NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

REQUEST FOR PROPOSALS

FOR

Converting Existing Beds to Psychiatric Community Home (PCH) Services

to serve New Jersey youth with IQ of 65+ (males and females, ages 5-10; females, ages 11-14; and females, ages 15-17)

Funding is expected to convert up to 35 beds of existing residential programs in selected Intensities of Service (Group Home, Residential Treatment Center and Specialty Services) to Psychiatric Community Homes

FUNDING IS AVAILABLE UP TO $8,781,918.25

Bids due by April 12, 2022 at 12 Noon

Questions will be accepted until March 15, 2022

Christine Norbut Beyer, MSW
Commissioner

February 14, 2022

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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 **March 15, 2022** at 12PM. Technical inquiries about forms and other documents may be requested anytime.

All bids must be submitted electronically through our online system. To submit online, applicant must submit 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 up to $8,781,918.25 for the purpose of converting existing residential programs in select Intensities of Service (Group Home, Residential Treatment Center and Specialty Services) to Psychiatric Community Home (PCH) services to serve New Jersey youth with IQ of 65+ (males and females, ages 5-10; females, ages 11-14; and females, ages 15-17).

Responses 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.

Eligibility is limited to agencies who currently operate a Psychiatric Community Home (PCH), for the purpose of converting existing residential programs in other select Intensities of Service (Group Home, Residential Treatment Center or Specialty Bed Program (SPEC) Program); and have a home available for conversion. Applicants may propose to collaborate or subcontract with another agency that currently operates a PCH program. If so, the proposal must include a letter of commitment from the proposed entity(ies), as well as clearly defined specific duties, including training and consultation, that is being proposed under the collaboration or subcontract. One organization must be the Applicant and have contractual responsibility for the PCH program and all the required services.

The per diem rate per youth is $672.43/day (base rate) or $687.43/day (subject to change) 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 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.

Selected 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 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.

The programs shall be awarded by age group as detailed below and in Section C. Target Population/Admission Criteria.

Applicants are advised that programs must accept youth from all areas of the state.

Agencies shall submit one proposal with a breakdown/number of proposed IOS beds by age range, and gender as detailed below. Selected applicants must have out-of-home treatment programs operational within 60 days after the last youth is discharged from the program/site identified for conversion, unless otherwise approved by DCF. Transition planning for youth leaving the program proposed for conversion shall be conducted according to established policy and practice in consultation with relevant DCF entities, and related plans will require written approval from the CSOC Assistant Commissioner.

Age: 5-10 upon admission Gender: Female and Males

Age: 11-14 upon admission Gender: Females

Age: 15-17 upon admission Gender: Females

B. Background

The Department is a family and child serving agency, working to assist New Jersey 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.

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 evidence-based 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
- 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.

PCH programs are expected to operationalize the principles of individualized, needs-driven, and family-focused care, identify strengths-based strategies, and display sustainable progress throughout the course of treatment. CSOC values an approach to service delivery that promotes commitment and creativity of professional staff. PCH programs must ensure youth have a stable, predictable, familiar, consistent, and nurturing treatment experience. Successful PCH programs are able to successfully recruit and retain staff, maintain consistent and appropriate staffing patterns (staffing as one (1) direct care staff to three (3) youth), utilize program design to support program goals, and ensure 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 need acute care services. The requested PCH treatment services are comprehensive, multidisciplinary, multimodal therapies that are designed to meet the individual needs of youth and their families. Youth admitted to PCH programs present with at least one of the following acute presenting needs:

- The youth is a potential danger to self as exemplified by recent or past suicidal ideation or a recent history of self-harm behaviors, however psychiatric hospitalization is not clinically indicated.
- The youth currently or has a recent history of psychotic symptoms that are disruptive to daily functioning, however, psychiatric hospitalization is not clinically indicated.

- The youth is unable to adequately function across multiple settings due to impairment from psychiatric symptoms, and he/she requires targeted clinical intervention.
- The youth is currently taking multiple psychotropic medications that require a high intensity, frequent medication monitoring and psychiatric intervention.
- The youth has had multiple psychiatric hospitalizations within the past 12-month period. (e.g., 2 inpatient admissions within 6 months or 3 or more hospitalizations within the past 12 months).

PCH providers are expected to serve youth who present with the above notated needs but 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 yet is 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 to convert up to 35 program beds for youth with IQ of 65+, with additional requirements by age range, and gender.

The programs shall be awarded by gender and age range as follows:

Age: 5-10 upon admission Gender: Female and Males
Age: 11-14 upon admission Gender: Females
Age: 15-17 upon admission Gender: Females

D. Resources

Bedroom and Bathroom Requirements

Single bedrooms are preferred. There must be no more than two youth per bedroom.

Required Staff Duties/Responsibilities

Required staff include:

New Jersey Board-Certified or Board-Eligible Child and Adolescent Psychiatrist *or* Psychiatric Advanced Practice Nurse (APN) in affiliation with a New Jersey Board-Certified Child/Adolescent 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 72 hours)
- Initial treatment and safety/soothing 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
- Psychiatric treatment services, as needed, including routine and emergency psychiatric evaluations, medication evaluations, and prescription adjustments
- Psychiatric consultation (including input into the clinical component of an individualized treatment plan developed by a multidisciplinary treatment team)
- All of the above must be provided in accordance with the DCF Psychotropic Medication Policy

New Jersey Licensed Pediatrician or Advanced Practical Nurse in affiliation with a New Jersey board-certified pediatrician will provide:

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

New Jersey Licensed Clinician (*full-time position(s) dedicated exclusively to the program is expected as best practice) with Master's or doctoral degree in counseling, social work, psychology or a related field and a license to practice independently in New Jersey including LCSW, LPC, LMFT, PsyD, PhD OR a Master's level therapist licensed to practice in New Jersey including LSW and LAC under the on-site supervision of a New Jersey independently licensed therapist with a documented plan to achieve independent clinical licensure within 3 years. The Clinician position(s) must provide:

- A minimum of ten (10) hours* of services 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. Clinical services delivered must be grounded in evidence-based practice.

- Biopsychosocial 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/soothing plan development, documentation, and consultation (with the first 24 hours of admission)
- Initial treatment and safety/soothing plan debriefing with family and youth (within the first 24 hours of admission)
- A substance use screening tool will be completed (within 72 hours of admission)
- Comprehensive treatment and discharge plan development, documentation, and consultation (within the first week)
- 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)
- Face-to-face contact and "check-in" with each youth (daily)
- IMDS assessment review and update (monthly)
- Attend and direct treatment team meetings (monthly)
- Must be available by telephone for emergencies

Allied Therapist – Licensed, credentialed, or certified, where applicable, and must follow the requirements for screening/background checks. 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. Allied therapists must provide youth with 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 number of hours per week of clinical services delivered by clinicians. Direct care staff qualified to deliver Allied may not do so while also providing direct supervision.

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)
- 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). Health education is defined as the practice of educating youth about topics of health. Areas within health education encompass environmental 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, and restoration of health. Health education shall cover topics that are applicable to a particular program's age and gender population and related health needs.

Dietician or nurse will:

- Provide .5 hours at intake and as needed.
- Screen all youth at intake, and thereafter as needed, for any dietary restrictions or allergies to ensure their health and safety.

New Jersey Licensed Psychologist or New Jersey licensed child adolescent psychiatrist with PhD, PsyD, or EdD will:

- Provide 2 hours at intake and as needed.
- Complete a psychological evaluation at intake or thereafter, if the clinical team determines it is needed to inform the youth's care.

Direct Care Milieu Staff - bachelor's level practitioner(s) or high school graduate(s) with 3 or more years of experience providing direct care to youth 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 Botvin Life Skills training (5 hours per week), as applicable/ appropriate for youth age

ranges.

- Six (6) psycho-educational activities consistent with pro-social learning, problem-solving, life-skill development, and coping strategies. These psycho-educational activities to be delivered by qualified bachelor level direct care staff and/or bachelor level case managers (e.g., part of case manager's on-site family psycho-educational activities).

Case Management: Bachelors level practitioner(s) with 3or more 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 signature of all required paperwork and consents (within 24 hours)
- As needed, on-site family psycho educational activities consistent with the comprehensive treatment and discharge plan (monthly)
- Six (6) psycho-educational activities consistent with pro-social learning, problem-solving, life-skill development, and coping strategies. These psycho-educational activities to be delivered by qualified bachelor level direct care staff and/or bachelor level case managers (e.g. part of case manager's on-site family psycho-educational activities).
- 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)
- If case management is delivered by clinicians, direct care milieu staff, or other qualified 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 and must be documented accordingly. It is the provider's responsibility to ensure a process is in place for all individuals involved in case management to properly document their work in each youth's record.

Service/Program Director (full-time dedicated 100% exclusively to this program) with a clinically based Master's degree and three (3) years of professional post M.A. experience (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
- Provide on-site support and oversight exclusively to program
- Supervise milieu staff and schedules

It is the responsibility of the awardee applicants 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

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.

Staff Training

Required trainings include and are not limited to:

- Evidence based treatment approaches to nurturing emotional and behavior regulation in individual, family and group therapy and the therapeutic milieu
- Crisis management including, but not limited to, suicide prevention
- Cultural Competence
- Information Management Decision Support Tools (IMDS)
- Continuous Quality Improvement
- Human Trafficking Identification
- Trauma informed care
- Nurtured Heart Approach
- Nurturing and incorporating youth and family voice
- Gang Involvement
- Understanding the therapeutic management of co-occurring disorders
- 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)
- Reporting and management of unusual incidents per AO 2:05 (2004) and the Addendum (2005) available promulgated by the NJ Department of Human Services

- HIPAA: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191, and regulations promulgated by the United States Department of Health and Human Services, 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

Contracted staff to youth ratio:

- One (1) direct care milieu staff for every three (3) youth must be maintained at all hours.
- Provision of 1:1 supervision as needed; required supervision ratios must be maintained during crisis situations.
- Minimum of two (2) awake staff whenever youth are present – including while youth are asleep, and while on community trips. Each youth must be supervised unless specified otherwise in the treatment plan.
- A minimum of two direct care milieu staff members must be present and awake providing supervision to youth whenever any youth are present, and available to provide 1:1 supervision as needed. Awake staff in the home/dwelling/unit that may provide additional supervision support during crisis situations include the following titles: program directors, house managers, program coordinators, clinicians/therapists, case managers, and health care providers. These staff must be certified in any approved therapeutic holds or de-escalation techniques and trained to provide direct care duties. The time professionals are contractually required to provide treatment services is not reduced by the time they provide additional supervision support in the home. These professionals may not serve in lieu of the minimum required two direct care milieu staff.

E. Activities

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 applications 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 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 DCPP policy regarding psychotropic medication for children available at: https://www.nj.gov/dcf/policy_manuals/CPP-V-A-1-1500_issuance.shtml.

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 whenever youth are present, including while youth are asleep and while on community trips. Each youth must be supervised unless specified otherwise in the treatment plan.
- 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
- Six (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 (TJCR)

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.

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

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

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.

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:

- Ensure 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.
- Ensure 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 ensure:

- Strategies to be employed to coordinate clinical treatment with educational planning and service delivery
- Daily before and after school communication strategies with school staff
- 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 available to the youth in educational update, progress, and planning
- 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 ensure:

- Immediate and therapeutic responses to problems that rise during the school day
- Supervision of students who are unable to attend school due to illness or suspension
- 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 guide individual and program wide clinical decision making.

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. PCH programs must ensure 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. PCH programs must ensure on-going QA/PI activities that reflect the capacity to make necessary course corrections in a planned and responsive fashion.

QA/PI plans shall:

- 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.

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
Selected applicants 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.

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 awards, 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.

H. Funding Information

For the purpose of this initiative, the Department will approve the conversion of up to 35 beds; thereafter if funding is available; services are utilized; and contracts are renewed. Continuation of funding is contingent upon the availability of funds in future fiscal years. 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 $672.43/day (base rate) or $687.43/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).

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. **Include a copy of the letter from the accrediting body regarding the agency's accreditation status.** 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.

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. **Eligibility is limited to agencies who currently operate a Psychiatric Community Home (PCH)** for the purpose of converting existing residential programs in other select Intensities of Service (**Group Home, Residential Treatment Center and Specialty Services).** Applicants may propose to collaborate or subcontract with another agency that currently operates a PCH program. If so, the proposal must include a letter of participation from the proposed entity(ies), as well clearly defined specific duties, including training and consultation, that is being proposed under the collaboration or subcontract.
2. Applicants must be for profit or non-profit corporations that are duly registered to conduct business within the State of New Jersey.
3. Applicants must be in good standing with all state and federal agencies with which they have an existing grant or contractual relationship.
4. 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.
5. 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.
6. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
7. Where required, all applicants must hold current State licenses.
8. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
9. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
10. Applicants must have its out of home treatment programs operational within 60 days of award. Due to urgent need of this service, applications should provide a clear time frame on ability to convert the beds and contract negotiation. Transition planning for youth leaving the program proposed for conversion shall be conducting

according to established policy and practice. in consultation with relevant DCF entities, and related plans may require written approval from the CSOC Director/Assistant Commissioner. 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.**

11. 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
12. 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

March 15, 2022	**Deadline for Email Questions sent to** DCF.ASKRFP@dcf.nj.gov
April 12, 2022	**Deadline for Receipt of Applications by 12:00PM**

Proposals received after 12:00 PM on **April 12, 2022** will **not** be considered.

All proposals must be delivered ONLINE:

To submit online, applicant must submit an AOR form. The AOR form must be completed and sent to DCF.ASKRFP@dcf.nj.gov

Authorized Organization Representative (AOR) Form:

https://www.nj.gov/dcf/providers/notices/AOR.doc

Once the AOR is submitted and the applicant is granted permission to proceed, instructions will be provided for submission of the proposal.

Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an 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 recommended that you submit your application as one PDF document. If 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 applications 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 application is complete in its entirety, including all required attachments and appendices.
d) The application conforms to the specifications set forth in the RFP.

2. Qualification/Proposal Review Process

Upon completion of the initial screening, applications meeting the requirements of the RFP will be distributed to the DCF RFP 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 application if such absence affects the ability of the committee to fairly judge the application.

DCF will convene an Evaluation Committee in accordance with existing regulation and policy. The Committee will review each application with the established criteria outlined in this document. The members of the DCF RFP Evaluation Committee will review the applications and deliberate as a group to determine the final qualification decisions.

The Department also reserves the right to reject any and all applications 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 qualify the provider.

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.

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

All Applicants must respond to the *Psychiatric Community Home Vignette* as **Attachment 2** as an appendix.

The successful Applicants must comply with the **Federal Requirements** of 2CFR 200.317. **See Attachment 3 on DCF website.**

All 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**.

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

All 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 must submit a signed Notice of Standard Contract Requirements, Processes, and Policies as attached as **Exhibit E**.

All Applicants must submit a signed Attestation-Public Law P.L. 2021, c.1 Attestation Form for Providers with DCF Contracts as attached as **Exhibit F**.

The successful Applicants must comply with confidentiality rules and regulations related to the participants in this program including but not limited to:

1. Applicants must comply with 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records.
2. Keep client specific and patient personal health information ("PHI") and other sensitive and confidential information confidential in accordance with all applicable New Jersey and federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
3. Recognize and understand that case information is mandated by N.J.S.A. 9:6-8.10a to be kept confidential and the release of any such information may be in violation of state law and may result in the conviction of individuals for a disorderly person's level offence as well as possibly other disciplinary, civil or criminal actions pursuant to N.J.S.A. 9:6-8.10b.

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.

All 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 an application. 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, Applicants may request a Post Award Review by contacting: DCF.ASKRFP@dcf.nj.gov. All Post Award Reviews will be conducted by appointment.

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).

Award 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:

Applicants must submit a narrative that addresses the following criteria below.

In conjunction with DCF's review of the narrative descriptions you insert under each numbered subsection below, DCF will assess the documents you submitted with your response to this opportunity. DCF will determine the score for each section based on the

quality, completeness, and accuracy of both the narrative descriptions and the documents it deems to be relevant.

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. There is a **25-page limitation** for the narrative portion of the proposal. The font shall be no smaller than 12 points in Arial or Times New Roman. 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. Annex B budget pages, and attachments 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 details on the out of home treatment program you are seeking to convert to a PCH. You must include the program names and addresses, the IOS number of beds and the Level of Occupancy for 2020 and 2021.

2) Describe how this initiative is consistent with your mission and vision, and priorities.

3) Describe how this initiative fits with existing initiatives/programming in your organization.

4) 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/

5) 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.

6) Describe how the requirements of this initiative will be met through your policies implementing trauma informed practices.

- **Include <u>written policies</u> implementing trauma informed practices, if available.**

7) 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 techniques that will be utilized, roles 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 any consultant agreements**, **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. **Failure to present a detailed plan that ensures**

minimal disruption to youth leaving the program proposed for conversion may result in a rejection of the proposal.

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

13) 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.**

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:

     - Evidence based treatment approaches to nurturing emotional and behavior regulation in individual, family and group therapy and the therapeutic milieu
     - Crisis management including, but not limited to, suicide prevention
     - Cultural Competence
     - Information Management Decision Support Tools (IMDS)
     - Continuous Quality Improvement
     - Human Trafficking Identification
     - Trauma informed care
     - Nurtured Heart Approach
     - Nurturing and incorporating youth and family voice
     - Gang Involvement

- Understanding the therapeutic management of co-occurring disorders
- 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)
- Reporting and management of unusual incidents per AO 2:05 (2004) and the Addendum (2005) available promulgated by the NJ Department of Human Services
- HIPAA: The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191, and regulations promulgated by the United States Department of Health and Human Services, 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

- **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.

- **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 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. If applicable, as part of the appendix**.
- **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.**

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 $672.43/day (base rate) or $687.43/day (accredited rate) per 5 bed programs, 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 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 $62,728 per accredited 5-bed programs
- 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/

A description of General and Administrative Costs are available at:
https://www.nj.gov/dcf/providers/notices/request/

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 2 and develop a maximum one-page response to the questions.

The applicant's 1-page response shall be submitted as Attachment #2 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. Attachments do not count towards the narrative page limit.

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

		Part I: Proposal
1	☐	**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	☐	**Table of Contents** – Please number and label with page numbers if possible in the order as stated in Part I & Part II
3	☐	**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)** **75 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	☐	**Budget Narrative** (See Budget Section) **(10 points)**
5	☐	**Summary of Reduction of Seclusion and Restraint Use** (Max 3 pages) (**5 points)**
6	☐	**Attachment 2 Response to Specialty RFP Vignette** (Max 1 page) **(10 points)**
7	☐	**Corrective action plans and licensing reports** requested by IAIU 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	☐	**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.**

		• 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	☐	Provide details around any **licensure violations** in the past 12 months.
10	☐	**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	☐	**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	☐	Current **Agency-Wide Organization Chart**
13	☐	**Policy or procedures regarding timelines; program operations; and staff responsible for admission, orientation, assessment, engagement, treatment planning, and transition planning**
14	☐	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	☐	**Consultant agreements**, **letters of affiliation and proposed Student-School Service Provider contracts if graduate students will be involved in the provision of care**
16	☐	Attach **Curricula Table of Contents** for age, gender, and developmentally appropriate psycho-educational groups **including those focused on wellness and recovery**
17	☐	**Summary of any evaluation tools** that will be used to determine the effectiveness of the program services – limit 5 pages
18	☐	**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	☐	A copy of the letter from the **accrediting body** regarding the agency's **accreditation status**. If not applicable, include a written statement.
20	☐	**Policy** regarding engaging and sustaining the involvement of family and/or natural supports
21	☐	**Policy or Procedures** regarding community-based activities
22	☐	**Attestation** signed and dated by the CEO or equivalent-**Attachment 1 Attestation of Minimum Staffing Requirements and "No Eject/No Reject Policy Stipulations**
23	☐	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
24	☐	**Safe-Child Standards Description** of your agency's implementation of the standards (no more than 2 pages)
25	☐	**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
26	☐	**Policies implementing trauma informed practices**, if available.
27	☐	**Staffing patterns**
28	☐	**Letter of commitment or MOU** (if relevant to your program) If not applicable, include a written statement.
29	☐	**Curricula Table of Contents for current and proposed training**
30	☐	**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/

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

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

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. l7:27-5.2.

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. 4-1-2021

CSOC Pre-Award Documents
Required to be Submitted with a Response to an RFP

	▶	CONTRACT DOCUMENTS TO BE SUBMITTED ONCE WITH THE RESPONSE:
1	☐	**Standard Language Document** (SLD) (signed/dated) [Rev. 7-2-19] Form: https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
2	☐	**Business Associate Agreement/HIPAA** (signed/dated under Business Associate) [Rev. 8-2019] Form: https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx
3	☐	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	☐	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	☐	**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	☐	**Disclosure of Investment Activities in Iran** (signed/dated) [Rev. 2-1-21] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf
7	☐	**Ownership Disclosure** (signed/dated) [Rev. 2-22-21] Website: https://www.nj.gov/treasury/purchase/forms.shtml Form: https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf
8	☐	**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	☐	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	☐	**Agency By Laws** -or- **Management Operating Agreement** if a LLC
11	☐	**Certificate of Incorporation** Website: https://www.nj.gov/treasury/revenue/
12	☐	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	☐	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	☐	**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	☐	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	☐	**Affirmative Action Certificate** --or-- **Renewal Application** [AA302] sent to Treasury with payment. Note: 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	☐	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	☐	**Tax Forms – Full Return Required** Non Profit **Form 990** Return of Organization Exempt From Income Tax -or- For Profit **Form 1120** US Corporation Income Tax Return -or- LLC **Applicable Tax Form** and may delete or redact any SSN or personal information
19	☐	Proposed **Organizational Chart** for services required by this response – Ensure chart includes the agency name and current date
20	☐	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	☐	**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	☐	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

CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:
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)
Annex A Addendum (for each program component) - submitted online in CYBER (signed/dated)
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.
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
For Cost Reimbursement Contract Components Including Startup: **Schedule of Estimated Claims** (SEC) (signed/dated) CSOC Form: Provided by contract administrator, if applicable
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
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
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.
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.
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
For Medicaid Paid Programs: **Medicaid Provider Enrollment Application** (signed/dated) Form: Provided by CSOC, if applicable

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

CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & ANNUALLY UPDATED THEREAFTER:

Annual Report to Secretary of State
Website: https://www.njportal.com/dor/annualreports

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. Note: The $50,000 threshold includes fee-for-service reimbursements made via Medicaid.

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

For Each Site Hosting Youth: 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.

Liability Insurance (Declaration Page/Malpractice Insurance) Note: 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

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. Note: 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.

For Each Site Hosting Youth: 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/

Most recent **Audit -or- Financial Statement** (certified by accountant or accounting firm) Audit: For agencies expending over $100,000 in combined federal/state awards/contracts -or- Financial Statement: 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]
For Cost Reimbursement Contract Components Including Startup: **Report of Expenditures** (ROE) Annex B Interim (15 days of end of 6th 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
For Each Site Hosting Youth - Copy of **Accreditation** {Joint Commission, COA, CARF} as applicable (required annually and as amended). 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 ONSITE BY PROVIDER:
Agency Organizational Chart
Copy of Most Recently Approved **Board Minutes**
Personnel Manual and **Employee Handbook** (include staff job descriptions)
Affirmative Action Policy/Plan
Conflict of Interest Policy and **Attestation** https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf
Procurement Policy https://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf

EXHIBIT E

Notice of Standard Contract Requirements, Processes, and Policies

I. Instructions:

Please carefully read all the information on these page(s) and then sign, scan, and email this executed document to: OfficeOf.ContractAdministration@DCF.NJ.Gov

II. Organizations awarded contracts are required to comply with:

A. the terms and conditions of the Department of Children and Families' (DCF) contracting rules and regulations as set forth in the Standard Language Document (SLD), or the Individual Provider Agreement (IPA), or Department Agreement with a State Entity. Contractors may view these items on the internet at: https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc;

B. the terms and conditions of the policies of the Contract Reimbursement Manual and the Contract Policy and Information Manual. Contractors may review these items on the internet at: https://www.nj.gov/dcf/providers/contracting/manuals;

C. all applicable State and Federal laws and statues, assurances, certifications, and regulations;

D. the requirements of the State Affirmative Action Policy, N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27;

E. the laws relating to Anti-Discrimination, including N.J.S.A 10:2-1, Discrimination in Employment on Public Works; and

F. the confidentiality rules and regulations related to the recipients of contracted services including, but not limited to:

1. Compliance with 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records.
2. Maintenance of client specific and patient personal health information (PHI) and other sensitive and confidential information in accordance with all applicable New Jersey and Federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
3. Safeguarding of the confidentiality of case information as mandated by N.J.S.A 9:68.10a with the understanding that the release of any information may be in violation of State law and may result in the conviction of individuals for a

disorderly person's level offense as well as possibly other disciplinary, civil or criminal actions pursuant to N.J.S.A. 9:6-8.10b.

4. Ensuring the content of every contractor's web site protects the confidentiality of, and avoids misinformation about the youth served and provides visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.

III. Organizations awarded contracts are advised:

A. As noted in Section 5.12 of the SLD, or in Section 5.03 of the IPA, the initial provision of funding and the continuation of such funding under this contract is expressly dependent upon the availability to DCF of funds appropriated by the State Legislature and the availability of resources. Funds awarded under this contract program may not be used to supplant or duplicate existing funding. If any scheduled payments are authorized under this contract, they will be subject to revision based on any audit or audits required by Section 3.13 Audit of the Standard Language Document (SLD) and the contract close-out described in: Contract Closeout - CON-I-A-7-7.01.2007 (nj.gov)

B. All documentation related to products, transactions, proof of services and payments under this contract must be maintained for a period of five years from the date of final payment and shall be made available to the New Jersey Office of the State Comptroller upon request.

C. Any software purchased in connection with the proposed project must receive prior approval from the New Jersey Office of Information Technology, and any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

D. Any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

E. Contractors shall maintain a financial management system consistent with all of the requirements of Section 3.12 of the SLD of the IPA.

F. As defined in 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. §1320 b-8 to serve in this State.

G. DCF endorsed the Prevent Child Abuse of New Jersey's (PCANJ) Sexual Abuse Safe-Child Standards (Standards) as a preventative tool for contractors working with youth and children to reference when implementing policies and procedures to minimize the risks of the occurrence of child sexual abuse. The Standards are available on the internet at: https://www.nj.gov/dcf/SafeChildStandards.pdf

H. NJ Rev Stat § 9.6-8.10f (2017) requires the Department of Children and Families (DCF)to conduct a check of its child abuse registry for each person who is seeking employment in any facility or program that is licensed, contracted, regulated, or funded by DCF to determine if the person is included on the child abuse registry as a substantiated perpetrator of child abuse or neglect. Contractors are to utilize the Child Abuse Record Information (CARI) Online Application to set-up a facility account by visiting: https://www.njportal.com/dcf/cari

I. DCF staff may conduct site visits to monitor the progress and problems of its contractors in conforming to all contract requirements and in accomplishing its responsibilities. The contractor may receive a written report of the site visit findings and may be expected to submit a plan of correction, if necessary, for overcoming any problems found. Corrective Action Plan (CAP) requirements, timeframes and consequences are explained on the internet at: https://www.nj.gov/dcf/policy_manuals/CON-I-A-8-8.03_issuance.shtml

J. Contractors must have the ability to maintain the full operations census specified in the contract, and to submit timely service reports for Contracted Level of Service (CLOS) utilization in the format and at the time DCF requests.

K. Contractors awarded contracts must have the ability to achieve full operational census within the time DCF specifies. Extensions may be available by way of a written request to the Contract Administrator, copied to the DCF Director managing the contracted services.

L. As noted in Section 4.01 of the SLD or the IPA, DCF or the contractor may terminate this contract upon 60 days written advance notice to the other party for any reason whatsoever.

M. DCF will advise contractors of the documents and reports in support of this contract that they must either timely submit or retain on-site as readily available upon request. The contractor also shall submit all required programmatic and financial reports in the format and within the timeframes that DCF specifies as required by Section 3.02 of the SLD or IPA. Changes to the information in these documents and reports must be reported to DCF. Contractors are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed the NJ Department of Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms. Failure to timely submit updated documentation and required reports may result in the suspension of payments and other remedies including termination.

IV. Organizations awarded contracts for the provision of certain types of services additionally shall be aware of the following:

A. If services are provided at licensed sites, contractors must meet all NJ Department of Children and Families and other applicable Federal Licensure Standards.

B. If services are paid with Medicaid funds, contractors 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, within prescribed times.

C. If services are paid with federal funds (including Medicaid funds), contractors must adhere to the provisions set forth in the Rider for Purchases funded in whole or in part, by federal funds. https://www.nj.gov/dcf/providers/contracting/forms/RIDER-For-Purchases-Funded-by-Federal-Funds.pdf

D. If services are provided by programs licensed, contracted or regulated by DCF and provide services to individuals with developmental disabilities, contractors must comply with:

1. the Central Registry of Offenders against individuals with Developmental Disabilities law, N.K.S.A 30:6D-73 et seq (Individuals on the Central Registry are barred from working in DCF-funded programs for persons with developmental disabilities. If you are not registered to access the Central Registry, DCF will facilitate the qualified applicant's registration into this system); and

2. Danielle's Law: (https://www.state.nj.us/humanservices/dds/documents/fireprocurement/ddd/Danielle%27s%20Law.pdf)

E. If services are to be administered by the Contracted System Administrator (CSA), contractors must conform with, and provide services under, protocols that include required documentation and timeframes established by DCF and managed by the CSA. The CSA is the single point of entry for these services and facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems. Contractors of these services will be required to utilize "Youth Link", the CSOC web-based out-of-home referral/bed tracking system process to manage admissions and discharge after being provided training.

F. If services are to be provided to youth and families who have an open child welfare case due to allegations of abuse and neglect, then contractors shall deliver these services in a manner consistent with the DCF Case Practice Management Plan (CPM) and the requirements for Solution Based Casework (SBC), an evidence-based, family centered practice model that seeks to help the family team organize, prioritize, and document the steps they will take to enhance safety, improve well-being, and achieve permanency for their children. SBC provides a common conceptual map for child welfare case workers, supervisors, leadership, and treatment providers to focus their efforts on clear and agreed upon outcomes. DCF may require contractors to participate in DCF sponsored SBC training, and to be involved in developing plans with the consensus of other participants, incorporating the elements of the plans into their

treatment, participating in Family Team Meetings, and documenting progress and outcomes by race, age, identified gender, and other criteria DCF deems relevant and appropriate.

G. If services provided under a DCF contract are for mental health, behavioral health, or addictions services by a contractor with at least 10 regular full-time or regular part-time employees who principally work for the contractor to provide those services, then P.L. 2021, c.1 (C30:1-1.2b) requires the contractor to:

    1. submit no later than 90 days after the effective date of the contract an attestation: (a) signed by a labor organization, stating that it has entered into a labor harmony agreement with such labor organization; or (b) stating that its employees are not currently represented by a labor organization and that no labor organization has sought to represent its employees during the 90-day period following the initiation or renewal of the contract; or (c) signed by a labor organization, stating that it has entered into an agreement or binding obligation to be maintained through the term of the contract that provides a commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (C30:1-1.2c). The required attestation is submitted to ensure the uninterrupted delivery of services caused by labor-management disputes and is a condition of maintaining a DCF contract. The failure to submit it shall result in DCF's issuance of a financial recovery and a Corrective Action Plan (CAP). Should the contractor not adhere to the terms of the CAP, DCF shall cancel or not renew the contract upon obtaining a replacement contractor to assume the contract or otherwise provide the services. An extension of the 90-day deadline shall be warranted if a labor organization seeks to represent a contractor's employees after the contract is renewed or entered into, but within the 90-day period following the effective date of the contract. The Commissioner of DCF may review any interested person's report of a failure by the contractor to adhere to these requirements and upon finding that a covered contractor failed to adhere to the requirements shall take corrective action which may include a CAP, financial recovery and cost recoupment, and cancelling or declining to renew the contract. Should the covered contractor fail to engage in or complete corrective action, the Commissioner of DCF shall cancel or decline to renew the contract; and

    2. make good faith efforts to comply with COVID-19 minimum health and safety protocols issued by DCF to adequately ensure the safety of the contractors, employees, and service recipients as per Section 4 of P.L., c.1 (c.30:1-1.2b) until the 366th day following the end of the public health emergency and state of emergency declared by the Governor in Executive Order No. 103 of 2020. The Commissioner of DCF shall take into account, prior to awarding or renewing any contract, any prior failures reported by any interested party to demonstrate a good faith effort to contain, limit, or mitigate the spread of COVID-19 among the covered contractor's employees or service recipients and require at a

minimum the submission of a CAP to contain, limit, or mitigate the spread of COVID-19 cases. Should the contractor fail to implement a plan or repeatedly fail to demonstrate good faith efforts to contain, limit, or mitigate the spread of COVID-19, the Commissioner shall take action, including financial penalties or cancellation or non-renewal of the contract.

H. If the employees of a contractor or its subcontractor enter, work at, or provide services in any state agency location, then they are covered by Executive Order No. 271 (EO 271), which was signed and went into effect on October 20, 2021. A covered contractor must have a policy in place: (1) that requires all covered workers to provide adequate proof, in accordance with EO 271, to the covered contractor that the covered worker has been fully vaccinated; or (2) that requires that unvaccinated covered workers submit to COVID-19 screening testing at minimum one to two times weekly until such time as the covered worker is fully vaccinated; and (3) that the covered contractor has a policy for tracking COVID-19 screening test results as required by EO 271 and must report the results to local public health departments. The requirements of EO 271 apply to all covered contractors and subcontractors, at any tier, providing services, construction, demolition, remediation, removal of hazardous substances, alteration, custom fabrication, repair work, or maintenance work, or a leasehold interest in real property through which covered workers have access to State property. EO 271 excludes financial assistance; contracts or sub-contracts whose value is less than the State bid Advertising threshold under N.J.S.A. 52:34-7; employees who perform work outside of the State of New Jersey; or contracts solely for the provision of goods.
I. If a contract includes the allocation and expenditure of COVID-19 Recovery Funds, then it is covered by Executive Order No. 166 (EO166), which was signed by Governor Murphy on July 17, 2020. The Office of the State Comptroller ("OSC") is required to make all such contracts
available to the public by posting such contracts on the New Jersey transparency website developed by the Governor's Disaster Recovery Office (GDRO Transparency Website).

By my signature below, I hereby confirm I am authorized to sign this document on behalf of my organization. I have read, understand, and have the authority to ensure my organization will comply with the terms and conditions of providing services under my contracts with DCF as described in the text and referenced documents above. The terms set forth in this document govern all executed contracts with DCF and contracts to be entered into with DCF in the future.

Signature _____ **Date:** _____

Printed Name: _____ **Title:** _____

Exhibit F

Public Law P.L. 2021, c.1 Attestation Form for Providers with DCF Contracts

ALL DCF Providers must sign, scan, and email this executed document to:
OfficeOf.ContractAdministration@Dcf.nj.us

By my signature below, I hereby confirm I am authorized to review and sign this document on behalf of my organization. I additionally confirm:

_____(1) my organization **is not** an entity entering into or renewing a contract or contracts with the Department of Children and Families to provide mental health, behavioral health, or addiction services that employs more than 10 regular full-time or regular part-time employees who principally work for the organization to provide the contracted services as defined in Public Law P.L. 2021, c.1 [if you select this response, please return the signed form as noted above].; OR

_____(2) my organization **is** such an entity and in compliance with Public Law P.L. 2021, c.1., I therefore must submit within the 90-day period following the initiation or renewal of our DCF contract(s) either:

A. An attestation:

_____signed by a labor organization confirming entry into a labor harmony agreement with such labor organization; **or**

_____stating that our employees are not currently represented by a labor organization and that no labor organization has sought to represent our employees during the 90-day period following the initiation or renewal of our DCF contract(s) after the effective date of this act and up to the time of submission; **or**

_____signed by a labor organization, confirming entry into an agreement or binding obligation to be maintained through the term of the DCF contract that provides a commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (C.30:1-1.2c); **or**

B. A notice:

_____from a labor organization confirming it seeks to represent our employees after the expiration of the 90-day period following the effective date of our DCF contract, to be followed no later than 90 days after the date of notice stating that we have entered into:

(1) a labor harmony agreement with the labor organization; or

(2) an agreement or binding obligation to be maintained through the term of the contract that provides a commitment comparable to a labor harmony agreement, as defined in section 4 of P.L.2021, c.1 (C.30:1-1.2c); **and**

C. A COVID-19 health and safety commitment:

I ensure the organization will continue to make a good faith effort to comply with minimum health and safety protocols issued by DCF to adequately ensure the safety of the covered providers'

employees, and service recipients at least through the 366th day following the end of the public health emergency and state of emergency declared by the Governor in Executive Order No. 103 of 2020. These efforts include our adherence to the measures service providers may take to prevent and mitigate exposure to, and spread of, the COVID-19 virus while delivering services, as explained by the DCF Commissioner's issuance of Guidance's published on the DCF website at: https://www.nj.gov/dcf/coronavirus_contractedproviders.html These Guidance's have amended and supplemented, and may continue to amend and supplement, our contract requirements. I additionally represent I am not aware of any prior failures to demonstrate a good faith effort to contain, limit, or mitigate the spread of COVID-19 among the covered provider's employees or service recipients.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Organization Name: _____

ATTACHMENT 1

New Jersey Department of Children and Families
Children's System of Care (CSOC)
Psychiatric Community Home (PCH)
Minimum Staff Requirements and No Eject/No Reject Policy Stipulations Attestation

The following are the minimum staffing credentials and requirements for a DCF contracted provider of these 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 (75% face to face with youth and/or families)	New Jersey board- certified or board-eligible child / adolescent psychiatrist or psychiatric advanced practical nurse, in affiliation with a New Jersey board-certified child / adolescent psychiatrist	•Psychiatric intake assessment & report (within 72 hours) •Initial treatment & safety/soothing plan (within 1st 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 •Psychiatric treatment services, as needed, including routine and emergency psychiatric evaluations, medication evaluations, and prescription adjustments •Psychiatric consultation (including input into the clinical component of an individualized treatment plan developed by the multidisciplinary treatment team) •All of the above must be provided in accordance with the DCF Psychotropic Medication Policy	1.25
NJ Licensed Physician	New Jersey licensed pediatrician or advanced practical nurse in affiliation with a New Jersey board certified pediatrician	•Pediatric assessment will be completed within 24 hours •24/7 availability by contract	

Position	Qualifications	Other Requirements	Hours/ youth/ week
*New Jersey Licensed Clinician (*full-time position(s) dedicated exclusively to the program is expected as a best practice)*	Master's or doctoral degree in counseling, social work, psychology or a related field and a license to practice independently in NJ including LCSW, LMFT, LPC, PsyD, PhD. or Masters level therapist licensed to practice in NJ including LSW and LAC under the on-site supervision of a NJ independently licensed therapist with a documented plan to achieve independent clinical licensure within 3 years.	•Biopsychosocial 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 & safety/soothing plan development, documentation, consultation (within 1st 24 hours) •Initial treatment & safety/soothing plan debriefing w family & youth (within 1st 24 hours) •A substance use screen will be completed (within 72 hours of admission) •Comprehensive treatment & discharge plan development documentation and consultation (within 1st week) •Individual therapy utilizing an evidence-based practice (weekly) •Group therapy (weekly) •Family therapy w family of origin or natural supports utilizing an evidence-based practice (weekly) •Face-to-face contact and "check-in" with each youth (daily) •IMDS assessment review & update (monthly) •Attend & direct treatment team meeting (monthly) •Must be available by telephone for emergencies [emergency consultation] •75% of each clinical hour must be face-to-face clinical interaction with youth and family; 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.	10

Position	Qualifications	Other Requirements	Hours/ youth/ week
Allied Therapist	Licensed, credentialed, or certified, where applicable. (must follow the requirements for screening/background checks)	•Recreation/leisure assessment and report (within 1st week) •Allied activities that are based on the cognitive and emotional needs of the youth in the milieu and require identified outcome measures •Allied therapists must provide youth with 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 number of hours per week of clinical services delivered by clinicians. Direct care staff qualified to deliver Allied may not do so while also providing direct supervision.	6

Position	Qualifications	Other Requirements	Hours/ youth/ week
Nurse / Health Educator (Minimum 30% delivered by RN)	Nurse-health educator/registered nurse (RN) or a licensed practical nurse (LPN), under the supervision of an RN, with a current NJ registered nursing license and one year of direct care nursing experience with children.	•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 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 •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 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). Health education is defined as the practice of educating youth about topics of health. Areas within health education encompass environmental health, physical health, 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 a particular program's age and gender population and related health needs.	2.5
Dietitian		• 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*	.5*
Psychologist	New Jersey licensed psychologist **or** NJ licensed child adolescent psychiatrist with PhD, PsyD, or Ed.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 *	2*

Position	Qualifications	Other Requirements	Hours/ youth/ week
Direct care milieu staff	Bachelor's level practitioner or high school graduate with 3 or more years of 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) •Provide pre-vocational skills training including Ansell Casey or Botvin Life Skills training: 5 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 bachelor level direct care staff and/or bachelor level case managers (e.g. part of case manager's on-site family psycho-educational activities).	84

Position	Qualifications	Other Requirements	Hours/ youth/ week
Case Management	Bachelors level case manager with 3 or more years of relevant experience or an unlicensed master's level practitioner 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. •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 bachelor's level direct care staff and/or bachelor's level case managers (e.g., part of case manager's on-site family psycho-educational activities). •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) •If case management is delivered by clinicians, direct care milieu staff, or other qualified 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 and must be documented accordingly. It is the provider's responsibility to ensure a process is in place for all individuals involved in case management to properly document their work in each youth's record.	5
<u>Other</u>: Service/ Program Director (full-time dedicated 100% exclusively to this program)	Full-time service/program director dedicated exclusively to this program with a Clinically based master's degree and three (3) years post M.A. experience (at least one year of which shall be in a supervisory capacity)	•Attend monthly treatment team meetings; oversee all quality assurance/program improvement activities w/focus on attaining bench-mark activities for all direct care staff •Provide on-site support and oversight exclusively to program •Supervise milieu staff and schedules	

<u>Contracted staff to youth ratio</u>:

➢One (1) direct care milieu staff for every three (3) youth must be maintained at all hours

Position	Qualifications	Other Requirements	Hours/ youth/ week

- Provision of 1:1 supervision as needed; required supervision ratios must be maintained during crisis situations.

- Minimum of two (2) awake staff whenever youth are present – including while youth are asleep, and while on community trips. Each youth must be supervised unless specified otherwise in the treatment plan.

- A minimum of two direct care milieu staff members must be present and awake providing supervision to youth whenever any youth are present, and available to provide 1:1 supervision as needed. Awake staff in the home/dwelling/unit that may provide additional supervision support during crisis situations include the following titles: program directors, house managers, program coordinators, clinicians/therapists, case managers, and health care providers. These staff must be certified in any approved therapeutic holds or de-escalation techniques and trained to provide direct care duties. The time professionals are contractually required to provide treatment services is not reduced by the time they provide additional supervision support in the home. These professionals may not serve in lieu of the minimum required two direct care milieu staff.

Additional Clarifications:

- Minimum staff requirements apply to each contracted program and it is not permissible to satisfy these requirements by floating staff among different contracted programs.
- Providers of this intensity of service must maintain site specific accreditation from one of the following accrediting bodies: The Joint Commission (TJC), Council on Accreditation (COA), The Commission on Accreditation of Rehabilitation Facilities (CARF).
- Providers of this intensity of service shall ensure crisis prevention, stabilization, and interventions are reflective of CSOC's commitment to the Nurtured Heart Approach and Six Core Strategies to Reduce Seclusion and Restraint.

No Eject/No Reject Policy Stipulations:

- Provider will accept all referrals designated by the CSA and/or the Office of Residential Services (ORS) 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
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. DCPP 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)