



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

**INTENSIVE MOBILE TREATMENT SERVICES FOR YOUTH AND YOUNG ADULTS WITH
INTELLECTUAL / DEVELOPMENTAL DISABILITIES**

Bidder's Conference

DCF Children's System of Care

October 6, 2022

Agenda & Objectives

- Welcome/Introductions
- Department of Children and Families
- Children's System of Care
- Highlights from the Request for Proposal -**Intensive Mobile Treatment Services For Youth And Young Adults With Intellectual / Developmental Disabilities**
 - Services to be Funded, Service need
 - Service location, target population, required staff
 - Key Model Components
 - Application Submission Instructions
- 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



System of Care 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 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

- ❑ The annualized funding available is not to exceed \$4,700,000 per year for up to two years, or \$9,400,000 in total for the purpose of providing a comprehensive in-home program.
- ❑ NJDCF will fund one (1) award to fund one (1) agency with the ability to provide holistic care through two (2) treatment teams each serving 9 (18 total) male and female children, youth and young adults concurrently. The anticipated duration of engagement with the program is 6 to 24 months with an average of 12 months per youth.
- ❑ An awardee must have the program fully operational within 60 days of award. Funds must be expended by January 31, 2025.



Service Need

- ❑ **Two multi-disciplinary direct service teams and an oversight team to support up to 18 youth and families within their communities**
- ❑ Services aim to deliver a safe, stable, and therapeutically supported intensive treatment program with a comprehensive array of services delivered in the youth's and family's home and community.
- ❑ A multi-disciplinary team will be comprised of behavioral, psychiatric, and medical experts, supported by a team of direct support from other specialists.
- ❑ The IMTS-IDD team will assist the youth with acquiring, retaining, improving, and generalizing the behavioral, self-help, socialization, relational and communication skills needed to enhance relationships, increase independence and functioning (e.g., improve self-care, negotiation and conflict resolution skills; develop effective coping skills, healthy limit-setting, and social skills; manage stress and symptoms; and pursue self-fulfillment, education and potential employability).



Service Need (cont.)

- ❑ Services will be accessible 24/7 and consist of daily check points among the treatment team and with the family to assess the effectiveness of treatment interventions and supports and adjust these as needed to improve outcomes
- ❑ Targeted approaches will assist youth in regulating emotional and behavioral responses, developing meaningful relationships, and effectively understanding and expressing their needs to the best of their ability, which will aid in the successful transition to less intensive community services.
- ❑ Meet the unique needs of youth with significant IDD challenges and complex co-occurring disorder/s and their families by bringing intensive specialized services and supports into a youth's home in the context of their caregiving system and natural supports.



Service Location

- ❑ Applicant will propose to establish two teams with one dedicated to each of the following counties:
 - Bergen
 - Gloucester
 - or Middlesex

- ❑ The designated county service areas may be adjusted by CSOC as needed to ensure full utilization of program resources



Target Population

- ❑ Youth ages five through twenty who are eligible to receive developmental disability services through CSOC pursuant to NJAC 3A:40. Only one (1) child per family will be enrolled in the program.
- ❑ Youth considered for this program shall present with the most complex challenging behavior(s) of such intensity, frequency, and duration that they prevent personal development and inclusion in family life and community, threaten their ability to remain in home, and may jeopardize the health or life safety of themselves or others.
- ❑ Programs are required to provide services to non-verbal, limited English or non-English speaking individuals.



Target Population (cont.)

Inclusion Criteria

- i. not being able to follow verbal directives; boundary issues including fixation on body parts, sexual reactivity, and socially/environmentally problematic behaviors due to sexual discovery; fecal smearing; self-injurious behaviors; destructive, aggressive and assaultive behaviors that require medical attention (e.g., hitting/scratching/biting oneself or others, head butting/choking/kicking others); elopement; pica; and property destruction.
- ii. Autism Spectrum Disorder (ASD),
- iii. intellectual disabilities
- iv. cerebral palsy and epilepsy
- v. genetic syndromes associated with autism
- vi. Fragile X, Rhett, Prader-Willi, Williams Syndrome
- vii. co-occurring mental health diagnoses (attention, conduct, and disruptive behavior disorders; mood disorders; anxiety disorders and adjustment disorders)
- viii. cognitive abilities and medical and physical needs (e.g., toileting, eating, hygiene and dressing, and other activities of daily living).



Required Staff

- ❑ **Psychiatrist / Medical Director** (one .5 FTE dedicated to the program)
- ❑ **Program Director** (one full-time dedicated 100% exclusively to this program)
- ❑ **Clinical Director** (one full-time dedicated 100% exclusively to this program)
- ❑ **Registered Nurse (RN)** (two full-time dedicated 100% exclusively to this program)
- ❑ **Mobile Team Coordinator** (two full-time dedicated 100% exclusively to this program)
- ❑ **New Jersey Licensed Clinician** (two full-time dedicated 100% exclusively to this program)
- ❑ **Master's Degree Board Certified Behavioral Analyst (BCBA)** (four full-time dedicated 100% exclusively to this program).



Required Staff (cont.)

- ❑ **Registered Behavior Technicians (RBT)** (sixteen full-time dedicated 100% exclusively to this program)
- ❑ **Resource/ Respite Coordinator** (one full-time dedicated 100% exclusively to this program)
- ❑ **Peer Support Partner Specialists** (two full-time dedicated 100% exclusively to this program)
- ❑ **Administrative Assistant** (one full-time dedicated 100% exclusively to this program)

Consultants:

- ❑ **Occupational Therapist (OT)**
- ❑ **Speech Therapist (ST)**



Key Model Components

- Engagement of caregivers
- 24/7 Crisis Response
- Comprehensive Assessment and Treatment Planning
- Intensive Transition Planning
- Comprehensive, coordinated continuation of supports
- Highly individualized services
- Environmental modification
- Behavioral support and treatment including Applied Behavioral Analysis (ABA)
- Individual and family therapy
- Collaboration with key system partners
- Coordination of services
- Speech and occupational therapy
- Equitable access for all families
- Culturally and linguistically competent team
- Holistic, integrated care
- Robust assessment and care coordination based on identified Social Determinants of Health needs
- Workforce Wellness plan
- Commitment



Quality Assurance and Performance Improvement

Applicants must dedicate resources to participate in the program evaluation. This will include meetings with CSOC and designated evaluator, gathering and reporting on data and partnering in performance improvement initiatives.



Application Submission Instructions

- ❑ All applications must be delivered ONLINE on Wednesday **October 26, 2022 by 12:00 P.M.**
- ❑ Applicant must submit an Authorized Organization Representative (AOR) form. The AOR form must be completed and sent to DCF.ASKRFP@dcf.nj.gov
 - ❑ Authorized Organization Representative (AOR) Form: <https://www.nj.gov/dcf/providers/notices/AOR.doc>
- ❑ Once the AOR is submitted and the Applicant is granted permission to proceed, instructions will be provided for submission of the application. Only a registered Authorized Organization Representative or the designated alternate is eligible to send in a submission by submitting an AOR form.
- ❑ Applicants must submit a complete application signed and dated by the Chief Executive Officer or equivalent.
- ❑ We recommend ***not*** waiting until the due date to submit your application in case there are technical difficulties during your submission. Registered AOR forms may be received five (5) business days prior to the date the application is due.



Questions and Answers

