

P. 30

TOWNSHIP OF UNION BOARD OF EDUCATION  
2369 MORRIS AVENUE  
UNION, NEW JERSEY 07083

**REQUEST FOR PROPOSAL TO PROVIDE  
PROFESSIONAL SERVICES IN THE AREA OF STUDENT SUPPORT  
FOR 2012-2013 SCHOOL YEAR**

The Board of Education of the Township of Union (the "Board") is seeking proposals for a student support/ guidance program to improve the behavior and academic success of "at risk" high school students. Individual and group counseling services and consultation with teachers, administrators, and parents as needed are required. Training of school counselors, school psychologist, and school social workers to turn-key program is also needed.

Minimum five (5) years clinical experience as a licensed clinical social worker or licensed psychologist and proven track record of implementing student success is required.

All providers shall be NJ State licensed clinical social workers or psychologists or qualified interns who are directly supervised by an LCSW or Licensed Psychologist. Proposals shall also contain a Certificate of Employee Information Report (AA) and a Business Registration Certificate.

Proposals must be in writing and must contained fixed rates for all services and fees for disbursements, if any. All fee proposals shall be fixed for one (1) year from the date of the award and may not change or be withdrawn except by the permission of the Board. Proposals shall be submitted no later than **Tuesday, May 8<sup>th</sup>, 2012**. Proposals must contain a Curriculum Vitae or firm resume for all who may be assigned to handle these matters. The award shall be made to a vendor whose response is most advantageous to the Board, price and other factors considered. All providers shall have a criminal background screening prior to assignment in the district. The Board shall have the option of terminating this engagement upon thirty (30) days notice to the Provider.

Provider is required to provide proof of general liability and workers' compensation coverage. The Company shall sign a statement that it shall indemnify, defend and hold the district harmless from any and all liabilities for any claims which may arise as a result of the engagement of the Company.

Proposals will be opened and read aloud in the Board of Education conference room at the Administration Building, 2369 Morris Avenue, Union, New Jersey on **May 8<sup>th</sup>, 2012 at 11 a.m.** Your proposal must be received prior to that date and time. Two original proposals shall be submitted by regular or overnight mail, no email proposals allowed.

Any questions or requests for clarification regarding bid process and procedure may be submitted to James J. Damato, Board Secretary/General Counsel, Township of Union Board of Education, 2369 Morris Avenue, Union, New Jersey 07083; 908-851-6411. Any technical questions or assignment-related questions may be submitted to Kim Conti, Director of Special Services at 908-851-4426.

## Wellness Management Services of Trinitas Regional Medical Center

**Providing Consultation and Training to Improve the Health of Individuals and Organizations**

May 1, 2012

To:  
James J. Damato, General Counsel,  
Township of Union Board of Education,  
2369 Morris Avenue  
Union, New Jersey 07083  
Re: Proposal / Contract

Dear James Damato,

Enclosed please find our proposals in response to the RFPs posted April, 2012.

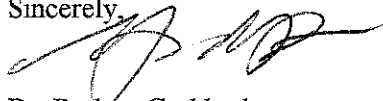
The attached proposal is being submitted for the RFP posted 6/24/10 entitled: "REQUEST FOR PROPOSAL TO PROVIDE PROFESSIONAL SERVICES IN THE AREA OF STUDENT SUPPORT/ FOR 2012-2013 SCHOOL YEAR".

Attached to the proposals please also find a copy of a contract should we be awarded permission to deliver services. Also enclosed as per the request in the RFP please find copies of Trinitas Regional Medical Center's Certificate of Employee Information Report and our Business Registration Certificate and the resume / vitas of the people who will be delivering services. Also enclosed please find a copy of our current proof of our general liability insurance. If awarded the contract as per the request in the FRP we will be happy to supply statement that we shall indemnify, defend and hold the district harmless from any and all liabilities for any claims which may arise as a result of the engagement of the Company and/or please let this letter serve as such a statement.

Please notify me immediately at (908) 612 8867 if there is anything missing from our submission and/or you need any other materials at this date.

Thank you for your close consideration of our submission.

Sincerely,



Dr. Rodger Goddard  
Chief Psychologist  
Director, Wellness Management Services  
(908) 612 8867  
drrgoddard@msn.com

# WELLNESS MANAGEMENT SERVICES

## OF TRINITAS REGIONAL MEDICAL CENTER

### **Proposal for Professional Services in the Area of Union High School Student Support / Guidance 2012 – 2013 School Year**

#### **I. Submission to Union Township Schools FRP Posted 6/24/10**

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This proposal is submitted in response to the “REQUEST FOR PROPOSAL TO PROVIDE PROFESSIONAL SERVICES IN THE AREA OF STUDENT SUPPORT FOR 2012-2013 SCHOOL YEAR”.

#### **II. Background:**

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**The present proposal concerns the following issues:**

1. Union High School has been subject for many years to disruptive, aggressive, at risk, learning challenged, emotionally troubled, reactive and socially alienated non classified students, who due to their difficulties have trouble with their academic success, peer relations and classroom behavior. UHS guidance and other staff are also in need of training and support in this area in order to sustain a continued student counseling and support program into the future.
2. Trinitas Regional Medical Center has provided Union High School with a Student Support Program and Drop In Center for the past school years 2009 – 2012 that has successfully helped at risk students in need of direction, guidance, therapeutic intervention, group support, conflict resolution, anger management and individual counseling.
3. The Board of Education of the Township of Union is seeking proposals for the continued provision of these counseling services to provide ongoing support to high school general education students in need of guidance and counseling to assist in their academic success.

#### **III. Proposal: Continued Provision of Services to The Union High School for Conducting the Student Support & Guidance Program to Help At Risk Students**

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It is proposed that a clinical team consisting of a psychologist and Ph.D. psychology staff clinician from Trinitas Hospital Psychological Services continue to provide student counseling, individual intervention, teacher guidance, administrator consultation, program development services, parent support, conflict resolution training and psycho-educational group instruction to help at risk Union High School students to succeed.

#### **IV. Background and Credentials of the Trinitas Consultation Team:**

Dr. Rodger Goddard has served as Chief Psychologist and Director of Psychology Internship Training at Trinitas Hospital for the past 20 years. Dr. Goddard created and directs Wellness Management Services, a consultation and training program for improving the success of schools and corporations. Dr. Goddard was past the Director of The Family Resource Center, a clinical outpatient service of Trinitas Hospital offering evaluation and psychotherapy to children, parents, families, couples and adults. Dr. Goddard has overseen the programs and work of psychologists in the hospital for the past 21 years including services at the Trinitas Hospital Therapeutic High School. Dr. Goddard has provided training, consultation and direct services to over 300 schools in Northern New Jersey in the past 21 years. Dr. Goddard has specific knowledge and experience in the needs of Union Township Schools having provided extensive training and services to the district over the past 6 years. In the past 6 years, Dr. Goddard has guided the implementation of the Student Support and Success Programs at Union Township Schools. The programs have targeted improving the academic achievement, success and behavioral skills of at risk students in all Union Township Schools. The program has been shown through report card, test score and grade analysis to be successful in improving the grades, social skills, classroom behavior and achievement of students in the program. Dr. Goddard would be overseeing, directing and supervising the work of the Trinitas clinician in addition to directly guiding and consulting with teachers, administrators, guidance educational staff, students and parents of Union High School to further the goals of the Student Support Program.

Dr. Ruben Lambert has extensive training and experience in the treatment of adolescent psychiatric disorders and problems. He has worked for the past few years as the primary clinician directing and conducting the student support services at Union High School. Dr. Ruben Lambert is in the last phase of licensure and will soon receive his NJ psychology license.

#### **V. Program Objectives**

**Student Achievement & Success Skill Building:** The objective of the program would be assist Union High School teachers & staff in: 1) maintaining at risk, emotionally troubled and disruptive general education students in Union High School regular education classes, 2) improving the academic, behavioral, social and communication functioning and success skills of at risk students, and, 3) helping these students to receive their education in the least restrictive environment possible without resorting to more intensive intervention or unnecessary or inappropriate suspensions or special needs classification. The program would specifically help many students to successfully build and use anger management & conflict resolution skills.

**Staff, Teacher & Guidance Counselor Support & Consultation:** The program would also target: 1) improving the student guidance skills of Union High School teachers, 2) aiding Union High School administrators in setting up and maintaining effective policies, procedures, interventions & structures to support these students in the regular education classroom, and, 3) helping HS guidance counselors to improve the structures & interventions used to help at risk HS students.

## VI. Program Services and Benefits:

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Trinitas Hospital staff would assist the program in the following areas:

- 1) **Intervention and Skill Building Guidance:** Guide the UHS students in building academic and personal success skills.
- 2) **Student Counseling Services:** Provide direct services to students (e.g., group and individual skill building classes).
- 3) **Problem Student Consultation & Intervention:** Provide ongoing guidance, program direction and clinical consultation to teachers and administrators concerning helping individual problematic students to succeed in the classroom environment.
- 4) **Alternatives to Suspension and Expulsion:** Help teachers and administrators to provide aggressive and disruptive students with alternative ways to help students who provoke fellow students and teachers and have the potential for serial suspension without improvement of their disruptive and asocial behavior.
- 5) **Anger Management and Conflict Resolution Training and Skill Building:** In similarity to the previous year the program would target providing anger management skill training and conflict resolution interventions to high school students who are close to threatening or endangering other students and/or teachers.
- 6) **Teacher Instruction:** Train teachers in effective classroom interventions, diffusion of student disruption and positive behavioral guidance skills.
- 7) **Crisis Management Guidance:** Assist in setting up policies and procedures for dealing with crisis and students who become a threat to themselves or others during the course of the school day.
- 8) **School Wide Policy & Procedure Development to Prevent and Reduce Student Disruption:** Consult with administrators and teachers to implement policies and procedures to prevent and avoid student disruption and the eroding of classroom instruction time.
- 9) **Program Monitoring:** Implement a monitoring system to provide ongoing feedback to students and staff intervention and skill building effectiveness.
- 10) **Parent Support Services:** Provide a parent support program and/or parent support services to engage parents as partners in improving the behavior, communication and academic achievement of UHS at risk students.
- 11) **Turn Key Support:** Training of school counselors, school psychologists, and school social workers to "turn-key" program in order to sustain the student counseling and support services in future years.

## **VII. Consultation Services, Program Format and Potential Component Areas:**

**Program Scope:** The program would be provided to Union High School students, teachers, guidance staff, administrators and parents.

**Program Components:** The program would consist of implementing some or all of the following elements dependent on the needs of staff, teachers, administrators and students. The exact components to be implemented would be based on consensus by these groups concerning which would be the most effective in improving the success of the at risk general education UHS students in need of services.

**Drop In Support Center:** Maintenance of the Student Support Center where students can make appointments or drop in for individual and group support sessions – The Center would have an atmosphere conducive to confidentiality, self disclosure and support.

**Individual Counseling:** Individual student counseling and brief sessions.

**Lunch Time Skill Building Groups:** Depending on the needs of students and the school students would be able to attend psycho-educational groups on different topic areas (e.g., school success, peer relations, anger / conflict management...). Teachers could refer students to the groups that correspond to a student's need (e.g., Anger Management, Violence Prevention - Conflict Resolution Skill Building Group, Behavior Improvement, Positive Communication Emotional Wellness, Social Issues, Self Esteem, Confidence Building, Coping Skills, Loss, Bereavement, Family Problems, Study Academic Success and Learning Skill Building Group). These groups covering different topics to help at risk students cope with personal difficulties and emotional needs. Group skill instruction sessions may include conflict resolution, positive communication, meditation / self calming training, positive eating and nutrition, the danger of drugs, time management skills....

### **Teacher Disruptive Student Classroom Management Skill Building Instruction/ Consultation**

**Conflict Resolution Intervention:** Crisis Management (e.g., assessment, referral and follow up of students having emotional difficulties, conflict, school refusal and other non life threatening situations).

**Critical Information Presentations:** In Class Presentations and Mini Student Seminars (to be given in classes or in the Student Support Center - e.g., Teenage health issues, Planning for your future, How to get into college, Managing money after school, Career development, Good Friends – Bad Friends; how to know the difference, Sport Psychology for Success during and after the game, The 3 Most Important Things to Know about Dating and Sex, Alcohol Information You Need to Know About...).

**Parent Coaching and Counseling:** Individual parent counseling and coaching sessions.

**Assessment and Referral Services:** Assessment of students referred to the Drop In and Support Center and help in guiding these students toward appropriate services when needed.

**Alternatives to Suspension Program:** The Support Program could be used to help students in danger of repeated suspensions to learn the skills necessary to avoid fights, problems and trouble and improve their communication and academic success skills.

**Administration, Teacher & Staff Consultation:** Consultation with administration, special services, guidance, nursing, teachers and crisis interventionist staff on strategies for handling

individual student problems and creating policy and procedures for controlling and helping at risk students.

**Guidance Counselor and UHS Staff Training in Providing Student Support Program**

**Services:** Training UHS staff in the implementation and carrying out of the program in order to help staff continue the program into future years.

**Component Flexibility:** The exact type and number of the above services provided (e.g., groups, individual, presentations, consultations) and the exact participants (e.g., at risk students, general population students, teachers, staff, administrators) would be dependent on the needs of the students, high school, teachers, the principal and special services.

**VIII. Consultation and Training Program Title:**

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The Union High School Student Support Program

**IX. Program Time Frame:**

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The program would be delivered for the Union Township school year 2012 – 2013.

## X. Cost for Counseling and Clinical Services to be Provided by Trinitas Hospital Wellness Management Services Staff

Wellness Management Services would provide student counseling, teacher consultation, guidance counselor support, administrator consultation, program facilitation, training and the other services outlined above. All consultant preparation time, materials development, transportation time, telephone contacts, incidental meetings, copying, paper use and materials development are included in the pricing below. Services would be billed on a monthly basis throughout the 10 month school year. The total program cost would be \$ 82,000. On site services would include teacher, staff, administrator, parent coaching, family therapy and student counseling. Off site services would include materials development, staff program planning sessions, telephone parent coaching, telephone contacts, facilitator transportation time, administration activities and so on. A breakdown of fees based on services to be provided by Wellness Management Consultants follows:

<u>Services or Items to be Provided:</u>	<u>Staff to Provide Service:</u>	<u>Number of Hours per week)</u>	<u>Extension for the school year</u>
<b><u>Senior Consultation &amp; Services:</u></b> On site program guidance and consultation activities, school staff & teacher consultation and training, student intervention and counseling and other program activities as per list above, and off site services including staff supervision, program materials development, program administration, etc. (e.g., parent and staff telephone consultation, training materials development, student skill building handouts, teacher instruction manuals...).	Dr. Rodger Goddard	3 hours / week	\$6,000
<b><u>Clinician Consultation &amp; Services:</u></b> On site provision of student counseling and support services, school staff consultation and training, student intervention and program involvement activities and limited off site program activities (e.g., parent and staff telephone consultation, training materials development, student skill building handouts, teacher instruction manuals...).	Trinitas Clinician supervised by Dr. Goddard	37.5 hours per week	\$74,000
<b><u>Clerical and administrative costs:</u></b> (e.g., typing, telephone calling, billing, program assistance services, copying time...)			\$2,000
<b><u>Materials costs:</u></b> (e.g., handouts, manuals, computer usage, curriculum materials, copying costs...)			Included in above



<b><u>Transportation and commuting time cost</u></b>			Included in above
<b><u>Total:</u></b>			82,000

**WELLNESS MANAGEMENT SERVICES**

*Trinitas Regional Medical Center – Department of Behavioral Health and Psychiatry*

**CONTRACT:**

**AGREEMENT FOR STUDENT SUPPORT SERVICES**

**Opening:**

This agreement, made this 15th day of May, 2012

Between

**Wellness Management Services  
of Trinitas Regional Medical Center  
Department of Behavioral Health and Psychiatry  
655 East Jersey Street  
Elizabeth, New Jersey 07206  
Tax ID #: 22 360 1678**

and

**Special Services  
Union Township Public Schools  
1000 Caldwell Ave.  
Union, New Jersey 07083**

**Scope of the Work / Conditions:**

It is agreed that Wellness Management Services will provide the following:

**Program Title:**

**The High School Student Support Program & Drop In Center**

**Program Services:**

Provide student counseling, skill building, crisis management, individual and group counseling, assessment, psycho educational presentations, individual and group parent guidance and teacher, staff and administrative support and guidance at Union High School during the school year September, 2012 to June, 2013.

**Program Objectives:**

To improve the academic, social, learning and behavioral skills of at risk Union High School students. To provide support and guidance to High School students identified as having personal, behavioral and/or emotional difficulties.

### **Description of Specific Program Services to be Delivered:**

**Drop In Support Center:** Maintenance of the Student Support Center where students can make appointments or drop in for individual and group support sessions – The Center would have an atmosphere conducive to confidentiality, self disclosure and support.

**Individual Counseling:** Individual ongoing student counseling and brief sessions.

**Conflict Intervention:** Management of student conflict.

**Group Support Sessions:** Weekly support groups covering different topics to help at risk students cope with personal difficulties and emotional needs (e.g., anger management, dealing with attention difficulties, loss and bereavement group, overcoming my negative habits, nerd and outcast group, overcoming insecurities, teenage pregnancy...).

**Skill Building Instruction Groups:** Weekly group skill instruction sessions (e.g., conflict resolution, positive communication, meditation / self calming training, positive eating and nutrition, the danger of drugs, time management skills...)

**Critical Information Presentations:** In Class Presentations and Mini Student Seminars (to be given in classes or in the Student Support Center - e.g., Teenage health issues, Planning for your future, How to get into college, Managing money after school, Career development, Good Friends – Bad Friends; how to know the difference, Sport Psychology for Success during and after the game, The 3 Most Important Things to Know about Dating and Sex, Alcohol Information You Need to Know About...)

**Parent Coaching:** Individual parent coaching sessions

**Parent Presentations on Specific Topics**

**Assessment and Referral Services**

**Administration, Teacher & Staff Consultation:** Consultation with administration, special services, guidance, nursing, teachers and crisis interventionist staff on strategies for handling individual student problems and creating policy and procedures for controlling and helping at risk students

The exact type and number of the above services provided (e.g., groups, individual, presentations, consultations) and the exact participants (e.g., at risk students, general population students, teachers, staff, administrators) would be dependent on the needs of the students, high school, teachers, the principal and special services.

### **Program Staff:**

1 full time clinician (i.e., 37.5 hours per week for program and administrative activities) will provide services for Union High School. Additional 3 hours / week services and program guidance, supervision and administration to be provided by Dr. Rodger Goddard as detailed in the included proposal.

**Program Location:**

Most services to be delivered on site at Union High School in Union, N.J..  
Some support and administrative services to be delivered off site (e.g., staff supervision, parent guidance, communication services via telephone, e-mail and Internet, materials development).

**Program Time Period / Term:**

The school year commencing in September, 2012 and ending in June, 2013.

**Program Participants:**

At risk students, high school teachers, school staff and parents at Union High School.

**Cost:**

\$ 82,000 for the school year including all services, materials, materials development and transportation costs.

**Payment Terms:**

Total payment to be divided up into 10 equal monthly payments, payable 14 days after the end of the previous month's services.

**Signed:**

**For Wellness Management Services of Trinitas Regional Medical Center:**

Rodger Goddard, Ph.D.

Director, Wellness Management Services

 (Signed)

5/7/12 (Date)

**For Union Township Schools Department of Special Services**

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Title)

\_\_\_\_\_ (Signed)

\_\_\_\_\_ (Date)

# **Wellness Management Services**

of Trinitas Regional Medical Center

## **Proposal:**

### **Union High School Student Support Program**

Re: RFP posted April, 2012 Entitled:

**“REQUEST FOR PROPOSAL TO PROVIDE  
PROFESSIONAL SERVICES IN THE AREA  
OF STUDENT SUPPORT FOR 2012-2013  
SCHOOL YEAR”.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/09/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 445 South Street Morristown, NJ 07960-8454	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
100649-11-12-CAS-11-12	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED TRINITAS REGIONAL MEDICAL CENTER 225 WILLIAMSON STREET ELIZABETH, NJ 07207	INSURER A: Princeton Insurance Company	42226
	INSURER B: New Jersey Manufacturers Insurance Co	12122
	INSURER C: Lexington Insurance Company	19437
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES      CERTIFICATE NUMBER: NYC-005949027-03      REVISION NUMBER: 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSUR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CH0000031	06/09/2011	06/09/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-TECT <input type="checkbox"/> LOC					
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		0434098-0	06/09/2011	06/09/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		6793587	06/09/2011	06/09/2012	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 20,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A			NO STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Hospital Professional Liability		CH0000031	06/09/2011	06/09/2012	Each Medical Incident 1,000,000 Annual Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of coverage.

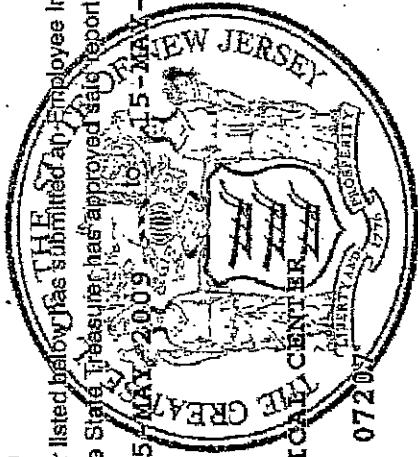
<b>CERTIFICATE HOLDER</b> Trinitas Regional Medical Center 225 Williamson Street Elizabeth, NJ 07207	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Cathy Van Orden <i>Cathy Van Orden</i>
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# CERTIFICATE OF EMPLOYEE INFORMATION REPORT

## RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 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 MAY 2009 TO 15 MAY 2016



TRINITAS REGIONAL MEDICAL CENTER  
225 WILLIAMSON STREET  
ELIZABETH NJ 07201



A handwritten signature in black ink, appearing to be "S. P. O'Connell".

State Treasurer



# STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

**Taxpayer Name:** TRINITAS REGIONAL MEDICAL CENTER  
**Trade Name:**  
**Address:** 225 WILLIAMSON ST  
ELIZABETH, NJ 07207  
**Certificate Number:** 0087027  
**Effective Date:** October 12, 2000  
**Date of Issuance:** June 09, 2011

**For Office Use Only:**  
20110609164129218





JON S. CORZINE  
Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs  
Office of Consumer Protection  
Charities Registration  
124 Halsey Street, Newark, NJ 07102



ANNE MILGRAM  
Attorney General

DAVID M. SZUCHMAN  
Director

July 7, 2009

Trinitas Regional Medical Center  
225 Williamson Street  
Elizabeth, NJ 07207

Mailing Address:  
P.O. Box 45021  
Newark, NJ 07101  
(973) 504-8215

### Letter of Compliance

Fiscal Year: 12/31/07  
Renewal Due: 12/31/09  
Registration #: CH24218-00

To Whom It May Concern

In reference to your recent inquiry, please be informed that the above named organization is currently registered in the State of New Jersey under the provisions of the Charitable Registration and Investigation Act of 1994 (N.J.S.A. 45:17A-18 et seq.), and is currently in compliance with Charities Registrations requirements of that law.

The organization must renew this registration annually to maintain compliance with its NJ Charitable Registration requirement. Registration renewals are due six(6) months immediately following the organization's Fiscal Year End, unless the charity is given a six month extension to file as in this case. Please be advised that this letter only refers to the organization's current NJ Charitable Registration status and is only valid until the organization's next annual registration filing due date, which is shown above.

Registration with this office does not constitute an endorsement of the stated purposes of the organization by the State of New Jersey, or by any of its departments, offices or employees, as expressed in N.J.A.C 17A-18:15.5, "...the organization shall not utilize or exploit registration so as to lead any person to believe that registration constitutes or implies an endorsement of approval by the State...".

Please contact the undersigned should you have any further questions. Until such time, we remain,

Very truly yours,

*Towanna Greenleaf*

Towanna Greenleaf  
Charities Registration and Investigation Section  
New Jersey Division of Consumer Affairs

**Request for Taxpayer  
 Identification Number and Certification**

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

Name (as shown on your income tax return)  
**Frintas Regional Medical Center**

Business name, if different from above

Check appropriate box  Individual/sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ -----  Exempt payee  
 Other (see instructions) ▶ **Medical Center**

Address (number, street, and apt. or suite no.)  
**225 Williamson Street**

City, state, and ZIP code  
**Elizabeth, NJ 07207**

Requester's name and address (optional)

List account number(s) here (optional)

**Part 1 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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part 1 instructions on page 9. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN on page 9.

Notes: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
OR	
Employer identification number	
23	3601573

**Part 2 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).

**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 on page 4.

Sign Here Signature of U.S. person ▶ *Carol L. Hill* Date ▶ *6/15/2009*

**General Instructions**

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

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
WASHINGTON, D.C. 20224

Date: DEC 28 1999

Trinitas Hospital  
c/o St. Elizabeth Hospital  
225 Williamson Street  
Elizabeth, NJ 07207

Employer Identification Number:  
22-3601678  
Issuing Specialist:  
Steve Jankowitz-ID No. 50-03610  
Toll Free Customer Service Number:  
877-829-5500  
Accounting Period Ending:  
December 31  
Foundation Status Classification:  
501(a)(1) & 170(b)(1)(A)(iii)  
Form 990 Required:  
Yes

Dear Applicant:

Based on the information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in the section(s) indicated above.

Please notify the Ohio Employee Plans/Exempt Organizations (EP/EO) Customer Service office if there is any change in your name, address, sources of support, purposes, or method of operation. If you amend your organizational document or bylaws, please send a copy of the amendment to the Ohio EP/EO Customer Service office. The mailing address for that office is: Internal Revenue Service, EP/EO Customer Service, P.O. Box 2508, Cincinnati, OH 45201.

You are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act.

If you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958 of the Code. In this letter we are not determining whether any of your present or proposed arrangements would be considered an excess benefit transaction resulting in tax under section 4958. Additionally, you are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2108, and 2522.

Donors (including private foundations) may rely on this ruling unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your 509(a) status as indicated above, donors (other than private foundations) may not rely on the classification indicated above if they were in part responsible for, or were aware of, the act that resulted in your loss of such status, or they acquired knowledge that the Internal Revenue Service had given notice that you would be removed from that classification. Private foundations may rely on the classification as long as you were not directly or indirectly controlled by them or by disqualified persons with respect

12/28/99 TUE 08:58 FAX 202 822 5787

202 622 5787

NAT'L OFC. RECORDS

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- 2 -

## Trinitas Hospital

to them. However, private foundations may not rely on the classification indicated above if they acquired knowledge that the Internal Revenue Service had given notice that you would be removed from that classification.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fund-raising events may not necessarily qualify as fully deductible contributions, depending on the circumstances. If your organization conducts fund-raising events such as benefit dinners, shows, membership drives, etc., where something of value is received in return for payments, you are required to provide a written disclosure statement informing the donor of the fair market value of the specific items or services being provided. To do this you should, in advance of the event, determine the fair market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets, and receipts in such a way that the donor can determine how much is deductible and how much is not. Your disclosure statement should be made, at the latest, at the time payment is received. Subject to certain exceptions, your disclosure responsibility applies to any fund-raising circumstance where each complete payment, including the contribution portion, exceeds \$75. In addition, donors must have written substantiation from the charity for any charitable contribution of \$250 or more. For further details regarding these substantiation and disclosure requirements, see the enclosed copy of Publication 1771. For additional guidance in this area, see Publication 1391, Deductibility of Payments Made to Organizations Conducting Fund-Raising Events, which is available at many IRS offices or by calling 1-800-TAX-FORM (1-800-829-3678).

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt from Income Tax. If "Yes" is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. If your gross receipts each year are not normally more than \$25,000, we ask that you establish that you are not required to file Form 990 by completing Part I of that Form for your first year. The year you will not be required to file a return until your gross receipts exceed the \$25,000 minimum. For guidance in determining if your gross receipts are "normally" not more than the \$25,000 limit, see the instructions for the Form 990. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. The maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for a 1 organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it. Form 990 should be filed with the Ogden Service Center, Ogden, UT 84201-0127.

The law requires you to make your annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your exemption application, any supporting documents, and this exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are made widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Vendor: Trinitas Regional Medical Center

EIN: 22-360-1678  
(9 digits)

The vendor should complete the required Certification and Disclosure forms and submit them, together with a completed Ownership Disclosure form, to the using agency, department or the Purchase Bureau. Instructions for completing this form are at <http://www.state.nj.us/treasury/purchase/forms.htm#eo134>.

### **Part I: Certification**

I hereby certify as follows:

1. On or after October 15, 2004, the below-named person or entity has not solicited or made any contribution of money, pledge of contribution, including in-kind contributions, company or organization contributions, as set forth below that would bar the award of a contract to the vendor, pursuant to the terms of Public Law 2005, Chapter 51 [N.J.S.A. 19:44A-20.13-20.25, superseding Executive Order 134 (2004)].
  - a) Within the preceding 18 months, the below-named person or organization has not made a contribution to
    - (i) Any candidate committee and/or election fund of any candidate for or holder of the public office of Governor; or
    - (ii) Any State or county political party committee.
  - b) During the term of office of the current Governor (exclusive of any contributions made prior to October 15, 2004), the below-named person or organization has not made a contribution to
    - (i) Any candidate, committee and/or election fund of the Governor; or
    - (ii) Any State or county political party committee nominating such Governor in the election preceding the commencement of said Governor's term.
  - c) Within the 18 months immediately prior to the first day of the term of office of the Governor, (exclusive of any contributions made prior to October 15, 2004), the below-named person or organization has not made a contribution to
    - (i) Any candidate, committee and/or election fund of the Governor; or
    - (ii) Any State or county political party committee of the political party nominating the successful gubernatorial candidate in the last gubernatorial election.
2. If the vendor is awarded a contract pursuant to this procurement process, the below-named person or organization will, on a continuing basis, continue to report any contributions it makes during the term of the contract, and any extension(s) thereof.

### **Part II: Disclosure**

Following is the required disclosure of all contributions made from October 15, 2004, through the date of signing of this Certification and Disclosure to: (i) any entity designated and organized as a "political organization" under 26 U.S.C.A. § 527 that is also defined as "continuing political committee" under N.J.S.A. 19:44A-3(n) and N.J.A.C. 19:25-1 or (ii) any candidate committee and/or election fund of any candidate for or current holder of the public office of Governor; and any State or county political party committee. Such an entity is identified in the following chart as a "Committee."

Public Law 2005, Chapter 51  
(formerly Executive Order 134)

Vendor Certification and Disclosure  
of Political Contributions (2 Years)

Vendor: Trinitas Regional Medical Center

EIN: 22-360-1678  
(9 digits)

Name and Address of Committee	Date of Contribution	Amount of Contribution	Type of Contribution, i.e., Currency, Check, Loan, In Kind	Donor
Indicate "none" if no contributions were made. Attach additional pages if necessary.				
none				

**Certification on behalf of a COMPANY or organization:**

I certify as an officer or authorized representative of the Company or Organization identified below that, to the best of my knowledge and belief, the foregoing statements by me are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

I certify that the firm has not made a contribution that would bar the award of a contract pursuant to Public Law 2005, Chapter 51 [N.J.S.A. 19:44A-20.13-20.25, superseding Executive Order 134 (2004)].

NOTE: This certification will be in effect for two (2) years provided the ownership status does not change or additional contributions are not made. If there are any changes in the ownership of the entity affecting persons or organizations owning more than 10%, or additional contributions are made, a new full set of documents are required to be completed and submitted. By submitting this Certification and Disclosure, the person or entity named herein acknowledges this reporting responsibility and certifies that it will adhere to it.

Name of Company or Organization: Trinitas Regional Medical Center

Signed: [Signature] Title: SVP, Behavioral Health & Psychiatry & Senior Services

Print Name: Jim Lape Date: \_\_\_\_\_

(check one) (A)  The Company or Organization is the vendor, or (B)  the Company or Organization is a Principal (more than 10% ownership or control) of the vendor, a Subsidiary controlled by the vendor, or a Political Organization (e.g., PAC) controlled by the vendor.

**Certification by an individual – for use by the individual vendor, or as a Principal (more than 10% ownership or control) of the vendor, or as the spouse or child of the vendor:**

I certify that, to the best of my knowledge and belief, the foregoing statements by me are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

NOTE: This certification will be in effect for two (2) years provided the ownership status does not change or additional contributions are not made. If there are any changes in the ownership of the entity affecting persons or organizations owning more than 10%, or additional contributions are made, a new full set of documents are required to be completed and submitted. By submitting this Certification and Disclosure, the person or entity named herein acknowledges this reporting responsibility and certifies that it will adhere to it.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

A person may certify BOTH as an officer or authorized representative of the vendor, AND in his or her individual capacity, as a Principal of the vendor.

**OWNERSHIP DISCLOSURE FORM**

DEPARTMENT OF THE TREASURY  
 DIVISION OF PURCHASE & PROPERTY  
 STATE OF NEW JERSEY  
 33 W. STATE ST., 9TH FLOOR  
 PO BOX 230  
 TRENTON, NEW JERSEY 08625-0230

**END NUMBER**  
 BIDDER: \_\_\_\_\_  
 \_\_\_\_\_

**INSTRUCTIONS** : Provide below the names, home addresses, dates of birth, offices held and any ownership interest of all officers of the firm named above. If additional space is necessary, provide on an attached sheet.

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>DATE OF BIRTH</u>	<u>OFFICE HELD</u>	<u>OWNERSHIP INTEREST</u> (Shares Owned or % of Partnership)
Not for Profit				

**INSTRUCTIONS** : Provide below the names, home addresses, dates of birth, and ownership interest of all individuals not listed above, and any partnerships, corporations and any other owner having a 10% or greater interest in the firm named above. If a listed owner is a corporation or partnership, provide below the same information for the holders of 10% or more interest in that corporation or partnership. If additional space is necessary, provide that information on an attached sheet. Complete the certification at the bottom of this form. If this form has previously been submitted to the Purchase Bureau in connection with another bid, indicate changes, if any, where appropriate, and complete the certification below.  
 If there are no owners with 10% or more interest in your firm, enter "None" below.

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>DATE OF BIRTH</u>	<u>OFFICE HELD</u>	<u>OWNERSHIP INTEREST</u> (Shares Owned or % of Partnership)

**COMPLETE ALL QUESTIONS BELOW**

- |   | <u>YES</u>            | <u>NO</u>                        |
|---|-----------------------|----------------------------------|
| 1. Within the past five years has another company or corporation had a 10% or greater interest in the firm identified above? (If yes, complete and attach a separate disclosure form reflecting previous ownership interests.)  | <input type="radio"/> | <input checked="" type="radio"/> |
| 2. Has any person or entity listed in this form or its attachments ever been arrested, charged, indicted or convicted in a criminal or disorderly persons matter by the State of New Jersey, any other State or the U.S. Government? (If yes, attach a detailed explanation for each instance.)   | <input type="radio"/> | <input checked="" type="radio"/> |
| 3. Has any person or entity listed in this form or its attachments ever been suspended, debarred or otherwise declared ineligible by any agency of government from bidding or contracting to provide services, labor, material, or supplies? (If yes, attach a detailed explanation for each instance.)   | <input type="radio"/> | <input checked="" type="radio"/> |
| 4. Are there now any criminal matters or debarment proceedings pending in which the firm and/or its officers and/or managers are involved? (If yes, attach a detailed explanation for each instance.)   | <input type="radio"/> | <input checked="" type="radio"/> |
| 5. Has any Federal, State or Local license, permit or other similar authorization, necessary to perform the work applied for herein and held or applied for by any person or entity listed in this form, been suspended or revoked, or been the subject of any pending proceedings specifically seeking or litigating the issue of suspension or revocation? (If yes, attach a detailed explanation for each instance.) | <input type="radio"/> | <input checked="" type="radio"/> |

**CERTIFICATION** : I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto 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 thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers or information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

I, being duly authorized, certify that the information supplied above, including all attached pages, is complete and correct to the best of my knowledge. I certify that all of the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Company Name: Trinitas Regional Medical Center

Address: 655 E. Jersey Street  
Elizabeth, NJ 07202

PRINT OR TYPE:  
 PRINT OR TYPE:

Jim Lape (Name)  
SVP, Behavioral Health & Psychiatry (Title)

FETN/SSN#: 22-360-1678

Date \_\_\_\_\_

**DISCLOSURE OF INVESTIGATIONS AND ACTIONS INVOLVING BIDDER**

The bidder shall provide a detailed description of any investigation, litigation, including administrative complaints or other administrative proceedings, involving any public sector clients during the past five years including the nature and status of the investigation, and, for any litigation, the caption of the action, a brief description of the action, the date of inception, current status, and, if applicable, disposition.

**Investigation**

Indicate "NONE" if no investigations were undertaken. Attach additional pages if necessary.

Person or Entity	Date of Inception	Brief Description	Disposition/Status (if applicable)	Bidder Contact Name and Telephone Number for additional information

**Litigation/Administrative Complaints**

Indicate "NONE" if no Litigation/Administrative Complaints. Attach additional pages if necessary.

Person or Entity	Date of Inception	Caption of the Action	Brief Description of the Action	Current Status/Disposition, (if applicable)	Bidder Contact Name and Telephone Number for additional information



## RESUME

**Rodger Goddard, Ph.D.**  
**359 West End Road**  
**South Orange, New Jersey 07079**  
**(973) 763-0991**

**N.J. Psychology License # 2597 N.J. Educational Provider # 1161**

**New Jersey Professional Development & Education Registration Provider: # 1161**

### EDUCATION:

Ph.D. Clinical Psychology	City University of New York, N.Y., N.Y.	1985
Internship in Clinical Psychology	Roosevelt Hospital, New York, N.Y.	1983
M.A. General Psychology	City University of New York, N.Y., N.Y.	1983
B.A. Psychology	Sarah Lawrence College, Bronxville, N.Y.	1976
	School of Engineering, University of Michigan Ann Arbor, Michigan	1973

### SKILL SUMMARY:

Educational & School Consultation	Psychological Assessment and Treatment
Teacher & School Staff Training & Presentations	Treatment of Child & Adult Clinical Disorders
Administration, Leadership & Management	Budget, Hiring & Marketing
School Administrator & Managerial Coaching	Organizational Development & Consultation
Corporate Presentations and Seminars	Educational & School Program Development
Health Care Program Development & Program Implementation	Response Intervention for At Risk, Classified Disruptive and Learning Disabled Students

### PROFESSIONAL HISTORY:

1986 - Present	School & Corporate Consultant / Psychologist	Corporate & School Consultation, Training, Presentations and Program Development Private Practice Clinical Psychology Child, adolescent, adult and family psychotherapy and assessment. Success Skills, LLC South Orange, New Jersey 07079
1989 - Present	Chief Psychologist / Director	Wellness Management Services The Family Resource Center Trinitas Psychological Services Trinitas Internship Training Program Trinitas Regional Medical Center Dept. of Behavioral Health and Psychiatry Elizabeth, N. J. 07202
1987 - 1989	Director	Family Services Substance Abuse Services Goldwater Memorial Hospital Roosevelt Island, N. Y. 10028

## ACHIEVEMENTS:

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- ▶ **School Consultation and Training:** Creation and implementation of programs for school districts to improve student achievement. Creation of curriculum materials and coursework to improve student learning, study, test taking, organization and communication skills. Seminars, presentations, consultation and program development to improve teacher effectiveness and student achievement. Design of process and structural system improvements for schools to more effectively engage, motivate and guide disruptive, aggressive, under motivated and at risk students. Provision of prevention and intervention programs for schools to deal with students at risk of drug and alcohol abuse and gang involvement. Creation of programs to help schools prevent, prepare for and deal with student crisis, aggression and suicidal intent. Provision of violence and bullying prevention programs. Implementation of programs to help schools increase parent engagement and involvement in student success. Creation of programs to help schools guide ADHD and conduct disordered students. Introduction of student study and learning skill assessment tools to help districts pinpoint critical areas for student centered intervention. Delivery of Brain Based Research programs to align teaching methods with the needs of today's students. Consultation services provided to Child Study Teams and Intervention and Referral Services to improve the assessment, pre-classification and classification processes of students with learning and behavioral disabilities.
- ▶ **Corporate and Organizational Wellness Program Implementation:** Corporate consultation and interventions to reduce employee health care costs. Development of programs to aid high health risk employees. Assessment of corporate health risk exposure. Leadership and course materials development for seminars on Health Improvement, Stress Management, Smoking Cessation, Weight Reduction, Exercise, Nutrition and Drug Abuse in the Workplace. Creation of an intervention program for Police to help officers and cadets learn stress inoculation, trauma coping, conflict resolution and communication skills and techniques. Provision of patient Health Improvement programs for medical practices, health care clinics and agencies.
- ▶ **Corporate Organizational Development, Consultation and Training:** Creation, marketing and directorship of corporate and organizational consultation and seminar services. Creation of programs to improve organizational, manager and employee productivity, communication and effectiveness. Creation and provision of seminars and programs on Customer Care, Leadership, Employee Motivation, Total Quality Management, Customer Satisfaction, Service Improvement, Interdepartmental Coordination, Change Management, Conflict Resolution, Time Management, Cultural Diversity and Process Improvement in the workplace. Development of corporate seminar course materials and media presentations. Employee promotion and hiring assessments. Employee and customer satisfaction surveys to assist in organizational goal setting and achievement. Middle and upper level manager coaching. Consultations on guiding and improving under performing, aggressive and at risk employees. Corporate crisis intervention. Design and implementation of programs to help managers and employees cope with downsizing and plant closing issues.
- ▶ **Set Up and Directorship of Outpatient Clinic:** Designing, development and directing of outpatient satellite psychiatric clinic for the expansion of hospital psychiatry services. Contract negotiating with Managed Care Companies for utilization of the outpatient satellite clinic services. Directing of marketing campaign to position the new clinic among competitors in, New Jersey. Network development with managed care companies, employee assistance programs, school administrators, physician groups, churches, court system, parent groups, businesses and

corporations. Public relations and marketing campaign and materials development. Setting up of computer information systems to support clinic administration, billing and marketing.

- ▶ **Chief Psychologist:** Management and supervision of Clinic Directors and Psychology Staff as Chief Psychologist in one of New Jersey's largest psychiatric services. Overseeing of budgeting, strategic planning, goal setting, program creation, unit operations, quality process reengineering and standards compliance in Psychiatry Department. Leadership of Psychiatry Units' implementation of processes to improve profitability, service quality, productivity, customer satisfaction and continued adaptation to the changing health care environment. Recruitment, hiring, training, career development and evaluation of psychologists, clinicians and support staff.
- ▶ **Behavioral Medicine Program Creation:** Establishment of Behavioral Medicine Program to serve physician-medical groups, health care clinics and hospital medical/surgery departments. Development of a pain management clinic with an off site physical therapy/rehabilitation center.
- ▶ **Internship Director:** Directorship of American Psychological Association accredited Psychology Internship program. Program administration. Supervision of interns. Intern course leadership.
- ▶ **Change Management Leadership:** Establishment of training program for Department of Psychiatry staff to meet the demands of the changing health care environment. Mental health care worker training in: 1) short term, group and individual psychotherapeutic interventions, 2) preventive behavioral health care skills, 3) managed health care company interfacing skills, 4) cost effective models of psychiatric intervention, and, 5) process improvement techniques.
- ▶ **QNJ Training & Team Member:** Served as an evaluator with Quality New Jersey team to assess Baldrige Award criteria for a major New Jersey corporation. Received training in assessment of organizational processes for Baldrige award criteria continuous quality improvement items.
- ▶ **Marketing and Contract Negotiation:** Directing of marketing campaign for Psychiatry Department Services through The Wellness Management Program. Initiation of contracts with insurance and managed care companies for the provision of psychiatric services for employees and insurance plan members.
- ▶ **IT Consultant:** Co-coordination of Information System implementation for the Department of Psychiatry to computerize patient records, billing and charting. Training of Psychiatry Department Staff Members in the use of patient database management.
- ▶ **Critical Incident Trauma Debriefing & Consultation:** Marketing of trauma intervention and trauma prevention programs for companies, public organizations and government agencies (e.g., including the Police Training Academy). Provision of debriefing, critical incident and trauma response services.
- ▶ **Public Speaking:** Media presentations and interviews on topics including personal health care improvement, psychiatric, childcare, parenting, wellness and trauma recovery issues in various media forums (e.g., TV, radio, newspaper, Star Ledger, The Suburban News, The News Record, WJDM, etc.) to market health care and psychiatry Services.
- ▶ **Process Improvement Leadership:** Chairman of Psychiatry Department's Quality Assurance Program. Devising of cost effective strategies and process control measures to improve mental health service delivery, effectiveness and profitability.
- ▶ **Psychiatric Services Development:** Creation and directorship of Department of Psychiatry Short Term Cognitive Behavioral Group Psychotherapy Program for the delivery of focused, short term psychiatric services. Creation and development of a wide variety of program services to improve psychiatric unit effectiveness.

## **BOOKS / PUBLICATIONS**

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Book Author: Power Success Skills: "Achieving Success in School and Life – A Program for Improving Student Motivation and Academic Achievement"

Book Author: "The Health Power Program: A Body, Mind, Heart and Soul Integrative Approach for Building Positive Health Skills"

Authorship of numerous articles for local New Jersey newspapers and magazines on parenting and mental health care issues

Co-editor, Trinitas Psychiatry Newsletter

"Boyhood Separation Anxiety Disorder: Thought Disorder and Object Relations Psychopathology as Manifested in Rorschach Imagery." Journal of Personality Assessment (1989) Vol. 53, No. 2

"The Focused Child: Dr. Goddard's 10 Minute a Day Program for Building Critical Success Skills in Our Media Saturated Children"

## **RESEARCH**

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Dissertation: "Gender and Non-Gender Disturbed Boyhood Separation Anxiety Disorder: The Role of Aggression, Thought Disorder, and Object Relations as Manifested in Rorschach Imagery."

"Predicting Psychiatric Diagnosis from WAIS Test Scores." The Country Place, Litchfield, CN

"Demographic and Intellectual Correlates of Commitment to Psychotherapy." The Psychological Center, City University of N.Y.

Masters Thesis: "The Effect of Leadership Style on Group Psychotherapy Members' Treatment Outcome: Research Review"

Research Assistant: Affective Disposition, Use Preventive Health Care, and Medical Condition of Adult Outpatients." University of Connecticut Health Center, U. Conn., Farmington, CN.

Research / Editing Consultant: Research investigator and writing/editing consultant to Ruth Formanek, Ph.D. for publications on Piagetian theory and its application to education and parenting.

Bachelor's Thesis: "Impaired Language Development in the Learning Disabled Child: Literature Review and Case Study."

## **PROFESSIONAL AFFILIATIONS AND MEMBERSHIPS:**

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New Jersey Psychological Association

American Psychological Association

Quality New Jersey

American Society for Training and Development

# Ruben Lambert, Psy.D.

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9 Anthony Circle\* Clark, NJ\* 908-377-9942\* Rlambert3763@aol.com

## Education

Sept 2004-Aug 2009 Doctor of Psychology in Clinical Psychology  
American School of Professional Psychology  
at Argosy University/Washington DC, Arlington, VA

October 2006 Master of Arts in Clinical Psychology  
American School of Professional Psychology  
at Argosy University/Washington DC, Arlington, VA

May 2004 Bachelor of Arts in Psychology  
Kean University, Union, NJ  
Graduated Magna Cum Laude

## Clinical Employment

Sept 2009-Present **Psychology Clinician**  
**Trinitas Regional Medical Center**  
**Department of Wellness Management Services**  
**Supervisor, Rodger Goddard, Ph.D.**  
Responsibilities include psychological consultation to George Washington School No. 1 in Elizabeth Township and Union High School in Union Township. The consultation to George Washington School consisted of a school wide assessment of teachers and administration to determine current behavioral, emotional, and learning problems amongst the students. Also, administration and teacher strengths and weaknesses were assessed. A student success program tailored specifically for George Washington School was designed followed by training of the teachers and administration.

At Union High School, responsibilities include consultation and skills training of administration, teachers and guidance counselors. General education students with behavioral, emotional, and learning problems were identified. Interventions such as individual, group and family therapy were put into place to provide support to the identified students and decrease student dilemmas. A multisystemic approach was used incorporating the teachers, guidance counselors and parents.

## Supervised Training

Aug 2008-Aug 2009 **Psy.D. Internship**  
**Trinitas Regional Medical Center**  
**Director, Rodger Goddard, Ph.D.**  
Individual, family and group therapy conducted on child, adolescent, and adult units. Outpatient cases also require case management. Intake assessments were conducted on both units and cases were presented at

team meetings consisting of members from various mental health disciplines. A six-month rotation was completed in the Adult Partial Hospital Unit. The second rotation was with Wellness and Consultation Services. Psychoeducation presentations have been conducted with parents at Elizabeth Public Schools. Skills building groups with at risk students in Union Public Schools were facilitated. There were regular consultation with teachers and administration at various Union Middle Schools and George Washington School No. 1 in Elizabeth. Supervision consisted of 3 individual and 1 group supervision per week.

Sept 2006-June 2007

**PsyD Externship**

**Essex County Hospital, Cedar Grove, NJ**

**Supervisor Barbara Alter, Ph.D.**

Conducted psychological assessment of clients whose ages range from 18-65. Individual and group therapy was also conducted with clients of diverse ethnic backgrounds who suffer from severe mental illness.

Sept 2005-June 2006

**PsyD Externship**

**Associated Clinical Services, Springfield, VA**

**Supervisor Edwin N. Carter, Ph.D.**

Conducted therapy and assessment of an outpatient population whose ages ranged from 6-55 years old. The clients were of diverse ethnic backgrounds and suffered from a wide range of mental disorders. Therapy was conducted in Spanish if a client was not proficient in English.

Sept 2003-Dec 2003

**Undergraduate Internship**

**Conklin Youth Center, Hackensack, NJ**

**Supervisor Sharon Boyd-Jackson PhD.**

Participated in case discussion meetings. Performed supervised intake interviews. Assisted with coordinating activities and supervised adolescents ages 11-17. Behavior modification interventions such as token economy were used to reinforce positive behaviors.

**Supervised Employment**

Sept 2007- Feb 2008

**Intensive In-Home Therapist**

**Supreme Consultants**

Provided home based behavioral interventions and family therapy for Latino children and adolescents. A portion of the therapeutic interventions were conducted in Spanish.

**Employment**

June-Aug 1998-2008

**Summer Camp Counselor**

**The Shim Academy West, Roselle, NJ**

The camp integrated children from various organizations such as Families and Communities Together, Kids Connection and Youth Connection. These programs support families in crises. Coordinated scholarly and physical activities for children ages 10-14.

Sept 1999-June 2008 **Substitute Teacher**  
**Elizabeth Board of Education, Elizabeth NJ**  
Performed an absent teacher's responsibilities in the classroom. Reviewed homework and taught new lessons to students. Worked with children in grades Pre-K to 8<sup>th</sup> grade.

June 1997-Sept 1997 **Lifeguard**  
**Inman Avenue Sports Club**  
Responsible for the safety of all pool patrons. Rescued drowning victims and administered first aid. Responsible for pool maintenance and checked to make sure chlorine was at a sanitary level.

#### **Presentations:**

August 2009 **Elizabeth Board of Education, School No. 1**  
Conducted a workshop to teachers of an elementary and middle school on effective classroom management skills.

August 2010 **Woodbridge Township Housing Authority**  
Conducted a presentation on communication skills and conflict resolution to the residents of 5 buildings directed by the Woodbridge Township Housing Authority. The residents ages ranged from 50-85.

November 2, 2010 **Union Township Board of Education, Special Services Department**  
Conducted a workshop to the staff on how to develop a conflict resolution and anger management program for student in middle school and high school.

February 18, 2011 **Union Township Board of Education, Special Services Department**  
A workshop on Mental Health in Schools was presented to case workers to assist in increasing their awareness of how mental illness affects learning. School based interventions were also discussed during the presentation.

#### **Volunteer Experience**

June 1999-Aug 2005 **Martial Arts and Meditation Instructor**  
**The Shim Academy Headquarters, Elizabeth, NJ**  
Taught ages 3-80 martial arts and meditation. Promoted overall health of body and mind. Taught all ages self discipline, focus, and concentration.

Jan 2004-April 2004 **Mentor**  
**Kean University Student, Union, NJ**  
Volunteered to mentor a student who was struggling with balancing school, personal life, and playing football. I was supervised by a professor at Kean University. Taught time management and study

techniques. Also, taught meditation to improve focus and concentration. I motivated the student to achieve and succeed.

- Jan 2003-May2003     **Teacher Assistant in Undergraduate Statistics Class**  
**Kean University, Union NJ**  
Responsible for assisting students who did not understand statistics concepts. Graded homework and tests handed in by students.
- Jan 2001-April 2001     **Volunteer in First Aid Squad**  
**Clark First Aid Squad, Clark, NJ**  
Responded to medical emergencies in the community. Transported patients to the hospital. Administered first aid and documented patients symptoms.
- Jan 1999-May 1999     **Volunteer Medical Translator**  
**University of Medical and Dentistry New Jersey Health Clinic**  
Assisted communication between doctors and Spanish speaking patients. Diagnosis and recommendations were established with the assistance of my translation.

#### **Professional Memberships**

- 2004-Present     Member, Psi Chi National Honor Society in Psychology
- 2004-Present     Member, Phi Kappa Phi National Honor Society

#### **Special Competencies**

Native fluency in Spanish



## Wellness Management Services of Trinitas Regional Medical Center

Providing Consultation and Training to Improve the Health of Individuals and Organizations

May 1, 2012

To:  
James J. Damato, General Counsel,  
Township of Union Board of Education,  
2369 Morris Avenue  
Union, New Jersey 07083  
Re: Proposal / Contract

Dear James Damato,

Enclosed please find our proposals in response to the RFPs posted April, 2012.

The attached proposal is being submitted for the RFP posted 6/24/10 entitled: "REQUEST FOR PROPOSAL TO PROVIDE PROFESSIONAL SERVICES IN THE AREA OF STUDENT SUPPORT/ FOR 2012-2013 SCHOOL YEAR".

Attached to the proposals please also find a copy of a contract should we be awarded permission to deliver services. Also enclosed as per the request in the RFP please find copies of Trinitas Regional Medical Center's Certificate of Employee Information Report and our Business Registration Certificate and the resume / vitas of the people who will be delivering services. Also enclosed please find a copy of our current proof of our general liability insurance. If awarded the contract as per the request in the FRP we will be happy to supply statement that we shall indemnify, defend and hold the district harmless from any and all liabilities for any claims which may arise as a result of the engagement of the Company and/or please let this letter serve as such a statement.

Please notify me immediately at (908) 612 8867 if there is anything missing from our submission and/or you need any other materials at this date.

Thank you for your close consideration of our submission.

Sincerely,

Dr. Rodger Goddard  
Chief Psychologist  
Director, Wellness Management Services  
(908) 612 8867  
drrgoddard@msn.com

Williamson Street Campus  
225 Williamson Street  
Elizabeth, NJ 07207

Jersey Street Campus  
925 East Jersey Street  
Elizabeth, NJ 07201

New Point Campus  
655 East Jersey Street  
Elizabeth, NJ 07206

