

QUESTIONS AND ANSWERS

2017 Pilot of Supportive Visitation Services (SVS) in Essex County

Questions? Email us anytime at dcfaskrfp@dcf.state.nj.us

Phone number and contact

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Special Notice: The Due Date for proposals has been extended until December 14, 2017. Section F of the RFP is modified as follows.

RFP Schedule:

October 24, 2017 at 12 PM	Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us
October 25, 2017	Mandatory Bidders Conference at 11AM
December 14, 2017	Deadline for Receipt of Proposals by 12:00PM

Proposals received after 12:00 P.M. on December 14, 2017 will **not** be considered. Applicants shall submit **one (1) signed original** and should submit **one CD ROM** as indicated below.

Providers who currently have contracts to conduct visitation services for CP&P in Essex county **MUST** apply and be selected for this opportunity in order to continue providing visitation services

1. Do you have a total projected budget for this project?

No. This is a pilot program, and DCF shall assess the need and the budgetary caps at a later time. DCF is seeking to meet the needs of visitation in this county.

2. How many families do you anticipate serving per month? Per year?

As of 10/23/17, there were currently 1110 children in out-of-home placement in Essex County; over 500 of those children have a goal of reunification. DCF currently contracts for visitation for at least 56 cases for around 170-200 visits (unduplicated by case) each month. DCF is looking to expand capacity for visitation services in the county.

3. Are you open to incorporating an existing promising practice for visitation services within your SVS model?

Not at this time. Agencies must be able to provide the “Services to be Funded” in Section 3 of the RFP.

4. Page 8: For TPR/adoption cases, a court order for visitation is in place. Will there be opportunity to increase visitation if clinically appropriate?

Potentially yes. Typically court orders specify visitation minimums. SVS is a collaborative visitation approach and regular communication should occur between the implementing agency and CP&P to discuss case-specific circumstances. Page 11 of the RFP states: An awarded provider shall reassess the family at regular scheduled intervals, no longer than three months, or on an as needed basis to determine if the family’s current treatment goals have been met and/or whether they require a different level of intervention/supervision. Visitation plans shall be updated to reflect the reassessment.

5. Page 8: Will there be consideration to hold Rose Wentz trainings for the 3 selected providers?

DCF will support training on the Rose Wentz Matrix. Agencies do not need to include costs associated with this training in their budget.

6. Page 9: In the fee for service model with the flat rate, how does that factor in compensation for staff that must facilitate visits on holidays and be paid time and a half?

The rate is \$146.10 per hour. Page 16 of RFP States: All funding is subject to appropriation. For the purpose of this initiative, funding will be provided to the awarded grantees through a fee-for-service rate schedule. The awarded providers will bill via K-100 at \$146.10 for each visit hour

that the agency provides. The awarded provider may also bill for the pre-visit meeting, post-visit debrief, initial intake assessment and visitation planning meetings. The provider may not bill for transportation to and from visits, for documentation or communication, or for missed/cancelled visits (unless the child(ren) is brought to the visit location and the parent does not show). In this case, the service provider will be expected to provide support to the child to process his or her feelings from the missed visit.

The rate is inclusive of direct and indirect costs that are required to deliver supportive visitation services and is based on an analysis of existing DCF contracts for supervised and therapeutic visitation along with other data (salary metrics). It is DCF's expectation that the awardee has capacity to deliver a continuum of services. DCF anticipates that not all families will need to use all services. For example, some families may not require transportation for every visit, and not every visit for every family will require hands-on work with a therapist.

7. Page 12: How can we prevent participation of visitors that are not approved to see the child when the visits are being provided at the birth family or relative's home?

DCF understands these challenges and appreciates that you recognize that there may be these issues. Your organization must be prepared for a variety of circumstances that may happen and have protocols and safety considerations as part of your policy. Your proposal must describe these procedures for safe visitation. SVS is a collaborative visitation approach. The family's visitation plan which includes visitation specifics such as visitation participants is developed during the collaborative visitation planning meeting and agreed upon by all parties and updated as changes occur.

Page 12 of RFP states: Safety/Security Procedures – Safety of visitation participants is paramount. The awarded provider agency must have clear procedures and protocols to ensure the safety of all visit participants, especially in very high risk cases. Procedures shall include safe exchanges and security during visits, if appropriate. Ground rules should be enforced and intervention may be necessary to protect against physical and/or emotional safety. Visitation and waiting areas should be child-proofed and free of potential safety hazards.

8. Page 12: What is the appropriate grace period we should give families if we transport a child to the location of the visit and the parent is not there?

DCF is not specifying a grace period. A strong proposal would offer creative solutions to address anticipated transportation challenges and plans to work with families to resolve other barriers that may result in cancelled or “no show” visits.

9. What is the anticipated date of the award of the Pilot of Supportive Visitation Services (SVS) in Essex County?

There is no specified award date for this RFP at this time. An award will be made timely upon a thorough review of all the submissions by the evaluation team.

10. What is the anticipated start of the services as outlined in the Supportive Visitation Services (SVS) in Essex County RFP?

DCF’s Office of Contracting will contact awardees to begin contract negotiations. Proposals should include a clear, reasonable program implementation schedule. As per this RFP on page 18 - Applicant Eligibility Requirements #9: Applicants must have the ability to achieve full operational census within 60 days of contract execution. Further, where appropriate, applicants must execute sub-contracts with partnering entities within 60 days of contract execution.

11. What is the historical amount of Supervised Visitation Visits for Essex County for the last 3 years? Also how many providers have provided those services over the last 3 years?

DCF currently contracts with three visitation providers in Essex County. Contracts differ in level of service requirements:

- Provider A: 30 slots (at any time)
- Provider B: 47 clients/slots
- Provider C: 542 monthly visits and 168 quarterly visits.

12. Page 39: Exhibit D: What is the need for services and the RFP’s anticipated level of services (LOS) based on, the total in the column entitled, “Children in out-of-home placement in Essex County (Last day of the Month)”, and/or the total of the column “Children in out-of-home placement in Essex County (with the Goal of Reunification)” or the combination of both?

DCF is not in the position to guarantee a client base. With that said, supportive visitation services are considered a core CP&P service and have historically been a service that CP&P Local Offices have requested additional capacity for. Applicants are encouraged to look at CP&P data and use their own experiences with visitation demand for the counties they have served. DCF is requiring providers as part of this RFP to give an estimation of the number of unduplicated families they would have capacity to provide visits for on a weekly basis to meet their proposed budgetary expenses.

13. Page 39: Exhibit D: with regards to the needs for either or both of the columns, “Children in out-of-home placement in Essex County (with the Goal of Reunification) and “Children in out-of-home placement in Essex County (Last day of the Month),” do the children needing visits live in Newark or Essex County? If yes, what number or percentage? What number or percentage of the parents or siblings of the children needing visits who live in Newark or Essex County? If the children, siblings or parents live outside of Essex County, where do they live by county in New Jersey?

The following is CP&P All Entry Placement Data from 2013 for Essex County. The following is the children’s municipality of residence at time of removal. (n = 694 children)

- Newark = 372 (54%)
- East Orange = 76 (11%)
- Irvington = 75 (11%)
- Orange = 20 (3%)
- Belleville = 17 (2%)
- Bloomfield = 9 (1%)
- West Orange = 8 (1%)

Agencies should be able to provide supportive visitation services to children residing in all Essex county municipalities.

14. Page 39: Exhibit D: How many children are in out of home placements in each town or ward in Essex County?

See question #13 for historical placement data. Municipality trends are consistent – the majority of children in placement lived in Newark at the time of their placement. They may, or may not, reside in Newark in their out-of-home placement setting (ex. relatives, resource home, etc.).

15. Page 24 bullet, point 5: What are the stated goals and objectives for the Supportive Visitation Services programs (SVS) program, as they are not stated in the RFP itself.

The goal is to have highly trained individuals providing successful, trauma-informed supportive visitation services. Page 15: It is anticipated that outcomes for supportive visitation services will be the same or similar and will align with DCF's ultimate goals for increased child safety and well-being; appropriate parent/child interactions; safe, timely reunification or other permanency outcome; and no additional substantiations of abuse and neglect upon reunification/permanency. The awarded providers must have the capacity to measure these outcomes and may also propose to articulate and monitor additional outcomes.

The service provider is expected, at a minimum, to keep records including the volume, type and location of visits, by family, for each reporting year. Data on missed and canceled visits should also be captured and reported. In addition, the grantee will be required to provide monthly, quarterly and/or annual reports to DCF including outcome indicators. The format of the reports will be determined following completion of the evaluation plan.

16. Is there an assumption that a Master's level therapist is an LSW, LAC or above or is a Master's degree in a related field sufficient?

SVS must be provided or supervised by a **licensed therapist**. The staffing model should include a clinical lead or a clinical team. Page 8: The master's level visitation specialist or program manager develops a biopsychosocial assessment for the parent (and child). "The master's level visitation specialist or program manager who completed the initial intake assessment will complete the Rose Wentz Matrix utilizing information from CP&P and the courts as well as observations from pre-visit plan visits to develop a visitation plan." A clinician must supervise Therapeutic Supervised visits.

17. If there are more than four children in a visit, is there a helper rate?

No. The agency may propose use of a helper; however, there is no helper rate. The agency should be able to accommodate families with varying numbers of children.

18. Can you express the various transportation requirements needed to support the SVS Program Model?

Page 11: The awarded provider agency must have capacity to provide transportation for clients to ensure visits occur between children and families. The provider transports children to and from the visitation site. Transportation for parents may be provided and/or arranged as necessary. The program shall not limit transportation to only in-county travel but should instead set reasonable limitations on transportation from CP&P local offices. The program is to maintain accurate and current records including drivers' information and vehicle fleet information (ex. copies of drivers' licenses; driver's abstract; vehicle insurance and inspection records).

19. Please confirm that transportation should be available for the child(ren) from their Out-of-placement residence to the parent's residence, resource home, community location or the agency location?

Yes. Page 11: The awarded provider agency must have capacity to provide transportation for clients to ensure visits occur between children and families. The provider transports children to and from the visitation site. Transportation for parents may be provided and/or arranged as necessary. The program shall not limit transportation to only in-county travel but should instead set reasonable limitations on transportation from CP&P local offices. The program is to maintain accurate and current records including drivers' information and vehicle fleet information (ex. copies of drivers' licenses; driver's abstract; vehicle insurance and inspection records).

20. Are there geographical limitations to where child(ren) will be transported from?

No. Page 11: The awarded provider agency must have capacity to provide transportation for clients to ensure visits occur between children and families. The provider transports children to and from the visitation site. Transportation for parents may be provided and/or arranged as necessary. The program shall not limit transportation to only in-county travel but should instead set reasonable limitations on transportation from CP&P local offices. The program is to maintain accurate and current records including drivers' information and vehicle fleet information (ex. copies of drivers' licenses; driver's abstract; vehicle insurance and inspection records).

21. What is the maximum number of child(ren) that can be transported to a visit? If more than four, would a helper rate be available?

There is no specific maximum number of children that can be transported to a visit. The agency should be able to accommodate families with varying numbers of children. There is no helper rate available.

22. If transportation services are initiated and there is a no-show on the part of the parent, will the agency be able to bill for the total scheduled visit hours?

Page 16: The provider may not bill for transportation to and from visits, for documentation or communication, or for missed/cancelled visits (unless the child(ren) is brought to the visit location and the parent does not show). In this case, the service provider will be expected to provide support to the child to process his or her feelings from the missed visit and will be able to bill for that visit

23. Will transportation be required for Post Reunification Services (Aftercare)? If not, are Post Reunification Services (Aftercare) primarily delivered via telephone conversations?

Yes. At minimum, Aftercare includes a monthly visit from a visitation specialist to the family's home. Specific services are based on family's needs.

24. Can the RFP due date be extended until 12/14/2017?

Yes.

25. DATA Collection

Is there a list of what data must be collected by the SVS vender?

According to the RFP on page 11, "The service provider is expected, at a minimum, to keep records including the volume, type and location of visits, by family, for each reporting year. Data on missed and canceled visits should also be captured and reported. In addition, the grantee will be required to provide monthly, quarterly and/or annual reports to DCF including outcome indicators. The format of the reports will be determined following completion of the evaluation plan."

26. What software program will the agency utilize to record such data? For example, can the data be tracked on an EXCEL spreadsheet?

DCF is not requiring a specific data tracking system; however, the agency must have capacity to collect and report required data. According to the scoring section on page 27 of the RFP, the provider should “describe how the organization collects, maintains and uses any data collected. Include in the narrative responses to the following questions:

- Is there a database system in the organization? If there is no existing database for the data, how do you collect data (i.e. excel spreadsheets)?
- Who is responsible for collecting, inputting, analyzing and reporting the data?
- How is the data used once analyzed?”

27. Budget

Can you amplify what expense information should be provided regarding the budget for this fee for service program?

The agency is required to provide a line item budget on DCF’s Annex B (budget) forms. According to the RFP on page 27 of the scoring section, “the budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget should also reflect a 12 month operating schedule and must include, in separate columns, total funds needed for each line item. All costs associated with the completion of the project must be clearly delineated and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or —other items.

28. Is there a budget form to be utilized to present the budget in the RFP?

The agency shall include a budget narrative as part of their 25-page proposal. They must also include the following appendices: DCF Annex B Budget Forms and separate document explaining and describing operational startup costs, if applicable.

29. What items should be included in the budget?

See question #27.

30. If transportation services cannot be billed, should the expenses of transportation be included in the budget presented with the RFP response?

Yes, any costs associated with transportation should be included in your budget. Agencies cannot bill for transportation hours. Costs associated with transporting child(ren) or parents to visits has been included in the rate.

31. Therapy Services

Would SVS services under this RFP include non-custodial parents receiving skill training such as anger management, substance abuse counseling and such?

No. DCF is contracting specifically for supportive visitation services. Providers are expected to ensure visits occur and support appropriate parent-child interactions. Families may also be participating in additional services as part of their CP&P-involvement outside of the SVS program. DCF is not requesting these services within this RFP.

32. Will all therapeutic services to non-custodial parents be provided by SVS vender during the visitation session?

Yes. Agencies are expected to provide therapeutic supportive visitation services as part of the visitation continuum. Families may also be receiving additional therapeutic services through their CP&P-involvement outside of the SVS program.

33. Does the provider of SVS also provide direct instruction/training to the non-custodial parent?

For example, would the clinician provide instruction during the visit on parental skill training?

Yes. During visits, the agency is expected to provide clinical interventions to address behavioral, development, relational, and/or safety needs and coach, mentor and assist with developing additional skills as needed.

34. Communication

What communication with other professionals will be required of this SVS vender?

The agency is required to collaborative with CP&P through phone calls, participation on FTMs and documentation. Agencies may conduct collateral contacts with service providers to inform assessment and include them in the visitation planning meetings, as appropriate.

35. Will the successful bidder be expected to attend meetings with DCF, Law guardians, court proceedings?

Not typically, but there may be circumstances where it may be necessary. The agency is most often required to collaborate with CP&P through phone calls, participation on FTMs and documentation. The agency is not expected to appear in court. Agency reports may be used to inform court processes.

36. What documentation will be required of the SVS bidder to other professionals in the DCF system?

According to the RFP on page 7, "Documentation – the service provider is expected to provide consistent and accurate documentation of observations from each visit in NJSPIRIT, DCF's case reporting system, within reasonable timeframes, not to exceed 5 business days. Training on the computer system can be provided to the grantee by DCF upon request. The service provider will also be responsible for providing CP&P written collaterals describing family progress."

37. Transportation

Is the bidder expected to provide detailed information listed on page 25 regarding agency vehicles in their response to this RFP? Or can this be provided after an award is made?

The agency must indicate the number of vehicles and staff available to transport clients in their proposal. Upon award, agencies will be required to provide more detailed vehicle and driver information.

38. Is the 5% to cover the program director & senior leader's salary included in the 12 month budget? Is the funding paid in a lump sum?

Yes, the funds provided to cover teaming activities should be included in the agency's budget. The funds will be paid in a lump sum annually. The funds will be based on salaries at the time of award and will not be subject to future, annual increases. Continuation funding is contingent upon the availability of funds in future fiscal years and contract compliance.

39. Should the start-up costs be separate from the Annex B?

Yes, they should be separate from your ongoing budget. Please be clear so that the evaluation team understands your submission. This is typically a word document that describes the costs.

Part II: Appendices		
10	<input type="checkbox"/>	DCF Annex B Budget Forms* and separate document explaining and describing operational startup costs, if applicable.

40. Do you have statistics on which LO in Essex County utilizes visitation services the most? This would be useful for the community program piece.

Please see question #13 for county data.

41. How is the grantee selected?

The grantee(s) will be selected through a competitive bidding process.

42. What do you mean by 56 new cases on average in the Bidder's Conference PowerPoint?

Currently, contracted visitation agencies in Essex County provide visitation services (at least 1 visitation contact/month) for 56 CP&P cases where the family's case goal is reunification.

43. How will referrals be allocated to the 3 awarded agencies? Where will the referrals come from?

The Essex County CP&P Local Offices will be responsible for selecting which agency(ies) to refer families for visitation services and for making the referral.

44. Can we then assume that the 56 average cases will be divided evenly among the 3 winning agencies?

Not necessarily, DCF anticipates funding *up to* three (3) agencies. In addition, because the CP&P Local Office's initiate the referral, it cannot be assumed that the referrals will be evenly distributed. The number of cases is an estimate and numbers may in fact, be higher.

45. Will the physical location of the agency have any bearing on selecting the winning agencies for this RFP?

No. The agency must have the capacity to hold visits within Essex County either at the family's residence or an in-community setting. The agency's program location and/or CP&P office should be the last option for visits.

46. Is there an expectation that one (1) agency be able to handle all the anticipated referrals?

No. While it is possible, it is not expected.

47. Is SVS meant for youth ready for reunification or all youth in placement?

Supportive visitation services are for Essex County CP&P-involved families with children in out-of-home placement, regardless of case goal.

48. What if the home or a community setting is not conducive to holding visits?

The agency must have the capacity to hold visits within Essex County at the agency when it is not possible to hold the visits in the home or community.

49. Is the rate inclusive of transportation costs?

Yes, the rate is inclusive of direct and indirect costs that are required to deliver supportive visitation services, including transportation. The agency may not bill separately for transportation costs. The agency may bill for the following in-person, face-to-face activities: initial intake assessment, visitation planning meeting(s), supportive visitation services, pre-visit meetings, post-visit debriefs and aftercare services.

50. Is the rate based on current costs of living?

The rate is based on an analysis of existing DCF contracts for supervised and therapeutic visitation along with other data (salary metrics).

51. Is there an expectation that notes be entered into NJSpirit or CYBER?

The agency is expected to document visits into NJSPIRT only.

52. What provisions are there for cancellations? Can you clarify the difference between a “no-show” and a “cancellation”

The provider is being asked to describe a clear policy regarding the cancellation and rescheduling of visits. The agency must contact all parties (parent, resource parent/child, etc) in advance of the visit to confirm attendance. Applicants should also identify what additional methods or strategies will be employed to engage parents and reduce cancellation and no show rates. The agency may only bill for visits where the parent(s) does not show, and the child(ren) are brought to the visit. The agency is expected to process feelings from the missed visit with the child(ren) and conduct a sibling visit, if appropriate.

53. Is a planning meeting that involves the family billable?

Yes. Please see question #49 for billable activities.

54. Do you have any data or statistics on the no-show/cancellation rate or “fail-rate” of visitation?

Because this RFP is a pilot, we do not have Essex County specific data on the “fail-rate” of visitation, but the pilot programs in other counties have shown that the “fail-rate” is reduced with SVS.

55. If a court orders a child to have 2 hours of visitation and there is a 15 minute debrief following the visit, does the agency hold the visit and bill for 2.25 hours or does the agency hold the visit for 1.75 hours and bill for 2 hours?

The agency should hold the visit for the court-ordered length of time (2 hours). In addition, the agency should provide a post-visit debrief. The agency would bill for 2.25 hours.

56. Can you share any lessons learned from the previous pilots of this program? Specifically, about the rate, transportation, no-shows, etc.?

Many of the lessons learned from the previous pilot have been included in this RFP language. From our experience, agencies should include a plan to contact parent(s) and resource families within 24 hours of the visit to ensure all parties are aware that the visit is occurring and confirm attendance. It also gives the agency an opportunity to resolve any barriers to attendance. The agency should also partner with CP&P to make a plan for transportation on cases where extensive travel is required.

57. Will there be “gap-funds” for this RFP?

According to the RFP on page 17, “Due to the nature of fee-for-service funding, the Department will advance funds to new providers as they gradually implement services. The funds will be used to cover initial billing delays. This program is a pilot, and as such, the Department will work with providers to avoid deficits, particularly in the first year. Providers will be responsible for providing detailed monthly financial information to the Department.” Continuation funding is contingent upon the availability of funds in future fiscal years and contract compliance.

58. Do we need separate staff for supervised visitation and for therapeutic visitation or can one staff member provide both types of visits?

No, separate staff are not required. Yes, a licensed therapist, who is required for supporting therapeutic visits, may also support supervised visits, too.

59. This is a new model for visits which fuse supervised visits with therapeutic visits, correct?

SVS providers must offer a continuum of visitation services. Families may receive more than one type of visitation services (ex. The family may receive one therapeutic visit and one supportive in one week).

60. Is there a need for a smaller agency? While they would be able to serve less people, they may be able to provide a specialized need or service, such as visits in another language?

Yes, all types of agencies are encouraged to apply, whether large or small.

61. What gaps have you recognized through the provision of SVS in the other pilot counties?

Through this RFP, DCF intends to expand capacity for high quality visitation services and alleviate service waitlists. SVS are flexible and are provided along a continuum to meet the needs of families.

62. Will DCF cover leased space?

DCF does not prohibit leasing space. Fees associated with the lease should be included in your annual budget. Reasonable start-up costs are allowed and must be submitted on a separate schedule.

63. Can we sub-contract with an agency that provides transportation?

Yes. DCF does not prohibit subcontracting for services. Creativity is encouraged. Agencies must include in their proposal's appendix any applicable consulting contracts, affiliation agreements/Memoranda of Understanding related to this RFP.