

STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES

# ANNEX A

**I. Please indicate which Division/Office the Contract is being awarded through:**

- DIVISION OF CHILD BEHAVIORAL HEALTH SERVICES (DCBHS)**
- DIVISION OF PREVENTION AND COMMUNITY PARTNERSHIP (DPCP)**
- DIVISION OF YOUTH AND FAMILY SERVICES (DYFS)**
- TRAINING ACADEMY**
- OFFICE OF CENTRAL OPERATIONS**
- OFFICE OF COMMUNICATION AND LEGISLATION**
- OFFICE OF EDUCATION**

**II. Please list all programs that are funded through this contract (attach sheet if more than 20 programs):**

- |     |                         |     |  |
|-----|-------------------------|-----|--|
| 1.  | Coordinated Family Care | 11. |  |
| 2.  |                         | 12. |  |
| 3.  |                         | 13. |  |
| 4.  |                         | 14. |  |
| 5.  |                         | 15. |  |
| 6.  |                         | 16. |  |
| 7.  |                         | 17. |  |
| 8.  |                         | 18. |  |
| 9.  |                         | 19. |  |
| 10. |                         | 20. |  |

**Note: Each program must have its own Section 2 which includes the following:**

- Section 2.1 Program Name and Service Delivery Information**
- Section 2.2 Program Description**
- Section 2.3 Performance Outcomes**
- Section 2.4 Personnel Information Sheet**
- Section 2.5 Level of Service Form**

GENERAL  
CONTRACT  
INFORMATION

**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES**

**CONTRACT SUMMARY SHEET**

**Provider Agency** Coordinated Family Care **Contract #** 10AOMR  
**Mailing Address** 30 Silverline Drive **Federal ID** 3829444  
Suite 1  
North Brunswick, NJ 08817  
**Telephone Number** 732 - 572 -3663  
**Provider Agency Fiscal Year End** 6/30/10

**Contract Effective Date** 7/1/09 **to** 6/30/10 **Contract Ceiling** \$744,318

**Organization Type**

County	<input type="checkbox"/>	
Municipal (i.e. School)	<input type="checkbox"/>	
Private, Non-Profit	<input checked="" type="checkbox"/>	
Private, For-Profit	<input type="checkbox"/>	<u>        </u> % Indicate % of profit charged towards contract
Faith-Based	<input type="checkbox"/>	
Hospital-Based	<input type="checkbox"/>	

**Chief Executive Officer** Suzanne Siverio Kreie  
**Title** Executive Director  
**Mailing Address** 30 Silverline Drive  
Suite 1  
North Brunswick, Nj 08817  
**Telephone Number** 732 - 572 -3663 ext. 109  
**Fax Number** 732-964-1898  
**E-Mail Address** sskreie@coordinatedfamilycare.com

**All notices relevant to this contract should be sent to:**

**Name & Title** Suzanne Siverio Kreie  
**Mailing Address** 30 Silverline Drive  
Suite 1  
North Brunswick, Nj 08817  
**Telephone Number** 732 - 572 -3663 ext. 109  
**Fax Number** 732-964-1898  
**E-Mail Address** sskreie@coordinatedfamilycare.com

**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES**

**INSTRUCTIONS FOR COMPLETING THE CONTRACT PACKAGE**

The Annex A is an important part of your contract because it explains your program and emphasizes the improvements you and your staff are trying to make in the lives of your customers. In addition, it serves as the basis for evaluation and planning.

It is in our mutual interest to have an Annex A that clearly and concisely communicates key information about your program.

The Annex A and Annex B / Annex B2 must be consistent in the information presented.

Do not include organizational tabs, dividers or separation sheets.

Refer to the renewal/award letter for any additional documents and information required to complete the Annex A.

Enter the contract identification number assigned to your contract in the Award or Renewal Letter where requested.

**Contract Summary Sheet**

**Provider Agency:** Enter the legal name of the Managing Agency. This is the name that will identify your contract on all correspondence and reporting documents.

**Contract Number:** Enter the Contract Number as stated in the contract Award or Renewal Letter.

**Mailing Address:** Enter the mailing address of the Managing Agency

**Federal Identification Number:** Enter the Federal Identification Number assigned to the Managing Agency.

**Telephone Number:** Enter the area code and telephone number of the Managing Agency.

**Provider Agency Fiscal Year:** Enter the provider agency's fiscal year.

**Contract Effective Dates:** Enter the contract start and end dates as indicated in the Renewal Letter.

**Contract Ceiling:** Enter the dollar amount of the contract ceiling as stated in the Renewal Letter.

**Organization Type:** Check the type of organization entering into the contract.

**Chief Executive Officer:** Enter the name of the person responsible for all contract operations as designated by a resolution of the governing body.

**Title:** Enter the title of the Chief Executive Officer of the Managing Agency.

Enter the mailing address, telephone number, fax number, and e-mail address of the Chief Executive Officer of the Managing Agency.

**All notices relevant to this contract should be sent to:** Enter the name, title, mailing address, area code and telephone number, fax number and e-mail address of the person identified at the Managing Agency to receive contract materials

**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
REQUIRED CONTRACTS DOCUMENT CHECKLIST**

CONTRACT ADMINISTRATOR: Thomas Dicosmo

CONTRACT NUMBER: 10AOMR

NAME OF AGENCY: Coordinated Family Care

CONTRACT PERIOD: 7/1/09-6/30/10

The checklist must be completed and returned with all documents prior to contract approval. Specificity as it relates to number of copies and any additional Division/Office documentation to be submitted will be forwarded with the renewal/award letter by your contract administrator. Forms that are not included in the following pages, can be found by accessing the website at [www.nj.gov/dcf](http://www.nj.gov/dcf) and clicking on the link to 'Contract and RFP Information'.

	<b>Document</b>	Number of copies to be submitted	Please check if submitted with package	If not submitted with package, indicate anticipated date of submission or if Not Applicable
<b>1. Contract Documents</b>				
A.	Standard Language Document with original signature (additional copies requested must also have original signature)	2	<input checked="" type="checkbox"/>	
B.	Annex A (includes Section 2 for each program funded)	3	<input checked="" type="checkbox"/>	
C.	Annex B –Budget Form (Expense Summary, Detail and Schedules 1- 6) / Annex B2	3	<input checked="" type="checkbox"/>	
D.	Schedule of Estimated Claims, if applicable	2	<input checked="" type="checkbox"/>	
E.	Public Law 2005, Chapter 51 (formerly known as Executive Order 134) Contractor Certification and Disclosure of Political Contributions Form	0	<input type="checkbox"/>	On File
F.	Ownership Disclosure Form	0	<input type="checkbox"/>	N/A
G.	Public Law 2005, Chapter 92 (formerly known as Executive Order 129) Source Disclosure Certification Form	0	<input type="checkbox"/>	On File
<b>2. Agreements</b>				
H.	List of all Contracts/Grants (included in Annex A and/or Annex B)	3	<input type="checkbox"/>	On File
I.	Subcontract/Consultant Agreement(s) (related to DCF Contracts)	1	<input type="checkbox"/>	N/A
J.	Private/Public Donor Agreement (s) for Match Responsibilities	1	<input type="checkbox"/>	N/A
K.	HIPAA Business Associate Agreement	1	<input type="checkbox"/>	On file
<b>3. Insurances/Licenses/Certificates</b>				
L.	Liability Insurance Declaration Page and/or Malpractice Insurance	1	<input checked="" type="checkbox"/>	
M.	Bonding Certificate	1	<input checked="" type="checkbox"/>	
N.	Applicable Licenses	1	<input type="checkbox"/>	
O.	Current Affirmative Action Certificate or copy of renewal application sent to Treasury (AA302)	1	<input checked="" type="checkbox"/>	
P.	Health/Fire Certificates	1	<input type="checkbox"/>	On File
Q.	Certificate of Occupancy or Continued Certificate of Occupancy	1	<input type="checkbox"/>	On File
R.	Lease or Mortgage	1	<input checked="" type="checkbox"/>	New for FY 10
S.	Certificate of Incorporation	1	<input type="checkbox"/>	On File
<b>4. Documents Required for Non Profit Agencies and as applicable, for Profit Agencies</b>				
T.	Standardized Board Resolution indicating who is authorized to sign: Contracts & Checks (DCF.P1.06-2007)	3	<input checked="" type="checkbox"/>	
U.	Dated List of Names, Titles, Addresses, and Terms of Board of Directors	1	<input checked="" type="checkbox"/>	
V.	Copy of the most recently approved Board Minutes	1	<input checked="" type="checkbox"/>	
W.	Agency By-Laws	1	<input checked="" type="checkbox"/>	
X.	Tax Exempt Certification	1	<input checked="" type="checkbox"/>	
Y.	Form 990	1	<input checked="" type="checkbox"/>	

	Document	Number of copies to be submitted	Please check if submitted with package	If not submitted with package, indicate anticipated date of submission or if Not Applicable
<b>5. Documents Required for Profit Agencies only</b>				
Z.	U.S. Corporation Income Tax Return, Form 1120	1	<input checked="" type="checkbox"/>	
<b>6. Agency Policies and Organizational Information</b>				
AA.	Organizational Chart	1	<input checked="" type="checkbox"/>	
BB.	Personnel Manual (including job descriptions of staff) and Employee Handbook	1	<input type="checkbox"/>	On File
CC.	Affirmative Action Policy/Plan	1	<input type="checkbox"/>	N/A
DD.	Conflict of Interest Policy	1	<input type="checkbox"/>	On File
EE.	Procurement Policy (DCF.CRM 2.3)	1	<input type="checkbox"/>	On File
FF.	Equipment Inventory (items purchased with DCF funds)	1	<input type="checkbox"/>	On File
<b>7. Audit</b>				
GG.	Notification of Licensed Public Accountant (NLPA) -include copy of Accountant's Certification	1	<input checked="" type="checkbox"/>	
HH.	Copy of Audit	1	<input checked="" type="checkbox"/>	
<b>8. Other Supporting Documents</b>				
II.	Annual Report to Secretary of State	1	<input checked="" type="checkbox"/>	
JJ.	Annual Report -Charitable Organizations	1	<input checked="" type="checkbox"/>	
KK.	ACH - Credit authorization for automatic deposits (for new requests only)	1	<input type="checkbox"/>	N/A
LL.	W-9 Form (for New Agencies only)	1	<input type="checkbox"/>	N/A
<b>Additional Division/Office Specific Forms:</b>				
1.		1	<input type="checkbox"/>	
2.		1	<input type="checkbox"/>	
3.		1	<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	
6.			<input type="checkbox"/>	
7.			<input type="checkbox"/>	
8.			<input type="checkbox"/>	
9.			<input type="checkbox"/>	
10.			<input type="checkbox"/>	

**The contracted agency agrees to submit, to the DCF Contract Administrator, any and all changes regarding the information presented in these documents during the term of the contract. All documents should be current and reflect the approval of the agency's Board of Directors, when applicable.**

**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
STANDARDIZED BOARD RESOLUTION FORM**

**Supporting Information for Contract #:** 10AOMR

**Contract Period:** 7/1/09 to 6/30/10

**Agency:** Coordinated Family Care

**Certification:**

We certify that the information contained in, or attached to, this contract document is accurate and complete.

\_\_\_\_\_  
**Chair, Board of Directors**  
(Original signature)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Executive Director**  
(Original signature)

\_\_\_\_\_  
**Date**

**Please List Authorized Signatories for contract documents, checks, and invoices:**  
**(List full name and title)**

Suzanne Siverio Kreie  
**Name**

Executive Director  
**Title**

James Parauda  
**Name**

Operations Manager  
**Title**

Joan Lyneis  
**Name**

Business Manager  
**Title**

## STANDARDIZED BOARD RESOLUTION FORM

The Board endorses the following commitments as defined in this document:

### 1. **Health Insurance Portability and Accountability Act (HIPAA)\***

Specific to HIPAA (Health Insurance Portability and Accountability Act), the above noted Provider Agency is either (check one):

- A. A covered entity (as defined in 45 CFR 160.103)
- B. A non-covered entity and has executed a DCF Business Associate Agreement (BAA) last dated \_\_\_\_\_.
- C. A non-covered entity that will not be receiving or sharing personal health information.

Once executed, the BAA will be included in the Department's official contract file. The BAA *will be considered applicable indefinitely* unless there is a change in the Provider Agency's status, information or the content of the BAA, in which case it is the responsibility of the contracted Provider Agency to revise the BAA.

The Board agrees to notify the Department of *any change* in its BAA Status and provide the appropriate information within 10 business days.

\* **NOTE: This section does not apply to DCF Office of Education Contracts.**

### 2. **Legal Advice**

The Board acknowledges that the Department of Children and Families does not and will not provide legal advice regarding the contract or any facet of its relationship with the Provider Agency. The Board further acknowledges that any and all legal advice must be sought from the Provider Agency's own attorneys and not from the Department of Children and Families.

### 3. **Public Law 2005, Chapter 51**

The Board agrees that the Public Law 2005, Chapter 51 (formerly known as Executive Order 134) compliance forms submitted with the contract are accurate.

### 4. **Public Law 2005, Chapter 92**

The Board agrees that the Public Law 2005, Chapter 92 (formerly known as Executive Order #129) compliance forms submitted with the contract are accurate.



# SECTION 1

## AGENCY INFORMATION

**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES**

**SECTION 1**

**Agency Information Instructions**

**Section 1.1: Authorized Signatures**

**Name and Position:** Enter the name and position of the person(s) authorized to sign or be responsible for each transaction listed.

**Number of Signatures Required:** Enter the number of signatures required for each transaction. Those documents that require a specific number have already been entered.

**Section 1.2: Agency/Organization Description**

Answer and clearly label all questions as outlined.

**Section 1.3: Agency Personnel Information**

List core staff whose functions and responsibilities extend across the various contracted programs (i.e. Administrative Staff, CFO, CEO, Clinical Director). Staff listed in this section need not be included in Section 2.4 (each program will require listing of personnel dedicated to the identified program).

*Example: If agency is contracted for 5 programs, and a social worker works in all of these programs, list this person on the core agency personnel sheet (Section 1.3). If the social worker works in only four out of the five programs, do not include this person on the core agency personnel sheet. This staff person will be listed on each of the four relevant program personnel sheets (Section 2.4) which is part of Section 2.*

Column 1: List full-time and part-time positions funded. List the title of each full-time and part-time position in your agency. Do not include maintenance staff.

Columns 2 through 5: Complete the remainder of the form by listing for each position, in the appropriate column, the following information:

- Name of employee
- Work hours
- Qualifications, including any degrees, licenses, certificates, etc. that the employee possesses and which are pertinent to his/her position; and
- The functional job duties of the employee

**Note: Staff listed on the personnel information forms (Section 1.3 and Section 2.4) must also be represented on the Annex B budget presentation, when applicable.**

Contract Number: 10AOMR

**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A  
AUTHORIZED SIGNATURES  
Section 1.1**

List the names and positions of individuals who are authorized to sign the following documents and indicate the number of persons who are required to sign each transaction.

	Name	Position	# of Signatures Required
Contract	1 Suzanne Siverio Kreie	Executive Director	1
	2 Joan Lyneis	Business Manager	
	3 James Parauda	Operations Manager	
Quarterly and Final Financial Reports	1 Suzanne Siverio Kreie	Executive Director	1
	2 Joan Lyneis	Business Manager	
	3		
Contract Modification	1 Suzanne Siverio Kreie	Executive Director	1
	2 Joan Lyneis	Business Manager	
	3		
Checks	1 Suzanne Siverio Kreie	Executive Director	Varies as per policy
	2 James Parauda	Operations Manager	
	3 Board Of Trustees	Board Of Trustees (Based On Check Amount Additional Signature By A Board Member May Be Required In Addition To Above)	
Other Contracts and Agreements	1 Suzanne Siverio Kreie	Executive Director	
	2 James Parauda	Operations Manager	
	3 Joan Lyneis	Business Manager	

Submitted by:

Primary Signatory: Suzanne Siverio Kreie Title: Executive Director

Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A  
AGENCY/ORGANIZATION DESCRIPTION  
Section 1.2**

**Complete a 1-2 page summary of the organization and its history. Clearly label your answers as outlined below.**

**1. Summarize the agency's purpose and mission.**

- **Indicate long and short term goals**
- **Identify the agency's method for goal measurement**

Coordinated Family Care provides child centered and strength based care management services while partnering with families to realize their vision, goals and full potential.

The goals outlined in the FY09-FY11 Strategic Plan include

- Increased knowledge of and partnership within the local system of care
- Improved school behavior, school achievement and involvement in either education or a vocation among our youth at discharge
- Increased influence of youth in decision making processes across all levels within the system of care
- Improvements in employee retention
- Increased efficiency in obtaining Medicaid revenue and in the organization's utilization of flex funds

Goal measurement involves obtaining baseline data through surveys, CSA reports and/or internal data collections processes. Once baselines are established, realistic objectives are set and monitored via reports. CFC has already implemented the tools necessary to measure the organizations performance in these areas and has taken most of the action steps we feel were necessary during the first year of this operational plan in achieving these goals.

**2. Describe the agency's progress toward achieving administrative goals from the previous year. Elaborate upon any administrative, programmatic, or fiscal changes from the previous contract period.**

Some of the many key successes for the organization include:

- A significant reduction in the amount of staff turnover.
- Significant improvement in CFT Meeting and ISP Completion Timeliness.
- CFC significantly improved completion rate of Household of One applications.
- CFC significantly improved completion rate of PE applications.

## Agency/Organization Description continued

- CFC created a web based resource directory (CFC Connect) in-house and has entered over 300 services as of 4/09. CFC Connect is available to the general public.

### **3. Describe the Agency's self-evaluation process.**

- **Identify the tools used**
- **Explain their function in the quality improvement process**
- **Summarize the results of the evaluation from the previous contract period and the changes the agency implemented in response to the findings**

CFC has many components to its' self evaluation process, two of which are highlighted here.

- Child Family Feedback Forms completed by each Child Family Teams once a year seeks to evaluate the quality of Care Management services provided by CFC. The average score across all items for CY08 was 3.6, the highest score attainable is 4.

- Family and Youth Satisfaction Surveys further evaluate a family's opinion of CFC's work and their relationship with their Care Managers. The overall average score across all items on the Family Satisfaction survey during FY08 was 3.39 (the highest score attainable is 4) and overall average for Youth Surveys was 4 (the highest score attainable is 5).

### **4. Provide a brief description of the agency's most significant accomplishment to date.**

CFC's greatest accomplishment involves assisting our youth and families remain together in their communities. For FY09, 93% of discharged youth who were admitted into CFC while residing in a "Home Like" setting remained in that environment and 63% of discharged youth who were admitted into CFC while residing in a restrictive out of home setting transitioned to a lower level of care. No youth was discharged while residing in a setting that was more restrictive than the one he/she was residing in during time of admission.

### **5. Explain how the agency collaborates and/or networks with other public and private agencies to serve children and families in the community. Elaborate upon agency outreach efforts.**

The organization obtains information about new providers from families, other Care Management Organizations, The Middlesex County Office of Children's Services, web searches, from internal staff and by sitting on various county committee meetings. CFC makes every effort to meet with providers either on site or at their

## Agency/Organization Description continued

location, hosts a Service Provider meeting two times a year and invites new providers to present their services to CFC staff.

Coordinated Family Care is involved in various committees in the youth and adult serving system within Middlesex County and is involved with reviewing Middlesex County proposals and setting county priorities.

**6. Identify any inter-agency agreements regarding the acceptance of referrals and discharge planning, with respect to the continuum of care. Please include copies of any consultant agreements and/or copies of subcontracts.**

CFC has agreements or MOU's with various providers throughout the state. These MOU's establish expectations CFC has with regard to services provided to its' families. These agreements set forth expectations related to referrals, service provision and discharges. These expectations are reviewed with the provider each time a youth is referred for services and at each Child Family Team.

**7. Cite any staffing patterns, environmental accommodations, and practices employed by the agency that reflect an appreciation and respect for the needs and diversity of the customers served.**

In addition to using traditional methods of advertising CFC has posted employment opportunities on twolingos.com, bilingualjobs.net and latpro.com. 76% of CFC staff is white, 15% is black and 9% is Hispanic. Seven CFC staff fluently speak Spanish, two speak Portuguese, one speaks French and one speaks Polish. For further detail please refer to the attached Affirmative Action Report.

**8. Describe the agency's approach to staff training and development.**

The organization has recently fully implemented a new training curriculum. One exciting component to the new curriculum is the involvement of service providers, youth and system entities in training new staff on the local system of care and services available to our youth. Additionally, staff are required to attend DCBHS trainings on the wrap around model, strengths and needs assessments and other topics.

**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES  
Annex A  
CORE AGENCY PERSONNEL INFORMATION  
Section 1.3**

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS		QUALIFICATIONS (DEGREES, LICENSES, CERTIFICATIONS)	FUNCTIONAL JOB DUTIES
			FROM	TO		
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Executive Director	Suzanne S. Kreie	9:00	5:00pm, flexible based on family need	Ms. S. Kreie is a NJ LCADC and LCSW. She has over 24 years of experience in supervising and managing programs and services for youth and families. Many of the programs Ms. S. Kreie was responsible for in her prior position served a customer base and had goals and objectives that were consistent with Coordinated Family Care. She has over five years experience as the Executive Director of Coordinated Family Care. Mrs. S. Kreie is able to speak Spanish	Assist the Board of Directors to accomplish the organizations operating and strategic objectives. These objectives include the identification, coordination and provision of services and community resources to families who reside in Middlesex County and present with multiple needs. Effectively communicates the Mission of the organization internally and to families, providers and community stakeholders.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Operations Manager	James Parauda	9:00am	5:00pm, flexible based on family need	Mr. Parauda is a NJ LSW with over 16 years experience within social service settings. Eight of these years have been with Care Management Organizations in several roles; first as a Supervisor then QA Manager and his current position as Operations Manager where he has remained for over five years.	Oversee and direct the day to day operations of the organization. Ensure that Care Management teams are effective in the provision of services and adhere to all relevant regulatory standards. Ensure that the Executive Director is apprised of the organization's progress in achieving those goals and objectives within the strategic and annual plans as they relate to service provision, compliance with regulatory standards and employee relations.

Agency/Organization Description continued

<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Quality Improvement Manager	John Migueis	9:00am	5:00pm, flexible based on family need	<p>Mr. Migueis is a NJ LCSW with ten years experience within social service settings. Many of the programs Mr. Migueis was responsible for in his prior position as Program Director served a customer base and had objectives that were consistent with those of CFC.</p> <p>Additionally Mr. Migueis has experience in developing both local and web based applications that store and analyze data. He has close to five years experience as the QI/MIS Manager of CFC and is able to speak Spanish and Portuguese.</p>	<p>Ensure that the organization is adhering to standards of best practice and meeting regulatory requirements. Maintain and develop IT infrastructure as needed. Keep the Executive Director apprised of the organization's progress in meeting its goals and objectives as they relate to these areas. Effectively communicates the Mission of the organization internally and to families, providers and community stakeholders. Maintains internal and external relationships with relevant stakeholders.</p>
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Business Manager	Joan Lyneis	9:00am	5:00pm, flexible based on family need	<p>Ms. Lyneis has 19 years experience in the accounting field; over 16 of these years were within non-profit settings in a leadership role. Ms. Lyneis holds a degree in Accounting. Ms. Lyneis has been with Coordinated Family Care for close to five years and in that time, has enhanced the organizations' benefits package in a manner that seeks to increase staff retention while reducing long term costs. Ms. Lyneis is able to speak French.</p>	<p>Responsible for the management and oversight of all business aspects of the organization. This includes but is not limited to finance, insurance, Human Resources, employee benefits, and consumable supplies. Responsible for assuring that the Executive Director is apprised of the organizations progress in meeting its' goals and objectives in each of the above functional areas.</p>
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Resource Development Manager	Lisa Murray	9:00am	5:00pm, flexible based on family need	<p>Ms. Murray has close to nine years experience working with youth and families, five of these years being in a Case Management role. Ms. Murray has had multiple positions with Care Management organizations, her most recent being the Resource Development Manager for CFC. Ms. Murray has been a key player in ensuring that providers and system partners are on board with the mission and objectives of the organization. Ms. Murray holds a Bachelors Degree in Public Health.</p>	<p>To provide and maintain accurate and current information on community provider network and disseminate this data to the organization as needed.</p> <p>Cultivate and maintain professional relationships with community provider entities. Identify service gaps within the community and take steps to minimize gaps. Assure that the Executive Director is apprised of the organizations progress in meeting its' goals and objectives in these areas. Is the alternate to the Executive Director for most youth committees. Participates in over 40 CFC/System presentations annually.</p>

Agency/Organization Description continued

<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager Supervisor	Kathy Bland	9:00am	5:00pm, flexible based on family need	<p>Ms. Bland is a NY/NJ LCSW who has over 25 years experience as direct practitioner, supervisor and manager within social service settings. Her last two positions of six years occurred within a Staten Island organization similar to a Care Management Organization where she began as a Senior Care Manager and was promoted to Assistant Director. Ms. Bland has been a Care Manager Supervisor with Coordinated Family Care over three years.</p>	<p>Provide administrative and case supervision to a care manager team. Assist the Operations Manager in responding to training needs of care management staff, achieve compliance with regulatory standards and support objectives and goals of Coordinated Family Care.</p>
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager Supervisor	Patricia Spencer	9:00am	5:00pm, flexible based on family need	<p>Ms. Spencer is a LCSW with more than fifteen years experience as clinician and in positions of supervisory and/or management roles in the social service community. Ms. Spencer joined Coordinated Family Care in late 2006. Her prior position was of a manager overseeing an adult care management department similar to the Care Management Organization. Ms. Spencer has a Bachelor degree in Education and a Masters degree in Social Work.</p>	<p>Provide administrative and case supervision to a care manager team. Assist the Operations Manager in responding to training needs of care management staff, achieve compliance with regulatory standards and support objectives and goals of Coordinated Family Care.</p>
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager Supervisor	Vacant	9:00am	5:00pm, flexible based on family need		<p>Provide administrative and case supervision to a care manager team. Assist the Operations Manager in responding to training needs of care management staff, achieve compliance with regulatory standards and support objectives and goals of Coordinated Family Care.</p>
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Senior Care Manager	Kelly Nasert	9:00am	5:00pm, flexible based on family need	<p>Ms. Nasert is a NJ LSW &amp; LCSW with five years in the social service field. Prior to joining CFC, Ms. Nasert was an Intensive In-Community Therapist; a resource that many CFC youth and families utilize. Ms. Nasert was promoted to the role of Senior Care Manager in 2007. Ms. Nasert has been with CFC as a Care Manager for close to four and a half years.</p>	<p>In addition to the responsibilities of a Care Manager, the Senior Care Manager provides training, guidance and supportive mentoring to his/her Care Manager peers. The Senior Care Manager, at the direction of the Care Manager Supervisor, acts as a mentor to other Care Managers. The Senior Care Manager upholds the agency's commitment to provide services that are family centered, community based, individualized, culturally competent and easily accessible and assists the Care Manager Supervisor in ensuring that his/her team promotes these values.</p>

Agency/Organization Description continued

<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Senior Care Manager	Ginger Harrell	9:00am	5:00pm, flexible based on family need	Ms. Harrell has close to seven years experience in the social service field two years of which were spent as a Family Service Specialist II with DYFS. Ms. Harrell has nearly five years of experience as a Care Manager with CFC. She holds a Bachelors degree in Criminal Justice.	In addition to the responsibilities of a Care Manager, the Senior Care Manager provides training, guidance and supportive mentoring to his/her Care Manager peers. The Senior Care Manager, at the direction of the Care Manager Supervisor, acts as a mentor to other Care Managers. The Senior Care Manager upholds the agency's commitment to provide services that are family centered, community based, individualized, culturally competent and easily accessible and assists the Care Manager Supervisor in ensuring that his/her team promotes these values.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Senior Care Manager	Kimberly Keyes	9:00am	5:00pm, flexible based on family need	Ms. Keyes has been employed with Coordinated Family Care for three years. Prior to her role as Care Manager she served as an intern with Coordinated Family Care while finishing her Master's degree. Ms. Vaccaro holds an LSW in the state of NJ. Ms. Vaccaro holds a Bachelor degree in Social Work and a Masters degree in Social Work.	In addition to the responsibilities of a Care Manager, the Senior Care Manager provides training, guidance and supportive mentoring to his/her Care Manager peers. The Senior Care Manager, at the direction of the Care Manager Supervisor, acts as a mentor to other Care Managers. The Senior Care Manager upholds the agency's commitment to provide services that are family centered, community based, individualized, culturally competent and easily accessible and assists the Care Manager Supervisor in ensuring that his/her team promotes these values.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Jennifer Dressler	9:00am	5:00pm, flexible based on family need	Ms. Dressler began her social service career with Coordinated Family Care in the role of Care Manager Assistant and moved into the role of Care Manager. Ms. Dressler has been with the agency for a two and a half years. Ms. Dressler holds a Bachelor degree in Criminal Justice and is taking professional credit courses in preparation for studying for her Masters degree.	To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.

Agency/Organization Description continued

<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Abina Gibson	9:00am	5:00pm, flexible based on family need	<p>Ms. Gibson has been a Care Manager for Coordinated Family Care for two and a half years. Ms. Gibson has over five years professional experience working with families in New York as a Social Worker. Ms. Gibson holds a Bachelor degree in Psychology and a Masters degree in Social Work.</p>	<p>To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.</p>

**STATE OF NEW JERSEY**  
**DEPARTMENT OF CHILDREN AND FAMILIES**  
**Annex A**  
**CORE AGENCY PERSONNEL INFORMATION**  
**Section 1.3**

	POSITION NAME/TITLE	NAME OF EMPLOYEE	DAILY WORK HOURS		QUALIFICATIONS (DEGREES, LICENSES, CERTIFICATIONS)	FUNCTIONAL JOB DUTIES
			FROM	TO		
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Tracy Norton	9:00am	5:00pm, flexible based on family need	Ms. Norton joined Coordinated Family Care in July 2007 which began her career in social service. Ms. Norton holds a degree in Psychology.	To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Hillary Grennan	9:00am	5:00pm, flexible based on family need	Ms. Grennan is one of the newest additions to Coordinated Family Care. Ms. Grennan has more than 1 year experience working at the CMO and she holds a degree in Psychology and in May 2008 earned her Master's Degree in Social Work..	To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	David Timpanaro	9:00am	5:00pm, flexible based on family need	Mr. Timpanaro joined Coordinated Family Care in March 2008. Mr. Timpanaro has over two and a half years experience in working with children and youth in a social service setting and more than 1 year experience working at the CMO. Mr. Timpanaro holds a degree in Psychology.	To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.

<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Ericka Watson	9:00am	5:00pm, flexible based on family need	<p>Ms. Watson has been working at the CMO for 2.5 years in the role of Care Manager. Previously Ms. Watson had over three years experience working in the non-profit social service community as an intake coordinator. Ms. Watson holds an Associates degree in Liberal Arts and Bachelor degree in Communications.</p>	<p>To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.</p>
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Beth Dwyer	9:00am	5:00pm, flexible based on family need	<p>Ms. Dwyer joined Coordinated Family over 2 years ago. Ms. Dwyer came to the agency with 2 years experience working in case management in the state of Maine. Ms. Dwyer holds a degree in Psychology.</p>	<p>To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.</p>
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Suzy Barbosa	9:00am	5:00pm, flexible based on family need	<p>Ms. Barbosa joined Coordinated Family Care in December 2008. Prior to joining the agency Ms. Barbosa worked for over seven years in the mental health field as both a clinician and counselor for a behavioral health agency. Ms. Barbosa holds a BA in Psychology and a Master's in the same. Ms. Barbosa is able to speak Portuguese.</p>	<p>To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.</p>
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Gina Blanar	9:00am	5:00pm, flexible based on family need	<p>Ms. Blanar joined Coordinated Family Care in February 2009. Prior to joining the agency Ms. Blanar worked for 3 years in a youth out of home placement facility as a counselor. Ms. Blanar holds degrees in Psychology and Spanish. Ms.</p>	<p>To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.</p>

					Blonar is able to speak Spanish.	
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Jaime Dresher	9:00am	5:00pm, flexible based on family need	<p>Ms. Dresher joined Coordinated Family Care in December 2008. Ms. Dresher joined the agency with over 1 year experience working as a Youth Care Manager with YCM. Ms. Dresher holds a BA in Communications and a Master's in Social Work.</p>	To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Dheisy Grandin	9:00am	5:00pm, flexible based on family need	<p>Ms. Grandin joined Coordinated Family Care in September 2008. Ms. Grandin has over 2 years experience working as a mentor and behavioral assistant. Ms. Grandin holds a degree in humanities and social sciences. Ms. Grandin is able to speak Spanish.</p>	To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Travis Hogans	9:00am	5:00pm, flexible based on family need	<p>Mr. Hogan's joined Coordinated Family Care in September 2008. A graduate of Kean University with a degree in Social Work Mr. Hogan's interned at various roles with youth and children with behavioral issues.</p>	To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Jessica Kopetsky	9:00am	5:00pm, flexible based on family need	<p>Ms. Kopetsky joined Coordinated Family Care in September 2008. Prior to joining Coordinated Family Care Ms. Kopetsky worked for over 2 years as a school counselor. Ms. Kopetsky holds a BA in Psychology and a Master's in School Counseling.</p>	To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.

<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Kristie Munchbach	9:00am	5:00pm, flexible based on family need	<p>Ms. Munchbach joined Coordinated Family Care in February 2009. Prior to joining Coordinated Family Care Ms. Munchbach worked as an instructor with a child services organization. Ms. Munchbach has a BA in Psychology/Sociology and a Master's in Education.</p>	<p>To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.</p>
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Liliana Perez	9:00am	5:00pm, flexible based on family need	<p>Ms. Perez joined Coordinated Family in July 2008. Ms. Perez had previously worked for the Morris/Sussex CMO for 1 year. Ms. Perez holds a degree in Psychology. Ms. Perez is able to speak Spanish.</p>	<p>To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.</p>
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Beata Wyczesany	9:00am	5:00pm, flexible based on family need	<p>Ms. Wyczesany joined Coordinated Family Care in January 2009. Previous to joining our agency Ms. Wyczesany worked in case management at CASA. Ms. Wyczesany holds a BA in Criminal Justices and a Master's in the same. Ms. Wyczesany is able to speak Polish.</p>	<p>To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.</p>
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Malinda Ingram	9:00am	5:00pm, flexible based on family need	<p>Ms. Ingram the newest employee to Coordinated Family Care joined the agency in May 2009. Prior to joining Coordinated Family Care Ms. Ingram worked for Legal Services of NJ. She is a graduate of Rutgers University and holds a BA in Religion.</p>	<p>To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.</p>

<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Team Assistant	Colleen Cyriax	9:00am	5:00pm, flexible based on family need	Ms. Cyriax joined Coordinated Family Care in January 2009. Ms. Cyriax has 1 year experience working with children with developmental disabilities. Ms. Cyriax is a graduate of Fairleigh Dickenson University with a degree in Psychology.	To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision. The Team Assistant will have knowledge of services available to families in the community
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Team Assistant	Kalisha Smith	9:00am	5:00pm, flexible based on family need	Ms. Smith joined Coordinated Family Care in May 2008 in the role of Care Manager. In January 2009 Ms. Smith transferred to the position of Team Assistant Ms. Smith over 4 years experience in the non-profit sector working with children and families. A graduate of Howard University Ms. Smith holds a degree in Biology.	To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision. The Team Assistant will have knowledge of services available to families in the community
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Care Manager	Vacant	9:00am	5:00pm, flexible based on family need		To provide coordination and/or the direct provision of assessment, service planning and care management services to youth and families in a manner that is respectful, dignified and that enhances family self sufficiency. A primary responsibility is to assist families in overcoming obstacles by utilizing and building upon their strengths and vision.
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Business Manager Assistant	Kerri Raymond	9:00am	5:00pm	Ms. Raymond has 10 years experience as an Administrative Professional, with five of these years spent in a social service setting. Ms. Raymond has been in her position with CFC for a two and half years .	Responsible for assisting the Business Manager in managing the organization's accounting and finance functions. Effectively communicates the Mission of the organization internally and to families, providers and community stakeholders.

<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Senior Executive Assistant	Nora Hatchett	9:00am	5:00pm	<p>Ms. Hatchett joined Coordinated Family Care in October 2008. Ms. Hatchett has a long and varied history within different office. Ms. Hatchett has a High School Diploma.</p>	<p>Greet family members, community partners vendors or others seeking access to the organizations personnel and/or services and direct them to the appropriate personnel in a respectful and courteous manner. Is able to articulate the mission of the organization to internal and external entities. Other secretarial duties may include but are not limited to filing, recording of meeting minutes, coordinating and completing mailings. This position requires an ability to multitask and execute projects involving multiple entities in an effective and efficient manner.</p>
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Resource Development Specialist	Elba Hinstroza	9:00am	5:00pm	<p>Ms. Hinstroza has been with CFC for a little over three years and comes with close to 4 years experience in community outreach and education within a social service environment. Ms. Hinstroza has a Bachelors Degree in Communications and Public Health and speaks Spanish.</p>	<p>To assist the Resource Development Manager in providing and maintaining accurate and current information on community provider network and disseminate this data to the organization as needed. Assist the Resource Development Manager in cultivating and maintaining professional relationships with community provider entities. Assist the Resource Development Manager in identifying service gaps within the community and take steps to minimize gap.</p>
<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	Gail Breland	Administrative Assistant	9:00am	5:00pm	<p>Ms. Breland has over 20 years experience as an Administrative Professional and has been with CFC since March 2009 and holds a High School Diploma.</p>	<p>Greet family members, community partners vendors or others seeking access to the organizations personnel and/or services and direct them to the appropriate personnel in a respectful and courteous manner. Other secretarial duties may include but are not limited to filing, recording of meeting minutes, coordinating and completing mailings. The position is required to take primary direction</p>



# SECTION 2

## PROGRAM INFORMATION

*The following four parts must be completed  
for  
each individual  
contracted program/component*

*Please note that additional requirements or stipulations may be necessary for an identified program and will be forwarded to you, as applicable, by the Department of Children and Families, Office of Contract Administration.*

## SECTION 2

### **Program Description and Service Delivery Information**

One set is completed for each contracted program/component. Make additional copies as necessary. They can also be downloaded from the Office of Contract Administration website at [www.nj.gov/dcf](http://www.nj.gov/dcf) and clicking on the link to “Contract and RFP Information”.

#### **Section 2.1: Program Name and Service Delivery Information**

Provide program name, site address, and other identifying information as requested on the form. Attach additional pages if services are being provided at multiple sites.

**Services will be provided as follows:** For each day of the week, enter the hours the agency will provide contracted services. Please indicate if there is a difference among any of the contracted services in the program specific narrative. Provide information on the accessibility of services, including the hours and days that services will be available to clients.

**Services will not be provided on the following occasions:** List the occasions and dates when services will not be available, e.g. December 25-Christmas, July 4-Independence Day, etc. Attach a school calendar when appropriate.

#### **Section 2.2: Program Description**

Answer and clearly label all questions as outlined.

Note: Questions asked may not be all inclusive. You will be notified of any other Required Program Description and Deliverables for your specific program, as applicable, to complete your contract package.

#### **Section 2.3: Performance Outcomes**

This section should be negotiated with the managing Contract Office and program staff, where applicable, prior to inclusion in the contract package.

#### **Section 2.4: Program Personnel Information Sheet**

*Note: If agency is contracted for 5 programs, and a social worker works in all of these programs, list this person on the core agency personnel sheet (Section 1.3). If the social worker works in only four out of the five programs, do not include this person on the core agency personnel sheet. This staff person will be listed on each of the four relevant program personnel sheets (Section 2.4) which is part of Section 2.*

Column 1: List all full-time and part-time positions dedicated to and funded by **each program**. List the title of each full-time and part-time position in your agency. Check appropriate box.

Columns 2 through 5: Complete the remainder of the form by listing for each position, in the appropriate column, the following information:

- Name of employee
- Work hours (general-not specific to program)
- Indicate percentage of employee's compensated time that is dedicated to the program  
(*Example: If the employee is a social worker who works for 4 of the 5 agency's funded programs, then the employee's time should be apportioned, as such*)
- Qualifications, including degrees, licenses, certificates, etc. that the employee possesses and which are pertinent to his/her position; and
- The functional job duties of the employee

**Note:** Staff listed on the personnel information forms (Section 1.3 and Section 2.4) must also be represented on the Annex B budget presentation, when applicable.

### **Section 2.5: Level of Service Form**

A monthly contracted level of service chart is to be completed for each program/component, if applicable. One program might require several LOS forms to be completed which can be downloaded from the website. This will be indicated to you by the Contract Administrator and/or in the renewal/award letter.

The information on this form is usually utilized as a reference/source document when completing reporting forms during the contract term, when required by DCF.

**Service Type:** Per service dictionary, contact your contract administrator (i.e. individual counseling, residential placement, legal assistance, transportation)

**Description of Unit Measurement:** Indicate what is being used as the measurement for monthly Contracted Level of Service (CLOS), (i.e. beds, rides, sessions, hours)

**Number of Contracted Slots/Units:** Numbers should reflect unduplicated service counts. Unduplicated service counts refers to the practice of counting a customer receiving services only once within a service cycle.

Refer to Annex B2 and or Renewal/Award Letter for this number. (i.e. # of beds, # of rides, # of sessions, # of hours)

**Annualized Units:** Equivalent to the Annual Total under Column 3 on chart.

**Column 1:** Select Month from drop down menu. Month 1 should reflect 1<sup>st</sup> month of Contract.

**Column 2:** Indicate Actual Number of Expected Days of Service or Units Per Month.

**Column 3:** Indicate total Contracted LOS per month, this could be 'Days of Service' multiplied by Number of Contracted Slots/Units per month or equivalent to number listed in Column 2.

**Annual Totals:** This number will equal annualized number of units to be contracted per program type.

**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A  
PROGRAM NAME AND SERVICE DELIVERY INFORMATION  
Section 2.1**

<b>Program Name:</b>	Coordinated Family Care		
<b>*DCF/DHS Service Dictionary Definition (Primary Tier)</b>	Case Management		
<b>Medicaid Provider Number (if applicable):</b>	8458103		
<b>**Site Address (Primary site, if multiple):</b>	30 Silverline Drive Suite 1		
<b>City, State, and Zip</b>	North Brunswick, Nj 08902		
<b>Site Phone Number:</b>	732-572-3663		
<b>OOL License Number and Capacity ( if applicable)</b>	NA	<b>Contracted Level of Service (if applicable)</b>	200 Families
<b>Program Director/Coordinator</b>	Suzanne Siverio Kreie		
<b>Telephone Number:</b>	732 - 572 - 3663		
<b>Fax Number:</b>	732-964-1898		
<b>E-Mail Address:</b>	sskreie@coordinatedfamilycare.com		

*\*Contact your Contract Administrator if unknown*

*\*\*Attach a list of all site addresses, number of Contracted Capacity and license capacity per location on a separate sheet at time of renewal. It is noted that this could change during the course of the contract term. Updates are to be provided, upon request, by DCF.*

**Services will be available as follows (designate time):**

	<u>From</u>	<u>To</u>
<b>Sunday</b>	24/7 Crisis Response Available	24/7 Crisis Response Available
<b>Monday</b>	9:00am	5:00pm
<b>Tuesday</b>	9:00am	5:00pm
<b>Wednesday</b>	9:00am	5:00pm
<b>Thursday</b>	9:00am	5:00pm
<b>Friday</b>	9:00am	5:00pm
<b>Saturday</b>	24/7 Crisis Response Available	24/7 Crisis Response Available

**Services will not be available on the following occasions:**

<u>Date (s)</u>	<u>Occasion</u>
7/3/09	Independence Day
9/7/09	Labor Day
10/12/09	Columbus Day
11/11/09	Veterans Day
11/26/09	Thanksgiving
11/27/09	Day After Thanksgiving
12/25/09	Christmas
1/1/10	New Years
1/18/10	Martin Luther King Day
2/12/10	Lincoln's Birthday

<u>2/15/10</u>	<u>Presidents Day</u>
<u>4/2/10</u>	<u>Good Friday</u>
<u>5/31/10</u>	<u>Memorial Day</u>

**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A  
PROGRAM DESCRIPTION  
Section 2.2**

**Program Name:** Coordinated Family Care

**Please note that additional information/addenda may be required in order to complete the contract package. Any specific requirements/stipulations pertaining to the program will be forwarded as applicable.**

**Label all answers clearly as outlined below:**

- 1. Provide a brief program/component description and its purpose. The description should reflect the program requirements set forth in the initial RFP and any changes that may have resulted from negotiations.**

Coordinated Family Care (CFC) provides intensive care management services to Middlesex County families with youth who present with significant emotional and behavioral needs. Many of these youth and families have or have had multi-agency and multi-system involvement and are at risk of psychiatric re-hospitalization or placement outside of a home into a more restrictive setting (i.e. residential placement, detention, group home placement, etc.). The goal of Coordinated Family Care is to ensure that the youth and family have every opportunity to maintain the youth in the least restrictive environment capable of meeting the youth and family's needs.

Once a family is enrolled with Coordinated Family Care, the Care Manager is expected to complete a face to face visit, crisis plan and Initial Service Plan with the family and their team within the first thirty days. Barring the need for an Emergency Child Family Team (i.e. crises, youth entry into detention etc) the expectation is that Care Managers will meet with the family and youth face to face a minimum two times a month and with the Child Family Team every 90 days to re-assess the plan and make changes to reflect progress or new needs. The Care Manager is also expected to maintain regular communication with team members involved in the plan to ensure that services are being provided in the manner indicated within the service plan.

The key elements that must always be present in order for this model to work are as follows:

## Program Description cont.

- The Child Family Team
- Employees in every position and on every level that understand and buy into the wraparound approach
- The ability of the CMO to pay for creative and non-traditional services through flex funding
- High level and lateral support for the CMO within the community

Often times Coordinated Family Care is the last in a long line of providers and system entities a family has been involved with. Our access to resources, our insistence in ensuring that natural supports be a part of the team, our ability to hold team members accountable for the work they need to complete with the family and our complete focus on keeping the youth and family together is what motivates those we serve to believe that what we do will help them improve their situation.

2. **Identify the target population served by this program/component (i.e. individuals who have been unemployed for the past 6-12 months).**
  - **Indicate the program's level of experience with the target population.**
  - **Provide a brief outline or snapshot of the characteristics, needs, and current circumstances of the customers the program intends to serve.**
  - **Explain how these customers are distinct in any way from the general population. It is generally viewed as a sign of strength when a program is able to identify the population that will benefit the most from the services provided.**

Coordinated family Care has been providing Care Management services to the families of Middlesex County since November, 2003.

Our agency serves children between the ages of five and twenty-one and their families. Families are usually in a state of flux when referred to Coordinated Family Care and generally need help getting their lives back to a point of stability and control. Their needs include a strong mental health component but transcend across many domains including medical, educational, spiritual, financial and emotional. This is evidenced by the fact that most families have been involved with multiple system entities and providers prior to enrolling in CFC but still require the level of care available through a Care Management Organization.

Families with CFC typically need much more than what traditional services can provide on their own. Many times a focused effort across multiple domains is required and the scope of such need would easily overwhelm traditional models of care.

A majority of our active youth (63%) are male and primarily fall between the ages of fourteen and seventeen (53%). Many of the children come from homes that are on a restricted income. CFC does not have a heavy concentration of youth or families from any one area within the county, the highest percentage being from Perth Amboy (11%) and Edison (9%). A majority of our youth (56%) are diagnosed with other conditions

Program Description cont.

that require clinical attention; the next largest diagnostic categories are ADHD (16%) and Mood Disorder (9%).

As of 6/1/09, youth within least restrictive settings accounted for approximately 68% of our total active youth. The following table presents the top 10 townships/cities these youth currently reside in.

**City**

	Frequency	Valid Percent
Valid PERTH AMBOY	14	10.3
EDISON	11	8.1
EAST BRUNSWICK	11	8.1
NEW BRUNSWICK	9	6.6
WOODBIDGE	8	5.9
NORTH BRUNSWICK	7	5.1
SOUTH AMBOY	7	5.1
CARTERET	6	4.4
SAYREVILLE	6	4.4
OLD BRIDGE	6	4.4
Total	85	62.4

During this same time period, 23% of our families received coverage through Medicaid, 38% received coverage through Family Care (A,B,C,D) and 39% received coverage through Family Care E.

CFC's employees receive a variety of internal and external training that seeks to prepare them for working with our youth and families. Care Managers are required to attend two trainings (Wraparound and Strengths and Needs) during their first three months of employment and seven additional trainings specific to the needs of our families during their first year of employment.

**3. Detail what the program intends to address through service delivery. State the results the program intends to achieve.**

The ultimate goal of CFC is for each family to achieve its vision. On a broader scale we work to ensure that youth have the opportunity to thrive in the most natural home environment possible and that families are capable of maintaining their household independently.

Results CFC intends to achieve are indicated in the Performance Outcomes Section of this document.

Program Description cont.

**4. Describe the program service delivery method (i.e. in the community, on site).**

Services are provided at any location deemed convenient by the family. These locations may include the family's home, a provider agency, CFC's office a local diner or relative's home.

**5. Detail how customers access services.**

- **Cite any physical limitations that might preclude program admission or referral acceptance**
- **Discuss referral procedures and discharge planning with respect to the continuum of care**
- **Cite negative and planned discharge procedures**
- **Indicate specific documents needed for referrals, when applicable**

Coordinated Family Care has a no eject/no reject policy however there are exclusionary criteria that are considered prior to a referral being made to the organization by the Contracted Systems Administrator (CSA); the most prominent being a sole diagnosis of substance abuse and/or that the youth and family are in an immediate crisis that has not yet been stabilized.

The CSA refers families to fill openings soon after each CFC discharge. These referrals are provided to CFC via fax and the organization is granted access to the youth's file in ABSolute. The youth's ABSolute file contains referral information which includes a Needs Assessment, Clinical Documentation and Contact Information.

Discharge planning is discussed on an ongoing basis with the family at every Child Family Team Meeting. The primary resources in determining whether a family is discharge ready are the Strengths and Needs Assessment and Child Family Team who uses the Strengths and Needs as a guide. Once a decision to discharge a youth is made, the team develops a discharge plan that anticipates needs and provides supports for ninety days beyond the discharge date.

If a youth is discharged to Youth Case Management, communication between a CFC Supervisor and YCM Manager about the family occurs. YCM is then attached to the discharge plan as a service for up to 90 days beyond the discharge date. Once Value Options approves the discharge plan YCM is given access to the youth's file in ABSolute. A discharge summary and updated Strengths and Needs Assessment completed by CFC is included in the information YCM receives through the CSA.

Although CFC has a no eject/reject policy, participation in our services are voluntary. Families who do not maintain any contact with the Agency for 45 days are provided with a letter encouraging their continued involvement. This letter also outlines the option that they may choose to no longer participate in our care. A "Do Not Participate Form" is included with the letter and allows the family to sign out of CFC services voluntarily. If

Program Description cont.

the family maintains no communication by the 60th day or the organization receives a signed DNP form, the family is closed to CFC services. Once discharged, a letter is sent to the family outlining the procedure to re-enroll in services through Value Options.

**6. Describe the neighborhood(s) and the building(s) where each program site(s) is located. Detail accessibility to mass transportation. Identify the program catchment area.**

Coordinated Family Care is conveniently located off of a major highway and is accessible through public transportation. The building is handicap accessible. CFC's catchment area is Middlesex County.

**7. Detail the program's emergency procedures. Provide any after-hours telephone numbers, emergency contacts, and special instructions.**

Families have access to Care Management services 24 hours a day, 7 days a week year round. In order to access services after hours, a family must call our main number and follow the prompts to leave a message in our after hours voicemail. The system then contacts the Care Manager and Supervisor on call on his/her cell phone and plays the message. Care Managers and Supervisors have access to each families crisis plan and commonly used community resources via palm pilot. The organization also has access to a translation service that is capable of conferencing a call between the Care Manager and family if language is a barrier. The turn around time for a call back to the family is typically well under 15 minutes.

**8. Provide the total number of unduplicated customers served in the previous contract period for each of the contracted programs. Unduplicated customers refers to the practice of counting a customer receiving services only once within a service cycle.**

- **Indicate the number of unduplicated customers achieving results.**
- **Indicate how the information was captured and measured.**

A total of approximately 323 youth and families were served from 7/1/08 through 5/30/09. This number includes active youth and youth who were discharged during this time frame.

The data is captured through an internal database. The admission date of the family is the same as the date of enrollment indicated on ABSolute. The date of discharge is the date a family's discharge plan is submitted to Value Options..

**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A  
PERFORMANCE OUTCOMES  
Section 2.3**

**Program Name:** Coordinated Family Care

**For each program component please identify: goals, objectives, activities, and performance outcomes, using the following definitions and the chart below.**

**GOALS:**

Goals are statements detailing the long term, ongoing aims or intentions of each program component. Goals do not have a specific time limit but are designed to produce the desired results over an extended time period. Achievement of goals may reach beyond the contract period.

**OBJECTIVES:**

Objectives are statements detailing the desired results of day to day activities. These are short term milestones to be achieved during the contract period. Objectives are reflective of the long term goals of the program component and ideally lead to achievement of those goals. Objectives have defined time limits and measurable results.

**ACTIVITIES:**

Activities are tasks performed to achieve identified objectives. These should be observable and/or measurable.

**PERFORMANCE OUTCOMES:**

Performance outcomes are the identified, quantifiable impact results of the program component on the target population. They should be tied to the program goals rather than to each objective or activity. Performance outcomes may be attainable during the contract period or it may be necessary to track their attainment over a longer period of time.

Program Name: Coordinated Family Care

**PERFORMANCE OUTCOMES**

GOALS		OBJECTIVES		ACTIVITIES		PERFORMANCE OUTCOMES	
1.	CFC youth will obtain sufficient coverage for services and care.	1.	Household of One applications will be completed for 100% of youth entering out of home placement during each month of FY10.	1.	Business Unit will pursue assertive enforcement and monitoring of HH1 and PE policies and procedures developed and implemented during FY09 will continue.	1.	<p>During FY10 Household of One applications will be completed for 100% of youth entering out of home placement.</p> <p>During FY10 90%-95% of PE applications will be completed within 30 days of a family's enrollment.</p>
		2.	90-95% of PE applications will be completed within 30 days of a family's enrollment during each month of FY10.	2.	Business Unit will maintain and make available updated data related to both objectives.		
		3.		3.	Business and Operations Unit will utilize this data in monitoring both objectives to ensure timely completion of each for all youth.		
		4.		4.			
		5.		5.			
2.	Each family will have access to frequent and thorough oversight of care.	1.	CFC will achieve a total ISP on-time completion rate of 80% during each month of FY10.	1.	Operations and QI/MIS Units will monitor service plan data on a weekly basis to identify plans at risk of untimely completion.	2.	<p>During FY10 CFC will achieve a total ISP on-time completion rate of 80%.</p> <p>During FY10 CFC will achieve an Initial ISP on-time completion rate of 70%.</p>
		2.	CFC will achieve an Initial ISP on-time completion rate of 70% during each month of FY10.	2.	An action plan will be developed for each plan identified as at risk of being late by the Care Manager and Supervisor. This action plan will address obstacles to timely plan completion.		
		3.		3.			
		4.		4.			
		5.		5.			

3.	Families will receive the most effective degree of Care Management in relation to their needs.	1.	CFC will average 10 discharges per month for each month of FY10.	1.	CFC will pursue assertive enforcement and monitoring of Discharge review process implemented during FY09.	3.	CFC will discharge 120 youth by 6/30/10.
		2.		2.			
		3.		3.			
		4.		4.			
		5.		5.			
4.	Youth will reside in the least restrictive setting capable of meeting their needs.	1.	65% of children who enrolled with a living situation of "least restriction" will remain in that setting during each month of FY10.	1.	CFC will pursue assertive enforcement and monitoring of OOH review process implemented during FY08.	4.	65% of children who enrolled with a living situation of "least restriction" will remain in that setting.
		2.	65% of children who were enrolled with a living situation other than "least restrictive" will either remain in that setting or move to a less restrictive setting based upon their clinical needs during each month of FY10.	2.	For youth in OOH Settings, CFT will discuss discharge from OOH at each meeting and assertively explore a community based plan.		65% of children who were enrolled with a living situation other than "least restrictive" will either remain in that setting or move to a less restrictive setting based upon their clinical needs.
		3.	65% of children in detention will not exceed 30 days in detention post disposition during each month of FY10.	3.	Increase supervisory and management support of Care Manager in CFT's where team cannot come to agreement on youth's continued OOH placement through their presence at meetings and in follow up with team members.		65% of children in detention will not exceed 30 days in detention post disposition.
		4.		4.	Ensure that each CFT exhausts community based plan prior to OOH placement and that ISP reflects focused needs and Strategies to this end.		
		5.		5.	Ensure that CFT will facilitate utilization of services and supports, including residential and non-residential treatment that will expedite release of children from Detention Centers post disposition.		

5.	Youth will have fully capitalized on the academic opportunities available to them.	1.	65% of children will improve or remain stable in their school attendance as per SNA Quarterly Data.	1.	CFC will provide a training for the Care Managers, Senior Care Managers and Care Manager Supervisors and invite parents and youth enrolled in CFC and the FSO on New Jersey's Special Educations Rights and Services.	5.	<p>65% of children will improve or remain stable in their school attendance during FY10 as per SNA Data</p> <p>65% of children will show improvement or remain stable with their grades as per SNA Data.</p> <p>65% of children will exhibit school behavior that either remains stable or improves as per SNA Data.</p>
		2.	65% of children will show improvement or remain stable with their grades as per SNA Quarterly Data.	2.	CFC will arrange a "Career Day Presentation" to CFC Care Managers, Senior Care Managers and Care Manager Supervisors and invite parents and youth enrolled in CFC and the FSO. This Career Day Presentation will include various local educational and vocational programs and services serving Middlesex County.		
		3.	65% of children will exhibit school behavior that either remains stable or improves as per SNA Quarterly Data.	3.	All Care Managers will include one strategy in the ISP that reflects the coordination of services in the area of educational and vocational needs.		
		4.		4.	CFC will design an "Older Adolescent Resource Sheet" that outlines all educations, vocational and housing options available to youth ages 16 to 22.		
		5.		5.			





**STATE OF NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES**

**Annex A  
LEVEL OF SERVICE  
Section 2.5**

**Program/Component Name:** Coordinated Family Care  
**Service Type:** Care Management  
**Description of Unit Measurement:** Families  
**Number of Contracted Slots/Units:** 200  
**Number of Annualized Units:** 200 Families at all times

*Numbers should reflect unduplicated service counts*

	<b>1</b>	<b>2</b>	<b>3</b>
	<b>MONTH</b>	<b>MONTHLY SERVICE DAYS OR UNITS</b>	<b>MONTHLY CONTRACT LOS</b>
<b>1</b>	July	200	200
<b>2</b>	August	200	200
<b>3</b>	September	200	200
<b>4</b>	October	200	200
<b>5</b>	November	200	200
<b>6</b>	December	200	200
<b>7</b>	January	200	200
<b>8</b>	February	200	200
<b>9</b>	March	200	200
<b>10</b>	April	200	200
<b>11</b>	May	200	200
<b>12</b>	June	200	200
	<b>ANNUAL TOTALS</b>	<b>200</b>	<b>200</b>