June 10, 2005

Dear Colleague:

In January 2000, New Jersey launched an initiative to change the system of care for children and youth with emotional and behavioral disturbances and their families/caregivers. This initiative formerly, known as the Partnership for Children, is now incorporated into the Division of Child Behavioral Health Services. In June 2004, the report of the child welfare reform panel, "A New Beginning: The Future of Child Welfare Reform in New Jersey" reemphasized the importance of completing the structure to reform the mental/behavioral health child serving system. This reform has brought about a commitment from the Governor and State legislators to address a myriad of issues and to ensure that all of the child-serving systems offer "No Wrong Door" access to service and that children and youth receive all services that they need regardless of the system that generated the intervention.

A critical component of the Division of Child Behavioral Health Services (DCBHS) is the completion of the creation of Children's Mobile Response and Stabilization Services System (MRSS) at the local level. The Department of Human Services is in the process of finalizing the phasing in of locally managed Mobile Response and Stabilization Services Systems. I am pleased to provide you with a copy of a Request for Proposal (RFP) for three MRSS service areas which will complete implementation of MRSS services statewide. The three Mobile Response and Stabilization Services Systems will be located in and serve the areas of Hunterdon/Somerset/Warren counties, Morris/Sussex Counties and Cape May/Atlantic Counties.

The enclosed RFP includes information on who can apply, the procedure for eligible organizations to apply, the proposal response outline and questions, and information regarding the mandatory bidders' conference. Please review this information and feel free to share it with interested colleagues. More information regarding this reform of the child mental/behavioral health system as well as the child welfare reform plan is available from the Department of Human Services, Office of Children's Services website (child welfare reform) as well as the Division of child Behavioral Health Services website at http://www.njkidsoc.org.

We believe that the Children's Mobile Response and Stabilization Services System is essential to our system of care goals of keeping children at home, in school and out of trouble; and we are pleased to provide you with this challenging opportunity.

Sincerely,

Gail Krebs
Acting Assistant Commissioner, DCBHS

Enclosure

APPLICATION AND PROPOSAL SUBMISSION PROCESS

General Instructions:

- Read the Request for Proposal document and all of the accompanying documents.
- If you have any questions, they should be forwarded to the Department prior to the Bidders' Conference or asked at the Bidders' conference. No questions can be responded to after the Conference.
- Register for the Bidders' Conference via phone, fax or e-mail. Attendance is mandatory for any proposal applicant.
- Complete the cover sheet for the proposal (Appendix H). Sign the coversheet where indicated, include the cover sheet as the first page of your proposal submission.
- Prepare your responses to the Proposal Response Questions in the order they are presented and number your responses accordingly.
- Letters of support are not required nor should they be included in your proposal submission.
- Include any additional information that describes your program proposal within the proscribed page limit.
- Complete the budget information documents (Appendix F) as instructed. They should be included in your proposal submission as appendices or attachments. Use the format provided and attach additional sheets as needed.
- Organize your final document in the order described in the Proposal Submission Checklist (Appendix I).
- Complete the Proposal Submission Checklist (Appendix I) and attach it as Page 2 of your proposal submission.
- Read and sign the Assurances and Certifications included in Appendix J, K and M. They should be included as appendices or attachments in your proposal submission.
- Proposals shall be typed, clearly marked and collated but not bound. Proposals shall not be more than 45 pages (excluding attachments), single sided and single-spaced with no less than one-inch margins. Font type should be easy to read and no smaller than 12 point.
- Proposals will become the property of DHS and it is suggested that applicants retain a copy for their records.

Submission Address: One signed unbound original and nine (9) unbound copies of the completed proposal shall be mailed or hand delivered (no facsimiles or e-mails accepted) to:

New Jersey Department of Human Services
Division of Child Behavioral Health Services
Attention: Sue DeBlasio
PO Box 700
50 East State Street, 4th Floor
Trenton, NJ 08625-0700
(609) 292-4741

****NO OTHER BUILDING LOCATION WILL BE RECOGNIZED FOR HAND DELIVERY****

Deadline: Whether mailed or hand delivered, applications must be received in the Department of Human Services' office **no later than 4:30 pm, Friday, July 22, 2005**. If State Offices are officially

closed by means of a public announcement; the due date will be postponed to no later than 4:30 pm the next business day.

Award Notification will be made on or after, August 31**, 2005.**

Mandatory Bidders' Conference

It is mandatory for at least one representative applicant to attend a bidders' conference. The bidders' conference will be held on June 27, 2005 **at** ValueOptions. Directions to the conference are included in the RFP. Fill in your name and address and return by mail, e-mail, or fax to:

Sue DeBlasio (sue.deblasio@dhs.state.nj.us)
NJ Department of Human Services
Division of Child Behavioral Health Services
50 East State Street
PO Box 700
Trenton, NJ 08625
Fax: (609) 943-3002

DATE: Monday, June 27, 2005
TIME: 1:00 p.m. – 4:00 p.m.
PLACE: Value Options
3705 Quakerbridge Road, Suite 116
Hamilton, NJ 08619
(609) 689-6200

(Directions Attached)

(Note: If this form is faxed, e-mailed or phoned in, it is not necessary to mail a hard copy)

Name: _____

Organization: _____

Address: _____

_____

_____

Phone: _____

Fax: _____

E-mail: _____

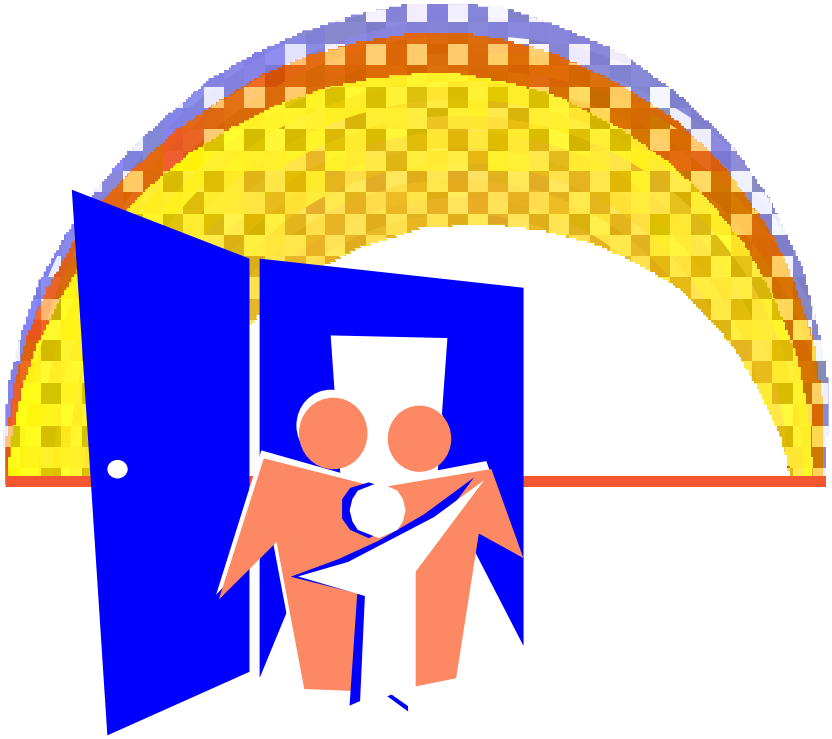
Registration is required prior to attendance. Please complete the above registration form. Directions to the bidder's conference are included in **Appendix G**. Failure to attend the bidders' conference will disqualify individuals/agencies/organizations from the application process. The purpose of the bidders' conference is to provide a structured and formal opportunity for DHS to accept questions regarding the content of the RFP document as well as to provide any clarification. Applicants are encouraged to send any anticipated questions to the Department prior to the bidders' conference via

fax or e-mail to permit time for a considered response. Any major revisions to the RFP as a result of the bidders' conference, or answers to deferred questions will be made in the form of written addenda to the RFP and will be sent only to properly registered bidders in attendance. Any and all addenda to the original RFP become part of this RFP.

Timetable

Timeframes for the RFP process are as follows:

NJ Register Publication of Notice of Availability of Funds	**6/6/05**
Distribution of Requests for Proposals	**On or after Friday, June 10, 2005**
Mandatory Bidders' Conference	**Monday, June 27, 2005**
Application/Proposal Submission Deadline—no later than 4:30 PM	**Friday, July 22, 2005**
Oral Presentations Scheduled - Week of	**August 15, 2005**
Notifications of Award - On or After	**Monday, August 31, 2005**
Notice of intent to appeal must be received by DHS by (7 days after notification of award)	**Wednesday, September 7, 2005**
Contract negotiations initiated on or after (pending appeals)	**Monday, September 12, 2005**
Start Up Period Begins	**Tuesday, November 1, 2005**
MRSS Operational	**January 1, 2006**



The Division of Child Behavioral Health Services

Children's Mobile Response and Stabilization Services

Request for Proposal (RFP)

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APPENDICES

OFFICE OF CHILDREN'S SERVICES
NEW JERSEY DIVISION OF CHILD BEHAVIORAL HEALTH SERVICES
CHILDREN'S MOBILE RESPONSE & STABILIZATION SERVICES (MRSS)
REQUEST FOR PROPOSAL (RFP)

May 2005

1.0 INTRODUCTION

This Request for Proposal (RFP) solicits proposals for the administering, delivering and monitoring of Mobile Response and Stabilization Services Systems in each of three service areas: one in the Hunterdon/Somerset/Warren county area, one in the Morris/Sussex county area and one in the Cape May/Atlantic County area for the Division of Child Behavioral Health Services, formerly known as the Partnership for Children. This RFP pertains only to those service areas identified and will be dependent upon funding availability. Currently, Children's Mobile Response and Stabilization Services (MRSS) are operational in Burlington, Gloucester/Salem/Cumberland Service Area, Monmouth, Hudson, Union, Bergen, Ocean, Camden, Essex, Cape May, Atlantic, Mercer, Middlesex and Passaic counties (11 agencies and 1 satellite which covers the Cape May/Atlantic County Service Area). The satellite office for the Cape May/Atlantic Counties Service Area began serving children in January 2003 with a partial staff overseen by the administration of Burlington County's MRSS. The State Department of Human Services (DHS), Office of Children's Services (OCS), is completing the phase-in of Mobile Response and Stabilization Services Systems across the fifteen identified service areas throughout New Jersey's twenty-one counties with this RFP.

This system of time limited, therapeutic mobile response and stabilization intervention services will be delivered across child welfare, mental health and juvenile justice systems to children and youth exhibiting emotional or behavioral issues that may threaten to disrupt a child/youth's current living arrangement, including out of home placement. Through December 2004, approximately 90% of children seen have remained in their living arrangement. This percentage is in line with the national benchmark.
Mobile Response and Stabilization Services will be delivered within a State established practice model which is based in the System of Care philosophy. MRSS services are accessed by contacting the DCBHS Contracted System Administrator (CSA) via a centralized telephone number (1-877-NJCSOCI). MRSS services are delivered at the site where the child/youth's escalating behavior is occurring.

Respondents to this RFP are required to demonstrate:

- Capacity and ability to develop, administer, manage and monitor a system of mobile response interventions and stabilization services within the designated service area.
- Capacity and ability to deliver mobile response services within the practice model described.
- Capacity and willingness to work with the State of New Jersey Department of Human Services (DHS) to develop and implement a network of stabilization services.

The selected respondents will be expected to develop and implement the administrative capacity and the mobile response service within 60 days of the contract award. After the 60 day period, the selected agency will work with DHS to establish and implement a network of stabilization services that expands current community resources and creates additional services necessary to fully develop needed stabilization services.

This section includes summaries of background information on the New Jersey vision and reform agenda and desired outcomes for the Division of Child Behavioral Health Services and MRSS Systems, as well as descriptions of components of the Division of Child Behavioral Health Services, funding mechanisms, MRSS purpose, and the MRSS population to be served.

1.1 Overview of the Division of Child Behavioral Health Services

1.11 Background

Children's advocates have long identified the need for fundamental structural reform of New Jersey's system of care for children with emotional and behavioral disturbances and their families/caregivers. Despite the existence of many excellent programs and providers, the current service system does not adequately meet the needs of children with emotional and behavioral disturbances and their families, especially those with complex mental health needs who are involved with a number of child-serving systems. Services are fragmented and inadequate at the community level. Most resources are consumed by institutional/residential services, which are often the only available alternative for children and families in crisis. The system needs more services, particularly flexible community services that work directly with children and families in their homes and neighborhoods. Service expansion alone, however, will not address system fragmentation, nor will it ensure that care is coordinated to meet complex needs across child-serving systems, nor would it stabilize children and families in their communities, with the right services at the right time.

As in virtually every other state, a number of child-serving systems, each with its own mandates, perspective, and priorities, serve New Jersey children and families, who may enter the New Jersey Department of Human Services programs (DHS or the Department) through many different doors (child welfare, mental health, juvenile justice, education and the courts). The door, or access route, often defines both the problem and the services available, which, in turn, tends to define treatment goals and objectives based on the mandates and priorities of the specific child-serving system. Services within these separate systems are then organized as structured programs with a myriad of eligibility requirements rather than as a flexible array of resources that may be tailored to meet the individual needs of children and their families.

Children and families need flexible, community-based services that are managed and coordinated as an organized system of care. The Department's Youth Incentive Program addressed this issue through a wraparound process for limited numbers of youth with emotional disturbance, but the Case Assessment Resource Teams (CARTs) that were created under this program could not overcome the inherent barriers of a segmented service system.

To achieve the level of flexibility and coordination needed requires major structural reform of the current service system. For these and other reasons described at length in the Concept Paper and other documents, DHS, the Division of Child Behavioral Health Services launched a reform initiative to implement a reformed Behavioral Health Services Network across child-serving systems that will significantly change the financing, contracting, organization, and delivery of services for children and families.

In June 2003, as a result of a number of events, including several highly publicized child deaths, caused by abuse or neglect, Governor James E. McGreevey, agreed to settle a class action lauwsuit, which resulted in a plan to fundamentally restructure the child welfare system. This resulted in the preparation and publication, in June 2004, of a mutually agreed to plan, "A New Beginning: The

Future of Child Welfare Reform in New Jersey". This child welfare reform plan establishes a vision, principles, goals and benchmarks in order to assist child to grow into healthy adults, and assure that children in the child welfare system receive an education, good physical and psychological health, a sense of security, and strong relations with caring adults. Much of the findings, principles and concepts contained in the reformation of the behavioral health services network were continued, reinforced and incorporated into the system for caring for children in New Jersey.

"New Beginnings" found that mental health/behavioral health treatment services for children are fragmented, community based services are insufficient, and that treatment services are too frequently provided in congregate care instead of family-like settings. Children in detention centers and youth shelters do not have access to appropriate and timely assessments and often languished in inappropriate treatment environments. A commitment has been made by the Governor and State Legislators to address a wide array of issues including overcrowding in the State Detention Centers, decreasing the use of congregate care for children, ensuring all child-serving systems offer 'No Wrong Door' access to services and that children and youth receive all services they need, regardless of the system that generated the intervention. To assist in addressing these challenges, the child welfare reform plan required that the phase in of Mobile Response and Stabilization Services Systems be completed by January 2006. This RFP will complete this network of services for children across the state.

The Division of Child Behavioral Health Services is a reform initiative, not a cost saving initiative. New revenue has been introduced, all available resources are being identified and accessed and services are expanding. There will be no financial incentives to limit access and utilization of care. The goal is improvement of the system of care for children and youth with behavioral and emotional disturbances and their families. This goal will be accomplished by providing them with the right services, in the right place at the right time.

1.12 New Jersey Vision and Reform Agenda

The Division of Child Behavioral Health Services reform agenda is driven by a vision for a Comprehensive System of Care for children and families included in the concept paper issued January 2000 and further incorporated in the child welfare reform plan included in the "New Beginnings" child welfare reform plan. It is based on the fundamental principle that children and adolescents, including those with emotional and behavioral disturbances, have the greatest opportunity for normal, healthy development when ties to community and family are maintained. In other words, the system of care must support families, caregivers and communities' efforts to keep children at home, in school, and out of trouble. This calls for a reform agenda committed to maintaining the integrity of family and community life for children while delivering effective clinical care and social support services. This agenda requires an organized system of care that is:

- **Child-centered and Strength-based**, addressing the whole child across life domains and building on child and family strengths in all service planning, organization, and delivery.

- **Family-focused and Family-friendly**, with all processes designed to engage families and directly involve them with service planning and delivery, and to assure their needs and goals drive the Individual Service Planning (ISP) and implementation process.

- **Community-based and Culturally competent**, organizing services around community strengths, in local neighborhoods, and assuring responsiveness to the unique cultures of families living in those communities.

- **Collaborative across child-serving systems,** involving mental health, child welfare, juvenile justice and other system partners in common planning, financing, and contracting processes.

- **Reflective of the reliance on congregate care**, by supporting the provision of more community based services, including treatment homes, to allow more children to be served in family-like settings.

The Department's reform agenda is ambitious and comprehensive. Implementation will require sustained commitment by all participants and stakeholders to a process of fundamental structural change over the next three to five years.

The reform agenda will result in:

- **A single comprehensive system of flexible, accessible community-based resources and clinical services** for all children and youth with emotional and behavioral disturbances and their families/caregivers.

- **A coordinated system of care that supports comprehensive individualized service planning across child-serving systems**, matching flexible services with individual child and family needs.

- **Increased revenue to expand currently under-funded community services and resources** that support stable living arrangements in the community.

- **Common screening and assessment tools and protocols** and a consistent process for accessing the system of care and receiving necessary and appropriate services, including multi-system strength-based functional assessments for children and families with complex needs or multi-system involvement.

- **Responsive and effective crisis management at the community level**, including expansion of mobile response and stabilization services and crisis stabilization beds.

1.13 Division of Child Behavioral Health Services System of Care Outcomes

The Division of Child Behavioral Health Services, in conjunction with systems partners, will be accountable for concrete outcomes that reflect the Department of Human Services', Office of Children's Services' commitment to maintaining ties among children, families, and communities while delivering effective clinical care and social support services for children with emotional and behavioral disturbance. Desired outcomes include:

- Improved clinical outcomes and emotional/ behavioral stability.

- Improved permanency in community placements.

- Reduced lengths of stay in residential care.
- Reduced use of congregate care and increased use of more family-like treatment home settings.
- Reduced re-admissions to acute psychiatric hospitals.
- Improved crisis management and stability in living environments for families and caregivers.
- Improved educational performance and overall social functioning for children.
- Reduction in delinquent behavior among youth involved with services.
- Improved access to assessments and evaluations and improved access and timeliness of service delivery in all settings, including youth in detention centers or juvenile shelters.
- Improved satisfaction and increased participation in treatment by families and children.

In addition to these global outcomes, each child and family's unique service plan will target specific functionality in major life domains.

1.14 Components of the Division of Child Behavioral Health Services

The Division of Child Behavioral Health Services will operate under the paradigm of an organized system of care, providing individualized, community-based services and social supports, organized under a single service plan tailored to the needs and strengths of the individual child and family. This requires new approaches to financing, contracting, managing, and delivering services to assure capacity and accountability for delivering care under this paradigm.

DHS will provide administrative support for developing capacity and accountability by:

- **Assuring effective integration of policy, resources and procedures among child-serving systems through ongoing collaborative planning and system management.**
- **Assuring access to specialized services for children and families involved with the Court** through service agreements with the Courts, Probation and the Juvenile Justice Commission (JJC) for intersystem communication and the timely exchange of relevant information, including comprehensive assessments.
- **Providing training and consultation** to ensure full family participation build provider capacity and ensure the development and delivery of quality services.
- **Re-aligning services and programs operated by the Department** to function and be accountable as participating members in the new system of care. The role and assignment of these programs and facilities will change over time to support a unified managed continuum with the flexibility to provide individualized care, services and payment mechanisms.
- **Conducting research** to provide an empirical base for system planning and evaluation consistent with child, family and community needs and strengths.

- **Implementing service expansion** to enable the organization and delivery of services to support outcomes-based Individual Service Plans (ISPs) and Individual Crisis Plans (ICPs). (For a list of services that may be included within the System of Care, please see Appendix D).

In addition to these changes at the DHS level, the Division of Child Behavioral Health Services requires new system capacity for:

- Coordinating system of care access and service utilization.

- Developing and implementing Individual Service Plans across child-serving systems.

- Effectively organizing consistent family and community participation in planning and service delivery.

The following new organizational entities provide this capacity. They are:

- **Care Management Organizations (CMOs)** to organize and coordinate community-based services and informal resources through face-to-face care management at the local level for individual children and families with multi-service needs and multi-system involvement.

- **A Contracted System Administrator (CSA)** to support utilization management, care coordination, quality management, and information management for the statewide system of care. In this administrative support role, it will provide DHS, the CMO and other system partners with the information needed to manage the ISP process toward quality outcomes and cost effectiveness.

- **Family Support Organizations (FSOs),** to provide direct peer support and assistance to children and families from family members of children with current system involvement.

- **Mobile Response and Stabilization Services (MRSSs),** to provide timely response and intervention to children and youth with escalating emotional and/or behavioral issues to remain in their current living arrangement within their communities.

These new organizations are interdependent system partners in the reform agenda, contracted and managed directly by DHS. Their functions are linked to statewide service expansion, and they will work closely with the DHS, community stakeholders, providers, and with each other to enhance, expand, and reorganize the existing system.

1.15 Funding

State dollars will be used to leverage federal dollars to expand the total service pool available to children with emotional and behavioral disorders and their families. Providers will be required to apply to become a Medicaid Presumptive Eligibility (PE) provider with the Division of Medical Assistance and Health Services. Providers will also be required complete PE applications for all children/youth and families who aren't current NJ Familycare Plans A, B, or C to ensure children and families gain access to appropriate funding sources for services.

2.0 CHILDREN'S MOBILE RESPONSE AND STABILIZATION SERVICES

The State will contract with one Children's Mobile Response and Stabilization Services agency in each designated service area. The Children's Mobile Response Services Agency will be responsible for capacity building, organization, implementation, management and delivery of the system of time limited stabilization services within that designated area.

The agencies awarded the Children's Mobile Response and Stabilization Services contract within the designated service areas will deliver mobile response services within the DHS practice model, which defines:

- Timeliness of response,
- Professional staff competencies and credentials,
- Specific services and interventions, and
- Desired outcomes.

The MRSS Agency will partner with the State of New Jersey, Department of Human Services to develop a network of stabilization services that defines the system of services and builds upon resources available within the county or designated area, to expand current capacity when necessary, and create additional services when a full network of services is not available. This MRSS agency will be responsible for the continued development and building of the network of Medicaid enrolled, intensive in-community and behavioral assistance providers in the designated area.

Additionally, nine counties currently locate the Family Crisis Intervention Unit (FCIU) within the Family Court. The AOC has begun planning to move these FCIUs from within the Court to an outside provider agency by 1/1/06. This planning process will be conducted locally through the Youth Service Commissions. In order to set the stage for any future collaboration, the MRSS agency will be required to participate with the DHS and state and local components of the Juvenile Justice System to integrate the functions of the FCIU and the Mobile Response and Stabilization Services **should the local Youth Service Commission choose to exercise this option**. Minimally, MRSS agencies will be required to coordinate services with county FCIUs, should they choose not to integrate FCIU and MRSS functions.

The selected agency will be responsible for maintaining records and data by the software provided by the DCBHS CSA. The DCBHS CSA maintains the information management system which is accessed by internet connection. Agencies will be responsible for acquiring and installing the requisite computer equipment and communications hardware to operate the existing software.

2.1 Purpose of the Children's Mobile Response and Stabilization System

The New Jersey Division of Child Behavioral Health Services has designated the population to be served, the access pathways to the service and the protocols for delivering Mobile Response and Stabilization Services. As designated, all efforts are organized and delivered to support maintaining the child in his/her home or current living arrangement and community. The system of mobile response services for children and youth will provide a focused and therapeutic, immediate crisis response at the site of the escalating behavior. As designed the system includes four components:

1. ACCESS

The State of New Jersey, Department of Human Services is committed to implementing a mobile response services system that provides an uncomplicated, clear pathway to immediate intervention. The Division of Child Behavioral Health Services, Partnership for Children has established a toll free number at the CSA (1-877-NJCSOCI) that provides licensed clinicians to triage initial referrals and provide the central point of contact for immediate access to mobile response services in all designated service areas. This telephone response unit will provide a person-to-person connection to the individual county Children's Mobile Response Service Agency. Specific policies and procedures for the function of the toll free phone number will be developed by DHS.

2. LOCAL AGENCY

A local Children's MRSS Agency that will develop a system of immediate response interventions based upon a standard of care and deliver mobile response services. Services will be provided for up to 72 hours by trained, experienced staff that will respond within one hour from the time of initial call to the site of the escalating behavior. Services will be available on a 24-hour/day, 365 days/year basis. De-escalation of behavioral and emotional issues will be provided, Crisis Assessment Tools will be completed and Individualized Crisis Plans (ICP) will be developed.

3. STABILIZATION

Stabilization services will be delivered through the developed stabilization network, as specified in the ICP, for up to eight weeks in the community, by trained, experienced staff. The services designated in the ICP will include intensive therapeutic and rehabilitative interventions as well as informal support resources, intensive in-community services, behavioral assistance or short-term counseling to stabilize the escalating behavior, prevent hospitalization, support children, families and caregivers and develop a community based support system that will remain in place when crisis stabilization ends.

4. LOCAL MANAGEMENT AND SYSTEMS DEVELOPMENT

Training and technical assistance will be provided to the local MRSS on program orientation, system of care values and principles, crisis cycle and intervention techniques, utilization of the Crisis Assessment Tool (CAT), ICP development, family and system dynamics, cultural competence, assistance and support in the identification of stabilization providers, organizing the system of stabilization providers, and the provision of quality services by insuring provider capacity.

Primarily, the mobile response system is a face-to-face delivery of service at the site of the escalating behavior, whether this is in the child's home, a group home or another living arrangement, including resource and foster family homes or detention.

Each Mobile Response and Stabilization Services Agency will create an organized system to deliver mobile response within an individually defined area. These services are designed to:

- Stabilize the family system and minimize the movement of children from one living arrangement to another, including within resource family homes,
- Prevent inappropriate hospitalization or re-hospitalization,
- Improve the functioning of children in all life domains, including social, behavioral, emotional and educational.

- Respond to the individual needs of families and children, focusing on the importance of their participation in treatment,
- Provide timely, on-site access to assessment and evaluation in a wide array of settings, and
- Manage appropriate levels of risk and disruption in the home and community.

The successful applicant will be expected to create an organizational entity for response services that is separate from other services and programs within the applicant agency. As an organizational entity, the Children's Mobile Response and Stabilization Services System will be responsible for individual child and family outcomes that result from the delivery of immediate response and stabilization services. In addition, the Children's Mobile Response and Stabilization System Agency will comply with reporting requirements as stipulated by the State. These reporting requirements will be used to meet State requirements for information management and to measure the effectiveness and impact of the mobile response and stabilization services across targeted areas.

2.12 Population Description

Mobile Response and stabilization management services are aimed at ensuring the safety of children, youth and young adults and their families/caregivers that are facing crisis situations. Mobile response agencies are committed to providing services to address escalating behaviors and/or emotional issues as expeditiously as possible in order to prevent the disruption of the child, youth or young adult's current living arrangement. The newly created system of mobile, community-based services includes both immediate response and stabilization services for children, their families and caregivers. Mobile response services are designed to serve children and families at the site of the escalating behavior.

Specific populations eligible for this service in all designated service areas include:

- Children and youth age 5 – 18 years of age who are exhibiting behavior that may lead to disruption of their current living arrangement, including psychiatric hospitalization and out of home placement.
- Youth dually diagnosed with mental health issues and developmental disabilities are included in this population. Youth with developmental disabilities in the absence of a behavioral health issue are not a target population to be served by MRSS.
- Youth age 18 – 21 who have been recipients of service either in the Division of Youth and Family Services (DYFS), Division of Mental Health Services (DMHS) or the Juvenile Justice Commission (JJC) who are exhibiting behavior that may lead to disruption of their current living arrangement.
- Resource Families in an effort to stabilize initial placement or prevent movement and when this is not possible, to provide interventions that will stabilize behavior and assist in transition to a new Resource Family.
- Youth who are released from a Detention Center and are in the community.
- Youth on probation or parole, in the community whose behavior is putting them at risk of violating their probation or parole.
- Youth who have been evaluated in psychiatric emergency service settings and discharged.
- Youth in Detention Center Settings who's behavior may place them at risk of hospitalization or re-offending.

2.13 Implementation Challenges

Implementing this practice model for a statewide system of mobile response services for children, youth, their families and caregivers creates a number of challenges. While some response capacity exists in the system currently, the statewide implementation will establish a consistent system of mobile response services that are locally organized, coordinated, administered, and delivered into an integrated system that supports the common goals established in the child's ICP, as well as the system goals of permanency for children.

Applicants to this RFP will be required to provide a unique mix of skills and capacity that will include:

- Administration and coordination of the Children's Mobile Response Services System.
- Direct delivery of mobile response services.
- Partnership with DHS to build a network of time limited stabilization services through expansion of current services and the addition of new services.
- Management of community based stabilization service providers through a series of subcontracts, affiliation agreements or memorandums of understanding.
- Partnership with existing community based resources that will provide development of transition planning leading to discharge from MRSS tracked through the ICP.

The Children's Mobile Response and Stabilization Services Agency will be expected to develop the response and stabilization service system within the designated service area. Initially, priority will be given to developing the agency's administrative capacity and developing and implementing mobile response services.

2.14 Mobile Response and Stabilization Services Capacity

Mobile Response and Stabilization Services will consist of two separate functions: mobile response services and stabilization management services. Mobile Response services are the intensive, therapeutic and rehabilitative crisis intervention services provided during the initial 72 hours (spanning up to four days), by MRSS Agency staff, after the referral is received. These services are intended to provide short-term stabilization of a crisis situation that requires intervention to address the presenting behavior, prevent the disruption of the individual's current living arrangement and ensure the immediate safety of the child, youth or young adult and his or her family/caregiver. Stabilization services follow the mobile response services and are an extension of this service. Stabilization services focus on the monitoring and management of appropriate formal and informal mental/behavioral health services for a period of up to eight weeks, as authorized by the Contracted System Administrator, after the initial 72 hours of Mobile Response services.

As implementation of the MRSS system begins, there is a need to support and augment the 72-hour response with additional interventions such as crisis beds, one-to-one staff and intensive in-community (home) services, all of which are accounted for in the initial 72 hour response rate. Current providers of residential care and treatment homes and intensive in-home services have participated in meetings with DHS staff and local MRSS agencies to discuss their interest and availability in providing these interventions to children and youth in crisis. The determining factor for providers as they decide whether or not to participate is often the rate of payment that will be paid for these interventions.

Mobile response agencies will be required to enroll as Medicaid/NJ FamilyCare fee-for-service providers and to submit claims in the proper format to Unisys, the Medicaid/NJ FamilyCare program

fiscal agent, to receive reimbursement for Medicaid eligible children. The New Jersey Division of Medical Assistance and Health Services (Medicaid) will receive Federal reimbursement under Titles XIX and XXI of the Social Security Act for providing Mobile Response and Stabilization Services to eligible Medicaid/NJ FamilyCare children, youth and young adults under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

Currently, intensive in-community and behavioral assistance providers are being reimbursed at the established Medicaid rates. Stabilization beds are provided by licensed Residential Treatment Centers (RTCs), Psychiatric Community Residences, Group Homes and Treatment Homes. Medicaid rates are currently established for Residential Treatment Centers (RTCs), Psychiatric Community Residences and Group Homes. Base rates have also been established for Treatment Homes. Stabilization beds are paid at the established Medicaid rate. Stabilization bed providers are required to bill Medicaid for Medicaid eligible children and will be reimbursed accordingly. Stabilization bed providers are required to bill the MRSS agency for Non-Medicaid eligible children and will be reimbursed the established rate by the MRSS agency. An allocation for stabilization beds should be budgeted within the proposal.

An adjustment has been made allowable for stabilization bed utilization, with an adjustment added to compensate for additional cost incurred in the provision of stabilization related interventions for an out-of-home placement facility. The out of home placement facility must be licensed by DHS in order to be accessed as stabilization bed provider. A $50 per day adjustment has been established to supplement the industry rate, to pay stabilization bed providers for exceeding standard requirements. This adjustment is paid in addition to the current Medicaid per diem or the current DYFS/DMHS contract payment rate. Stabilization bed providers will recoup these funds through their billing process from Unisys for Medicaid eligible children. Stabilization bed providers will bill MRSS agencies for the additional premium for non-Medicaid eligible children. An allocation for this type of expenditure should be included in the proposal's budget.

2.15 Administering and Coordinating the Children's Mobile Response Services System

The Children's Mobile Response and Stabilization Services System Agency is responsible for developing, managing, and monitoring a mobile response services system in the designated area. This agency will assure the timely delivery of appropriate interventions to all eligible children and youth who are referred. They will be responsible for delivering a system of mobile response and stabilization within the State established practice model and protocols.

Non – Negotiable: Mobile Response providers are prohibited from direct provision of stabilization services because, the expectation is, that the Mobile Response and Stabilization provider will develop and manage a network of providers. A parent organization that includes a Mobile Response Entity within their organization as one component or program may provide other stabilization support services through affiliated components/programs. Specific administrative responsibilities include:

- Organizational capacity to develop a free-standing module within the existing agency to support functions needed to organize, manage, deliver, and monitor the range of needed services.
- Management functions that assure accountability for individual outcomes and compliance with State reporting requirements for outcomes and critical quality indicators.
- Ability to report regularly on costs, including reports that compare interventions, costs and outcomes of services.

- Establishment of connections with the toll free telephone service that will assure a smooth transition between the initial call and implementation of mobile response.
- Assurance that all staff delivering mobile response services have completed the DCBHS training requirements and maintain documentation of training completion in their personnel file. Training will be provided during start up and will be made available over time for new staff. There is currently no cost for the core training elements necessary for MRSS staff.
- Assurance that all staff delivering mobile services have successfully completed a criminal background check and child abuse registry check.
- Assurance that working relationships with System Partners (CMO, YCM) are in place.
- Development of working relationships with other systems that are involved with crisis response such as DYFS and Mental Health Screening Units to assure a "no wrong door" approach to responding and providing response services.
- Coordination and management of the mobile response ICP from plan to action by identifying resources needed for the child and family and connecting those services to the family via the mobile response team.
- Establishing links to existing community resources.
- Provision of mobile response services in a manner that meets the cultural needs of the designated area.
- Implementation of the State established plan for quality assurance that measures individual outcomes for children, youth, their families and caregivers and complies with DHS reporting requirements that are needed to determine system wide performance and outcomes.
- Maintenance of an administrative staff capable of performing the functions of clerical support, financial management, quality management, management of subcontracts and affiliation agreements and MIS.

2.16 Assuring Delivery of Children's Mobile Response and Stabilization Services System

The MRSS agency is responsible for delivering mobile response services within the State established practice model and protocols. This includes:

- Assuring trained crisis staff is available to provide response for 24 hours per day, 7 days per week, 365 days per year regardless of weather, family primary language or staffing pattern limitations.
- Assuring the mobile response occurs within one hour of the referral for all referrals received. The Mobile Response Agency is not only expected to have the capacity to respond within one hour, but will actually have to respond on-site, within one hour of the contact. This capacity for response should exist for multiple calls received within the same time frame.
- Delivering and managing mobile response services in the home or at the site of the escalating behavior.
- Assuring trained, qualified staffs deliver therapeutic interventions to control and diffuse the escalating behavior.
- Assuring the DHS crisis assessment tool **(see the njkidsoc.org for this document)** is implemented and used to develop the child or youth's Individualized Crisis Plan.

- Assuring the determination for the need for stabilization services is based on established protocols.
- Assuring individual child and family outcomes are monitored and measured against the goals of the Mobile Response system:

    - Preventing the disruption of a child or youth from current living arrangement,
    - Preventing hospitalization or re-hospitalization whenever possible,
    - Responding to the crisis within established timeframes, and
    - Delivering services within the community.

2.17 Stabilization Service Capacity

The Mobile Response and Stabilization Services provider will partner with the New Jersey Department of Human Services, to develop a network of crisis stabilization services that has the capacity necessary to meet the needs of children, youth, their families and caregivers following episodes of acute crisis intervention. Development and implementation of a complete system of mobile response for children will occur in segments over the first six months of the contract period. During the first 60 days of the contract period the successful applicant will develop the agency's administrative capacity and develop and implement crisis response services.

Over the next 4 months the agency will work with the State of New Jersey Department of Human Services to develop a network of stabilization services in the designated counties. Together the State and the Children's Mobile Response System Agency will identify existing stabilization services in the designated counties, determine the need for additional capacity for these services and identify additional new services that need to be added to the crisis stabilization network. For example, the Children's Crisis System Agency and DHS will review the current capacity of stabilization services to provide crisis beds within the designated service area. Following this review, the Mobile Response Agency will develop an agreement with local provider agencies for new services and expansion of existing services through affiliation agreements to meet the capacity needed to provide stabilization services within the State established model. The network of stabilization services will include (minimally):

- Intensive in-community services
- Behavioral Assistance
- Crisis beds

Stabilization services for children, youth, their families and caregivers will be delivered at the site where the escalating behavior is occurring and based on the Individual Crisis Plan (ICP) developed at the initial point of the mobile response. The MRSS agency will manage and monitor the services delivered and the duration of services in relationship to the ICP. Like mobile response services, stabilization services are intense and time-limited lasting no more than eight weeks. During the delivery of stabilization services, the MRSS agency will routinely review the effectiveness of the services and progress of the children, youth, their families and caregivers toward ICP goals. The ICP will be revised and amended by the Mobile Response agency as the needs of the child and family change during the delivery of stabilization services.

Transition and discharge planning for the child and family is part of stabilization planning and should begin as early as the initial intervention. As individual progress is achieved and outcomes are met, the Children's Mobile Response and Stabilization agency will coordinate and manage the transition and

discharge of the child and family or caregiver from the crisis service system and the connection of the child and family or caregiver to ongoing community based resources.

2.18 Assuring Development of Stabilization Capacity, Supports and Community Resources

The Mobile Response System Agency will develop and monitor the delivery of a network of stabilization services to support the Individualized Crisis Plan within the State established practice model. The practice model includes the wraparound process in a local system of care where the needs of the family/youth are addressed in a partnership. The individualized crisis plan identifies the strengths and needs of the child/youth and family and plans interventions, using formal and informal resources that are community based and culturally competent.

Mobile Response providers are responsible to manage stabilization services, report on effectiveness and outcomes, and make the necessary changes to the stabilization system, not to simply monitor it. Responsibilities will include:

- Partnering with the State of New Jersey, Department of Human Services to develop stabilization capacity and implement a network of stabilization services.
- Partner with the State of New Jersey, Department of Human Services to develop availability of residential beds to be used as crisis bed as a resource for Mobile Response.
- Develop Memorandum of Understandings for new services needed to fill service gaps (all stabilization services are now paid through a "fee for service" arrangement).
- Entering into affiliation agreements with existing service providers to expand current capacity to meet the needs of the mobile response service system.
- Parent agencies may provide stabilization services but the network should include a wide array of services in the community. The Mobile response agency will track the interventions that are provided by each community provider. The stabilization interventions provided by the parent organization should not exceed 25%. This target was designed to ensure choice of provider within the MRSS system.
- Authorizations for services in the individual crisis plans (ICP) will be done by the CSA. Initial ICPs must be submitted within the initial 72 hour period following the dispatch request. Although there may be problems in claims processing, there should be no break in service and payment should not be jeopardized if the services are included in the Individualized Crisis Plan.
- Assuring connection of the stabilization services to the child or family's needs identified in the ICP.
- Assuring stabilization services are delivered by trained, qualified staff.
- Developing and maintaining an adequate supply of stabilization services.
- Monitoring subcontract and affiliation agreements to assure service is delivered in accordance with the provisions of the subcontracts and affiliation agreements.
- Monitoring individual child and family outcomes against the Children's Mobile Response and Stabilization Services System.

2.19 System Management Components

The Children's Mobile Response and Stabilization System Agency will provide system management support for the interventions and services that will be delivered within the parameters of a statewide practice model for service delivery. Respondents must show the capacity for in-person response, with

in-person response/contact within one hour of dispatch. It is not necessary that staff is dispatched directly from an office, as it is allowable for response workers to be dispatched from remote locations. In addition, system management requirements will include development of a quality framework for measuring individual children, youth and family outcomes as well as mobile response and stabilization system outcomes.

Specifically the system management requirements include:

- Coordinating and administering the response system in the designated area.
- Implementing a practice model established by the state.
- Managing and monitoring the delivery of response and stabilization interventions and services against established quality indicators.
- Planning for discharge and transition.
- Ensuring the network of stabilization provides the services needed to insure discharge and transition from MRSS.
- The State is developing specific reporting requirements that will be instrumental in measuring the individual and systemic outcomes of the MRSS. Examples of reporting requirements being established by the State are:

    - Timeliness of the connection from the toll free telephone number to initiation of crisis response.
    - Lengths of time mobile response services are provided.
    - Lengths of time mobile response stabilization services are provided.
    - Appropriateness of the level of response.
    - Timeliness of response to the site of the escalating behavior.
    - Number of crisis assessments completed.
    - Number of Individualized Crisis Plans (ICP) developed.
    - Number of children and youth requiring hospitalization.
    - Number of crisis alternative placements accessed, by type of placement.
    - Number of children requiring a placement other than a crisis bed, by type of placement.
    - Number of children maintained or returned, within one week, to their current living arrangement.
    - Number of children maintained in their current living arrangement.
    - Census reports regarding the Medicaid status of the children served.

2.2 Program Administration and Core Staffing

The successful applicant will be expected to create a freestanding administrative and service component for development and ongoing implementation and management of the system of mobile response and stabilization services. Free standing means that the Mobile Response Agency functions independently and the Project Director participates in the agency management.

The Children's Mobile Response and Stabilization agency administrative staff will include a project director and adequate resources to effectively perform the functions of administration and coordination of crisis response and crisis stabilization, quality management and MIS functions. One of the master's level staff must be licensed. Mobile Response staff should have no other simultaneous job responsibilities within the agencies (e.g. staff must not be expected to cover in-house functions,

such as screening, that would prohibit going off-site on a mobile response visit). Staffing will also include direct care staff for mobile response consistent with DHS standards. Salaries will be competitive with the existing market.

Staff Qualifications

- Staff for all positions is required to have a valid driver's license and a car and successfully complete a criminal background and child abuse registry check.

- Bilingual, such as Spanish/English, is a plus in areas with high concentrations of non-English speaking customers.

- Project Director—Master's Degree in a relevant discipline (e.g. social work, counseling, psychology, psychiatric nursing, criminal justice, and special education). The person filling this position should be familiar with and have experience in general program administration, completing and submitting reporting requirements, measuring individual child and family progress, scheduling, supervising direct service staff and providing back-up for the direct service staff when needed. **At a minimum, either the Project Director or the Program Coordinator must possess a Clinical License.**

- Program Coordinator—Master's Degree in a relevant discipline (e.g. social work, counseling, psychology, psychiatric nursing, criminal justice, and special education). The Program Coordinator will have responsibility for initiating the crisis stabilization plan, monitoring individual outcomes, planning transition for discharge in collaboration with the providers, and providing back-up for mobile response as needed. **At a minimum, either the Project Director or the Program Coordinator must possess a Clinical License.**

- Children's Mobile Response Workers—Master's Degree in a relevant discipline (e.g. social work, counseling, psychology, psychiatric nursing, criminal justice, and special education.) and one year of related experience is desired. Individuals with a Bachelor's degree and more than five years of similar work experience with children may also be considered for these positions.

If respondents wish to propose a flexible staffing plan (i.e., Administrative staff works ½ time in different agency positions, they can propose an alternative.) Average staffing includes 11 FTE's including Project Director and clinical director. 9 FTE direct service staff have been augmented by part time and on call staff, which are to be included in the budget planning.

Non-Negotiable: The service must be organized to provide a 1-hour response time. Therefore, staff may not have concurrent job responsibilities (such as staffing the psychiatric screening unit at a hospital) that would preclude them from responding within one hour from the time of the request for mobile response and stabilization by the CSA Care Coordinator.

3.0 Information Management

The Children's Mobile Response System Agency must have the technical and organizational capacity to obtain, organize and analyze critical information needed to manage the mobile response services system, assure quality, support community and professional partnerships and comply with DHS reporting requirements. The Contracted System Administrator (CSA) is the system component

charged with integrating information critical to the overall management of the Division of Child Behavioral Health Services system of care. Therefore, the inter-operability of the information management systems operated by the CSA and the MRSS Agencies is critical.

The CSA provides a "practice management suite" of products to the MRSS Agencies for the their use in managing its functions where this inter-operability is required. The Children's Mobile Response and Stabilization Agency will be responsible for acquiring and installing the requisite computer equipment and communications hardware to operate the "practice management" software and to interface and communicate on with the CSA. The CSA will assist the MRSS agencies with the installation of the software on the MRSS provided hardware. Installation support shall include, at a minimum, set-up assistance, training and operational testing. The CSA must also provide ongoing support for the MRSSs to include help desk support and periodic training.

MRSS agencies are required to input required data elements necessary for reporting purposes. They will use a standardized Individualized Crisis Plan (ICP) that will serve to communicate identified behaviors, desired outcomes, strengths, strategies and services that will support children/youth and their families within the program parameters, as well as maintain information necessary to measure performance outcomes and statistics. The ICP is completed at the beginning of service/intervention, at designated intervals throughout the provision of service and when service is terminated.

TECHNICAL REQUIREMENTS FOR A MANAGEMENT INFORMATION SYSTEM (MIS)

The MRSS agencies will be responsible for acquiring and installing the requisite computer equipment and communications hardware to operate the "practice management" software and to interface and communicate with the CSA.

1) Minimum System Requirements
   a) Windows 98 or higher
   b) Windows 2000 for State Java Clients
   c) 64MB Memory or more
   d) Internet Explorer 5.5 or higher
   e) Modem with Baud Rate of 19.2 KBS or higher

2) Recommended Configuration
   a) Pentium Class 350 Mhz or Equivalent or higher
   b) Windows 98 Se / NT4.0 / 2000/ XP or higher
   c) Windows 2000 / XP for State Java clients or higher
   d) 100 Mb Hard Disk Space
   e) 128 MB System Ram Memory or higher
   f) Internet Explorer 5.5 or higher
   g) Modem with Baud Rate of 19.2 KBS or higher

3) Network Requirements
   a) Firewall configured to allow Telnet connections (Port 23)
   b) No Proxy
   c) A fractional T1 communications connection line to MIS (for larger sites)
   d) An asynchronous Dial-up connection to an Internet Service Provider (small sites)

4) LAN/WAN requirements
   a) CSU/DSU for T1 connection

b) Router/Switch to connect multiple PC's
c) Cabling to connect all PC's to the LAN/WAN
d) Network Printers
e) Phone System

Computers are purchased with start up funds. It is essential that the minimum system requirements are met. There is no ongoing cost to use the MIS ABS system other than internet connectivity fees. Experience has shown that optimum (vs. minimum) connection use provides for the best service.

4.0 Quality Assessment and Performance Improvement

The Children's Mobile Response and Stabilization Service Agency is responsible for developing an annual Quality Assessment and Performance Improvement Plan (QAPI) for DHS approval to demonstrate, through ongoing measurement and intervention, sustained improvement in MRSS functioning. The QAPI plan will comply with the DHS guidelines developed for the Mobile Response and Stabilization Services system and will demonstrate an outcomes driven system and how that system will utilize best practices as it moves forward. (For the core elements of best practice please go to www.hawaii.gov/doh/camhd.) The QAPI plan will include the following:

- A detailed set of annual objectives
- Assessment and improvement activities to attain the annual objectives
- A timetable for the implementation of assessment and improvement activity
- A timetable for the attainment of objectives related to assessment and improvement activity
- Identification of persons responsible for implementation and objective attainment
- QAPI Performance reporting at intervals no less than quarterly
- Plan amendments to include any DHS directed corrective action plans

Each Children's Mobile Response and Stabilization System Agency will submit with its proposal an internal quality assessment and improvement plan that addresses the following components:

- System Capacity
- Outcomes for the practice standards
- Mobile Response and Stabilization system administrative functions
- Mobile Response and Stabilization functions and ICP outcomes
- Problem identification and corrective action planning and implementation
- Hiring and human resources management practices

The plan will include strategies and critical indicators for monitoring and improving:

- Family and youth involvement, participation and satisfaction
- ICP design and implementation
- Provider effectiveness
- Communication and coordination functions

- ICP outcomes
- ICP implementation costs
- Referral and service/resource utilization patterns and frequency
- Management of client and community risk/safety and response

The Children's Mobile Response and Stabilization System Agencies will also participate in the establishment of benchmark indicators and performance standards for annual statewide Division of Child Behavioral Health Services Quality Improvement goals and for statewide Mobile Response and Stabilization Service Systems goals. DHS will develop benchmarks incrementally as system performance unfolds, using performance indicators from the Division of Child Behavioral Health Services in conjunction with national performance standards.

These benchmarks will include outcomes for permanency, clinical care, community safety, and caretaker capacity, as well as critical indicators of utilization and system management. Specific target improvement goals based on the identified information management decision support tool, the Crisis Assessment Tool, will be developed to ensure assessment, planning and continuous quality improvement are interconnected. These benchmarks will be reviewed during the second year of operation and incorporated into the quality improvement system. The experience and evaluation information of each of the MRSS agencies will be incorporated into the overall quality improvement process and used to develop best practice guidelines. DHS may incorporate financial or other incentives and disincentives based on the development of MRSS performance benchmarks in the future.

5.0 FINANCING

The New Jersey Department of Human Services (DHS) will contract directly with a Children's Mobile Response and Stabilization System Agency to administer a system of mobile response services. The Department of Human Services will work jointly with the Children's Mobile Response System Agency to establish subcontracts and affiliation agreements where they are needed to create a network of stabilization services. The contract will be an annual contract that will be contingent on the local provider agency enrolling as a Medicaid provider.

In the Children's Mobile Response and Stabilization Services System, services will be individualized and child centered. As the administrator of the Children's Mobile Response and Stabilization System Agency the organization will have several critical financial management and monitoring responsibilities. Children's Mobile Response and Stabilization System Agencies will deliver mobile response services that are responsible for the development of an ICP that will in turn direct the stabilization services delivered to the child and their family or caregiver. The Children's Mobile Response and Stabilization System Agency will work in partnership with DHS to identify and develop an innovative community based network of stabilization services and will use DHS funds to administer subcontracts and affiliation agreements with local service providers who will deliver stabilization services.

Contract Terms

Payment will be separated into two parts, start-up and service delivery. Start-up funding will be available to the Children's Mobile Response and Stabilization System Agency at contract

implementation. During the first year, funding for mobile response services and ongoing administrative costs will be paid monthly on a one twelfth basis. Applicants may assume $750,750 will be available annually to finance the administrative functions and the delivery of mobile response services when they are fully implemented. Contract payments will start at an amount equal to one twelfth of the total contract cost.

However, there is an expectation that at some point during the initial contract term the provider will commence billing through UNISYS for applicable clients, retroactive to the beginning of service provision under the contract. At that time a budget modification will be required to formally incorporate the UNISYS revenue stream and proportionately reduce the state contract payment stream. While the contract will then be structured as a deficit funded contract (i.e. there will be a total approved contract cost and reimbursement that will be financed by a combination of contract payments and revenue to be provide through (UNISYS), the total allowable contract cost will remain unchanged.

In addition to the administration and delivery of mobile response services, the Children's Mobile Response Services System Agency will work in partnership with the Department of Human Services to develop and implement a network of time limited, focused stabilization services. Stabilization services will be accessed in multiple ways. First, services and supports that are included in the ICP but are not Medicaid Reimbursable will be accessed through the flex funding available in the designated area (such as through the CART or broker administered funds). Second, stabilization services such as behavioral assistance and intensive in-community services will be accessed through Medicaid/FamilyCare Plan A and broker administered funds. Finally, stabilization beds will be accessed through development of agreements with existing residential providers who will access Medicaid/FamilyCare Plan A or contract funds depending on specific children's eligibility status.

The budget narrative should include each funding component (start up, service delivery) and describe in detail the funding that will be necessary to successfully implement a children's mobile response and stabilization service system and the administrative capacity to direct and monitor delivery of this system that will operate on a 24 hour per day, 365 days per year basis. The budget submitted with the proposal should be for a 12-month period, without regard to the state fiscal year. **The assumption is that there will be a 60-day start-up period starting November 1, 2005, with mobile response dispatches to begin January 1, 2006.** Fiscal assumptions are based upon 40 mobile responses per month.

6.0 PROPOSAL SUBMISSION REQUIREMENTS

This section includes information regarding how to file an application and the process for proposal submission including timetable, a checklist, and the order of the proposal, mandatory bidders' conference registration information, response questions and evaluation criteria.

6.1 Proposal Checklist and Order of Presentation of Proposal Submission

Proposals submitted for consideration must include all of the following sections in the order specified below. Incomplete proposals will not be considered.

- Funding Proposal Cover Sheet **(Appendix H)**
- Proposal Submission Checklist **- (Appendix I)**
- Scope of Work – Program Design and Service Delivery Process

- Response to Request for Proposal Questions (See Section 6.2, questions 1 to 40)
- Program Administration and Proposed Table of Organization
- Implementation Schedule for each of the operational components
- Financial Management Plan
- Budget Narrative and Budget Detail Forms (**Appendix G**)
- Information Management
- QAPI Plan
- Any additional information that is responsive to the RFP to support your proposal (in the body of your response or in Attachments as applicable)

- Signed Statement of Assurances and Certifications **(Appendix J)** included as an attachment.
- Signed Federal Debarment, Suspension, Ineligibility and Voluntary Exclusion Requirements **(Appendix K)** included as an attachment.
- Signed certification regarding limitation on political contributions (**Appendix M**). Include as attachment.
- Copy, retain a copy of your records, and mail or hand-deliver to the Department to be received no later than Friday, July 22, 4:30 PM– **2005.**

6.2 Scope of Work - Program Design and Delivery Process

A. Agency Organizational and Administrative Requirements

1. Provide a brief description of the applicant's mission, purpose, goals and objectives and indicate how these relate to the responsibilities detailed in the RFP.
2. Provide a description of how you will administer and manage a new system of Mobile Response and Stabilization Services and maintain a separate freestanding administrative module dedicated to Mobile Response and how this entity is organized within the larger agency.
3. Provide information regarding the experience that the applicant agency has in providing services for children with emotional or behavioral disturbance, across a variety of cultures and ethnicities described in this RFP.
4. Describe how the applicant will work with the centralized telephone number service to assure a timely person-to-person transfer and immediate (within one hour) response to the crisis.
5. Describe the process the applicant will use to provide feedback to the referral source after Mobile Response and Stabilization Services have been delivered.
6. Describe your agencies ability to start up within 60 days. Identify timeframes for hiring all staff, procurement process.
7. Provide a statement affirming your agency's willingness to participate with the DHS and state and local components of the Juvenile Justice System to integrate the functions of the FCIU and the Mobile Response and Stabilization Services **should the local Youth Service Commission choose to exercise this option.**

Quality Management:

8. Describe how the applicant will evaluate, on an ongoing basis, the capacity to deliver stabilization services.
9. Describe the system that will be used to measure performance against established outcome measures.

10. Provide a quality improvement plan as an attachment with your proposal submission. Address all of the areas listed in Section 4.0.

Information Management

11. Describe any information management needs not already described in Section 3.0. Include your plans to meet the MIS needs for daily operations and discuss your approach to any anticipated interface issues.

Staffing:

12. Provide a current table of organization and proposed organization, which demonstrates a freestanding mobile response service system, job descriptions and qualifications for current and proposed employees or positions.

13. Describe how the applicant will assure that all staff providing Mobile Response and Stabilization Services are certified and have initiated criminal background checks.
14. Describe new staffing needs and strategies for recruitment of new staff that will reflect the census defined cultural make-up of the designated area.
15. Describe strategies that will be used to assure adequate certified staff will be available to meet the 24-hour mobile response requirements.

Program Description:

16. Describe how you will operate and manage the Mobile Response and Stabilization Service process from initial referral through discharge/transition. Please include all of the activities of both crisis response and agency administration and timeframes for discrete activities.
17. Describe your process for monitoring both the costs and outcomes of individual plans.
18. Describe how you will work in partnership with DHS to identify existing community resources and create additional resources and services as needed to provide a full array of stabilization services.
19. Describe the system that will be used to comply with clinical reporting requirements established by DHS.
20. Describe strategies and relationship development, that will be used to coordinate with other systems (such as DYFS) to assure a "no wrong door" operation.
21. Describe how you will monitor and measure individual outcomes.

B. Implementation of Crisis Response

22. Describe how the applicant will provide immediate mobile response services on a 24-hour basis within established protocols.
23. Describe strategies and interventions that will be used to control/diffuse the crisis at the site of the crisis.
24. Describe how the applicant will coordinate mobile response and stabilization service delivery with other agencies that are working with the child and family or caregiver including all system partners – DYFS and DMHS.

25. Describe your process for coordinating with the DMHS screening units to assure that children/youth who are not hospitalized are referred to Mobile Response for assessment and stabilization.
26. Describe how you will operationalize and implement the assessment and ICP process.
27. Describe the process for discharge that will be implemented if crisis stabilization is not required.
28. Describe how you will handle the transition from mobile response to stabilization management when stabilization services are required.

C. Implementation of Stabilization Services

29. Describe how the needs identified in the ICP will be connected to stabilization services.
30. Describe how you will begin to prioritize stabilization services.
31. Identify the current in home stabilization capacity within the designated area.
32. Provide examples and the process of how these services will be tailored to meet the individual needs of the child and family or caregiver.
33. Describe the monitoring process that will be used to review and update the ICP and determine progress and/or the need to continue stabilization services.
34. Describe the process that will be used for transition to community services and discharge.

D. Individual Crisis Plan and Service Coordination

35. Describe your proposal for implementation of the ICP plan including supervision (therapeutic and administrative).
36. Describe how the ICP will plan for transitioning children and families out of Mobile Response and Stabilization Service and connecting them to needed ongoing services.
37. Attached **(Appendix N)** please find 3 vignettes of children and families in need of mobile response and stabilization services. Please chose two and write your responses to each from contact with the CSA to termination of CMRSS, based upon the vignettes.

F. Financial Management

38. Describe your approach to meeting the financial management responsibilities.
39. Please supply a budget narrative and detailed budget as described in section 5.0 Financing, using the forms provided in the Attached Appendix C. Submit the budget narrative and budget detail forms as attachments to your proposal submission document.

Cover Page and Assurances

40. Complete all of the assurance statements and certifications included in the Appendices. The cover sheet must be ***signed*** as applicable.

7.0 Evaluation Criteria

Proposals will be evaluated in accordance with the specifications contained in this RFP and in accordance with the areas outlined below. In addition to the written submission of the response to the RFP, DHS reserves the right to request an oral presentation from applicants before a review panel that will include family, local area and community representation, as well as DHS staff. The purpose of an oral presentation is to provide clarification or amplification of information stated within the written RFP response. It may be recorded via audio or videotape to maintain a record of proceedings.

Proposals will be evaluated based on responses to the areas outlined below. Innovation and creativity of design and implementation strategies are encouraged, as are concrete examples of specific strategies and activities the MRSS agency will use to achieve the objectives.

I. Philosophy, Values and Approach

Weight: 20%

The proposal should include the mission, purpose, goals and objectives and reflect a commitment to the overall Division of Child Behavioral Health Services objectives of maintaining ties between children, families and communities while providing the needed supports to diffuse and stabilize the crisis situation and improve the child's functioning such that they can remain or return to their families or caregivers. The proposal should demonstrate a thorough, realistic understanding of the needs and strengths of the target population of children, youth, families and caregivers. It should communicate an understanding of the Division of Child Behavioral Health Services' commitment to cultural competence, cross-system collaboration and child centered/community based services.

Evaluation Criteria:

- Proposal reflects an understanding of how mobile response and stabilization services will be delivered in accordance with the Division of Child Behavioral Health Services.
- Proposal reflects a functional and operational understanding of how the agency will administer the mobile response and stabilization services system.
- Proposal reflects an understanding of operationalizing mobile response and stabilization services within established protocols.
- Proposal reflects an understanding and responsibilities of developing, managing, coordinating and monitoring a network of stabilization services within established protocols.
- Proposal reflects a commitment to and describes how a child will be supported in permanent living arrangements for children.

II. Organizational Capacity

Weight: 30%

The proposal should present an organizational outline that includes the freestanding administrative entity and demonstrates the capacity to perform the functions described in the RFP. The outline should demonstrate that the organization possesses:

- Competent qualified core staffing as well as administrative support necessary to fulfill the requirements of the various responsibilities included in the RFP.

- Past experience and competency to maintain the staff and network of local service providers necessary to deliver the mobile response and stabilization services described in the RFP.
- Capacity to meet MIS requirements.
- Ability to develop and implement a QAPI system in collaboration with DHS and the CSA.
- An information system capable of providing required data necessary for monitoring system capacity, individual outcomes and meeting established system wide reporting requirements.

Evaluation Criteria

- Proposal reflects agency competency to provide administrative management of the mobile response and stabilization services.
- Proposal describes experience with monitoring and managing delivery of services within established standards and protocols.
- Proposal describes prior experience delivering services to children and youth with emotional or behavioral disturbance.
- Proposal reflects agency capacity to implement a QAPI system for the mobile response and stabilization services system.

III. Program Approach

Weight: 30%

The proposal should describe in detail the Children's Mobile Response and Stabilization Services System Agency's plans for creating a freestanding module for administering, delivering, managing and monitoring a local system of mobile response and a network of stabilization services for children and youth. In addition, the proposal should describe steps that will be taken and strategies that will be used to develop and manage the ICP and to assure that implementation occurs in a manner that supports the practice model, standards and protocols established by the State. The components that must be included are as follows:

- Process for developing and maintaining experienced, trained staff and resources to carry out the requirements of mobile response and stabilization services.
- Process for developing communication pathway that will inform and coordinate with system partners and the child and family or caregiver.
- Process for working with the State DHS to build capacity for a full array of crisis stabilization services.
- Process for transition and discharge to community services.
- Process for meeting financial management requirement for the system of mobile response services.
- Monitoring and measuring quality of services provided by the local response and stabilization services, the cost of the services and the outcomes achieved for individual children, youth, families and caregivers through the delivery of crisis response and stabilization services.

Evaluation Criteria

- The approach fully addresses the responsibilities of this service

- The approach addresses how the service will be developed, implemented, managed and monitored to assure delivery of services will include coordination with system partners and be conducted within the practice model, standards and protocols developed by the State.

IV. Budget

Weight: 20%

This proposal should present a detailed budget as described in the Financing and Budget instructions section and should address the following areas:

- Start-up costs
- Administration of the mobile response and stabilization services system.
- Delivery of mobile response and stabilization services.
- Development of stabilization services

Evaluation Criteria

- The budget shows a clear understanding of specific budgeting needs for start-up and maintenance of this resource.
- The budget is linked to program objectives.

CONTRACT INFORMATION

Upon award notification, and after the appeals process, if any, DHS will proceed with the process of preparing, negotiating, and entering into contracts with the selected approved applicants. The Department's RFP Proposal Protest Policy that will apply to this RFP is attached in the **Appendix L**. The Department will conduct a pre-award review with the selected entity prior to contract execution.

The following terms and conditions will also apply:

- Funding may not be used to supplant or duplicate currently existing services.
- Funds may not be used to construct or purchase a new facility.
- General. The contractor agrees that it shall carry out its obligations as herein provided in a manner described under applicable federal and State laws, regulations, codes, and guidelines including Titles IV-B, IV-E, and XIX of the Social Security Act, implementing regulations, New Jersey licensing board regulations, the Medicaid and NJ FamilyCare State Plans, and in accordance with procedures and requirements as may from time to time be promulgated by the United States Department of Health and Human Services (DHHS).
- DHS is not responsible for payment of any costs associated with the preparation and submission of the application response to this RFP. No costs associated with the preparation of this RFP shall be charged to any current DHS contract.
- Neither the contractor nor its employees or subcontractors shall violate, or induce others to violate, any federal or state laws or regulations or professional licensing board regulations.

- Applicant agencies will have six months from the date of contract to become a Medicaid Provider of Service. Program continuation, support and ongoing flexible funding will be contingent upon the receipt of this status.

DHS ADMINISTRATIVE REQUIREMENTS

All Mobile Response and Stabilization Services Agencies and subcontractors to the Mobile Response and stabilization agencies will comply with all state and federal applicable laws, guidelines, regulations and administrative procedures as well as those developed in conjunction with other system partners. Children's Mobile Response System Agencies will comply with all Medicaid provider procedures and develop administrative procedures to ensure feedback is transmitted to the crisis referral source.

DHS expects the MRSS agency to comply with all DHS Standard Contracting policies and procedures outlined in the DHS Contract Reimbursement Manual (1986). A list of locations where this manual can be found can be found on the **njkidsoc.org website.**

Eligible Agency Applicants for Children's Mobile Response and Stabilization Services

All public or private agencies, whether for profit or not for profit, that are currently located in New Jersey or willing to establish this resource within New Jersey are eligible to respond to this proposal. Applicants are expected to be located within the designated area where services will be delivered. Applicants must have expertise and experience in the administration, coordination, delivery, management of a system of children's services and either has the experience or demonstrates the ability to work in partnership with other services providers around common goals and desired outcomes. Applicants will be required to become Medicaid enrolled providers.