



Tri-County Behavioral Care

DENVILLE HACKETTSTOWN SPARTA WAYNE

973-691-3030 — tcbllc.org

SCHOOL CLEARANCE ASSESSMENT & SUBSTANCE EVALUATION & TREATMENT CONTRACT

Agreement

Contractual agreement between **Franklin Lakes School District (DISTRICT)** & **Tri-County Behavioral Care, LLC (TCBC)** for referring and providing School Clearance Assessment (SCA) services and or Substance Evaluation & Treatment (SET) services.

Purpose of Agreement

This contract is made for the **2022-2023 school year** and is intended to outline and formalize the partnership and school agreements between **Franklin Lakes School District (DISTRICT)** and Tri-County Behavioral Care, LLC (TCBC) pertaining to the referral for and completion of School Clearance Assessment (SCA) and/or Substance Evaluation & Treatment (SET).

Vision

The vision of this partnership is:

- Referral of Student in need of a SCA & SET by the DISTRICT
- Completion of SCA & SET by TCBC within 24 hours of referral but not to exceed 48 hours. *
- Communication by TCBC of SCA & SET determination to the DISTRICT
- Referrals to appropriate level of care, community resources, further recommended evaluations or treatment for student and family.
- Provision of recommended future mental health services through TCBC as needed and agreed upon by family.
- Assistance with payment arrangements including insurance verification with family for future services provided by TCBC.
- Invoicing for services directly to DISTRICT upon completion by TCBC. (See Invoicing section for further details)

Identifying Appropriateness of Referral

- A student who does not pose an imminent danger to themselves or others are identified as appropriate for evaluation services through TCBC.
- If the referral is deemed inappropriate for SCA/STE with TCBC based on information received from Student Referral Intake Form from the DISTRICT or family where the student is in imminent danger to themselves or others, TCBC will direct the DISTRICT to refer the student and family immediately to St. Clare's Psychiatric Emergency for psychiatric and medical screening by a NJ Certified Screener and Medical Doctor to determine the appropriate level of care for the student.

Protocol for Appointment & Evaluation

- The DISTRICT is to e-mail the student's referral form directly to TCBC first in order for an appointment to be scheduled.
- TCBC will complete a phone intake with the student's family to determine the appropriateness of the referral.
- If a student is deemed appropriate for evaluation by TCBC and, upon completion is cleared to return to school, this will be communicated immediately with a signed copy of their Evaluation Release document that includes a certificate statement that is emailed to the DISTRICT person listed on the student referral form and given to student and family.

- If the student is deemed appropriate to return to school but require further services, recommended referrals for further mental health treatment, community support linkage and/or other types of care, are communicated to the DISTRICT, student and family in the signed Evaluation Release document.
 - A TCBC therapist provides continuous communication with the DISTRICT on student's progress if seen by our practice with a release of information.
- If the student is deemed inappropriate to return to school, recommendations and referrals for further treatment will be communicated to the student and family immediately and documented in the signed copy of their Evaluation Release form that is emailed to the DISTRICT person listed on the student referral form and given to student and family.
 - A TCBC therapist provides continuous communication with the DISTRICT on student's progress if seen by our practice with a release of information.
- If a student is deemed appropriate for evaluation with TCBC based on the information obtained in the initial phone intake, but, upon completion, is determined to be a danger to self or others, they will be referred immediately to St. Clare's Psychiatric Emergency by TCBC for further evaluation to determine the appropriate level of care. At that time, the evaluation will be determined by St. Clare's Emergency Screener and Medical Doctor. This determination will be communicated to the DISTRICT, student and family immediately on the signed Evaluation Release document.

SCA is comprised of 5 parts:

- Demographics & Reason for Referral
- Biopsychosocial Assessment
- Mental Status Exam
- Diagnosis & Treatment Recommendation if applicable
- Certification of clearance determination

Substance Evaluation & Treatment comprised of:

- Demographics & Reason for Referral
- ALCO Screen / 12-panel urine drug screen (Immediate results)
- SASSI (Substance Abuse Subtle Screening Inventory) Assessment
- Diagnosis & Treatment Recommendation if applicable

- Certification of clearance determination

Clearance determination is based on:

- The student report and presentation during assessment
- Family report during phone intake and assessment
- DISTRICT report during phone intake
- Mental status of student at time of assessment
- Reported history of the presenting issue
- Diagnosis and treatment recommendations
- Clinical impression of the therapist

Specific Contact Information for DISTRICT & TCBC

TCBC

Designated Liaison: Kelly Canzone, CEO & Clinical Director
 Main Phone Number: 973-691-3030 ext. 1
 Mobile Phone Number: 201 – 400 – 7702

DISTRICT

Designated Liaison	
Title	
Main Phone Number	
Mobile Phone Number	
E-mail	

Shared Goals and Objectives

The shared goals and objectives for this partnership are:

1. Increase access to mental health and evaluation for students in need within the DISTRICT.
2. Decrease time spent out of school due to mental health concerns.
3. Assess student mental health and substance abuse needs in order to provide appropriate referrals.
4. Complete assessments in a timely manner to decrease mental health symptoms, decrease time spent out of school, decrease recidivism, decrease family and student disruption of normal daily life and routine.
5. Increase effectiveness of students with mental health concerns within the DISTRICT to decrease academic disruption.
6. TCBC is available to conduct, at an additional charge, mental health education workshops for families and for professional development of staff. Topics to include but not limited to increasing family engagement around mental health issues, improve staff wellness, increase school staff knowledge of how to identify health needs of students and when/where to refer students for services.

Expectations of Both Parties

The DISTRICT will:

- Refer identified appropriate students for SCA or SET to TCBC
- Communicate thoroughly with TCBC the nature of the referral
- Provide TCBC with documentation of referral by emailing Student Referral form to intake@tcblc.org.
- Foster a collaborative relationship with TCBC
- ~~Support the treatment recommendations by TCBC~~
- Identify and address areas of mental health/substance abuse needs for students and families
- Utilize collaborative problem-solving approach to resolve issues as they arise
- Orient the staff of the SCA protocol and TCBC services

Tri-County Behavioral Care will:

- Respond to referral and intake within business day of received, message or received lead referral based on office hours.*
- Complete a phone intake family within 12 hours of referral*
- Schedule assessment for same day but not beyond 48 hours. *
- Communicate the outcome of assessment with student, family and DISTRICT immediately upon completion with a signed copy of their Evaluation Release document that includes a certificate statement that is emailed to the DISTRICT person listed on the student referral form and given to student and family.

**Tri-County Behavioral Care, LLC recognizes the scheduling issues that arise for students and their families. With that in mind, TCBC will attempt to complete the intake and SCA process understanding that the family schedule may impede the speed of this process. TCBC will make every attempt to complete the SCA within a 24-hour time period from the first phone call.*

Cost of Services

- School Clearance Assessment charge is \$100.00.
- Substance Evaluation and Treatment with a School Clearance Assessment is \$150.00.

Billing Options:

- The DISTRICT is financially responsible for School Clearance Assessments.
 - o DISTRICT responsible for the School Clearance Assessment portion at a charge of \$100.00.
 - ~~o Parent/Guardian responsible for the ALCO Screen / 12-panel urine drug screen portion at a charge of \$50.00.~~

Recommended treatment beyond the SCA or SET with TCBC will be arranged privately between TCBC and the student's family at no cost to the DISTRICT.

Invoicing

- TCBC will submit invoices to be reviewed and approved at monthly BOE meetings where payment of invoices is to follow and not to exceed 45 days. Payments can be sent to:

Tri County Behavioral Care
 Attention: Billing Coordinator
 191 Woodport Road, Suite 206
 Sparta NJ 07871
 maritacorpensing@tcblc.org

DISTRICT Accounting Contact Person:	
Title:	
Address:	
Contact Email:	
Contact Phone:	

Please provide invoice submission instructions used by your DISTRICT to include Purchase Orders submitted, Accounting Portal access, etc...

TCBC Information

Office locations:

SPARTA

191 Woodport Road
Suite 206
Sparta, NJ 07871

DENVILLE

3155 Rt. 10 East
Suite LL100
Denville, NJ 07834

HACKETTSTOWN

490 Schooleys Mountain Rd
Suite 12
Hackettstown, NJ 07840

WAYNE

600 Valley Road
Suite 209
Wayne, NJ 07834

Office Hours:

Monday	10am – 8pm
Tuesday	10am – 8pm
Wednesday	10am – 8pm
Thursday	10am – 8pm
Friday	9am – 5pm

For referrals, Intake and Scheduling:

Student Referral forms must be emailed to intake@tcblc.org before an appointment can be made for the patient. Our intake coordinators are available at 10am to speak with you directly to schedule an appointment upon receipt of the Student Referral form. If you receive our voicemail message, please leave a message and we will return your call immediately during office hours to schedule your appointment. We will respond to referrals and intake within 2 hours of received, message or lead referral based on office hours.*

Call: 973-691-3030 x1

Email: intake@tcblc.org

Appointments Scheduled:

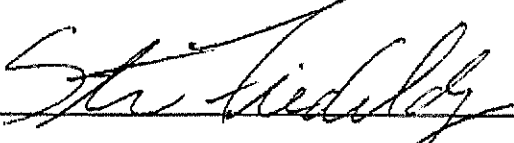
Monday-Thursday: 10pm-8pm

Friday- 9am-4pm

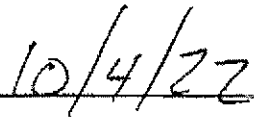
Tri-County Behavioral Services Provided:

- a. Outpatient Psychotherapy & Teletherapy
- b. Intensive In-Community (IIC) through the Children's System of Care
- c. School Based Mental Health
 - School Clearance Assessment
 - Substance Evaluation & Treatment
 - In-DISTRICT Counseling
 - Professional Development and Parent Education Program
- d. Substance Use Evaluation & Treatment
- e. Equine Therapy


Signature of Both Parties



Authorized DISTRICT Official



Date



Kelly Canzone, LCSW, ACS
CEO Tri-County Behavioral Care, LLC

10/4/2022

Date

Upon completion, please e-mail to tamihaupt@tcblc.org.

Certification **86786**

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to NJAC 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-Dec-2021 to 15-Jan-2029**

TRI-COUNTY BEHAVIORAL CARE

191 WOODPORT ROAD SUITE 206

SPARTA

NJ 07871



Elizabeth Maher Muoio

ELIZABETH MAHER MUOIO

State Treasurer

03/24/15

Taxpayer Identification# 970-913-028/500

Dear Business Representative,

Congratulations! You are now registered with the New Jersey Division of Revenue

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended ~~Section 02 of the Casino Control Act, which deals with the casino service industry.~~

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609) 292-8292.

I wish you continued success in your business endeavors.

Sincerely,

James J. Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASUR
DIVISION OF REVENUE
PO BOX 252
TRENTON, N J 08646-0252

TAXPAYER NAME:

TRI-COUNTY BEHAVIORAL CARE

ADDRESS:

8 WEST LAKE DRIVE
STANHOPE NJ 07874

EFFECTIVE DATE:

03/24/15

TRADE NAME:

SEQUENCE NUMBER:

1940838

ISSUANCE DATE:

03/24/15

Director
New Jersey Division of Revenue



DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

BID SOLICITATION # AND TITLE: _____

VENDOR NAME: Tri-County Behavioral Care, LLC

Pursuant to N.J.S.A. 52:32-57, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4) any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must certify that neither the person nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the New Jersey Department of the Treasury's Chapter 25 List as a person or entity engaged in investment activities in Iran. The Chapter 25 list is found on the Division's website at <https://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Vendors/Bidders must review this list prior to completing the below certification. If the Director of the Division of Purchase and Property finds a person or entity to be in violation of the law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

CHECK THE APPROPRIATE BOX

I certify, pursuant to N.J.S.A. 52:32-57, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4), that neither the Vendor/Bidder listed above nor any of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury's Chapter 25 List of entities determined to be engaged in prohibited activities in Iran.

OR

I am unable to certify as above because the Vendor/Bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury's Chapter 25 List. I will provide a detailed, accurate and precise description of the activities of the Vendor/Bidder, or one of its parents, subsidiaries or affiliates, has engaged in regarding investment activities in Iran by completing the information requested below.

Entity Engaged in Investment Activities
Relationship to Vendor/ Bidder
Description of Activities

Duration of Engagement
Anticipated Cessation Date

*Attach Additional Sheets If Necessary.

CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein, and that the Vendor is under a continuing obligation from the date of this certification through the completion of any contract(s) with the State to notify the State in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I may be subject to criminal prosecution under the law, and it will constitute a material breach of my contract(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

Kelly Canzone
Signature

1/1/22
Date

Kelly Canzone CEO/Director
Print Name and Title

EXHIBIT A (Cont.)

The contractor or subcontractor agrees to inform in writing its appropriate agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, ~~as established by the statutes and court decisions of the State of New Jersey~~ and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to *Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.*

Tri-County Behavioral Care
Company Name

Kelly Canzone

Signature

Kelly Canzone
Print Name Signed Above

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

This form or its permitted facsimile must be submitted to the local unit no later than 10 days prior to the award of the contract.

Part I - Vendor Information

Vendor Name:	Ta-County Behavioral Care		
Address:	191 Woodport Road		
City:	Sparta	State:	NJ
		Zip:	07871

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.J.S.A. 19:44A-20.26 and as represented by the Instructions accompanying this form.

<u><i>Kelly Canzone</i></u> Signature	<u>Kelly Canzone</u> Printed Name	<u>CEO/Director</u> Title
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Part II - Contribution Disclosure

Disclosure requirement: Pursuant to N.J.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions (more than \$300 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

Check here if disclosure is provided in electronic form.

Contributor Name	Recipient Name	Date	Dollar Amount
			\$

Check here if the information is continued on subsequent page(s)

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Tri-County Behavioral Care, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

4 Mayfair Lane

6 City, state, and ZIP code

Byram, NJ 07821

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-			-		

or

Employer identification number									
4	7	-	3	4	7	7	9	3	7

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Kelly Carzone* Date ▶ 1/1/22

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.