



**REQUEST FOR PROPOSALS
FOR
RESIDENTIAL TREATMENT SERVICES (RTC)
INTENSITY OF SERVICES (IOS)**

(TOTAL OF 250 BEDS)

**Funding Available up to \$32, 977, 750
Mandatory Bidders Conference: July 20, 2016
Time: 1:00PM
Place: DCF Professional Center
30 Van Dyke Avenue, New Brunswick, NJ 08901**

Deadline for Receipt of Proposals: September 13, 2016 at 12:00 PM

Allison Blake, PhD., L.S.W.

Commissioner

July 6, 2016

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Funding Agency

State of New Jersey
Department of Children and Families
50 East State Street
Trenton, New Jersey 08625-0717

Special Notice: *Potential Bidders must attend a Mandatory Bidder's Conference on July 20, 2016, at 1:00 PM at 30 Van Dyke Avenue, New Brunswick, NJ 08901. Questions will be accepted in advance of the Bidders Conference. They may be submitted via email to DCFASKRFP@dcf.state.nj.us on or before July 19, 2016 at 12:00 PM. Technical inquiries about forms and other documents may be requested anytime.*

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families' (DCF) announces the availability of funding for the purpose of providing out of home treatment services. Annualized funding is available up to \$32, 977, 750 and thereafter if the contract is renewed and funding is available. To that end, DCF is seeking proposals from private or public not-for-profit entities and for profit organizations to provide Residential Treatment Center (RTC) Intensity of Service (IOS) program to youth ages 7 through 17 who present with severe and persistent challenges in social, emotional, behavioral, and/or psychiatric functioning. This RFP is open to existing RTC providers, as well as new providers.

DCF will award through this RFP a total of 250 RTC IOS beds. Fifty (50) of the 250 beds will result in the integrated care for youth with co-occurring behavioral and substance use challenges by providers via the "co-occurring" RTC IOS. Service requirements also will reflect the current CSOC initiative to reduce the use of seclusion and restraints, and to provide interventions thoroughly imbued with trauma and self-regulating care.

The goal is to create a service environment with professional competencies to maintain a treatment milieu that is clinically relevant to youth with behavioral health challenges. This announcement seeks to maximize the utilization of the RTC IOS through a transparent and contracted clinical model paired with a rate structure consistent with national best practices.

Applicants must provide details regarding operations, policy, procedures, and implementation of their proposed program (s).

CSOC requires that awarded programs will be Joint Commission, COA, or CARF accredited or, if not currently accredited, achieve accreditation within twenty four (24) months of award.

Programs shall be operational within 120 days of being awarded. Extensions may be granted by way of written request to the CSOC Assistant Commissioner. Awards are subject to be rescinded if not operationalized within 6 months of RFP award.

Special Note: Existing RTC IOS providers whose per diem rate is less than \$350 are required to respond to this RFP if they wish to continue providing this service as part of CSOC continuum of care. If an existing program is not awarded the beds, a transition plan will be developed.

B. Background:

The Department is charged with serving and safeguarding the most vulnerable children and families in the State and our mission is to ensure the safety, well-being, and success of New Jersey's children and families. Our vision statement is to ensure a better today and even greater tomorrow for every individual we serve.

Out of home treatment is a time-limited intervention aimed at stabilizing identified behaviors and addressing the underlying factors that may have influenced the etiology of these behaviors so that the youth may safely return home or to a non-clinical setting with as little disruption to his/her life as possible. The RTC IOS provides 24-hour all-inclusive clinical services in nurturing and comfortable therapeutic settings. Youth receive individualized clinical interventions, psychopharmacology services (when applicable), education, medical services, and specialized programming in a safe, controlled environment with a high degree of supervision and structure. Treatment primarily provides rehabilitative services including, but not limited to, social, psychosocial, clinical, medical, and educational services. The purpose of RTC IOS is to engage the youth to address clearly identified needs, stabilize symptomology, enhance functionality and prepare the youth for fulfillment and self-determination in a less restrictive environment. The goal of RTC IOS is to create a safe, holistic, consistent, and therapeutically supportive environment with a comprehensive array of services that will assist the youth with acquiring, retaining, and improving the behavioral, self-help, socialization, and adaptive skills needed to achieve objectives of improved health, welfare, and the realization of individuals' maximum physical, social, psychological, and vocational potential for useful and productive activities in the home and community. The ultimate goal is to facilitate the youth's reintegration with their family/caregiver and community or in an alternative non-clinical community setting.

The Children's System of Care, within DCF, has sought to better develop out of home clinical services for youth and their families in a variety of ways. CSOC researched and established a rate setting methodology that delineates critical elements of out of home services and market-based rates for each service element. CSOC serves children, youth, and young adults with a wide range of challenges associated with emotional and behavioral health, intellectual/developmental disabilities, and substance use. CSOC is

committed to providing these services based on the individualized need of each child and family within a system of care approach that is strength-based, culturally competent, family-centered, and in a community-based environment.

C. Services to be Funded:

The applicant is expected to provide a comprehensive array of therapeutic supports and services as outlined throughout this RFP for RTC IOS and Co-occurring RTC-IO (these beds will provide integrated care for youth with co-occurring behavioral and substance use challenges).

The all-inclusive per diem rate for RTC IOS is \$350.

The all-inclusive per diem rate for co-occurring RTC IOS is \$407.

- Only current RTC providers (including those that wish to maintain their current contract by converting to the delivery model as outlined in this RFP) will have the option to provide a co-occurring model as outlined in Table #1, by either repurposing their existing beds or by creating new program.
- Applicants may provide these co-occurring services for up to 20% of their total contracted beds (minimum of 5). Co-occurring services will not be awarded in the context of the fifteen-bed Hub Model.

Current RTC providers receiving less than \$350 per diem for their current contracted services must, at a minimum, propose to **convert** their current services to the upgraded deliverables described in this RFP in exchange for the \$350 per diem rate. These current RTC providers may submit proposals that maintain their existing configuration of currently contracted beds, and can bid for additional beds above the contracted capacity only within the context of a community based five (5) bed house (s) or a fifteen (15) bed hub model as outlined in Table #2.

DCF/CSOC will reserve the right to distribute beds accordingly. All current RTC providers, as well as applicants who are not current RTC providers, may submit proposals to develop new community based five-bed programs or a fifteen (15) bed hub program.

CSOC will end the contract of any RTC provider who currently provides RTC services for less than \$350 per diem rate if that provider fails to win beds in response to this RFP. If an existing program is not awarded the beds, a transition plan will be developed.

Scope of Populations Served:

Age Range: ages 7-17

Gender: Males, Females, or Both

Site Location: Statewide (no regional preferences)

Education: Classified and Non Classified

The proposals shall address the ages and gender stated above. Existing CSOC contracted RTC providers shall submit proposals that are representative of the current populations served.

After award, DCF reserves the right and option to permit and require that additional or alternate age and gender groups be served upon appropriate notice and subject to licensing and any other legal requirements.

Duties and Obligations

CSOC will support awardees that successfully operationalize the principles of needs driven, individualized, and family focused care that display sustainable progress throughout the course of treatment. Applicants must fully describe the process by which they engage both families and youth before, during, and after admission to the program. Models of service delivery that promote the persistence and creativity of professional staff are valued.

Service delivery models must pay particular attention to ensure youth have a stable, familiar, consistent, safe, and nurturing experience within a context of a holistic care approach. Applicants can demonstrate this attention in their descriptions of staffing patterns, how they intend to recruit and retain staff (particularly milieu staff), site design and utilization, and the type, scope, and frequency of family involvement. Services that are demonstrated as effective through research, evidence-based, and trauma-informed, are strongly encouraged. Applicants are to provide a detailed implementation and sustainability plan for the modality chosen. This plan should include capacity building strategies to ensure staff competency (training and ongoing coaching/supervision) and organizational understanding and commitment across the entire agency (including leadership and administrative staff).

All services and interventions must be directly related to the goals and objectives established in each youth's Individualized Service Plan (ISP). 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 Joint Care Review (JCR). Family integration into treatment through meaningful engagement is necessary to transfer newly learned skills from the RTC setting to the home environment.

The JCR shall identify the youth's interests, preferences, and needs in the following areas, as determined appropriate by the youth, family, and other members of the Child/Family Team (CFT):

- physical and emotional well-being;
- risk and safety factors;
- medical, nutritional, and personal care needs;
- adaptive and independent living abilities;

- vocational skills;
- cognitive and educational abilities;
- recreation and leisure time;
- community participation;
- communication, religion and culture;
- social and personal relationships, and
- other areas important to the youth and their family.

Treatment modalities will focus on assisting the youth in achieving developmentally appropriate autonomy and self-determination within the community, while improving their functioning, participation, and reintegration into the family home or transitioning to an alternate out of home living situation.

As the CSOC out-of-home treatment settings have been transformed over time, the therapeutic approach must also be transformed from an institutional approach to that of “interpersonal” in the group or milieu setting (See footnote 1, Yalom, 2002). Individualized care must assume a greater focus and frame of reference on the realities of a youth’s life, understanding her/his life in context as an effort to address the etiology of the youth’s symptoms and behaviors instead of containment. The individualized care should assume a dynamism that can address the implicit experiences of the youth, working towards ameliorating the implicit inner conflicts as contrasted with the explicit and external events. While programs are encouraged to utilize evidenced-based practices, they should also be flexible and avoid “secularism” in favor of “therapeutic pluralism”¹.

CSOC is particularly concerned with the treatment and regulation of trauma and the sequelae of trauma that affect so many of our youth. Applicants shall articulate the regulation and self-regulation of behaviors that impede and support healthy attachments. Supporting youth in their efforts to regulate their stress response and behavioral symptoms alone is not sufficient, however, and applicants must also describe models of intervention that understand and actively treat underlying trauma issues. For example, youth with physically aggressive behaviors are often addressed with additional or altered staffing patterns, changes to youth’s schedule, and more careful regulation and self-regulation of the youth’s movements and interactions with others, etc. Assisting youth in learning how to transform themselves and regulate their own actions and manifest behaviors is necessary and an important aspect of serving youth well in a safe, attractive, inviting, and supportive milieu.

While individuals may exhibit overt symptoms of trauma, others may exhibit symptoms of implicit trauma. Implicit trauma indicators are reflective of situations and experiences that may not result in an explicit memory of a specific traumatic event and/or manifest reactive behaviors. Such indicators may include, but are not limited to, in utero/infant trauma, adoption, caregiver terminal illness, caregiver separation/grief/loss, cultural trauma, multiple placements, and multiple system involvement. However, these experiences are prone to cause reaction by the individual at some point and thus should be considered during the assessment and treatment planning process. Applicants shall

articulate how both explicit and implicit trauma will be addressed within the context of staff support and assessment/treatment. Applicants shall demonstrate, for example, how the relationships with milieu staff (as supported through team structure, supervision, the development of verbal de-escalation methods, restraint reduction initiatives, and a staffing pattern that is comprised of a core team of well-trained, experienced full-time direct care milieu staff who are dedicated to this program) will help youth move from being merely “managed” to engaging in transformational treatment. This RFP asks applicants to consider the continuum of care from initial engagement to treatment until a successful return to the community.

This continuum is fluid. Seasoned providers will recognize that many strategies are directly linked to treatment approaches and interventions. Applicants are asked to fully articulate their engagement and treatment model.

The RTC IOS (and the co-occurring RTC IOS) addresses youth’s individualized needs through cyclical assessments, services, and treatment that focus on identified strengths and the development of social skills, problem solving, and coping mechanisms. All interventions must be directly related to the goals and objectives established by the Child Family Team (CFT) process in coordination with the multidisciplinary treatment and care plan. Applicants are asked to fully articulate their ability to integrate the CFT into the treatment process as full and equal participants. Applicants are asked to fully articulate their plan to collaborate with Care Management Organizations (CMOs) and DCP&P, as indicated. The awardee must integrate resources for planned, purposeful, and therapeutic activities that encourage developmentally appropriate autonomy within the program setting and the community with the clear vision that this leads to transformation and a smooth transition. Robust interactions based on group psychometrics are encouraged in order to better prepare for a youth’s return to the community. Treatment issues must be addressed by means of a therapeutic milieu, which is fundamental at this intensity of service.

The nature of a youth’s introduction to an out of home treatment program is of paramount importance to the care of the youth and sets the stage for success. In order to achieve optimum success, the out of home provider and the care management entity (CMO) and DCP&P (if applicable), must collaborate to arrange face-to-face meetings between the youth and family at least twice (as deemed feasible) prior to the youth’s admission. This process will assist the youth in becoming acclimated to the program and a new environment. Whenever possible, the provider shall admit youth whose family resides within close proximity to the program in order to promote family involvement.

CSOC firmly believes that the caregiver and family play a crucial role in the health and well-being of children and youth. Families/caregivers/guardians should be actively and creatively engaged by the treating provider(s) at the outset of treatment and throughout the entire planning and treatment process. This practice is necessary in order to create a system of care approach that provides families with the tools and supports pertinent to creating successful and sustainable life experiences for their children.

Throughout the course of treatment, the youth and family should be engaged to explore the factors that led up to out of home treatment and to equip them to actively participate in the treatment planning process designed to meet identified treatment goals. Treatment should not only focus on the youth's treatment needs, but also on family dynamics. Successful clinical engagement of families is essential for the beginning stage of treatment, which includes the youth, family and clinician creating a clinical alliance, developing shared goals and understanding and assessing the areas targeted for change. Clinical engagement strategies are purposeful interventions that are imbedded into the program with the primary goals of therapeutically engaging youth and families into treatment. These strategies are not only the attitude and behavior adopted by the clinician, but are also used at the organizational and treatment delivery levels to further build an engaging environment for youth and families.ⁱⁱ

Families shall be encouraged and supported to participate in the ongoing care of their youth, which includes integral participation in programmatic activities rather than only as visitors. This will afford an opportunity for families to contribute and feel a part of their youth's healing and growth process. This may also present an opportunity for agency staff to model best practices and to provide transition home and into the community by means of the CSOC Intensive In-Community (IIC) Services*.

***Please note:** *CSOC strongly recommends that the awardee become an IIC Provider (<http://www.nj.gov/dcf/providers/csc/iicproviderapplication.html>) in order to better facilitate youth transitions. Ideally, this intervention will commence prior to the transition.*

RTC IOS and the co-occurring RTC IOS may be provided in an ***existing setting or in freestanding, non-institutional settings in the community***. The awardee must provide a welcoming, safe, comfortable, nurturing, and clinical environment. Applicants must demonstrate their ability to fulfill this requirement through their description of staffing patterns, specific staff training, site design and utilization, community affiliation, as well as the type, scope, and frequency of family involvement. Guidelines for the youth's safety shall be reflected in the treatment and care plans.

Capacity to service bilingual and non-English speaking youth is essential. The applicant must demonstrate how they can support care for such youth by affiliation or another methodology. The applicant must clearly specify within this proposal the types of services and staff supports that will be provided. Furthermore, these programs must have the capacity to serve both educationally classified and non-classified youth.

Course and Structure of Treatment:

The RFP requires the establishment of a multi-disciplinary treatment team with required functions. Applicants shall provide detailed information about treatment team members. Additionally, they must describe, through policy and procedures documents,

mechanisms for communication, responsiveness, flexibility, and creativity of treatment teams.

The minimum treatment activities to be provided are described below. Applicants must demonstrate the capacity to meet these minimum requirements.

The treatment team **must** include, but is not limited to, the following individuals:

1. Youth
2. Family members
3. Natural supports as identified and selected by youth and family
4. Psychiatrist
5. Nurse (Supervising RN)
6. Allied Therapist
7. Direct Care milieu staff (both Mental Health and Substance Use, as needed)
8. Educational professionals
9. Licensed clinicians across both Mental Health and Substance Use
10. Program Director
11. CSOC care management entity (Care Management Organization)
12. Child Protection & Permanency (CP&P), if applicable

CSOC is concerned with the utilization of seclusion and restraint in out of home treatment settings. The reduction of seclusion and restraint (S/R) use has been given national priority by the US government and the DCF/CSOC through its SAMSHA Grant. S/R is viewed as a treatment failure rather than a treatment intervention. It is associated with high rates of patient and staff injuriesⁱⁱⁱ and is a coercive and potentially traumatizing and re-traumatizing intervention with no established therapeutic value^{iv}.

The DCF/CSOC is committed to the reduction and ultimate elimination of the use of seclusion and restraints. This RFP requires applicants to describe how they will begin working toward that goal and what methods of de-escalation will be developed and documented. The use of police intervention needs to be clearly defined, as the CSOC understands their potential role, but does not recognize this as a hands-off approach.

The Six Core Strategies for Reducing Seclusion and Restraint Use is an evidence-based model that was developed by the National Association of State Mental Health Program Directors (NASMHPD) and 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^v. Applicants are required to submit as part of the Appendices a summary of no more than three (3) pages that describes how this model will be implemented within their program model. The summary must address the following six core strategies:

- 1) Leadership Toward Organizational Change
- 2) Use of Data to Inform Practice
- 3) Workforce Development
- 4) Use of S/R Prevention Tools

- 5) Consumer Roles in Inpatient Settings
- 6) Debriefing Techniques

Additional information on *The Six Core Strategies for Reducing Seclusion and Restraint Use* can be located via the following link:

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

*The awardee is responsible for participating in the trainings and for the implementation of the **Nurtured Heart Approach*** and **Six Core Strategies to Reduce Seclusion and Restraints** as it is being phased in across the state*

**Offered through CSOC Training:*

<http://www.nj.gov/dcf/providers/csc/training/2016.CSOC.TrainingCourseCatalog.pdf>

Within the first 48 hours of RTC IOS services, the treatment team will:

- Provide a thorough orientation to the youth of all aspects of the program conducted by both agency staff and current residents;
- Assure that the family members are oriented to the service;
- File all necessary consents and releases;
- Complete IMDS Strengths and Needs Assessment;
- Complete initial treatment and crisis plans; provide copies to youth and family;
- Complete a nursing assessment and incorporate it into the initial treatment and crisis plans;
- Complete a pediatric assessment.

Within the first week, the youth will have the following assessments completed:

- Psychiatric assessment with report;
- Bio-psychosocial assessment, which includes recommendations for inclusion in allied therapies, when appropriate.

Within the first week, the treatment provider will:

- Conduct a treatment team meeting that includes CMO and/or DCP&P;
- Complete the comprehensive treatment and prospective transition plans integrating all of the treatment team's input, assessments, and recommendations.

By day 30 of treatment, the treatment provider will:

- Develop a behavior assistance plan that is based on a comprehensive behavioral assessment completed by a licensed behavioral healthcare practitioner and implemented by the behavioral assistant.

Each day the service staff will:

- Practice comprehensive and well documented communication, sharing significant events, youth progress, and other relevant information across disciplines and time frames;

- Provide proper supervision of youth; a ratio of 1 direct care staff for every 5 youth must be maintained at all hours with sufficient awake staff on site at all times, and at least 2 awake staff in the 5 bed community houses including while youth are asleep;
- Ensure fewer than 30% of all youth waking hours will be spent in “milieu” activities;
- Conduct beginning and end of day meetings to “check in” with the youth;
- Provide, as needed, medication dispensing and monitoring;
- Adhere to all required documentation and activities as per licensing regulations;
- Adhere to all required documentation and activities as per Administrative Order 2:05, which addresses the reporting of Unusual Incidents;
- Transport, as needed, youth to medical appointments, family visits, community outings, off site activities, and other requisite needs;
- Provide consistent administrative oversight and support to milieu staff, including weekends and holidays;
- Ensure the implementation and practice of the Youth Thrive Approach* and Philosophy throughout all program components.

* <http://www.cssp.org/reform/child-welfare/youth-thrive/Youth-Thrive-PPF-definitions.pdf>

Each week, every youth and family will receive the below services. The length of time for each service can range from 30 to 45 minutes each, although the duration may be adjusted up or down according to the youth’s ability to participate. All service delivery must be clearly documented within the youth’s treatment record:

- Three (3) psycho-educational activities, consistent with the treatment focus, directed by Bachelor’s level staff. Additional group activities will be provided to support: age-appropriate pro-social learning, problem solving, life-skill development, and coping strategies; for the co-occurring program, two (2) of these groups shall be conducted by an LCADC.
- Two (2) individual/family (may be 90 minutes) therapy sessions with a licensed clinician. Clinician schedules should promote flexibility for families. Family therapy sessions may be conducted off-site. If necessary family therapy sessions may be conducted via telephone although no more than half of all family sessions can be conducted by phone.
- Three (3) group therapy sessions with a licensed clinician or unlicensed Master’s level clinician under the supervision of an on-site clinically licensed Master’s level clinician or on-site Physician.
- Two (2) Health Oriented Education group sessions with a licensed health professional (RN, MD, LPN, APN). Topics include but are not limited to: medication education, hygiene, sexuality, substance use, and nutrition;

- Structured and guided community-based activities or involvement that is participatory in nature, such as: “YMCA” or “YWCA” classes or organized sports leagues, Scouting programs, volunteerism, community center and/or or public library activities; and public events.
- Six (6) hours of structured Allied Therapy such as life skills, art, music, and recreational therapy. Allied therapies require identified goals and objectives.

Each month:

- Comprehensive treatment and transition plan meetings occur that include all members of the multidisciplinary treatment team.
- IMDS assessment review is updated;
- Psychiatrist has a meeting with the staff around medication issues;
- Psychiatrist has a clinical session with the youth;
- Psychiatrist has a meeting with the family;
- On-site family psycho-educational activities occur, minimally three hours of structured and professional-staff directed, per month.

Two months prior to discharge:

The treatment team will provide a “step down” action plan that details week-to-week activities supporting a smooth and planful transition from out-of-home treatment services. At a minimum, the action plan must include:

- At minimum, two (2) meetings between the treatment team to discuss youth and family strengths, continuing goals, successful strategies, and potential pitfalls;
- “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 delineate critical staff necessary to re-focus, rally, and support youth and family through to transition (this is where services provided by an IIC intervention might be advantageous);
- Action steps youth and family might take to capitalize on successes such as: formal feedback (in addition to satisfaction surveys) to service staff and any multi-media activity that documents youth and family achievement;
- Joint Care Reviews (JCR’s), Transitional Joint Care Reviews (TJCR’s), Discharge Joint Care Reviews (DJCR’s), and Strength and Needs Assessments (when applicable) must be completed and submitted on time;
- If the treatment team agrees that a youth has optimized the care in the program, but requires continued treatment, the out-of-home treatment agency must initiate the TJCR in collaboration with the involved case management entity(ies). This process will result in the youth’s return to Youth Link. Agencies are encouraged to seek out other suitable OOH programs and indicate them in the TJCR and reach out to the relevant clinical staff in the potential agency;
- Transitional planning documents(s);
- Psychiatric, pediatric, psychological, nursing assessments and substance use summary as is indicated;
- Educational status;

- Crisis plan.

Staffing Structure

The following are the minimum requisite activities by staff title. It is the responsibility of the awardee to provide services in accordance with New Jersey State Licensure Board 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.

A Board Certified Child Psychiatrist (and in the case of a co-occurring program-who has experience in prescribing and monitoring medication for youth with substance use needs) or Psychiatric Advance Practice Nurse (APN) in affiliation with a Board Certified Child Psychiatrist will:

- *Provide .67 hours per week per child; 75% of this time must be face-to-face with youth and/or families;*
- Complete Intake Psychiatric assessment and report within the first week of admission;
- Complete initial treatment and crisis plan within the first 48 hours of admission;
- Conduct monthly medication management meetings;
- Conduct monthly clinical visit with youth/family;
- Attend treatment team meetings on a monthly basis;
- 24/7 availability by contract.

A Pediatric Advanced Practice Nurse (APN) or Pediatrician will provide:

- Pediatric assessment and report within the first 48 hours of admission;
- 24/7 availability by contract.

Milieu staff - Bachelor's level practitioner(s) or a high school diploma practitioner with 3-5 years of experience providing direct care to youth in a behavioral health agency or institutional setting (in the case of co-occurring, a CADC is preferred), will provide:

- *44 hours per week per youth (represents multiple FTE's);*
- Youth orientation within the first 24 hours of admission;
- Daily milieu activities;
- Weekly community integration focused leisure/recreational activities;
- Daily direct youth supervision;
- Monthly attendance to treatment team meetings;
- Pre-Vocational skills training 5 hours weekly;
- Provision of Ansell-Casey or Botvin Life Skills training: a minimum of 3 hours weekly.

Allied Therapy (music, art, movement, recreation, occupational, vocational, combination thereof) Professional(s) (licensed when applicable) will provide:

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

Case Management (Bachelors level practitioner(s) with 3-5 years of relevant experience or an unlicensed Master's level practitioner with 1-year relevant experience; CADC is preferred in the co-occurring program). Case Manager will provide:

- *5.5 hours per week per youth;*
- Conduct family orientation in the first 24 hours;
- Review and sign of all required paperwork and consents within the first 48 hours of admission;
- Provide, as needed, on-site family psycho educational activities tied to comprehensive treatment and discharge plan monthly;
- Attend treatment team meeting monthly.

Clinician(s) (LCSW, LPC, LMFT, or Psychologist) who is clinically licensed to practice in NJ OR a Master's level practitioner with appropriate licensure (MSW must have LSW licensure and MA/MS must have LAC licensure) who is three years or less from NJ clinical licensure and is practicing under the direct and on-site supervision of a clinician who is clinically licensed to practice in NJ.

For co-occurring program: A clinician(s) who is dually licensed in mental health and substance use to practice in NJ or, Master's level practitioner with appropriate licensure (MSW must have LSW licensure and MA/MS must have LAC licensure) who is three years or less from NJ clinical licensure and is practicing under the direct and on-site supervision of a clinician who is clinically licensed to practice in NJ. Dually licensed clinician to hold a LCADC licensure. The Clinician will provide:

- *6 hours per week per youth (to be adjusted for the co-occurring programs)*
- Bio-psychosocial assessment and report with the first week of admission;

- IMDS Strengths and Needs Assessment (SNA) within the first 48 hours of admission;
- Initial treatment and crisis plan development, documentation and consultation with the first 48 hours;
- Initial treatment and crisis plan family and youth debriefing within the first 48 hours of admission;
- Comprehensive treatment and transition plan development, documentation and consultation in the first 7 days;
- Weekly individual trauma informed therapy;
- Weekly group therapy;
- Bi-monthly (and/or as needed) family therapy with family of origin or natural supports;
- Monthly IMDS assessment review and update;
- Monthly attendance and facilitation of treatment team meetings;
- Monthly supervision of LSW and/or LAC Master's level staff pending clinical licensure to LCSW or LPC.

A Registered Nurse (RN) or Pediatric Nurse Practitioner (with knowledge of substance use for co-occurring program) will provide:

- *2 hours per week per youth;*
- Nursing assessment and report within the first 48 hours of admission;
- Initial treatment and crisis plan consultation within the first 48 hours and then weekly;
- Daily medication dispensing;
- Weekly health education*;
- Monthly medication education;
- Daily debriefing of youth status;
- Monthly attendance at treatment team meetings.

*Health education is defined as the practiced 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.

Service/Program Director with a relevant Master's degree and three (3) years post Master's experience working with youth with emotional and behavioral challenges (at least one year of which shall be in a supervisory capacity) and the experience and ability to supervise and manage multi-disciplinary staff. Agencies must adjust their management and administrative structure accordingly to their size. The Service/Program director will:

- Full-time, on-site;
- Attend treatment team meetings on a monthly basis or assure management presence;
- Oversee all QA/PI activities with particular attention to bench-marking activities for all direct care staff;

Student Educational Program Planning Requirements:

- The respondent must describe how arrangements for or access to appropriate educational programs and services for both special education **and** general education students will be provided.
- The respondent must document any efforts to obtain the necessary educational commitment from the district in which the proposed facility is located.
- The respondent must provide a plan for collegial and proactive coordination and collaboration with educational providers (for both classified and non-classified youth).

Student Educational Program:

The awardee will be responsible for ensuring that youth receiving RTC-IOS services are enrolled in and receiving an appropriate educational program as required under federal and State regular and special education laws. 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 those services. A Department of Education (DOE) approved school must provide the educational program for students with disabilities. Educational programs must be provided for a minimum of four hours per day, five days per week. High school graduates must be provided with an alternate educational/vocational curriculum.

Applicant organizations that operate a DOE approved private school for students with disabilities must demonstrate that arrangements have been made with the local school district to enroll and serve general education students.

Applicant organizations that do not operate a DOE approved school must demonstrate that a commitment has been received from the local public school district in which the facility is located to register, enroll, and educationally serve all general and special education students placed in the RTC IOS program. The school district may charge the individual student's parental District of Residence for the cost of the educational program and services. If a location has not been identified, the applicant must include a detailed plan on obtaining the commitment from the local public school district.

In addition, the awardee will facilitate the process of enrolling the youth by providing accurate documentation to the school, including the Agency Identification Letter, a letter acknowledging fiscal responsibility for the district of residence or a District of Residence determination letter from the Department of Education, and immunization records. When necessary the awardee shall provide interim transportation services to expedite school placement.

Consistent with those responsibilities, applicants must:

- Document any efforts to confirm the willingness of the school district in which the proposed facility is located to educate youth served in the facility consistent with State education law.
- Describe their procedures for ensuring that youth receiving RTC IOS services are enrolled in an appropriate educational program.
- Provide a plan for collegial and proactive coordination with educational providers for both classified and non-classified youth, including procedures for ensuring information is shared consistent with the applicable federal and State confidentiality laws.

Student Educational Program Planning 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 awardee and educational providers is expected. To that end, applicants must describe:

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

Applicants also must also articulate a plan for:

- Immediate and therapeutic responses to problems that arise during the school day;

- The supervision of students who are unable to attend school due to illness or suspension;
- The supervision and programming for students who do not have a summer school curriculum or who have graduated high school as well as for breaks/vacation.
- 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.

Outcome Evaluation:

This RFP incorporates an outcomes approach to contracting for out-of-home treatment services. The outcome evaluation includes setting outcomes, establishing indicators, and changing behavior to achieve desired results and outcomes.

CSOC makes use of the IMDS tools, service authorizations, and satisfaction surveys, in measuring the achievement of system partners and achieving the primary system goals of keeping youth in home, in school, and out of trouble. Additional considerations and areas of measurement are: compliance with all reporting requirements, compliance with all requirements of 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 where necessary 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 addendum to Administrative Order 2:05;
- Risk management mechanisms and structures such that incidents inform changes to policy, practice, and treatment;
- On-going satisfaction surveys to youth, families, and other system partners;
- Means for 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 is a central aspect of CSOCs' management of the system of care. The practice model is based on current best practices regarding out-of-home treatment for children and youth. In order to support sensitive and responsive management of these RTC services and to inform future practice, regulation, and "sizing", applicants to this RFP are

to give outcomes special consideration in their response. Applicants must articulate a robust quality assurance and performance improvement (QA/PI) plan that includes all members of the service: youth, families, and all levels of staff. QA/PI plans and data must be submitted quarterly to CSOC. Applicants shall describe on-going QA/PI activities that reflect the capacity to make necessary course corrections with a plan and in responsive fashion.

Applicants must submit a QA/PI plan that:

- Measures the three foundation metrics of CSOC: in school, at home, and in the community.
- Demonstrates integration with overall organization/provider goals and monitoring activity.
- Demonstrates a multi-disciplinary approach that engages staff at all levels and discipline in the activities of QA/PI.
- Demonstrates strict compliance with addendum to AO 2:05 and DCF licensing standards at NJAC 10: 128.
- 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

Providers may use a “root cause analysis” model or something akin in responding to critical incidents.

- Incorporates “3-D” satisfaction surveying -- from youth, families, and other providers -- on a regular basis and articulates the dissemination of these data to stakeholders including CSOC.

Youth Outcomes:

- 80% of youth who complete the program will require less restrictive services at 3 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 assessment including outcome measures for Ansell-Casey or Botvin Life Skills where applicable;
- 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:

- Service will maintain compliance with all CSOC reporting requirements and timeframes: Joint Care Reviews (JCR), Transitional Joint Care Reviews (TJCR), Discharge Joint Care Reviews (DJCR), addendum to AO 2:05, and contracting requirements
- Service will collect “3-D” satisfaction surveys from youth, family members, and other providers for 75% percent of all youth served at two points during the service period;
- Service will conduct quarterly “health checks” through satisfaction surveys, stakeholders’ meetings, and review of SNA data. Health checks will report status, progress, and needs to the service community and CSOC.

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

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

Specific Requirements for RTC Providers

NJ Medicaid Enrollment:

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

Licensure:

Applicants must provide evidence of, or demonstrated ability to meet, all NJ Department of Children and Families and other applicable State and Federal Licensure standards. DCF Office of Licensing standards as specified in the Manual of Requirements for Children's Group Homes (N.J.A.C.10:128) can be accessed at: <http://www.nj.gov/dcf/providers/licensing/laws>.

Accreditation:

CSOC requires that awarded programs will be Joint Commission, COA, or CARF accredited or, if not currently accredited, achieve accreditation within twenty four (24) months of award..

Provider Information Form:

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

Site Visits:

CSOC, in partnership with the DCF Office of Licensing, will conduct site visits to monitor awardee progress and problems in accomplishing responsibilities and corresponding strategy for overcoming these problems. The awardee will 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):

Ability to conform with and provide services under protocols, including documentation and timeframes, established by CSOC and managed by the Contracted System Administrator. The CSA is the Division's single point of entry. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all child-serving systems.

The awardee will be required to utilize "Youth Link" the CSOC web-based out of home referral/bed tracking system and process to manage admissions and discharge. Training will be provided for "Youth Link" and access requirements.

Organization/Agency Web site:

Publicly outlining the specific behavioral challenges exhibited by some of the children served by an agency may lead to confusion and misinformation. Without the appropriate context, the general public may wrongly assume that all children served are dealing with those challenges. The awardee 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.

D. Funding Information:

For the purpose of this initiative, the Department will make available funding up to **\$32, 977, 750** in the first year and thereafter if the contract is renewed and funding is available. Funding is subject to appropriation. Contracts may be renewed annually subject to appropriation and performance under the provisions of this RFP and the contract. The per diem rate per youth is \$350 (\$407 for co-occurring) and is reimbursed on a fee for service basis. Medicaid billing is the payment methodology for reimbursement. The per diem rate is all inclusive compensation and reimbursement for all services, activities, administrative and clinical to serve the youth. Reimbursement is based exclusively on occupancy.

CSOC does not guarantee 100% occupancy.

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

Operational start-up costs of up to 5% of award are permitted only for newly developed beds only. To further clarify, start up costs will not be granted for repurposed beds. Applicants must provide a justification and detailed summary of all expenses that must be met in order to begin program operations-see pages 35-36 under Budget.

Programs are expected be operational within 120 days of being awarded. With regard to the RTC Hub Model, the 2nd and 3rd houses shall be operational within 60 days thereafter. Extensions may be granted by way of written request to the CSOC Assistant Commissioner. **Award is subject to be rescinded if not operationalized within six months of RFP award.**

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

E. Applicant Eligibility Requirements:

1. Applicants must be for profit or not for profit corporations that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. If Applicant is under a corrective action plan with DCF or any other New Jersey State agency or authority, the Applicant may not submit a proposal for this RFP. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated to the satisfaction of DCF for a period of 6 months.

4. Applicants shall not be suspended, terminated or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
5. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
6. Where required, all applicants must hold current State licenses.
7. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
8. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
9. Applicants must have the ability to achieve full operational census within 120 days of award. 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 months of RFP award.**
10. Further, where appropriate, applicants must execute sub-contracts with partnering entities within 45 days of contract execution.
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 www.dnb.com
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.

F. RFP Schedule:

July 6, 2016	Notice of Availability of Funds/RFP publication
July 19, 2016 by 12PM	Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us
July 20, 2016 1:00PM	Mandatory Bidder's Conference at 30 Van Dyke Avenue, New Brunswick, New Jersey
September 13, 2016	Deadline for Receipt of Proposals by 12:00PM

All proposals must be received by 12:00pm on or before September 13, 2016. Proposals received after 12:00 PM on September 13, 2016 will **not** be considered. Applicants shall submit **one (1) signed original** and should submit **one CD ROM** as indicated below.

Proposals must be delivered either:

1) In person to:

Catherine Schafer, Director of Grants Management, Auditing and Records
Department of Children and Families
50 East State Street, 3rd Floor
Trenton, New Jersey 08625-0717

Please allow time for the elevator and access through the security guard. Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

2) Commercial Carrier (hand delivery, federal express or UPS) to:

Catherine Schafer, Director of Grants Management, Auditing and Records
Department of Children and Families
50 East State Street, 3rd Floor
Trenton, New Jersey 08625-0717

Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

3) Online:

DCF offers the alternative for our bidders to submit proposals electronically. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an AOR form.

AOR Registration forms and online training are available on our website at:
www.nj.gov/dcf/providers/notices/

Forms are directly under the Notices section-See Standard Documents for RFPs
Submitting Requests for Proposal Electronically PowerPoint (pdf)
Registration for the Authorized Organization Representative (AOR) Form

We recommend that you do not wait until the date of delivery 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.

G. Administration:

1. Screening for Eligibility, Conformity and Completeness

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

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

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

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

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

2. Proposal Review Process

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

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

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

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

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

3. Special Requirements

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

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

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

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

Applicants must sign the Minimum Staffing Requirements form(s) that corresponds to the model that they propose to provide. These are attached as **Exhibit E.**

H. Appeals:

An appeal of the selection process will be heard only if it is alleged that the Department has violated a statutory or regulatory provision in awarding the grant. An appeal will not be heard based upon a challenge to the evaluation of a proposal. Applicants may appeal by submitting a written request to the following address no later than five (5) calendar days following receipt of the notification or by the deadline posted in this announcement:

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

I. Post Award Review:

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

Applicants may request a Post Award Review by contacting:
DCFASKRFP@dcf.state.nj.us

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

J. 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 each of the documents listed in **Exhibit D: CSOC Post-Award Documents Required for Contract Formation To Be Submitted if the Response to the OOH RFP Results in an Award**.

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

Section II – Application Instructions

A. Proposal Requirements and Review Criteria:

All applications will be evaluated and scored in accordance with the following criteria: The narrative portion of the proposal shall be double-spaced with margins of 1 inch on the top and bottom and 1 inch on the left and right. **The required font is Arial 12 point.** Other fonts, including Arial Narrow, will not be accepted. 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. Five (5) points will be deducted for each missing document. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The Narrative must be organized appropriately and address the key concepts outlined in the RFP.

The budget narrative, Annex B, and attachments shall be attached as appendices and do not count toward the 25 page limit of the Narrative.

Proposals may be fastened by a heavy-duty binder clip. Do not submit proposals in loose-leaf binders, plastic sleeves or folders or staples.

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

1) Applicant Organization

(15 Points)

Describe the agency's history, mission and goals, and where appropriate, a record of accomplishments in working in collaboration with the Department of Children and Families and/or relevant projects with other state governmental entities.

Describe the agency's background and experience in implementing the types of services relevant to residential treatment services for the target population. Provide an indication 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 serving systems. Explain how the provider is working toward a cultural competency plan that describes actions your agency will take to insure 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. Please provide a clear description of what services will be provided to bi-lingual and/or non-English speaking youth and families and by whom.

Describe the agency's governance structure and its administrative, management, and organizational capacity to enter into a third party direct state services contract with the Department of Children and Families. Note the existence (if any) of professional advisory boards that support the operations. If applicable, indicate the relationship of the staff to the governing body.

Provide an indication of the agency's demonstrated capability to provide services that are consistent with the Department's goals and objectives for the program to be funded. Include information on current programs managed by the agency, the funding sources and if available, any evaluation or outcome data.

2) Program Approach

(50 Points)

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

Service Description

Agree to and demonstrate the capacity to meet minimum requirements listed in "Section I: C. Services to be Funded, Course and Structure of Treatment";

Demonstrate that youth will have a stable, familiar, consistent, and nurturing experience through staffing patterns, the management of youth cohorts, site design and utilization,

community affiliation, and the type, scope and frequency of family/caregiver involvement;

Describe how the Applicant will engage and sustain the involvement of family and/or natural supports;

Articulate etiology and demonstrate the links between the intervention model, strategies and techniques;

Demonstrate how the relationships with direct care staff (as supported through team structure, supervision, and staffing patterns) will help youth move from being “managed” to being engaged in treatment;

Describe direct care staff’s supervision of youth and staff/youth ratios;
Fully articulate the management and treatment models to be utilized, including the use of evidence-based, -informed, or -suggested interventions;

Describe policy and procedures for the following: documentation, mechanisms for communication, responsiveness, flexibility, & creativity of treatment teams;

Describe how your organization shall provide for the integration of issues of trauma in youth and how it will be integrated it into the treatment plan;

Include curricula table of contents or a 2 page summary of curricula for psycho-educational groups, including those focused on wellness and recovery;

Identify and describe the geographic location(s) of the services;

Applicant agrees by submitting this proposal to comply with CSOC Policy #4 – Referral for OOH Treatment Policy. With this policy in mind, describe client eligibility requirements, referral processes;

Provide a feasible timeline for implementing the proposed services. Provide a detailed week-by-week description of your action steps in preparing to provide this service. Utilize the “Program Implementation Status Update Form”.

Also detail when and who will meet with the Local Education Authority to ensure coordinated care for youth.

Include a description of youth data to be recorded, the intended use of that data, and the means of maintaining confidentiality of client records;

Describe how the proposed program will meet the needs of various and diverse cultures within the target community based on the Law Against Discrimination (N.J.S.A. 10:51 et seq.);

Attach three (3) written **professional letters of support** on behalf of the applying individual/agency specific to the provisions of services under this RFP/RFQ (references from New Jersey State employees are prohibited). If applicant is bidding for co-occurring beds, one letter should come from an individual or organization whose mission is serving people with substance use challenges. Please include telephone numbers and e-mail for all references so they may be contacted directly.

Program Planning Requirements for Student Education and Child Care

Describe arrangements for or access to appropriate educational programs and services for special education and general education students.

Describe plans for collegial and proactive coordination/collaboration with educational and child care providers.

Program Operation Requirements for Student Education

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;
- Plan for supervision and programming for high school graduates.

Governance and Staffing

Indicate the number, qualifications, and skills of all staff, consultants, sub-grantees, and/or volunteers who will perform the proposed service activities. Attach, in the proposal Appendices, an organizational chart for the proposed program; job descriptions that include all educational and experiential requirements; and resumes of any existing staff who will perform the proposed services.

Applicants must:

- Identify the RTC administrator and describe the job responsibilities;
- Identify the proposed staffing by service component;
- Include daily, weekly and monthly schedules for all staff positions;
- Describe any consultants & their qualifications; include a consultant agreement if applicable;
- Describe policy or procedures regarding: timelines, program operations, and responsible staff for admission, orientation, assessment, engagement, treatment planning, discharge planning, and transition;
- Describe a staff training (and ongoing coaching/supervision if indicated by the evidence based model) model that includes all required training (and coaching/supervision if indicated by the evidence based model) for DCF Office of Licensing regulations as well as all appropriate New Jersey System of Care trainings.
- Training for staff shall minimally include:
 - Creating and maintaining safe, therapeutic, and nurturing environments;
 - Verbal de-escalation and engagement skills;
 - Proactive intervention for maintaining safety and promoting change;
 - Post-crisis debriefing skills;
 - Treatment planning that is responsive and focused on change
 - Recommended (evidence based is preferred) treatment approaches;
 - Promoting positive peer culture;
 - Cultural Competence;
 - Information Management Decision Support Tools (IMDS);
 - Understanding and Using Continuous Quality Improvement
 - Nurtured Heart Approach
 - Positive Behavioral Supports
 - Identifying developmental needs and strengths
 - Crisis Management
 - Suicide Prevention

- Trauma Informed Care
 - Human Trafficking
 - Basic First Aid and CPR
 - HIPAA
 - 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)
 - Abuse and neglect against an individual with developmental disabilities must also be reported consistent with N.J.S.A. 30:6D-73 to 82.
- Describe the management & staff supervision methods that will be utilized

The New Jersey Department of Children and Families endorsed Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child Standards in August 2013 (The "Standards"). The Standards are a preventative tool for implementing policies and procedures for organizations working with youth and children and through their implementation, an organization can minimize the risks of the occurrence of child sexual abuse.

The Standards are available at:

<http://www.state.nj.us/dcf/SafeChildStandards.pdf>

As an Appendix, provide a brief (no more than 2 pages double spaced) Standards Description demonstrating ways in which the Applicant's operations mirror the Standards.

3) Outcome Evaluation

(10 Points)

Describe the outcome measures that will be used to determine that the service goals and objectives of the program have been met. Provide a brief narrative and attach copies of any evaluation tools that will be used to determine the effectiveness of the program services.

Applicants are expected to consider and articulate where necessary 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 addendum to Administrative Order 2:05;
- Risk management mechanisms and structures such that incidents inform changes to policy, practice, and treatment;

- On-going satisfaction surveys to youth, families, and other system partners;
- Means for identification and communication of system needs and areas of excellence to local partners and CSOC administration.

Applicants shall describe on-going QA/PI activities that reflect the capacity to make necessary course corrections with a plan and in responsive fashion.

Applicants must submit a QA/PI plan that:

- Measures the three foundation metrics of CSOC: in school, at home, and in the community.
- Demonstrates integration with overall organization/provider goals and monitoring activity.
- Demonstrates a multi-disciplinary approach that engages staff at all levels and discipline in the activities of QA/PI.
- Demonstrates strict compliance with addendum to AO 2:05 and DCF licensing standards at NJAC 10: 128.
- 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

Providers may use a "root cause analysis" model or something akin in responding to critical incidents.

- Incorporates "3-D" satisfaction surveying -- from youth, families, and other providers -- on a regular basis and articulates the dissemination of these data to stakeholders including CSOC.

4) Budget and Budget Narrative

(15 Points)

The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services (LOS) at 100%. Therefore, Applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. In addition to the Annex B line item budget to be submitted, include a budget narrative. This will not be included as part of the 25 page limitation.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget should also reflect a 12 month itemized operating schedule and include, in separate columns, total funds needed, the funds requested through this grant, and where necessary, 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 \$350/\$407 per diem per youth in funds provided under this grant. 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 start-up funds. Start-up funds are only available for newly developed beds. To clarify further, start up funds will not be granted for repurposed beds.

The completed budget narrative portion of the written proposal must also include a detailed summary of and justification for any one-time operational start-up costs within the narrative. It is not a preferred practice of CSOC to offer or provide start-up costs; subsequently, the inclusion of such costs may be a determining factor in the proposal selection process. CSOC intends to purchase as much direct clinical care service as funding allows. CSOC acknowledges that there may be organizations with sound clinical care models that may not have the fiscal resources to incur all related costs.

Start Up Costs

Thus, 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 and is available only towards newly developed beds. To clarify further, start up funds will not be granted for repurposed beds.

All start-up costs are subject to contract negotiations. Start-up cost funds will be released upon execution of a final contract. Start-up costs must be delineated on a separate column in the proposed Annex B Budget and be described in the Budget Narrative.

The awardee must adhere to all applicable State cost principles.

5) Reduction of Seclusion and Restraint Use (5 Points)

The Six Core Strategies for Reducing Seclusion and Restraint Use is an evidence-based model that was developed by the National Association of State Mental Health Program Directors (NASMHPD) and 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^{vi}. Applicants are required to submit as Appendices a summary of no more than 3 pages that describes how this model will be implemented within their program model. The summary must address the following six core strategies:

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

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

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

6) Completeness of the Application (5 Points)

The Department will also consider the completeness of the application and the clarity of statements within the proposal, including the availability, accuracy, and consistency of all supporting documentation.

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and should submit a CD ROM containing all the documents in PDF or Word format.

Failure to submit any of the required documents requested in this RFP will result in a loss of five (5) points per item from the total points awarded for the proposal.

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

Part I: Proposal	
<input type="checkbox"/>	<p>Proposal Cover Sheet – Use the RFP forms found directly under the Notices section on</p> <p>Website: www.nj.gov/dcf/providers/notices/</p> <p>Form: http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc</p>
<input type="checkbox"/>	<p>Table of Contents – Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices for paper copies, CD and electronic copies.</p>
<input type="checkbox"/>	<p>Proposal Narrative in following order</p> <ul style="list-style-type: none"> a) Applicant Organization b) Program Approach c) Outcome Evaluation d) Budget e) Reduction of Seclusion and Restraint
<p>Part II: Appendices: As a Condition of receiving an award, the documents below are required to be submitted with your response to the RFP as appendices, in addition to all of the documents listed in <u>Exhibit C and the appropriate Exhibit E Minimum Staffing Requirement form(s)</u>.</p>	
1.	<input type="checkbox"/> Summary of Reduction of Seclusion and Restraint Use (Max 3 pages)
2.	<input type="checkbox"/> Job descriptions that reflect all educational and experiential requirements of this RFP; salary ranges; and, resumes of any existing staff that will provide the proposed services. Please do not provide home addresses or personal phone numbers.
3.	<input type="checkbox"/> Current Agency Organization Chart
4.	<input type="checkbox"/> Policy or procedures regarding timelines; program operations; and, staff responsible for admission, orientation, assessment, engagement, treatment planning, transition planning.
5.	<input type="checkbox"/> Three (3) written professional letters of support on behalf of the applying individual/agency specific to the provisions of services under this RFP/RFQ (references from New Jersey State employees are prohibited). If proposing to serve co-occurring youth, one letter should come from an individual or organization whose mission is serving people with substance use challenges. Please include telephone numbers and e-mail for all references so they may be contacted directly.
6.	<input type="checkbox"/> Letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care

7.	<input type="checkbox"/>	Attach Curricula Table of Contents for age, gender, and developmentally appropriate psycho-educational groups
8.	<input type="checkbox"/>	Copies of any evaluation tools that will be used to determine the effectiveness of the program services
9.	<input type="checkbox"/>	Budget Narrative and Narrative Explaining Optional Start Up Facility Renovations Costs (See Budget Section)
10.	<input type="checkbox"/>	Copies of any audits or reviews completed or in process by DCF or other State entities from 2014 to the present. 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.

* Standard forms for RFP's are available at: www.nj.gov/dcf/providers/notices/
Forms for RFP's are directly under the Notices section.

** Treasury required forms are available on the Department of the Treasury website at <http://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. Applicants may review these items via the Internet at www.nj.gov/dcf/providers/contracting/manuals

C. Requests for Information and Clarification

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures at the technical assistance meeting indicated in this RFP. All prospective applicants must attend a Bidders Conference and participate in an onsite registration process in order to have their applications reviewed. Failure to attend the Bidders Conference will disqualify individuals, agencies, or organizations from the RFP process.

Questions may be emailed in advance of the Bidders Conference to DCFASKRFP@dcf.state.nj.us. Applicants may also request information and/or assistance from DCFASKRFP@dcf.state.nj.us until the Bidders Conference. Inquiries will not be accepted after the closing date of the Bidders Conference.

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 DCFASKRFP@dcf.state.nj.us 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: <http://www.state.nj.us/dcf/providers/notices/>

Technical inquiries about forms and other documents may be requested anytime.

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

Inclement weather will not result in the cancellation of the Bidders Conference unless it is of a severity sufficient to cause the official closing or delayed opening of State offices on the above date.

In the event of the closure or delayed opening of State offices, the Bidders Conference will be cancelled and then held on an alternate date.

Table 1: Co-Occurring Services

The award requires the establishment of a multi-disciplinary treatment team with required functions for a Co-Occurring Substance Use and Mental Health RTC. Applicants should provide detailed information about treatment team members. Additionally, applicants shall describe mechanisms for communication, responsiveness, flexibility, and creativity of treatment teams.

Staffing Structure

The following are the minimum requisite activities by staff title. The guidelines are not to be interpreted as comprehensive of the total responsibilities each staff member will manage. Applicants must demonstrate, through narrative, Annex B, and with necessary letters of affiliation, that guidelines below are achievable.

These are minimal requirements. Proposals without the listed titles and respective required hours will not be accepted and will not move to the evaluation process.

A Board Certified Child Psychiatrist or Psychiatric Advance Practice Nurse (APN) in affiliation with a Board Certified Child Psychiatrist who has experience in prescribing and monitoring medication for youth with substance use needs will provide:

- *Provide .67 hours per week per child; 75% of this time must be face-to-face with youth and/or families;*
- Complete Intake Psychiatric assessment and report within the first week of admission;
- Complete initial treatment and crisis plan within the first 48 hours of admission;
- Conduct monthly medication management meetings;
- Conduct monthly clinical visit with youth/family;
- Attend treatment team meetings on a monthly basis;
- 24/7 availability by contract.

A Pediatric Advanced Practice Nurse (APN) or Pediatrician will provide:

- Pediatric assessment and report within the first 48 hours of admission;
- 24/7 availability by contract.

Milieu staff - Bachelor's level practitioner(s) or a high school diploma practitioner with 3-5 years of experience providing direct care to youth in a behavioral health and/or substance use agency or institutional setting (CADC is preferred), will provide:

- 44 hours per week per youth (represents multiple FTE's);
- Youth orientation within the first 24 hours of admission;
- Daily milieu activities;
- Weekly community integration focused leisure/recreational activities;
- Daily direct youth supervision;
- Monthly attendance to treatment team meetings;
- Pre-Vocational skills training 5 hours weekly;
- Provision of Ansell-Casey or Botvin Life Skills training: 3 hours weekly.

Allied Therapies (music, art, movement, recreation, occupational, vocational, combination thereof, substance use education as determined by the clinical team) Professional(s) will provide:

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

Case Manager - Bachelors level practitioner(s) with 3-5 years of relevant experience or an unlicensed Master's level practitioner with 1-year relevant experience (CADC preferred) will provide:

- *5.5 hours per week per youth;*
- Conduct family orientation in the first 24 hours;
- Review and sign of all required paperwork and consents within the first 48 hours of admission;
- Provide, as needed, on-site family psycho educational activities* tied to comprehensive treatment and discharge plan monthly;
- Attend treatment team meeting monthly.

Clinician(s) dually licensed in mental health and substance use to practice in NJ OR, Master's level practitioner with appropriate licensure (MSW must have LSW licensure and MA/MS must have LAC licensure) who is two years or less from NJ clinical licensure and is practicing under the direct and on-

site supervision of a clinician who is clinically licensed to practice in NJ. Dually licensed clinician to hold LCADC licensure. The dually licensed clinician will provide:

- 6 hours per week per youth; 75% (4.5 hours) must be face-to-face clinical time;
- Bio psychosocial assessment and report with the first week of admission;
- Initial treatment and crisis plan development, documentation, and consultation with the first 48 hours;
- IMDS strengths and needs assessment (SNA) within the first 24 hours of admission;
- Comprehensive treatment and transition plan development, documentation and consultation in the first 7 days;
- Weekly individual trauma informed therapy;
- Weekly recovery structured group therapy;
- Bi-monthly (and/or as needed) of recovery structured family therapy with family of origin or natural supports;
- Monthly IMDS assessment review and update;
- Monthly attendance and facilitation of treatment team meetings;
- Supervision of LSW or LAC level Master's staff pending LCSW or LPC licensure.

A Registered Nurse (RN) or Pediatric Nurse Practitioner:

- 2 hours per week per youth;
- Nursing assessment and report within the first 48 hours of admission;
- Initial treatment and crisis plan consultation within the first 48 hours and then weekly;
- Daily medication dispensing;
- Weekly health education*;
- Monthly medication education;
- Daily debriefing of youth status;
- Monthly attendance at treatment team meetings

*Health education is defined as the practiced 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.

Service/Program Director with a relevant Master's degree and three (3) years post Master's experience working with youth with emotional, behavioral, and substance use challenges (at least one year of which shall be in a

supervisory capacity) and the experience and ability to supervise and manage multi-disciplinary staff. Agencies must adjust their management and administrative structure accordingly to their size. The Service/Program director will:

- Must be full-time, on-site;
- Monthly attendance to treatment team meetings;
- Oversee all QA/PI activities with particular attention to bench-marking activities for all direct care staff;

Table 2: Hub Model

RTC IOS 15 Bed Hub with Three 5-Bed Houses

The awardee for this request for proposal is expected to provide a comprehensive array of therapeutic supports and services using a cluster care service delivery model that ensures that children, youth, and young adults with behavioral health challenges have a stable, safe, familiar, consistent, and nurturing treatment experience. Please take note that co-occurring services will not be awarded in the context of the fifteen-bed Hub Model. Cluster care offers flexibility and support in sharing clinical, medical, and other supports to each of the cluster houses, which are within close proximity to each other. Each individual house within the cluster will have dedicated staff, including a house/case manager and milieu staff who will interface with the youth within the house on a daily basis. There must be a minimum of 2 awake staff on site at all times, including hours of sleep.

The “cluster” services will be exclusively provided by the following therapeutic team of professionals:

- a) Program Director will oversee the clinical and operational aspects of the entire cluster;
- b) Licensed behavioral health clinician(s), (LPC, LCSW, or Licensed Psychologist);
- c) Medical staff (nurse/pediatrician);
- d) Psychiatrist/APN;
- e) Allied therapist(s)
- f) “Pool” of milieu staff designed to augment dedicated staff and provide additional support and supervision to the youth living within the entire cluster as needed.

Youth are not permitted to be transferred between cluster houses.

Example: One (1) cluster of three, 5-bed community-based houses, which must be located within a 10-mile radius or a maximum of thirty minutes’ travel time between each house.

Staffing Structure

The following are the minimum requisite activities by staff title. Staff requirements are divided by dedicated **House Staff** and **Hub Professional Staff**. These guidelines are not to be interpreted as comprehensive of the total responsibilities each staff member will manage. Respondents must demonstrate, through narrative, Annex B, and with necessary letters of affiliation, that guidelines below are achievable. The Applicant must sign, date and submit the appropriate Minimum Staffing Requirements form(s) (**Exhibit E**).

House Staff: (required for each house within the cluster):

House Manager – Full-time and on-site Bachelors level practitioner(s) with 3-5 years of supervisory experience (and no less than 4 years of experience in the human services field) or an unlicensed Master’s level practitioner with 1-year supervisory experience (and no less than 3 years of experience in the human services field) will provide:

- Supervise milieu staff and schedules;
- Oversee daily operational aspects of the house;
- Five (5) hours of documented case management per week per youth (*Case management is a creative and collaborative process that requires planning, communication, coordination, and monitoring of the services provided to each youth within the RTC program. Case management duties may include, but are not limited to, scheduling appointments, coordinating family visits, and communication with CMO, DCP&P, school, etc. All case management duties must be clearly documented within the youth’s record*);
- Family orientation in the first 24 hours;
- Review and signing of all required paperwork and consents within the first 48 hours of admission;
- As needed, on-site psycho educational activities tied to comprehensive treatment and discharge plan monthly;
- Attend treatment team meeting monthly.

Milieu Support Staff - Bachelor’s level practitioner(s) or a high school diploma practitioner with 3-5 years of experience providing direct care to youth in a behavioral health agency or institutional setting, will provide:

- *44 hours per week per youth (represents multiple FTE’s)*;
- Youth orientation within the first 24 hours of admission;
- Daily milieu activities;
- Weekly community integration focused leisure/recreational activities;
- Daily direct youth supervision;
- Monthly attendance to treatment team meetings;
- Pre-Vocational skills training 5 hours weekly;
- Provision of Ansell-Casey or Botvin Life Skills training: 3 hours weekly.

Additional Milieu Support Staff:

- This program shall allocate two additional full-time milieu support staff positions which will be utilized for the exclusive purpose of providing additional support and supervision across the three houses as needed. These FTE’s are in addition to meeting the required 1:5 ratio. Agencies may not utilize staff from existing programs.

“Hub” Professional Staff (shall serve all 15 youth within the cluster):

Program Director - Relevant Master’s degree and three (3) years post Master’s experience working with youth with emotional and behavioral challenges (at least one year of which shall be in a supervisory capacity) will:

- Must be full-time on-site a minimum of 10 hours per week per house to oversee the clinical and operational aspects of the entire cluster. *Must exclusively serve within the capacity of this cluster program only;*
- Monthly attendance to treatment team meetings;
- Oversee all QA/PI activities with particular attention to bench-marking activities for all direct care staff;

Clinician(s) (LCSW, LPC, LMFT, or Psychologist) who is clinically licensed to practice in NJ OR a Master’s level practitioner with appropriate licensure (MSW must have LSW licensure and MA/MS must have LAC licensure) who is three years or less from NJ clinical licensure and is practicing under the direct and on-site supervision of a clinician who is clinically licensed to practice in NJ). The clinician will provide:

- 6 hours per week per youth only within the cluster (must provide clinical service exclusively to the cluster);
- 75% (4.5 hours) must be face-to-face clinical time
- Psychosocial assessment and report with the first week of admission;
- IMDS strengths and needs assessment within the first 48 hours of admission;
- Initial treatment and crisis plan development, documentation and consultation with the first 48 hours;
- Initial treatment and crisis plan family and youth debriefing within the first 48 hours of admission;
- Comprehensive treatment and discharge plan development, documentation and consultation in the first 7 days;
- Weekly individual trauma informed therapy;
- Weekly group therapy;
- Bi-monthly (and/or as needed) family therapy with family of origin or natural supports;
- Monthly IMDS assessment review and update;
- Monthly attendance and facilitation of treatment team meetings;
- Monthly supervision of non-licensed Master’s staff.

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

- *Provide .67 hours per week per child; 75% of this time must be face-to-face with youth and/or families;*
- Complete Intake Psychiatric assessment and report within the first week of admission;
- Complete initial treatment and crisis plan within the first 48 hours of admission;
- Conduct monthly medication management meetings;
- Conduct monthly clinical visit with youth/family;
- Attend treatment team meetings on a monthly basis;
- 24/7 availability by contract.

Pediatric Advanced Practice Nurse (APN) or Pediatrician will provide:

- Pediatric assessment and report within the first 48 hours of admission;
- 24/7 availability by contract.

Allied Therapies (music, art, movement, recreation, occupational, vocational, combination thereof) Professional(s) (licensed when applicable) will provide:

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

A Registered Nurse (RN) or Pediatric Nurse Practitioner:

- 2 hours per week per youth;
 - Nursing assessment and report within the first 48 hours of admission;
 - Initial treatment and crisis plan consultation within the first 48 hours and then weekly;
 - Daily medication dispensing;
 - Weekly health education;
 - Monthly medication education;
 - Daily debriefing of youth status;
 - Monthly attendance at treatment team meetings;
- *Health education is defined as the practiced 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.

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

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

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

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or

sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

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

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

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically available at www.state.nj.us/treasury/contract_compliance).

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

EXHIBIT B

TITLE 10. CIVIL RIGHTS

CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS

N.J. Stat. § 10:2-1 (2012)

§ 10:2-1. Antidiscrimination provisions

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

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

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

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

d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract. No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L.1985, c.490 (C.18A:18A-51 et seq.).