

ANNEX A
Section 2.2

DCPP Residential Detoxification Substance Use Disorder Treatment

The Contractee shall comply with the following requirements and all services provided and/or referred shall be documented in the client record.

A. Contract Specific Requirements:

1. The Contractee shall maintain four (4) residential detoxification treatment beds for DCPP involved parents with substance use and co-occurring mental health disorders.
2. The Contractee shall maintain an active consensus of four (4) clients at all times.
3. The program will serve DCPP involved parents, including:
 - individuals with co-occurring disorders;
 - pregnant women;
 - poly-addicted persons, including those addicted to benzodiazepines;
 - individuals who may or may not be on opioid replacement therapy; and
 - individuals with non-life-threatening medical condition(s) that do not require the services of an acute care hospital.
4. The Contractee shall ensure that arrangements will be made for the admission of pregnant women and others taking prescribed medications for any reason, including the treatment of a mental health or substance use disorder.
5. The Contractee shall ensure that the average length of stay in the program is two to five (2-5) days, as determined by medical necessity. The Office of Clinical Services shall monitor utilization and may request clinical justification for continued stay at this level of care beyond the anticipated length of stay.
6. Medication-assisted treatment options, including but not limited to buprenorphine, methadone, and naltrexone, must be available to all program participants. Medication-Assisted Treatment (MAT) is the standard of care for pregnant women with opioid use disorder (OUD). (SAMHSA Treatment Improvement Protocol 43, Chapter 13). Pregnant women with OUD should not undergo opioid detoxification because of risk to the fetus. The Contractee shall ensure that pregnant women are immediately provided with or referred to comprehensive medication assisted treatment which decreases medication complications, improves pregnancy outcomes, and encourages fetal stability and growth.
7. The Contractee shall ensure that service planning and level of care placement, including length of stay and discharge/transfer planning, is determined according to The ASAM Criteria 2013, and that it is documented in the client record.
8. Referrals must be made through the DCPP Child Protection Substance Abuse Initiative (CPSAI) contracted assessment providers working in the DCPP local offices. Referrals of DCPP involved parents may be accepted from other sources with approval from the DCF Office of Clinical Services Program Manager.

B. Clinical Services:

1. The Contractee shall ensure that appropriate intake assessments are completed for each client and include the following:

- a) Diagnostic assessment using a validated instrument (CAAPE or ASI completed by the CPSAI or SAI is acceptable)
 - b) DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) diagnosis
 - c) ASAM Level of Care Indicator (LOCI) (Initial LOCI completed by the CPSAI or SAI is acceptable)
2. The Contractee shall provide a structured schedule of residential detoxification substance use disorder treatment services that are culturally and linguistically compatible with each client, and which otherwise comply with the Standards for Licensure of Residential Substance Use Disorder Treatment Facilities at N.J.A.C. 10:161A.
 3. The Contractee shall provide co-occurring enhanced short-term residential treatment services in alignment with the following ASAM Criteria 2013 description of level 3.7 medically monitored inpatient withdrawal management services and additional service requirements:
 - An organized service delivered by medical and nursing professionals, which provides for 24-hour evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. An interdisciplinary team of appropriately trained clinicians including physicians, nurses, and substance use and mental health professionals is available to assess and treat the patient and to obtain and interpret information regarding the patient's needs.
 - Therapies offered by the program include daily clinical services to assess and address the needs of each patient, including appropriate medical services, individual and group therapies, and withdrawal support. Hourly nurse monitoring of the patient's progress and medication administration are available, if needed. The following therapies are provided as clinically necessary depending on the patient's progress through withdrawal management and assessed needs:
 - i. A range of cognitive, behavioral, mental health, and other therapies administered on an individual or group basis and designed to enhance the patient's understanding of addiction, the completion of the withdrawal management process, and referral to an appropriate level of care for continuing treatment;
 - ii. Multidisciplinary individualized assessment and treatment;
 - iii. Health education services;
 - iv. Services to families and significant others.
 - The facility shall have an affiliation agreement and procedures in place with an acute care hospital that ensures the seamless transfer of the patient to the acute care setting, if clinically necessary.
 - The interdisciplinary team shall provide integrated treatment planning and service delivery for substance use and co-occurring mental health disorders.
 - Substance use disorder counseling services:
 - i. Individual: 1 hour/week minimum
 - ii. Group: 1 hour/week
 - Psycho-education services: 2 hours/week minimum
 - Co-Occurring assessment and treatment services:

- i. Initial psychiatric assessment when medically appropriate and no more than five days after admission, and thereafter as medically necessary and clinically indicated
 - ii. Medication monitoring
 - iii. Individual and group therapy, as clinically indicated
 - Group counseling and didactic sessions that address gender-specific issues including, but not limited to, anger management, self-esteem, relationships, domestic violence, smoking cessation, parenting, conflict resolution and relapse prevention
 - Trauma screening using an evidence-based screening tool
 - Evidence-based trauma informed/trauma specific treatment services; the evidence-based program shall be listed on the National Registry of Evidence-Based Programs and Practices (www.nrepp.samsha.gov/Index.aspx) or the California Evidence-Based Clearing House for Child Welfare (<http://cebc4cw.org/>)
 - Family-centered treatment services to include family therapy and other supportive services
 - Case management to ensure that clients have access to all services described in this section and to ensure linkages, coordination and advocacy with other services and resources for pregnant, postpartum and parenting women
 - Progress notes documenting date, type and length of intervention and progress in treatment; progress notes should also report referrals made to GED classes and/or training, housing assistance or any other case management related activities
 - Individual discharge plans shall include referrals to need-specific resources in the community, including clinical and peer recovery supports, with a scheduled appointment and a warm hand-off, to ensure continuity of care
 - All individual and group counseling sessions documented to include client's signature in a consistent and readily accessible format
4. The Contractee shall ensure that treatment services are evidence based, trauma-informed, provide integrated care for substance use and mental health disorders, and include gender-specific components.
 5. The Contractee shall ensure that wellness activities such as nutritional counseling, meal planning, and fitness opportunities are available.
 6. The Contractee shall provide access to self-help recovery supports, which are not limited to 12-step based programs.
 7. The name and contact information of the DCPP caseworker and supervisor shall be documented in the client record. Each DCPP-involved client shall sign a consent authorizing communication between the Contractee and DCPP staff regarding treatment progress and participation.

C. Medical And Health Services:

1. The Contractee shall secure medical clearance and obtain necessary releases, and shall ensure that said documentation is maintained in the client record.
2. The Contractee shall provide comprehensive medical services and/or referrals.
3. The Contractee shall ensure that emergency phone numbers are posted next to all agency phones including the number to register a complaint about a NJ substance use

disorder treatment facility: 1-877-712-1868 (Toll Free, 24/7) or (609) 292-0589, 8:30 am to 4:30 pm Monday through Friday to speak to a Complaints Investigator.

D. Treatment Planning:

1. The Contractee shall maintain a discharge/continuum of care plan which begins at the onset of treatment, and is reflected in the ongoing treatment plan.
2. The Contractee shall ensure treatment planning that will be family centered, provide for family input when clinically indicated, and address specific services and community support for the family.
3. The Contractee shall maintain an up-to-date individual treatment plan that includes goals and objectives of treatment with time frames for achievement.
4. The Contractee shall maintain in each client record a treatment plan and progress notes that must identify parenting issues being focused on in counseling sessions, efforts made to address them, and the client's progress toward achieving treatment goals, including child welfare needs and requirements.
5. The Contractee shall maintain a discharge/continuum of care plan which begins at the onset of treatment, and is reflected in the ongoing treatment plan.
6. The Contractee shall ensure that treatment plans and treatment plan reviews include all necessary signatures.

E. Case Management and Recovery Support Services:

1. The Contractee shall provide education, skill building, and supportive services to help parents transition from a more restrictive, supportive environment to a less restrictive level of care and/or community supports.
2. The Contractee shall provide recovery supports, including recovery specialists that shall continue to be available to program participants telephonically post-discharge.
3. The Contractee shall ensure flexibility in scheduling to ensure parents maintain visitation with their children while engaged in treatment
4. The Contractee shall initiate communication with the DCPD caseworker concerning client's treatment and progress within seventy-two (72) hours of admission to incorporate the DCPD case plan into the treatment plan.
5. The Contractee shall ensure that names and contact information of the DCPD case worker and case work supervisor shall be documented in the client record. The client shall sign a consent authorizing communication between the Contractee and DCPD staff regarding treatment progress and participation.
6. The Contractee shall:
 - Communicate timely with DCPD regarding emerging or urgent issues that may impact the case plan
 - Participate in case conferences with DCPD case workers
 - Assist DCPD in arranging visitation for children
 - Participate in other DCPD scheduled meetings such as Family Team Meetings
 - Collaborate with other clinical supports in the DCPD Local Office
 - Attend all DCF required trainings

- Participate in interdisciplinary meetings with child welfare systems and/or the Courts, including monthly Child Welfare/SAI Consortia meetings (where applicable)
 - Coordinate with the Child Protection Substance Abuse Initiative to facilitate the admission process and treatment planning
7. The Contractee shall assist parents with transitioning from one level of care to the next through referrals to appropriate programs, “warm handoffs” during the transition to another level of care, and linkage to ongoing recovery support services and community resources for parents being discharged.
 8. The Contractee shall communicate with DCPD in advance of discharges whenever possible, and shall ensure discharge summaries are shared with the next level of care provider and DCPD in a timely manner. The discharge summary shall include, but is not limited to, treatment issues identified throughout the course of treatment and continued at discharge, issues to be addressed as part of the continuing care plan, and any co-occurring issues identified and/or addressed while in treatment. The Contractee shall also convene a teaming meeting/conference call to include DCPD and other service providers prior to discharge in order to thoughtfully plan for parents’ ongoing needs and care.
 9. The Contractee shall document pertinent time lines affecting the family including ASFA (Adoption and Safe Families Act), court orders, and TANF (Temporary Assistance for Needy Families) restrictions and regulations. Treatment goals shall be reflective of planning to adhere to these time frames for clients.

F. Program Reporting Requirements:

1. The Contractee shall submit to the Department of Children and Families Contract Administrator a separate budget and expenditure report identifying expenses incurred by the program.
2. The Contractee shall electronically submit on an ongoing basis its monthly rosters to the Department of Children and Families Office of Clinical Services via secure file transmission protocol.
3. The Contractee shall enter client data into NJSAMS as required by the Standards for Licensure of Residential Substance Use Disorder Treatment Facilities at N.J.A.C. 10:161A.

G. Co-occurring Treatment for Mental Health Disorders:

1. The Contractee shall provide its policies on assessment and integrated treatment of co-occurring disorders, and its roster of staff who are qualified and designated to provide treatment (i.e. Psychiatrist, Advanced Nurse Practitioner (ANP) and/or a Psychologist), to the Department of Children and Families Office of Clinical Services.
2. The Contractee shall admit and treat clients with co-occurring disorders and provide assessment and treatment for co-occurring disorders throughout the treatment episode.
3. The Contractee shall not discriminate against clients who take prescribed medications for any reason, including the treatment of a mental health or substance use disorder.
4. The Contractee shall ensure that documentation of diagnosis and treatment for co-occurring disorders is included in the treatment plan.

5. The Contractee shall ensure that all co-occurring treatment services including assessment, medication visits, etc., is documented in the client record.
6. The Contractee shall ensure that the primary counselor is aware of all co-occurring services provided.

H. Transportation:

1. The Contractee shall ensure that transportation is provided as needed for each client.
2. The Contractee shall ensure that transportation and safety precautions are provided in accordance with the State of New Jersey Laws and Regulations:
 - a) The Contractee shall maintain the motor vehicle in a safe operating condition.
 - b) The Contractee shall ensure that the number of passengers does not exceed the seating capacity of the motor vehicle.
 - c) The Contractee shall carry liability and medical insurance. The driver shall have a valid New Jersey driver's license.

I. Communication and Systems Collaboration:

1. The Contractee shall initiate communication with the DCPD caseworker concerning client's treatment and progress within 7 days of admission to incorporate the DCPD case plan into the treatment plan; communication shall be biweekly while the client is in treatment, with more frequent communication (verbal and/or written) as needed to support coordination of case planning and treatment services.
2. The Contractee shall electronically submit biweekly treatment progress reports to the DCPD caseworker and casework supervisor using the report format, created by the Office of Clinical Services, via secure email.
3. The Contractee shall participate in meetings with DCPD and the client and/or family, including Family Team Meetings (FTMs), as clinically indicated. Documentation of meetings held, including the names of participants and their respective agencies (e.g. CPSAI, SAI, etc.), must be maintained in the client record.
4. The Contractee shall ensure that designated staff participate in, and present at, monthly local and state-wide DCPD/CW (Child Welfare) Substance Abuse consortia meetings.
5. The Contractee shall ensure that designated staff participate in meetings with the Department of Children and Families Office of Clinical Services.
6. The Contractee shall coordinate with DCPD to develop a **"Plan of Safe Care"** for pregnant and postpartum women. Plans of Safe Care will address the needs of the mother, infant and family to ensure coordination of, access to, and engagement in services. For a pregnant woman, the Plan shall be developed prior to the birth event whenever possible and in collaboration with treatment providers, health care providers, early childhood service providers, and other members of the multidisciplinary team as appropriate. Documentation of the Plan shall be maintained in the client's file.
7. The Contractee shall ensure staff is cross-trained in allied systems such as child welfare, mental health, courts, SAI, TANF, etc.

8. The Contractee shall ensure that all program staff successfully complete the National Center on Substance Abuse and Child Welfare (NCSACW) online tutorial – “Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals”
<http://www.ncsasw.samhsa.gov/tutorials>
9. The Contractee shall ensure that outreach and coordination of services occurs with all systems involved with the client and her family (i.e. DCP, SAI, courts, schools, etc.).

J. Outcomes:

1. The Contractee shall ensure that for clients referred by the DCP/CPSAI, follow-up will be provided for a period of one year subsequent to discharge from agency services to monitor the client’s status with regard to relapse episodes, substance use, attendance at self-help groups (e.g. AA/NA), and employment. Follow-up shall consist of monthly contacts for up to twelve (12) months.
2. The Contractee shall measure child welfare outcomes in areas of safety, permanency and wellbeing for children. The child welfare outcomes measured during the clients’ treatment experience must be available for review.

K. Staff Background Checks:

1. The Contractee shall conduct complete criminal background checks supported by fingerprints for all staff, volunteers, interns and any other employees routinely scheduled to work in the facility. The Contractee may use Department of Children and Families funds for this purpose. The Contractee shall enumerate these costs in its final expenditure report for the contract year.
2. The Contractee shall ensure that documentation of background checks is maintained in staff personnel files.

L. Reporting Child Abuse and Neglect:

1. In situations of possible child abuse or neglect, the Contractee is required to immediately report the matter to DCP as mandated by, and in accordance with, N.J.S.A. 9:6-8.10 and 8.14, and N.J.S.A. 2C:43-3 and 43-8, and shall immediately notify local police as required by the Standards for Licensure of Outpatient Substance Abuse Treatment Facilities at N.J.A.C. 10:161B. The Contractee shall also notify the Department of Children and Families Office of Clinical Services:
 - a) Concurrently with notification to the police and DCP of allegations or suspicion of abuse or neglect of a client’s child.
 - b) Upon termination of a staff member due to inappropriate behavior toward other staff or clients.
 - c) Upon discovering, or being notified of, alleged or suspected crimes committed by or against a client.

d) The Contractee shall coordinate with, and report to, DCPP as required.

M. Clinical Supervision:

1. The Contractee shall ensure that all program staff are qualified based on professional licensing regulations and that they are knowledgeable in the area of gender-specific treatment interventions. All credentials, training and supervision records must be maintained in the staff personnel files.

N. Client Fees:

1. As per Section 5.03 of the DCF Standard Language Document, other than as provided for in the contract Annex(es) and/or in Departmental Component specific policies, the Contractee shall impose no fees or any other type of charge of any kind upon recipients of Contract services.