



STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

REQUEST FOR PROPOSALS

FOR

**INTENSIVE OUT OF HOME TREATMENT SERVICES
FOR YOUTH WITH INTELLECTUAL/DEVELOPMENTAL
DISABILITIES (INTENSIVE-I/DD)**

**One (1) AWARD, TOTAL OF 15 BEDS IN NORTHERN OR CENTRAL
REGION**

Annualized Maximum Funding of \$ 4,828,950 Available

There will be no Bidders Conference for this RFP.

Questions due to dcfaskrfp@dcf.state.nj.us by

January 5, 2017 12:00PM

Bids are due: February 1, 2017 at 12:00 PM

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

Commissioner

November 22, 2016

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Funding Agency

State of New Jersey
Department of Children and Families
50 East State Street, 3rd Floor
Trenton, New Jersey 08625-0717

Special Notice: *The will be no Bidders Conference for this RFP. Questions will be accepted by providing them via email to DCFASKRFP@dcf.state.nj.us until January 5, 2017 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 support and services in a campus or community based setting for youth that have been determined eligible for Children's System of Care (CSOC) functional services pursuant to N.J.A.C 10:196, are ages 9 through 19 years old with intellectual/developmental (I/DD) and who present with complex, challenging behavior. Funding is subject to State fiscal year appropriations. The annualized funding available for this Intensive-I/DD Intensity of Service (IOS) is \$4,828,950.

The goal is to create a safe, stable, and therapeutically supportive environment with a comprehensive array of services that will assist the youth with acquiring, retaining, improving and generalizing the behavioral, self-help, socialization, and communication skills needed to increase independence (e.g. improving self-care), regulate emotional and behavioral responses, increase participation; develop meaningful relationships, and effectively understand and express their needs to the best of their ability that will aid in the successful transition back to their home and community. All program staff must hold professional and experiential competencies in the field of intellectual/developmental disabilities, especially autism spectrum disorder, as well as mental health and clearly display the knowledge and skills, in particular therapeutic use of self, necessary to provide appropriate, supervision, and targeted clinical, behavioral, and self-care interventions via a variety of service delivery models that promote persistence and creativity of program staff, in contexts relevant and meaningful to the youth and their families.

This announcement seeks to maximize the utilization of the Intensive-I/DD IOS using a transparent and contracted clinical treatment model that utilizes

an array of evidence-based, data-driven, promising, and/or emerging practices paired with a rate structure consistent with national best practices and a service delivery model that is designed to achieve maximum efficiency of staff time and treatment flexibility.

To that end, DCF is seeking proposals from private or public not-for-profit entities and for profit organizations to provide the Intensive-I/DD IOS for youth with limited self-care skills, exhibiting atypical sensory responses (hypo and/or hypersensitivity), profound socialization and/or communication challenges related to their Intellectual/Developmental Disability and/or mental illness and who also presents complex, challenging behaviors that significantly interfere with developing, maintaining, and/or maximizing the skills and abilities that will improve the individuals' quality of life. DCF, through its Division of Children's System of Care (CSOC), will award one (1) agency with the ability to provide holistic care to 15 male and female children, youth and young adults in houses that may be situated on a campus or in the community. Proposals must provide a total of 15 beds. These houses may be for 3, 4 or 5 (maximum of 5) individuals. It is the intention of DCF to award an agency serving a total of 5 females and 10 males. The houses must be located within Northern or Central Region.

The applicant shall demonstrate their ability to provide a wide array of developmentally appropriate interventions for youth spanning the ages 9-19. The proposal shall address the age and gender population as stated; however, after award, DCF reserves the right and option to permit and require additional or alternate age and/ or gender groups be served upon appropriate notice and subject to licensing and any other legal requirements. This program must operate within the concept of a hub service delivery in which each individual house will have dedicated staffing as well as access to a hub of professional therapeutic resources.

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 is to ensure a better today and an even greater tomorrow for every individual we serve.

CSOC serves children, youth, and young adults (hereinafter referred to as "youth") with a wide range of challenges associated with emotional and behavioral health care, intellectual/developmental disabilities, and substance use. CSOC is committed to providing these services based on individualized needs of each youth and family within a system of care approach that is strength-based, culturally competent, family-centered, and community-based environment. CSOC firmly believes that the family or caregiver plays a

central role in the health and well-being of youth. CSOC involves families/caregivers/guardians throughout the planning and treatment process in order to create a service system that values and promotes the advice and recommendations of the family, is family-friendly, and provides families the tools and support needed to create successful life experiences for their youth.

C. Services to be Funded:

The awardee responding to this RFP is expected to provide a comprehensive array of therapeutic supports and services using the Intensive - I/DD service delivery model to operationalize programs that are campus or community-based and that provide rehabilitative and habilitative intervention strategies in utilizing a hub service delivery model. The hub service delivery model offers flexibility and support in sharing clinical, medical and other services to ensure that youth with I/DD who present with complex, challenging behaviors have a safe, stable, familiar, consistent, and nurturing experience. Each individual house will have dedicated staff, including a house manager and direct care milieu staff who will interface with the youth on a daily basis. Each house must also maintain a minimum of 2 awake milieu or professional staff on site at all times, including hours of sleep (when clinically required, the program must be able to respond to emergent issues and be able to provide one on one staff)

The “Hub” service delivery model will be exclusively provided by the following therapeutic team of professionals:

- Program Director
- Licensed behavioral health clinician(s), (LPC, LCSW, LMFT)
- Licensed Psychologist (s)
- Behavioral Specialist (s)
- Medical staff (at least one RN and a team of LPNs)
- Psychiatrist-MD
- Allied therapist(s) (Music/Art/Recreation/Movement, etc.)
- Occupational Therapist
- Speech Therapist
- “Pool” of milieu staff designed to augment dedicated staff and provide additional support and supervision to the youth living within the entire hub as needed; there should be sufficient qualified staff to afford a minimum of a 1:2 ratio at all times, but also there must be the capacity to provide 1:1 as is determined to be clinically necessary.

In addition to the staff indicated above, the Intensive-I/DD program will have access to a dietician and appropriate medical staff to address the potentiality of complex dietary and medical presentations. The Psychiatrist and the nursing staff will coordinate these services.

Please note: Youth are not permitted to be transferred between houses without prior authorization from CSOC's Specialized Residential Treatment Unit (SRTU).

Funding is available for a total of 15 beds, in houses that may be situated on a campus or in a community setting. These houses may be for 3, 4 or 5 individuals. The awards will seek to serve a total of 5 females and 10 males. CSOC prefers, but is not requiring, a program that is centrally located for this RFP. At least one house on the campus or in the community based setting **must** be barrier free to accommodate youth with gait and/or ambulatory challenges. Each house will support a target population, to be determined by CSOC post award, based on age, gender, developmental functioning, cognitive ability, physical stature and the Intensive-I/DD IOS.

Clinical Description of Intensive-I/DD

Target Population:

Admission to this IOS is limited to youth who are determined eligible to receive developmental disability services through CSOC pursuant to N.J.A.C 10:196-1.1 et seq. In addition to autism spectrum disorder, these youth may have a variety of underlying conditions including but not limited to intellectual disabilities, cerebral palsy, epilepsy, etc. and/or genetic syndromes associated with autism (Fragile X, Rhetts, Prader-Willi, Williams Syndrome, etc.) and/or co-occurring mental health diagnoses including but not limited to: attention, conduct and disruptive behavior disorders; mood disorders; anxiety disorders and adjustment disorders. In addition, youth may present with a wide array of cognitive abilities as well as medical and/or physical needs (e.g. toileting, eating, hygiene and dressing, etc.)

Youth who are considered for admission shall present with the most complex challenging behavior(s) of such intensity, frequency, and duration that it prevents the youth's personal development and inclusion in family life and community. Everyday life can be confusing, meaningless and anxiety provoking, making it incredibly hard to make sense of the world. This negative experience may be exacerbated by the stigma, a youth's restricted interests, unusual responses to sensory experiences and recurring trauma thus manifesting challenging behaviors that include, but are not limited to: not being able to follow verbal directives; boundary issues including fixation on body parts, sexual reactivity, and socially/environmentally problematic behaviors due to sexual discovery; fecal smearing; self-injurious behaviors; destructive, aggressive and/or assaultive behaviors that require medical attention (e.g. hitting/scratching/biting oneself and/or others, head butting/choking/kicking others); elopement; pica; and/or property destruction. This IOS will be determined through the established routine process of CSOC's CSA. Once the determination of Intensive I/DD IOS is made, the care management organization is responsible for sending a comprehensive referral packet to CSOC's SRTU. The Intensive I/DD Program must adhere to CSOC's no-eject, no-reject policy.

The goals of this program are to:

- Assess the immediate needs;
- Engage with the youth so that he/she feels as comfortable as possible in a new setting;
- Provide a safe and nurturing environment with increased support and supervision;
- Provide comprehensive assessments that result in an Individualized Service Plan (ISP) which is strength-based, youth-centered, family-focused, and goal-oriented;
- Outline short-term stabilization goals while pursuing plans for long-term stabilization at home or in an alternate out-of-home living arrangement;
- Complete the ISP within 30 days of admission and a skill building routine in preparation for his/her return home or to an alternate out-of-home living arrangement;
- Coordinate educational needs with local and home school districts.

The projected length of stay is anticipated to be up to 9 to 12 months. However, dependent upon the unique situation of each youth, the length of stay may be longer. Length of stay will be monitored by the CMO care manager and CSOC's Contracted Systems Administrator (CSA) via the Joint Care Review (JCR) process.

Intensive I/DD services will be provided on a campus setting or in community-based homelike settings. Programs that can provide services to non-verbal, limited-English, and/or non-English speaking individuals are **required**. The applicant should clearly specify within this proposal the type of services and staff supports that will be provided. At least one house must be barrier free.

Number of Programs/Locations: This RFP will award a total of fifteen beds. Applicants shall identify a campus or community based setting in the Northern or Central region of New Jersey. Each house can have youth within a four-year age range. The applicant has the ability to develop houses that focus on specialized presentations and needs (e.g. Pica.).

Northern Region defined as the following 8 counties: Hunterdon, Warren, Sussex, Morris, Passaic, Bergen, Essex, and Hudson.

Central Region defined as the following 6 counties: Mercer, Monmouth, Ocean, Middlesex, Somerset, and Union.

Number of Bedrooms: No more than **two** youth per bedroom; single bedrooms are preferred.

Duties and Obligations:

Applicants are to provide details regarding operations, policies, procedures, and implementation of the Intensive-I/DD services including the plan for collaboration with system partners (e.g. the Division of Child Protection and Permanency (DCP&P), Care Management Organizations (CMOs), and Probation). This includes planning in the context of Child Family Teams (CFT) meetings, which should occur on site at the program.

The applicant for this program is expected to demonstrate the capacity to provide therapeutic rehabilitative and habilitative supports and services combined with individualized behavioral supports and services specific for youth with intellectual/developmental disabilities, including ASD, and co-occurring ASD and mental illness that meet Intensive-I/DD IOS.

Treatment:

All Intensive-I/DD services and interventions must be directly related to the goals and objectives established in each youth's Individual Service Plan (ISP) developed through the Child Family Team (CFT) process. Family/caregiver involvement is essential to the youth's success and should occur from the outset of treatment until transition. The proposal shall document the agency's understanding of how behaviors are a form of communication, and provide how they will rule out physical/sensory/medical causes to behavior

The ISP/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: 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 any 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.

The ISP is an integrated plan of care that also includes treatment modalities. The different types of treatment can generally be broken down into the following categories:

- Behavior and Communication Approaches (e.g. ABA, DIR/Floortime, TEACCH, Occupational therapies, etc.)
- Dietary Approaches
- Medication
- Complementary and Alternative Medicines

Intervention	Description
Naturalistic (e.g. PRT, Affinity, etc.)	The focus within these strategies is to teach the youth within the context of naturally occurring activities; thus instruction takes place during play and naturally occurring events rather than during specific instructional times. These strategies have resulted in better generalization of learned skills and ensure that children are using skills within their most natural contexts and activities. Examples of Naturalistic teaching strategies are: Affinity Therapies; Incidental teaching; Mand-Model Approach; TEACCH; Discrete Trial Teaching, etc.
ABA (inclusive of Antecedent Package; Behavioral Package; Schedules; Scripting; Parent Training)	Behavioral Analysis focuses on the principles of learning theory and techniques for increasing useful behaviors and decreasing those behaviors that may cause harm or interfere with learning. The application of the principles of learning and motivation from Behavioral Analysis and the procedures and technology derived from these principles to improve socially significant behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement in behavior. Applied Behavior Analysis (ABA) is a process of studying and modifying behavior. ABA is a well-developed scientific discipline among the helping professions that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior. These relevant environmental events are usually identified through a variety of specialized assessment methods. ABA is based on the fact that youth's behavior is determined by past and current environmental events in conjunction with organic variables such as their genetic endowment and physiological variables.
Community Inclusion (inclusive of yoga and music instruction, not music therapy)	Services provided outside of a youth's home that support and assist youth in educational, enrichment or recreational activities as outlined in his/her Service Plan that are intended to enhance inclusion in the community. This service may include yoga, music, cooking, baking, exercise, horticulture, peer mentoring, dance, art, etc.
Augmentative and Alternative Communication	E.g. PECS
SEL Skill Building (Inclusive of Pre-vocational Training)	This intervention makes available additional service components that are critical in helping youth achieve positive outcomes through their behavioral health treatment. Services are designed to assist youth in acquiring and practicing skills in areas of core competence important to navigating life challenges successfully. The services are designed to educate and build strengths in areas such as self-management and self-awareness, decision-making, social awareness, and interpersonal interactions to assist youth in remaining engaged in their community and school without involvement in legal trouble. Focus on self-management.

DIR/Floortime	DIR is the <u>D</u> evelopmental, <u>I</u> ndividual-differences, & <u>R</u> elationship-based model. The DIR® model is a framework that helps conduct comprehensive assessments and develop intervention programs tailored to the unique challenges and strengths of each child. DIR is a specific technique to both follow the youth's natural emotional interests and at the same time challenge the youth towards greater mastery of the social, emotional, and intellectual capacities.
Cognitive Behavioral Intervention Package	Interventions designed to change negative or unrealistic thought patterns and behaviors with the aim of positively influencing emotions and life functioning.
Comprehensive Behavioral Treatment for Young Children	Interventions involving a combination of instructional and behavior change strategies and a curriculum that addresses core and ancillary symptoms and behaviors of ASD.
Joint Attention Intervention	Interventions involving teaching a youth to respond to nonverbal social bids of other or to initiate joint attention interactions.
Social Communication Intervention	These psychosocial interventions involve targeting some combination impairments such as pragmatic communication skills and the inability to successfully read social situations.

A comprehensive multi-interdisciplinary evaluation and the development of an all-inclusive plan are required. The evaluation must include the following assessments:

- Psychiatric
- Medical / Nursing (including dental)
- Nutrition / Feeding
- Family / Social
- Occupational therapy
- Neurological (if indicated)
- Physical therapy (if indicated)
- Speech (if indicated)

The applicant must provide a detailed description of how the above evaluation will inform the treatment planning process, development of goals and monitoring of progress. Include timeframes and the role of the Joint Care Review (JCR) in this process.

Through this RFP, CSOC will look for applicants to imbue their program design with the system of care approach and principles of working within the continuum of care from the acquisition and generalization of behavioral, self-help, socialization, and communication skills to the ultimate goal of returning home or to a less intensive treatment setting.

Applicants are encouraged to utilize up-to-date knowledge and evidence-based promising and emerging interventions designed to address the

treatment needs of youth with I/DD, including ASD and/or co-occurring ASD and mental illness. Treatment is provided with the understanding that good mental health and positive relationships are essential to the overall health of the youth. The overriding goal of the Intensive-I/DD service is to facilitate skills so that the youth can live, learn, and participate in their communities with sufficient coping mechanisms.

Services shall include, but are not limited to:

- Comprehensive crisis planning, including but not limited to prevention, de-escalation, intervention, and debriefing;
- Behavioral management;
- Psychiatric treatment services, including routine and emergency psychiatric evaluations, medication evaluations, and prescription adjustments;
- Medication monitoring;
- Psychiatric consultation (including input into the clinical component of an individualized treatment plan developed by the multidisciplinary treatment team);
- Individual and family therapy as appropriate;
- Allied therapy;
- Trauma informed counseling (as indicated);
- Access to other services (such as psychological testing, vocational counseling, and medical services);
- Skill building;
- Structured recreational activities;
- Education and vocational opportunities including linkage to the youth's current school;
- Coordination with the Child Study Team;
- Transition planning for youth 16 years old and older;
- Support groups for parents and caregivers.

CSOC will support the awardee who successfully operationalize the principles of individualized, needs-driven, and family-focused care, and who identify strength-based strategies, and display sustainable progress throughout the course of treatment. Models of service delivery that promote persistence and creativity of professional staff are valued. Service delivery model must pay particular attention to ensure youth have a safe, stable, familiar, consistent and nurturing experience. Applicants can demonstrate this attention in their narrative concerning staffing patterns, how they intend to recruit, support, and retain qualified staff (particularly direct care milieu staff, who, in addition to providing direct supervision, will be active participants in the implementation of the behavioral plan developed by the behaviorist); site design including but not limited to: how they intend to create a well-structured and supportive environment that is less confusing or challenging and more accessible to youth with I/DD while maintaining a

healthy sensory environment that provides opportunities for movement, stimulation and lack of stimulation; community integration, and utilization and the type, scope, and frequency of family involvement. Services that are demonstrated as effective through research, evidence-based, promising, emerging practices are required.

CSOC is particularly concerned with the management, treatment, and sequelae of trauma that affects so many youth. Youth who present with challenges requiring services should also be understood in terms of their experiences of trauma and consequent difficulties in forming and maintaining healthy attachments. Studies indicate that children with disabilities are more likely to experience abuse/neglect and are at an increased risk for becoming involved in the child welfare system. Individuals with intellectual /developmental disabilities have historically been subjected to other types of traumatic events, including:

- Separation from primary relationships at an early age
- Frequent moves from residential placements
- Frequent staff changes
- Institutionalization
- Degradation
- Significant medical issues/procedures
- Extended hospitalizations

Treatment providers should not focus solely on the presenting behaviors that a youth may display, but should also assess and understand these behaviors and their etiology within the context of trauma reaction. Consequently, the regulation of behavioral symptoms alone is not sufficient; the applicant must also describe models of intervention that actively treat underlying trauma issues and supporting youth in the potential of self-regulation. For example, youth with physically aggressive behaviors are often managed with additional or altered staffing patterns, alterations to youth's schedule, and more carefully controlling the youth's movements and interactions with others, etc.

Behavioral regulation is necessary and an important aspect of serving youth well in a safe and supportive milieu. However, it is not sufficient in achieving true change and growth. Therefore, applicants are asked to 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 staffing patterns) will help youth move from being merely "managed" to being engaged in transformational treatment. This RFP asks applicants to consider the continuum of care from management to treatment to community reintegration.

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

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

Applicants must describe models of intervention that actively treat underlying trauma and consequent attachment issues. Many individuals exhibit symptoms of Post-Traumatic Stress Disorder (PTSD), which is thought to be significantly under diagnosed in individuals with intellectual/developmental disabilities. Increased isolation and fewer social opportunities and challenging behaviors often time associated with I/DD can contribute to low self-esteem and increase the probability of undetected abuse and neglect. Applicants must be cognizant of this fact and describe how they plan to assure the safety of these vulnerable youth.

Utilization of seclusion and restraint in out-of-home treatment settings is of great concern and focus of CSOC. The reduction with the ultimate goal of elimination of seclusion and restraint (S/R) use has been given national priority by the U.S. government and the CSOC. S/R is viewed as a treatment failure rather than a treatment intervention therefore inclusion of restraints as a planned intervention in a treatment plan is prohibited. It is associated with high rates of patient and staff injuries¹ and is a coercive and potentially traumatizing intervention with no established therapeutic value². *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

¹ Weiss EM, Altimari D., Blint DR., Megan K. Deadly restraint: A five-part series. The Hartford Courant. 1998. Oct 11-15; p. 1-16.

² Sailas E., Fenton M. Seclusion and restraint for people with serious mental illness. Cochrane Database of System Rev 2000. CD001163.

adults across the United States and internationally³. In an effort to reduce seclusion and restraint across all youth involved with the Children's System of Care, Applicants must submit a summary of no more than three (3) pages as part of the Appendices addressing how it will reduce the use of restraints and seclusion. 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* is available at:

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

CSOC firmly believes that the caregiver and family play a crucial role in the health and well-being of children, youth, and young adults. Families/caregivers/guardians must 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 service approach that provides families with the tools and supports pertinent to creating successful and sustainable life experiences for their children.

In order to engage the youth and family, the awardee and the members of the Child Family Team shall, whenever possible, coordinate **at least** one site visit/meeting prior to actual admission (at least two contacts and more than one visit is preferable). This will ensure that the youth and family are familiar with the setting and agency culture before engaging in care. Whenever possible, the awardee shall admit youth whose family resides within close proximity to the program in order to promote family involvement.

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

³ National Association of State Mental Health Program Directors. Six Core Strategies for Reducing Seclusion and Restraint Use. Revised 2006.

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.⁴

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. CSOC strongly encourages the awardee to facilitate peer-to-peer support groups for the families and deploy their clinical staff to interact with the families in order to apprise them of their children's progress and ongoing challenges

If a return to the family home is not a viable transition plan, the treatment team shall carefully plan towards the next potential transition. Considering that each out-of-home treatment setting that a youth experiences is a life altering experience, transitional planning must be approached with clear purpose and expectations. Applicants are to provide specific examples as to how family engagement will be initiated and sustained. Applicants are to include plans for collaboration with system partners, including, but not limited to, the Division of Child Protection and Permanency (DCP&P), Care Management Organizations (CMO) and the Division of Developmental Disabilities (DDD).

The Intensive-I/DD IOS addresses a youth's individualized needs through cyclical assessments, services, and treatment that focuses 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 ISP/treatment plan. Applicants are asked to fully articulate their ability to collaborate fully with the CFT in the treatment planning process as full and equal participants. Family/guardian/caregiver involvement is fundamental and essential, and, unless contraindicated, should occur consistently and on a regular basis (or as determined in the ISP/treatment plan). Additionally, applicants must describe their plan to collaborate with Care Management Organizations and Probation Officers (if youth is on probation). Cooperation and understanding between the members of the CFT and Probation Officers is crucial to the youths' successful return to their family home and communities.

⁴ Blau, G, Caldwell, B & Lieberman, R. Residential Interventions for Children, Adolescents, and Families. New York. 2014. 34-45.

The awardee must integrate resources for planned, purposeful, and therapeutic activities that encourage developmentally appropriate autonomy and self-determination within the community. Robust interactions based on group psycho-metrics are encouraged in order to better prepare for the youth's transition. Treatment issues must be addressed by means of a therapeutic milieu, which is fundamental at this intensity of service.

Course and Structure of Treatment:

Of primary importance is the establishment of a multi-disciplinary treatment team with specific and delineated functions. Interaction with youth shall emanate from a non-institutional point of view. The treatment team **must** include, but is not limited to the following individuals:

- Youth
- Family members
- Natural supports as identified and selected by the youth and family
- CSOC care management entity, Care Management Organization
- DCP&P Case Management entity (if applicable)
- Intensive In-Home Services when part of plan to discharge youth home
- Probation (if applicable)
- Psychiatric Care Provider*
- Nurse (Supervising RN)
- Allied Therapist(s)
- Behavior Specialist
- Milieu staff
- Behavior Technician
- Educational professionals
- Licensed clinicians
- Program Director
- Occupational and Speech Therapists
- Any other involved treatment providers (for example: physical therapy)

*A psychiatric care provider is a Child and Adolescent Board Certified Psychiatrist M.D.

Within the first 48 hours of admission, the treatment team will:

- Develop an initial crisis plan for each youth. The crisis plan will identify triggers and provide specific interventions for staff and be updated on a regular basis;
- Provide the youth with a thorough orientation to all aspects of the program, conducted by both agency staff and current residents;
- Assure that the family members are oriented to the service;

- Complete and file all necessary consents and releases;
- Complete IMDS Strengths and Needs Assessment;
- Complete a nursing assessment and incorporate it into the initial treatment and crisis plan;
- Complete a pediatric assessment and report;
- Provide the youth and family with copies of the initial crisis plan;
- The youth's home school district will be contacted by the next business day following admission to discuss whether the youth can remain in his/her current educational placement; if it is not appropriate for the youth to continue at his/her current educational placement alternative educational placements shall be discussed and the coordination of transportation initiated.
- Obtain all required admission documents;

Within the first 96 hours, the youth will have the following assessments completed:

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

Within 30 days of admission the treatment provider will:

- Conduct a treatment team meeting resulting in a comprehensive treatment, crisis and discharge plan (Individualized Service Plan, ISP) that integrates all of the treatment team's input, assessments and recommendations. The treatment plan shall contain clearly delineated goals and objectives with specified timelines and benchmarks for success, including a detailed description of the treatment goals that must be attained in order for the youth to be considered discharge ready;
- Complete a nutritional screening;
- Arrange educational programming;
- Complete a Functional Behavioral Assessment if appropriate and Behavior Support Plan;
- Complete and submit the ISP to the CSA and obtain CSA approval.

Each day the treatment provider will:

- Provide comprehensive and well documented communication, sharing significant events, youth successes/behaviors, and other relevant information across disciplines, activities and time frames;
- Convene meetings for change of shifts to relay/monitor the emotional state of each youth;
- Engage all youth in structured skill building activities tailored to meet their individual needs. Participation will be documented daily;
- Identify one milieu staff and an alternate on each shift to dispense medication as prescribed. A Licensed Practical Nurse will monitor

the medication logs daily and provide milieu staff with medication consultation as needed;

- Convene beginning and end of day meetings to “check in” with the emotional state of 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 addendum to 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;
- Practice consistent administrative oversight and support to milieu staff, including weekends and holidays;
- Ensure that the Behavior Technician will have daily communication with each House Manager regarding the youth.

60 Days Prior to discharge:

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

For those youth being transitioned home and where a need is demonstrated, Intensive In-Home Habilitative Supports (IIH) or Intensive In-Community/ Behavior Assistance (IIC-BA) will be built into the community plan. In order to provide for a seamless transition back home for the youth, the IIH or IIC-BA provider will visit the Intensive—I/DD program, as deemed clinically appropriate by the CFT. The IIH or IIC-BA provider will gather information through observation and interaction with the youth and review the youth’s clinical records. Awardee(s)’s behavior specialist and/or any other treatment team members (nurse, dietician, occupational therapist etc.) will accompany the IIH or IIC provider during the visit.

This visit is an introduction for the I/H or I/C-BA provider to the youth prior to going into the home and equips the I/H or I/C-BA provider with a strong understanding of the youth's treatment needs and behavior plan. In particular, this will enable the I/H provider to train the parents/caregiver on the behavior support plan and modify it where needed more quickly. The I/H or I/C-BA provider's familiarity with the family will provide a sense of security and increased confidence for the family.

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. Applicants must demonstrate, through narrative, budget (Annex B), and with necessary letters of affiliation, that guidelines below are achievable. The Applicant must sign, date and submit the Certification of Service and Minimum Staffing Requirements-Intensive- I/DD attestation (attached as **Exhibit E.**)

All youth will have daily contact with a Licensed Practical Nurse under the supervision of a Registered Nurse and a Behavior Specialist supervised by a certified Psychologist that is in regular consultation with a psychiatrist. While youth may not receive individualized therapy on a daily basis, they will be assigned a therapist who will provide: primarily family therapy and individual and group therapy that may consist of modified treatment strategies depending on youth's developmental stage. The psychologist will however provide daily consultation to the behavior specialist; and observation, assessment and intervention when needed in support of the youth, behavior specialist and milieu staff. As an added means of support, the program must have a 1:2 staffing ratio, with a minimum of 2 awake staff per house on all shifts. The applicant must demonstrate in the RFP how they will provide 1:1 supervision as needed. Required supervision ratios must be maintained during crisis situations.

Ratio Requirements: All youth will be properly supervised; a ratio of 1 staff for every 2 youth (with a minimum of 2 (milieu and/or professional) staff at all times) must be maintained on all shifts within each house.

House Staff: (dedicated and required for each house)

House Managers (Full-time and on-site): Bachelors level practitioner(s) with 3-5 years of supervisory experience and relevant experience with youth with I/DD challenges or an unlicensed Master's level practitioner with 1-year relevant experience will:

- Supervise milieu staff and schedules;
- Oversee daily operational aspects of the house;
- Arrange and participate in family orientation;
- Provide case management;
- Review and sign all required paperwork (within 24 hours);
- Provide on-site family psycho-educational activities consistent with the comprehensive treatment and discharge plan;
- Attend treatment team meetings;

Milieu Staff: Bachelor’s level practitioner(s) with 1 year relevant experience or high school diploma practitioner with 3-5 years of relevant experience providing direct care to youth with I/DD challenges in a behavioral health agency or institutional setting, will:

- Participate in the youth orientation (within the first 24 hours of admission);
- Provide and supervise milieu activities;
- Actively participate in the ongoing implementation of the behavioral plan developed by the behaviorist
- Provide community integration via focused recreational activities;
- Provide direct youth supervision;
- Attend treatment team meetings;
- Provide pre-vocational skills training;
- Provide Positive Behavioral Supports;
- Administer medication as prescribed, under supervision of LPN as needed
- Collect and record data;
- Provide Instruction/assistance in ADL’s.

“Hub” Professional Staff:

Program Director (full-time) with a Master’s degree in relevant field, (10) years of experience; (5) years post M.A. experience in the I/DD and Autism field (at least five year shall be in a supervisory capacity) will:

- Deploy qualified staff to manage each house;
- Provide support and oversight exclusively to this program;
- Review youth referrals and coordinate admission;
- Oversee all Quality Assurance/Program Improvement activities with a focus on attaining bench-mark activities for all direct care milieu staff;
- Attend treatment team meetings

Psychologist: Ph.D. or PsyD and (10) years of experience working with the I/DD population, particularly autism will:

- Provide coordinated support with agency staff and participating as part of the CFT;
- Provide clinical oversight;
- Provide direct supervision of the behavior specialists and behavior technicians;
- Works closely with the psychiatrist, program director, and RN;
- Develop a comprehensive treatment and discharge plan.

Master's Degree Behavior Specialists, (e.g. BCBA) flexible to the needs of the youth; with a minimum (3) year working with the I/DD population, particularly autism (full-time, 40 hours per week, varying shifts) will:

- Under the supervision of the psychologist develops and implements behavior plans;
- Implement behavioral support interventions and activities;
- Provide interventions based on youths' needs;
- Complete the initial crisis plan development, documentation, and consultation (within the first 48 hours of admission);
- Complete the initial crisis plan debriefing with family and youth (within the first 48 hours of admission);
- Implement the individualized behavior plan;
- Provide training and supervision to support staff;
- Modify the behavioral plan based on frequent, systematic evaluation of direct observational data;
- Attend Monthly Treatment Team Meetings.

Behavior Technicians: Bachelor's degree in psychology, special education, guidance and counseling, social work or a related field; At least one year of supervised experience in implementing behavior support plans for youth who have Intellectual/Developmental Disabilities; or High School diploma; or GED; and at least three years of supervised experience in implementing behavior support plans for youth who have intellectual/developmental disabilities:

The Behavior Technician on varying shifts will:

- Provide instruction in Activities of Daily Living;
- Implement all youth's individualized Behavioral Support Plan;
- Provide individual behavioral supports such as Positive Behavioral Supports;
- Provide training/coaching for the youth to meet the individual's behavioral needs;
- Provide modeling for staff and families, as needed.

Clinicians: Clinically licensed (LCSW, LPC, LMFT, PhD) to practice in New Jersey with a minimum of one year experience working with youth with family systems (40 hours per week, flexible shifts based on family need):

The Clinician will:

- Serves as a liaison between the program and the family. Provide family therapy with family of origin or natural supports with regularity so that the family is aware of the ongoing treatment and challenges of their child. They will also interact with the family and the CFT during the referral and admission process;
- Complete a Bio psychosocial (BPS) assessment and report within the first week of admission;
- Complete IMDS Strengths and Needs Assessment (within the first 24 hours and as needed);
- Provide individual therapy, if applicable;
- Provide group therapy, if applicable;
- Attend and facilitate treatment team meetings.

Allied Therapies which are defined as activities that are structured, guided, and participatory in nature; examples may include, but are not limited to: yoga, movement, music, art therapy, vocational, etc. Allied therapies must be directly related to the youth's treatment planning needs. Allied therapies may occur both on grounds and within the community. Preferred credential is Bachelor's Degree in related field. All allied therapists must have a minimum of one (1) year experience working with I/DD and particularly youth with autism; credential must be appropriate to therapy offered. Allied therapist will:

- Provide, as recommended, in the treatment plan;
- Complete Recreation/Leisure Assessment and report (within the first week).

Board Certified Child Psychiatrist Licensed in the State of New Jersey will:

- Complete a Psychiatric Intake Assessment and report;
- Complete assessment, along with RN, to identify evident medical conditions that may be contributing to target behaviors;
- Participate in the development of the initial treatment and crisis plan;
- Participate in medication management meetings;
- Complete clinical visit with each youth, as needed;
- Provide clinical consultation with family, as needed;
- Coordinate all medical care;
- Attend treatment team meetings;
- Provide 24/7 availability.

Registered Nurse (RN) with a current New Jersey registered nursing license and one year direct care nursing experience with children will provide the following (40 hours per week, 24 on call availability):

- Provide supervision and deployment of the Licensed Practical Nurse (LPN);
- Complete, along with psychiatrist, assessment to identify evident medical conditions that may be contributing to target behaviors;
- Implement a quality assurance program;
- Complete medication audit;
- Provide consultation, as needed.

Licensed Practical Nurses (LPNs) with a current New Jersey practical nursing license and three years of direct care nursing experience with children shall be responsible for the following under the supervision of a RN, will(24/7 on site coverage, 40 hours per week):

- Complete nursing assessment and report (within the first 24 hours);
- Assess the physical condition of the youth under the direction of the Medical Director or Psychiatrist/APN and integrate findings into the youth's treatment plan;
- Provide education and support to direct care milieu staff on the administering of medications and possible side effects, under the direction of the Psychiatrist, APN or physician;
- Provide injections of medication, as needed and directed by the prescribing physician(s); and
- Monitor medication;
- Attend shift change meetings;
- Provide health/hygiene/sex education to youth;
- Provide medication education to youth;
- Attend treatment team meetings.

Occupational Therapist (OT) Master Degree in Occupational Therapy, appropriate NJ license and 3 years of experience working with children, shall be responsible for the following will:

- Promotes skill development and independence in activities of daily living (ADL);
- Provides treatment for sensory processing difficulties;
- Identify and eliminate environmental barriers to participation and daily activities;
- Attend treatment team meeting;
- Provide other services as identified in treatment plan.

Speech Therapist (ST) Master or doctoral degree in speech language pathology, OR a person certified as a speech language specialist certified by the NJ state department of education will:

- Provide individualized techniques that assist with developing communication skills;
- Train milieu staff and family members to implement communication techniques;
- Provide other services as identified in treatment plan;
- Attend treatment team meetings.

Pool Milieu Staff (PS) - Bachelor's level practitioner(s) with 1 year relevant experience or high school diploma practitioner with 3-5 years of relevant experience providing direct care to youth with I/DD challenges in a behavioral health agency or institutional setting, will provide supports and services as needed, exclusively to the youth residing in this program. PS activities will include:

- Providing and supervising milieu activities;
- Providing community integration via focused recreational activities;
- Providing direct youth supervision;
- Providing 1:1 supervision;
- Attending treatment team meetings;
- Providing pre-vocational skills training;
- Providing Positive Behavioral Supports;
- Collecting and recording data;
- Providing instruction/assistance in ADL's;
- Providing transportation (as needed).

Dietician-with appropriate credentials and experience, to be utilized upon admission and as needed to identify and coordinate appropriate dietary needs in conjunction with medical staff.

Staff Training

All staff must be appropriately trained in both mental health and developmental disabilities. Required trainings include but are not limited to:

- Positive Behavioral Supports
- Nurtured Heart Approach
- Six Core Strategies to reduce the use of seclusion and restraint
- Identifying developmental needs and strengths
- Crisis management
- Suicide prevention
- Trauma informed care

- Develop the needed skills to complete Functional Behavioral Assessment activities as well as to implement and adapt proactive intervention plans
- Danielle's Law
- Human Trafficking
- Basic First Aid and CPR
- HIPAA
- CSOC and CSA's Electronic Health Record (EHR) Training
- 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.

Clinical staff/Administrative staff/Milieu staff shall receive advanced training annually to be provided by the agency, an outside source, or, if designated administrative agency staff who satisfactorily completes the training and in turn trains the remaining staff (ex. DSM 5, Positive Behavior Support).

Student Educational Program:

The awardee will be responsible for ensuring that youth receiving Intensive-I/DD 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 grantee 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.

Youth should be assessed in collaboration with the local school district and Child Family Team for their ability to obtain educational services. Understanding the high acuity of the youth, the proposal should describe how education will be provided to the youth in the community and/or on-site setting.

If awardee is an organization that operates a DOE approved private school for students with disabilities, the applicant must demonstrate that

arrangements have been made with the local school district to enroll and serve general education students.

Awardee 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 Intensive-I/DD program. The school district may charge the individual student's parental District of Residence for the cost of the educational program and services.

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 grantee 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 Intensive-I/DD 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, including but not limited to 42 C.F.R. Part 2.

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 grantee 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;
- Problem resolution strategies; and
- Mechanisms to stay abreast of the educational progress of each student;
- Ongoing participation in the educational program of each student.

Applicants 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 represents 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 Intensive-I/DD 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 should 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 10:44A.
- 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 upon discharge;
- 70% of all youth will have maximum length of stay up to 12 months;
- 80% of all youth will be receiving the appropriate educational services 80% of the time while present at the program;
- 80% of all youth served will show improvement on identified strengths 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;
- 90% of all youth will show an improvement on life skills assessments (life skills assessments show improvement in outcome measures);
- 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 Providers

Central Registry

Agencies that are licensed contracted and/or regulated by DCF and provide services to individuals with developmental disabilities are required to comply with the Central Registry of Offenders against Individuals with Developmental Disabilities law, N.J.S.A. 30:6D-73 et seq.

This important law provides a mechanism for preventing caregivers with substantiated allegations of abuse, neglect or exploitation against individuals with developmental disabilities from continuing to work within the DD community.

The names of individuals substantiated for abuse, neglect and/or exploitation against individuals with a developmental disability are listed in the web-based Central Registry maintained by the Department of Human Services. Individuals on the Central Registry are barred from working in DCF-funded programs for persons with developmental disabilities.

Thus, the awardee(s) will need to ensure that none of the staff providing services under this RFP are listed on the Central Registry. CSOC will facilitate the awardee(s)’s access to the Central Registry by submitting the names of the awardees to the DHS Central Registry unit.

DHS will contact the awardee upon notification from DCF and provide further information on accessing the Central Registry.

Agencies must also comply with Danielle's Law (www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html)

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 Federal Licensure standards. DCF Office of Licensing standards as specified in the Standards for Community Residences for Individuals with Developmental Disabilities (N.J.A.C.10:44A) can be accessed at:

<http://www.state.nj.us/humanservices/ool/licensing/>

Accreditation

It is a preference of CSOC that Applicants to this RFP are Joint Commission, COA, or CARF accredited.

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)

Awardee must have the 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 process to manage admissions and discharge. Training will be provided.

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 annualized funding up to \$4,828,950 subject to budget appropriations. There will be one award for a cluster of 15 beds total.

The per diem rate per youth is \$882 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 including but not limited to the youth's personal needs, e.g. toiletries, clothing, etc. Reimbursement is based exclusively on occupancy. **CSOC does not guarantee 100% occupancy.**

Matching funds are not required.

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

Operational start-up costs of up to 5% of award are permitted. Applicants must provide a justification and detailed summary of all expenses that must be met in order to begin program operations-under Budget.

The program shall be operational within 120 days of being awarded. Extensions will 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.**

The Department of Children and Families will not reimburse any expenses incurred prior to the effective date of the contract.

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 had 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 appropriate, 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 have the program operational within 120 days of award. Extensions may be available through a 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 <http://fedgov.dnb.com/webform>
12. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

F. RFP Schedule:

November 23, 2016	Notice of Availability of Funds/RFP publication
January 5, 2017 at 12:00 PM	Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us
February 1, 2017 at 12:00 PM	Deadline for Receipt of Proposals by 12:00PM

Proposals received after 12:00PM on February 1, 2017 will **not** be considered. Applicants shall submit **one (1) signed original** and should **one CD ROM**, including a signed cover letter of transmittal 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 five (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 Bidder's Conference will result in automatic bid rejection.**

1. 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- 20 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.

2. 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 an Out of Home 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.

The Minimum Staffing Requirements form is attached as **Exhibit E.** Applicants must sign and submit this form with their response to the RFP.

The Community Agency Head and Employee Certification, Permission for Background Check and Release of Information form is attached as **Exhibit F.** The Community Agency Head must sign and submit this form with their response to this RFP.

The Vignette is attached as **Exhibit G.** Applicants must submit their response to the Vignette with their response to this RFP.

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 following documents listed in **Exhibit D: CSOC Post-Award Documents Required for Contract Formation To Be Submitted if the Response to the Out of Home 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 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.** There is a 35 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. For example: items included in the transmittal cover letter, Appendices, Annex B budget pages, and attachments do not count towards the narrative page limit. It is preferred that all submissions whether on the CD or online be submitted in a searchable pdf format. If additional items are provided than are listed, the Applicant may provide them but it is not certain that the evaluation team shall review them. These documents are to be separated from the proposal and included as a separate pdf document on the CD or in the online submission.

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

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. 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 Applicant is working toward a cultural competency plan that describes actions you 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. If your agency is able to provide services to bi-lingual and/or non-English speaking youth and families, please provide a clear description of what services will be provided 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. Attach a Proposed Organizational Chart for the services to be provided.

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 Applicant, the funding sources and all available evaluation and outcome data.

(2) Program Approach

(40 Points)

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

Service Description

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 a clear understanding of the target population as described in the RFP,

- Provide specific details how the youth with substantial limitations 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;
- Provide detailed explanation on how applicants intend to recruit, support, and retain qualified staff (particularly direct care milieu staff), which will maintain the stable, familiar, consistent and nurturing environment mentioned above;
- Explain how the family will be engaged and integrated into the program, in order to sustain their involvement;
- Provide specific examples as to how family engagement will be initiated and sustained throughout the treatment planning process.
- Articulate the evaluative process to understand the etiology of the behaviors;

Fully articulate and demonstrate the intervention model, including the use of evidence based, informed, or suggested interventions that are developmentally appropriate for the youth described in the target population;

- Provide specific details regarding the plan for staff training, implementation, and sustainability of the service modalities as described above.
- Demonstrate clearly how team structure, supervision, and staffing patterns will be developed, thus creating relationships with milieu staff that will help youth move from being “managed” to being engaged in treatment;
- Describe milieu staff’s supervision of youth and staff/youth ratios;
- Incorporate age and developmentally appropriate daily living skills as a component of the youth’s treatment plan that will enhance the manner in which the youth’s individualized living skills are integrated into the service delivery to optimize independence; this should include the real-life application of these skills in provided core areas;
- Describe, through policy and procedures: documentation, mechanisms for communication, responsiveness, flexibility, & creativity of treatment teams;
- Applicants provide details regarding the plan to collaborate with system partners. This includes planning in the context of Child Family Teams (CFT) meetings, which should occur on site at the program.

- Applicant clearly describes the methodology in detail for understanding, responding to and treating aggressive behaviors;
- Demonstrate experience with, understanding of, and integration of issues of trauma in youth and how it will be integrated into the treatment plan;
- Articulate how both implicit and explicit trauma will be addressed within the context of staff support and assessment/treatment.
- Describe how *The Six Core Strategies for Reducing Seclusion and Restraint Use* will be implemented within the program model and will address the six core strategies.
- Include a Table of Contents for developmentally appropriate psycho-educational groups, ;
- Identify and describe the geographic location(s) of the services; include information if housing has been tentatively identified/obtained
- Describe youth eligibility requirements, referral processes, and include awareness and agreement with CSOC's no eject no reject policy;
- Provide a feasible timeline for implementing the proposed services. Attach the completed Program Implementation Schedule attached as Exhibit H.
- Provide a detailed week-by-week description of your action steps in preparing to provide this service. At a minimum, detail when and who will:
 - Secure and ready each site
 - Secure licensing from OOL from staff and site
 - Recruit all necessary staff
 - Train all staff
 - Complete Medicaid application
 - Complete Provider Information File and meet with the CSA
 - 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 youth's 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.);

- Describe policy or procedures regarding strategies and activities that will support community reintegration- that are realistic and developmentally appropriate for the youth described in the target population. Include sample community activities;
- Three (3) written **professional letters of support** on behalf of the applying individual/agency specific to the provisions of services under this RFP (references from New Jersey State employees are prohibited). One should come from an individual or organization whose mission is serving people with intellectual/developmental disabilities. Please include telephone numbers and e-mail for all references so they may be contacted directly.

Program Planning Requirements for Student Education and/or Child Care (if applicable)

- 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 (if applicable).

Program Operation Requirements for Student Education

- Articulate and clearly describe:
 - Strategies to coordinate clinical treatment with educational planning and service delivery;
 - Strategies for daily before & after-school communication 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 program director and describe the job responsibilities;
 - Describe the proposed staffing in the narrative by service component, include daily, weekly and monthly schedules for all staff positions;
 - Describe any consultants & their qualifications, include a consultant agreement if applicable;
 - Provide letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care;
- Describe in the narrative 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 model that includes all required training per 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.
- 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.

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.

The Standards are available at:

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

(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.

Outcome Evaluation:

This RFP represents 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 Intensive -I/DD 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 should 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 10:44A.

- 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 upon discharge;
- 70% of all youth will have maximum length of stay up to 12 months;
- 80% of all youth will be receiving the appropriate educational services 80% of the time while present at the program;
- 80% of all youth served will show improvement on identified strengths 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;
- 90% of all youth will show an improvement on life skills assessments (life skills assessments show improvement in outcome measures);
- 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.

(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. Provide a line item budget and narrative for the proposed project/program. Include the Budget Narrative as part of Exhibit J. This will not be included as part of the 35 page limitation.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The Annex B budget shall reflect a 12 month itemized operating schedule. All costs associated with the operationalizing the program must be clearly delineated. The proposed budget should be based on 100% occupancy and may not exceed \$882 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 and shall be identified in a separate column.

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. The budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or “other” items. 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. 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.
- Costs must be reflected on a separate schedule and attached as an appendix for “facility renovation costs”.
- If requesting consideration for minor “facility renovation”, applicants must obtain three bids for work to be done.
- For equipment purchase (please Contract Policy P4.05).
- All start-up costs are subject to contract negotiations.
- Start-up cost funds will be released upon execution of finalized contract and are paid via Schedule of Estimated Claims (SEC).
- Start-up costs are to be delineated on separate column in the proposed Annex B Budget.

The awardee must adhere to all applicable State cost principles. Standard DCF Annex B (budget) forms are available at: <http://www.state.nj.us/dcf/providers/contracting/forms/> and a description of General and Administrative Costs are available at <http://www.state.nj.us/dcf/providers/notices/>

(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 internationally⁵. Applicants are required to submit as part of the required 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* is available at:

http://www.nasmhpd.org/sites/default/files/Consolidated_Six_Core_Strategies_Document.pdf

⁵ National Association of State Mental Health Program Directors. Six Core Strategies for Reducing Seclusion and Restraint Use. Revised 2006.

(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 and accuracy of all supporting documentation.

(7) Vignette (10 Points)

The attached vignette describes a youth’s behaviors and needs typically seen in youth appropriate for this Intensity of service. The Applicant must provide a clear description of developmentally appropriate interventions that address each of the behaviors listed in the vignette. **The Vignette is attached as Exhibit G and shall be submitted with RFP proposal.**

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and a CD ROM containing all the documents in PDF or Word format. It is preferable that the PDF format be searchable.

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"/>	Proposal Cover Sheet – Use the RFP forms found directly under the Notices section on: Website: www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc
<input type="checkbox"/>	Table of Contents – Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices for paper copies, CD and electronic copies.
<input type="checkbox"/>	Proposal Narrative (35 page limit) in following order: <ul style="list-style-type: none"> a) Applicant Organization b) Program Approach c) Outcome Evaluation d) Budget and Budget Narrative e) Reduction of Seclusion and Restraint f) Vignette

		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 Section</u>
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 for individuals with intellectual and developmental disabilities under this RFP/RFQ (references from New Jersey State employees are prohibited). 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.
11.	<input type="checkbox"/>	A copy of the letter from the accrediting body regarding the agency's accreditation status. If not applicable, include a written statement.

EXHIBIT C

CSOC Pre Award Documents Required to Be Submitted with a Response to an Out of Home RFP

Rev. 7-1-16

▶ CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RFP RESPONSE:	
1	<input type="checkbox"/> Signed Standard Language Document (SLD) [Version: Rev. June 6, 2014] Form: http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
2	<input type="checkbox"/> Business Associate Agreement/HIPAA , with signature under Business Associate [Version: Rev. 9-2013] Form: http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc
3	<input type="checkbox"/> Source Disclosure Certification Form [P.L. 2005, c 92-formerly Executive Order 129] Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf
4	<input type="checkbox"/> Dated List of Names, Titles, Addresses & Terms of Board of Directors --or-- Managing Partners , if an LLC or Partnership
5	<input type="checkbox"/> Disclosure of Investigations & Other Actions Involving Bidder Form (PDF) http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf
6	<input type="checkbox"/> Disclosure of Investment Activities in Iran (PDF) http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf
7	<input type="checkbox"/> <u>For Profit:</u> Statement of Bidder/Vendor Ownership Form (PDF) http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf
8	<input type="checkbox"/> Subcontract/Consultant Agreements related to this RFP/RFQ - If not applicable, include a written statement
9	<input type="checkbox"/> Document showing Data Universal Numbering System (DUNS) Number [2006 Federal Accountability & Transparency Act (FFATA)] Website: http://www.dnb.com Helpline: 1-866-705-5711
10	<input type="checkbox"/> Certificate of Incorporation Website: http://www.nj.gov/treasury/revenue/filecerts.shtml
11	<input type="checkbox"/> <u>For Profit:</u> NJ Business Registration Certificate with the Division of Revenue. See instructions for applicability to your organization. If not applicable, include a written statement. Website: http://www.nj.gov/njbusiness/registration/
12	<input type="checkbox"/> Agency By Laws or Management Operating Agreement if an LLC
13	<input type="checkbox"/> Tax Exempt Certification Website: http://www.state.nj.us/treasury/taxation/exemption.shtml
14	<input type="checkbox"/> Statement of Assurances - Use the RFP forms found directly under the Notices section on Website: www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc

CONTRACT DOCUMENTS TO BE SUBMITTED <u>ONCE</u> WITH THE RFP RESPONSE: (continued)	
15	<input type="checkbox"/> Safe-Child Standards Description – Submit a brief statement demonstrating ways in which your agency will implement the “Standards” (2 pgs. max. double spaced) Policy: http://www.state.nj.us/dcf/SafeChildStandards.pdf
16	<input type="checkbox"/> For Profit: Two-Year Chapter 51/Executive Order 117 Vendor Certification --and-- Disclosure of Political Contributions [Version: Rev 4/17/15] See instructions for applicability to your organization. If not applicable, include a written statement. Website: http://www.state.nj.us/treasury/purchase/forms.shtml
17	<input type="checkbox"/> Chapter 271/Vendor Certification and Political Contribution Disclosure Form Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf
18	<input type="checkbox"/> Proposed Annex B Budget Form documenting anticipated budget (Include Signed Cover Sheet) Annex B: http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
19	<input type="checkbox"/> Proposed Program Implementation Status Update Form documenting anticipated implementation schedule Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html
▶ CONTRACT DOCUMENTS TO BE SUBMITTED WITH THE RFP RESPONSE & <u>ANNUALLY</u> UPDATED THEREAFTER:	
20	<input type="checkbox"/> System for Award Management (SAM) printout showing "active" status (free of charge) Website: https://www.sam.gov/portal/public/SAM Helpline: 1-866-606-8220
21	<input type="checkbox"/> Tax Forms: <u>Non Profit</u> Form 990 Return of Organization Exempt from Income Tax --or-- <u>For Profit</u> Form 1120 US Corporation Income Tax Return --or-- <u>LLC</u> Applicable Tax Form and may delete or redact any SSN or personal information
22	<input type="checkbox"/> Affirmative Action Certificate --or-- Renewal Application [AA302] sent to Treasury Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf
23	<input type="checkbox"/> Most recent Audit or Financial Statement (certified by accountant or accounting firm) <u>Audit</u> : For agencies expending over \$100,000 in combined Federal/State Awards --or-- <u>Financial Statement</u> : For agencies expending under \$100,000 Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf
24	<input type="checkbox"/> Annual Report to Secretary of State. Please provide a copy of your filing confirmation and/or report. Website: https://www1.state.nj.us/TYTR_COARS/JSP/page1.jsp
25	<input type="checkbox"/> Certification Regarding Debarment Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf
26	<input type="checkbox"/> <u>Non Profit</u> : Annual Report - Charitable Organizations - If not applicable, include a written statement Website: http://www.njpublicsafety.org/ca/charity/charfrm.htm
27	<input type="checkbox"/> Professional Licenses related to job responsibilities for this RFP - If not applicable, include a written statement
28	<input type="checkbox"/> Proposed Organizational Chart for Services Required by this RFP
29	<input type="checkbox"/> Proposed Program Staffing Summary Report (PSSR) documenting anticipated staff levels and assignments Form: OOH Program Staffing Summary Report April 2015.xls Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html

EXHIBIT D

CSOC Post-Award Documents Required To Be Submitted for Contract Formation If the Response to the Out of Home RFP Results in an Award

Rev. 06-29-16

▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT:	
1	<input type="checkbox"/> Acknowledgement of Receipt of NJ State Policy & Procedures returned to the DCF Office of EEO/AA Form: http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf Policy: http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf
2	<input type="checkbox"/> <u>For Each Site Hosting Youth</u> : Certificate of Occupancy --or-- Continued Certificate of Occupancy (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.
3	<input type="checkbox"/> <u>For Each Site Hosting Youth</u> : Copy of Lease, Mortgage --or-- Deed (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.
4	<input type="checkbox"/> Document showing NJSTART Vendor ID Number (NJ's eProcurement system) Website: https://www.njstart.gov Help Desk: Call 609-341-3500 --or-- Email njstart@treas.nj.gov
5	<input type="checkbox"/> <u>If Applicable</u> Signed Schedule of Estimated Claims (SEC) - Provided by contract administrator if applicable
6	<input type="checkbox"/> Updated Annex B Budget Form -updates to the proposed Annex B Budget Form submitted with the Response to the RFP (Include Signed Cover Sheet) Annex B: http://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls Note: Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
7	<input type="checkbox"/> Updated Program Staffing Summary Report (PSSR) -updates proposed PSSR submitted with the Response to the RFP Form: OOH Program Staffing Summary Report April 2015.xls Website: http://nj.gov/dcf/providers/contracting/forms/csoc.html
8	<input type="checkbox"/> A request for OOL Waiver if applicable for Hub Model Configuration in accordance with OOL communications.
9	<input type="checkbox"/> Medicaid Provider Enrollment Application provided by Contract Administrator.
▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD WITH THE INITIAL CONTRACT & WHEN RENEWED OR AMENDED:	
10	<input type="checkbox"/> <u>If Applicable</u> Annex A (Include: Summary, Agency Documents 1.1, 1.2, 1.3 & Program Component Documents 2.1, 2.2, 2.3, 2.4 & 2.5) --or-- other CSOC Approved Form Annex A: http://www.nj.gov/dcf/providers/contracting/forms CSOC Form: Provided by contract administrator if applicable (e.g. OOH Annex A Attestation, Program Summary Form, PSSR)
11	<input type="checkbox"/> <u>If Applicable</u> Annex A Addendum (For Each Program Component) - Submitted online in CYBER
12	<input type="checkbox"/> <u>If Applicable</u> Annex B-2 - Provided by contract administrator if applicable.

▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & <u>ANNUALLY</u> UPDATED THEREAFTER:	
13	<input type="checkbox"/> Liability Insurance (Declaration Page and/or Malpractice Insurance) 1. Certificate Holder: NJDCF, 50 East State St., Floor 3, POB 717, Trenton, NJ 08625 --and-- 2. Policy should state in writing that DCF is an "additional insured" Refer to policy for Minimum Standards for Insurance: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf
14	<input type="checkbox"/> Employee Fidelity Bond Certificate (commercial blanket bond for dishonest acts) Refer to policy for Minimum Standards for Insurance: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf Note: Must be at least 15% of the full dollar amount of all State of NJ contracts for the current year when the combined dollar amount exceeds \$50,000. If not applicable, include a written statement.
▶ CONTRACT DOCUMENTS TO BE SUBMITTED AFTER AWARD & <u>ANNUALLY</u> THEREAFTER: (continued)	
15	<input type="checkbox"/> Notification of Licensed Public Accountant (NLPA) --and-- copy of non-expired Accountant Certification Form: http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc Note: Not required for agencies expending under \$100,000 in combined Federal/State Awards. If not applicable, include a written statement.
16	<input type="checkbox"/> For Each Site Hosting Youth: Health/Fire Certificates (e.g. AAS, OVR, OOH programs) If not applicable, include a written statement.
17	<input type="checkbox"/> For Each Site Hosting Youth: Current DCF Office of Licensing Certificate (e.g. OVR & OOH programs) If not applicable, include a written statement. Website: http://www.state.nj.us/dcf/about/divisions/ol/index.html
18	<input type="checkbox"/> Equipment Inventory for items purchased with DCF Funds - If not applicable, include a written statement. Policy: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf
19	<input type="checkbox"/> Annual Report of Expenditures (ROE) Annex B (within 120 days of FY end) Form: http://nj.gov/dcf/providers/contracting/forms/
20	<input type="checkbox"/> Significant Events (see DCF.P1.11) Website: http://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf
▶ CONTRACT DOCUMENTS TO BE MAINTAINED ONSITE BY PROVIDER:	
21	<input type="checkbox"/> Copy of Most Recently Approved Board Minutes
22	<input type="checkbox"/> Personnel Manual and Employee Handbook (include staff job descriptions)
23	<input type="checkbox"/> Affirmative Action Policy/Plan
24	<input type="checkbox"/> Conflict of Interest Policy and Attestation Form: http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf
25	<input type="checkbox"/> Procurement Policy Policy: http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf

* 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

Question and Answer:

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

Questions must be submitted in writing via email to: DCFASKRFP@dcf.state.nj.us.

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 through DCFASKRFP@dcf.state.nj.us.

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

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

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

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

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

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

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

affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

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

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

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

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

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

EXHIBIT B
TITLE 10. CIVIL RIGHTS
CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS

N.J. Stat. § 10:2-1 (2012)

§ 10:2-1. Antidiscrimination provisions

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

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

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

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

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

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

EXHIBIT E
New Jersey Department of Children and Families
Children’s System of Care (CSOC)

The following are the *minimum* staffing credentials and requirements for DCF/CSOC’s Intensive-I/DD program. This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage.

Contracted staff to youth ratio – Intensive-I/DD, Ratio Requirements: All youth will be properly supervised; a ratio of 1 milieu staff for every 2 youth (with a minimum of 2 staff (milieu and/or professional) at all times) must be maintained on first and second shift with a minimum of 2 dedicated awake overnight staff in each house on third shift. The floating milieu staff will not be included in the daily regular staffing ratio

Staff Positions	Qualifications	Minimum Requirements	Number of Staff
Program Director	Master’s degree in relevant field, (10) years of experience; (5) years post M.A. experience in the autism field (at least five years shall be in a supervisory capacity)	<ul style="list-style-type: none"> • Deploy qualified staff to manage each potential house. • Provide support and oversight exclusively to all houses in the program; • Review youth referrals and coordinate admission across all houses within the program; • Oversee all Quality Assurance/Program Improvement activities with a focus on attaining bench-mark activities for all direct care milieu staff; • Attend treatment team meetings (monthly); 	<i>1 Full time dedicated to the program</i>

<p>House Manager</p>	<p>Bachelors level practitioner(s) with 3-5 years of supervisory experience and relevant experience with youth with I/DD challenges or an unlicensed Master's level practitioner with 1-year relevant experience</p>	<ul style="list-style-type: none"> • Supervise milieu staff and schedules; • Oversee daily operational aspects of the house; • Arrange and participate in family orientation (within the first 24 hours); • Provide case management • Provide on-site family psycho-educational activities 	<p><i>One Full time dedicated to each house.</i></p>
<p>Milieu Staff</p>	<p>Bachelor's level practitioner(s) with 1 year relevant experience or high school diploma practitioner with 3-5 years of experience providing direct care to youth with I/DD challenges in a behavioral health agency or institutional setting</p>	<ul style="list-style-type: none"> • Participate in the youth orientation (within the first 24 hours of admission); • Provide and supervise milieu activities; • Provide community integration via focused recreational activities; • Provide direct youth supervision; • Attend treatment team meetings; • Provide pre-vocational skills training; • Provide Positive Behavioral Supports; • Administer medication as prescribed, under supervision of LPN as needed • Collect and record data; • Provide Instruction/assistance in ADL's 	<p><i>Full time dedicated to each house. Applicant to provide # of staff needed to comport with minimum RFP requirements.</i></p>

Pool Milieu Staff	Pool Staff - Bachelor's level practitioner(s) with 1 year relevant experience or high school diploma practitioner with 3-5 years of experience providing direct care to youth with IDD challenges in a behavioral health agency or institutional setting	<ul style="list-style-type: none"> • Providing and supervising milieu activities; • Providing community integration via focused recreational activities; • Providing direct youth supervision; • Providing 1:1 supervision; • Attending treatment team meeting; • Providing pre-vocational skills training; • Providing Positive Behavioral Supports; • Collecting and recording data; • Providing instruction/assistance in ADL's; • Providing transportation 	Full time staff dedicated to this program. Applicant to provide # of staff needed to comport with minimum RFP requirements
Psychologist	Ph.D. or PsyD with (10) years of experience working with the autistic population	<ul style="list-style-type: none"> • Provides clinical oversight; • Provide coordinated support with agency staff and participating as part of the CFT; • Provide direct supervision of the behavior specialists and behavior technicians • Works closely with the (psychiatrist, program director, and RN) • Develop a comprehensive treatment and discharge plan (within the first week and update as needed); 	<i>1 Full time dedicated to program</i>

<p>Behavior Specialists</p>	<p>Behavior Specialist: Master's Degree (e.g. BCBA) (full-time, 40 hours per week) flexible to the needs of the youth; with a minimum (3) year working with the autistic population:</p>	<ul style="list-style-type: none"> • Under the supervision of the psychologist develops and implements behavior plans; • Implement behavioral support interventions and activities; • Provide interventions based on youth's needs; • Complete the initial crisis plan development, documentation, and consultation (within the first 48 hours of admission); • Complete the initial crisis plan debriefing with family and youth (within the first 48 hours of admission); • Implement the individualized Behavior Plan; • Provide training and supervision to support staff providing; • Modify the Behavioral Plan based on frequent, systematic evaluation of direct observational data; • Attend Monthly Treatment Team Meetings. 	<p><i>Full time dedicated to this program. Applicant to provide # of staff needed to comport with minimum RFP requirements.</i></p>
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<p>Behavior Technicians</p>	<p>Bachelor's degree in psychology, special education, guidance and counseling, social work or a related field; At least one year of supervised experience in implementing behavior support plans for youth who have intellectual/developmental disabilities; OR High school diploma; or GED; and at least three years of supervised experience in implementing behavior support plans for youth who have intellectual/developmental disabilities.</p>	<ul style="list-style-type: none"> • Provide instruction in Activities of Daily Living; • Implement all youth's individualized Behavioral Support Plan; • Provide individual behavioral supports such as Positive Behavioral Supports; • Provide training/coaching for the youth to meet the individual's behavioral needs. 	<p><i>Full time dedicated to this program. Applicant to provide # needed to comport with minimum requirement of RFP.</i></p>
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Psychiatrist	Board Certified Child Psychiatrist Licensed in the State of New Jersey	<ul style="list-style-type: none"> • Complete a Psychiatric Intake Assessment and report; • Complete, along with RN, assessment to identify evident medical conditions that may be contributing to target behaviors • Participate in the development of the initial treatment and crisis plan; • Participate in medication management meetings; • Complete clinical visit with each youth as needed; • Provide clinical consultation with family, as needed; • Coordinate all medical care; • Attend treatment team meeting; • Provide 24/7 availability 	1 Full time dedicated to this program
Nurse /RN	Registered Nurse (RN) with a current New Jersey registered nursing license and one year direct care nursing experience with children	<ul style="list-style-type: none"> • Complete, along with psychiatrist, assessment to identify evident medical conditions that may be contributing to target behaviors • Provide supervision and deployment of the Licensed Practical Nurse (LPN); • Implement a quality assurance program; • Complete medication audit; • Provide consultation as needed. 	<i>1 Full time dedicated to this program, on call 24/7</i>

Nurses/LPNs	Licensed Practical Nurse (LPN) with a current New Jersey practical nursing license and three years of direct care nursing experience with children	<ul style="list-style-type: none"> • Complete nursing assessment and report (within the first 24 hours); • Assess the physical condition of the youth under the direction of the Psychiatrist and integrate findings into the youth's treatment plan; • Provide education and support to direct care milieu staff on the administering of medications and possible side effects, under the direction of the Psychiatrist, APN or physician; • Provide injections of medication, as needed and directed by the prescribing physician(s); and • Monitor medication; • Attend shift change meetings; • Provide health/hygiene/sex education to youth; • Provide medication education to youth; • Attend treatment team meetings. 	<i>24/7 coverage on site; Full time dedicated; Applicant to provide # of LPNs needed to comport with RFP requirements</i>
NJ Licensed Clinician (s)	Clinically licensed (LCSW, LPC, LMFT, PhD) to practice in New Jersey with youth and within family systems.	<ul style="list-style-type: none"> • Serves as a liaison between the program and the family. Provide family therapy with family of origin or natural supports with regularity so that the family is aware of the ongoing treatment and challenges of their child. They will also interact with the family and the CFT during the referral and admission process; • Complete a Biopsychosocial (BPS) assessment and report within the first week of admission; • Complete IMDS Strengths and Needs Assessment (within the first 24 hours and as needed); • Provide individual therapy if applicable; • Provide group therapy if applicable; • Attend and facilitate treatment team meeting. 	<i>1 Full time dedicated per 15 beds</i>

<p>Allied Therapist</p>	<p>Preferred credential is Bachelor's Degree in related field. All allied therapists must have a minimum of one (1) year experience working with I/DD and particularly youth with autism; credential must be appropriate to therapy offered</p>	<ul style="list-style-type: none"> • Services are provided as recommended in the treatment plan; • Recreation/Leisure Assessment and report (within the first week). • Provides activities to assist with improvement in youths behaviors, such as yoga, movement, art therapy, music therapy, etc. 	<p><i>Applicant to provide ability to contract with or provide personnel through agency the appropriate credentialed allied therapists.</i></p>
<p>Occupational Therapist</p>	<p>Master Degree in Occupational Therapy, appropriate NJ license and three years of experience working with children</p>	<ul style="list-style-type: none"> • Promotes skill development and independence in activities of daily living (ADL); • Conducts assessment upon admission to determine identified sensory needs; • Provides treatment for sensory processing difficulties; • Identify and eliminate environmental barriers to participation and daily activities; • Works in conjunction with the OT in the educational setting to augment services both in the house and with the family • Attend treatment team meeting; • Provide other services as identified in treatment plan; 	<p><i>Full time dedicated on-site to program. Service in addition to OT received at school</i></p>

Speech Therapist	Master or doctoral degree in speech language pathology, -or- a person certified as a speech language specialist certified by the NJ state department of education	<ul style="list-style-type: none"> • Provide individualized techniques that assist with developing communication skills; • Train milieu staff and family members to implement communication techniques; • Provide other services as identified in treatment plan; • Attend treatment team meetings; 	<i>Full time dedicated on-site to program. Service in addition to ST received at school</i>
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Certification:

By my signature below, I hereby certify that:

I have the necessary authority to execute this certification to the Department of Children and Families (DCF). If awarded, this document shall continue to certify the understanding of my organization regarding the requirements that shall be met. I understand and acknowledge that failure to abide by the terms of this certification is a basis for DCF's withdrawal of my organizations approval or contractual basis to provide these services.

APPLICANT NAME (Please Print) SIGNATURE DATE

CEO OR EQUIVALENT NAME SIGNATURE DATE

PLEASE NOTE: This application is subject to public disclosure under the New Jersey Open Public Records Act.

EXHIBIT F

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

I hereby authorize the Department of Children and Families to conduct a criminal history background check and I agree to be fingerprinted in order to complete the State and Federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Children and Families. Check one of the options listed below.

__Option 1 - I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.

__Option 2 - I hereby affirm that I have been convicted of the following offense listed below _____ on _____
_____. (date)

If I have checked Option 2 or the criminal history background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

FOR PROVISIONAL EMPLOYEES ONLY: As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

Offenses covered under P.L. 1999, c.358:

In New Jersey, any crime or disorderly person offense:

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

- i. Murder
- ii. Manslaughter
- iii. Death by auto
- iv. Simple assault
- v. Aggravated assault
- vi. Recklessly endangering another person
- vii. Terroristic threats

- viii. Kidnapping
- ix. Interference with custody of children
- x. Sexual assault
- xi. Criminal sexual contact
- xii. Lewdness
- xiii. Robbery

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

- i. Endangering the welfare of a child
- ii. Endangering the welfare of an incompetent person
 - a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.
 - in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

FOR COMMUNITY AGENCY HEAD: I understand the results of this background check will be reported to the President of the Board of my agency.

PLEASE LIST THE NAME AND HOME OR BUSINESS ADDRESS OF THE BOARD PRESIDENT.

 Employee Name (please print) Employee (Signature Date)

 Witnessed by (please print) Witness (Signature Date)

EXHIBIT G

Johnny is a 14-year-old male with autism and profound intellectual/developmental disabilities. He is non-verbal and utilizes a PECS/IPAD to communicate. Johnny weighs 225 lbs. and engages in the following maladaptive behaviors: self-injurious head banging; destruction of property, including furniture and glass; grabbing others, biting, and punching when he does not want to comply with a request. Johnny lives at home with his mother, who works outside of the home and is now his primary care giver; his father passed away about ten (10) months ago. In the past, Johnny's father would escort him while both parents ran errands in order to prevent him from engaging in challenging behaviors when re-directed during community outings. Although rare, Johnny's father would intervene whenever he engaged in these behaviors at home.

With the unfortunate passing of his father, the frequency of Johnny's behaviors has dramatically increased. Immediately, his mother began struggling with him during community outings and increased incidents of challenging behavior have been reported at home. Johnny now pulls his mother's shirt with force and scratches his arms until the skin is broken, requiring bandages. He specifically targets home electronics - pushing appliances to the floor or attempting to throw them out of the window. As the result, his mother is chronically late to work; the family home is in extreme disarray; and, his mother is exhibiting signs of declining health. In order to calm Johnny, his mother has been giving him treats in excess, thus his current weight. There have been several incidents of aggression, which have caused injury to his mother, resulting in police intervention.

In an effort to provide increased support to Johnny, his mother accessed CSOC Intensive In-Home (IIH) behavioral supports. IIH support services have been provided for the past six (6) months with no measurable improvement. In fact, he is now presenting with the additional challenge of elopement. It has been 10 months since his mother lost her husband and she is now feeling as if she is losing her son; she cannot safely maintain him in their family home. Reluctantly, Johnny's mother worked with the CMO to complete an OOH referral and made it very clear that she wanted her son to return home as soon as his behavior stabilized. An Intensive IDD level of service was assigned and soon after Johnny was admitted into a treatment program, where he continues to engage in intense, challenging behaviors. His mother's visits have become sporadic, and she now rejects the idea of her son returning home.

EXHIBIT J

BUDGET NARRATIVE SUBMITTED BY AGENCY