



STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES

**REQUEST FOR PROPOSALS**

**FOR**

**RESIDENTIAL TREATMENT SERVICES (RTC) INTENSITY  
OF SERVICES (IOS) FOR YOUTH WITH CO-OCCURRING  
MENTAL HEALTH AND INTELLECTUAL /  
DEVELOPMENTAL DIAGNOSES**

**ONE CLUSTER OF THREE 5-BED PROGRAM**

**(TOTAL OF 15 BEDS)**

**Annualized Maximum Funding of \$2,107,875 Available**

**Bidders Conference: April 25, 2016 - Time: 1:00 PM**

**Place: DCF-Training Academy, 30 Van Dyke Avenue  
New Brunswick, New Jersey 08091**

**Bids Due: June 9, 2016**

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

**Commissioner**

**April 8, 2016**

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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 08625-0717

**Special Notice:** *Potential Bidders must attend a Mandatory Bidder's Conference on April 25, 2016 at 1:00PM at DCF-Training Academy, 30 Van Dyke Avenue, New Brunswick, New Jersey 08091. Questions will be accepted in advance of the Bidder's Conference by providing them via email to [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us) until April 22, 2016 at 12:00PM. 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) Children's System of Care (CSOC) announces the availability of funding for the purpose of providing integrated out-of-home treatment services. The goal is to create a service environment with professional competencies and capabilities to maintain a treatment milieu that is functionally relevant to youth whose significant behavioral health challenges and intellectual and developmental disabilities (I/DD) cannot be sufficiently addressed in a non-clinical setting in the community. Annualized funding is available up to \$2,107,875 and thereafter if the contract is renewed and funding is available.

To that end, DCF is seeking proposals from private or public non-for-profit entities and for profit organizations to provide Residential Treatment Center (RTC) Intensity of Service (IOS) to youth ages 16 through 20 who present with co-occurring mental health and intellectual/ developmental disability (I/DD) diagnoses. This RFP will award one cluster of three 5-bed community based houses (total of 15 beds). This program will operate within the concept of a "cluster care" service delivery model by which each individual house will have dedicated staffing as well as a "hub" of agency professional staff who will be exclusively utilized to support the treatment and care of youth across all three site locations. 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 served upon appropriate notice and subject to licensing and any other legal requirements.

This announcement seeks to maximize the utilization of the RTC IOS through a transparent and contracted clinical treatment model that relies on evidence-based, data driven, informed, or suggested methodologies; a rate structure consistent with national best practices; and a service delivery model that is designed to achieve maximum staff efficiency and treatment flexibility. The goal is to create a safe, holistic, consistent, and therapeutically supportive environment with a comprehensive array of services. These services will

assist the youth with acquiring, improving, retaining, and generalizing the behavioral, self-help, socialization, and adaptive skills needed to achieve improved health, welfare and to realize maximum physical, social, psychological, and vocational potential for the youth to engage in useful and productive activities in the home and community.

All program staff must hold professional and experiential competencies in the fields of behavioral health and I/DD. Staff must also clearly display the capacity to provide appropriate care, supervision, and targeted clinical, behavioral, and self-care interventions to the youth served and their families.

**The goals of this program are to:**

- 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;
- Develop within 30 days of admission an Individual Service Plan (ISP) that is strength-based, youth- centered, family-focused, goal-oriented and includes a skill building routine in preparation for his/her return home or to an alternate out-of-home living arrangement;
- Address challenging behavior by building skills and competencies in the areas of:
  - Positive peer interactions;
  - Pro socialization skills;
  - Good decision making (concrete modeling);
  - Communication (enhance skills, including nonverbal communication with assistive devices);
  - Activities of Daily Living (ADLs);
  - Independent Living Skills (cooking, budgeting, shopping, etc.);
  - Community, culture and social life, including community connections, spiritual / church, peer circle, cultural awareness and celebration and voter registration.
  - Prevocational Skill Building
- Transitional planning must be approached with clear purpose and expectations, including pursuing DDD eligibility, if appropriate.

**B. Background:**

The Department is charged with serving and safeguarding the most vulnerable children and families in the State and our mission is to ensure the safety, well-being, and success of New Jersey’s children and families. Our vision statement is “To ensure a better today and even 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 their families in a variety of ways. CSOC researched and established a rate setting methodology that delineates critical elements of out-of-home services and market-based rates for each service element. CSOC serves children, youth, and young adults with a wide range of challenges associated with emotional and behavioral health, intellectual/developmental disabilities, and substance use. CSOC is committed to providing these services based on the individualized need of each child and family within a system of care approach that is strength-based, culturally competent, family-centered, and community-based environment.

I/DD Research has shown that approximately one third (32.9%) of individuals with I/DD have significant behavioral, mental, or personality disorders requiring mental health treatment.<sup>1</sup> A prevalence rate of emotional disorders of up to 50% has been reported for children with intellectual disorders.<sup>2</sup> However, in studies in which psychiatric disorders are more broadly defined to include the range of behavioral challenges seen in individuals with I/DD, prevalence rates as high as 80% have been reported.<sup>3</sup>

A broad array of factors contributes to the above average rates of psychiatric disorders experienced by individuals with IDD. These factors, previously established to be contributory to depression and other psychiatric disorders for people in the general population, are even more prevalent among individuals with intellectual/developmental disabilities, (Nezu (1992)<sup>4</sup> Factors include low levels of social support, poorly developed social skills, a sense of learned helplessness (and corresponding low self-efficacy); low socio-economic status, increased presence of a physical disability, heightened family stress, heightened maternal stress, increased likelihood of central nervous system damage, increased presence of reading and language dysfunctions, decreased opportunities to learn adaptive coping styles, increased likelihood of chromosomal abnormalities, metabolic diseases, and information, and decreased inhibition in responding to stressful events.<sup>5</sup>

Additionally, individuals with I/DD are more likely to experience interpersonal trauma than those without disabilities. Youth with I/DD may be three to six times more likely to suffer abuse than youth who are not disabled while adult women with I/DD may be about five times more likely to suffer sexual abuse than women who are not disabled.<sup>6</sup>

Out-of-home-treatment is a time-limited intervention aimed at stabilizing identified behaviors and addressing the underlying factors that may have influenced the etiology of these behaviors so that the youth may safely return home or to a non-clinical setting with as little disruption to his/her life as possible. The RTC IOS provides 24-hour all-inclusive clinical services in a community-based homelike therapeutic setting for youth who present severe and persistent challenges in social, emotional, behavioral, and/or psychiatric

functioning. Youth receive individualized clinical interventions, psychopharmacology services (when applicable), education, medical services, and specialized programming in a safe, controlled environment with a high degree of supervision and structure. Treatment primarily provides rehabilitative services including, but not limited to, social, psychosocial, clinical, medical, and educational services. The purpose of RTC IOS is to engage the youth to address clearly identified needs, stabilize symptomology, enhance functionality and prepare the youth for a less restrictive environment. The goal is to facilitate the youth's reintegration with their family/caregiver and community or in an alternative non-clinical community setting.

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

The awardee for this program is expected to provide a comprehensive array of therapeutic supports and services using a cluster care service delivery model that ensures that youth with co-occurring behavioral health challenges and IDD have a stable, safe, familiar, consistent, and nurturing treatment experience. Cluster care offers flexibility and support in sharing clinical, medical, and other supports to each of the cluster homes, which are within close proximity to each other. Each house within the cluster will have dedicated staff, including a house/case manager and direct care milieu staff who will interface with the youth within the house on a daily basis. There must be a minimum of 2 awake (milieu and professional) staff on site at all times, including hours of sleep. **Please note that youth are not permitted to be transferred between cluster houses.**

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

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

**One award** is available for a cluster comprised of three 5-bed houses located in a community-based, homelike setting. Each house **must** be within a 10-mile radius or within a 30 minute travel time of each other. CSOC does **not** have a regional location preference in this RFP. **Applicants must identify**

**the chosen regional location in their proposal.** Each house within the cluster will house a target population based on age, gender, mobility needs, and clinical needs.

Each house **must** have at least one bedroom and one bathroom on the first floor to accommodate youth with gait issues (assessed as a low fall risk by a medical professional). Each bedroom may accommodate no more than two youth. Single bedrooms are preferred. The cluster will house a target population based on age, gender and RTC IOS needs. Applicants who can provide services to non-verbal, limited-English, and/or non-English speaking individuals are preferred. If non-verbal and/or bilingual services are offered, the applicant must clearly specify within this proposal the type of services and staff supports that will be provided.

The length of stay is individualized based each individual's needs. The length of stay will be closely monitored by CSOC's Contracted Systems Administrator (CSA), via the Joint Care Review (JCR) process.

### **Population Served:**

Referrals shall come through the CSOC Special Residential Treatment Unit (SRTU) due to the specialized focus of this program. Youth who will be considered for admission will present with challenging behavior(s) and are deemed in need of such intensity, frequency, and duration of treatment that he/she cannot be safely and consistently managed in their home or in a less intensive treatment setting due to physical safety risk(s). Such challenging behaviors may include, but are not limited to:

- Physical aggression and/or property destruction (possibly due to trauma, poor communication skills);
- Low frustration level, social isolation / negative peer groups, etc.;
- Verbal threats to peers, parents, authority figures, etc.;
- Risk taking behavior, such as sexually reactive / exploratory behaviors, and/or substance use that does not require specialized treatment;
- Elopement behavior (including runaway/AWOL and bolting);;
- Isolated fire play/setting (low risk); and
- Rule violations and/or at risk of involvement in the juvenile justice system due to poor judgment and/or impulse control.

This RFP will award one cluster of three 5-bed group houses (total of 15 beds):

#### **House #1**

AGE RANGE: 16-20

GENDER: Males

CLASSIFICATION: Educationally Classified and Non-Classified

FSIQ: 50-75

Diagnoses include: mental health (e.g. Mood Disorders, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Attention Deficit Disorder, Anxiety Disorder, Conduct Disorder, Impulse Control Disorder) with a co-occurring developmental disability diagnosis (e.g. Autism Spectrum Disorder, Cerebral Palsy, Downs Syndrome, Fragile X Syndrome, etc.) and/or medical conditions such as seizure disorder, diabetes, spastic dysplasia, hemiplegia and hemiparesis, etc. that can be managed in a RTC IOS setting. Youth may be transitioning from a higher intensity of service setting.

LOCATION: North, Central, or Southern Region

**House #2**

AGE RANGE: 16-20

GENDER: Females

CLASSIFICATION: Educationally Classified and Non-Classified

FSIQ: 50 - 75

Diagnoses may include: Mood Disorders, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Attention Deficit Disorder, Anxiety Disorder, Conduct Disorder, Impulse Control Disorder and Fetal Alcohol Syndrome.

LOCATION: North, Central, or Southern Region

**House #3**

AGE RANGE: 16-20

GENDER: Males

CLASSIFICATION: Educationally Classified and Non-Classified

FSIQ: 50-75

Diagnoses may include: Mood Disorders, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Attention Deficit Disorder, Anxiety Disorder, Conduct Disorder, Impulse Control Disorder and Fetal Alcohol Syndrome.

LOCATION: North, Central, or Southern Region

### **Regional Definitions:**

Northern Region = Bergen, Essex, Hunterdon, Hudson, Morris, Passaic, Somerset, Sussex, Warren, and Union

Central Region = Mercer, Middlesex, Monmouth, and Ocean

Southern Region = Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem

Bedrooms: No more than two youth per bedroom; single bedrooms preferred.

Bathrooms: Each house within the cluster **must** have at least one bathroom that is ADA compliant or wheelchair accessible and is in accordance with licensing regulations.

### **Clinical Scope:**

Historically, emotional symptoms and behaviors displayed by individuals with IDD were considered mostly from either a biomedical and/or a behavioral perspective and most often treated with behavior altering psychotropic medications and/or behavior modification programs. These earlier interventions focused on reducing or eliminating problem behaviors with minimal efforts to change the conditions producing the behavior or to teach pro-social alternatives to these behaviors. This resulted in the overuse of psychotropic medications and the misuse of behavioral interventions to suppress symptoms without considering the underlying factors(s).<sup>7</sup>

The expanding knowledge base in the field of I/DD has demonstrated that simply because an individual has an I/DD does not mean he/she is best assisted by a behavioral intervention. Assessing and understanding the nature of the problems can guide the clinician toward the best course of treatment.<sup>8</sup>

Therapies for people with I/DD have been shown to be most effective when a directive style is used with structured sessions (Hurley; Hurley et al.)<sup>9</sup>. However, Hurley (1996) further indicated that such structuring does not preclude the use of supportive or psychodynamic orientation to the treatment.<sup>10</sup> Active/interactive techniques are recommended because they stimulate more sensory and affective modes of learning than verbal modality alone.<sup>11</sup>

In a collaborative effort, Hurley et al. (1996)<sup>12</sup> elaborated on the theme of individualizing treatment based on the client's unique set of needs and developmental level. These authors clarify specific ways on which therapy

can be successfully tailored to facilitate treatment for individuals with I/DD. Therapeutic modifications consist of the following:

- Simplifying/concretizing abstract concepts;
- Incorporating vocal and tactile activities into sessions;
- Incorporating active and interactive techniques into sessions;
- Using language familiar to the patient and continually assessing comprehension;
- Structuring sessions using directive style;
- Involving caregivers;
- Flexibility (duration and frequency of sessions, as well as therapeutic goals and approaches, may need ongoing and inventive revisions).

Individuals with co-occurring behavioral health disturbances and I/DD require a flexible array of services to help them effectively reside in the community. Therapeutic approaches, such as psychodrama and socio dramatic therapy, as well as the Interactive-Behavioral Therapy Model combines theoretically sound techniques factors from the field of Psychodrama with some of modifications specific to people with co-occurring diagnoses.<sup>13</sup>

The models/approaches noted in this section are examples of the various clinical models / treatment approaches available to this population. Applicants are not required to use any specific models / approaches. However, applicants must provide detailed information on their chosen clinical modalities. **Detailed information may be included in the appendix, but applicants must clearly explain in the narrative how the approaches will be incorporated into service delivery to meet the clinical needs of this population.**

Positive Psychology, the study of happiness, is a good fit with disability supports since it shares a focus on positive life experiences and builds on strengths. Mindfulness-based therapies may be considered as alternative clinical approach to Cognitive Behavior Therapy that vary in their components but generally involve behavioral practices, cognitive strategies, and concentration enhancing practices. Mindfulness practice involves self-regulation, mind-body relaxation, and the identification and acceptance of emotions, thoughts, and sensations.<sup>14</sup> These approaches are further enhanced through movement therapies, such as music or yoga.

Research indicates that persons with Autism Spectrum Disorders respond well to Developmental Relationship-Based Treatment, such as Denver Model, DIR (Developmental Individual-Differences, Relationship-based) and DIR-Floortime Approach, Relationship Developmental Intervention or Responsive Teaching. These approaches involve a combination of procedures that are based on developmental theory and emphasize the importance of building

social relationships. These treatments may be delivered in a variety of settings (e.g., home, group home, classroom, community).<sup>15</sup>

DIR and DIR-Floortime Approach are fundamentally different from behavioral therapy, skill building and play therapy, or psychotherapy. The primary goal of this intervention is to enable youth to form a sense of themselves as intentional interactive individuals, to develop cognitive, language and social capacities.<sup>16</sup>

Affinity therapy, structuring therapy around the youth's affinities (natural likes and attractions), is gaining increasing interest. It involves meeting youth where they are at by joining and listening intently for small clues to what they are experiencing and trying to communicate.

### **Duties and Obligations**

Applicants are to provide details regarding operations, policy, procedures, and implementation of their proposed program(s), including the plan of collaboration with system partners including the Division of Child Protection and Permanency (DCP&P), Care Management Organizations (CMO), and Probation.

The first house within the cluster shall be operational within 120 days of being awarded. The second and third houses shall be operational within 60 days thereafter. Extensions will be available by way of written request to the CSOC Assistant Commissioner. **Awards are subject to be rescinded if not operationalized within six months of RFP award.**

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

Service delivery models must pay particular attention to ensure youth have a stable, familiar, consistent, safe, and nurturing experience within a context of a holistic care approach. Applicants can demonstrate this attention in their descriptions of staffing patterns, how they intend to recruit and retain staff (particularly milieu staff), site design and utilization, and the type, scope, and frequency of family involvement. Services that are demonstrated as effective through research, evidence-based, -informed, or -suggested are strongly encouraged. The implementation of a service modality not only requires training, but also requires a full understanding and commitment across the entire agency organization, including administrative staff. Therefore,

applicants are to provide specific details regarding their plan for staff training, implementation, and sustainability of the service modality of choice.

All services and interventions must be directly related to the goals and objectives established in each youth's Individualized Service Plan (ISP). Family/caregiver involvement is extremely important and, unless contraindicated, should occur from the beginning of treatment and continue as frequently as possible, as determined appropriate in the Joint Care Review (JCR). Family integration into treatment through meaningful engagement is necessary to transfer newly learned skills from the RTC setting to the home environment.

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

- physical and emotional well-being;
- risk and safety factors;
- medical, nutritional, and personal care needs;
- adaptive and independent living abilities;
- vocational skills;
- cognitive and educational abilities;
- recreation and leisure time;
- community participation;
- communication, religion and culture;
- social and personal relationships, and
- 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.

As the CSOC out-of-home treatment programs have transformed from institutional settings to home-like community based settings, the therapeutic approach must also be transformed from an institutional approach to that of "interpersonal" in the group or milieu setting (See footnote 1, Yalom, 2002). In the matter of individualized care, it must assume a greater focus and frame of reference on the realities of a youth's life, looking to understand her/his life in context as an effort to address the etiology of the youth's symptoms and behaviors instead of containment. The individualized care should assume a dynamism that can address the implicit experiences of the youth, working towards ameliorating the implicit inner conflicts as contrasted with the explicit and external events. While programs are encouraged to utilize evidenced-based practices, they should also be flexible and avoid "secularism" in favor of "therapeutic pluralism"<sup>17</sup>.

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. 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 management of behavioral symptoms alone is not sufficient, however, and the applicant must also describe models of intervention that actively treat underlying trauma issues. 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 management 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 engagement 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.

CSOC is concerned with the utilization of seclusion and restraint in out-of-home treatment settings. The reduction of seclusion and restraint (S/R) use has been given national priority by the US government and the DCF/CSOC through its SAMSHA Grant. S/R is viewed as a treatment failure rather than a treatment intervention. It is associated with high rates of patient and staff

injuries<sup>18</sup> and is a coercive and potentially traumatizing and re-traumatizing intervention with no established therapeutic value<sup>19</sup>.

*The Six Core Strategies for Reducing Seclusion and Restraint Use* is an evidence-based model that was developed by the National Association of State Mental Health Program Directors (NASMHPD) and has successfully reduced the use of S/R in a variety of mental health settings for children and adults across the United States and internationally<sup>20</sup>. Applicants are required to submit as part of the Appendices a summary of no more than three (3) pages that describes how this model will be implemented within their program model. The summary must address the following six core strategies:

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

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

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

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 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.<sup>21</sup>

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.

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 RTC IOS addresses a 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 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 youth's successful return to their family home and communities.

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. **Youth may not be transferred between cluster houses.**

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

This award requires the establishment of a multi-disciplinary treatment team with designated functions. Applicants shall provide detailed information about treatment team members. Additionally, applicants shall describe through policy and procedure documents mechanisms for communication, responsiveness, flexibility, and creativity on treatment teams.

The minimum treatment activities to be provided in this service are described below. Interaction with youth shall emanate from a non-institutional point of view. Applicants must demonstrate the capacity to meet these minimum requirements.

The treatment team shall 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/APN
5. Nurse
6. Allied therapist
7. Milieu staff
8. Educational professionals
9. Licensed clinicians
10. Behavioral assistant
11. Program director
12. CSOC care management entity (Care Management Organization)
13. Child Protection & Permanency (CP&P), if applicable
14. Probation officer, if applicable

The nature of a youth's introduction to an out-of-home treatment program is of paramount importance in 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 care management entities, which will include the Care Management Organization (CMO) and if applicable DCP&P, must collaborate at least twice (as deemed feasible) prior to the youth's admission. This process will assist the youth in acclimating to the program and to a new environment.

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

- Receive a thorough orientation to all aspects of the program conducted by both agency staff and current resident youth;
- Assure that the family members/caregivers/guardians are oriented to the agency culture and services;
- File all necessary consents and releases;
- Complete IMDS Strengths and Needs Assessment;
- Complete an initial treatment and crisis plan; provide copies to youth and family/care giver/guardian;
- Complete a nursing assessment and incorporate it into the initial treatment and crisis plan;
- Complete a pediatric assessment and report;

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 the first week, the treatment provider will:

- Conduct a treatment team meeting that includes CMO and, if applicable, DCP&P and complete the comprehensive treatment and discharge plan integrating all of the treatment team's input, assessments, and recommendations.

By day 30 of treatment, the treatment provider will:

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

By day 90 of treatment, the treatment provider will:

- Collaborate with the CMO/CFT in the completion and submission of a DD eligibility application to the Contracted System Administrator (if youth is not already deemed DD eligible at time of admission)

Each day, the treatment provider will:

- Practice comprehensive and well documented communication, sharing significant events, youth successes, and other relevant information across disciplines, activities and time frames;
- Provide proper supervision of youth; a ratio of 1 milieu staff for every 5 youth must be maintained at all hours with a minimum of 2 awake

- (milieu and/or professional) staff on site at all times, including while youth are asleep;
- Ensure fewer than 30% of all youth waking hours will be spent in “milieu” activities;
- Conduct beginning and end of day meetings to “check in” with the 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 Administrative Order 2:05, which addresses the reporting of Unusual Incidents;
- Transport, as needed, youth to medical appointments, family visits, community outings, and other requisite needs;
- Provide consistent administrative oversight and support to milieu staff, including weekends and holidays;
- Ensure the implementation and practice of the Youth Thrive Approach and Philosophy throughout all program components

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

- Three (3) psycho-educational activities, directed by Bachelor’s level staff, consistent with the treatment focus of the service, including risk areas (healthy sexuality, substance use prevention/education, gang prevention, etc.). Additional group activities will be provided to support: pro-social learning, problem solving, life-skill development, community interface, coping strategies and health ways to express anger;
- Two (2) individual and/or family (may be 90 minutes as is deemed feasible) therapy sessions with a licensed clinician. Clinician schedules should promote flexibility for families. Family therapy sessions may be conducted off-site. If necessary, family therapy sessions may be conducted via telephone although no more than half of all family sessions can be conducted by phone.;
- Three (3) group therapy sessions with a licensed clinician or unlicensed Master’s level clinician under the supervision of an on-site clinically licensed Master’s level clinician or on-site Psychiatrist;
- **Two behavioral assistance (BA) sessions each day, five days a week.** BA services are face-to-face interventions provided individually or in a group setting with the youth and/or his/her family/caregiver(s) or milieu/hub staff that provide the necessary support to the youth to attain the goals of the service plan. BA services in a group setting may be provided to no more than three youth and/or the family member(s)/caregiver(s) or milieu/hub staff of up to three children/youth

in one session. BA is delivered as part of a comprehensive treatment plan and does not include mentoring, tutoring, companionship or other similar services;

- Two (2) Health Education group sessions with a licensed health professional (RN, MD, LPN, APN). Topics may include, but are not limited to: medication education; hygiene; healthy sexuality (dating, personal boundaries, accessing internet, etc.); substance use prevention/education; and nutrition;
- Structured and guided community-based activities or involvement that is participatory in nature, such as: “YMCA” or “YWCA” classes; organized sports leagues, scouting programs, volunteerism, community center and/or or public library activities; and public events;
- Six (6) hours of structured Allied Therapy, such as life skills, art, music, yoga, drama, pet therapy and dance/movement. Allied activities must be directly related to the goals and objectives of an individual’s treatment plan. Applicants must describe their allied therapy program

Each month:

- Comprehensive treatment and discharge plan meetings occur that include all members of the CFT/multidisciplinary treatment team.
- IMDS assessment review is updated;
- Psychiatrist has a meeting with the staff around medication issues;
- Psychiatrist has a clinical session with the youth;
- Psychiatrist has a meeting with the family;
- On-site family psycho-educational activities occur, minimally three hours of structured and professional-staff directed per month.
- Referral to DDD, for youth over age 18, for eligibility determination, if appropriate, and subsequent service/planning coordination;
- Coordinate appropriate transition services for youth and young adults with assigned care manager to ensure timely access to adult services

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 challenges arise that may alter the time for transition to 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;
  - 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 current program, but appears to require continued treatment, the out-of-home treatment agency must initiate the TJCR in collaboration with the involved CMO. This process will result in the youth's return to Youth Link. Agencies are encouraged to seek out other suitable OOH programs and indicate them in the TJCR;
  - Transitional planning documents(s);
  - Psychiatric, pediatric, psychological, and nursing assessments;
  - Crisis plan

### **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 Minimum Staffing Requirements-RTC Cluster of 3 Houses Attestation attached as **Exhibit C**.

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

**House Manager – Full-time and on-site Bachelors level practitioner(s) with 3-5 years of supervisory experience (and no less than 4 years of experience in the human services field, minimum of 1 year experience with the Intellectual/Developmentally Disabled) or an unlicensed Master's level practitioner with 1-year supervisory experience (and no less than 3 years of experience in the human services field, some of which must include experience with the Intellectual/Developmentally Disabled) will:**

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

**Behavior Assistant (BA) - Full-time and on-site agency staff, each BA dedicated to one house within the cluster, with a Bachelor's degree in in psychology, special education, guidance and counseling, social work or a related field and at least one year of supervised experience in implementing behavior support plans for individuals who have intellectual/developmental disabilities; or a High School Diploma or GED and at least three years of supervised experience in implementing behavior support plans for individuals who have intellectual/developmental disabilities) will:**

- Provide behavioral assistance (BA) services which are specific, outcome-oriented interventions that are components of an approved, written, detailed plan of care prepared by a licensed clinical behavioral healthcare practitioner. BA is a dynamic process of intervention and ongoing evaluation resulting in effective modification of a youth's identified behavior(s). BA services can be performed individually or in a group setting (no more than three youth in one session) and includes modeling for:
  - family/caregiver(s);
  - other youth in house and/or;
  - milieu and/or hub staff
- Attend and participate in monthly treatment team meetings

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

**preferably with experience working with I/DD population, dedicated to one house within the cluster, 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: 2 hours weekly.

**Additional Milieu Staff:**

- This program shall allocate two additional full-time milieu support staff positions, which will be utilized for the exclusive purpose of providing additional support, and supervision across the three houses as needed. Agencies may not utilize staff from existing programs.

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

**Program Director - Relevant Master’s degree and three (3) years post Master’s experience working with youth with emotional and behavioral challenges, some of which must include experience with the Intellectual/Developmentally Disabled (at least one year of which shall be in a supervisory capacity) will:**

- Be full-time on-site a minimum of 10 hours per week, per house, to oversee the clinical and operational aspects of the entire cluster. *Must serve exclusively within the capacity of this cluster program only;*
- Attend treatment team meetings monthly;
- Oversee all Quality Assurance / Performance Improvement (QAPI) activities with particular attention to bench-marking activities for all direct care staff.

**Clinicians who are clinically licensed to practice in NJ or Master’s level practitioners who are three years or less from NJ licensure and are practicing 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 within the cluster, *clinical service exclusively to the cluster*. This includes both direct therapy and clinical presence in the house;
- Psychosocial assessment and a report within 96 hours of admission;
- IMDS strengths and needs assessment within the first 24 hours of admission;
- Initial treatment and crisis plan development, documentation and consultation with the first 48 hours;
- Initial treatment and crisis plan family and youth debriefing within the first 48 hours of admission;
- Comprehensive treatment and discharge plan development, documentation and consultation in the first week;
- Behavior assistance plan within 30 days of admission;
  - BA services involve applying positive behavioral principles within the community using culturally based norms to foster behaviors that are rehabilitative and restorative in nature. The intervention should result in sustainable positive behavioral changes that improve functioning, enhance the quality of life and strengthen skills in a variety of life domains including but not limited to physical and mental well-being; interpersonal communications and relationships; socialization behaviors and activities; behavioral conduct; and adaptive coping strategies and behaviors;
- Weekly individual trauma informed therapy;
- Weekly group therapy;
- Weekly review of behavior support plan, based on face to face sessions with behavioral assistance and face –to-face monitoring of plan implementation by BA and milieu staff;
- Bi-monthly (and/or as needed) family therapy with family of origin or natural supports;
- Monthly IMDS assessment review and update;
- Monthly attendance and facilitation of treatment team meetings;
- Monthly supervision of non-licensed Master’s staff

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

- *.67 hours per week per child; 75% of this time must be face-to-face time with youth and/or families; (and as is needed)*
- Intake Psychiatric assessment and report within 96 hours 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

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

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

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

- *6 hours per week per youth*
- Recreation/Leisure Assessment and report within the first week of admission;
- Allied activities that are based on the cognitive and emotional needs of the milieu;
- Allied activities that are structured and must directly relate to the goals and objectives of an individual's treatment plan;
- The individual providing a particular allied activity should hold credentials, when appropriate, and must follow the requirements for screening/background checks.

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

- 1.50 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;

**Student Educational Program Planning Requirements:**

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

### **Student Educational Program:**

The awardee will be responsible for ensuring that youth receiving RTC-IOS services are enrolled in and receiving an appropriate educational program as required under federal and State regular and special education laws. DCF does not fund educational programs and services that youth are entitled to under those laws or provide on-site educational services for youth in out-of-home treatment settings. As such, the awardee will be expected to collaborate with the educational entities responsible for providing educational services and funding those services. A Department of Education (DOE) approved school must provide the educational program for students with disabilities. Educational programs must be provided for a minimum of four hours per day, five days per week. High school graduates must be provided with an alternate educational/vocational curriculum.

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

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

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

awardee shall provide interim transportation services to expedite school placement.

Consistent with those responsibilities, applicants must:

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

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

Applicants also must also articulate a plan for:

- Immediate and therapeutic responses to problems that arise during the school day;
- The supervision of students who are unable to attend school due to illness or suspension;
- The supervision and programming for students who do not have a summer school curriculum or who have graduated high school as well as for breaks/vacation.
- Planned collaboration with all school personnel ensuring youth remain in school as appropriate;
- Adequate supervision, programming, and professional staff contact in support of home instruction as provided in accordance with educational regulation.

### **Outcome Evaluation:**

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

Applicants must submit a QA/PI plan that:

- Measures the three foundation metrics of CSOC: in school, at home, and in the community.
- Demonstrates integration with overall organization/provider goals and monitoring activity.
- Demonstrates a multi-disciplinary approach that engages staff at all levels and discipline in the activities of QA/PI.
- Demonstrates strict compliance with addendum to AO 2:05 and DCF licensing standards at NJAC 10: 128.
- Demonstrates a commitment to approaching critical events as opportunities to improve care of youth, training, monitoring, and regulation of their service. QA/PI plans must articulate a meaningful and manageable process for responding to critical events that *minimally* collects, analyzes, and synthesizes information from:

Youth  
Family  
Natural supports  
Milieu staff  
"Professional staff"  
Care Management Organization

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

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

### **Youth Outcomes:**

- 80% of youth who complete the program will require less restrictive services at 3 and 6 month post discharge;
- 80% of all youth will have projected lengths of stay between 8 to 10 months;
- 90% of all youth will not incur new legal charges or violate existing charges while in treatment;
- 90% of all youth will be regularly attending their least restrictive educational option at least 9 of 10 days;
- 80% of all youth served will show improvement on identified strength and needs domains from the time of admission to discharge;
- 80% of all youth will demonstrate improved functioning (from the time of intake to time of discharge) as measured on independent, valid, and reliable measures;
- Life skills assessment including outcome measures for Ansell-Casey or Botvin Life Skills where applicable;
- 75% of all youth and families will demonstrate improved functioning (from time of intake to time of discharge) as measured on independent, valid, and reliable measures. Acceptable measures will be determined in collaboration with CSOC.

### **Service Outcomes:**

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

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

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

### **Specific Requirements for RTC Providers**

#### NJ Medicaid Enrollment:

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

#### Licensure:

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

#### Accreditation

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 funding up to \$2,107,875 the first year and thereafter if the contract is renewed and funding is available. There will be one award for a cluster of 15 beds.

The per diem rate per youth is \$385 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 obtain 3 bids for work to be done and provide a justification and detailed summary of all expenses for work that must be done in order to begin program operations-see pages 46-47 under Budget.

The first house within the cluster shall be operational within 120 days of being awarded. The second and third houses shall be operational within 60 days thereafter. Extensions will be available by way of written request to the CSOC Division Director. **Awards are subject to be rescinded if not operationalized within six months of RFP award.**

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

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

1. Applicants must be for profit or not for profit corporations that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. If Applicant is under a corrective action plan with DCF or any other New Jersey State agency or authority, the Applicant may not submit a proposal for this RFP. Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated to the satisfaction of DCF for a period of 6 months.
4. Applicants shall not be suspended, terminated or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
5. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
6. Where required, all applicants must hold current State licenses.
7. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
8. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
9. Applicants must have the ability to achieve full operational census within 120 days of contract award. Extensions may 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.**
10. Further, where appropriate, applicants must execute sub-contracts with partnering entities within 45 days of contract execution.
11. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at [www.dnb.com](http://www.dnb.com)
12. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations

set forth in the DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

#### F. RFP Schedule:

<b>April 8,2016</b>	<b>Notice of Availability of Funds/RFP publication</b>
<b>April 22, 2016 by 12PM</b>	<b>Deadline for Email Questions sent to <a href="mailto:DCFASKRFP@dcf.state.nj.us">DCFASKRFP@dcf.state.nj.us</a></b>
<b>April 25, 2016 1:00PM</b>	<b>Mandatory Bidder's Conference at DCF Training Academy</b>
<b>June 9, 2016</b>	<b>Deadline for Receipt of Proposals by 12:00PM</b>

All proposals must be received by 12:00pm on or before June 9, 2016. Proposals received after 12:00 PM on June 9, 2016 will **not** be considered. Applicants shall submit **one (1) signed original** and should submit **one CD ROM** as indicated below.

Proposals must be delivered either:

#### 1) In person to:

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

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

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

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

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

### **3) Online:**

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

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

Forms are directly under the Notices section-See Standard Documents for RFPs

- [Submitting Requests for Proposal Electronically PowerPoint \(pdf\)](#)
- [Registration for the Authorized Organization Representative \(AOR\) Form](#)

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Registered AOR forms may be received 5 business days prior to the date the bid is due.

## **G. Administration:**

### **1. Screening for Eligibility, Conformity and Completeness**

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

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

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

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

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

## 2. Proposal Review Process

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

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

Requested information was covered-	10 Points
Approach to the program design was thoroughly and clearly explained and was consistent	20 Points

with the RFP requirements-

Background of organization and staffing explained- 10 Points

Speakers were knowledgeable about topic- 5 Points

Speakers responded well to questions - 5 Points

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

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

### **3. Special Requirements**

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

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

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

Applicants must sign, date and submit the Minimum Staffing Requirements-RTC Cluster of 3 Houses Attestation attached as **Exhibit C.**

### **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 4<sup>th</sup> 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](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:

1. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA
2. Proof of Insurance naming DCF as additionally insured from agencies and listed as certificate holder.
3. Bonding Certificate

4. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
5. ACH- Credit Authorization for automatic deposit (for new agencies only)
6. MacBride Certification Form

Please also see the list after the required documents for a list of documents that may be specific to this RFP. 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.** Other fonts, including Arial Narrow, will not be accepted. There is a 25 page limitation for the Narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Five (5) points will be deducted for each missing document. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The Narrative must be organized appropriately and address the key concepts outlined in the RFP. The budget narrative, Annex B budget pages, and attachments shall be attached as appendices and do not count toward the 25 page limit of the Narrative.

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

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

## **1) Applicant Organization**

**(15 Points)**

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

Describe the agency's background and experience in implementing the types of services.

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.

## **2) Program Approach**

**(50 Points)**

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

## Service Description

- 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;
- Include policy regarding engaging and sustaining the involvement of family and/or natural supports;
- Articulate etiology and demonstrate the links between the intervention model, strategies and techniques;
- Demonstrate how the relationships with milieu staff (as supported through team structure, supervision, and staffing patterns) 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 appropriate transitional living skills as a component of the youth’s treatment plan that will define the manner in which the development of self-reliant living skills are integrated into the service delivery, including real-life application of these skills in provided core areas;
- Fully articulate the management and treatment models to be utilized, including the use of evidence-based, -informed, or -suggested interventions **and** provide specific details regarding plan for staff training, implementation, and sustainability of the service modalities of choice.
- 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;
- Articulate how both explicit and implicit 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.
- Provide specific examples as to how family engagement will be initiated and sustained throughout the treatment planning process.
- Include Table of Topics for psycho-educational groups, including those focused on wellness and recovery;
- Identify and describe the geographic location(s) of the services;
- Describe client eligibility requirements, referral processes, and include client rejection/termination policies;
- 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 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 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.);
- Include policy or procedures regarding community-based activities
- Three (3) written **professional letters of support** on behalf of the applying individual/agency specific to the provisions of services under this RFP/RFQ (references from New Jersey State employees are prohibited). 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 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 childcare providers.

#### 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; salary ranges; 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;
- Include 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
  - Nurtured Heart Approach
  - Positive Behavioral Supports
  - Identifying developmental needs and strengths
  - Crisis Management
  - Suicide Prevention
  - Trauma Informed Care

- Danielle’s Law Agencies must also comply with Danielle’s Law ([www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html](http://www.state.nj.us/humanservices/ddd/resources/info/danielleslawtrnee.html))
  - Human Trafficking
  - Basic First Aid and CPR
  - HIPAA
  - Confidentiality and Ethics
  - Identifying and reporting child abuse and neglect (any incident that includes an allegation of child/abuse and/or neglect must be immediately reported to the Division of Child Protection and Permanency (DCP&P) at 1-800-NJ-ABUSE in compliance with N.J.S.A. 9:6-8:10)
  - Abuse and neglect against an individual with developmental disabilities must also be reported consistent with N.J.S.A. 30:6D-73 to 82.
- Describe the management & staff supervision methods that will be utilized

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

The Standards are available at:  
<http://www.state.nj.us/dcf/SafeChildStandards.pdf>

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

**3) Outcome Evaluation (10 Points)**

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

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

Applicants must submit a QA/PI plan that:

- Measures the three foundation metrics of CSOC: in school, at home, and in the community.
- Demonstrates integration with overall organization/provider goals and monitoring activity.

- Demonstrates a multi-disciplinary approach that engages staff at all levels and discipline in the activities of QA/PI.
- Demonstrates strict compliance with addendum to AO 2:05 and DCF licensing standards at NJAC 10: 128.
- Demonstrates a commitment to approaching critical events as opportunities to improve care of youth, training, monitoring, and regulation of their service. QA/PI plans must articulate a meaningful and manageable process for responding to critical events that *minimally* collects, analyzes, and synthesizes information from:

Youth  
 Family  
 Natural supports  
 Milieu staff  
 “Professional staff”  
 Care Management Organization

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

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

### **Youth Outcomes:**

- 80% of youth who complete the program will require less restrictive services at 3 and 6 month post discharge;
- 80% of all youth will have lengths of stay between 8 - 10 months;
- 90% of all youth will not incur new legal charges or violate existing charges while in treatment;
- 90% of all youth will be regularly attending their least restrictive educational option at least 9 of 10 days;
- 80% of all youth served will show improvement on identified strength and needs domains from the time of admission to discharge;
- 80% of all youth will demonstrate improved functioning (from the time of intake to time of discharge) as measured on independent, valid, and reliable measures;
- Life skills assessment including outcome measures for Ansell-Casey or Botvin Life Skills where applicable;
- 75% of all youth and families will demonstrate improved functioning (from time of intake to time of discharge) as measured on

independent, valid, and reliable measures. Acceptable measures will be determined in collaboration with CSOC.

#### **Service Outcomes:**

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

#### **4) Budget**

**(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 Budget Narrative in the Appendices section. This will not be included as part of the 15 page limitation.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget should also reflect a 12 month itemized operating schedule and include, in separate columns, total funds needed, the funds requested through this grant, and where necessary, funds secured from other sources. All costs associated with the completion of the project must be clearly delineated and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or “other” items. The proposed budget should be based on 100% occupancy and may not exceed \$385 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 startup 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. 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 (\$35, 121 per house)
- 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.

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 \$ 10, 780 per house as follows. Please note that this ramp up plan must be detailed in the program narrative of proposal under the “Budget” section.

Week 1: For admission of up to 2 youth, an additional \$8, 085 will be provided (3 x 7 x \$385 per diem rate) per house

Week 2: For admission of up to 4 youth, an additional \$2,695 will be provided (1 x 7 x \$385 per diem rate) per house. 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.

*Ramp-up costs must be documented and are contingent upon actual admissions that take place the first two weeks of program implementation as verified through CSOC’s census data. Ramp up is billed separately via Children’s System of Care and does not increase total contract reimbursable ceiling.*

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 internationally<sup>22</sup>. Applicants are required to submit as Appendices a summary of no more than 3 pages that describes how this model will be implemented within their program model. The summary must address the following six core strategies:

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

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

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

### **Completeness of the Application (5 Points)**

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

## **B. Supporting Documents:**

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

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

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

<b>Part I: Proposal</b>	
<input type="checkbox"/>	<b>Proposal Cover Sheet</b> – Use the RFP forms found directly under the Notices section on Website: <a href="http://www.nj.gov/dcf/providers/notices/">www.nj.gov/dcf/providers/notices/</a> Form: <a href="http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc">http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc</a>
<input type="checkbox"/>	<b>Table of Contents</b> – 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"/>	<b>Proposal Narrative</b> in following order a) Applicant Organization b) Program Approach c) Outcome Evaluation
<b>Part II: Appendices: The documents below are required to be submitted with your response to the RFP as a condition of receiving an award</b>	
1.	<input type="checkbox"/> Summary of Reduction of Seclusion and Restraint Use (Max 3 pages)
2.	<input type="checkbox"/> “Minimum Staffing Requirements RTC For Youth With Co-Occurring MH and IDD Staffing Attestation” signed and dated by the Community Agency Head or Equivalent (Exhibit C)
3.	<input type="checkbox"/> <b>Job descriptions</b> 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.
4.	<input type="checkbox"/> Current Agency Organization Chart
5.	<input type="checkbox"/> Proposed Agency Organization Chart for this cluster that shows three houses and distinguish between “Hub” and “House” staff
6.	<input type="checkbox"/> <b>Program Staffing Summary Form for Out of Home Providers (Exhibit F)</b>
7.	<input type="checkbox"/> Proposed <b>Program Implementation Schedule</b> –Exhibit E
8.	<input type="checkbox"/> Policy or procedures regarding timelines; program operations; and, staff responsible for admission, orientation, assessment, engagement, treatment planning, discharge planning, and step-down.
9.	<input type="checkbox"/> Three (3) written <b>professional letters of support</b> on behalf of the applying individual/agency specific to the provisions of services under this RFP/RFQ (references from New Jersey State employees are prohibited). 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.
10.	<input type="checkbox"/> Letters of affiliation and proposed Student-School-Service Provider contracts if graduate students will be involved in the provision of care
11.	<input type="checkbox"/> Attach Curricula Table of Contents for age, gender, and developmentally appropriate psycho-educational groups

12.	<input type="checkbox"/>	Copies of any evaluation tools that will be used to determine the effectiveness of the program services
13.	<input type="checkbox"/>	Policy regarding engaging and sustaining the involvement of family and/or natural supports
14.	<input type="checkbox"/>	Policy or procedures regarding community-based activities
15.	<input type="checkbox"/>	<b>Safe-Child Standards Description</b> of your agency's implementation of the standards (no more than 2 pages) <a href="http://www.state.nj.us/dcf/SafeChildStandards.pdf">http://www.state.nj.us/dcf/SafeChildStandards.pdf</a>
16.	<input type="checkbox"/>	DCF <b>Annex B</b> Budget Forms* <a href="http://www.state.nj.us/dcf/providers/contracting/forms/">http://www.state.nj.us/dcf/providers/contracting/forms/</a>
17.	<input type="checkbox"/>	Budget Narrative and Optional Start Up Facility Renovations Costs (See Budget Section)-Exhibit D
18.	<input type="checkbox"/>	Copies of any <b>audits</b> 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.
19.	<input type="checkbox"/>	Dated List of Names, Titles, Addresses & Terms of <b>Board of Directors</b> or <b>Managing Partners</b> , if an LLC or Partnership
20.	<input type="checkbox"/>	<b>Signed Standard Language Document (SLD)</b> [Version: Rev. June 6, 2014] Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc">http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc</a>
21.	<input type="checkbox"/>	Document showing <b>Data Universal Numbering System (DUNS)</b> Number [2006 Federal Accountability & Transparency Act (FFATA)] Website: <a href="http://www.dnb.com">http://www.dnb.com</a> Helpline: 1-866-705-5711
22.	<input type="checkbox"/>	<b>System for Award Management (SAM)</b> printout (or <b>Renewal</b> ) showing "active" status (free of charge). Website: <a href="https://www.sam.gov/portal/public/SAM">https://www.sam.gov/portal/public/SAM</a> Helpline: 1-866-606-8220
23.	<input type="checkbox"/>	Applicable Consulting <b>Contracts</b> , Sub-Contracts, Affiliation <b>Agreements/Memoranda</b> of Understanding related to this RFP. If not applicable, include a written statement indicating this is not applicable
24.	<input type="checkbox"/>	<b>Business Associate Agreement/HIPAA</b> , with signature under Business Associate [Version: Rev. 9-2013] Form: <a href="http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc">http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc</a>
25.	<input type="checkbox"/>	<b>Professional Licenses</b> related to job responsibilities for this RFP. If not applicable, include a written statement indicating this is not applicable
26.	<input type="checkbox"/>	<b>Affirmative Action Certificate</b> -or- <b>Renewal Application</b> [AA302] sent to Treasury Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf">http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf</a>
27.	<input type="checkbox"/>	<b>Certificate of Incorporation, if applicable</b> Website: <a href="http://www.nj.gov/treasury/revenue/filecerts.shtml">http://www.nj.gov/treasury/revenue/filecerts.shtml</a>

28.	<input type="checkbox"/>	<b>For Profit: NJ Business Registration</b> Certificate with the Division of Revenue. See instructions for applicability to your organization. Website: <a href="http://www.nj.gov/njbusiness/registration/">http://www.nj.gov/njbusiness/registration/</a> If not applicable, include a written statement indicating this is not applicable
29.	<input type="checkbox"/>	<b>Agency By-laws</b>
30.	<input type="checkbox"/>	<b>Tax Exempt Certification, if applicable</b> Website: <a href="http://www.state.nj.us/treasury/taxation/exemption.shtml">http://www.state.nj.us/treasury/taxation/exemption.shtml</a>
31.	<input type="checkbox"/>	<b>Disclosure of Investigations &amp; Other Actions Involving Bidder Form (PDF)</b> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf">http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf</a>
32.	<input type="checkbox"/>	<b>Disclosure of Investment Activities in Iran (PDF)</b> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf">http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf</a>
33.	<input type="checkbox"/>	<b>For Profit: Statement of Bidder/Vendor Ownership Form (PDF)</b> See instructions for applicability to your organization. Form: <a href="http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf">http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf</a> If not applicable, include a written statement
34.	<input type="checkbox"/>	<b>Chapter 271**</b> Signed and dated  <a href="http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf">http://www.state.nj.us/treasury/purchase/forms/CertandDisc2706.pdf</a>
35.	<input type="checkbox"/>	<b>Source Disclosure Certification</b> Form [P.L. 2005, c 92-formerly Executive Order 129] Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf">http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf</a>
36.	<input type="checkbox"/>	<b>For Profit: Two-Year Chapter 51/Executive Order 117</b> Vendor Certification -and-Disclosure of Political Contributions [Version: Rev 4/17/15]. See instructions for applicability to your organization. Website: <a href="http://www.state.nj.us/treasury/purchase/forms.shtml">http://www.state.nj.us/treasury/purchase/forms.shtml</a> If not applicable, include a written statement
37.	<input type="checkbox"/>	<b>Annual Report to Secretary of State</b> Website: <a href="https://www1.state.nj.us/TYTR_COARS/JSP/page1.jsp">https://www1.state.nj.us/TYTR_COARS/JSP/page1.jsp</a>
38.	<input type="checkbox"/>	<b>Non Profit: Annual Report - Charitable Organizations</b> Website: <a href="http://www.njpublicsafety.org/ca/charity/charfrm.htm">http://www.njpublicsafety.org/ca/charity/charfrm.htm</a> If not applicable, include a written statement
39.	<input type="checkbox"/>	<b>Certification Regarding Debarment</b> Form: <a href="http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf">http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf</a>
40.	<input type="checkbox"/>	<b>Statement of Assurances</b> - Use the RFP forms found directly under the Notices section: Website: <a href="http://www.nj.gov/dcf/providers/notices/">www.nj.gov/dcf/providers/notices/</a> Form: <a href="http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc">http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc</a>

41.	<input type="checkbox"/>	<b>Tax Forms:</b> <u>Non Profit Form 990</u> Return of Organization Exempt from Income Tax <b>-or-</b> <u>For Profit Form 1120</u> US Corporation Income Tax Return
42.	<input type="checkbox"/>	Most recent <b>Audit or Financial Statement</b> (certified by accountant or accounting firm) <u>Audit:</u> For agencies expending over \$100,000 in combined Federal/State Awards <b>-or-</b> <u>Financial Statement:</u> For agencies expending under \$100,000 Policy: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf</a>
43.	<input type="checkbox"/>	<b>MacBride Principles Form</b> Form: <a href="http://www.state.nj.us/treasury/purchase/forms/MacBridePrinciples.pdf">http://www.state.nj.us/treasury/purchase/forms/MacBridePrinciples.pdf</a>

		<b>Part III: Post Award Documents: This part is provided to applicants as informational and in preparation if applicant is successful in securing an award.</b> The documents below are required to be submitted to your contract administrator, or maintained on site as indicated, after notice of award as a condition of receiving a contract.	
1.	<input type="checkbox"/>	<b>Acknowledgement of Receipt</b> of NJ State Policy & Procedures returned to the DCF Office of EEO/AA Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf">http://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf</a> Policy: <a href="http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf">http://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf</a>	Once
2.	<input type="checkbox"/>	<u>For Each Site Hosting Youth:</u> Current <b>DCF Office of Licensing Certificate</b> (i.e. AAS, OVR, OOH programs) If not applicable, include a written statement. Website: <a href="http://www.state.nj.us/dcf/about/divisions/ol/index.html">http://www.state.nj.us/dcf/about/divisions/ol/index.html</a>	Once
3.	<input type="checkbox"/>	<u>For Each Site Hosting Youth:</u> <b>Certificate of Occupancy</b> -or- Continued Certificate of Occupancy. (i.e. AAS, OVR, OOH programs) If not applicable, include a written statement.	Once
4.	<input type="checkbox"/>	<u>For Each Site Hosting Youth:</u> Copy of <b>Lease, Mortgage</b> -or- <b>Deed</b> (i.e. AAS, OVR, OOH programs) If not applicable, include a written statement.	Once
5.	<input type="checkbox"/>	<b>Standardized Board Resolution Validation</b> Form: <a href="http://www.state.nj.us/dcf/documents/contract/manuals/CPIM_p1_board.pdf">http://www.state.nj.us/dcf/documents/contract/manuals/CPIM_p1_board.pdf</a>	Once
6.	<input type="checkbox"/>	<b>Liability Insurance</b> (Declaration Page and/or Malpractice Insurance)	Annually

		<p>1. Certificate Holder: NJDCF, 50 East State St., Floor 3, POB 717, Trenton, NJ 08625 -and-</p> <p>2. Policy should state in writing that DCF is an "additional insured" Refer to policy for Minimum Standards for Insurance: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</a></p>	
7.	<input type="checkbox"/>	<p><b>Employee Fidelity Bond</b> Certificate (commercial blanket bond for dishonest acts) 1. Certificate Holder: NJDCF, 50 East State St., Floor 3, POB 717, Trenton, NJ 08625 -and-</p> <p>2. Policy should state in writing that DCF is an "additional insured"</p> <p>Refer to policy for Minimum Standards for Insurance: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf</a></p> <p><u>Note:</u> 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.</p>	Annually
8.	<input type="checkbox"/>	<p><b>Notification of Licensed Public Accountant (NLPA) -and- copy of Accountant Certification</b> Form: <a href="http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc">http://www.nj.gov/dcf/documents/contract/forms/nlpa.doc</a></p> <p><u>Note:</u> Not required for agencies expending under \$100,000 in combined Federal/State Awards. If not applicable, include a written statement.</p>	Annually
9.	<input type="checkbox"/>	<p><b>Health/Fire Certificates For Each Site Hosting Youth</b> (i.e. AAS, OVR, OOH programs) If not applicable, include a written statement.</p>	Annually
10.	<input type="checkbox"/>	<p><b>Program Staffing Summary Report</b> (to be supplied to you post award by your <u>Contract Administrator</u>)</p>	Annually
11.	<input type="checkbox"/>	<p>Copy of Most Recently Approved <b>Board Minutes</b></p>	Keep Onsite
12.	<input type="checkbox"/>	<p><b>Personnel Manual and Employee Handbook</b> (include staff job descriptions)</p>	Keep Onsite
13.	<input type="checkbox"/>	<p><b>Affirmative Action Policy/Plan</b></p>	Keep Onsite
14.	<input type="checkbox"/>	<p><b>Conflict of Interest Policy and Attestation</b> Form: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf</a></p>	Keep Onsite
15.	<input type="checkbox"/>	<p><b>Procurement Policy</b> Policy: <a href="http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf">http://www.nj.gov/dcf/documents/contract/manuals/CRM2.pdf</a></p>	Keep Onsite

\* 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.

\*\* 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**

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

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

Written questions must be directly tied to the RFP. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP. All inquiries submitted to [DCFASKRFP@dcf.state.nj.us](mailto:DCFASKRFP@dcf.state.nj.us) must identify, in the Subject heading, the specific RFP for which the question/clarification is being sought. Each question should begin by referencing the RFP page number and section number to which it relates.

Written inquiries will be answered and posted on the DCF website as a written addendum to the RFP at: <http://www.state.nj.us/dcf/providers/notices/>

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

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

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

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

**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.*).

**Exhibit C**  
**State of New Jersey-Department of Children and Families**  
**Minimum Staffing Requirements-RTC-Cluster of 3 houses**

1. I, (Name) \_\_\_\_\_, am the (Title)  
 \_\_\_\_\_ of the (Name of Provider Agency)  
 \_\_\_\_\_.

The following are the *minimum* staffing credentials and requirements for a DCF contracted provider of Residential Treatment Services (RTC) Intensity of Service (IOS) for one cluster of three (3) five-bed houses. This is not to be interpreted as comprehensive of the total responsibilities each staff member will manage. Staff requirements are divided by dedicated **House Staff** and **Hub Professional Staff**. *Contracted staff to youth ratio:* a ratio of 1 direct care staff for every 5 youth must be maintained at all hours with a minimum of 2 awake (milieu and/or professional) staff on at all times – including while youth are asleep.

Dedicated House Staff Positions	Qualifications	Minimum Requirements	Hours/youth/week
<i>House Manager</i>	BA with 3-5 years of direct experience, minimum 1 year experience with the MH and I/DD population; or unlicensed MA with minimum 1 year of direct experience working with MH and I/DD population.	Supervise milieu staff and schedules. Oversee daily operations of house. Family orientation (within 1 <sup>st</sup> 24 hours); review and signing of all required paperwork (within 1 <sup>st</sup> 48 hours). As needed, on-site psycho educational activities. Member of treatment team.	FT dedicated on site. 5 hours per week per youth of documented case management.

<i>Behavioral Assistant</i>	<p>(a) BA in psychology, special education, guidance and counseling, social work or a related field and at least one year of supervised experience in implementing behavior support plans for individuals who have intellectual/developmental disabilities, or;</p> <p>(b) High School Diploma or GED and at least three years of supervised experience in implementing behavior support plans for individuals who have intellectual/developmental disabilities.</p>	<p>Provides behavior assistance (BA) per week per youth only within the house (<i>must provide BA service exclusively to youth in one house</i>); BA services can be performed individually or in a group setting (no more than three youth in one session) that includes: family/caregiver(s); other youth in house and/or; milieu and/or hub staff.</p> <p>Monthly attendance and participation in treatment team meetings</p>	<p><b>Two behavioral assistance sessions each day, five days a week.</b> . BA services in a group setting may be provided to no more than three youth and/ or the family member(s)/ caregiver(s) or milieu /hub staff of up to three children/youth in one session. BA is delivered as part of a comprehensive treatment plan and does not include mentoring, tutoring, companionship or other similar services.</p>
<i>Milieu Support Staff –</i>	BA or HS with 3-5 years’ experience, preferably with the MH and I/DD population, providing direct care to youth in a behavioral health agency or institutional setting.	Youth orientation (within 1 <sup>st</sup> 24 hours). Daily milieu activities. Pre-vocational skills training 5 hours weekly. Life skills training 2 hours weekly. Member of treatment team.	44 hours per week per youth (represents multiple FTEs)

Hub Staff Positions	Qualifications	Minimum Requirements	Hours/youth/week
<i>Program Director</i>	MA with 3 years post MA experience in field (at least one of which shall be in a supervisory capacity, minimum 1 year experience working with MH and I/DD population).	Attend monthly treatment team meetings; oversee all quality assurance / program improvement activities. Member of treatment team.	FT dedicated, on-site. Minimum 10 hours per week per house. Must exclusively serve within the capacity of this program only.
<i>NJ licensed therapist (clinician)</i>	Masters, LCSW, LMFT, LPC, NJ licensed psychologist	IMDS strengths and needs assessment (within 1 <sup>st</sup> 24 hours); initial treatment and crisis plan	Average of 6 hours per week per youth only within the cluster (must

Hub Staff Positions	Qualifications	Minimum Requirements	Hours/youth/week
<i>Masters level therapist</i>	Masters under the supervision of NJ licensed practitioner with documented plan to achieve licensure within 3 years.	(within 1 <sup>st</sup> 48 hours); comprehensive treatment and discharge plan (within 1 <sup>st</sup> week). Weekly individual trauma informed therapy, weekly group therapy. Bi-monthly family therapy. Member of treatment team. Monthly IMDS assessments. Supervision of non-licensed staff.	provide clinical service exclusively to the cluster). Some of the treatment will be in a group setting
<i>Psychiatrist or APN</i>	MD, BC/BE/APN. Board certified child psychiatrist or psychiatric APN in affiliation with a board certified child psychiatrist.	Initial treatment and crisis plan (within 1 <sup>st</sup> 48 hours); psychiatric intake assessment and report (within 1 <sup>st</sup> week). Monthly medication management meetings. Monthly clinical visit with youth/family. Member of treatment team.	.67 clinical hours per week per youth; 75 % of which must be face-to-face time with youth and/or families. 24/7 availability by contract.
<i>Pediatric APN or Pediatrician</i>	MD, BC/BE/APN. NJ licensed, board certified.	Pediatric assessment and report (within 1 <sup>st</sup> 48 hours).	24/7 availability by contract.
<i>Allied clinical therapist</i>	Licensed where applicable.	Recreation/leisure assessment and report (within 1 <sup>st</sup> week).	6 hours per week per youth, may occur in a group setting.
<i>Nurse/RN</i>	Registered nurse (RN) or a licensed practical nurse (LPN), under the supervision of an RN, with a current NJ nursing license and one year direct care nursing experience with children.	Nursing assessment and report (within 1 <sup>st</sup> 48 hours). Initial treatment and crisis plan consultation (within 1 <sup>st</sup> 48 hours, then weekly). Daily medication dispensing. Weekly health/hygiene/sex education. Monthly medication education. Daily debriefing. Member of treatment team.	1.5 hours per week per youth.
<i>Additional Milieu Support Staff</i>	BA or HS with 3-5 years' experience providing direct care to youth in a behavioral health agency or institutional setting.	Daily milieu activities. Pre-vocational skills training 5 hours weekly. Life skills training 2 hours weekly. Member of treatment team.	Two additional FT milieu support staff positions for the exclusive purpose of providing additional support and supervision across the three houses as needed. May not be staff from other existing programs.

**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.

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<b>APPLICANT NAME (Please Print)</b>	<b>SIGNATURE</b>	<b>DATE</b>
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<b>CEO OR EQUIVALENT NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
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2. By my signature below, I hereby certify that I have read and understand the *minimum* staffing requirements for a DCF contracted provider of an RTC-IOS for one cluster of three (3) five-bed houses.

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Signature

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Date

---

Printed Name

**EXHIBIT D**

**NEW JERSEY DCF/CSOC**

**BUDGET NARRATIVE TO BE SUBMITTED BY AGENCY**

**EXHIBIT E**

**PROGRAM IMPLEMENTATION SCHEDULE**

**As an attachment**

**EXHIBIT F**  
**PROGRAM STAFFING SUMMARY**

**As an attachment**

## ENDNOTES

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<sup>1</sup> Fletcher, R., Loschen, E., Stavrakaki, C., & First, M. (Eds.). Diagnostic Manual - Intellectual Disability (DM-ID): A Textbook of Diagnosis of Mental Disorders in Persons with Intellectual Disability. Kingston, NY: NADD Press. 2007. 2.

<sup>2</sup> NAAD. Including Individuals with Intellectual/Developmental Disabilities and Co-Occurring Mental illness: Challenges that Must be Addressed in Health Care Reform. 1.

<sup>3</sup> Razza, N., & Tomasulo, D. Healing Trauma: The Power of Group Treatment for People with Intellectual Disabilities. American Psychological Association. Washington. 2005. 23.

<sup>4</sup> Nezu, C.M., Nezu, A.M., & Gill-Weiss, M.J. Psychopathology in persons with mental retardation: Clinical guidelines for assessment and treatment. Research Press. Champaign, IL, 1992.

<sup>5</sup> Razza & Tomasulo, 24-25.

<sup>6</sup> Fletcher, R. Psychotherapy for individuals with intellectual disability. NADD. New York. 2011. 5

<sup>7</sup> Fletcher, R. J. (Ed.). Therapy approaches for persons with mental retardation. NADD Press. New York. 2000. 3.

<sup>8</sup> Razza and Tomasulo, 152.

<sup>9</sup> Hurley, A.D., Pfadt, A., Tomasulo, D. & Gardner, W. (1996). Counseling and Psychotherapy, in J. Jacobson & J. Mulick (Eds.), Manual of Diagnosis and Professional Practice in Mental Retardation, American Psychological Association, Washington, DC, 371-80.

<sup>10</sup> Razza and Tomasulo, 155.

<sup>11</sup> Fletcher. 2000. 65.

<sup>12</sup> Razza and Tomasulo, 152-153.

<sup>13</sup> Fletcher, 2000. 67-75.

<sup>14</sup> Fletcher, 3-4.

<sup>15</sup> Hollander, E. & Anagnostou, E. Clinical Manual for the Treatment of Autism. APA. Washington. 2007. 203-204.

<sup>16</sup> Hollander and Anagnostou, 191.

<sup>17</sup> Yalom, Irvin D. The Gift of Therapy, Harper Perennial, New York (2002).

<sup>18</sup> Weiss EM, Altimari D., Blint DR., Megan K. Deadly restraint: A five-part series. The Hartford Courant. 1998. Oct 11-15; 1-16.

<sup>19</sup> Sailas E., Fenton M. Seclusion and restraint for people with serious mental illness. Cochrane Database of System Rev 2000. CD001163.

<sup>20</sup> National Association of State Mental Health Program Directors. Six Core Strategies for Reducing Seclusion and Restraint Use. Revised 2006.

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<sup>21</sup> Blau, G, Caldwell, B & Lieberman, R. Residential Interventions for Children, Adolescents, and Families. New York. 2014. 34-45.

<sup>22</sup> National Association of State Mental Health Program Directors.