

**Required Performance and Staffing Deliverables**

**for**

**New Jersey Statewide Student Support Services (NJ4S)**

**Effective Date: July 1, 2024**

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**Section I - Summary Program Description and Funding Information:**

The New Jersey Department of Children and Families’ (DCF) Division of Family and Community Partnerships (FCP), administers the contracts for New Jersey Statewide Student Support Services (NJ4S) Hubs to improve reach, productivity, and delivery of prevention, screening, brief clinical intervention, and referral to treatment services to New Jersey’s public-school students and their parents/caregivers, as needed. Each of the fifteen (15) regional Hubs is staffed by prevention consultants and licensed clinicians and receives requests for an array of prevention and early intervention services from the school districts assigned to the Hub. The “Hub,” which may be a physical or virtual center of expertise, deploys staff to schools and community sites (spokes) to deliver an array of services virtually and/or in person. Students and parents/caregivers do not receive services *at* a Hub office. Instead, they receive services from a Hub delivered in schools and, with guidance from a Hub Advisory Group, in other youth-friendly spaces in the community. Hubs also serve as connectors to other community programs and services for students and their parents/caregivers.

Each Hub is guided by a local Advisory Group, charged to provide support and direction to ensure the Hub is creating and delivering programming that best meets the needs of their community and that it is doing so in a way that is deliberately integrated with existing efforts in the community and does not replicate efforts or duplicate forms of help that already exist.

All funding for this contract is subject to appropriation. The continuation of funding is contingent upon the availability of funds and resources in future fiscal years. No annual increases will be considered as part of this contract to salaries, fringe, or benefits in future negotiations or contracts, unless approved by the State legislature for all contracting entities.

**Section II - Required Performance and Staffing Deliverables**

**NOTE: After reviewing the required deliverables listed below,** **Contractors must sign the statement at the bottom of this Section II to signify acceptance of all of them. Please submit an executed copy as a PDF document with the title heading: *Required Performance and Staffing Deliverables*.**

1. **Subject Matter -** **The below describes the needs the contractor must address in this program, the goals it must meet, and its prevention focus.**

1) **The need for this program as indicated by data regarding the health and human services issues and parent and community perceptions is:**

Youth mental health is a public health emergency. And a statewide crisis like this demands statewide solutions. We have an extraordinary opportunity and an unprecedented responsibility to ensure access and equity in support for youth mental wellness.

For example, prior to the onset of COVID-19, the New Jersey Department of Education’s (DOE) Annual Report on Student Safety and Discipline in New Jersey Public Schools included data that support the need for prevention programs in schools. The report found over 7,500 instances of school personnel reporting incidents to police, half of which were referrals. Additionally, most Harassment, Intimidation, and Bullying (HIB) incidents occurred on school grounds, and Asian and Black students, students with disabilities, and girls were more likely to be targets of HIB related to their identities. Finally, over 55,000 students were suspended from school that year on at least one occasion, with males and Black students facing disproportionately high suspension rates.

More recently, the United States Surgeon General issued a report, Protecting Youth Mental Health, which highlights how the pandemic has altered the world that children and youth knew before. The report illustrates how COVID-19 increased isolation, altered access to services and the needed supports that help families thrive, and how direct impacts of sickness created long-term symptoms or caused the loss of loved ones, all of which have profoundly impacted youth mental wellness and development. The advisory that showed from 2009 to 2019 (pre-pandemic) the number of students who reported persistent feelings of sadness and hopelessness increased by 40% to more than one in three school-aged children.

Further, a report from the federal Centers for Disease Control and Prevention, showed that nearly one in four young adults in the United States has been treated for mental health issues from 2020 to 2021, during the pandemic.

To learn more about the health and mental health of families in New Jersey as a result of COVID- 19, DCF partnered with the Rutgers Center for State Health Policy to conduct a statewide survey from September 2021 through February 2022. Among other findings, this survey revealed a third (34%) of parents report that their school-aged children have poor or only fair mental health, 65% report they are very or somewhat concerned about their children’s mental well-being, and 40% report they are very or somewhat concerned about their children’s behavior because of COVID-19. Additionally, the survey demonstrated the impacts that family conditions have on youth wellness, as students struggling with mental health issues were more likely to be reported to live in households that were struggling economically and/or with a parent who is also experiencing mental health challenges. Around one quarter of parents reported being anxious (20%) or lonely (28%), while 14% reported being depressed in the last two (2) weeks. Black and Hispanic parents were more likely to report their children had poor or only fair mental health and that as parents they experienced greater symptoms of anxiety, loneliness, and depression than white respondents. These findings are especially important given that research has shown that poor parental mental health is a top indicator for increased likelihood of Adverse Childhood Experiences (ACEs), poor youth mental health, and family poverty.

We have also seen the local effects of this nationwide youth mental health crisis in the number of calls to our Children’s System of Care (CSOC). In February of 2022, DCF recorded the highest number of calls to the CSOC hotline in the history of the system at around 14,000. In March, CSOC broke the previous month’s record with over 18,000 calls.

And, in September, the NJ Policy Perspective published a report, [New Jersey’s Black Students Suffer a Decline in Access to School Mental Health Staff,](https://www.njpp.org/publications/report/new-jerseys-black-students-suffer-a-decline-in-access-to-school-mental-health-staff/) which highlighted that over the last decade, access to mental health staff for Black students decreased, while white students’ access increased. New Jersey’s students need supports that NJ4S can provide.

For more information, refer to the [NJ4S Concept paper](https://www.nj.gov/dcf/documents/NJ4S_Concept.pdf) released on October 2, 2022.

Hubs must comply with the New Jersey Standards for Prevention Programs: Building Success through Family Support. Found at:

<https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/Standards.for.Prevention.Programs.pdf> and should have operations (policies and practices) which mirror the Prevent Child Abuse New Jersey's Safe Child standards found at <https://nj.gov/dcf/providers/notices/nonprofit/> and

<https://www.nj.gov/dcf/SafeChildStandards.pdf>

2) **The goals to be met by this program are:**

The primary goals of NJ4S Network are to:

* Create a statewide network of equitable supports for students and their families offered to all New Jersey school districts.
* Recognize the whole family –in addition to the individual student – as the focus of support and to increase academic achievement.
* Provide a standard set of supports and services, with local adaptations, that leverage the best approaches the field has to offer, so that no matter where a New Jersey student lives, they can be assured of accessing a core set of high-quality services and programming.
* Involve communities in design and implementation and integrate programming within the communities.
* Intentionally integrate with existing statewide and community-based services and supports for school aged youth, to maximize public funding and avoid duplication of services.

3) **The prevention focus of this program:**

**The NJ4S prevention focus includes the following core service categories:**

Substance use prevention, sexual health and pregnancy prevention, suicide prevention, anti-bullying, and violence prevention, and/or other prevention-focused areas of need determined by youth and community where the NJ4S Hub is located.

The NJ4S Hubs shall utilize prevention, screening, brief clinical intervention, and referral to treatment using evidence-based practices, to promote positive youth outcomes. They shall do this by working with school leaders and staff to use programming to teach —and strengthen—social, emotional, and behavioral skills, and to foster a positive school climate and staff well-being.

Hubs shall propose specific measurable outcomes regarding each of the core service categories, which will be subject to approval by DCF. Those outcomes must be aligned with the evidence-based or manualized interventions that the Hub determines are best-fit for use in their vicinage area.

The measurable outcomes must align with or contribute to the following overarching outcomes desired for NJ4S:

* Promote positive mental health.
* Teach and strengthen social, emotional, and behavioral skills.
* Support a positive school climate and staff well-being.
1. **Target Population - The below describes the characteristics and demographics the contractor must ensure the program serves.**
2. **Age:**

Universal Supports/Tier 1 provided to all New Jersey students (school-aged, youth and families). In addition, Tier 2 and Tier 3 supports provided to all students enrolled in grades 6-12, in the NJ4S Hub’s vicinage area, based on capacity and prioritization of school districts and municipalities.

1. **Grade:**

 Universal Supports/Tier 1 provided to all New Jersey students (including Pre-K, Kindergarten through grade 5) and their families. Tier 1- Tier 3 supports provided to all enrolled students enrolled in grades 6-12, in the NJ4S Hub’s vicinage area.

1. **Gender:**

All. Programs for students who identify as LGBTQ+ must be included in Hub services.

1. **Marital Status**: N/A
2. **Parenting Status:** N/A
3. **Will the program initiative serve children as well as their parent or caregiver?** YES
4. **DCF CP&P Status:** N/A
5. **Descriptors of the youth to be served:** All public-school students.
6. **Descriptors of the Family Members/Care Givers/Custodians required to**

 **be served by this program initiative:** N/A

1. **Other populations/descriptors targeted and served by this program**

 **initiative:** N/A

1. **Does the program have income eligibility requirements?** No
2. **Activities - The below describes the activities this program initiative requires of contractors, inclusive of how the target population will be identified and served, the direct services and service modalities that will be provided to the target population, and the professional development and training that will be required of, and provided to, the staff delivering those services.**

1) **The level of service increments for this program initiative:**

While the number of students participating in Hub-run programming will be tracked, along with student sociodemographic information, and the level of service, the level of service increment for this program is the **direct service hours** clocked by Hub prevention consultants and clinicians in the provision of prevention and early intervention programs and services. Prevention consultants and clinicians should spend a minimum of 50% of time on direct service, once the program is fully operational.

2) **The frequency of these increments to be tracked:**

Direct service hours should be tracked daily via the NJ4S MIS.

3) **Estimated Unduplicated Clients:** N/A

4) **Estimated Unduplicated Families:** N/A

5) **Is there a required referral process?** Yes

6) **The referral process for enabling the target population to obtain the services of this program initiative:**

Students in all New Jersey public schools in the Hub vicinage area are eligible to receive support from a NJ4S Hub. Hub leadership is responsible for developing a local menu of services for their vicinage area, with the input of the Advisory Group and subject to DCF approval. Hubs are responsible for marketing this menu of services to schools in the vicinage area associated with this contract.

**At the school district level,** interested schools will be instructed to apply for requested services from the NJ4S Hub covering their school. Submitted applications will be reviewed and processed by a NJ4S Hub scheduling coordinator and scheduled for a consultation with a prevention consultant or their Hub prevention consultant supervisor. Schools will be notified by the Hubs of the capacity to provide the requested service and schedule a start date.

For Tier 1 services, no referral is required. Events will be announced, and participation is open to students, family members of students, and school staff within the Hub’s vicinage area.

Once a school has been scheduled for Tier 2 or 3 services, Hub staff will work with the school to confirm the student participants, based on the capacity of the requested program. If parental consent is required, the school will have responsibility for obtaining and maintaining this consent.

7) **The rejection and termination parameters required for this program initiative:**

**All school districts are eligible for Tier 1 services.** School districts that have applied for Tier 2 and Tier 3 services will be prioritized based on the need index found in Attachment A and availability of selected program intervention and available resources made by school district and community partners (e.g., meeting space, technology, etc.). School districts will be formally notified regarding the status of application.

8) **The direct services and activities required for this program initiative:**

Hubs will provide universal supports (Tier 1) for all New Jersey public school districts; and provide tiered targeted support to all students enrolled in grades 6 through 12 in identified high need public school districts focused   around four core service categories: Social Connections/Positive Peer Relations, Classroom Management/ Disruptive behaviors/ School Climate, Job/Career Readiness, and Mental Health Support (Prevention programming and early intervention/ brief counseling). Focus should include substance use prevention, sexual health and pregnancy prevention, suicide prevention, anti-bullying and violence prevention, and other prevention-focused areas of need.

9) **The service modalities required for this program initiative are:**

NJ4S Hubs will provide evidence-based prevention interventions and brief clinical interventions, divided into three Tiers of service.

**Tier 1** includes **universal** prevention programming that benefits all students. Tier 1 programs can be delivered through school-/district-wide programming, curriculum efforts through workshops, webinars, assemblies, trainings, and evidence-based interventions, or community efforts such as workshops held at libraries or community centers or tutoring occurring at a Family Success Centers. More information about Family Success Centers can be found here: DCF | Family Success Centers (nj.gov). Focus areas for interventions include mental health/well-being (such as stress reduction, recognizing signs and symptoms of distress, or encouraging help seeking behavior), developing positive peer relationships, job readiness/career exploration, and classroom management/disruptive behaviors. Hubs shall design Tier 1 programming together with their Advisory Group, and to leverage community partnerships to implement programming in collaboration with trusted community organizations, businesses, faith institutions, etc.

School district application for Tier 1 services is not necessary as all school districts, students and parents/caregivers will have access to these services. These include:

* The development of distribution lists that regularly email psycho-educational materials, resource links, and tips to parents who opt in.
* Workshops and trainings open to anyone who has an interest in the topic.
* Evidence-based prevention programs such as Success for Kids, All Stars, Life Skills Training, etc. delivered by Hub staff or through Hub-partnership agreements with community-based organizations to deliver these evidence-based programs.
* Job readiness/career exploration programming, in “spoke” locations that may include school sites but may also include other community locations. These may be delivered by Hub staff but may also be delivered via linkages with existing community programs or civic groups that have been engaged by the Hub Advisory Group to support collaborative efforts to improve youth mental health.
* The creation of web/YouTube recordings that can be shared with all schools, students, and parents. These webinars can be grade specific addressing any number of topics such as preparing your kindergartner for the first day of school, good study habits, handling test anxiety, and so on.

In addition to the above supports and programs for students and families, Hubs shall develop Tier 1 supports for schools. Hubs will provide or create partnerships to leverage existing state/local training offerings to make training available to educators in their vicinage area on topics such as: Adverse Childhood Experiences, identification, and management of youth with mental health needs, management of disruptive behaviors, and mental health first aid.

In conjunction with DCF, Hubs shall develop a menu of Tier 1 services and to develop and execute a regular, consistent, and repetitive marketing and public relations campaign to market that menu to all students and families in the vicinage area. Hubs shall design and execute pro-active outreach and marketing campaigns with their Advisory Group. Outreach and marketing campaigns should include partnership with schools to disseminate information but must also include partnership with a broad array of other community organizations, institutions, faith organizations and local businesses.

**Tier 2** includes evidenced-based prevention interventions. Services can be delivered through small group interventions. Services also include linkages to existing programming and/or community resources. Focus areas for interventions include substance use prevention, sexual health and pregnancy prevention, suicide prevention, anti-bullying and violence prevention, and other prevention-focused areas of need determined by youth and community where the NJ4S Hub is located.

Tier 2 services are **targeted** interventions aimed at middle and high school students. All school districts in the state can apply for Tier 2 supports. Capacity limitations will require Hubs to prioritize applications from high need school districts, identified in Attachment A. In reviewing a school district’s application for Tier 2 support, Hub staff must identify the extent to which any of the school district’s needs might be met with comparable resources, supports, programs already being implemented within the community, to eliminate a duplication of efforts. Hubs will be responsible for discussing those options with school districts, as applicable, as part of the process of determining the extent of Tier 2 support that will be made available to each interested school district. Hub staff shall provide, directly and through brokerage of linkages with other community partners, prevention services to as many school districts as capacity allows, based on the volume of requests and need rank. Tier 2 prevention services can be delivered by a trained prevention consultant and do not require a licensed clinician. School districts may receive Tier 2 services in addition to Tier 1 services.

Hubs shall develop a menu of Tier 2 evidence-based prevention programs that are appropriate for their vicinage area in consultation with their Advisory Group. If there is an expressed need for a student population or subpopulation for which there is no appropriate evidence-based intervention, and no relevant service or support already available to meet that need in the community, Hubs may design adaptations to evidence-based programs, or design a custom program. Inclusion of adaptations or custom programs will require Hubs to partner with DCF for additional evaluation and monitoring of efficacy and quality. All **program innovations are subject to review and approval** by DCF/Division of Family and Community Partnerships, Office of Family Support Services.

**Tier 3** includes assessment and brief individualized clinical interventions to youth in distress, to improve overall mental health/well-being or to facilitate resolution of an immediate problem and allow for continued classroom success, while the youth is being referred and connected to a community provider to support ongoing mental health needs, including referral for further evaluation and/or on-going mental health counseling.

Tier 3 services are **targeted** interventions, made available to **all** schooldistricts in the state. As with Tier 2, service delivery is dependent upon capacity with prioritization to school districts that emerge as having high need based on the DCF needs index. School districts can apply to the Hub to receive Tier 3 support. School districts that avail themselves of this level of Hub support will need to ensure that space is made available for clinicians to meet confidentially with the student at school or via telehealth.

In delivering Tier 3 services, the Hub shall:

* Provide access to a clinician who can be deployed to the school on a routine basis to: (a) provide assessment of mental health or substance use problems for individual students; and (b) provide brief evidence-based clinical interventions (e.g., cognitive behavioral therapy, motivational interviewing) directly with youth in the school setting. The clinician team will be well versed in interventions that are proven to be effective with students from the cultures and family backgrounds that are present in their vicinage area.
* Provide access to a clinician via telehealth, if preferred, including after school hours appointments.
* Provide school staff access to a clinician for consultation on behavior management, school routines, etc. for individual students.
* Provide families access to a clinician for urgent brief counseling and referral to ongoing treatment as needed.
1. **Evidence Based Practice (EBP) modalities:**

Contractors are required to work together with their Advisory Group to identify a menu of evidence-based interventions from the following Clearinghouse lists (see below chart) to be implemented via each Tier.

|  |  |
| --- | --- |
| **Clearinghouse** | **Website** |
| Blueprints for Healthy Development | <https://www.blueprintsprograms.org/program-search/> |
| California Evidence-Based Clearinghouse | <https://www.cebc4cw.org/search/by-program-name/> |
| Crime Solutions | <https://www.crimesolutions.gov/Programs.aspx#view-programs> |
| Office of Juvenile Justice and Delinquency Prevention | <https://www.ojjdp.gov/MPG/Program> |
| Teen Pregnancy Prevention Evidence Review (TPPER) | <https://tppevidencereview.youth.gov/> |
| Top Tier Evidence and Social Programs that Work | <https://evidencebasedprograms.org/programs/> |
| What Works Clearinghouse (WWC) | <https://ies.ed.gov/ncee/wwc/FWW/Results?filters=,K-12> |
| Title IV-E Prevention Clearinghouse (FFA) | <https://preventionservices.acf.hhs.gov/> |
| National Registry of Evidenced Based Programs and Practices | <https://www.samhsa.gov/resource-search/ebp> |
| What Works for Health Clearinghouse | [What Works for Health | County Health Rankings & Roadmaps](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health) |
| Youth.Gov | <https://youth.gov/evidence-innovation#program-directory> |
| Evidence For Essa | <https://www.evidenceforessa.org/programs/social-emotional> |

Hub staff must discuss any proposed evidence-based interventions with their Advisory Group and obtain DCF approval before utilizing.

As most evidence-based interventions have associated costs for items such as tools and training, contractors should reserve a portion of their budgeted funds for costs associated with use of evidence-based programs. DCF will provide initial training for motivational interviewing.

10) **The type of treatment sessions [OR prevention services] required for this program initiative are:** N/A

11) **The frequency of the treatment sessions [OR prevention services] required for this program initiative are:** N/A

12) **Providers are required to communicate with Parent/Family/Youth**

**Advisory Councils, or to incorporate the participation of the communities the providers serve in some other manner:**

A core requirement of the NJ4S Network is that Hubs must directly involve community stakeholders in design and implementation of the Hub and its services. Hubs are also required to pro-actively assess existing services in the vicinage area, and to intentionally integrate the Hub services with existing statewide and community-based services and supports for school-aged youth. The Advisory Group, which will be maintained throughout the Hub’s existence, will provide ongoing input on Hub design, feedback and advice regarding how standard Hub services can be adapted to better meet the needs of the community, and help to integrate Hub services into existing resources in the community. Recommendations of the Advisory Group should be developed based on evidence, data, and the lived and professional experience of its membership.

**Membership:** Hub Advisory Groups must include students, parents/caregivers, and school personnel, as well as representatives from social service agencies, businesses, faith-based organizations, and other leaders within the Hub’s vicinage area. 25% of the Advisory Group membership shall be students or parents/caregivers from the communities served by the Hub. A formal roster of members and roles (student, caregiver, social service agency, etc.) shall be maintained, including updates on an annual basis. For vicinages which contain multiple counties, Hubs should take care to ensure that the Advisory Group membership is reflective of the full vicinage area.

**Model Selection:** Community input into service design for the Hubs is critical to ensuring that services are responsive to local needs. As described in Section E, Hubs will review potential services and evidence-based models with the Advisory Group and incorporate the Advisory Group information and feedback in the selection of models and recommended adaptations submitted to DCF for approval.

**Quarterly Report:** On a quarterly basis, the Hub shall prepare a report for the Advisory Group to include:

* + the volume and types of services requested and delivered by the Hub during the quarter;
	+ longitudinal data showing how the most recent quarter compares to services requested and accessed in preceding quarters;
	+ Description of Tier 1 marketing activities conducted during the quarter, and their efficacy; and
	+ Key accomplishments or challenges.

Hubs shall also submit the quarterly report to DCF each quarter.

**Meetings and Subcommittees:** At program startup, Advisory Group meetings shall occur monthly. Once programs are fully established, Advisory Group meetings will be held on a quarterly basis at minimum. At least once per quarter, the Advisory Group is expected to review the Hub’s quarterly report; discuss emerging family and community issues, and any related recommendations for Hub services; discuss gaps and barriers in service that are occurring and identify recommendations for addressing them, if possible; and discuss newly identified or under-utilized community services that could be beneficial to students and families served by the Hub. The Hub shall staff the Advisory Group meetings to ensure that record formal attendance and meeting minutes of each meeting are maintained, including recommendations and action items. **It is strongly encouraged that the meeting be facilitated or co-facilitated by a member of the Advisory Group, rather than Hub staff.**

Advisory Groups are encouraged to form subcommittees or working groups to support gathering of feedback from community members and students; development of diversity, equity, and inclusion strategies for the Hub; and creation and maintenance of partnerships with community organizations, faith institutions, businesses, and philanthropic organizations, and the like. Hubs for vicinages with multiple counties are strongly encouraged to develop subcommittees to address county-specific needs.

13) **The professional development through staff training, supervision,**

**technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:**

In addition to conferences and outside professional development opportunities, contractors are required to attend all DCF NJ4S related trainings and meetings. NJ4S Hub clinicians must be trained in Motivational Interviewing in addition to any other modalities identified by the Hub for inclusion in Tier 3. **Prevention consultant staff should receive ongoing professional development in prevention science, evaluation, community development and child and adolescent development.**

14) **The court testimony activities, which may address an individual’s compliance with treatment plan(s); attendance at program(s), participation in counseling sessions, required for this program initiative are:** N/A

15**) The student educational program planning required to serve youth in this program:** N/A

1. **Resources - The below describes the resources required of contractors to ensure the service delivery area, management, and assessment of this program.**

1) **The program initiative’s physical service site is required to be located in:**

The “Hub,” which may be a physical or virtual center of expertise, shall deploy staff to schools and community sites (spokes) to deliver an array of services virtually and/or in person. Students and parents/caregivers do not receive services at a Hub office. Instead, they receive services from a Hub delivered in schools and, with guidance from a Hub Advisory Group in other youth-friendly spaces in the community.

2) **The geographic area the program initiative is required to serve is:**

Each NJ4S Hub is responsible for all public schools within a designated vicinage, including charter schools.

3) **The program initiative’s required service delivery setting is:**

Services are delivered in New Jersey public schools including charter schools within the Hub vicinage area and community settings such as, Family Success Centers, libraries, community agencies and other locations that are safe spaces for youth. Hubs shall solicit robust input from their Advisory Group to develop the Hub’s offering of programs in a range of locations that will best fit the needs of students and parents in the vicinage area.

Hubs are county/vicinage specific, with each Hub assigned a vicinage area that aligns with one of the following vicinages:

Vicinage 1 - Atlantic & Cape May Counties

Vicinage 2 - Bergen County

Vicinage 3 - Burlington County

Vicinage 4 - Camden County

Vicinage 5 - Essex County

Vicinage 6 - Hudson County

Vicinage 7 - Mercer County

Vicinage 8 - Middlesex County

Vicinage 9 - Monmouth County

Vicinage 10 - Morris & Sussex Counties

Vicinage 11 - Passaic County

Vicinage 12 - Union County

Vicinage 13 - Somerset, Hunterdon & Warren Counties

Vicinage 14 - Ocean County

Vicinage 15 - Gloucester, Cumberland & Salem Counties

Attachment A includes a list of school districts within each vicinage ranked based on priority, number of students in each school district and required minimum staffing for the Hub.

4) **The hours, days of week, and months of year this program initiative is required to operate:**

The Hub Advisory Group determines the hours of operation of the Hub to ensure accessibility. In addition to operations during the school day, hours of operation shall include before and after school, and evening and weekend hours to ensure service accessibility to both students and their parents. At a minimum the Hub should be in operation two (2) evenings per week and two (2) weekend days per month (Saturday or Sunday). The Hub programming shall operate year-round including summers.

5) **Additional procedures for on call staff to meet the needs of those served twenty-four (24) hours a day, seven (7) days a week?**

Hubs are not expected to provide on-call staff for crises that occur after operating hours/on weekend. Hubs shall educate school personnel and program participants on how to access CSOC Mobile Response and Stabilization Services (MRSS), 988 services, 2nd Floor, and other after-hours services that are available in the Hub vicinage area.

6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served?** N/A

7) **The language services (if other than English) this program initiative is required to provide:**

Hub staff diversity, languages spoken, and written material should be reflective of the population served. Attachment B identifies languages common to each New Jersey County. Hubs shall use strategies including, at a minimum, bi-lingual staff, ensuring the availability of translation services for written material, and ensuring translation services for speaking with families where appropriate bi-lingual staff are not available. Contractors should take care to include funds for translation services in their annual operating budgets.

8) **The transportation this program initiative is required to provide:**

NJ4S Hubs should allot funds in their annual operating budget to support public and or ride share vouchers for students and families for afterschool site events and/or connecting to local resources, separate from the offered in-school services.

9) **The staffing requirements for this program initiative, including the number of any required FTEs, ratio of staff to clients, shift requirements, supervision requirements, education, content knowledge, staff credentials, and certifications:**

Each NJ4S Hub is required to maintain specific staff members, who must be employees of the contracted organization. The number of required staff for certain positions will vary depending upon the number of students in the schools within the vicinage and the number of students in high priority areas. Minimum staffing FTEs for each Hub is found in Attachment A.

These are minimum qualifications for the required positions:

**Scheduling Coordinator/Support Staff**

Responsibilities: Answers general and new participant inquires, receives, and communicates with potential participants, supporting them with the scheduling/application process, which can include paperwork and facilitating. Demonstrates effective communication skills, both written and verbal.

Education and Experience: Associate’s degree with two years’ experience in scheduling and office management in community-based services/social services setting. Additional education and related experience are preferred, such as a bachelor’s degree in a Human Services related field, experience in the provision of prevention related programs. Applicants who do not possess the required education may substitute additional experience as indicated on a year-for-year basis with thirty (30) semester hour credits being equal to one (1) year of experience.

**Hub Director**

Responsibilities: Responsible for the planning, organizing, implementing, and directing the overall operation of the NJ4S Hub. Develops and implements operational procedures and provides fiscal oversight of the Hub. Individual develops regular forums for communication with local partners and stakeholders, as well as programming that is responsive to community needs. Collaborates with various stakeholders to develop ideas and implement strategies that address community challenges. Leads the development of the Hub’s Advisory Group.

Education and Experience: Preferred candidates will possess a master’s degree in a related field (e.g., counseling, public administration, social work, etc.), with at least ten years’ experience managing large scale programs (projects) that support youth, families, or school faculty. Five years of which shall be in a supervisory capacity. Prior experience implementing evidence-based treatment and prevention programs is strongly preferred.

Note: Valid New Jersey driver’s license, safe driving record, and vehicle availability are required.

**Assistant Director**

Responsibilities: Under direction of the Hub Director, the Assistant Director oversees the staff and activities of the Hub office an operational unit(s) responsible for providing general administrative and/or fiscal management activities, program policy and planning services, along with varied social, community, and/or educational related services for the region. Provides supervisory oversight and management of the Hub staff and the model to ensure alignment with program procedures and DCF Operations Manual. Assists the Director in the development of the program’s administrative and programmatic operations. Develops and maintains partnerships and collaborations with school districts and community resources and ensure program availability, opportunities and successes are marketed to promote program sustainability.

Education and Experience: Master’s degree in a related field (e.g., counseling, public administration, social work, etc.). At least five (5) years’ experience in community organizing, developing community partnerships and project management. Five (5) years of experience analyzing, monitoring, maintaining, or implementing social service, community service, evidence-based programs, or any other human support/assistance program, three (3) of which shall have been in a supervisory capacity.

Note: Valid New Jersey driver’s license, safe driving record, and vehicle availability are required.

**Supervising Prevention Consultant**

Responsibilities: Responsible for planning and implementing programs in schools and communities. Establishes alliances with organizations which have similar or allied goals, such as, school board, local law enforcement, healthcare providers, community centers and service providers. Serves as a customer service role model to ensure a positive relationship in interactions with all participants, applying schools and community. Provides supervision to a team of prevention specialists who will provide trainings and workshops to community and youth. Implements evidence-based prevention services and curricula with fidelity.

Education and Experience: Preferred candidates will have experience working with and empowering at-risk youth and marginalized communities by conducting prevention education (e.g., substance abuse, pregnancy prevention, mental health, and well-being session, etc.) activities. Master’s degree in a related field (e.g., counseling, public administration, social work, etc.) required. Experience in community organizing, developing community partnerships, implementing evidence-based programs and project management. At least five (5) years’ experience working in social service environment implementing evidenced based practice models; three (3) years of which shall be in a supervisory capacity.

Note: Valid New Jersey driver’s license, safe driving record, and vehicle availability are required.

**Prevention Consultant**

Responsibilities: Collaborates with consultants, school districts, and community service providers to facilitate training, workshops, webinars, assemblies, etc. Assists in the programmatic data collection, reporting, continuous quality improvement processes and evaluation of services to target population.

Education and Experience: Bachelor’s Degree in a Human Services related field, experience in the provision of prevention related programs. At least three (3) years’ experience working in non-profit, social service environment in development or implementation of community-based services, prevention programs, or any other human service programs. Experience in implementing evidence-based practice models and other materials related to training, coaching according to policies and procedures.

Applicants who do not possess the required education may substitute additional experience as indicated on a year-for-year basis with thirty (30) semester hour credits being equal to one (1) year of experience.

Note: Valid New Jersey driver’s license, safe driving record, and vehicle availability are required.

**Licensed Clinician**

Responsibilities: Clinicians are expected to provide clinical services both in person and through telehealth to students. Clinical services include screening, brief interventions, facilitating treatment referrals, school consultation and making necessary referrals to community supports as needed/identified.Clinicians are expected to work a combination ofbefore, during and after school hours.

Education and Experience: Practitioners must be licensed as one of the following: Licensed Associate Counselor (LAC); Licensed Clinical Social Worker; Licensed Professional Counselor (LPC); or Licensed Clinical Mental Health Counselor (LCMHC). Preference for professionals with relevant independent licensure.Experience completing assessments and providing brief individualized clinical interventions to youth and families is required. Each Hub must have at least one Licensed Clinician whose licensure enables them to supervise other clinicians who do not possess independent licensure.

Preference for clinicians with previous training in Motivational Interviewing. Those who are not trained in Motivational Interviewing must be trained within sixty (60) days of hire or assignment to the Hub.

Note: Valid New Jersey driver’s license, safe driving record, and vehicle availability are required.

10) **The legislation and regulations relevant to this specific program, including any licensing regulations:**

P.L. 2021, Chapter 323

11) **The availability for electronic, telephone, or in-person conferencing this program initiative requires:**

All Hubs must have a dedicated phone line and other electronic means that connect directly and are answered by Hub staff during regular business hours. The phone line shall include a voicemail system/ answering service to communicate important information regarding programming in the event of weather related or other emergency closings. All Hubs should have internet, computer, Hotspot capabilities, any apps and/or platforms that enable Hub staff to provide virtual conferencing and programming to school districts, printer, and copier available to staff.

12) **The required partnerships/collaborations with stakeholders that will contribute to the success of this initiative:**

Each NJ4S Hub is required to establish and maintain an Advisory Group comprised of students, parents/caregivers, school personnel, social service agencies, businesses, faith-based organizations, and other community and civic leaders.

 Hubs shall meet regularly with their Advisory Group, with high frequency during the formation of the Hub. Hubs shall solicit initial and ongoing input on assessment of existing community resources, specific focus of Hub services, design of Hub services, and delivery of Hub programs, supports, and services. Hubs shall include their Advisory Group in evaluation and Continuous Quality Improvement (CQI) efforts.

The Director or Assistant Director is required to participate in the Children’s Inter-Agency Coordinating Council (CIACC) for their vicinage.

The Hub must create and maintain meaningful referral relationships with:

* community mental health services for students, and
* community-based programs providing social services to students and their families, such as those providing concrete supports, food banks, Family Success Centers, job training programs, health clinics, etc., throughout the Hub’s geographic area of responsibility and in particular those school districts identified as high priority.

Hubs are advised the Department of Children and Families will set metrics for the identification of school districts as high priority consistent with P.L. 2021, Chapter 323, and ensure programs: a) maintain partnerships with community mental health providers and other existing resources; and b) identify and train students and staff on identifying the signs of mental health conditions and addressing risk factors that may impact student mental health.

13) **The data collection systems this program initiative requires:**

Contractors must utilize any data collection system/reporting tools that are developed for NJ4S.

14) **The assessment and evaluation tools this program initiative**

**requires:**

DCF will provide contractors details of data collection processes and the MIS that will be used to implement the NJ4S Hubs. Hubs will be expected to adhere to DCF requirements for maintenance of data and timely submission of reports. Contractors shall work with NJ DCF to create and utilize program forms developed for the NJ4S model.  Forms include but are not limited to:

* Application
* Screening Tools
* Referral Form
* Intervention Follow-up Form

The Hub must track and report the following information to DCF using the NJ4S MIS: - the number of referrals made to the Hub for mental health intervention services; the nature of the intervention (e.g., teacher consultation, student presenting problem such as anxiety, etc.); the assigned Hub clinician; if the student was referred to community mental health services, to whom (the agency/practitioner) the referral was made; and the disposition (e.g., whether or not the referent (student and/or family) accessed services, successfully returned to class, etc.).

Hubs shall also track and report on each program and program contact (date, hours) delivered to students and school staff that identify signs of mental health conditions and address risk factors that may impact student mental health. Number of attendees and demographic information will also be collected. Information is to be collected regardless of whether the program is delivered via webinar/remotely or in person.

Hubs shall make records available for review by DCF monitors, and to assist DCF in identifying opportunities for observation of programming and stakeholder interviews as part of monitoring and CQI efforts.

Hubs shall participate regularly in statewide communities of practice with other Hubs. These sessions will facilitate information sharing, review statewide and regional data, identify network strengths and challenges, and discuss activities that can be undertaken collectively to address challenges.

Hubs shall also meet regularly with DCF staff to discuss individual Hub utilization and performance, identify Hub strengths and challenges, and discuss individual Hub activities that can be undertaken to address challenges.

1. **Outcomes - The below describes the evaluations, outcomes, information technology, data collection, and reporting required of contractors for this program.**

1) **The evaluations required for this program initiative:**

Contractors are required to participate in all evaluation activities for the NJ4S program.

DCF may request providers to use a portion of DCF funding to pay participants as an incentive for their participation in evaluation activities.

2) **The outcomes required of this program:**

**a)** **Short Term Outcomes (Directed at Students, Parents, and Educators)**:

* + Increased understanding of the unique aspects of adolescent development
	+ Increased awareness of how to implement developmentally, culturally, contextually appropriate, and trauma-informed practices.
	+ Increased knowledge of how to acquire skills and attitudes that are needed to form and independent identity.
	+ Increased awareness of how to develop healthy, sustained relationships with people, institutions, the community towards the goal of building trust and belonging.
	+ Increased understanding of how to garner quality services.
	+ Increased mental health literacy.
	+ Increased awareness of strategies to manage stress.
	+ Increased awareness of school and community stakeholders and engagement strategies
	+ Increased awareness of social/behavioral norms within the classroom
	+ Increased awareness of various career paths, employment resources and what is needed to pursue them.

**b)** **Mid Term Outcomes (Directed at Students, Parents and/or**

 **Educators):**

* Increased ability to teach, use, and promote, positive developmentally appropriate social, emotional, and behavioral skills.
* Increased ability to utilize skills to foster positive relationships.
* Increased utilization of effective coping mechanisms to manage mental health symptoms and regulate emotions and behaviors.
* Increased ability to advocate for oneself and garner quality services.
* Enhanced collaborative relationships and expanded resource network within communities.

**c)** **Long Term Outcomes (Directed at Students and/or Parents):**

* Improved healthy development.
* Improved social, emotional, and behavioral functioning.
* Expanded social connections.
* Improved mental health.
* Increased resiliency

3) **Required use of databases:**

Hubsare expected to enter program data into the identified data management information system for NJ4S.

4) **Reporting requirements:**

All data is entered on a web-based MIS and submitted in the specific format prescribed by the DCF.

**Monthly Service Reports:** Monthly service reports shall be submitted to DCF by the tenth day of each month for the preceding month in which services were provided, unless generated through the MIS established by DCF.

**Quarterly Program Usage Report:** As noted in section D (12), quarterly reports on program usage will be generated and provided to the Hub Advisory Group and DCF. This data is also expected to be generated from the MIS.

**Quarterly Expenditure Reports**:

The format for the ROE must match that of the Annex B budget form found at: https://nj.gov/dcf/providers/contracting/forms/

The reports must be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6).

1. **Signature Statement of Acceptance:**

By my signature below, I hereby certify that I have read, understand, accept, and will comply with all the terms and conditions of providing services described above as *Required Performance and Staffing Deliverables* and any referenced documents. I understand that the failure to abide by the terms of this statement is a basis for DCF’s termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Vicinage Area Served:

Name:

Signature:

Title:

Date:

Organization:

Contract Number:

