



REQUEST FOR PROPOSALS

FOR

Adolescent Substance Use Recovery Initiative

Publication Date: Wednesday, April 16, 2025

Response Deadline: Wednesday, May 28, 2025, by 12:00 NOON

Funding of \$3,044,542 available

\$1,680,000 in Opioid Settlement Funding

and \$1,364,542 in state funds

There will be a non-mandatory virtual conference on

Thursday, April 24, 2025, at 10:00 A.M.

The link for the conference is: <https://www.zoomgov.com/j/1606564762>

Christine Norbut Beyer, MSW

Commissioner

The Department of Children and Families (DCF) is the agency dedicated to ensuring all New Jersey residents are safe, healthy, and connected. To that end, DCF announces to potential respondents its intention to award a new contract.

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Section I - General Information

A. Summary Program Description:

The New Jersey Department of Children and Families (DCF) Children's System of Care (CSOC) announces its intent to award contracts for the Adolescent Substance Use Recovery Initiative. A respondent may submit up to 2 responses to this RFP.

DCF is authorizing a total of \$3,044,542 for fiscal year 2026 (September 1, 2025, through June 30, 2026), then \$3,278,611 a year for two fiscal years (July 1, 2026-June 30, 2028); \$1,680,000 annually from the Opioid Settlement Initiative and \$1,364,542 (during fiscal year 2026) and \$1,598,611 (during fiscal years 2027 and 2028) from state funds.

DCF has access to these funds to provide Outpatient and Intensive Outpatient Services statewide to youth with co-occurring substance use disorders and mental health needs. Youth eligible for the services include the following criteria: a) 13 to 17 years old, b) youth receiving services prior to turning 18 years old shall continue in the treatment, or c) youth who are referred to treatment at 18 years old, are in high school or equivalent, and best served in an adolescent program. Adolescents are eligible to receive these services if they engage in risky behavior relevant to their substance use or meet diagnostic criteria for substance use disorder, regardless of their eligibility for Medicaid, or whether they are uninsured or underinsured.

Awarded respondents will contract with DCF to offer mental health and substance use disorder treatment services as specified in this RFP. These contractual requirements for assessment, treatment, and engagement of adolescents with co-occurring conditions are to build provider capacity for comprehensive, integrated services.

Current DCF contracts for the South Jersey Initiative (SJI) and Cost Reimbursement Youth Substance Use Treatment programs will be funded through August 31, 2025. These contractors are encouraged to respond to this RFP to compete for the award of new contracts that require the provision of services in accordance with the specified requirements.

B. Funding Information:

All funding is subject to appropriation. The continuation of funding is contingent upon the availability of funds and resources in future fiscal years.

Respondents are on notice that 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. Funds awarded under this program may not be used to supplant or duplicate existing funding.

DCF will make available \$3,044,542 in State Fiscal Year 2026 with \$1,680,000 from Opioid Settlement Funding [ENTER SOURCE OF FUNDS, INCLUDING CFDA# IF FEDERAL FUNDING] and \$1,364,542 in NJ State Funding. DCF reserves the right to award all or a portion of these funds.

Available funding is for up to \$304,454 per award for up to ten (10) awards.

The funds support the first year or initial term of a contract subject to renewal.

The intended funding period for the contract is: September 1, 2025, through June 30, 2026. The funds available are to be budgeted to cover the expenses incurred during the initial contract term. DCF will not reimburse expenses incurred prior to the effective date of the contract. Contract renewal is contingent on the availability of funds.

The anticipated costs required for program operations must be entered for the initial term of this contract, for state fiscal year 2026, and submitted with this response using the Proposed Budget Form found at:

<https://www.nj.gov/dcf/providers/contracting/forms/> and a justification and detailed summary of the costs must be provided in the Proposed Budget Narrative. The Proposed Budget Form and the Proposed Budget Narrative must be submitted as documents included in PDF 3: *Section III - Documents to be Submitted with This Response, Subsection B. Additional Documents Requested to be Submitted in Support of This Response.*

The Proposed Budget Form will detail anticipated expenditures of up to \$304,454 from the date the contract is effective on September 1, 2025, through June 30, 2026.

Additional funding to pay for permitted start-up costs is not available

DCF may approve for reimbursement the start-up costs respondents propose in their budgets using the funds available in the contract ceiling. The anticipated costs required to begin program operations must be entered into the appropriate Start-up funding column of the Proposed Budget Form found at:

<https://www.nj.gov/dcf/providers/contracting/forms/> and a justification and summary of the costs must be included in the Proposed Budget Narrative. The completed Proposed Budget Form and the Proposed Budget Narrative must be submitted as documents included in PDF 3: *Section III - Documents Required to be Submitted with This Response, Subsection B. Additional Documents Requested to be Submitted in Support of This Response.* Respondents may propose total start-up costs of up to [20%] of the contract award amount.

All start-up costs are subject to contract negotiations and DCF approval. Funds for approved start-up costs will be released upon the execution of a finalized contract and are paid via Scheduled Payments.

NOTE: The Proposed Budget submitted with a response is not the actual budget an awarded respondent will submit for DCF approval as part of the contract. If awarded a contract, the awarded respondent then shall submit their budget information again using the more detailed Annex B Budget Form found at: <https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>. The awarded respondent shall prepare and submit an annual budget each fiscal year. DCF will issue payments to the provider on a scheduled basis up to the contract's approved budget amount.

Each budget will require Reports of Expenditures and be subject to the DCF contract close out process following the end of the contract term in accordance with the DCF Contract Close Out policy at:

https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_closeout.pdf DCF will compare the actual approved expenditures appearing on the final report of expenditures and the independent audit with the total contract revenue realized through the receipt of scheduled payments and may recoup as an overpayment the funds that exceeded the actual allowable contract expenditures of the approved budget.

Once awarded a contract, the awarded respondent shall submit for approval its first Annex B Budget for the period of September 1, 2025, through June 30, 2026. In addition to these first ten (10) months of operating costs, all start-up costs also must be included in this Annex B Budget.

Matching funds are not required.

Awarded respondents are not prohibited from billing insurance for reimbursable activities. Revenue anticipated from billing insurance may be used to offset program expenses in excess of the contract reimbursable ceiling and would be identified as revenue in the budget submitted in response to this RFP.

Medicaid Enrollment—Awarded respondents will enter a cost-reimbursement contract for up to 10 months, contingent on available funding. Although not required for payment under the cost-reimbursement contract, respondents must have the demonstrated ability, experience, and commitment to enroll as a NJ Medicaid provider and subsequently to submit claims for reimbursement through NJ Medicaid within prescribed timelines.

C. Pre-Response Submission Information:

There will be a Non-mandatory Virtual Conference for all respondents held on Thursday, April 24, 2025, at 10:00 A.M. Respondents may not contact DCF in

person or by telephone concerning this RFP. Questions may be sent in advance of the response deadline via email to DCF.ASKRFP@dcf.nj.gov.

Join ZoomGov Meeting
<https://www.zoomgov.com/j/1606564762>

Meeting ID: 160 656 4762

One tap mobile
+16692545252,,1606564762# US (San Jose)
+16468287666,,1606564762# US (New York)

Dial by your location
• +1 669 254 5252 US (San Jose)
• +1 646 828 7666 US (New York)
• +1 646 964 1167 US (US Spanish Line)
• +1 669 216 1590 US (San Jose)
• +1 415 449 4000 US (US Spanish Line)
• +1 551 285 1373 US (New Jersey)

Meeting ID: 160 656 4762

Find your local number: <https://www.zoomgov.com/u/azPHjHpXf>

Join by SIP
• 1606564762@sip.zoomgov.com

Join by H.323
• 161.199.138.10 (US West)
• 161.199.136.10 (US East)

Meeting ID: 160 656 4762

Technical inquiries about forms, documents, and format may be requested at any time prior to the response deadline, but **questions about the content of the RFP must be requested by 12 P.M. on Monday, April 28, 2025**. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP and each question should reference the page number and section number to which it relates. All inquiries submitted should reference the program name appearing on the first page of this RFP. Written inquiries will be answered and posted on the DCF website as a written addendum to this RFP at: <https://nj.gov/dcf/providers/notices/requests/>

D. Response Submission Instructions:

All responses must be delivered ONLINE by 12:00 P.M. on Wednesday, May 28, 2025. Responses received after this deadline will not be considered.

To submit online, respondent must first complete an Authorized Organization Representative (AOR) form found at [AOR.pdf \(nj.gov\)](#). The completed AOR form must be signed and dated by the Chief Executive Officer or designated alternate and sent to DCF.ASKRFP@dcf.nj.gov. Only one (1) AOR form is required, even if the respondent intends to file multiple responses. The respondent is required to enter each location to be served on the AOR form

Upon receipt of the completed AOR, DCF will grant the respondent permission to proceed and provide instructions for the submission of the response(s) electronically.

Completed AOR forms should be received in the DCF.ASKRFP mailbox not less than five (5) business days prior to the date the response is due. DCF recommends emailing your AOR forms as soon as you know you will be filing a response to allow time to report to DCF any technical difficulties you may encounter and to timely resolve them.

E. Required PDF Content of the Response:

Submit in response to this RFP four (4) separate PDF documents labeled as follows:

PDF 1-Statement of Acceptance

The entire content of *Section II - Required Performance and Staffing Deliverables* (ending with a Signed Statement of Acceptance)

PDF 2-Organizational Documents

All documents in *Section III – Subsection A. Documents Requested to be Submitted with This Response (Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with the Response)*

PDF 3-Additional Documents

All documents in *Section III – Subsection B. Documents Requested to be Submitted with This Response (Additional Documents Requested to be Submitted in Support of This Response)*

PDF 4-Narrative

Narrative answers to all questions in *Section IV – Subsections A, B, & C. Respondent's Narrative Responses* (A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports))

F. Respondent Eligibility Requirements:

Respondents that have State or Federal grants or contracts must be compliant with all their terms and conditions and in good standing as grantees and contractors.

Respondents must not be suspended, terminated, or barred for deficiencies in the performance of any grant or contract award, and if applicable, all past issues must be resolved as demonstrated by written documentation.

DCF may disqualify and decline to forward for the review of the Evaluation Committee a response from those under a corrective action plan or performance improvement plan in process with DCF or any other New Jersey State agency or authority.

Respondents must be fiscally viable and be able to comply with the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (CPIM) found at: [DCF | Contracting Policy Manuals \(nj.gov\)](https://www.nj.gov/dcf/contracting-policy-manuals).

Where required, all respondents must hold current State licenses.

Respondents must have a governing body that provides oversight as is legally required in accordance with how the entity was formed, such as a board of directors for corporations, or the managing partners of a Limited Liability Corporation (LLC)/Partnership, or the members of the responsible governing body of a county or municipality.

Respondents must have the capability to uphold all administrative and operating standards as outlined in this RFP.

All applicants must have a license from the Department of Human Services to deliver adolescent outpatient and intensive outpatient substance use treatment.

Respondents must be business entities that are duly registered to conduct business within the State of New Jersey, for profit or non-profit corporations, partnerships, limited liability companies, etc. or institutions of higher education located within the State of New Jersey.

Respondents awarded a contract shall ensure their program is operational within sixty (60) days of contract award or the award may be rescinded. Extensions may be available by way of written request to DCF. The contracted program shall be fully staffed to meet the needs of the maximum census of youth within sixty (60) days of being awarded.

Respondents awarded a contract must be prepared to execute any planned sub-contracts, memoranda of agreement with vendors, consultants, or agencies, after the review and approval of DCF, within sixty (60) days of contract execution.

Respondents awarded a contract must have the demonstrated ability, experience, and commitment to enroll as a NJ FamilyCare/Medicaid provider and subsequently to submit claims for reimbursement through NJ FamilyCare/Medicaid and its established fiscal agent, Gainwell Technologies, within prescribed timelines.

Respondents awarded a contract must demonstrate the ability to conform with and provide services under protocols, including documentation and timeframes, established by the Children's System of Care (CSOC), and managed by the Contract System Administrator (CSA). DCF contracts with the CSA to serve as DCF's single point of entry for CSOC. The CSA facilitates service access, linkages, referral coordination, and monitoring of CSOC services across all youth-serving systems.

Section II - Required Performance and Staffing Deliverables

NOTE: After reviewing the required deliverables listed below, respondents must sign the statement at the bottom of this Section II to signify acceptance of all of them.

Submit a complete copy of the content of Section II – Required Performance and Staffing Deliverables, starting with this page and ending with your signed Statement of Acceptance, as a single PDF document. This will be the first PDF submission in your response packet and is to be labeled as: *PDF 1-Statement of Acceptance*.

A. Subject Matter - The below describes the needs the awarded respondent 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:**

Substance use and mental health disorders often have a bidirectional relationship, where each can exacerbate the symptoms of the other, complicating diagnosis and treatment. It is crucial to assess and treat both for successful recovery and decreased risk of relapse. Integrated treatment approaches can lead to more comprehensive care and better long-term outcomes for individuals facing these challenges.

According to SAMHSA's 2023 National Surveys on Drug Use and Health [<https://www.samhsa.gov/data/report/2021-2022-2023-nsduh-infographic>], one in four Americans ages 12 and older used illicit drugs

during the calendar year, more than 17% had a substance use disorder, and more than 22% had a mental health disorder. Among American adolescents, more than 12% had serious thoughts of suicide, more than 18% had a Major Depressive Episode, and 3.4% had a co-occurring substance use disorder.

The Youth Risk Behavior Survey Data related to youth substance use reports that a total of 22% of student respondents drank alcohol in the past 30 days. Females, LGBTQ+, and White high school students were more likely than their peers to engage in most substance use behaviors with 24% of female students reporting having drunk alcohol days and 19% used marijuana. While the YRBS 10-year trend shows a decrease in respondents reporting substance use, a look at the two-year change by race & ethnicity shows that Black youth reported an increase in alcohol use from 13% to 17%. The 10-year trend in reported marijuana use also reflects a decrease but the two-year change shows a slight increase of use across genders, Asian, White, and Multiracial youth. Regarding mental health and suicidal thoughts and behaviors, data from the YRBS shows that nearly all indicators of poor mental health worsened from 2013 to 2023. In 2023, 20% of all high school students surveyed seriously considered attempting suicide during the past year. (Centers for Disease Control and Prevention. *Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023*. U.S. Department of Health and Human Services; 2024.)

According to Kids Count Data from the Annie E Casey Foundation [<https://datacenter.aecf.org>], in 2023 NJ's population of youth ages 12-17 was 714,097. Using SAMHSA's national data, it is expected that more than 24,000 adolescents in the state have co-occurring mental health/ substance use disorder. However, according to NJ Substance Abuse Monitoring System (NJ-SAMS) through the Department of Human Services, approximately 1,000 adolescents are seen in treatment each year. DCF's Children's System of Care seeks to contract with co-occurring adolescent treatment providers that will outreach local communities, identify adolescents in need, and engage them and their caregivers in effective treatment to better meet the needs of adolescents in New Jersey.

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

To enhance adolescents' access to substance use services, improve the identification of adolescent substance use, increase engagement in treatment and recovery support services, reduce substance use, improve functioning, and reduce rates of readmission to substance use disorder treatment services.

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

To promote early intervention to prevent substance use from causing serious harm and to implement treatment, structure, and support for adolescents to learn skills and gain insights necessary for recovery. As a result of the program's substance use and case management services, associated issues such as homelessness, illiteracy/ high school dropout, and incarceration will also be prevented.

B. Target Population - The below describes the characteristics and demographics the awarded respondent must ensure the program serves.

Youth diagnosed with a substance use disorder, may also have a co-occurring mental health diagnosis, and meet appropriate American Society of Addiction Medicine (ASAM) criteria for outpatient or intensive outpatient treatment.
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- 1) **Age:** Youth eligible for the services include the following criteria: a) 13 to 17 years old, b) youth receiving services prior to turning 18 years old shall continue in the treatment, or c) youth who are referred to treatment at 18 years old, are in high school or equivalent, and best served in an adolescent program
- 2) **Grade:** N/A
- 3) **Gender:** All
- 4) **Marital Status:** N/A
- 5) **Parenting Status:** N/A
- 6) **Will the program also serve the children of the primary service recipient?** No
- 7) **DCF Child Protection & Permanency (CP&P) Status:**
CP&P In Home Case; CP&P Out of Home Case; CP&P Adoption/KLG; Open with CMO. The adolescent does not need to be involved with CP&P or CSOC in order to be referred to services.
- 8) **Descriptors of the primary service recipient:**
Youth diagnosed with a substance use disorder, may also have a co-occurring mental health diagnosis, and meet appropriate American Society of Addiction Medicine (ASAM) criteria for outpatient or intensive outpatient treatment.

Youth eligible for the services include the following criteria: a) 13 to 17 years old, b) youth receiving services prior to turning 18 years old shall continue in the treatment, or c) youth who are referred to treatment at 18 years old, are in high school or equivalent, and best served in an adolescent program.

9) **Descriptors of the Family Members / Care Givers / Custodians of the primary service recipients also required to be served:**

Parents/caregivers of the adolescent are to be strongly encouraged to participate in services as appropriate to support the adolescent's treatment and recovery.

10) **Other populations/descriptors targeted and served by this program:** N/A

11) **Does the program have income eligibility requirements?** No. Adolescents shall be served regardless of income, insurance status, and ability to pay.

C. Activities - The below describes the activities this program initiative requires of awarded respondents, 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, those delivering the services.

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

The level of service will be measured in sessions (1 hour) and in unduplicated individuals served. Awarded respondent shall deliver a minimum of 2400 direct counseling hours per year.

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

Monthly

3) **Estimated Unduplicated Service Recipients:**

Awarded respondents shall serve 67 unduplicated adolescents during fiscal year 2026, and 100 unduplicated adolescents per year thereafter; minimum caseload of 30 active individuals at any given time is expected.

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

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

Adolescents may access service via self-referral; and/or adolescents may be referred by entities such as schools, CP&P, probation, other treatment programs, and/or CSOC's CSA.

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

Admission into treatment is based on individuals' needs. Adolescents must meet ASAM criteria for Outpatient or Intensive outpatient services. Adolescents do not need to be involved with CMO, CP&P or any other system partner.

Authorization Process:

- Provider will contact the CSA to register youth with CSOC upon intake and will receive initial 30day treatment authorization.
- Provider completes and faxes the Substance Use Treatment Initial Assessment and consent forms to CSA.
- CSA determines if the youth meets level of care; if so, the initial authorization is updated to 90 days.
- Continued Stay, Transition, and Discharge Treatment Plans are required as relevant to the adolescent's treatment. The Level of Care Index and the Strengths & Needs Assessments are associated with Treatment Plans.

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

Awarded respondents may discharge youth prior to their successful program completion if youth failed to attend regularly, were unable to follow program rules despite interventions, or the treatment team recommended their discharge based on clinical criteria. Efforts to reengage the adolescent and caregiver prior to discharge are required. If a different level of treatment is needed, the awardee shall actively link the adolescent to an appropriate service provider.

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

The awardee is required to offer substance use outpatient and intensive outpatient treatment to referred adolescents who meet the ASAM criteria in their catchment area.

Outpatient, Level I.5, consists of less than 6 hours per week of substance use treatment for adolescents. Intensive Outpatient, level 2.1, consists of 6 to 19 hours per week for adolescents and can meet the complex needs of adolescents with addiction and co-occurring conditions. Both levels of care use motivational enhancement therapies and strategies in individual and group therapy, and provide a

structured intervention offered at times the adolescent and family are available – during the day, before or after work or school, in the evening, and/or on weekends.

In both outpatient and intensive outpatient services, as warranted, co-occurring mental health needs will be identified and addressed by the awardee. Adolescent treatment should be family-driven and youth-guided. Awardees will be expected to provide a continuum of care in which admission criteria are used to make recommendations for the least intensive/restrictive level of care. Individualized treatment plans drive the adolescent's treatment; strengths, needs, and progress are reassessed regularly; and the treatment plan is updated at regular intervals.

This model shall include the following direct service components for outpatient and intensive outpatient substance use treatment.

1. Evaluation Services:

- a. CSOC Substance Use Treatment Initial Assessment.
- b. CSOC Treatment Plans, inclusive of Strengths and Needs Assessment & Level of Care Index
- c. Toxicology testing: Urine drug screen and/or oral swab performed onsite and sent to lab for results minimally once per month.

2. Co-occurring Clinical Mental Health and Substance Use Treatment Services: Adolescents with substance use disorder may also have co-occurring mental health conditions. In addition to Certified Alcohol and Drug Counselor (CADC) staff, the program shall have a licensed mental health clinician and access to psychiatric services to provide the below interventions. Adolescents may also have experienced trauma, loss, and other challenges that cause stress and difficulty; therefore, the program shall allow for individualized treatment plans that are youth and family driven.

- a. Individual Therapy
- b. Family Therapy
- c. Group Therapy
- d. Psychiatric for evaluation and medication prescription.

3. Non-Clinical Services:

- a. Psychoeducation for adolescent and the adolescent's family/caregivers.
- b. Case Management: Care coordination with other systems (e.g., school, legal, child welfare) to facilitate service access and utilization, help decrease the adolescent's likelihood of engaging in substance use, and/or mitigate negative consequences associated with substance use. Case

management is provided from a philosophy of wraparound services that assesses the whole person's biopsychosocial functioning and supports the adolescent/family with individualized plans for formal and informal supports. The adolescent's family may also need additional resources or support to help minimize risk factors associated with substance use/maximize protective factors and support the adolescent to prevent substance use and related risks. Case management services will also assist the youth and family with navigating and linking to services to address needs associated with social determinants of health.

- c. Transportation will be made available to youth to attend substance use treatment and recovery activities.
- d. Contingency Management: Incentives via a behavior modification strategy in which individuals are 'reinforced', or rewarded, for evidence of positive behavioral change. The reinforcers typically consist of vouchers (gift cards of a nominal value) exchangeable for retail goods and services, small prizes (fidget spinners, key chains), and/or snacks. No more than \$75.00 per adolescent per year can be used for contingency management. Each reward can be no more than \$10 in value. Awardee must maintain a tracking log of all gift cards/vouchers. Cash payments are not permitted. Contingency Management is recognized by SAMSHA as an effective approach to substance use treatment among diverse populations.
- e. Recovery supports: Adolescents in recovery can benefit from allied services that focus on health, wellness, and empowerment to support their treatment of drug and/or alcohol use and mental health challenges. Resources can include, but may not be limited to, life skills, educational groups, art therapy, music therapy, and mind-body activities (fitness, yoga, meditation, etc.).

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

a) Evidence Based Practice (EBP) modalities:

Awardees must ensure that the licensed mental health clinician(s) in the program are trained or will be trained/enrolled in training within 6 months of award, in Evidence Based Practices which are recognized and implemented within the substance use/mental health communities and proven effective. These modalities include, but are not limited to, the below list. Applicants may propose other evidence-based practices appropriate for this population.

- i. Multisystemic Family Therapy (MST)

- ii. Cognitive Behavioral Therapy (CBT)
- iii. Motivational Enhancement Therapy (MET)
- iv. Motivational Interviewing (MI)

b) DCF Program Service Name:

Adolescent Substance Use Recovery Initiative

c) Other/non-evidence-based practice service modalities:

DCF promotes holistic treatment of adolescents, acknowledging the role that physical and mental health, stage of development, life circumstances (e.g., education, employment, social support, housing, trauma history, criminal legal involvement, etc.), and individual needs, strengths, and goals play in the development and maintenance of substance use disorder and addiction. As noted in section C.8 above, other evidence-informed and best practices to be implemented by the awardee include:

- a. Psychoeducation for adolescent and the adolescent's family/caregivers on topics such as substance use and its effects on adolescent development, coping skills, age-appropriate recreational activities, interpersonal relationships, and overall health.
- b. Case Management
- c. Transportation
- d. Contingency Management
- e. Recovery supports that focus on health, wellness, and empowerment to support their treatment of drug and/or alcohol use and mental health challenges. Resources can include, but may not be limited to, life skills, educational groups, art therapy, music therapy, and mind-body activities (fitness, yoga, meditation, etc.).
- f. Access to free Naloxone kits to all adolescents/ families.

Additionally, awardee must demonstrate the ability to provide trauma informed care and utilize the Nurtured Heart Approach

10) The type of treatment sessions required for this program initiative are:

Every program participant receives a comprehensive intake assessment, drug testing, case management, therapeutic interventions via individual, group, and family counseling, and access to recovery support services. Sessions are primarily in-person and duration varies based on clinical need.

11) **The frequency of the treatment sessions required for this program initiative are:**

ASAM defines Outpatient, Level 1.5 as requiring up to six hours per week of therapy (both individual and group). Intensive Outpatient, level 2.1 treatment offers 6-19 hours per week of therapy. Contracted awardees shall deliver case management, allied therapies, transportation, and other recovery-related activities, in addition to clinical therapy with a licensed practitioner.

12) **Awarded respondents 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.**

Awarded respondents shall seek youth and caregiver input when designing recovery activities and psychoeducation topics. Utilizing participant input can increase engagement in services and make them more relevant and specific to the population served.

Awardees are strongly encouraged to actively participate in their local Children's Inter-agency Coordinating Council (CIACC), and to participate on CIACC substance use-related sub-committees as subject matter experts. Awardees shall partner with local DCF entities that serve adolescents who may be at risk for substance use disorder, including Family Support Organizations, Family Success Centers, NJ4S, CMOs, MRSS, IIC/BA agencies, in order to educate the community about adolescent substance use and treatment options.

13) **The professional development through training, supervision, technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:**

Awardee program staff are required to attend the following trainings offered at no charge by DCF Children's System of Care and Contracted System Administrator:

- The below trainings are available on a rotating basis through the Children's System of Care – Training and Technical Assistance Program; information can be found at: [DCF | Training and Technical Assistance](#)
 - Strengths & Needs Assessment training within 60 days of hire and become certified within 14 days of training. Recertification is required annually.
 - NJ Wrap Around
 - Nurtured Heart Approach

- Understanding Child Abuse & Mandatory Reporting Laws
- The below trainings are available on a rotating basis through the Contracted System Administrator
 - New CYBER Users, as applicable
 - Security Administrator Functions, as applicable
 - Substance Use Initial Assessment
 - Substance Use Treatment Plans
- Unusual Incident Reporting (available through CSOC)
- Additional training as may be required of DCF contracted providers by DCF policy.

Awardees shall attend additional trainings and technical assistance as requested and facilitated by DCF/CSOC and CSOC's Contracted System Administrator.

Clinicians, counselors, and supervisors within the program must maintain professional licensing.

Additionally, as stated in C.9.a above, awardees must ensure that the licensed mental health clinician(s) in the program are trained or will be trained/enrolled in training within 6 months of award, in Evidence Based Practices which are recognized and implemented within the substance use/mental health communities and proven effective. These modalities include, but are not limited to, the below list. Applicants may propose other evidence-based practices appropriate for this population.

- i. Multisystemic Family Therapy (MST)
- ii. Cognitive Behavioral Therapy (CBT)
- iii. Motivational Enhancement Therapy (MET)
- iv. Motivational Interviewing (MI)

Applicants may include costs associated with training in the proposed budget.

- 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:**

Testimony is not a requirement as part of this award. However, providers may be summonsed and costs to attend are covered through the contract. For communication with third parties such as CP&P, CMO, and probation, appropriate releases of information should be signed.

15) The student educational program planning required to serve youth in this program:

Awarded respondents shall support adolescents and their families with relevant school-related issues and permit school personnel to participate in multi-disciplinary team meetings.

D. Resources - The below describes the resources required of awarded respondents to ensure the service delivery area, management, and assessment of this program.

1) The program initiative's service site is required to be located in:

Any of the below regions of New Jersey:

- Region 1: Atlantic & Cape May County
- Region 2: Bergen & Passaic County
- Region 3: Burlington & Camden County
- Region 4: Cumberland, Gloucester, & Salem County
- Region 5: Essex & Hudson County
- Region 6: Union & Middlesex County
- Region 7: Hunterdon & Mercer County
- Region 8: Monmouth & Ocean County
- Region 9: Morris & Somerset County
- Region 10: Sussex & Warren County

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

Region Specific. Awarded respondent shall market program to relevant stakeholders within the region, in order to expand the referral pool. Preference may be given to agencies who can serve geographical areas that are typically underserved. Youth's access to services shall not be restricted by the region in which they reside.

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

The awarded respondent shall locate the program within a secure building with accessible, safe, and sufficient space to conduct individual and group therapy while ensuring confidentiality. Respondents are to consider the program's proximity to public transportation and plans for accessibility for all counties within the region.

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

Services must be available at times that are convenient to adolescents and families (i.e., after school, evenings, and weekends).

- 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?**

This program does not require on-call staff. However, general information for emergency/crisis services shall be provided to program participants.

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

Hours of operation shall be flexible to accommodate school aged children and working adults. Evening and weekend hours are expected. Every effort shall be made to accommodate the needs and schedule of the family.

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

The program shall have the ability to meet the linguistic and cultural needs of adolescents and their families. Clinical services for adolescents/ family members with limited English proficiency must be provided in the family's primary language. Providers may retain per diem staff to meet this requirement, and/or may propose technology solutions to support communication.

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

For youth who are in need of transportation, awarded respondents shall provide transportation for adolescents related to substance use recovery activities. Transportation responsibilities include picking the youth up from their home or location as agreed upon with the adolescent's caregiver and dropping off as same. Should the program offer special activities, additional permission from the caregiver shall be obtained. Awarded respondents shall have a company vehicle for transportation; staff may not use their own cars to transport youth. Transportation may also be provided via bus/train passes and rideshare programs if the program, youth, and family are in agreement with such methods. The program is expected to provide transportation services within a 30-mile radius, with the flexibility to extend this range at their discretion, ensuring accessibility for all participants regardless of the NJ county in which they reside.

- 9) **The staffing requirements for this program initiative, including the number of any required FTEs, ratio of worker to youth, shift**

requirements, supervision requirements, education, content knowledge, credentials, and certifications:

Minimum Staffing Requirements

Position	Responsibility	Minimum Requirements
Co-occurring mental health clinician 1 FTE Minimum annual salary: \$62,000	<ul style="list-style-type: none"> • Provide individual, group and family therapy, conduct assessments, treatment planning, discharge planning. • Function as part of treatment team. • Document treatment in agency's Electronic Health Record & in CYBER. 	Master's level licensed mental health counselor (LSW, LAC)
Case Manager 1 FTE Minimum annual salary: \$52,000	<ul style="list-style-type: none"> • Organize and participate in Family Team Meetings/Child Family Team Meetings. • Support adolescent and family with relevant school-related issues. • Support connecting adolescent to work or extracurricular activities. • Facilitate Adolescent/Family engagement and retention. • May provide transportation to program participants for treatment-related activities. • Function as part of treatment team. • Documentation in agency's Electronic Health Record & in CYBER. • 	Bachelor's degree in mental health, substance use, public health, or a related field with suggested 3+ years of experience
Certified Alcohol and Drug Counselor 1 FTE Minimum annual salary: \$52,000	<ul style="list-style-type: none"> • Provide individual, group and family counseling, conduct assessments, treatment planning, discharge planning. • Document treatment in agency's Electronic Health Record and in CYBER. • Function as part of treatment team. 	<ul style="list-style-type: none"> • CADC preferred; CADC intern with documented supervision plan and clear timeline for certification.

Position	Responsibility	Minimum Requirements
	<ul style="list-style-type: none"> Identify/create, collaborate, and implement community-based prevention education (such as, but not limited to, Life Skills, psychoeducation groups, educational materials, participation in community groups – CIACC, HSAC, NJ4S Advisory Boards) 	
Supervisor .5 FTE Minimum Annual Salary: \$80,000 (\$40,000 dedicated to project)	<ul style="list-style-type: none"> Provide direct supervision to program staff, in alignment with professional license/ field. Deliver direct care during staff vacancies. Conduct community outreach. Attend statewide provider meetings facilitated by DCF. Complete and submit required DCF reports. 	<p>Agency shall ensure all staff have appropriate supervision based on the staff's credentials (e.g., LSW must be supervised by a LCSW).</p> <p>LCADC Master's degree</p>

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

Awarded respondents shall:

- a. Be licensed by the New Jersey Department of Human Services to provide co-occurring substance use and mental health services as defined at **N.J.A.C. 10:161B Standards for Licensure of Outpatient Substance Use Disorder Treatment Facilities** and staffed to treat adolescents diagnosed with substance use disorder and co-occurring mental illness.
- b. Be approved to provide adolescent services as issued by the NJ Department of Health – Division of Certificate of Need & Licensing. [Applicant may submit Proof of an active Application with RFP submission].
- c. Ensure that the names of all agency employees, interns, volunteers, and consultants that provide services to adolescents with intellectual/ developmental disabilities shall be checked against those names in the Central Registry of Offenders Against

Individuals with Developmental Disabilities as required by N.J.S.A. 30:6D-73 et seq. A qualified respondent not registered to access the Central Registry may seek DCF's assistance to facilitate the registration. Additional information can be found at: https://www.state.nj.us/humanservices/staff/opia/central_registry.html

- d. Comply with the requirements to report suspected abuse and neglect against a child under eighteen (18) years of age to the Division of Child Protection and Permanency (DCP&P) at 1-800 NJ ABUSE as set forth in N.J.S.A. 9:6-8.10; and a vulnerable adult eighteen (18) years of age or older to Adult Protective Services (APS) as set forth in N.J.S.A. 52:27D-406 to 426.
- e. Comply with NJ Rev Stat § 9.6-8.10f (2017) which requires DCF to conduct a check of its child abuse registry for each person who is seeking employment in any facility or program that is licensed, contracted, regulated, or funded by DCF to determine if the person is included on the child abuse registry as a substantiated perpetrator of child abuse or neglect. Contractors are to utilize the Child Abuse Record Information (CARI) Online Application to set-up a facility account by visiting: <https://www.njportal.com/dcf/cari>
- f. Complete a report for every accident, incident, or unusual occurrence involving staff, adolescent and/or families and send the report to CSOC and the Universal Incident Management Reporting System, Pursuant to Administrative Order 2:05 and related Addenda: <https://www.nj.gov/humanservices/staff/opia/cimu/>
- g. Comply with Danielle's Law, which requires anyone who works directly with individuals with developmental disabilities or traumatic brain injury to call 911 in life-threatening emergencies. Division of Developmental Disabilities | Danielle's Law (nj.gov)
- h. Protect the confidentiality of youth information as required by the Health Insurance Portability and Accountability Act (HIPAA), the federal law that establishes privacy standards for protected health information held by "covered entities" (health plans, health care clearinghouses, and most health care providers). The implementing regulations at 45 C.F.R. Parts 160 and 164 (known as the "Privacy Rule") issued by the U.S. Department of Health and Human Services provide standards for the use and disclosure of protected health information. Protected Health Information (PHI) refers to individually identifiable health information transmitted or maintained by a covered entity or its business associate. Health information is any information that "relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual." 45 C.F.R. 160.103.
- i. Maintain status as a Qualified Provider of services by complying with all applicable federal, state, and local laws, rules and

regulations regarding licenses, certifications, accreditations and/or other credentialing entities.

- j. Notify CSOC within five (5) business days of occurrence of permanent loss, temporary suspension, or probationary status of all qualifying credentials, i.e., licenses, certifications, accreditations, insurance, and changes in Executive Director, name of agency, address, telephone number or contact person.

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

Awarded respondents shall ensure staff not only engages in regular face to face contact but also have the ability to communicate with families via telephone and electronic methods that include texting, email, and video calling through the use of laptops and Wi-Fi capabilities.

Participation in virtual CSOC trainings and meetings will be required. Attendance at Child Family Team (CFT) meetings is required when appropriate and reasonable.

Services to adolescents are to be delivered in-person. Telehealth/virtual interventions are permissible under extenuating circumstances to best meet the needs of the adolescents and their families (i.e., medical & weather emergencies). Justification for virtual services must be documented. Therefore, awardees must have the ability to provide telehealth services on occasion.

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

Awarded respondents shall collaborate with CSOC system partners and the adolescent's multidisciplinary team, which may include, but is not limited to, the CMO, CP&P, counselor, and other parties, such as school personnel, in the treatment planning process.

Awarded respondents shall engage in community outreach in the service area to market the program and develop a pool of appropriate referral sources. Suggested outreach recipients include schools, hospitals, CMOs, pediatricians, juvenile probation officers, and mental health treatment providers. Awarded respondents shall also establish relationships with other substance use disorder treatment providers for the purpose of bidirectional referrals, in cases in which an adolescent is in need of another level of treatment.

Depending on agency staffing, additional partnerships may include psychiatric evaluation and treatment, and allied therapy providers.

13) The data collection systems this program initiative requires:

- CYBER
- EBPR or UIRMS for Unusual Incident Reporting
- DCF monthly & quarterly data reporting via a platform as determined by DCF
- HIPAA-compliant Electronic Health Record (EHR)

14) The assessment and evaluation tools this program initiative requires:

In addition to assessment and evaluation tools chosen by the agency, the following are required:

- A validated suicide screening tool such as the Columbia Suicide Severity Rating Scale (C-SSRS) or Ask Suicide-Screening Questions (ASQ).
- CSOC Strengths and Needs Assessment (SNA), used to demonstrate and support how and why the treatment provider makes certain treatment decisions. The ratings used for individual questions, or dimensions, can indicate what areas of the youth's life need immediate action, as well as what areas of strength can be utilized to address any identified needs.
- Level of Care Index (LOCI) is a comprehensive means for guiding assessments and documenting treatment placement and planning information for the six assessment dimensions of the ASAM criteria.
- CSOC Substance Use Treatment Initial Assessment is completed for initial substance use authorization.
- CSOC Substance Use Treatment Plans document the planning process, treatment, and progress. The goal of the treatment plan is to provide the services needed by each adolescent at the appropriate level of intensity within the appropriate setting.

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

1) The evaluations required for this program initiative:

- Drug testing
- Substance Use Treatment Initial Assessment
- CSOC Strengths and Needs Assessment shall be completed within the first 90 calendar days of treatment and readministered every 60 calendar days and at discharge to track progress and assist in treatment planning.

- Level of Care Index shall be completed within the first 90 calendar days, and readministered every 60 calendar days, to determine level of treatment.
- CSOC Substance Use Treatment Plans shall be completed within the first 90 calendar days, and readministered every 60 calendar days and at discharge, to monitor adolescent's progress in treatment, and readiness for discharge.

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

a) **Short Term Outcomes:**

Adolescents will acknowledge and understand the impact substance use has on them, verbalize an understanding of triggers, and participate in individual, group, and family sessions. Adolescents will reduce their substance use and risky behaviors.

b) **Mid Term Outcomes:**

Adolescents' families will recognize mental health challenges and other contributors to substance use and actively engage in treatment. Adolescents will experience an overall improvement in effective coping skills, health, and mental wellness.

Adolescents will acknowledge past risk behaviors associated with substance use and verbalize an understanding of the consequences of those behaviors. Adolescents will decrease risk behaviors associated with substance use.

c) **Long Term Outcomes:**

Adolescents will recognize the need for, and value of, ongoing substance use treatment and commit to actively engaging in such treatment with a counselor. Adolescents will remain engaged in treatment and work collaboratively on treatment goals; functioning will continue to improve. Adolescents will abstain from substance use and achieve their treatment goals.

3) **Required use of databases:**

- Qualified providers are required to utilize the DCF-CSOC CSA Management Information System, CYBER. At least one person per agency must serve as the CYBER Security Administrator, responsible for adding new CYBER users and removing CYBER users as staff leave the program.
- Providers are to use EBPR/ UIRMS as directed by DCF for the purposes of reporting unusual incidents.

4) **Reporting requirements:**

Awardees are required to submit data, as requested by DCF, such as unusual incidents, census reports, demographics, identifiable and

aggregate data on youth engagement and service utilization. Specific data elements and means of collection will be developed with awardees.

Awardees are required to submit expenditure reports quarterly, 15 calendar days following the end of each fiscal quarter, to DCF.

Means of submission to be provided post-award.

F. 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.

Region to be served (select one-each region must have its own response):

- ☐ Region 1: Atlantic & Cape May County
- ☐ Region 2: Bergen & Passaic County
- ☐ Region 3: Burlington & Camden County
- ☐ Region 4: Cumberland, Gloucester, & Salem County
- ☐ Region 5: Essex & Hudson County
- ☐ Region 6: Union & Middlesex County
- ☐ Region 7: Hunterdon & Mercer County
- ☐ Region 8: Monmouth & Ocean County
- ☐ Region 9: Morris & Somerset County
- ☐ Region 10: Sussex & Warren County

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

Section III - Documents Requested to be Submitted with This Response

In addition to the Signature Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requests respondents to submit the following documents with each response. Respondents must organize the documents submitted in the same order as presented below under one (1) of the two (2) corresponding title headings: A. *Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with This Response* and B. *Additional Documents Requested to be Submitted in Support of This Response*. **Each of these two (2) sections must be submitted as a separate PDF, which would be the second and third PDF submission in your response packet.**

A. Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with this Response:

Submit all of the documents described in this Section III – Subsection A. (Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with this Response). This will be the second PDF submission in your response and is to be labeled as: PDF 2-Organizational Documents.

- 1) A description of how your **Accounting System** has the capability to record financial transactions by funding source, to produce funding source documentation, authorization to support all expenditures, and timesheets which detail by funding source how the employee spent their time, invoices, etc.
- 2) **Affirmative Action Certificate:** Issued after the renewal form [AA302] is sent to Treasury with payment.
Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year One (1). Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate.
Website: https://www.state.nj.us/treasury/contract_compliance/

- 3) **Agency By-Laws -or- Management Operating Agreement** if a Limited Liability Corporation (LLC) or Partnership
- 4) **Statement of Assurances** signed and dated.
Website: <https://www.nj.gov/dcf/providers/notices/requests/#2>
Form:
<https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc>
- 5) Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the Board of Trustees of a nonprofit organization, **Board of Directors** of a corporation, the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality. This is not applicable for sole proprietors.
- 6) For Profit: **NJ Business Registration Certificate** with the Division of Revenue (see instructions for applicability to your organization).
Website: <https://www.nj.gov/treasury/revenue/busregcert.shtml>
- 7) **Business Associate Agreement/HIPAA** - Sign and date as the Business Associate.
Form: HIPAA Form 200-B
- 8) **Your Organization's Conflict of Interest Policy** (not the DCF Conflict of Interest Policy).
- 9) **Corrective action plans, performance improvement plans, or reviews** in process or completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years.

If applicable, a copy of the corrective action plan or performance improvement plan should be provided and any other pertinent information that will explain or clarify the respondent's current position under the corrective action plan and remedial measures implemented.

If not applicable, the respondent should complete, sign, date, and submit the Statement of Non-Applicability Regarding Corrective Action or Performance Improvement Plan. Form:
<https://www.nj.gov/dcf/providers/notices/requests/Statement-of-Non-Applicability-Regarding-Corrective-Action.pdf>

Note: DCF may consider all materials in our records concerning audits, reviews, performance improvement, or corrective active plans as part of the review process. DCF may disqualify and decline to forward for the review of the Evaluation Committee responses from those under corrective action plans in process with DCF or any other New Jersey state agency or authority.

10) **Certification Regarding Debarment**

Form: <https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf>

11) **Disclosure of Investigations & Other Actions Involving Respondent**

Form:

<https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf>

12) **Disclosure of Investment Activities in Iran**

Form:

<https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf>

13) **Ownership Disclosure Form**

* THIS FORM MUST BE SUBMITTED WITH THE RESPONSE. A RESPONSE SHALL BE DEEMED NON-RESPONSIVE UNLESS THIS FORM IS SUBMITTED WITH IT.

Form:

<https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf>

The Ownership Disclosure form must be completed and returned by non-profit and for-profit corporations, partnerships, and limited liability companies. The failure of a for-profit corporation, partnership, or limited liability company to complete the form prior to submitting it with the response shall result in rejection of the response.

14) **Disclosure of Prohibited Activities in Russia and Belarus**

Form:

<https://www.state.nj.us/treasury/administration/pdf/DisclosureofProhibitedActivitiesinRussiaBelarus.pdf>

15) **Source Disclosure Form** (Disclosure of Source Location of Services Performed Outside the United States)

Form:

<http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf>

16) **System for Award Management (SAM)** - Submit a printout showing the Unique Entity Identification Number, active status, and the expiration date. Available free of charge.

Website: <https://sam.gov/content/home>

Helpline: 1-866-606-8220

17) **Certificate of Incorporation**

Website: <https://www.nj.gov/treasury/revenue>

- 18) **Notice of Standard Contract Requirements, Processes, and Policies**
- Sign and date as the provider

Form: [Notice.of.Standard.Contract.Requirements.pdf \(nj.gov\)](#)

- 19) **Organizational Chart of Respondent** - Ensure chart includes the agency name, current date, and the allocation of personnel among each of the agency's DCF programs with their position titles and names.

- 20) **Chapter 271/Vendor Certification and Political Contribution Disclosure**

[2006 Federal Accountability & Transparency Act (FFATA)]

Form: <https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>

- 21) **Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards** -

A brief description (no more than two (2) pages double spaced) of the ways in which respondent's operations (policies and/or practices) mirror these standards. The document should include the agency name & current date. The Standards are available at: ["Sexual Abuse Safe-Child Standards" \(state.nj.us\)](#)

- 22) **Standard Language Document (SLD)** (or Individual Provider Agreement or Department Agreement with another State Entity as designated by DCF.)
Sign and date as the provider

SLD Form:

<https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>

Individual Provider Agreement:

<https://www.nj.gov/dcf/providers/contracting/forms/Individual.Provider.Agreement.pdf>

State Entity Agreement:

<https://www.nj.gov/dcf/providers/contracting/forms/DCF.Departmental.Agreement.with.Another.State.Entity.pdf>

- 23) **Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3)**

Website: <https://www.nj.gov/treasury/taxation/exemptintro.shtml>

- 24) **Tax Forms:** Submit a copy of the most recent full tax return.

- **Non-Profit:** Form 990 Return of Organization Exempt from Income Tax -or-
- **For Profit:** Form 1120 US Corporation Income Tax Return -or-

- **LLCs:** Applicable Tax Form and must delete/redact any SSN or personal identifying information

Note: Store subsequent tax returns on site for submission to DCF upon request.

- 25) **Trauma Informed and Cultural Inclusivity Practices** - Submit written policies describing the incorporation of these practices into your provision of services.

B. Additional Documents Requested to be Submitted in Support of This Response

Submit all the documents described in this Section III – Subsection B. (Additional Documents Requested To Be Submitted In Support Of This Response). This will be the third PDF submission in your response and is to be labeled as: PDF 3-Additional Documents.

- 1) A completed **Proposed Budget Form** documenting all costs associated with operating the program. If DCF is allowing funding requests for **start-up costs**, document these separately in the appropriate column of the Proposed Budget Form. This form is found at: <https://www.nj.gov/dcf/providers/contracting/forms/>
- 2) A completed **Budget Narrative** is required for the proposed program that:
 - a) clearly articulates budget items, including a description of miscellaneous expenses or “other” items; b) describes how funding will be used to meet the project goals, responsibilities, and requirements; and c) references the costs associated with the completion of the project as entered in the Proposed Budget Form found at: <https://www.nj.gov/dcf/providers/contracting/forms/>. When DCF allows funding requests for start-up costs, include in the Budget Narrative a detailed summary of, and justification for, any one-time program implementation costs documented in the final column of the Proposed Budget Form.
- 3) An **Implementation Plan** for the program that includes a detailed timeline for implementing the proposed services, or some other detailed weekly description of your action steps in preparing to provide the services and to become fully operational.
- 4) (Minimum 1) **Letter of Collaboration** disclosing informal partnerships or cooperative agreements relevant to your provision of contract services.

- 5) (Minimum 2) **Letters of Support** from community organizations with which you already partner. Letters from any New Jersey State employees are prohibited.
- 6) **Proposed Respondent Organizational Chart** for the program services required by this response that includes the respondent's name and the date created.
- 7) **Summary of Reduction of Seclusion and Restraint Use** (maximum 3 pages) describing policies adopted and the practices implemented to achieve this goal.
- 8) **Professional Licenses and/or Certificates** currently effective related to job responsibilities.
- 9) **Proof of licensure** from the NJ Department of Human Services to operate as an outpatient substance use treatment program.
- 10) **Proof of approval** to provide adolescent services as issued by the NJ Department of Health – Division of Certificate of Need & Licensing. Proof of active application may also be acceptable.

Section IV - Respondent's Narrative Responses

Respondents who sign the above Statement of Acceptance to provide services in accordance with the *Required Performance and Staffing Deliverables* additionally must submit a narrative response to every question below. A response will be evaluated and scored as indicated on each of the following three Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports. Respondents must organize the Narrative Response sections submitted in the same order as presented below and under each of the three corresponding title headings.

The narrative should no more than 15 pages in total, be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. Narrative Sections of the responses should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. The font shall be no smaller than twelve (12) points in Arial or Times New Roman.

Submit answers to all the questions described in this Section IV – Subsections A., B., and C. (Respondent's Narrative Responses: Community and Organizational Fit, Organizational Capacity, and Organizational Supports) as a single PDF, within the prescribed page limit. This will be the fourth PDF submission in your response and is to be labeled as: PDF 4-Narrative.

A. Community and Organizational Fit (30 Points)

Community and Organizational Fit refers to respondent's alignment with the specified community and state priorities, family and community values, culture and history, and other interventions and initiatives.

In this section, please include how youth/family voice is currently used to inform service delivery at your agency.

- 1) Describe how this initiative is consistent with your organization's mission, vision, and priorities.
- 2) Describe how this initiative fits with existing initiatives/programming in your organization.
- 3) Describe any existing services and programs that are categorized as well supported, supported, or promising as per the California Evidence-Based Clearinghouse for Child Welfare definition(s) (CEBC).
<https://www.cebc4cw.org/>
- 4) Describe how this initiative is consistent with your organization's experience working with the target population required to be served by this initiative.
- 5) Describe how you will meet the geographic area requirements of this program initiative.

B. Organizational Capacity (45 Points)

Organizational Capacity refers to the respondent's ability to meet and sustain the specified minimum requirements financially and structurally.

- 1) Describe how the organization's leadership is knowledgeable about and in support of this initiative. Include how the requirements of this initiative will be met through your governance and management structure, including the roles of senior executives and governing body (Board of Directors, Managing Partners, or the members of the responsible governing body of a county or municipality). Do leaders have the diverse skills and perspectives representative of the community being served?
- 2) Does the organization currently employ or have access to staff that meet the staffing requirements for this initiative as described and certified to in the Resources/Staff Requirements section of the *Required Performance and Staffing Deliverables* of this RFP. If so, describe.
- 3) Does staff have a cultural and language match with the population they serve, as well as relationships in the community? If so, describe.

- 4) Describe how your Agency plans to fulfill staffing requirements not currently in place by hiring staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities.
- 5) Are there designated staff with capacity to collect and use data to inform ongoing monitoring and improvement of the program or practice? If so, describe.
- 6) What administrative practices must be developed and/or refined to support the initiative/program/practice? What administrative policies and procedures must be adjusted to support the work of the staff and others to implement the program or practice?
- 7) Describe how the requirements of this initiative will be met through your existing collaborations, partnerships and collaborative efforts with other communities and systems.
- 8) Describe how the requirements of this initiative will be met through your membership in professional advisory boards.
- 9) Describe how the requirements of this initiative will be implemented through the existing or anticipated community partners listed and certified to in the resources section and the collaborative activities listed and certified to in the activities section of the *Required Performance and Staffing Deliverables* of this RFP.
- 10) Describe how the requirements of this initiative will be met through your plans for program accessibility that include, at a minimum, the following details: site description, safety considerations, and transportation options for those served.
- 11) Describe how the requirements of this initiative will be met through your strategies for identifying and engaging the target population and for maintaining their participation in services in accordance with service recipients' need(s).

C. Organizational Supports (25 Points)

Organizational Supports refers to the respondent's access to Expert Assistance, Staffing, Training, Coaching & Supervision.

- 1) Describe how your organization will support this initiative with required/ necessary training, coaching, supervision. Describe your organization's process to evaluate staff performance.

- 2) Describe how your organization will support the staff implementing this initiative by leveraging the resources of providers, communities, and other stake holders.
- 3) Describe how your organization will support the requirements of this initiative for collection, maintenance, and analysis of data. Will this require use of or changes to existing monitoring and reporting systems?
- 4) Describe how this initiative will be supported by your use of the data after it is analyzed and reported to evaluate program performance.
- 5) Describe how this initiative will be supported by your quality assurance and performance improvement processes, including the meaningful role of those to be served.
- 6) Describe how this initiative will be supported by your willingness to engage in participatory, collaborative evaluation planning with DCF to improve and finalize outcome indicators.

Section V - Response Screening and Review Process

A. Response Screening for Eligibility, Conformity, and Completeness:

DCF will conduct a preliminary review of each response to determine whether it is eligible for evaluation or immediate rejection in accordance with the following criteria:

- 1) The response was received prior to the stated deadline.
- 2) The Statement of Acceptance is signed by the person with the necessary authority to execute the agreement.
- 3) The response is complete in its entirety, including all documents requested to be submitted in support of the response listed in Section III. A. and the organizational documents prerequisite to a contract award listed in Section III. B. If any of these documents are missing from the response, DCF may provide an email notice to the respondent after the response is submitted. Respondents will have up to five (5) business days after notice from DCF to provide the missing documentation, except those documents, such as the Ownership Disclosure Form, required by the applicable law to be submitted with the response. If the documents are not then timely submitted in response to that notice, the response may be rejected as non-responsive.
- 4) The response conforms to the specifications set forth in the RFP.

Failure to meet the criteria outlined above constitutes grounds for rejection of the response.

Responses meeting the initial screening requirements of the RFP will be distributed to the Evaluation Committee for its review and recommendations.

B. Response Review Process

DCF convenes an Evaluation Committee in accordance with existing policy to review all responses. All voting and advisory reviewers complete a conflict-of-interest form. Those individuals with conflicts or with the appearance of a conflict are disqualified from participation in the review process. The voting members of the Evaluation Committee will review responses, deliberate as a group, and recommend final funding decisions.

DCF reserves the right to reject any response when circumstances indicate that it is in its best interest to do so. DCF's best interests in this context include, but are not limited to, the State's loss of funding, inability of the respondent to provide adequate services, applicant's lack of good standing with a State Department, and an indication or allegation of misrepresentation of information or non-compliance with any State contracts, policies and procedures, or State or Federal laws and regulations.

A response to an RFP may result in a contract award if the Evaluation Committee concludes the respondent will comply with all requirements as demonstrated by submitting the specified documentation and signing the Statement of Acceptance. All respondents are required to provide all the requested documentation, to confirm their ability to meet or exceed all the compulsory requirements, to provide services consistent with the scope of services delineated, and to comply with the service implementation and payment processes described. In addition, a response to an RFP will be evaluated and scored by the Evaluation Committee based on the quality, completeness, and accuracy of each of the three Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports. A response earning the highest score may result in a contract award. The narrative must be organized appropriately and address the key concepts outlined in the RFP. The quality and completeness of the required documents may impact the score of the Narrative Sections to which they relate.

All respondents will be notified in writing of DCF's intent to award a contract.

C. Appeals

An appeal of a determination to reject a response as incomplete or unresponsive may be considered only to dispute whether the facts of a particular case are

sufficient to meet the requirements for rejection and not to dispute the existence of any of the requirements.

An appeal of a determination not to award contract funding may be considered only if it is alleged that DCF has violated a statutory or regulatory provision in its review and evaluation process.

Pursuant to DCF policy P1.08, such appeals must be submitted in writing within ten (10) business days following the date on the Notice of Disqualification or Notice of Regret letter by emailing it to DCF.AHUAppeals@dcf.nj.gov and/or mailing it to:

Department of Children and Families
Office of Legal Affairs
Contract Appeals
50 East State Street 4th Floor
Trenton NJ 08625

Section VI - Post Award Requirements

A. General Conditions of Contract Execution:

Respondents who receive notice of DCF's intent to award them a contract will be referred to the DCF Office of Contract Administration (OCA). As a condition of executing a contract, awarded respondents must resolve with OCA any issues raised in the award letter or otherwise found to be in need of clarification. If DCF finds after sending a notice of intent to award that the awarded respondent is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the award may not proceed to contract execution. DCF determines the effective date of any contract, which is the date compensable services may begin.

An awarded respondent shall be required to comply with the terms and conditions of DCF's contracting rules, regulations, and policies as set forth in the Standard Language Document, the Notice of Standard DCF Contract Requirements, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. Awarded respondents may review these items via the Internet at: www.nj.gov/dcf/providers/contracting/manuals
<https://www.state.nj.us/dcf/providers/contracting/forms/>.

Awarded respondents also shall comply with all applicable State and Federal laws and statutes, assurances, certifications, and regulations regarding funding.

B. Organizational Documents Prerequisite to Contract Execution to be Submitted After Notice of Award:

The contract administrator assigned to initiate and administer an awarded respondent's contract will require the awarded respondent to submit the following documents prior to finalizing the contract for funding:

Post-Award Documents Prerequisite to the Execution of All Contracts

- 1) **Acknowledgement of Receipt** of NJ State Policy and Procedures:
Return the receipt to DCF Office of EEO/AA.
Form: <https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowledReceipt.pdf>
Policy: <https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf>
- 2) **Annual Report to Secretary of State** proof of filing.
Website: <https://www.njportal.com/dor/annualreports>
- 3) **Attestation Form for N.J.S.A. 30:1-1.2b** - Complete, sign and date as the provider.
Form: <https://www.nj.gov/dcf/providers/contracting/forms/Attestation-of-DCF-Contractors-Required-by-N.J.S.A.-301-1.2b.pdf>
Note: Read each statement carefully and do not check all options. Pay attention to the 'or-either-and' statements. A signature and date are required.
- 4) **Employee Fidelity Bond Certificate** (commercial blanket bond - crime/theft/dishonest acts)

Bond must be at least 15% of the full dollar amount of all NJ State contracts for the current year when the combined dollar amount exceeds \$50,000. The \$50,000 threshold includes fee-for-service reimbursements made via NJ FamilyCare/Medicaid. If not applicable, respondent must submit a signed/dated written statement on agency letterhead stating they will not exceed \$50,000 in combined NJ State contracts for the current year.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator
Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

- 5) **Liability Insurance** (Declaration Page/Malpractice Insurance/Automobile Liability Insurance)
Important: Policy must show:
 - a. DCF as the certificate holder – NJDCF 50 E State Street, Floor 3, P.O. Box 717, Trenton, NJ 08625
 - b. Language Stating DCF is “an additional insured”
 - c. Commercial Liability Minimum Limits of \$1,000,000 an occurrence, \$3,000,000 aggregate

- d. Commercial Automobile Liability Insurance written to cover cars, vans or trucks, limits of liability for bodily injury and property damage should not be less than \$2,000,000/occurrence.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator

Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

- 6) Document showing **NJSTART Vendor ID Number** (NJ's eProcurement System) Website: <https://www.njstart.gov/> Helpline: 609-341-3500 or - njstart@treas.nj.gov
- 7) **Standardized Board Resolution Form** Form: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf
- 8) **Program Organizational Chart**
Should include agency name & current date

Post-Award Documents Prerequisite to the Execution of This Specific Contract

- 1) **Annex A** – Sections 1.1, 1.3, 2.2, 2.4.
Note: Contract Administrators will provide any Annex A forms customized for programs when they are not available on the DCF public website.
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 2) **Annex B Budget Form** – Include Signed Cover Sheet
Form: <https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>
Note: The Annex B Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 3) **Certification Regarding Exemptions**
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 4) **Certification Regarding Reporting**
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 5) **Equipment Inventory** (of items purchased with DCF funds) Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf
- 6) **Schedule of Estimated Claims (SEC)** - signed
Form: Provided by contract administrator when applicable.

- 7) **Professional Licenses and/or Certificates** currently effective related to job responsibilities.
- 8) **Subcontracts/Consultant Agreements/ Memorandum of Understanding** related to this contract for DCF review and approval.

C. Reporting Requirements for Awarded Respondents

Awarded respondents are required to produce the following reports in accordance with the criteria set forth below, in addition to the reporting requirements specified above in this RFP related to the delivery and success of the program services.

- 1) **Audit or Financial Statement** (Certified by accountant or accounting firm.)
A copy of the Audit must be submitted to DCF by all agencies expending over \$100,000 in combined federal/state awards/contracts if cognizant with any department of the State of NJ. As noted in the Audit DCF Policy CON - I-A-7-7.6.2007 Audit Requirements, section 3.13 of the Standard Language Document, DCF also may request at any time in its sole discretion an audit/financial statement from agencies expending under \$100,000 that are not cognizant with any department of the State of NJ. Note: Document should include copies of worksheets used to reconcile the department's Report of Expenditures (ROE) to the audited financial statements. (DCF Policy CON -I-A-7-7.6.2007 Audit Requirements)

Awarded respondents are to submit the most recent audit or financial statement with the initial contract and then each subsequent one within 9 months of the end of each fiscal year.

Policy:

https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf

- 2) **Reports of Expenditures (ROE):**
A. Scheduled Payments Contract Component: A quarterly ROE is to be submitted during the contract year 15 calendar days after the end of each fiscal quarter, and a Final ROE is to be submitted 120 calendar days after the end of the fiscal year. Alternatively, an ROE is to be submitted in accordance with any separate DCF directive to file ROEs at other intervals for specific contracted programs.

The format for the ROE must match that of the Annex B budget form.

Form: <https://nj.gov/dcf/providers/contracting/forms/>

Note: An ROE must be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6). Microsoft Word - SECTION 6 - Expenditure Reporting.doc (nj.gov)

B. Fee for Service Contract Component: Not Required.

3) Level of Service (LOS) Reports

Enter the cited DCF Standard Template Form for each month the number of youth, adults, and families served and ages of those receiving services, and the hours/days, county locations, etc. of those services, or record this data into another form, survey, or database that DCF agrees can serve to track LOS for the contracted program.

Website: <https://www.nj.gov/dcf/providers/contracting/forms/>

4) Significant Events Reporting:

Timely reports as events occur to include, but not be limited to, changes to: (1) Organizational Structure or Name [DCF.P1.09-2007]; (2) Executive and/or Program Leadership; (3) Names, titles, terms and addresses, of the Board of Directors; (4) Clinical Staff; (5) Subcontract/consultant agreements and the development or execution of new ones; (6) a FEIN; (7) Corporate Address; (8) Program Closures; (9) Program Site locations; (10) Site Accreditations (TJC,COA,CARF); (11) the contents of the submitted Standard Board Resolution Form; (12) Debarment and SAM status; and (13) the existence and status of Corrective Action Plans, Audits or Reviews by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities.

Note: Awarded respondents are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed with the NJ Department of the Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms regarding: Investment Activities in Iran as per P.L. 2012, C.25; Investment Activities in Russia or Belarus as per P.L. P.L.2022, c.3; Disclosures of Investigations of the Vendor; Ownership Disclosure if for profit; Service Location Source Disclosure as per P. L. 2005, C.92; Political Contribution Disclosure as per P.L. 2005, C.271; and Report of Charitable Organizations.

Policy:

https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf

Website:

<https://www.state.nj.us/treasury/purchase/forms.shtml>

D. Requirements for Awarded Respondents to Store Their Own Organizational Documents on Site to be Submitted to DCF Only Upon Request

1) Affirmative Action Policy/Plan

2) Copy of Most Recently Approved Board Minutes

- 3) Books, documents, papers, and records which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions, and to be produced for DCF upon request.
- 4) Personnel Manual & Employee Handbook (include staff job descriptions)
- 5) Awarded Respondent's Procurement Policy