



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

**STABILIZATION AND ASSESSMENT SERVICES
Bidder's Conference**

DCF Children's System of Care
April 29, 2024

Agenda & Objectives

- ❑ Welcome/ Introductions
- ❑ Purpose
- ❑ Background
- ❑ Services to be Funded
- ❑ Highlights from the Request for Proposal
 - ❑ STABILIZATION AND ASSESSMENT SERVICES 5-BED PROGRAM SERVING YOUTH WITH MENTAL/BEHAVIORAL HEALTH CHALLENGES STATEWIDE
- ❑ Questions and Answers



Department of Children and Families

- ❑ **Created in July 2006.**
- ❑ **First Cabinet-level Department devoted exclusively to serving and safeguarding children and families**
- ❑ **Mission: To ensure New Jersey youth and their families are safe, healthy and connected.**



Department of Children and Families

□ Values

- ❖ Collaboration
- ❖ Equity
- ❖ Evidence (criteria)
- ❖ Family
- ❖ Integrity

□ Core Approaches

- ❖ Race Equity
- ❖ Healing Centered
- ❖ Protective Factors Framework
- ❖ Family Voice
- ❖ Collaborative Safety



Children's System of Care

- ❑ Serves youth under 21 with emotional and behavioral health care challenges, intellectual/developmental disabilities, and/or substance use challenges
- ❑ CSOC is committed to providing these services based on the needs of the child and family in a family-centered, community-based environment
- ❑ Statewide services are accessed through PerformCare, CSOC's Contracted Services Administrator
- ❑ Contracted services are reimbursed with federal and state funds through the Medicaid fiscal agency
- ❑ Local community system partner service areas are aligned with the fifteen Court Vicinages to assure seamless connections and coordination of care, particularly where youth have multisystem involvement



Children's System of Care

Core Values and Principles

- ❑ **Family Driven and Youth Guided**- Families are engaged as active participants at all levels of planning, organization, and service delivery.
- ❑ **Culturally and Linguistically Competent** - learning and incorporating the youth and family's culture, values, preferences, and interests into the planning process, including the identified language of the family.
- ❑ **Community Based** - identifying and utilizing supports that are least restrictive, accessible, and sustainable to maintain and strengthen the family's existing community relationships.



Children's System of Care

CSOC Priorities

- ❑ Promote integrated health and behavioral health
- ❑ Build capacity to deliver evidence-based interventions and services
- ❑ Enhance CSOC capacity to ensure equitable access



Services to be Funded

- ❑ Up to \$1,643,062 for the 5-bed awarded program inclusive of start-up. Of this amount, up to \$1,556,250 is available for 12 months of operating expenses and up to \$77,812 (5% of operating expenses) for onetime approved start-up costs.
- ❑ The awarded respondents will be paid at the current per diem rate per bed of \$852.74.
- ❑ DCF will award a contract for the provision of out-of-home Stabilization and Assessment Services for youth ages 13 to 17 at age of admission with behavioral/emotional challenges associated with complex trauma.
- ❑ The implementation and maintenance of one 5-bed Stabilization and Assessment Services program in a home that will accommodate no more than two (2) youth per bedroom. Single bedrooms are preferred.
- ❑ The intended funding period for the contract is: July 1, 2024, through June 30, 2025.
- ❑ The projected length of stay is anticipated to be 90 days, although length of stay may be shorter or longer based on individual treatment needs and authorization.



Program Goals

- ❑ Create a short-term, highly structured, and trauma-informed therapeutic environment to support the emotional and behavioral regulation of youth with complex trauma, ages 13 through 17 under the care, supervision or custody of the Division of Protection and Permanency.
- ❑ Provide comprehensive diagnostic assessments to distill a comprehensive clinical conceptualization resulting in an individualized service plan (ISP) that is strength-based, youth centered, and family driven with corresponding measurable treatment goals.
- ❑ Design a plan for transition that includes goals for long term stabilization in a less restrictive environment including a lower intensity out of home treatment program or non-clinical community-based setting.
- ❑ Maximize the utilization of the services through a transparent, clinical model paired with a rate structure consistent with national best practice.
- ❑ Therapeutic modalities must be evidence-based or promising practices and integrated into all components of programming



Target Population

- ❑ Age: 13 to 17 at age of admission
- ❑ Gender: Female; Male; Transgendered; Non-binary; All

- ❑ Youth are determined to need stabilization services as evidenced by the following:
 - ❑ Youth was removed from the home by the DCF Division of Child Protection and Permanency (DCP&P) due to abuse or neglect, including exposure to family violence, AND cannot be admitted to a resource home, shelter or live with family members with therapeutic supports services, such as Mobile Response and Stabilization Services (MRSS) due to presenting behavioral health needs.

 - ❑ Youth is unable to adequately function within the significant life domains of family, school, or social settings, or to participate in recreational activities, due to his or her behavioral health diagnosis and/or presenting behaviors, and requires immediate stabilization, close supervision, assessment, and targeted clinical/behavioral interventions. Presenting behaviors may include but are not limited to:
 - ❑ Isolation, School refusal, frequently missing from home or a program, property destruction, physical/verbal aggression, sleep disorders, cruelty to animals, suicidal behavior, non-suicidal self-injurious behavior, at risk of or suspected involvement in sexual exploitation, sexually reactive behavior, Substance use, other behavior (such as recent fire setting) that will need to be considered on an individualized basis



Target Population

- ❑ The youth must present with stabilized medical needs as determined in writing by a medical provider, including but not limited to, seizure disorder, diabetes, and asthma.
- ❑ The youth may be a general education or educationally classified student.
- ❑ Exclusionary Criteria
 - ❑ Youth presenting with behavioral challenges and intellectual and/or developmental disabilities or determined eligible or presumptively eligible for CSOC Developmental Disability services shall not be admitted to the Stabilization and Assessment Services program and instead will be assessed for treatment within existing CSOC Crisis Stabilization and Assessment Services for Youth with I/DD.



Service modalities required for this program initiative

- ❑ Six Core Strategies for Reducing Seclusion and Restraint
- ❑ Mindfulness-Based Interventions
- ❑ Trauma-informed therapeutic modality (Dialectical Behavioral Therapy, Attachment, Regulation and Competency Framework, Trauma Focused-Cognitive Behavioral Therapy, Attachment Therapy)
- ❑ Other/Non-evidence-based practice service modalities:
 - ❑ Healing Centered Care
 - ❑ Nurtured Heart Approach



Respondent Submission

- ❑ All responses must be delivered ONLINE on the due date **June 5, 2024, by 12:00 P.M.**
- ❑ To submit online, respondent must complete an Authorized Organization Representative (AOR) form. The completed AOR form must be signed and dated by the Chief Executive Officer or designated alternate and sent to DCF.ASKRFP@dcf.nj.gov
 - ❑ Authorized Organization Representative (AOR)
 - ❑ Form: <https://www.nj.gov/dcf/providers/notices/requests/AOR.docx>
- ❑ Registered AOR forms must be received not less than five (5) business days prior to the date the response is due: **by June 5, 2024**. Upon receipt of the completed AOR, DCF will grant the Respondent permission to proceed and provide instructions for the submission of the response
- ❑ DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your submission.



Questions

- Respondents may not contact the Department directly, in person, or by telephone, concerning this RFP. Questions may be sent in advance of the response deadline via email to DCF.ASKRFP@dcf.nj.gov
- Technical inquiries about forms, documents, and format may be requested at any time prior to the response deadline, but **questions about the content of the response must be submitted by 12 PM on May 10 , 2024.**
- Responses to content questions will be posted to the Department website at [DCF | Requests for Proposals, Qualifications/or Information and Funding Opportunities \(nj.gov\)](https://www.nj.gov/DCF/RequestsforProposals/Qualifications/orInformationandFundingOpportunities)

