessions may be conducted via telephone for not more than half of all family sessions

- Three (3) group therapy sessions will be provided by a licensed clinician or unlicensed master's level clinician under the supervision of an on-site licensed master's level clinician or on-site psychiatrist
- 6 hours of allied therapies
- Two (2) Health Education group sessions will be provided by a licensed health professional (RN, MD, LPN, APN). At a minimum, topics must include, but are not limited to medication education, wellness and recovery, hygiene, sexuality, substance use, and nutrition
- As clinically appropriate, residents will participate in structured and guided community-based activities such as: "Y" classes, organized sports leagues, Scouting programs, volunteerism, community center and/or public library activities, and public events

Each month, the program shall:

- Conduct comprehensive treatment and discharge plan meetings that include all members of the multidisciplinary treatment team will be convened to review, discuss and modify the treatment plan as needed
- Complete and update an IMDS assessment
- Conduct a meeting between a Psychiatric Care Provider and program staff regarding medication issues
- Conduct a clinical session with residents conducted by a Psychiatric Care Provider
- Provide at least 3 hours of on-site psycho-educational activities to the family

Two months prior to discharge, the program shall:

Provide a "step down" action plan created by the team that details week-to-week activities supporting a smooth and planful transition from treatment home services. At a minimum, the action plan must include:

- More than two (2) meetings of the PCH treatment team to discuss youth and family strengths, continuing goals, successful strategies, and potential pitfalls
- "Set back" plan for times during the discharge phase when youth and/or family encounter difficulties that make discharge appear less likely. This plan will identify the critical staff necessary to re-focus, rally, and support the youth and family through to discharge
- Action steps that youth and family will take to build on successes and achievements that were accomplished during treatment.
- A Transitional Joint Care Review (TRJCR)

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.

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

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

Information can be found at:

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

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

- A "step down" action plan that details week-to-week activities supporting a smooth and well-planned transition from OOH 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 challenges
 - "Set back" plan for times during the transition phase when youth and/or family encounter difficulties that make transition appear less likely. This plan will identify the critical staff necessary to re-focus, rally, and support the youth and family through to discharge
 - Action steps that youth and family will take to build on successes and achievements that were accomplished during treatment.

Reducing the Use of Seclusion and Restraint

DCF/CSOC is committed to the reduction and ultimate elimination of seclusion and restraints (S/R) in out-of-home (OOH) treatment settings, as use of seclusion and restraints is 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. This RFP requires applicants to describe how they will begin, or continue working toward, that goal and what methods of de-escalation will be developed and documented by the applicant.

Applicants must describe within their proposed program narrative an evidence-based plan to eliminate/reduce the use of restraint and seclusion and related performance improvement projects. Nonviolent Crisis Intervention (Preventative Techniques, Team Intervention, and Post Intervention) is the preferred program. Crisis Prevention Training is available through the Crisis Prevention Institute. Programs may utilize only **one model** of nonviolent crisis intervention.

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

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

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

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

In terms of behavior management, police intervention is not considered a therapeutic intervention, but may be necessary for the safety of youth in the program. Applicants must include a description of how established policies and procedures emphasize “no force first” prior to the implementation of safe physical restraint and/or police intervention.

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

Nurtured Heart Approach

The awardee 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/>

Implementation of Healing Centered Care

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

Student Educational Program

The awardee will be expected to facilitate the ongoing provision of an appropriate educational program as required under federal and state education law through

communication with the youth's school district. DCF does not fund educational programs and services that youth are entitled to under those laws or provide on-site educational services for youth in out-of-home treatment settings. As such, the awardee will be expected to collaborate with the educational entities responsible for providing educational services and funding for those services.

Consistent with those responsibilities, applicants must:

- Describe its procedures for ensuring that youth receiving PCH Services will receive an appropriate educational program, including applicant's efforts to maintain the youth in his/her current educational placement.
- Provide a plan for collegial and proactive coordination with educational providers for both classified and non-classified youth, including procedures for ensuring that information is shared consistent with the applicable federal and State confidentiality laws.
- Applicant organizations that operate a DOE approved private school for students with disabilities may enroll special education students in their Approved Private School for the Disabled. However, in these circumstances, applicants must also demonstrate that arrangements have been made with the local public school district to enroll and serve general education students.
- If the awardee does not operate a DOE approved school, the awardee must demonstrate at the time of contract negotiation that a commitment has been obtained **or** how it will be obtained from the local public school district in which the home is located to register, enroll, and educationally serve all general and special education students residing in the home. The school district may charge the individual student's parental District of Residence for the cost of the educational program and services.
- All applicants must commit to providing accurate documentation to the local school district to facilitate the educational process for students in their care. Upon registration of each student, applicants must provide the local school district with an Agency Identification Letter, a funding commitment letter from each student's parental District of residence, and evidence of student immunization. When necessary, awardees shall provide interim transportation services to expedite school placement.

Student Educational Program Operations Requirements

Assessment of school performance is an essential component of treatment planning as is involvement with school personnel to monitor the ongoing impact of treatment and to facilitate constructive ways of working with the youth. Accordingly, genuine and proactive coordination and collaboration between the grantee and educational providers is expected. To that end, applicants shall describe:

- The strategies to be employed to coordinate clinical treatment with educational planning and service delivery

- The daily before and after school communication strategies with school staff
- The daily support of student homework, special projects, and study time
- The specific strategies, including responsible staff and timelines, for including families-of-origin and/or natural supports available to the youth in educational update, progress, and planning
- The availability of computers for student use to support homework and projects
- Mechanisms to stay abreast of the educational progress of each student
- Problem resolution strategies
- Ongoing participation in the educational program of each student.

All applicants must also articulate a plan for:

- Immediate and therapeutic responses to problem that rise during the school day
- The supervision of students who are unable to attend school due to illness or suspension
- The supervision of and programming for students 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
- Adequate supervision, programming, and professional staff contact in support of home instruction as provided in accordance with educational regulation.

F. Outcomes

This RFP requires an outcomes approach to contracting for out-of-home treatment services. The outcome evaluation includes identifying outcomes, establishing indicators, and utilizing data to change behavior or achieve desired outcomes.

CSOC makes use of the Information Management Decision Support (IMDS) tools, service authorizations, and satisfaction surveys to measure the attainment of individual and system goals to maintain youth in the home, in school, and in the community. Additional considerations and areas of measurement include compliance with all reporting requirements, compliance with all record keeping, advocacy on behalf of youth and families, and collaborative activities that support youth and their families. Applicants are expected to consider and articulate plans for:

- Use of the IMDS tools to inform treatment planning
- Use of the IMDS tools to measure relative achievement and continued need
- Mechanisms for maintaining compliance with Administrative Order 2:05
- Risk management mechanisms and structures such that incidents inform changes to policy, practice, and treatment

- Ongoing dissemination of ongoing satisfaction surveys to youth, families, and other system partners, and
- Means for the identification and communication of system needs and areas of excellence to local partners and CSOC administration.

Quality Assurance and Performance Improvement (QA/PI) Activities

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

Applicants must submit a QA/PI plan that:

- Measures the three-foundation metrics of CSOC: in school, at home, and in the community
- Demonstrates integration with overall organization/provider goals and monitoring activity
- Demonstrates a multi-disciplinary approach that engages staff at all levels and discipline in the activities of QA/PI
- Demonstrates strict compliance with AO 2:05 and related Addendum and DCF licensing standards at N.J.A.C. 3A:56
- Demonstrates a commitment to approaching critical events as opportunities to improve care of youth, training, monitoring, and regulation of their service. QA/PI plans must articulate a meaningful and manageable process for responding to critical events that *minimally* collects, analyzes, and synthesizes information from:
 - Youth
 - Family
 - Natural supports
 - Milieu staff
 - “Professional staff”
 - Care Management Organization
- Utilizes a “root cause analysis” or a similar model in responding to critical incidents.
- Incorporates satisfaction surveying -- from youth, families, and other providers -- on a regular basis and articulates the dissemination of these data to stakeholders including CSOC.

Outcomes for youth

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

Service Outcomes

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

G. Additional Requirements

Licensure

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

Accreditation

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

NJ Medicaid Enrollment

Applicants must have the demonstrated ability, experience, and commitment to enroll in NJ Medicaid, and subsequently submit claims for reimbursement through NJ Medicaid and its established fiscal agent, Gainwell Technologies, within prescribed timelines.

No Eject/No Reject Policy

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

Rejection:

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

Ejection:

Under no circumstances may a provider terminate a youth who is 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 disposition for the youth.

Eject/Reject Follow-up:

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

Provider Information Form

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

Site Visits

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

Contracted System Administrator (CSA)

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

Organization/Agency Web Site

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

Software and Data

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

Organ and Tissue Donation

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

H. Funding Information

For the purpose of this initiative, the Department will make available up to seven awards totaling an annualized amount not to exceed \$ \$998,275.00 per award thereafter as funding is available; services are utilized; and contracts are renewed. Continuation of funding is contingent upon the availability of funds in future fiscal years. Universities are reminded that this is a competitive process and on notice

that no annual increases will be considered as part of this contract to salaries, fringe or benefits for future negotiations or contracts, unless approved by the State legislature for all contracting entities.

The per diem rate per youth is \$532.00/day (base rate) or \$547.00/day (accredited rate) if accredited by one of the following accrediting agencies: Council on Accreditation (COA), Commission on Accreditation of Rehabilitation Facilities (CARF), or the Joint Commission (TJC).

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

Matching funds are not required.

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

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

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

I. Applicant Eligibility Requirements

1. Applicants must be for profit or non-profit corporations and/ or Universities that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all state and federal agencies with which they have an existing grant or contractual relationship.
3. If Applicant is under a corrective action plan with DCF (inclusive of its Divisions and Offices) or any other New Jersey State agency or authority, the Applicant may not submit a proposal for this RFP if written notice of such limitation has been provided to the Agency or authority. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated and progress maintained to the satisfaction of DCF for the period of time as required by the written notice.
4. Applicants shall not be suspended, terminated or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
5. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.

6. Where required, all applicants must hold current State licenses.
7. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
8. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
9. Applicants must have the first home operational within 180 days of award. If a second home is awarded, it shall be operational within 60 days thereafter (total of 240 days). Due to urgent need of this service, proposals should provide a clear time frame on ability to obtain site location and contract negotiation, Extensions may be available by way of written request to the CSOC Assistant Commissioner. **Award is subject to be rescinded if not operationalized within six (6) months of RFP award.**
10. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at:
Website: <https://fedgov.dnb.com/webform>
11. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

J. RFP Schedule

February 12, 2021	Deadline for Email Questions sent to DCF.ASKRFP@dcf.nj.gov
March 10, 2021	Deadline for Receipt of Proposals by 12:00PM

Proposals received after **March 10, 2021 12:00 PM** on will **not** be considered.

All proposals must be delivered ONLINE:

Bidders are expected to submit proposals electronically. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an AOR form. The AOR form must be completed and sent to DCF.ASKRFP@dcf.nj.gov.

- Registration for the Authorized Organization Representative (AOR) Form

We recommend not waiting until the due date to submit your proposal in case there are technical difficulties during your submission. Registered AOR forms may be received 5 business days prior to the date the bid is due.

Submission Requirement:

It is required that you submit your proposal as one PDF document. If the Appendices file is too large, it can be separated into more pdf parts, such as Part 3, Part 4, etc. Please do not upload separate documents.

K. Administration

1. Screening for Eligibility, Conformity and Completeness

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

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

- a) The application was received prior to the stated deadline.
- b) The application is signed and authorized by the applicant's Chief Executive Officer or equivalent.
- c) The applicant attended the Bidders Conference (if required).*
- d) The application is complete in its entirety, including all required attachments and appendices.
- e) The application conforms to the specifications set forth in the RFP.

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

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

2. Proposal Review Process

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

as a group, and then independently score applications to determine the final funding decisions.

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

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

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

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

3. Special Requirements

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

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

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

Applicants must respond to the *Psychiatric Community Home Vignette* as **Attachment 3** as an appendix.

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

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

Applicants must submit **with** their response to this RFP all of the documents listed in **Part 1, Part 2 and Exhibit C: CSOC Pre Award Documents Required to Be Submitted with a Response to an OOH RFP.**

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

All applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.

Applicants are also advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

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

L. Appeals

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

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

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

M. Post Award Review

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

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

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

N. Post Award Requirements

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

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

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

1. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA
2. Proof of Insurance naming DCF as additionally insured from agencies
3. Bonding Certificate
4. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
5. ACH-Credit Authorization for automatic deposit (for new agencies only)

The actual award of funds is contingent upon a successful Contract negotiation. If, during the negotiations, it is found that the selected Applicant is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

Section II – Application Instructions

A. Proposal Requirements and Review Criteria

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

The narrative portion of the proposal should be double-spaced with margins of 1 inch on the top and bottom and 1 inch on the left and right. The font shall be no smaller than 12 points in Arial or Times New Roman. There is a 25-page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements.

A penalty of 5 points will be deducted for each missing document. If documents are missing from the proposal, DCF may provide an email notice to the Applicant after the bid is submitted. Applicants will have up to five (5) business days after notice from DCF to provide any potentially missing documentation without penalty. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The narrative must be organized appropriately and address the key concepts outlined in the RFP.

The narrative must be organized appropriately and address the key concepts outlined in the RFP. Annex B budget pages and attachments, including the “Budget Narrative,” do not count towards the narrative page limit.

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

I. Community and Organizational Fit (10 Points)

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

- 1) Describe how this initiative is consistent with your mission and vision, and priorities.
- 2) Describe how this initiative fits with existing initiatives/programming in your organization.

- 3) Describe any existing services and programs that are categorized as well as supported and promising as per the California Evidence-Based Clearinghouse for Child Welfare definition (CEBC). <https://www.cebc4cw.org/>
- 4) Describe how this initiative is consistent with your organization’s experience working with the target (or similar) populations required to be served by this initiative.
- 5) Describe how the requirements of this initiative will be met through your policies implementing trauma informed practices.
 - **Include written policies implementing trauma informed practices, if available.**
- 6) Describe how this initiative fits with family and community values in your community; including the values of culturally and linguistically specific populations.

Provide a description of the organization’s demonstrated commitment to cultural competency and diversity. The provider shall identify and develop, as needed, accessible culturally responsive services and supports. These shall include, but are not limited to, affiliations with informal or natural helping networks such as language services, neighborhood and civic associations, faith-based organizations, and recreational programs determined to be appropriate. Supervisors must be culturally competent and responsive, with training and experience necessary to manage complex cases in the community across child and youth serving systems. Explain how the provider is working toward a cultural competency plan that describes actions your agency will take to ensure that policies, materials, environment, recruitment, hiring, promotion, training and Board membership reflect the community or the intended recipients of the services you provide and promote the cultural competency of the organization and that resources and services will be provided in a way that is culturally sensitive and relevant.

II. Organizational Capacity (10 Points)

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

- 1) Describe how the requirements of this initiative will be met through your governance and management structure, including the roles of senior executives and governing body (Board of Directors, Managing Partners, Board of Freeholders).
 - **Include a Governing Body List. (A “governing body” is any of the following: Board or Directors -or- Managing Partners, if LLC/Partnership, -or- Chosen Freeholders of Responsible Governing Body. List must be dated and include the following: names, titles,**

emails, phone numbers, addresses, and terms for all members of Governing Body).

- **Include a current Agency-Wide Organizational Chart.**
- 2) Does the staff have a cultural and language match with the population they serve, as well as relationships in the community? If so, describe.
- 3) Describe how your Agency plans to fulfill staffing requirements not currently in place by hiring staff, consultants and their qualifications, sub-grantees and/or volunteers who will perform the proposed service activities.
- Indicate the number, qualifications and skills of all staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities.
 - Identify the Stabilization and Assessment management and describe the job responsibilities
 - Describe the proposed staffing, include daily, weekly and monthly schedules for all staff positions
 - Describe the management and supervision methods that will be utilized. Applicants must:
 - **Include an organizational chart for the proposed program operation as part of the appendix.**
 - **Include job descriptions that include all educational and experiential requirements as part of the appendix.**
 - **Include professional licenses related to job responsibilities as part of the appendix, if applicable.**
 - **Include resumes of any existing staff who will perform the proposed services as part of the appendix.**
 - **Include a brief narrative on staffing patterns as part of the appendix.**
 - **Include a consultant agreement, letters of affiliation and proposed Student-School Service Provider contracts if graduate students will be involved in the provision of care as part of the appendix, if applicable.**
- 4) Are there designated staff with capacity to collect and use data to inform ongoing monitoring and improvement of the program or practice? If so, describe.

- 5) What administrative practices must be developed and/or refined to support the initiative/program/practice? What administrative policies and procedures must be adjusted to support the work of the staff and others to implement the program or practice?
- 6) Describe how the requirements of this initiative will be implemented through your existing collaborations, partnerships and collaborative efforts with other community, professional advisory boards and systems partners. Provide a clear and detailed plan on how robust collaboration with CMO, DCP&P, and other system partners ensure the youth's timely transition from this short-term program.
- **Include letter of commitment or MOU as part of the appendix.** (if relevant to your program) If not applicable, include a written statement.
 - **As part of the Appendix include three (3) written professional letters of support** on behalf of the applying individual/agency specific to the provisions of services under this RFP. (That is, for example, not letters from families or individuals who previously received services from your program. Additionally, references from New Jersey state employees are prohibited.). A professional letter of support from the CMO (s) of the county(ies) you are serving is encouraged. Template/duplicate letters of support are not acceptable. Please include telephone numbers and e-mail for all references so they may be contacted directly.
- 7) Provide supplemental explanation of the Applicant's ability to manage this project described in this RFP and the other ongoing programs.
- **Applicants that were awarded other programs through a previous RFP within the last eighteen (18) months shall submit the status of implementation, as part of the Appendix, if applicable. (Max 5 pages)**
- 8) Briefly describe the ways in which Your Agency's operations (policies and/or practices) mirror the Prevent Child Abuse New Jersey's Safe Child standards.

The Standards are available at: <https://nj.gov/dcf/providers/notices/nonprofit/>

- **Include a brief (no more than 2 pages double spaced) Safe-Child Standards Description demonstrating ways in which your agency's operations mirror the Standards as part of the appendix.**
- 9) Describe how the requirements of this initiative will be met through your plans for program accessibility that include, at a minimum, the following details: site description, safety considerations, and transportation options for clients served.
- **Submit a description/floor plan of program space as part of the appendix (include address).**

- **Additional photos and/or floor plans are also welcomed, if available-attach as part of the appendix.**

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

11) Describe your plans to ensure the needs of the target community will be met in a manner consistent with your commitment to cultural competency and diversity and the Law Against Discrimination (NJSA 10:51 seq.).

12) Provide a Proposed Program Implementation Plan, including a detailed timeline for implementing the proposed services or some other detailed weekly description of your action steps in preparing to provide the services of the RFP and to become fully operational within the time specified.

- **Include a Program Implementation Schedule attached as part of the appendix.**

III. Organizational Supports (10 Points)

Organizational Supports refers to the applicant's access to Expert Assistance, Staffing, Training, Coaching & Supervision.

1) Describe how your organization will support this initiative with required/necessary training, coaching, supervision. Describe your organization's process to evaluate staff performance.

- Training for staff shall be conducted within six (6) months of the date of hire and shall minimally include:
 - Creating and maintaining safe, therapeutic, and nurturing environments
 - Verbal de-escalation and engagement skills
 - Proactive intervention for maintaining safety and promoting change
 - Post-crisis debriefing skills
 - Treatment planning that is responsive and focused on change
 - Recommended(evidence based is preferred) treatment approaches
 - Promoting positive peer culture
 - Cultural Competence
 - Information Management Decision Support Tools (IMDS)
 - Understanding and Using Continuous Quality Improvement
 - Human Trafficking Identification
 - Crisis Management
 - Suicide Prevention

- Trauma Informed Care
- Training in Nurtured Heart Approach
- Leadership Toward Organizational Change
- Use of Data to Inform Practice
- Workforce Development
- Use of S/R Prevention Tools
- Consumer Roles in Inpatient Settings
- Debriefing Techniques
- Gang Involvement
- Adolescent Brain Development
- Substance Use
- Medication protocols
- Narcan Administration Training
- Basic First Aid and CPR
- HIPAA/42-CFR Part 2/PHI Protection
- Confidentiality and Ethics
- Identifying and reporting child abuse and neglect; (Any incident that includes an allegation of child/abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ ABUSE in compliance with N.J.S.A. 9:6-8.10)

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

- 2) Describe how this initiative will be supported by your training model and offerings to program staff who will be in contact with youth, including transportation staff.
- 3) Describe how your organization will support this initiative by leveraging the resources of providers; communities; and other stake holders.
- 4) Describe how your organization will support the requirements of this initiative for collection, maintenance, and analysis of data. Will this require use of or changes to existing monitoring and reporting systems?

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

- 80% of youth who complete the program will require less restrictive services at 3-month and 6-month post discharge
- 80% of all youth will have lengths of stay between 8 to 10 months
- 90% of all youth will not incur new legal charges or violate existing charges while in treatment
- 90% of all youth will have a 90% attendance rate at school

- 80% of all youth served will show improvement on identified strength and needs domains from the time of admission to discharge
 - 80% of all youth will demonstrate improved functioning (from the time of intake to time of discharge) as measured on independent, valid, and reliable measures life skills assessments
 - 75% of all youth and families will demonstrate improved functioning (from time of intake to time of discharge) as measured on independent, valid, and reliable measures. Acceptable measures will be determined in collaboration with CSOC.
- 5) Describe how this initiative will be supported by your use of the data after it is analyzed and reported to evaluate program performance.
- **Include a summary of evaluation tools that will be used to determine the effectiveness of the program services (Summary should be no more than 5 pages) as part of the appendix.**
- 6) Describe procedures that will be used for data collection, management and timely reporting. Provide a description of student data to be recorded, the intended use of that data and the means of maintaining confidentiality of student records
- 7) **Submit a signed Attestation as an appendix “Attestation of Minimum Staffing Requirements and “No Eject/No Reject Policy Stipulations” (see Attachment 1).**
- 8) Quality Assurance and Performance Improvement (QA/PI) Activities:
 Data-driven performance and outcomes management is a central aspect of CSOC’s management of the system of care. The practice model is based on current best practices regarding out-of-home treatment for children, youth, and young adults. In order to support sensitive and responsive management of these services and to inform future practice, regulation, and “sizing,” applicants to this RFP are to give outcomes special consideration in their response.
- Describe how this initiative will be supported by your quality assurance and performance improvement processes, including the meaningful role of those to be served.
- Applicants must articulate a robust quality assurance and performance improvement (QA/PI) plan that includes all members of the service: youth, families, and all levels of staff. QA/PI plans and data must be submitted upon request to CSOC. Applicants are to describe on-going QA/PI activities that reflect the capacity to make necessary course corrections in a planned and responsive fashion.
- 9) Describe how this initiative will be supported by your willingness to engage in participatory, collaborative evaluation planning with DCF to improve and finalize outcome indicators.

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

IV. Program Approach

(40 Points)

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

Service Description

Demonstrate the capacity to meet minimum requirements listed in Section 1 E, "Activities".

- Demonstrate that youth will have a stable, familiar and nurturing experience through staffing patterns, the management of youth cohorts, facility design and utilization, and the type, scope and frequency of family/caregiver involvement.
- Describe how the agency will engage and sustain the involvement of family and/or natural supports.
 - **As part of the Appendix, attach a Policy or Procedures regarding engaging and sustaining the involvement of family and/or natural supports**
- Articulate etiology and demonstrate the links between the intervention model, strategies, and techniques specific to the target population.
- Demonstrate how the relationships with direct care staff (as supported through team structure, supervision, and staffing patterns) will help youth move from being "managed" to being "engaged in treatment"
- Describe direct care staff's supervision of youth and staff/youth ratios
- Fully articulate the management and treatment models to be utilized, including the use of evidence-based, informed, or suggested interventions
- Describe, through policy and procedures: documentation, mechanisms for communication, responsiveness, flexibility, and creativity of treatment teams
- Describe the mechanisms for managing and treating aggressive behavior
- Demonstrate experience with, understanding of, and integration of issues of trauma in youth and how it will be integrated it into the treatment plan
 - **As part of the Appendix, attach curricula Table of Contents for psycho-educational groups, including those focused on wellness and recovery**

- Describe developmentally and age appropriate community-based activities the program will provide.
 - As part of the Appendix, attach a Policy or Procedures regarding community-based activities.
- Describe how the program will engage families in transition planning – include how the program will work with families to access services so that the youth can transition home or to another intensity of service.
- Describe access to and utilization of IIC services at the time of transition.
- Include a description of youth data to be recorded, the intended use of that data, and the means of maintaining confidentiality of youth records.
 - As part of the appendix, attach policy or procedures regarding timelines; program operations; and staff responsible for admission, orientation, assessment, engagement, treatment planning, and transition planning.
- Describe the agency’s approach to ensuring safety and continuity of care in the event of an emergency or planned program closure.
- Provide details around any licensure violations in the past 12 months.
- List any programs closed in the last eighteen (18) months and include documentation for the reasons the contracts were ended. If applicable as part of the appendix.
 - Party that initiated closure (DCF or agency) and include detailed description of reason(s)
 - Program intensity of service
 - Number of beds closed
 - Date of closure
 - Time from notification to youth, families, and staff to safe transfer/discharge of all youth served in the program (the “transition period”)
 - Challenges encountered during the transition period (staff coverage, disruption in programming)

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

Program Requirements for Student Education

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

service delivery:

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

V. Staff Retention

(5 Points)

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

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

VI. Budget

(10 Points)

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services (LOS). Therefore, applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. Provide a line item budget and narrative for the proposed program.

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

The budget shall be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget shall also reflect a 12-month operating schedule and must include, in separate columns, total funds needed for each line item, the funds requested under this award, and funds secured from other sources. All costs associated with the completion of the project must be clearly delineated and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or “other” items.

The proposed budget should be based on 100% occupancy and may not exceed \$970,900 (base rate) or \$998,275 (accredited rate) per 5 bed program, in funds provided under this award. The facility must also assure a generator is installed and operational to address any power outages (to full agency capacity) that may occur. Purchase and installation of generators are acceptable as part of startup funds.

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

- The need must be fully presented and explained
- Costs may not exceed 5% of the award; Up to \$48,545 (base rate) or \$49,913.75 (accredited rate) per 5 bed program
- All start-up costs are subject to contract negotiations. Start-up cost funds will be released upon execution of finalized contract and are paid via Schedule of Estimated Claims (SEC)
- Start-up costs must be delineated on separate column in the proposed Annex B Budget and be described in the Budget Narrative, attached as an Appendix

The grantee is expected to adhere to all applicable State cost principles. Standard DCF Annex B (budget) forms are available at:

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

<https://www.nj.gov/dcf/providers/notices/requests/>

VII. Reduction of Seclusion and Restraint Use

(5 Points)

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

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

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

The summary must address the following six core strategies:

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

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

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

VIII: Response to Specialty RFP Vignette

(10 Points)

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

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

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent. There is a **25-page limitation** for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements.

A penalty of 5 points will be deducted for each missing document. If documents are missing from the proposal, DCF may provide an email notice to the Applicant after the bid is submitted. Applicants will have up to five (5) business days after notice from DCF to provide any potentially missing documentation without penalty. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The narrative must be organized appropriately and address the key concepts outlined in the RFP.

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

Part I: Proposal	
1	<input type="checkbox"/> Proposal Cover Sheet – (signed and dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc
2	<input type="checkbox"/> Table of Contents – Please number and label with page numbers if possible in the order as stated in Part I & Part II
3	<input type="checkbox"/> Proposal Narrative in following order 25 Page Limitation for (#1– 5) 1) Organization Fit (10 points) 2) Organization Capacity (10 points) 3) Organization Supports (10 points) 4) Program Approach (40 points) 5) Staff Retention (5 points)
Part II: Appendices: As a Condition of receiving an award, the documents below are required to be submitted with your response to the RFP in the order as presented.	
4	<input type="checkbox"/> Budget Narrative (See Budget Section) (10 points)
5	<input type="checkbox"/> Summary of Reduction of Seclusion and Restraint Use (Max 3 pages) (5 points)
6	<input type="checkbox"/> Attachment 3 Response to Specialty RFP Vignette (Max 1 page) (10 points)
7	<input type="checkbox"/> Corrective action plans and licensing reports requested by IAUI for established or substantiated findings within the last two years, if applicable. Provide details, including dates, but redact any identifying information. Attach any plans of correction.
8	<input type="checkbox"/> List any programs awarded to your agency within the last 18 months through an RFP process with DCF that are not yet implemented, if applicable.

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

18	<input type="checkbox"/>	Copies of any audits (not financial audit) or reviews (including corrective action plans) completed or in process by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant's position. If not applicable, include a written statement. Applicants are on notice that DCF may consider all materials in our records concerning audits, reviews or corrective active plans as part of the review process.
19	<input type="checkbox"/>	A copy of the letter from the accrediting body regarding the agency's accreditation status . If not applicable, include a written statement.
20	<input type="checkbox"/>	Policy regarding engaging and sustaining the involvement of family and/or natural supports
21	<input type="checkbox"/>	Policy or Procedures regarding community-based activities
22	<input type="checkbox"/>	Attestation signed and dated by the CEO or equivalent- <u>Attachment 1</u> Attestation of Minimum Staffing Requirements and "No Eject/No Reject Policy Stipulations"
23	<input type="checkbox"/>	Certification signed and dated by the CEO or equivalent for Background Check and Release of Information-<u>Attachment 2</u>
24	<input type="checkbox"/>	Proposed Program Implementation Schedule or some other detailed weekly description of your action steps in preparing to provide the services of the RFP and to become fully operational within the time specified
25	<input type="checkbox"/>	Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)
26	<input type="checkbox"/>	Statement of Assurances – (Signed and dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc
27	<input type="checkbox"/>	Policies implementing trauma informed practices , if available.
28	<input type="checkbox"/>	Staffing patterns
29	<input type="checkbox"/>	Letter of commitment or MOU (if relevant to your program) If not applicable, include a written statement.
30	<input type="checkbox"/>	Curricula Table of Contents for current and proposed training
31	<input type="checkbox"/>	Description/floor plan of program space , if available, as part of the appendix. Additional photos and/or floor plans are also welcomed.

* Standard forms for RFP's are available at:
<https://www.nj.gov/dcf/providers/notices/requests/>

See *Standard Documents for RFPs* for forms.

Standard DCF Annex B (budget) forms are available at:
<https://www.state.nj.us/dcf/providers/contracting/forms/>

** Treasury required forms are available on the Department of the Treasury website at: <https://www.state.nj.us/treasury/purchase/forms.shtml>

Click on Vendor Information and then on Forms.

Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual may be reviewed via the Internet at:
www.nj.gov/dcf/providers/contracting/manuals

C. Requests for Information and Clarification

Question and Answer:

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures through a time-limited electronic Question and Answer Period. Inquiries will not be accepted after the closing date of the Question and Answer Period.

Questions must be submitted in writing via email to: DCF.ASKRFP@dcf.nj.gov.

Written questions must be directly tied to the RFP. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP. All inquiries submitted to DCF.ASKRFP@dcf.nj.gov must identify, in the Subject heading, the specific RFP for which the question/clarification is being sought. Each question should begin by referencing the RFP page number and section number to which it relates.

Written inquiries will be answered and posted on the DCF website as a written addendum to the RFP at:

<https://www.nj.gov/dcf/providers/notices/requests/>

Technical inquiries about forms and other documents may be requested anytime through DCF.ASKRFP@dcf.nj.gov.

All other types of inquiries will not be accepted. **Applicants may not contact the Department directly, in person, or by telephone, concerning this RFP.**

ATTACHMENT 1

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

State of New Jersey-Department of Children and Families Psychiatric Community Home Services

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

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

<p>Clinician</p>	<p>LCSW, LPC, LMFT or psychologist) who is clinically licensed to practice in NJ</p> <p>Or</p> <p>Master's level licensed clinician (LSW, LAC) who is three years or less from NJ clinical licensure and is practicing under the direct and on-site supervision of a clinician who is clinically licensed to practice and provide clinical supervision per board regulations in NJ.</p>	<ul style="list-style-type: none"> • Psychological assessment or CSOC Bio psychosocial assessment and report. which includes recommendations for the inclusion of allied therapies where appropriate (within the first week) • IMDS Strengths and Needs assessment (within first 24 hours) • Initial treatment and safety plan development, documentation and consultation (within first 24 hours of admission) • Comprehensive treatment and transition plan development, documentation and consultation (within the first week) • Individual therapy, utilizing evidence-based practice (weekly) • Group therapy (weekly) • Family therapy with family of origin or natural supports utilizing evidence-based practice 	<p>Full-time and dedicated to the program</p> <p>10 hours per week per youth</p> <p>75% of each clinical hour must be dedicated to face to face interaction with youth in individual, group and family therapy, and the time remaining may be dedicated to all ancillary tasks such as documentation in the youth's record of services provided, meetings, consultations, telephone calls, relevant research, and supervisory responsibilities. The time a clinician spends on case management must be additional to these clinical services.</p>
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		(weekly) <ul style="list-style-type: none"> • IMDS assessment review and update (monthly) • Attend and direct treatment team meetings (monthly) 	
Allied Therapist	Licensed or credentialed, where applicable, and must follow the requirements for screening/background checks	<ul style="list-style-type: none"> • Recreation/Leisure Assessment and report (within the first week) • Allied activities, based on the cognitive and emotional needs of the youth in the milieu and require identified outcome measures • Activities shall be structured and guided and participatory in nature; examples may include, but not limited to, yoga, movement, music, art therapy, vocational, etc. • Allied activities must be directly related to the youth's treatment planning needs • Allied therapies may occur both on grounds and within the community 	6 hours of allied therapy per youth must be offered each week

<p>Nurse-Health Educator / Registered Nurse (RN)</p>	<p>Registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of a RN, with a current New Jersey registered nursing license and one-year direct care nursing experience with youth.</p>	<ul style="list-style-type: none"> • Assess the physical condition of the youth in the program under the direction of the medical director or psychiatrist and integrate findings into the youth's treatment plan • Provide education and support to milieu staff on the administering of medications and possible side effects, under the direction of the medical director or other physician • Implement the quality assurance program • Provide injections of medication, as needed and directed by the medical director or other physician • Nursing assessment and report (within the first 24 hours) • Initial treatment and safety plan consultation (within the first 24 hours and then weekly) • Attend debriefing on youth status 	<p>2.5 hours per week per youth (30% must be provided by a RN)</p>
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		<p>(daily)</p> <ul style="list-style-type: none"> • Health/hygiene/sex education (weekly) • Medication education (monthly) • Attend treatment team meetings (monthly) 	
Dietitian		A nutritional screening will be completed (may be completed by nurse)	.50 hours at intake; then as needed. Clarification: A dietitian or nurse shall screen all youth at intake, and thereafter as needed, for any dietary restrictions or allergies to ensure their health and safety.
Psychologist	PhD, PsyD, and EdD	A psychological evaluation will be completed.	Two (2) hours at intake and thereafter, if the clinical team determines it is needed to inform the youth's care.
Direct Care Milieu staff	BA or HS with 3-5 years' experience providing direct care to youth with behavioral health challenges in a behavioral health agency or institutional setting.	<ul style="list-style-type: none"> • Youth orientation (within the first 24 hours of admission) • Milieu activities (daily) Community integration via focused, age appropriate 	84 hours per week per youth (represents multiple FTEs).

		<p>recreational activities (weekly)</p> <ul style="list-style-type: none"> • Direct supervision (daily) • Attend treatment team meeting (monthly) • Pre-Vocational skills training, including provision of Ansell-Casey or Botvin Life Skills training (five hours weekly) 	
Case Management	Bachelors level practitioner(s) with 3-5 years of relevant experience or an unlicensed master's level practitioner with 1 year of related experience	<ul style="list-style-type: none"> • Family orientation (within the first 24 hours) • Review and signing of all required paperwork (within the first 24 hours) • On-site family psycho educational activities consistent with the comprehensive treatment and discharge plan (monthly) • Attend treatment team meetings (monthly) • Monitor transition plans of youth and facilitate follow-up as needed in effort to minimize delayed transitions of youth (routinely) 	<p>5 hours per week per youth</p> <p>If case management is delivered by clinicians, direct care staff, or other professionals charged with duties other than case management under this contract, then the hours they dedicated to case management must be additional to the hours they dedicated to these other duties.</p>

Program Director	Master's degree from accredited graduate school in social work, psychology or related field and three years of professional experience in human services field. Minimum of 1 of the three years' experience must be in a supervisory capacity	<ul style="list-style-type: none"> • Attend treatment team meetings (monthly) • Oversee all Quality Assurance/Program Improvement activities with a focus on attaining bench-mark activities for all direct care staff 	FT dedicated, on-site.
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Contracted staff to youth ratio:

A ratio of 1 direct care staff to every 3 youth must be maintained at all hours including overnight, and a minimum of 2 staff must be awake and on site whenever youth are present, including while youth are asleep. This second staff person must be either: 1) an additional direct care staff; or 2) another professional treatment team member working in the home. When a provider elects option 2, the professionals who serve as the second staff awake in the home: 1) may include Program Directors, House Managers, Program Coordinators, Clinicians, Therapists, Case Managers; and Health Care providers; 2) must be certified in any therapeutic holds or de-escalation techniques the Agency may subscribe to; and 3) trained to provide direct care duties. The time professionals are contractually required to provide treatment is not reduced by the time they serve as the additional staff awake in the home.

No Eject/No Reject Policy Stipulations:

- Provider will accept all referrals designated by the CSA and/or the SRTU at CSOC for this level of care.
- Under no circumstances may a provider terminate a youth's enrollment in services without first contacting and receiving written approval from DCF CSOC. The provider must submit this request in writing with supporting documentation. DCF CSOC will make the final determination about disposition for the youth.

1. By my signature below, I hereby certify that I have read and understand the *minimum* staffing requirements and no eject no reject policy stipulations for a DCF contracted provider of **Psychiatric Community Home Services** outlined in this document.

CEO or Equivalent
(please print)

Title

Signature

Date

ATTACHMENT 2

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

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

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

_____ on _____
Offense *Date*

FOR PROVISIONAL WORKER ONLY

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

Offenses covered under P.L. 1999, c.358 In New Jersey, any crime or disorderly person offense:

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

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

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

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

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

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

FOR COMMUNITY AGENCY HEAD ONLY:

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

Name of Board President

Address of Board President (Home or Business)

COMMUNITY AGENCY HEAD OR WORKER:

WITNESS:

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Attachment 3 Psychiatric Community Home Vignette

Background: Emily is a 15-year-old female who began receiving CSOC services through Mobile Response and Stabilization Services (MRSS) three years ago after she began to experience increased depressive symptoms and cutting behaviors. Emily had been a straight A student, an above average soccer player and had many friends. Her math teacher noticed marks on Emily's arms and observed she had become withdrawn and less motivated to complete her work. The school social worker discussed the concerns with Emily's mother and assisted her with contacting PerformCare who authorized a MRSS dispatch. Subsequently, Emily received Intensive In-Community services and was ultimately transitioned to individual outpatient treatment. During this time, Emily's parents were in the process of finalizing their divorce. Her father was reportedly abusing alcohol and, at times, became violent with her mother. DCPD was contacted and completed an investigation but no abuse or neglect was substantiated in relationship to Emily or her 11-year-old brother who is on the Autism Spectrum. Reportedly, Emily's maternal uncle completed suicide when Emily was eight years old. He was diagnosed with a Substance Use Disorder and thought to have significant mental health challenges.

Eight months after her transition from MRSS, Emily was hospitalized after she reported to her outpatient therapist that she had been "cutting" her legs and her mother found information posted by Emily on social media suggesting that she was feeling suicidal. Although she continued to do well in school, Emily had distanced herself from all her friends, admitted to using alcohol a few times and has experimented with marijuana. During her inpatient stay, she began to take antidepressant medication and was diagnosed with a mood disorder. Upon discharge from the hospital, Emily was opened to CMO and attended a partial hospitalization program. Within a few weeks, she experienced increased agitation and loss of appetite. Emily was having difficulty sleeping and her ability to function on a day-to-day basis was becoming increasingly impaired, despite efforts to stabilize her in the community. During this time, Emily's parents finalized their divorce. Her father was living with his parents while he continued to struggle with substances, maintained a supportive relationship with Emily. Emily's mother remained invested in her treatment but continued to struggle with her own emotional challenges.

Over the next year, Emily continued to struggle with depressive symptoms, periods of increased agitation, poor sleep, and appetite. She was unable to maintain healthy friendships and remained withdrawn and disconnected, despite several medication trials. Emily continued to use alcohol sporadically. During this period, she was screened twice for suicidal ideation and admitted to a child / adolescent psychiatric hospital following a suicide attempt when she ingested 40 pills which required a medical intervention. While hospitalized for a second time, she reported that she had been molested by a family member at the age of seven. The Child Family Team felt they had exhausted all available community resources and agreed to refer Emily to out of home treatment. She received an IOS of PCH.

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

1. What type of evaluations may be helpful to develop Emily's individualized service plan? What are some diagnostic considerations?
2. How will the respondent work with the CFT to engage Emily's family? What goals might be accomplished before Emily transitions home?
3. What skills would need to be developed for Emily to return home and how will the team bridge the transition after the completion of this episode of care? (please include modalities and staffing)

EXHIBIT A
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age,

race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval
Certificate of Employee Information Report
Employee Information Report Form AA302 (electronically available at www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

EXHIBIT B
TITLE 10. CIVIL RIGHTS
CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS
N.J. Stat. § 10:2-1 (2012)

§ 10:2-1. Antidiscrimination provisions

Antidiscrimination provisions. Every contract for or on behalf of the State or any county or municipality or other political subdivision of the State, or any agency of or authority created by any of the foregoing, for the construction, alteration or repair of any public building or public work or for the acquisition of materials, equipment, supplies or services shall contain provisions by which the contractor agrees that:

a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;

b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;

c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and

d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L.1985, c.490 (C.18A:18A-51 et seq.).

EXHIBIT C

Rev. 6-23-2020

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

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

13	<input type="checkbox"/>	For Profit: NJ Business Registration Certificate with the Division of Revenue See instructions for applicability to your organization. If not applicable, include a signed/dated note, on agency letterhead, stating a NJ Business Registration is not required and include a brief explanation as to why. Website: https://www.nj.gov/njbusiness/registration/
14	<input type="checkbox"/>	Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3) If not applicable, include a signed/dated note, on agency letterhead, stating the tax exempt requirement does not apply and include a brief explanation as to why. Website: https://www.nj.gov/treasury/taxation/exemptintro.shtml
15	<input type="checkbox"/>	Proposed Program Implementation Status Update Form documenting anticipated implementation schedule --or-- some other detailed weekly description of your action steps in preparing to provide the services of the RFP to become fully operational within the time specified. Website for OOH Form: https://nj.gov/dcf/providers/contracting/forms/csoc.html
▶ CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RESPONSE & ANNUALLY UPDATED THEREAFTER:		
16	<input type="checkbox"/>	Affirmative Action Certificate --or-- Renewal Application [AA302] sent to Treasury with payment. <u>Note:</u> The AA302 is only applicable to new startup agencies and may only be submitted during Year 1. Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate. Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/AA_%20Supplement.pdf
17	<input type="checkbox"/>	Certification Regarding Debarment (signed/dated) Website: https://www.nj.gov/dcf/providers/notices/requests/#2 Form: https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf
18	<input type="checkbox"/>	Tax Forms – Full Return Required <u>Non Profit Form 990</u> Return of Organization Exempt From Income Tax -or- <u>For Profit Form 1120</u> US Corporation Income Tax Return -or- <u>LLC Applicable Tax Form</u> and may delete or redact any SSN or personal information
19	<input type="checkbox"/>	Proposed Organizational Chart for services required by this response – Ensure chart includes the agency name and current date
20	<input type="checkbox"/>	Current Professional Licenses and/or Certificates related to job responsibilities for this response If not applicable, include a signed/dated note, on agency letterhead, stating your programs do not require staff to be professionally licensed/certified and the requirement does not apply.
21	<input type="checkbox"/>	System for Award Management (SAM) printout showing active status and expiration date Note: Should be obtained free of charge Website: Go to SAM by typing www.sam.gov in your Internet browser address bar Helpline: 1-866-606-8220
22	<input type="checkbox"/>	Proposed Program Staffing Summary Report (PSSR) documenting anticipated staff levels and assignments Website for OOH Form: https://nj.gov/dcf/providers/contracting/forms/csoc.html

EXHIBIT D

Rev. 6-23-2020

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

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

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

20	<input type="checkbox"/>	Most recent Audit -or- Financial Statement (certified by accountant or accounting firm) <u>Audit</u> : For agencies expending over \$100,000 in combined federal/state awards/contracts -or- <u>Financial Statement</u> : For agencies expending under \$100,000 Policy: https://www.state.nj.us/dcf/policy_manuals/CON-I-A-7-7.06.2007_issuance.shtml [Policy Rev.3-2-2020]
21	<input type="checkbox"/>	<u>For Cost Reimbursement Contract Components Including Startup: Report of Expenditures</u> (ROE) Annex B Interim (15 days of end of 6 th month) -and- Final (9 months after end of fiscal year) Form: https://nj.gov/dcf/providers/contracting/forms/ Submit To: ChildrensSystemofCare.BusinessOffice@dcf.state.nj.us
22	<input type="checkbox"/>	<u>For Each Site Hosting Youth - Copy of Accreditation {Joint Commission, COA, CARF} as applicable (required annually and as amended).</u> If not applicable, include a signed/dated written statement on agency letterhead stating you do not host youth onsite and the accreditation requirement is not applicable.
▶ CONTRACT DOCUMENTS TO BE MAINTAINED <u>ONSITE</u> BY PROVIDER:		
23	<input type="checkbox"/>	Agency Organizational Chart
24	<input type="checkbox"/>	Copy of Most Recently Approved Board Minutes
25	<input type="checkbox"/>	Personnel Manual and Employee Handbook (include staff job descriptions)
26	<input type="checkbox"/>	Affirmative Action Policy/Plan
27	<input type="checkbox"/>	Conflict of Interest Policy and Attestation https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf
28	<input type="checkbox"/>	Procurement Policy https://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf