

November 2, 2023

FY25 COMMUNITY RESOURCE FUNDING REQUEST FOR PROPOSALS (RFP)

Dear Community Provider,

The New Jersey Department of Children and Families (NJDCF) Children's System of Care (CSOC) and CGS Family Partnership, Inc. (CGS) announce the availability of Community Resource Development (CRD) funds. The available CRD funds of \$67,697.70 (less may be applied for) is contingent on the sufficiency and availability of CSOC funding. Final decisions regarding grant awards will be at the discretion of CSOC.

The NJDCF is a statewide family and child-serving agency, working to assist NJ families in becoming or remaining safe, healthy, and connected. CGS is the care management organization (CMO) which provides care coordination services to children and youth experiencing emotional, behavioral, developmental, intellectual, and substance use needs, and their families in Cumberland, Gloucester, and Salem Counties. CGS is committed to ensuring wraparound services have the best chance to succeed in our counties.

This letter serves as a "Request for Proposals" (RFP) to develop and/or increase the availability of community-based resources in Cumberland, Gloucester, and Salem Counties for youth experiencing emotional, behavioral, developmental, intellectual, and/or substance use needs, and their families.

The CRD funds are designated solely for the purpose of developing or expanding existing sustainable community resources or services based on the unmet needs of youth and families in Cumberland, Gloucester, or Salem Counties. CRD funds cannot be used to purchase land, buildings, vehicles, or equipment.

Request for Proposals (RFP)

CGS is seeking an organization to create a comprehensive, inclusive Mentor/ Social Development Program for adolescents and teenagers. The maximum total of Community Resource Development Funds available to fund this program is \$67,697.70. Proposals which provide this service in all three counties (Cumberland, Gloucester, and Salem) or address barriers to access (i.e., transportation) will receive increased consideration.

The awarded program (s) will provide mentoring and social skills opportunities to youth in Cumberland, Gloucester, and Salem Counties eligible for services through CSOC, DCPP and other child serving systems. All



youth, including youth with intellectual or developmental disabilities, must be included in the program design under the No Eject/ No Reject policy adopted by CSOC and CGS Family Partnership, Inc.

Ideally, the awarded program will offer both in-person individual and group mentoring designed to help youth build skills in self-advocacy, leadership, academic capability and other positive interests such as athletics and music. The successful proposal will also create socialization and other self-worth building opportunities for the participants. Additionally, the awarded program will provide at least one nutritious meal during participation and ideally should address barriers to access which could cause some youth not to participate in the service. As with all CSOC and CGS sponsored programming, linking the youth to additional wraparound services, when needed, should be a part of the program design.

Proposals Submission Timeline for FY 2025

Virtual Bidder's Q&A Meeting: 10:00 AM, Tuesday, November 28, 2023

This sole meeting will be held virtually. During this informational meeting, CGS Family Partnership's Community Resource Department (CRD) will answer any questions regarding the RFP purpose and timeline. Bidders who would like to attend can request the meeting Zoom link from CGS Director of Community Resources James Sampson at isampson@cgscmo.org. Attendance is optional.

Proposals Submission Deadline: 5:00 PM, Monday, December 11, 2023

CRD will not accept any RFPs after the submission deadline. The preferred method for submission of the RFP is a Word or PDF document attached via email sent to jsampson@cgscmo.org and copy Community Resource Manager Ronald Hudak at rhudak@cgscmo.org. CRD will also accept RFPs through the United States Postal Service, and same day delivery services, before the 5 PM deadline.

CGS Submission of CRD Funding Recommendation to CSOC: Monday, February 5, 2024 CRD will submit the chosen RFP or RFPs to the Children's System of Care (CSOC) for review and approval.

CSOC Funding Approval Date: Wednesday, May 1, 2024 CSOC will issue its CRD Funding Approval to CGS.

CGS Award Notification for Chosen Proposals: May 1-3, 2024

CRD will notify CRD funds awardee by phone and send an official email to the awarded entity May 1-3, 2024.

Disbursement of CRD funds and Program Implementation: Monday, July 1, 2024



Upon disbursement of funds, NJDCF and CGS expect the new or expanded program to serve children and/or families for one year with CRD fund but continue the new or expanded program on with a sustainable funding source.



Completion Timeline

Proposals received after the deadline will not be considered for funding. All proposals shall include the information listed in *Appendix I – 2023 CGS Family Partnership, Inc. Community Resource Development Funds Application* and will be evaluated based on the *Appendix II - Community Resource Development Funds Request for Proposals Rating Scale*. Incomplete proposals will not be considered for funding. The preferred method for submission for the Request for Proposal is a Word or PDF document attachment via email sent to: jsampson@cgscmo.org copy rhudak@cgscmo.org. Please leave a phone message at 856.341.6453 to confirm your proposal was sent.

- Proposal(s) will be recommended to NJ-CSOC by Monday, February 5, 2024.
- CSOC will notify CGS of the CRDF approval on May 1, 2024, and CGS will notify awardees.
- Disbursal of funds and program implementation is anticipated for Monday, July 1, 2024. The funded program is expected to run for no longer than twelve (12) months, commencing from the actual date of funding. The funded program is expected to be sustainable after the CRDF is sunset.

*RFP timelines are subject to change.

Please feel free to contact me at 856.341.6453 if you have any questions regarding the deadline. Thank you so much for your consideration and efforts to improve the lives of our most vulnerable youth and families.

Sincerely,

James Sampson

Director of Community Resources CGS Family Partnership, Inc.

RFP Distribution:

CSOC Leadership



- CIACC Member List in Cumberland, Gloucester, and Salem Counties
- Youth Services Commission in Cumberland, Gloucester, and Salem Counties
- Human Services Advisory Council in Cumberland, Gloucester, and Salem Counties
- CGS Family Partnership's Community Provider List
- Special Education Directors in Cumberland, Gloucester, and Salem Counties
- Follow South Jersey.com
- CGS Board of Directors
- Posted on: www.cgscmo.org
- Posted on: <u>www.cgsresourcenet.org</u>



Appendix I -

CGS Family Partnership, Inc. Community Resource Development Funds Application

| egal Name of Organization: | |
|---|--|
| Pate of RFP: | |
| Mailing Address: | |
| Contact: | |
| Celephone: | |
| ax: | |
| Email: | |
| Address and Phone (if different from above) | |

Please include in your proposal information for each of the numbered application topics listed below.

1. Organizational Overview and History

• Organizational capability to initiate and sustain current and proposed programs, preferably Evidence Based Practices (EBPs), promising practices, or best practices, where applicable (mission, time in existence, current programs).

2. Needs Statement

- Understanding needs of youth in Cumberland, Gloucester, and Salem Counties with emotional, behavioral, developmental, intellectual, and substance use needs especially regarding Medicaid and Evidence Based Practices (EBPs), promising practices, or best practices, where applicable.
- Understanding of referral needs for all NJ Children's System of Care Partners.
- General and specific knowledge of cultural competencies necessary to be successful in Cumberland, Gloucester, and Salem Counites.

** Important - Please cite data sources. Data sources referenced in this RFP and recommended data sources are listed in Appendix I. Data sources are not limited to those listed in Appendix III. Bidder may provide additional credible data sources **

3. Impact & Accessibility (Reducing barriers to access)



- What is the potential reach or impact of the proposed services/programming (number of youth, diversity or needs of youth served, impact across Cumberland, Gloucester, Salem)?
- Are transportation and accessibility needs addressed (location, any assistance with transportation, easily accessible for people with different mobility needs, multiple locations, etc.)?
- How are participants recruited to participate? Does recruitment promote a broader reach of participation for youth eligible for CSOC & DCPP services?

4. Description of Service(s) to be funded

- Specific implementation plan, informed by a qualified purveyor of that best practice, promising practice, or evidence-based practice, particularly around fidelity to the model when applicable.
- Activities and services to be provided during the funding period, and those to commence beyond the funding period.
- Background, qualifications, and justification of organization to provide work as part of this proposal.
- Agreement to serve Medicaid-eligible youth and their families.
- Agreement to serve all eligible NJ Children's System of Care youth (No eject No reject).
- The effective period or term of the service or activity.

5. Anticipated Outcomes

- Sustainability plan. All projects must demonstrate sustainability after initial funding. Demonstrate that the service is sustainable after the end of the effective term and provide a plan outlining relevant strategies. Please describe how these services will continue, including any plans for third party reimbursement, funding, and/or client fees.
- Defined anticipated quantifiable deliverables, level of service, and/or outcomes.
- Affirmation of required periodic fiscal and or program reports to demonstrate compliance with the bid requirements.

6. Evaluation Methods

- Evaluation of practice or program adherence/fidelity/effectiveness and participation in ongoing outcomes research, if applicable, to the practice or program proposed.
- Documentation of a quality assurance effort and outcomes monitoring plan.

7. Budget

• Exact amount of funds requested and detailed budget for the expenditure of these funds.

8. Sustainability

• Does the proposal demonstrate a clear path to sustainability for the expanded or new service or program?



Note: There may be further information required before a cooperative agreement can be executed. All awards are contingent on the sufficiency and availability of state funding.

Completed proposals are due: <u>Tuesday</u>, <u>December 11, 2023</u>, <u>by 5pm</u>.

CGS will not accept a proposal after the above deadline. Incomplete proposals will not be considered for funding.



Appendix II - Community Resource Development Funds Request for Proposals Rating Scale

Organizational Overview and History - 10 points

• Is the agency or program able to provide services to youth and families who are experiencing emotional, behavioral, developmental, intellectual, or substance use needs? Is the agency duly prepared to operate the service or program element for which funding is applied?

Needs Statement - 20 points

- Are the needs of the community which this proposal aims to address well-articulated and based on reliable sources of information and data or coincide with service need priorities identified by local planning bodies?
- Do the needs cited in the proposal coincide with the criteria for usage of funds targeted to agencies serving youth and families experiencing serious emotional, behavioral, developmental, intellectual, or substance use needs?
- Does the need statement address the development of new services where service expansion is necessary because services cannot be secured through an existing agency; or service availability is non-existent?
- Does the proposal demonstrate understanding that services should be made available for all eligible NJ Children's System of Care youth/families (No Eject-No Reject policy)?
- Does the proposal demonstrate knowledge and cultural considerations necessary to be successful in Cumberland, Gloucester, and/or Salem Counties?

Impact & Accessibility - <u>15 points</u>

- What is the potential reach or impact of the proposed services/programming (number of youth, diversity or need of youth served, reach across counties)?
- Are transportation and accessibility needs addressed (location, any assistance with transportation, easily accessible for people with different mobility needs, multiple locations, mobile, etc)?
- Does recruitment promote a broader reach of participation for youth eligible for CSOC & DCPP services?

Description of Service (s) to be funded - <u>20 points</u>

- Is the target population and number of youth and families to be served identified?
- Describe program components and how they differ from existing programs. Is the description of the service(s) or program element well-articulated, reasonably attainable and based on best practice models?



- What are the staffing considerations? Does the proposal articulate the staffing structure of the proposed program or service?
- Is value to the community and inclusivity articulated?
- What is the implementation plan and schedule? Is there a clear plan on how to implement and start/expand the program? Include effective period or term of the service or activity.
- Embodiment of CSOC values including No eject No reject policy and an agreement to serve Medicaideligible youth and their families, all eligible youth in Cumberland, Gloucester and Salem Counties.

Program Evaluation Methods and Outcome Indicators - 10 points

- Are the anticipated outcomes quantifiable deliverables, level of service, and/or outcomes realistic, measurable, observable, and verifiable?
- Are the outcomes and methods of evaluation relevant to the need(s) that the program aims to address and the services to be provided?
- Does the proposal describe how services will be evaluated, including how activity will be monitored and accountability will be assured? Documentation of a quality assurance effort and plan to monitor outcomes?
- Is there an adequate description of administrative, programmatic and fiscal oversight of the program or service?
- Does the proposal acknowledge the obligation to provide periodic reports to demonstrate compliance with the bid requirements to CGS Family Partnership (program reports of activity, fiscal, etc.)?

Program Budget - 15 points

- Is a complete and clear budget included?
- Is the budget reasonable based on established rates for services and the amount of funds available?
- Does the budget account for all staff, supplies, and services included in the description of service(s) or program element to be funded (either through fund request or match by other funding source)?
- Are other funding sources cited viable to be applied as a match to community resource development funds?
- Is the service for which funding is requested clearly a new service/program element or expansion of services/programs not otherwise funded by another source?

Sustainability 10 points

• Does the proposal demonstrate a clear path to sustainability for the expanded or new service or program after the initial Community Resource Development Funding?





Appendix III - Data Sources

CGS Family Partnership, Inc.
CMO Data Summary for Community Resource Funding '25

October 18, 2023

CMO Data:

- 2139 youth served by CMO in contract/fiscal year 2023. This was a 6.7% increase from contract year 2022, when CMO served 2005, and a 25.75% increase from contract year 2021, when CMO served 1701 youth.
- For FY23, CMO youth served youth from:
 - o Cumberland County 34.2%
 - o Gloucester County 55.6%
 - o Salem County 9.5%
- Average percentage of CMO youth with a diagnosed Intellectual or Developmental Disability (FY23):
 9.52%
- Average percentage of CMO youth who are dually managed by DCPP (FY23): 10.24%
- Monthly average of 9.43% of CMO youth were in out of home treatment (in FY23).
- Strengths and Needs Assessments indicate an average of 4.2% of CMO youth are at elevated risk of suicide (average taken from five most recent months of SNA data)
- Approximately 5% of youth served by CMO in the past 6 months are in the birth-5 years old age group.

CMO-Identified Service Gaps

(excluding gaps with treatment services)

- Social Skills Groups
- One-to-One Mentoring
- Timely rental assistance (eviction notices, security deposits, and first month rent) Transportation to connect to community resources, Food insecurity, possible farms and stores to help identified families to receive additional food other than what is already available through the community.
- Assist families facing eviction with rent and/or security to either remain in their residence or move to another home.
- Increase family's awareness of available resources by holding community awareness events.
- Resource assistance and nutrition for pregnant women to reduce pre-term and low birth babies.
- DCPP youth leadership training for youth in foster care
- Respite activities/ events for families
- Day time respite on the weekend for DD youth



Sample of Data Links Reviewed:

- o HSAC Needs Assessments: https://www.nj.gov/dcf/about/divisions/opma/hsac needs assessment.html
- o DCF Commissioner's Dashboard: https://www.nj.gov/dcf/childdata/continuous/index.html
- o DCP&P Dashboard: https://www.nj.gov/dcf/childdata/protection/index.html
- ODCF Rutgers Data Hub and Portal: https://njchilddata.rutgers.edu/
- o Kids Count: New Jersey Kids Count: https://acnj.org/

Kids Count (https://acnj.org/)

- Kids Count data reviewed was also from previous reports and last year's reports. Available data reflecting June of 2022 through June of 2023 are below:
 - Single Mother, no spouse households: Salem Ranked the highest percentage @ 27%
 - o Family Economic Security: Salem ranked the third lowest @ 22%
 - o Food Insecure for a Child: Cumberland ranked the third worst @ 20.5%
 - Family Economic Free Lunch for Children: Cumberland ranked the worst @ 73 children per day (This data from June 2022)
 - o Pre-Term Babies: Cumberland had the highest percentage (212 @ 12.0 %)
 - o Low Birthrates: Cumberland ranked the second highest percentage (163 @ 9.2%)
 - o Children Under Overall DCP&P protection: (Data from 2022) 30,996
 - o Children Under Overall DCP&P protection OOH: (Data 2022) 2,946
 - o Cumberland, Gloucester, and Salem listed for both DCP&P categories have ranges above 40%
 - Established Child Abuse (Data from 2022): Cumberland ranked the second highest 90 @ 2.7% and Gloucester #3 83 @ 2.3%
 - Lead from homes detected in Blood levels for children under 6 years old: Salem ranked the worst
 26 @ 4.6% and Cumberland ranked the second worst 100 @ 3.7%
 - O Data continues to reflect food and housing insecurity and mothers struggling to raise a home without a spouse. In addition to some new data reflecting Mothers not receiving proper care while pregnant resulting in pre-term and low birth rates most likely due to needed food, housing, etc. Supports the ongoing need. Last year's data reflected 30% of the average family's income or higher was being consumed for rent alone.

American Psychological Association (APA)

 Prevention and Early Intervention: <u>Child and Adolescent Mental and Behavioral Health Resolution</u> (apa.org)

Youth.gov

o Benefits of Mentoring for Young People: Benefits of Mentoring for Young People | Youth.gov



Autism New Jersey

 The data points from Autism New Jersey recommend early identification and integration of ABA services. Autism NJ- Severe Challenging Behavior

Children's Interagency Coordinating Council (CIACC) July 2023 Dashboards (CGS):

o NJ_CIACC_Dashboard_July 2023_v3

MyCentralJersey.com

 According to My Central Jersey, Salem ranked the least healthy county in New Jersey having the state's highest adult obesity rate, 39%, followed by Cumberland at 36%, Gloucester and Atlantic at 32% and Ocean at 31%

Robert Wood Johnson Foundation

- o Overall, researchers found 34.3 percent of children relied on Medicaid/CHIP at a given point in time between 2015 and 2019.
- o Children covered by Medicaid/CHIP are highly concentrated in geographic areas.
 - Geographic areas with a higher proportion of children with Medicaid/CHIP coverage tend to have higher rent burden; less reliable food access; a lack of access to primary care, dental, or mental health providers; and higher environmental risks including air pollution, concentration of diesel particulate matter, and EPA-listed Toxic Release Inventory sites.
 - Neighborhood Resource Access and Health Risks for Children's Covered by Medicaid and ChildrenHealth Insurance Program (CHIP) (rwjf.org)

Robert Wood Johnson Research for least healthy counties in NJ- Data point: Social Associations

- Cumberland, New Jersey | County Health Rankings & Roadmaps | Rank#20 of 21 counties in ranked in New Jersey
- Gloucester, New Jersey | County Health Rankings & Roadmaps Rank#15 of 21 counties ranked in New Jersey
- Salem, New Jersey | County Health Rankings & Roadmaps Rank#21 of 21 counties ranked in New Jersey

Division Child Protection and Permanency (DCP&P)

Last needs assessment listed on DCP&P's website is still from 2018. Community Resource Department (CRD) was able to review additional data from Kids Count on DCP&P from June 30, 2023 (Listed below under Kids Count). Most DCP&P data reflected a decrease in many areas from last year's data breakdown. Newer data is listed below.



- Overall Increases were seen in:
- o Predominant Placement in Congregate Care
- o Permanency Outcomes entry Cohorts
- o Maltreatment In Home
- o Abuse and Neglect
- o Reentry to the community
- Length of Stay

Centers for Disease Control and Prevention (CDCP)

o According to CFCP data, expand neighborhood amenities where they are lacking to allow children to play, read, and socialize. Working together, we can help children in rural communities thrive | CDC:

Department of Health and Communicable Disease (NJ COVID Dashboard)

- Current data was not impactful to Cumberland, Gloucester, and Salem. Our counties were all listed within the least active Covid outbreaks in NJ. (Gloucester had 7 outbreaks, Cumberland had 5, and Salem had 3).
- Active New School Outbreaks also had the same reflection of no heavy impact in Cumberland, Gloucester, and Salem (Gloucester had 1 outbreak, Cumberland and Salem had 0 outbreaks).