



**REQUEST FOR PROPOSALS**

**FOR**

**RESIDENTIAL TREATMENT CENTER (RTC) INTENSITY OF SERVICES (IOS)**

**FOR YOUTH WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DIAGNOSES**

**Annualized Funding up to \$ 1,485,550 Available for up to 2 Homes**

Questions are due by: November 12, 2014 12:00 PM

Bidders Conference: November 13, 2014 1:00PM

**Place: The Professional Center at DCF**

**30 Van Dyke Avenue, Auditorium #1**

**New Brunswick, NJ 08901**

Deadline for Receipt of Proposals: November 25, 2014 12:00PM

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

Commissioner

October 6, 2014

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**Exhibit A**  
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## **Funding Agency**

State of New Jersey  
Department of Children and Families  
50 East State Street, 3<sup>rd</sup> Floor  
Trenton, New Jersey 08625

**Special Notice #1:** Questions will be accepted until **November 12, 2014 at 12:00 PM** by providing them via email to [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us). Bids are due **November 29, 2014 at 12:00PM**.

**Special Notice #2:** Proposals shall be accepted for up to 2 bids from one provider. One proposal for each home is required.

## **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 integrated out-of-home treatment services for youth with co-occurring mental health and substance use treatment needs. The annualized funding available is \$ 1,485,550 for 2 awards, 5 beds each. The per diem rate is \$407.

The goal is to create an integrated service delivery approach with professional competencies and capabilities to maintain a treatment milieu that is functionally relevant to youth with co-occurring behavioral health and substance use challenges. Services should be comprehensive, effective, easily accessible, and integrated into the Children's System of Care (CSOC) continuum of services.

To that end, DCF is seeking proposals from private or public not-for-profit entities and for profit organizations to provide two 5-bed community-based Residential Treatment Center (RTC) Intensity of Service (IOS) programs for females ages 13 to 17 who present with co-occurring mental health and substance use diagnoses and treatment needs. This announcement seeks to optimize utilization of the RTC IOS through a transparent and contracted clinical model paired with a rate structure consistent with national best practices.

This RTC IOS provides 24-hour all-inclusive clinical services in a community-based therapeutic setting for youth who present with co-occurring substance use challenges and severe and persistent challenges in social, emotional, behavioral, and/or psychiatric functioning. Youth will receive a multidisciplinary assessment, clinical interventions, psychopharmacology services (when appropriate), supportive educational placement services medical services, and specialized programming in a safe, controlled environment with a high degree of supervision and structure.

Treatment primarily provides rehabilitative services including, but not limited to, social, psychosocial, clinical, medical, substance abuse intervention, and supportive educational placement services. The objective of RTC IOS is to stabilize youth and prepare them for a less restrictive environment. The goal is to facilitate the youth's reintegration with their family/caregiver and their community or in an alternative permanency plan preparing for independent living.

Applicants are to provide details regarding operations, policy, procedures, and implementation of their proposed program (s). Programs shall be operational within 120 days of being awarded. Extensions will be available by way of written request to the CSOC Division Director. **Awards are subject to be rescinded if not operationalized within 6 months of RFP award.**

## **B. Background:**

The New Jersey Department of Children and Families is the state's first comprehensive agency dedicated to ensuring the safety, well-being, and success of children, youth, families, and communities. Our vision is to ensure a better today and even a greater tomorrow for every individual we serve. The Children's System of Care, within DCF, has sought to better develop out-of-home clinical services for youth and families in a variety of ways. CSOC researched and established a rate setting methodology based on the assessed needs of children/youth/young adults that delineates critical elements of out-of-home services and market-based rates for each service element.

Recently, there has been heightened attention and concern regarding an increase in substance use amongst adolescents in New Jersey. Therefore, in July 2013, as part of Governor Christie's Realignment of Services, DCF assumed management of sixteen cost-reimbursement contracts from the Department of Human Services, Division of Mental Health and Addiction Services (DMHAS) that provide substance use treatment to individuals under the age of 18. These contracted services include Outpatient (OP), Intensive Outpatient (IOP), Partial Care (PC), Short-Term Residential (ST-RTC) and Long-Term Residential (LT-RTC). In January 2014, CSOC substance use treatment resources were expanded to include both South Jersey Initiative (SJI) adolescent treatment services as well as detoxification services for adolescents from the ten identified counties impacted by Superstorm Sandy. Service access is exclusively managed by CSOC's Contract Systems Administrator (CSA), Performcare, and clinical criteria for service is based on the American Society of Addiction Medicine (ASAM) patient placement criteria. The goal of this transition is to further integrate the care of New Jersey's youth into a system in which children/youth/young

adults and their families can access a single point of entry into a seamless continuum of services for behavioral health, intellectual/developmental disabilities, and/or substance use treatment.

According to the *Monitoring the Future Study*, adolescent substance use began to increase in the early 1990's, while perceived harm and risk from drug use declined<sup>1</sup>. Adolescents were abusing substances at earlier ages than in years past, resulting in a myriad of public health problems such as injuries, behavioral and mental health disorders, and sexually transmitted diseases. Early substance use, coupled with the neurohormonal changes of puberty, impacts the development of the brain and neuroendocrine system in ways likely to contribute to the onset or exacerbation of preexisting psychiatric disorders<sup>2</sup>. The complexity of the problems these youth typically bring to drug abuse treatment underscores their need for multimodal approaches that address a broad range of mental health and psychosocial problems as well as drug abuse<sup>3</sup>.

Considering that adolescents are fundamentally different than adults, they often do not benefit from adult treatment approaches. For example, adolescents differ from adults in their developmental issues, the values and beliefs that they hold and maintain, and the environmental considerations such as school atmosphere and peer influences. Newly presenting adolescent patients are often poorly motivated for treatment and have psychiatric issues, academic challenges, family discord, behavioral health challenges, and a limited range of coping and social skills. They are also more likely to lag in important adolescent developmental tasks, including individuation, decision making, moral development, and conceptualization of future educational, vocational, and family goals<sup>4</sup>. Furthermore, in comparison to adolescents with a primary mental health or substance use disorder, adolescents with co-occurring disorders tend to be more symptomatic, present with high risk behaviors, exhibit multiple health and

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<sup>1</sup> Johnston, L.D., O'Malley, P.M., & Bachman, J.G. (2001). *The Monitoring the Future national survey results on adolescent drug use: Overview of key findings, 2000* (NIH Publication No. 01-4923). Rockville, MD: National Institute on Drug Abuse.

<sup>2</sup> Crowley T.J., Riggs, P.D. Adolescent substance use disorder with conduct disorder and comorbid conditions. In: Rahdert E., Czechowicz D., editors. *Adolescent Drug Abuse: Clinical Assessment and Therapeutic Interventions*. Rockville, MD: U.S. Department of Health and Human Services; 1995. Pp. 49-111. NIDA Research Monograph 156. (NIH Publication No. 95-3908).

<sup>3</sup> Riggs, Paula, D. Treating adolescents for substance abuse and comorbid psychiatric disorders. *Sci Pract Perspective*. 2003 August; 2(1): 18-29.

<sup>4</sup> Rutter M., Giller H., Hagell A. Substance Use Disorders and Disruptive Behavior Disorders. In: Hendren RL, editor. *Disruptive Behavior Disorders in Children and Adolescents*. Washington, DC: APA Press. 1999. pp. 133-173.

social challenges, often unwittingly self-medicate their mental illness, and therefore require a greater intensity of support and service delivery. The field of adolescent substance use treatment began to grow when clinicians and researchers sought to reconcile the gap in services<sup>5</sup> and perceived that the delivery of treatment must address the co-occurring nature of these challenges.

Historically, the substance use treatment system and the mental health care system have struggled with treating both issues simultaneously. One disorder may interfere with an individual's ability to benefit from and participate in treatment for the co-occurring disorder. Challenges in functioning and maladaptive behaviors can be attributed to either disorder. Substance use and withdrawal can mask and/or cause or worsen the symptomology of mental illness. Mental health treatment often focuses on shoring up the individual's fragile defenses, taking a supportive rather than confrontational approach, which is often used in substance abuse treatment models. Historical differences in culture, philosophy, structure, and funding have contributed to a lack of coordination that has made it difficult for either consumers or providers to move easily across the differential of service settings.

The development of a new conceptual framework demonstrates co-occurring disorders in terms of multiple symptoms and severity instead of diagnosis and combines observations about the current service delivery systems with a vision for the future delivery of integrated services. This framework provides an opportunity to merge both systems of care and the level of service coordination required to improve outcomes, especially for those individuals with the most challenging co-occurring mental health and substance use issues.

CSOC is particularly concerned with the management and treatment of co-occurring trauma that affect many of our youth. A growing body of research has implicated trauma as a risk factor for the development and course of both substance use disorders and mental health disorders. It is not uncommon for adolescents who have experienced traumatic events to turn to substances in order to cope with their trauma symptoms. Further, many of the signs of trauma and the signs of substance use are similar to problems that are part of the natural developmental course of adolescence<sup>6</sup>. Therefore, Applicants shall articulate their plan for proper assessment of

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<sup>5</sup> Winters, K.C. (1999). Treatment of adolescents with substance use disorders: Treatment Improvement Protocol (TIP) series 32 (DHSS. Publication No. (SMA) 99-3283). Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA).

<sup>6</sup> The National Child Traumatic Stress Network. *Identifying Trauma and Substance Abuse in Adolescents*. Retrieved, November 1, 2013 from <http://www.nctsn.org/resources/topics/adolescence-and-substance-abuse>

trauma and substance use in order to provide adequate care and service delivery.

In addition, Applicants shall articulate the management of behaviors that impede and support healthy attachments. Management of behavioral symptoms alone is not sufficient, however, and Applicants must also describe models of intervention that actively treat the etiology and underlying trauma issues and the phenomenon of youth who self-medicate themselves with illicit and over the counter substances. For example, youth with physically aggressive behaviors are often managed with additional or altered staffing patterns, alterations to a youth's schedule, and more carefully controlling the youth's movements and interactions with others. Behavioral management is necessary and an important aspect of serving youth well in a safe and supportive milieu. However, it is not sufficient for true change and growth. Therapeutic interventions must address the underlying etiology of substance use, mental illness, and trauma in a rationale manner. 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 engaging in transformational treatment.

This RFP asks Applicants to consider the continuum of care from management to treatment to healthy success for the youth. This continuum is fluid and seasoned providers will recognize many management strategies are directly linked to treatment interventions. Applicants are asked to fully articulate their management and treatment model. CSOC believes seclusion and restraint of youth are not treatment and contrary to the mission of the division. A prevention oriented philosophy is preferred consisting of progressive policy, regulations, forms, philosophy and environment. Agencies must demonstrate how to eliminate/reduce the use of restraint and seclusion by using therapeutic interventions based on clinical knowledge. Nonviolent Crisis Intervention (Preventative Techniques, Team Intervention, and Post Intervention) Crisis Prevention Training through the Crisis Prevention Institute is the preferred program. Programs can only utilize one model of nonviolent crisis intervention.

### **C. Services to be Funded:**

The grantee for this program is expected to provide, initiate, and/or coordinate an array of services to support an integrated RTC IOS program for youth with co-occurring behavioral health and substance use challenges.



Funding is available for two 5-bed community-based homes who serve the following target population:

**Target Population:**

**Total # of youth per home: 5**

**Total # of homes: 2**

**Age: 13-17**

**Gender: Female**

**Educationally Classified and Not Classified**

**IQ 65+**

**Preferred Location: Statewide**

CSOC will support Applicants who successfully operationalize the principles of individualized, needs driven, and family focused care, and display sustainable progress throughout the course of treatment. Models of service delivery that promote persistence and creativity of professional staff are valued. Services that are demonstrated as effective through research, evidence-based, -informed, or -suggested are strongly encouraged. Most importantly, services must be provided in homelike settings within the community. Service delivery models must pay particular attention to ensure youth have a stable, familiar, and nurturing experience. Applicants can demonstrate this attention in their descriptions of staffing patterns, facility design and utilization, community affiliation, and the type, scope, and frequency of family involvement. Further, these models must be equipped to track and adjust the progress of youth so that their needs are addressed.

RTC IOS addresses youth's individualized needs through cyclical assessments, services, and treatment that focus on identified strengths and the development of social skills, problem solving, and coping mechanisms. All interventions must be directly related to the goals and objectives established by the Child Family Team (CFT) process in coordination with the multidisciplinary ISP/treatment plan. Applicants are asked to fully articulate their ability to integrate the CFT into the treatment process as full and equal participants. Family/guardian/caregiver involvement from the beginning of treatment is essential and, unless contraindicated, should occur consistently and on a regular basis (or as determined in the ISP/treatment plan). Applicants are asked to fully articulate their plan to collaborate with CSOC Care Management Organizations (CMO's) and the Division of Child Protection and Permanency (CP&P). The grantee must integrate resources for planned, purposeful, and therapeutic activities that encourage developmentally appropriate autonomy within the community. Robust interactions based on group psycho-metrics are encouraged in order to

better prepare for a youth's return to the community. Treatment issues must be addressed by means of a therapeutic milieu, which is fundamental at this intensity of service.

These programs must be located in a freestanding, non-institutional setting within the community. The grantee must provide a welcoming, safe, staff-secured, nurturing clinical environment. Applicants must demonstrate their ability to fulfill this requirement through their description of staffing patterns, staff training, site design and utilization, community affiliation, as well as the type, scope, and frequency of family involvement. Guidelines for the youth's safety should be reflected in the ISP/treatment plan. Please describe how your agency will service bilingual and non-English speaking youth.

### **Course and Structure of Treatment:**

The grant requires the establishment of a multi-disciplinary treatment team with required functions. Applicants should provide detailed information about treatment team members. Additionally, Applicants shall describe, mechanisms for communication, responsiveness, flexibility, and creativity of treatment teams. Mechanisms for communication must include obtaining the necessary Part 2 compliant consents to include family, natural support, educational providers, CMO's and CP&P( if appropriate) in the treatment process. The Part 2 consent form allows for the 2-way sharing of information through the CSA/CYBER, but not the direct communication between substance abuse treatment providers and family members and others involved in the youth's care. Mechanisms for communication must also include procedures for obtaining consents required under applicable federal and State confidentiality laws.

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

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

1. Youth
2. Family members
3. Natural supports as identified and selected by youth and family
4. Psychiatrist
5. Nurse (Supervising RN)
6. Allied Therapist (s)
7. Milieu staff
8. Educational professionals

9. Licensed Clinicians (LCSW, LPC, LMFT, LCADC, Licensed Psychologist)
10. Program Coordinator/Recruiter
11. Care Management Organization (CMO)
12. Child Protection & Permanency (CP&P), when indicated

The nature of a youth's engagement into out-of-home treatment is of paramount importance to the care of the youth and also sets the stage for success. In order to achieve optimum success, the out-of-home treatment provider and the case management entities, (which may include Care and/or CP&P), should collaborate to arrange face-to-face meetings between the out-of-home treatment provider at least twice (when deemed clinically appropriate) prior to the youth's admission. This process will assist the youth in becoming acclimated to the program and a new environment.

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

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

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

- Psychiatric assessment with report;
- Complete IMDS Strengths and Needs Assessment (including the Substance Abuse Module);
- Bio psychosocial assessment, which includes recommendations for inclusion in Allied Therapies, when appropriate

Within the first week, the treatment provider will:

- Have conducted a treatment team meeting that includes CMO and CP&P (when appropriate) and completed the comprehensive treatment and discharge plan integrating all of the treatment team's input, assessments, and recommendations.

Each day the service staff will provide:

- Comprehensive and well documented communication, sharing significant events, youth behaviors, and other relevant information across disciplines and time frames;
- Proper supervision of youth; a minimum of 2 awake Milieu staff shall be on site at all times with each grouping configuration, including while youth are asleep;
- Fewer than 30% of all youth waking hours will be spent in “milieu” activities;
- Daily support groups;
- Beginning and end of day meetings are also to be used to “check in” with the emotional state of youth;
- As needed, medication dispensing and monitoring;
- Adhere to all required documentation and activities as per licensing regulations and the addendum to Administrative Order 2:05.
- Transport, as needed, of youth to medical appointments, family visits, community outings, and any other requisite need as regulated by licensing.

Each week, every youth and family will receive (each 30 to 45 minutes in duration):

- Three (3) psycho-educational activities directed by Bachelor’s level staff consistent with the treatment focus of the service. Additional group activities will be provided to support: pro-social learning, problem solving, life-skill development, and coping strategies; two of these groups should address recovery and should be conducted by an LCADC;
- Two (2) individual and/or family (may be 90 minutes) therapy sessions with a licensed clinician; family therapy sessions may be conducted off-site; if necessary, family therapy sessions may be conducted via telephone for not more than half of all family sessions; during the course of the month, these sessions should address recovery and address strategies for community reintegration;
- Three (3) trauma informed group therapy sessions with a licensed clinician or unlicensed Master’s level clinician under the supervision of an on-site clinically licensed Master’s level clinician;
- Two (2) Health Education group sessions with a licensed health professional (RN, MD, LPN, APN). Topics include but are not limited to: medication education, hygiene, sexuality, substance abuse, and nutrition;
- 6 hours of Allied Therapy such as life skills, art, music, and recreational therapy; these may include groups that

address/integrate recovery. Allied Therapies require identified outcome measures.

- Structured and guided community-based activities or involvement that is participatory in nature, such as: “YMCA” or “YWCA” classes or organized sports leagues, Scouting programs, volunteerism, community center and/or or public library activities; and public events.

Each month:

- Comprehensive treatment and discharge plan meetings occur that include all members of the multidisciplinary treatment team. The treatment plan is reviewed, discussed, and modified to reflect needed changes;
- IMDS assessment review is updated;
- Psychiatrist has a meeting with the staff around medication issues;
- Psychiatrist has a clinical session with the youth;
- Psychiatrist has a meeting with the family;
- On-site family psycho-educational activities occur reflective of an integrated behavioral health and substance abuse treatment model, minimally three hours of structured and professional-staff directed per month.

Two months prior to discharge:

- The team will provide a “step down” action plan that details week-to-week activities supporting a smooth and planful transition from out-of-home treatment services. At a minimum, the action plan must include:
  - More than two (2) meetings between the treatment team to discuss youth and family strengths, continuing goals, successful strategies, and potential pitfalls;
  - “Set back” plan for times during the 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 to discharge;
  - Action steps youth and family might take to capitalize on successes such as: formal feedback (in addition to satisfaction surveys) to service staff and any multi-media activity that documents youth and family achievement;
  - Joint Care Reviews (JCR’s), Transitional Joint Care Reviews (TJCR’s), Discharge Joint Care Reviews (DJCR’s), and Strength and Needs Assessments (when applicable) must be completed and submitted on time;

- If the treatment team agrees that a youth has optimized the care in the program, but requires continued treatment, the out-of-home treatment agency must initiate the TJCR in collaboration with the involved case management entity(ies). This process will result in the youth's return to Youth Link. Agencies are encouraged to seek out other suitable other programs and indicate them in the TJCR;
- Transitional planning documents(s);
- Psychiatric, pediatric, psychological, substance abuse, and nursing assessments;
- Crisis plan.

### **Staffing Structure**

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

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

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

- .67 hours per week per child; 75% of which must be face-to-face time with youth and/or families;
- Intake Psychiatric assessment and report within the first week of admission;
- Initial treatment and crisis plan within the first 48 hours of admission;
- Monthly medication management meetings;
- Monthly clinical visit with youth/family;
- Monthly attendance to treatment team meetings;
- 24/7 availability by contract.

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

- Pediatric assessment and report within the first 48 hours of admission;

- 24/7 availability by contract.

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

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

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

- 6 hours per week per youth
- Recreation/Leisure Assessment and report within the first week of admission;
- Allied Therapies should be developed based on the cognitive and emotional needs of the milieu and require identified outcome measures;

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

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

**Clinician(s) dually licensed in mental health and substance abuse to practice in NJ (or, if Master's level practitioner, is within two years or less from NJ clinical licensure, and must practice under the direct and on-site supervision of a clinician who is clinically licensed to practice in NJ) will provide:**

- 6 hours per week per youth;
- Initial treatment and crisis plan development, documentation, and consultation with the first 48 hours;
- IMDS strengths and needs assessment (SNA) within the first 24 hours of admission;
- Weekly individual trauma informed therapy;
- Weekly recovery structured group therapy;
- Bi-monthly (and/or as needed) of recovery structured family therapy with family of origin or natural supports;
- Monthly IMDS assessment review and update;
- Monthly attendance and facilitation of treatment team meetings;
- Supervision of non-licensed Master's staff, as required.

**A Registered Nurse (RN) or Pediatric Nurse Practitioner:**

- 2 hours per week per youth;
- Nursing assessment and report within the first 24 hours of admission;
- Initial treatment and crisis plan consultation within the first 48 hours and then weekly;
- Daily medication dispensing;
- Weekly health/hygiene/sex education;
- Monthly medication education;
- Daily debriefing of youth status;
- Monthly attendance at treatment team meetings;

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

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



### **Student Educational Program Planning Requirements:**

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

### **Student Educational Program Operations Requirements:**

**Assessment of school performance is an essential component of treatment planning as is involvement with school personnel to monitor the ongoing impact of treatment and to facilitate constructive ways of working with the youth. The Department of Children and Families will not fund or provide on-site education programs and services for children/youth placed within an out-of-home treatment setting. Providers intending to propose RTC IOS Services must demonstrate that arrangements have been confirmed for the provision of appropriate educational programs and services for both special education and general education students. A Department of Education (DOE) approved school must provide the educational program for students with disabilities. Educational programs must be provided for a minimum of four hours per day, five days per week. High school graduates must be provided with an alternate educational/vocational curriculum.**

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

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

All applicants must commit to providing accurate documentation to the local school district to facilitate the educational process for students in their care. Upon registration of each student, applicants must provide the local school district with an Agency Identification Letter, a funding commitment letter from each student's parental District of Residence, and evidence of student immunization. When necessary, applicants shall provide interim transportation services to expedite school placement.

Genuine and proactive coordination and collaboration between the grantee and educational providers is expected. Applicants must articulate:

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

All 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
- 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 regarding:

- Use of the IMDS tools to inform treatment planning;
- Use of the IMDS tools to measure relative achievement and continued need;
- Mechanisms for maintaining compliance with addendum to Administrative Order 2:05;
- Risk management mechanisms and structures such that incidents inform changes to policy, practice, and treatment;
- On-going satisfaction surveys to youth, families, and other system partners;
- Means for identification and communication of system needs and areas of excellence to local partners and CSOC administration.

### **Quality Assurance and Performance Improvement (QA/PI) Activities:**

Data-driven performance and outcomes management is a central aspect of CSOCs' management of the system of care. The practice model is based on current best practices regarding out-of-home treatment for children and youth. In order to support sensitive and responsive management of these RTC IOS 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 foundational metrics of CSOC: in school, at home, and in the community.
- Demonstrates integration with overall organization/provider goals and monitoring activity.
- Demonstrates a multi-disciplinary approach that engages staff at all levels and discipline in the activities of QA/PI.
- Demonstrates strict compliance with addendum to AO 2:05 and DCF licensing standards at NJAC 10: 128 .
- Demonstrates a commitment to approaching critical events as opportunities to improve care of youth, training, monitoring, and regulation of their service. QA/PI plans must articulate a meaningful and manageable process for responding to critical events that *minimally* collects, analyzes, and synthesizes information from:

Youth  
 Family  
 Natural supports  
 Direct care staff  
 “Professional staff”  
 Case management entity if applicable

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

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

#### **Youth Outcomes:**

- 80% of youth who complete the program will require less restrictive services at 3 and 6 month post discharge;
- 80% of all youth will have lengths of stay between 9 to 12 months;
- 90% of all youth will not incur new legal charges or violate existing charges while in treatment;
- 90% of all youth will have a 90% attendance rate at school;
- 80% of all youth served will show improvement on identified strength and needs domains from the time of admission to discharge;

- 80% of all youth will demonstrate improved functioning (from the time of intake to time of discharge) as measured on independent, valid, and reliable measures;
- Life skills assessment;
- 75% of all youth and families will demonstrate improved functioning (from time of intake to time of discharge) as measured on independent, valid, and reliable measures. Acceptable measures will be determined in collaboration with CSOC.

**Service Outcomes:**

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

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

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

**Specific Requirements for RTC IOS Providers**

NJ Medicaid Enrollment:

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

### Licensure:

Applicants must provide evidence of compliance with, or demonstrated ability to meet, all Licensure standards of the NJ Department of Children and Families. This program will be inspected and licensed by the DCF Office of Licensing. The awardee must comply with the Standards for Licensure of the Manual of Requirements for Children's Group Homes under N.J.A.C. 10:128.

These standards can be accessed at:

<http://www.nj.gov/dcf/providers/licensing/>

### Provider Information Form

The grantee 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 grantee progress and problems in accomplishing responsibilities and corresponding strategy for overcoming these problems. The grantee 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):

The grantee 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 (CSA). 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. Access to the "Youth Link" tracking system as well as staff having 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 grantee must ensure that the content of their organization's web site protects the confidentiality of and avoids misinformation about the youth served. The web site should also provide visitors with a mechanism for contacting upper administrative staff quickly and seamlessly.

#### **D. Funding Information:**

For the purpose of this initiative, the Department will make available funding up to an annualized amount of \$1,485,550 for up to two awards, subject to appropriation. Contracts may be renewed annually subject to appropriation and performance under the provisions of this RFP and the Contract.

The per diem rate per youth is \$407 and is reimbursed on a fee for service basis. Medicaid billing is the payment methodology for reimbursement. The per diem rate is all inclusive compensation and reimbursement for all services, activities, administrative and clinical to serve the youth. Reimbursement is based exclusively on occupancy. CSOC does not guarantee 100% occupancy.

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-see Budget.

Programs should be operational within 120 days of being awarded. Extensions will be available by way of written request to the CSOC Division Director. **Award is subject to be rescinded if not operationalized within six months of RFP award.**

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

#### **E. Applicant Eligibility Requirements:**

1. Applicants must be for profit or not-for-profit corporations that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.

3. Applicants may 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.
4. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
5. Where appropriate, all applicants must hold current State licenses.
6. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
7. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
8. Applicants must have the ability to achieve full operational census within 120 days of contract award. Further, where appropriate, applicants must execute sub-contracts with partnering entities within 45 days of contract award.
9. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at [www.dnb.com](http://www.dnb.com)
10. 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:**

<b>October 6, 2014</b>	<b>Notice of Availability of Funds/RFP publication</b>
<b>November 12, 2014 at 12:00PM</b>	<b>Deadline for Email Questions sent to <a href="mailto:DCFASKRFP@dcf.state.nj.us">DCFASKRFP@dcf.state.nj.us</a></b>
<b>November 13, 2014 at 1:00PM</b>	<b>Mandatory Bidders Conference</b>
<b>November 25, 2014 at 12:00PM</b>	<b>Deadline for Receipt of Proposals by 12:00PM</b>

Proposals received after 12:00 PM will **not** be considered. Applicants should submit **one (1) signed original** and **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, 3<sup>rd</sup> 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 should submit **one (1) signed original** and **one CD ROM** with all documents including a signed cover letter of transmittal.

**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, 3<sup>rd</sup> Floor  
Trenton, New Jersey 08625-0717

Applicants submitting proposals in person or by commercial carrier should submit **one (1) signed original** and **one CD ROM** with all documents including a signed cover letter of transmittal.

**3) Online- <https://ftpw.dcf.state.nj.us>**

DCF offers the alternative for our bidders to submit proposals electronically to the web address above. Online training is available at the bidder's conference and on our website at: [www.nj.gov/dcf/providers/notices/](http://www.nj.gov/dcf/providers/notices/)

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission. Registration forms are available on our website. Registered AOR forms must be received 5 business days prior to the date the bid is due. You need to register only if you are submitting a proposal online.

**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.

## **2. Proposal Review Process**

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

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

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

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

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

### 3. Special Requirements

The successful applicant shall maintain all documentation related to 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 the laws relating to Anti-Discrimination as attached as **Exhibit B**.

## 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

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

no later than five (5) calendar days following receipt of the notification or by the deadline posted in this announcement:

#### **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](mailto: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](http://www.nj.gov/dcf/providers/contracting/manuals)

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

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

- Proof of Insurance naming the Department of Children and Families as an additional insured
- Board Resolution Validation
- DCF Standard Language Document and Signature Pages
- Current agency by-laws
- Copy of lease or mortgage (if applicable)

- Certificate of Incorporation
- Conflict of Interest policy
- Affirmative Action policy and certificate
- A copy of all applicable professional licenses
- Copy of the agency's annual report to the Secretary of State

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 1½ inches on the left and right. The font shall be no smaller than 12 points (Times New Roman is preferred). There is a 30 page limitation for the narrative portion of the grant application. Pictures and brochures shall not be part of the narrative but can be included as an Appendix item. The Narrative is restricted to text only. 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. Items included in the transmittal cover letter, Annex B budget pages, and attachments do not count towards the narrative page limit.

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

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

#### **1) Applicant Organization (15 Points)**

Describe the agency's history, mission and goals, and where appropriate, a record of accomplishments in working in collaboration with the

Department of Children and Families and/or relevant projects with other state governmental entities.

Describe the agency's background and experience in implementing the types of services relevant to mental health and co-occurring substance abuse services. If the Applicant has experience serving an adult population with co-occurring mental health and substance abuse issues, describe how the program shall be adapted for the target population

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

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

## 2) Program Approach

(60 Points)

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

### Service Description

- Demonstrate the capacity to meet minimum requirements listed in “Section I: C. Services to be Funded, Course and Structure of Treatment”;
- Demonstrate that youth will have a stable, familiar, consistent, and nurturing experience through staffing patterns, the management of youth cohorts, site design and utilization, community affiliation, and the type, scope and frequency of family/caregiver involvement;
- Demonstrate how the agency will engage and sustain the involvement of family and/or natural supports;
- Articulate etiology and demonstrate the links between the intervention model, strategies and techniques;
- Demonstrate how the relationships with direct care staff (as supported through team structure, supervision, and staffing patterns) will help youth move from being “managed” to being engaged in treatment;
- Describe direct care staff’s supervision of youth and staff/youth ratios;
- Fully articulate the management and treatment models to be utilized, including the use of evidence-based, -informed, or -suggested interventions;
- Describe, through policy and procedures: documentation, mechanisms for communication, responsiveness, flexibility, & creativity of treatment teams;
- Describe the mechanisms for managing and treating aggressive behavior;
- Demonstrate experience with, understanding of, and integration of issues of trauma in youth and how it will be integrated it into the treatment plan;
- Attach a summary or table of contents (No more than 2 Pages) of curricula for psycho-educational groups, including those focused on wellness and recovery;
- Identify and describe the geographic location(s) of the services;

Agency must comply with CSOC's policy #4-Referral for OOH Treatment policy. Describe client eligibility requirements and referral processes

- Provide a feasible timeline for implementing the proposed services. Attach a separate Program Implementation Schedule. 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 site
  - Secure Certificate of Approval from OOL
  - 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
  
- Describe any fees for services, sliding fee schedules, and waivers;
  
- Include a description of client data to be recorded, the intended use of that data, and the means of maintaining confidentiality of client records;
  
- Describe how the proposed program will meet the needs of various and diverse cultures within the target community based on the Law Against Discrimination (N.J.S.A. 10:51 et seq.);

Describe how the proposed program will facilitate youth participation in community-based activities

- Attach three (3) letters of support/affiliation from community-based organizations.

#### Program Planning Requirements for Student Education and Child Care

- Describe arrangements for or access to appropriate educational programs and services for special education and general education students.
  
- Describe plans for collegial and proactive coordination/collaboration with educational and child care providers.

#### Program Operation Requirements for Student Education

- Articulate and clearly describe:
  - Strategies to coordinate clinical treatment with educational planning and service delivery;



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

### Governance and Staffing

- Indicate the number, qualifications, and skills of all staff, consultants, sub-grantees, and/or volunteers who will perform the proposed service activities. Attach, in the proposal Appendices, an organizational chart for the proposed program; job descriptions that include all educational and experiential requirements; and resumes of any existing staff who will perform the proposed services. Applicants must:
  - Identify the RTC administrator and describe the job responsibilities;
  - Describe the proposed staffing by service component, include daily, weekly and monthly schedules for all staff positions;
  - Describe any consultants & their qualifications, include a consultant agreement if applicable;

- Provide letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care;
- Describe policy or procedures regarding: timelines, program operations, and responsible staff for admission, orientation, assessment, engagement, treatment planning, discharge planning, and transition;
- Describe a staff training 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.

The Standards are available at:

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

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

### 3) Outcome Evaluation

(10 Points)

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

### 4) Budget and Budget Narrative

(10 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 within the Narrative.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget should also reflect a 12 month itemized operating schedule and include, in separate columns, total funds needed, the funds requested through this grant, and where necessary, funds secured from other sources. All costs associated with the completion of the project must be clearly delineated and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or "other" items. The proposed budget should be based on 100% occupancy and may not exceed \$407 per diem per youth in funds provided under this grant. The facility must also assure a **permanent whole-house 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 which must be stated and included in the Proposal Narrative section (letter d.)

The completed budget proposal must also include a detailed summary of and justification for any one-time operational start-up costs. 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

- All start-up costs are subject to contract negotiations

Once the program is operational and to support a gradual ramp up of admissions to the program, additional funding above the 5% start-up indicated above for developing the services and personnel over the first 2 weeks will be available for a maximum funding level of up to \$11,396 per home as follows. Please note that this ramp up plan must be detailed in the Proposal Narrative section (letter d.)

- Week 1: For admission of up to 2 youth, an additional \$8547 will be provided (3 x 7 x \$407 per diem rate) per home
- Week 2: For admission of up to 4 youth, an additional \$2849 will be provided (1 x 7 x \$407 per diem rate) per home

\*The maximum funding for this operational ramp up cannot exceed \$11,396 per home. The schedule above highlights an ideal ramp up plan given availability of youth eligible for the program and acknowledges the difficulties of ramping up a new program to full capacity in a planful way.”

The grantee must adhere to all applicable State cost principles.

For the Appendix submission: The Applicant is required to utilize the current version of DCF forms. 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) Completeness of the Application (5 Points)**

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

## **B. Supporting Documents:**

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and a CD ROM containing all the documents in PDF or Word format. Failure to submit any of the required documents requested in this RFP will result in a loss of five (5) points per item from the total points awarded for the proposal.

All supporting documents (Part I and Part II) submitted in response to this RFP must be organized, ordered and identified in the following manner:

## **Part I: Proposal**

1. Proposal Cover Sheet\*
2. Table of Contents as ordered below
3. Proposal Narrative (in following order)
  - a. Applicant Organization
  - b. Program Approach
  - c. Outcome Evaluation
  - d. Budget Narrative

## **Part II: Appendices**

1. Job descriptions of key personnel, resumes if available for key personnel that are program specific
2. Proposed agency organizational charts for this program specifically.
3. Staffing patterns
4. Current/dated list of agency Board of Directors/Terms of Office
5. Statement of Assurances\*
6. Certification regarding Debarment\*
7. DCF Annex B Budget Forms\*
8. Chapter 51 Certification Regarding Political Contributions\*\*
9. Source Disclosure Certification\*\*
10. Ownership Disclosure-Certification and Disclosure Forms  
Note: non-profit entities are required to file the Certification-Disclosure of Investigations starting at Page 3 through 5\*\*Note-failure to provide this document is an automatic rejection.
11. Copy of IRS Determination Letter regarding applicant's charitable contribution or non-profit status
12. Copies of all applicable licenses/organization's licensure status
13. 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://www.dnb.com>
14. Copies of any audits or reviews completed or in process by DCF or other State entities from 2013 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
15. Applicable Consulting Contracts, Affiliation Agreements/Memoranda of Understanding, Letters of Commitment and other supporting documents.
16. Current Form 990 for non-profits
17. Current Single Audit Report for non-profits/ Current Audited Financial Statements for for-profit entities
18. Proposed Program Implementation Schedule
19. Three letters of support/affiliation from community based organizations

20. Provide letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care
21. Include a summary (**No more than 2 Pages**) curricula or table of contents for psycho-educational groups, including those focused on wellness and recovery
22. Attach copies of any evaluation tools that will be used to determine the effectiveness of the program services
23. Signed Standard Language Document
24. Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)
25. Copy of agency's Code of Ethics and/or Conflict of Interest policy

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

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

\*\* 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](http://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. Answers will be posted on the website at: <http://www.state.nj.us/dcf/providers/notices/>

Questions must be submitted in writing via email to:  
[DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us).

All inquiries submitted to this email address must identify, in the Subject heading, the specific RFP for which the question/clarification is being sought.

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. Each question should begin by referencing the RFP page number and section number to which it relates.

All other types of inquiries will not be accepted. **Applicants may not contact the Department directly, in person, or by telephone, concerning this RFP.** Inquiries should only be addressed for technical support through [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us). Inquiries will not be accepted after the closing date of the Question and Answer Period. Written inquiries will be answered and posted on the DCF website as a written addendum to the 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](http://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.*).