**Attachment 1**

**Minimum Staffing Requirements and No Eject /No Reject Policy Stipulations Attestation**

**New Jersey Department of Children and Families**

**Children’s System of Care (CSOC)**

**Specialty (SPEC) Out-Of-Home Treatment Services-Ages 15-19 years**

The following are the *minimum* staffing credentials and requirements for a DCF contracted provider of **Specialty (SPEC) 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 Minimum Requirements | Hours/youth/week |
| --- | --- | --- | --- |
| *Psychiatrist or APN* | MD, BC/BE/APN. Board certified child and adolescent psychiatrist or psychiatric APN in affiliation with a board-certified child psychiatrist | -Psychiatric intake assessment & report (within one week of admission)-Initial treatment & crisis plan (within 1st 24 hours)-Medication management meetings (monthly)-Clinical visit with youth (monthly and/or as needed)-Clinical visit with family (monthly and/or as needed)-Attend treatment team meeting (monthly) | 1.25 clinical hours per week per youth. Clarification: At least 75 % of each clinical hour must be dedicated to face-to-face interaction with youth and/or families and the time remaining may be dedicated to all ancillary tasks such as documentation in the youth’s record of services provided, meetings, consultations, telephone calls, relevant research, and supervisory responsibilities. -24/7 availability by contract. |
| *Pediatric APN or Pediatrician* | MD, BC/BE/APN. NJ licensed, board certified | -Pediatric assessment & report (within 1st 24 hours). | 24/7 availability by contract. |
| *NJ Licensed Therapist (Clinician)* | LCSW, LMFT, LPC, NJ licensed psychologist; or | -Psychosocial assessment & report, which includes recommendations for the inclusion of allied therapies where appropriate (within 1st week)-IMDS strengths & needs assessment (within 1st 24 hours)-Initial treatment & crisis plan development, documentation, consultation (within 1st 24 hours)-Initial treatment & crisis plan debriefing w family & youth (within 1st 24 hours)-Comprehensive treatment & discharge plan development documentation and consultation (within 1st week)-Comprehensive treatment and transition plan development, documentation, and consultation (within the first seven days of admission)-Individual therapy (weekly); must be offered weekly and documented if youth refuses.-Group therapy (weekly)-Family therapy w family of origin or natural supports (weekly)Clarification: In the interests of promoting more individualized treatment, DCF will no longer enforce the requirement found in some past SPEC RFPs to provide a minimum of two individual or family therapy sessions and three group therapy sessions every week. It is now left to the discretion of the provider to decide which configuration of individual, group or family therapy sessions best serves the needs of each youth in a particular week. All three types of therapy must be included as part of the youth’s treatment plan. While still providing a total of at least 6 hours per week, a minimum of 25% of all therapies provided monthly must be in individual or family sessions. -IMDS assessment review & update (monthly)- Attend & direct treatment team meeting (monthly) | 8 hours per week per youth. Clarification: At least 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.  |
| *Masters Level Therapist* (LSW, LAC) | \* Master’s level licensed practitioner under the direct on-site supervision of NJ clinically licensed practitioner with documented plan to achieve clinical licensure within 3 years. \* |
| *Allied Clinical Therapist* | Professional (Licensed or credentialed, where applicable, and must follow the requirements for screening/background checks) | - Recreation/leisure assessment and report (within 1st week).- Clarification: Allied therapists must provide youth with a minimum of 6 hours per week of structured and guided activities, on the program’s site or in the community, which are participatory in nature and directly related to the youth’s treatment planning needs. Examples may include, but not be limited to, yoga, movement, music, art therapy, vocational activities not supported through educational funding, etc. These 6 hours must be additional to the minimum of 8 hours per week of clinical services delivered by clinicians.Allied activities that are based on the cognitive and emotional needs of the youth in the milieu and require identified outcome measures | 6 hours per week per youth |
| *Nurse-Health Educator/RN* | Registered nurse (RN) or a licensed practical nurse (LPN), under the supervision of an RN, with a current NJ nursing license and one-year direct care nursing experience with children | -Nursing assessment and report within the first 24 hours of admission-Initial treatment and crisis plan consultation (within 1st week)-Medication dispensing daily-Health/Hygiene/sex education/sexuality/substance abuse 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.  | 1.5 hours per week per youth; 30% must be provided by an RN. |
| *Psychologist or Psychiatrist* | PhD, PsyD, and E d. D | -A psychological or psychiatric evaluation will be completed  | At the time of intake and thereafter, if the clinical team determines it is needed to inform the youth’s care. |
| *Direct Care Milieu Staff* | Bachelor’s level or HS with 3-5 years’ experience providing direct care to youth in a behavioral health agency or institutional setting | -Youth orientation (within 1st 24 hours)-Milieu activities (daily)-Community integration via focused recreational activities (weekly)-Direct youth supervision (daily)-Attend treatment team meetings (monthly)-Pre-Vocational skills training (5 hours per week)-Provision of Ansell Casey or Botvin Life Skills training: 3 hours weekly, as applicable/appropriate for youth age ranges.-Six (6) psycho-educational activities consistent w/pro-social learning, problem solving, life-skill development, and coping strategies. These psycho-educational activities to be delivered by qualified by training and experience bachelor level direct care staff and/or bachelor level case managers (e.g. part of case managers below listed on-site family psycho-educational activities).  | 63 hours per week per youth (represents multiple FTEs). |
| *Case Management* | Bachelor’s level with 3-5 years of relevant experience or unlicensed master’s level with 1 year of related experience | -Family orientation (within 1st 24 hours)-Review and signature of all required paperwork and consents (within 24 hours)-As needed on-site family psycho- educational activities tied to comprehensive treatment and discharge plan. -Attend treatment team meetings (monthly)- Monitor transition plans of youth and facilitate follow-up as needed in effort to minimize delayed transition of youth (routinely) | 5.5 hours per week per youth.Clarification: 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 dedicate to case management must be additional to the hours they dedicate to these other duties |
| *Dietician* |  | -A nutritional screening will be completed (may be completed by nurse) | .50 hours at intake; then as needed.Clarification: A Dietician or Nurse shall screen all youth at intake, and thereafter as needed, for any dietary restrictions or allergies to ensure their health and safety.  |
| *Service/Program Director* | master’s degree in a behavioral health field and three (3) years post M.A. experience with youth in an out of home setting (License preferred and at least one year of which shall be in a supervisory capacity) | -Attend treatment team meetings (monthly)-Oversee all Quality Assurance/Program Improvement activities with particular attention to bench-marking activities for all direct care staff |  -The hours provided by a Program Director are the number required to ensure that the needs of the youth are appropriately addressed in a manner consistent with DCF’s requirements of the contracted provider.  |

Contracted staff to youth ratio:

Each contracted program component must maintain a ratio of 1 direct care milieu staff for every 4 youth at all hours. A minimum of two staff members must be awake, on site, and accessible to youth at all times whenever any youth are present, including overnight while youth are asleep.

* Clarification: One of the 2 minimally required staff members, who must be awake and accessible to youth at all times whenever any youth are present, must be a direct care worker. The second awake staff person minimally required must be either: 1) an additional direct care staff; or 2) another professional treatment team member working in the home. When a provider elects option 2, the professionals who serve as the second staff person awake in the home: 1) may include Program Directors, House Managers, Program Coordinators, Clinicians, Therapists, Case Managers; and Health Care providers; 2) must be certified in any therapeutic holds or de-escalation techniques the Agency may subscribe to; and 3) trained to provide direct care duties. The time professionals are contractually required to provide treatment is not reduced by the time they serve as the second staff awake in the home.
* Clarification: When no youth are present in the home, N.J.A.C. 10:128-5.3 requires at least one staff member present in the home or immediately reachable by telephone.
* Clarification: Minimum staff requirements apply to each contracted program and it is not permissible to satisfy these requirements by floating staff among different contracted programs. Staff assignments among homes within contracted programs must never result in less than the minimum staff being present at any of one of the homes within the contracted programs.

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.
* Provider will not eject any youth until they qualify for a lower level of care.

2. By my signature below, I hereby certify that I have read and understand the *minimum* staffing requirements for a DCF contracting provider of Specialty Services outlined in this document.

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