**Exhibit E, Part B**

**State of New Jersey-Department of Children and Families**

**Children’s System of Care (CSOC)**

**Minimum Staffing Requirements-RTC-Cluster of 3 houses**

The following are the *minimum* staffing credentials and requirements for a DCF contracted provider of **Residential Treatment Services (RTC) Intensity of Service (IOS) – 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**.

|  |  |  |  |
| --- | --- | --- | --- |
| House Staff Positions | Qualifications | Other Requirements | Hours/youth/week |
| *House Manager* | BA with 3-5 years of supervisory experience w/ no less than 4 years of experience in human services field; or unlicensed MA with 1 year of supervisory experience w/ no less than 3 years of experience in human services field. | -Supervise milieu staff and schedules;  - Oversee daily operations of home;  - Family orientation (within 1st 24 hours);  -Review and signing of all required paperwork (within 1st 48 hours);  - As needed, on-site psycho educational activities. Member of treatment team. | FT dedicated on site. 5.5 hours per week per youth of documented case management. |
| *Milieu Support Staff* | BA or HS with 3-5 years’ experience providing direct care to youth in a behavioral health agency or institutional setting. | -Youth orientation (within 1st 24 hours);  - Daily milieu activities;  - Weekly community integration focused leisure/recreational activities;  - Daily direct youth supervision;  - Monthly attendance at treatment team meetings;  - Pre-vocational skills training, 5 hours weekly;  - Provision of Ansell-Casey or Botvin Life Skills Training, 3 hours weekly | 44 hours per week per youth (represents multiple FTEs). |
| Hub Staff Positions | Qualifications | Other Requirements | Hours/youth/week |
| *Program Director* | - Relevant Master’s degree and three 3 years post Master’s experience working w/ youth w/ emotional and behavioral challenges  -Minimum of 1 of the three years’ experience must be in a supervisory capacity. | -Attend monthly treatment team meetings;  - Oversee all quality assurance / program improvement activities, with particular attention to bench-marking activities for all direct care staff | -FT dedicated, on-site, minimum of 10 hours per week per house  -Must exclusively serve within the capacity of this program only. |
| Hub Staff Positions - continued | Qualifications | Other Requirements | Hours/youth/week |
| *NJ licensed therapist (clinician)* | Masters, LCSW, LMFT, LPC, NJ licensed psychologist | -Bio-psychosocial assessment and report  -IMDS strengths and needs assessment  - Initial treatment and crisis plan (within 1st 48 hours);  -Initial treatment and crisis plan development, documentation and consultation (within 1st 48 hours)  -comprehensive treatment and discharge plan (within 1st week);  -Individual therapy (weekly);  -Group therapy (weekly);  -Family therapy w / family or origin or natural supports (bi-monthly and/or as needed);  -IMDS assessment review & update (monthly);  -Attend & facilitate treatment team meeting (monthly);  -Supervision of non-clinically licensed Master’s level staff pending clinical licensure. | 6 hours per week per youth only within the cluster (must provide clinical service exclusively to the cluster). |
| *Masters level therapist* | Masters under the supervision of NJ licensed practitioner with documented plan to achieve licensure within 3 years. |
| *Psychiatrist or APN* | MD, BC/BE/APN. Board certified child psychiatrist or psychiatric APN in affiliation with a board certified child psychiatrist. | -Psychiatric intake assessment & report (within 1st week);  -Initial treatment and crisis plan;  -Medication management meetings (monthly);  -Clinical visit with youth/family (monthly);  -Attend treatment team meetings (monthly) | .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. |
| *Pediatric APN or Pediatrician* | MD, BC/BE/APN. NJ licensed, board certified. | Pediatric assessment and report (within 1st 48 hours). | 24/7 availability by contract. |
| *Allied clinical therapist* | Licensed, credentialed or certified where applicable. | -Recreation/leisure assessment and report (within 1st week);  -Allied activities based on cognitive and emotional needs of the youth in the milieu and require identified outcome measures;  -Structured, guided and participatory in nature;  -Directly related to youth’s treatment planning needs;  -May occur both on grounds and within community | 6 hours per week per youth. |
| *Nurse- Health Educator/RN* | Registered nurse (RN) or Pediatric Nurse Practioner | -Assess physical condition of youth (under direction of medical director or psychiatrists) & integrate findings into treatment plan;  -Educate & support direct care staff on administering medications and possible side effects (under direction of medical director or other physician);  -Implement quality assurance program;  -Provide injections of medication, as needed and directed by medical director or other physician;  -Nursing assessment & report  -Initial treatment and crisis plan consultation (within 1st 48 hours & then weekly);  -Attend debriefings on youth status (daily);  -Health/hygiene/sex education (weekly);  -Medication education (monthly);  -Attend treatment team meetings (monthly) | 2 hours per week per youth. |
| *Additional Milieu Support Staff* | BA or HS with 3-5 years’ experience providing direct care to youth in a behavioral health agency or institutional setting. | -Youth orientation (within 1st 24 hours);  - Daily milieu activities;  - Weekly community integration focused leisure/recreational activities;  - Daily direct youth supervision;  - Monthly attendance at treatment team meetings;  - Pre-vocational skills training, 5 hours weekly;  - Provision of Ansell-Casey or Botvin Life Skills Training, 3 hours weekly | Two additional FT milieu support staff positions for the exclusive purpose of providing additional support and supervision across the three homes as needed. May not be staff from other existing programs. |

Contracted staff to youth ratio:

* Ratio of 1 direct care staff for every 5 youth must be maintained at all hours with a minimum of 2 awake staff whenever youth are present – including while youth are asleep.
* Clarification: One of the 2 minimally required staff members, who must be awake and accessible to youth at all times whenever any youth are present, and must be a direct care milieu worker. The second awake staff person minimally required must be either: 1) an additional direct care staff; or 2) another professional treatment team member working in the home. When a provider elects option 2, the professionals who serve as the second staff person awake in the home: 1) may include Program Directors, House Managers, Program Coordinators, Clinicians, Therapists, Case Managers; and Health Care providers; 2) must be certified in any therapeutic holds or de-escalation techniques the Agency may subscribe to; and 3) trained to provide direct care duties. The time professionals are contractually required to provide treatment is not reduced by the time they serve as the second staff awake in the home.
* Clarification: When no youth are present in the home, N.J.A.C. 10:128-5.3 requires at least one staff member present in the home or immediately reachable by telephone.
* Clarification: Minimum staff requirements apply to each contracted program and it is not permissible to satisfy these requirements by floating staff among different contracted programs. Staff assignments among homes within contracted programs must never result in less than the minimum staff being present at any of one of the homes within the contracted programs.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| CEO or Equivalent (please print) | Title | Signature | Date |