



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Supportive Visitation Services (SVS) - 9 Regions Bidder's Conference

DCF Division of Family and Community Partnerships (FCP),
Office of Family Preservation and Reunification (FPR)

July 11, 2024

Agenda & Objectives

- Welcome/ Introductions
- DCF Strategic Focus
- Overview of the Division of Family & Community Partnerships (DFCP) & Office of Family Preservation & Reunification (OFPR)
- Services to be Funded
- Highlights from Supportive Visitation Services(SVS) RFP
- Requested Documents Review
- Questions and Answers



BUILDING A 21st CENTURY CHILD WELFARE SYSTEM

FAMILY VOICE

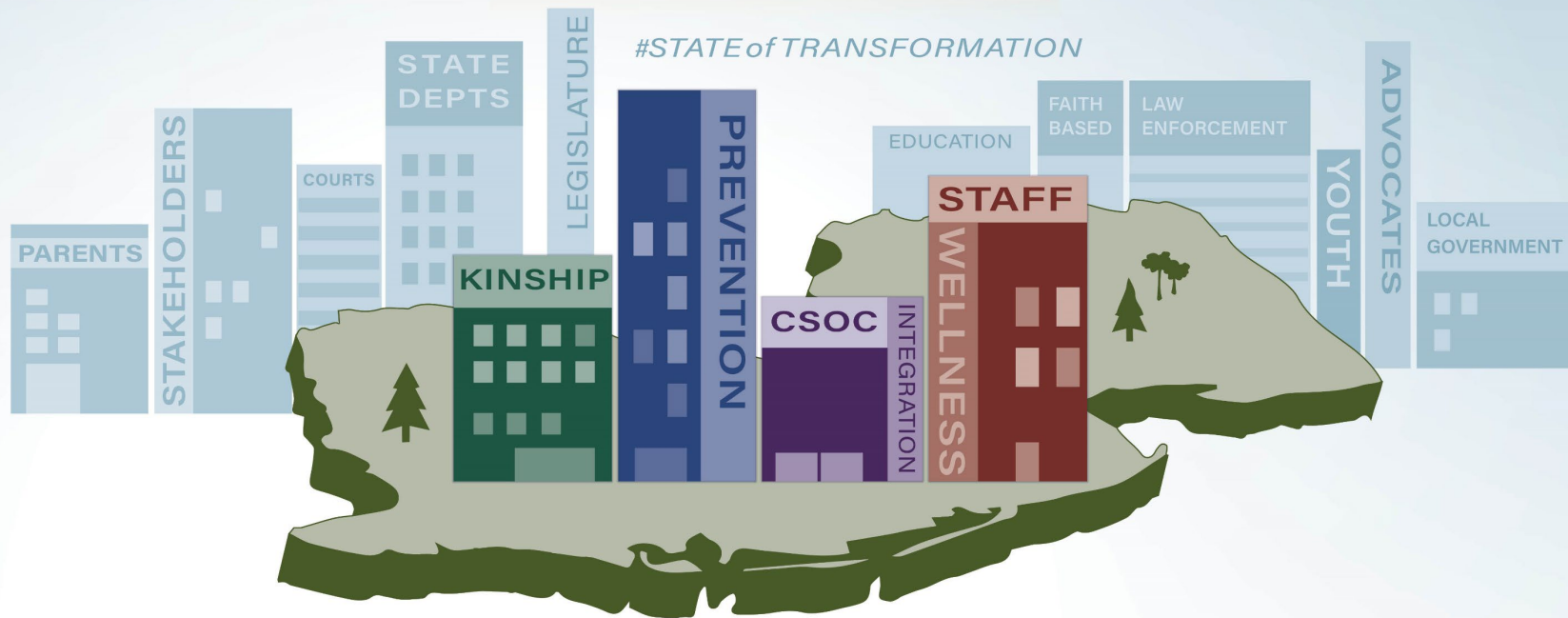
RACE EQUITY

HEALING
CENTERED

PROTECTIVE
FACTORS

COLLABORATIVE
SAFETY

VISION: EVERYONE IN NJ IS SAFE, HEALTHY & CONNECTED



BUILT ON THE VALUES OF: EVIDENCE - FAMILY - COLLABORATION - EQUITY - INTEGRITY

Family and Community Partnerships (FCP)

DCF's Division of Family and Community Partnerships (FCP) promotes the health, well-being and personal safety of New Jersey's children and families by working with parents, caregivers, organizations, and communities to ensure an effective network of proven support services, public education, and community advocacy to prevent child maltreatment. The Division's work is housed across four offices:

- The **Office of Early Childhood Services** supports development and implementation of programs and activities related to pregnancy and parent support for families with infants and children to age five.
- The **Office of Family Support Services** contracts and works in partnership with organizations throughout the state, including school districts, to build a continuum of family-centered, holistic, and preventive services for New Jersey's children and families that touch across the lifespan.
- The **Office of Housing** works to ensure DCF's network of housing and related services are accessible, high quality, culturally competent, and effectively meet youth and family needs.
- The **Office of Family Preservation and Reunification** is committed to providing an array of high-quality, evidence-informed, family, child and youth services to promote stability, permanency and well-being for our most vulnerable children and families. This office services family and youth who are currently or formerly DCP&P involved.



FCP Programs and Offices

Office of Early Childhood Services

Evidence-Based Home Visiting (NFP, PAT, and HFA)
Adolescent Pregnancy Prevention Intervention (APPI)
Parent Linking Program (PLP)
County Councils for Young Children (CCYC)
Connecting NJ
Universal Home Visiting (UHV) /Family Connects NJ

Office of Family Support Services

NJ Family Success Center Network (FSC)
Kinship Navigator Program (KNP)
School Linked Services (SLS)
NJ Student Support Services (NJ4S)
Outreach to At-Risk Youth (OTARY)
NJ Child Assault Prevention (NJCAP)

Office of Housing

Youth Supportive Housing
Keeping Families Together (KFT)
Transitional Living Programs (TLP & STLP)
Street Outreach
Adolescent Housing Hub

Office of Family Preservation & Reunification

Peer-2-Peer (P2P)/ EnlightenMENT
Exchange Parent Aide (EPA)
Pathways to Academic and Career Exploration to Success (PACES)
Family Preservation Services (FPS)
Supportive Visitation Services (SVS)

Primary Prevention Services

Tertiary Prevention Services

Secondary Prevention Services



The Need for Supportive Visitation Services (SVS)

- Today, New Jersey has the lowest rate of out of home placement in the country.
- Placement rates vary based on age. In 2021, 55% of children entering foster care were aged 5 years or younger and 27% were infants under the age of one year .
- Between 2014-2021, about 80% of the children who entered foster care did so for the first time and 20% entered for at least a second time.
- The length of stay in out of home placement is rising, however, and is most acute for infants, and for children entering care for at least a second time.
- In 2016, a typical child's entering out of home care for the first time spent 11.4 months in placement; in 2021 that number rose to 16.7 months, and for infants, 20.8 months.
- SVS aims to reduce children's time in foster care and decrease recidivism within the child welfare system by reducing parenting stress and improving child behavioral health, ensuring connections between children and their parents is strengthened and preserved.



SVS – Summary Program Description (RFP page 1)

- Supportive Visitation Services (SVS) is an innovative parent-child visitation model, offering visitation services along a continuum.
- SVS contracted programs will support families involved with DCF's Division of Child Protection and Permanency (DCP&P) with case goals of Reunification, KLG, or adoption.
- The primary service recipients for SVS programs are CPP-involved families whose children, ages birth up to and including age 17, are in out-of-home placement.
- SVS strengthens familial interactions and improves the success rate of reunification of children with their families.



SVS – Funding Information (RFP pages 1-4)

- **Number of Awards: 9**
- **Award Amount:**
 - Start up; one-time up to \$1,300,000
 - Year 1; pro-rated operational expenses up to \$17,659,998
 - Year 2; annualized operational expenses up to \$23,543,851
- Intended funding period for the contract is: October 1, 2024 – June 30, 2025.
- Start-up costs shall include but shall not be limited to laptops/tablets equipped with broadband to be used in the field; curriculum and required assessment tools/licenses; the purchasing of or upgrades to Electronic Health Records (EHRs) to align with documentation expectations; and the costs of program vehicles



SVS – Medicaid Component (RFP pages 2-3)

- This model will have a Medicaid reimbursable component that will begin January 1, 2025. All awarded respondents will be expected to become enrolled as a Medicaid provider.
- A unique provider number will be required for this service.
- Staff delivering Medicaid billable components must be included in the Medicaid application. Each individual must have a National Provider Identifier (NPI)
- **If you have existing staff identified for assignment to SVS, they can apply for their NPI number now. More information: : [https://nppes.cms.hhs.gov/#/.](https://nppes.cms.hhs.gov/#/)**



SVS – Medicaid Services (RFP pages 2-3)

MEDICAID COVERED SERVICES

- Therapeutic and Supportive Visitation Direct Services for children residing in out-of-home placement;
- Ancillary activities associated with the above direct services such as supervision time, training, travel time and travel costs for visitation specialist (if using personal vehicle), collaterals, encounters, and documentation.

MEDICAID NON-COVERED SERVICES

- Therapeutic and Supportive Visitation Direct Services for children residing in-home (*to occur during sibling visits when one or more siblings are in placement*);
- Supervised Visitation Direct Services provided by Visitation Aides
- Aftercare/Reunification Services
- Transportation for children and caregivers
- Ancillary activities associated with the above direct services such as supervision time, training, travel time and travel costs for visitation specialist (if using personal vehicle), collaterals, encounters, and documentation.



SVS – Medicaid Hourly Rates (RFP page 3)

- Medicaid hourly rates are billed per child.
- Medicaid allowable services must be billed at 15-minute increments.

Rate Description	Therapeutic per Child	Supportive per Child
Base Rate	\$164.81	\$133.46
Sibling Group Rates; Group of 2 Children	\$86.54	\$70.07
Sibling Group Rates; Group of 3 or more Children	\$60.44	\$48.95



SVS Referral Process (RFP pages 13-14)

- SVS providers will receive completed referrals from the CP&P Local Office Resource Development Specialists (RDS), or another Gatekeeper located within the SVS provider's Region.
- Awarded respondents will contact the CP&P caseworker within 24 hours of receiving referral to review and obtain additional information.
- The family will be contacted within 48 hours of receiving referral to schedule an initial intake assessment.
- If the agency is at capacity, they must maintain a waiting list and communicate with CP&P regularly on service availability. Awarded respondents will communicate with CP&P regularly on the receipt of, acceptance or rejection of program referrals.

Awarded respondents will be provided with an updated Service Flow Chart prior to the initiation of service delivery.



SVS – Direct Services and Activities (RFP page 15-16)

Read all services and activities on pages 14-17.

Assessment & Planning

- 1. Initial Intake Assessment** — The Initial Intake Assessment is completed in-person with the family and child(ren), as appropriate, and the Therapeutic Visitation Specialist to provide time for the family to tell their story and gather information the parent(s) would like to share. The biopsychosocial assessment and Caregiver Survey is completed, and a clinical impression is formed to identify strengths, challenges, motivation, and potential clinical objectives. These objectives are then elaborated upon in subsequent visitation planning meetings and incorporated into the family's visitation plan.
- 2. Pre-Visitation Plan Visits** — The first 2-4 weeks of service delivery provides an opportunity for ongoing assessment and planning with the family. Observations during these visits are used to complete the Rose Wentz Matrix and re-assess the most appropriate visitation level by completing the DCF Parent-Child Visitation Planning Tool. During this time, visits will be determined based on existing visitation plans, if applicable, or court orders in consultation with CPP, and shall occur in the least restrictive setting that ensures the safety of all participants.
- 3. Visitation Planning Meeting (VPM)** — Occurring within one (1) month of the initial intake assessment, the initial VPM includes visit participants and relevant stakeholders, and offers a collaborative environment to finalize the family's visitation plan and provide a clear description of the services the family is receiving. VPMs are the cornerstone of SVS services and will occur every three (3) months from the initial VPM. Subsequent VPMs include a discussion of the family's visitation strengths and challenges, visitation goal attainment and/or whether families would benefit from a different level of intervention/supervision, CPP case plan or service updates, and family and natural supports.
- 4. SVS Visitation Plan** — Utilizing assessments, observation, and input from the family, CPP, and other relevant stakeholders at the VPM, the assigned visitation specialist completes the SVS Visitation Plan. The plan details the impact of the separation, visitation goals, supervision level, location, frequency and duration, participants, activities, and materials to bring to the visit. The SVS Visitation Plan is reassessed at least every three (3) months during Visitation Planning and updated as needed by the assigned visitation specialist.



SVS – Direct Services and Activities (RFP page 16)

Read all services and activities on pages 14-17.

Continuum of Visitation Services

There are 3 primary parts to every successful visit

- **Pre-Visit Prep** - The preparation time before a visit is an important time with parents to discuss anticipation of any behavioral or emotional challenges that could arise and to plan strategies to address those challenges. Preparation may occur on the phone or during transportation and should include input from the parent, and ideally the child, about the activities planned, supplies to bring to the visit, and how they will spend their quality family time together.
- **The Visit** - The awarded respondent shall deliver a continuum of visitation services to meet the unique needs of each family, ranging from least restrictive supportive to more intensive therapeutic interventions.
- **Post-Visit Debrief** - Involves an exchange of reflections on the visit and strength-based feedback from the visitation specialist. Debriefs should begin with engaging the parent/caregiver/child(ren) to elicit their thoughts about how the visit went, including self- reflections on the visit. Solution focused questions can also be used to engage the parent/caregiver in planning for strategies to address visitation challenges.



SVS – Direct Services and Activities (RFP pages 16-17)

Read all services and activities on pages 14-17.

Continuum of Visitation Services

- **Therapeutic Visitation** is appropriate when the family requires a significant level of clinical interventions to address behavioral, developmental, relational and/or safety needs. Facilitated by the Therapeutic Visitation Specialists, therapeutic visits typically focus on the promotion of parent-child attachment, emotional regulation, and demonstration of parent competencies, and uses trauma-informed therapeutic approaches to assist and support family members.
- **Supportive Visitation** is appropriate for families who may not need a significant level of clinical support as provided in a therapeutic visit, but would benefit from coaching, mentoring and skill development by a specially trained professional. Facilitated by the Supportive Visitation Specialist, supportive visits typically focus on enhancing parental skills by goal setting, modeling, mentoring, reinforcement and feedback and reflection.
- **Supervised Visitation** is appropriate for families who may need support to ensure visit safety, but do not require significant levels of intervention. Facilitated by a relative, family friend or the provider agency, Visitation Aide, visits typically focus on reinforcing clinical gains and skills attained in more intensive visitation levels. The provider agency communicates with CP&P to ensure visit supervisors are appropriate, provides oversight and monitoring of visits, and attends at least one visit monthly to ensure families are safe and stable.
- **Unsupervised Visitation** are unsupervised visits. The provider agency provides oversight and monitoring and attends at least one visit monthly to ensure families are safe and stable.



SVS – Direct Services and Activities (RFP page 17)

Read all services and activities on pages 14-17.

Post-Reunification Services

- Goal is to assist family with the challenges of reunification and ultimately prevent repeat maltreatment and re-entry into out-of-home care
- Aftercare Planning is created by the family, Visitation Specialist, CP&P and informed by the NCFAS-G+R tool.
- Intervention strategies include teaching skills, connecting to resources, providing concrete assistance, and assisting with service coordination
- Aftercare services may continue for up to 6 months and will gradually decrease in intensity from weekly to bimonthly to monthly depending on the family's needs and progress.



Evidence-Based Curriculum (RFP Pages 17-18)

- SVS will provide evidence-based intervention strategies and curriculum based on the individual needs and characteristics of children and families.
- The selected parenting curriculum does not replace any of the required program activities or required tools, rather it provides a supplemental tool to go beyond simply providing parenting information and offers parents exposure to skill-building experiences to build confidence in their ability to parent their children.
- **Respondents should reserve a portion of their SFY25 budgets for costs associated with use of evidence-based intervention strategies and curriculum (ie tools and training).** DCF will review and approve all selected curriculum.



Frequency & Duration of Visits (RFP Page 19)

- SVS tailors visitation services based on assessment tools, DCF Parent-Child Visitation Planning Tool, and a family's requests and availability.
- Frequency of visits may vary from family to family, but best practice indicates that visits shall be frequent and as long as possible, unless harmful to participants and/or requested otherwise.
- Children's age and development shall be considered when determining visitation frequency and duration.
 - Infants/Toddler —ages birth through five (5) years old are recommended to have shorter, more frequent visits.
 - Younger, school-aged children —ages six (6) through 12 years old are recommended to have longer, more frequent visits.
 - Adolescent/young adults —ages 13 through 17 years old are recommended to have longer, less frequent visits.



SVS Staff Trainings Overview

Read all professional development requirements on pages 20-21.

As part of onboarding:

- SVS Training for Visitation Specialists and Staff *for all program staff*
- SVS Supervisors Training *for Program Director (Clinical Supervisor) & Regional Coordinator*
- SVS Coaching to the Practice Model *for Program Director (Clinical Supervisor) & Regional Coordinator*
- Car Seat Training *for Visitation Aides & other staff transporting children*
- Medicaid Provider-Enrollment Training *for staff providing Medicaid and/or supervising staff providing Medicaid-covered services*



SVS Staff Trainings Overview cont'd

Read all professional development requirements on pages 20-21.

- NCFAS-G+R Tool Training *for Program Directors & Regional Coordinators*
Awarded respondents shall allocate \$70 per person to participate in the NCFAS-G+R Tool Training.
- NCFAS-G+R Trainer Certification *for Regional Coordinators*
Awarded respondents shall allocate \$75 per person to participate in the NCFAS-G+R Trainer Certification.
- Medicaid Provider Billing *for staff providing Medicaid and/or supervising staff providing Medicaid-covered services*
- Ongoing Professional Development.
Awarded respondents are encouraged to provide in their budgets for the provision of trainings required to maintain licensure and/or other trainings.

SVS Service Delivery Area (RFP page: 22)

- Each program is required to serve one of the regions listed below. All counties listed in each region must be served. Respondents may apply for and be awarded for more than one region.

Region	Counties
1	Atlantic, Burlington, Cape May
2	Cumberland, Gloucester, Salem
3	Camden
4	Monmouth, Ocean
5	Mercer, Somerset, Hunterdon, Warren
6	Middlesex, Union
7	Essex
8	Morris, Sussex, Passaic
9	Bergen, Hudson

- Therapeutic visits may occur within the home-like setting of an awarded provider's office. For this reason, the awarded respondent must have, or enter into a formal agreement to utilize, a physical location for these visits that is easily accessible to, and within a reasonable distance from, the families they serve.

SVS Availability & Transportation (RFP pages 23-24)

- **Operating Hours:** This program initiative is required to operate 12 months a year during which visits shall be scheduled to accommodate families' schedules. Awarded respondents shall have weekend, after school and evening hours to ensure accessibility to the service.
- **Transportation:** Transportation is an essential component of a visitation program. The awarded respondent's assistance with the transportation ensures visits occur regularly and consistently, thereby promoting stability and a sense of connection for the child.
 - Awarded respondents shall provide transportation within their region and from surrounding areas that are within one-hour, one way from the location of the visits.
 - Involvement of resource parents and DCP&P staff in providing transportation is encouraged and demonstrates collaboration and teamwork around the care of the child.
 - Transportation for parents may be provided and/or arranged, if needed.
 - **Respondents who demonstrate need in specified areas may request funds towards the purchase or leasing of vehicles in their proposed start-up budgets.**



SVS Staffing per Region (RFP page 25)


- The number of staff FTE's based on estimated number of families, visitation hours and transportation hours are specified by region below:

Region	FTE Visitation Program Director	FTE Regional Coordinator	FTE Therapeutic Visitation Specialist	FTE Supportive Visitation Specialist	FTE Visitation Aide
1	2	1.5	9	9	7
2	1.5	1	7	7	5
3	1.5	1	8	8	6
4	1.5	1	6.5	6.5	5
5	1.5	1	7	7	5
6	1.5	1	8	8	6
7	2	1.5	9.5	9.5	7
8	1	1	5.5	5.5	4
9	1	1	5.5	5.5	4


The use of per diem staff is limited to Visitation Aides or per diem staff utilized to meet family language needs and will be submitted to DCF for review and approval.

SVS Staffing Requirements

Read all staffing requirements on pages 24-30.

Position	Responsibilities	Education/ Experience/ Skills/ Certifications & Training
Visitation Program Director (Clinical Supervisor)	<ul style="list-style-type: none"> Day-to-day operations of agency's SVS Program; recruiting, selecting, coaching, supervising, and assessing therapeutic and supportive visitation Specialists and drivers. Provides clinical oversight, and supervision of visitation staff. 	<ul style="list-style-type: none"> Master's Degree in Social Work, Counseling, or related field preferred. Valid professional license (LPC, LCSW) Minimum of 5 years of work experience providing mental health services including at least 2 years providing mental health or therapeutic services to children, adolescents and/or families. Valid NJ Driver's License and clean driver's abstract.
Regional Coordinator	<ul style="list-style-type: none"> Provides coordination and oversight, and supervision of Visitation Aides. Facilitates or co-facilitates onboarding and staff training, as specified, alongside Program Director Support the Program Director in ensuring Medicaid billing is timely and complete. Track the receipt of SVS Caregiver Surveys. Track Referrals and Maintain Waitlists per County. Maintain Visitation Aides weekly schedules. Maintain visitation rooms schedule. Maintain VPM schedule. Maintains the fleet. 	<ul style="list-style-type: none"> Bachelor's Degree in Social Work, Counseling, or related field preferred. Minimum of 1 year experience with children and families, particularly families involved with the child welfare system and/ or affected by trauma preferred but not required. OR Associate degree in related field with a minimum of 3 years of experience with children and families, particularly families involved with the child welfare system and/ or affected by trauma preferred but not required. Knowledge of trauma and effect on children and families Experience/willingness to work with culturally diverse populations. Valid NJ Driver's License and clean driver's abstract

SVS Staffing Requirements continued

Therapeutic Visitation Specialist	<ul style="list-style-type: none"> • Completes biopsychological assessments, assessment tools, visitation plans and completes visitation documentation and reports. • Facilitates therapeutic parent-child visitation in the least restrictive setting. • Facilitates parent debriefings before and after visits, visitation planning meetings. • Transports children and/or parents, as needed. 	<ul style="list-style-type: none"> • Master's Degree in Social Work, Counseling, or related field preferred. • Valid professional license (LPC, LAC, LSW, CSW). <i>May be in process of obtaining licensure.</i> • Knowledge and ability to use therapeutic approaches. • Minimum of 1 year experience with children and families, particularly families involved with the child welfare system and/or affected by trauma. • Experience/willingness to work with culturally diverse populations. • Valid NJ Driver's License and clean driver's abstract.
Supportive Visitation Specialist	<ul style="list-style-type: none"> • Supports parent-child visitation for families in their homes or communities. • Completes and updates visitation plans, documents visits, completes reports, facilitates parent debriefing before and after visits and visitation planning meetings. • Transports children and/ or parents, as needed. 	<ul style="list-style-type: none"> • Bachelor's Degree in Social Work, Counseling, or related field preferred. • Minimum of 1 year experience with children and families, particularly families involved with the child welfare system and/ or affected by trauma preferred but not required. • OR • Associate degree in related field with a minimum of 3 years of experience with children and families, particularly families involved with the child welfare system and/ or affected by trauma preferred but not required. • Knowledge of trauma and effect on children and families • Experience/willingness to work with culturally diverse populations. • Valid NJ Driver's License and clean driver's abstract.
Visitation Aide	<ul style="list-style-type: none"> • Transports children and/ or parents to and from visitation locations. • Ensures safety of passengers, maintains vehicle. • Supervises visits, as needed. • Documents transportation encounters and visits. • Communicates with visitation specialists, parents, resource parents, children, etc. 	<ul style="list-style-type: none"> • Valid NJ Driver's License and clean driver's abstract. • Minimum of 1 year experience with children and families, particularly families involved with the child welfare system and/ or affected by trauma. • NOTE: Thirty (30) semester hour credits from an accredited college, which must include twelve (12) semester hour credits in the behavioral sciences, may be substituted for the experience listed above.

SVS Assessment and evaluation tools (RFP pages 32-33)

- The following family-centered assessment tools shall be completed with/by caregivers to determine areas of strength and to measure progress.
 - **Initial Intake/Biopsychosocial Assessment.** Completed with the parent and child(ren), as appropriate, the assessment provides current and historical information on the family's background and current functioning, use of treatment services such as behavioral, mental health and substance and a set of clinical impressions and recommendations to identify strengths, challenges, motivation, and potential clinical goals.
 - **Child and Parent Visit Plans: An Online Interactive Guide, formerly the Rose Wentz Matrix.** Awarded respondents shall utilize the matrix as part of the initial intake assessment to inform the development of a purposeful and progressive visit plan. The purpose of the matrix is to focus attention on what children need from visits and define best practice standards. Additional information on the matrix is available at:
<https://www.wentztraining.com/products/tools>.



SVS Assessment and evaluation tools continued

- **SVS Caregiver Survey.** The SVS Caregiver Survey is a self-assessment questionnaire that incorporates two tools (1) the Protective Factors Survey (PFS-2) to assess protective factors, particularly nurturing and attachment, family functioning/resilience, and social supports; and (2) the Parenting Skills Ladder to assess parenting knowledge and practices (Pratt et al., 2014). The SVS Caregiver Survey is completed at enrollment, every three (3) months while in the program, and at discharge.
- **North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R).** The NCFAS-G+R includes a total of 11 domains intended to be used by the assigned visitation specialist to identify protective capacities and child vulnerabilities. The family-centered assessment tool be administered prior to reunification and at discharge to assess the most needed types of services, measure change in child and family functioning and measure child welfare outcomes of safety, permanency, and well-being. Additional information about the NCFAS-F+R, a product of the National Family Preservation Network, can be found at <https://www.nfpn.org/assessment-tools/ncfas-g-r-package/>. Awarded respondents should allocate in their budgets \$150 per staff as a one-time cost to purchase the NCFAS-G+R license.



SVS Assessment and evaluation tools continued

- **SVS Family Satisfaction Survey.** The SVS Family Satisfaction Survey is a short, anonymous survey administered electronically to all active SVS participants twice per year. The survey can be completed at the VPM. The survey is confidential, and responses are submitted directly to NJ DCF.



Quality Assurance and Performance Improvement Pgs 33-34

- Awarded respondents shall engage in a process of participatory and collaborative evaluation planning activities with DCF, this includes participation in data collection, reporting, and continuous quality improvement processes to ensure high-quality service delivery and improved outcomes for families.
 - The NJ DCF Evaluation Plan for SVS is aimed at:
 1. **Gaining insight:** the evaluation of the Supportive Visitation Services (SVS) program identifies the activities and elements of the model that define best practice in supportive visitation.
 2. **Improving practice:** evaluation findings illuminate challenges and strengths of the model, will allow the model implementers to make mid-course adjustments to improve practice, and provide data for continuous quality improvement and staff training.
 3. **Assessing effects:** the evaluation assesses the extent to which intervention activities were implemented as planned and document the level of success in accomplishing program objectives.



DCF Applicant Eligibility Requirements

Read all eligibility requirements as stated on pages 6-7

- Respondents that have State or Federal grants or contracts must be compliant with all their terms and conditions and in good standing as grantees and contractors.
- Respondents must not be suspended, terminated, or barred for deficiencies in the performance of any grant or contract award, and if applicable, all past issues must be resolved as demonstrated by written documentation. DCF may disqualify and decline to forward for the review of the Evaluation Committee a response from those under a corrective action plan in process with DCF or any other New Jersey State agency or authority.
- Respondents must be fiscally viable and be able to comply with the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (CPIM) found at: [DCF | Contracting Policy Manuals \(nj.gov\)](#).
- Where required, all respondents must hold current State licenses.
- Respondents that are not governmental entities must have a governing body that provides oversight as is legally required in accordance with how the entity was formed, such as a board of directors for corporations, or the managing partners of a Limited Liability Corporation (LLC)/Partnership, or the members of the responsible governing body of a county or municipality.



Eligibility Requirements – continued (pages 6-7)

- Respondents must have the capability to uphold all administrative and operating standards as outlined in this RFP.
- Respondents must be business entities that are duly registered to conduct business within the State of New Jersey, for profit or non-profit corporations, partnerships, limited liability companies, etc. or institutions of higher education located within the State of New Jersey.
- Respondents awarded a contract should ensure the program is operational within sixty (60) days of contract award or the award may be rescinded. Extensions may be available by way of written request to DCF. The contracted program shall be fully operational census within (60) days
- Respondents must submit with their response for review and approval the proposed sub-contracts/memorandum of agreements with vendors, consultants, or agencies they will execute if awarded a contract.
- Respondents awarded a contract must have the demonstrated ability, experience, and commitment to enroll as a NJ FamilyCare/Medicaid provider and subsequently to submit claims for reimbursement through NJ FamilyCare/Medicaid and its established fiscal agent, Gainwell Technologies, within prescribed timelines; etc.
- Awarded respondents must execute the Supportive Visitation Services Program Agreement



Closing Date & Submission (RFP page 5)

- ❑ All responses must be submitted **ONLINE** on or before the due date August 2, 2024, **by 12:00 P.M.**
- ❑ To submit online, respondent must first complete an Authorized Organization Representative (AOR) form. The completed AOR form must be signed and dated by the Chief Executive Officer or designated alternate and emailed to DCF.ASKRFP@dcf.nj.gov
A link to the AOR form can be found on the DCF website: [AOR Registration Form](#)
and in the RFP on page 4: <https://www.nj.gov/dcf/providers/notices/requests/AOR.docx>
- ❑ Signed AOR forms must be received not less than five (5) business days prior to the date the response is due: **by (5 days of the date above) July 26, 2024**. Upon receipt of the completed AOR form, DCF will grant the Respondent permission to proceed and provide instructions for the submission of the response
- ❑ DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your submission.



Proposal Narrative Instructions

RFP pages 41-45

IMPORTANT:

As stated on Page 22 of the RFP guidance, respondents may apply for and be awarded more than one region.

A separate proposal is required for each region.

PLEASE NOTE: There is a 25-page limit for the entire narrative response (excluding cover page and appendices).



Proposal Narrative

A. Community & Organization Fit (RFP pages 42-43)

40 Points

1. Describe how your mission is aligned with what we hope to accomplish with this program. Tell us about how you make your values "real" for the people this program is intended to support.
2. Describe how this program fits with existing initiatives/programming in your organization.
3. Describe your agency's experience, if any, implementing evidence-based services, including those aimed at promoting child safety, parenting skills, problem solving skills, building social connections, and accessing community supports and local resources. Include in your response successes and challenges related to your agency meeting evidence-based service delivery and expectations. Describe if these services were provided to DCF-involved families. Data should be used to demonstrate your success whenever it is available.
4. Describe your organization's experiences in serving diverse communities.



A. Community and Organization Fit - continued

5. Provide any data your agency has that demonstrates your knowledge of the dynamics and diversity within the community you are proposing to serve. Include, in narrative or table format, supporting data about the race, ethnicity, culture and languages of the communities you are seeking to serve. Community needs data should reflect at minimum, county-level data.

– Utilize local resources and/or the following data sources to complete this section:

- U.S. Census: <https://www.census.gov/quickfacts/fact/table/US/PST045222>
- NJ Dept. of Health: <https://www-doh.state.nj.us/doh-shad/home/Welcome.html>
- NJ Child Welfare Data Hub: <https://njchilddata.rutgers.edu/#home>
- NJ Kids Count (2023) <https://assets.aecf.org/m/resourcedoc/aecf-2023kidscountdatobook-2023.pdf>

Applicants are encouraged to draw from other recent county/local needs assessments and reports, e.g., Human Services Advisory Council (HSAC).



A. Community and Organization Fit - continued

6. From your agency's perspective, and/or from your work with caregivers and families, where are there gaps in services? Describe any anticipated challenges your organization may encounter in the community you are proposing to serve and your organization's experience in meeting and overcoming similar challenges in other service communities (please use specific examples).
7. Specify the region for which your organization is applying. Please describe the level of current presence your agency has in the proposed counties within the region..
8. Describe your organization's experience, if any, with addressing inequities and racism.
 - a. How do these efforts address inequities and racism? How do you support staff in addressing inequities and racism?
 - b. Identify experiences with providing accessible culturally responsive services and supports.
 - c. Describe the relationships and involvement your organization has with the community to be served.



Proposal Narrative

B. Organizational Capacity (RFP page 43-44)

40 Points

1. Describe how the organization's leadership is knowledgeable about and in support of this program. Describe your agency's organizational structure and the level of diversity among the agency's managers, executives, and Board of Directors. Include how the requirements of this program will be met through your governance and management structure, including the roles of senior executives and governing body (Board of Directors, Managing Partners, or the members of the responsible governing body of a county or municipality).-



B. Organizational Capacity - continued

2. Staff Recruitment and Retention: Describe the recruitment and retention of staff as well as how you will meet the needs of the target population. The staffing plan should include the following:

- a). A detailed description of how staff will be recruited and selected. Include your agency's plan to recruit a diverse staff, including bi/multi-lingual staff, who reflect the racial and ethnic composition of the communities you plan to serve;
- b). A description of how the staffing plan will be appropriate to the language, age, gender, sexual orientation, disability, and ethnic/racial/cultural factors of the target population. Include data on your agency's ability to hire and retain multi-cultural/multi-lingual staff;
- c). A staff retention plan detailing measures taken to reduce staff turnover. The plan should describe how staff hiring, and retention has been achieved to maintain contract staffing levels or how challenges in recruitment and turnover have been addressed; and
- d). A description of how the program will continue to provide services that are timely, effective, and true to the models when regularly scheduled staff experience sickness, training, vacancies, leaves of absence, etc.



B. Organizational Capacity - continued

- 3. Describe your agency's prior experience collecting and reporting data for program administration, continuous quality improvement (CQI), and for reporting on program progress. Include your agency's CQI processes, and examples of your agency's success meeting the data and reporting requirements of funders. Describe how this experience positions your organization to meet the data and reporting requirements of this RFP.

- 4. What administrative practices must be developed and/or refined to support the program? What administrative policies and procedures must be adjusted to support the work of the staff and others to implement the program?



B. Organizational Capacity - continued

5. DCF and each awarded respondent will collaborate on marketing strategies and development of effective referral pathways for the SVS program.

a). Provide a detailed and specific description of your agency's history and success of partnering with both traditional and non-traditional community services, institutions that support families, particularly families involved with child welfare, and services critical in strengthening the family system such as, mental, or behavioral health, substance use treatment, services to improve family functioning and concrete supports.

b). Describe how you will engage the target population and maintain their participation in services in accordance with service recipients' need(s).

6. Describe the strategies your agency will implement to ensure that agency policies, procedures, and service delivery practices promote equitable access and minimize barriers to service that include, at a minimum, the following: safety considerations, language, transportation, hours of operation, office locations, signage, and physical accessibility options for those served.



Proposal Narrative

C. Organizational Supports (RFP page 45)

20 Points

1. The Supportive Visitation Services model has defined requirements around training, coaching and supervision. Describe your organization's experience with adapting training and supervision practices to achieve model fidelity with an evidence based model, or other externally imposed requirements.
2. Describe how this program will be supported by your use of the data after it is analyzed and reported to evaluate program performance. If your organization has experience with evidence-based programs, how have you used data to ascertain fidelity to evidence-based practices?



C. Organizational Supports - continued

3. Describe the role the families you serve play in your organization's quality assurance and performance improvement processes.
4. Describe how your organization supports safety, well-being, and mental health of its staff, such as providing access to online mental health and wellness resources, establishing regular programming focused on common issues, or providing mental health counselors for employees in need of assistance.



Organizing the Application

- *PDF 1: Section II* - Required Performance and Staffing Deliverables ending with a Signed Statement of Acceptance

Section II - Required Performance and Staffing Deliverables begins on page 7 of the RFP and includes the Subject Matter, Target Population, Activities, Resources (including Staffing), and Outcomes required by this program. Your response must include a signed signature of acceptance of these required deliverables (see page 38 of the RFP) to be considered for evaluation and award.

F: Signature Statement of Acceptance:

By my signature below, I hereby certify that I have read, understand, accept, and will comply with all the terms and conditions of providing services described above as *Required Performance and Staffing Deliverables* and any referenced documents. I understand that the failure to abide by the terms of this statement is a basis for DCF's termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Region to be served:

Name:

Signature:

Title:

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Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:



Organizing the Application - continued

- *PDF 2: Section III* - Documents Requested to be Submitted with This Response, *Subsection A*. Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with the Response

There are 27 documents that should be combined into this second PDF. Please complete and, if applicable, sign and date each document. If any document is not applicable to your agency, please submit an NA document instead.



Organizing the Application - continued

- **PDF 3: Section III – Documents Requested to Submitted with This Response, Subsection B. Additional Documents Requested to be Submitted in Support of This Response**

There are **9 documents** that should be combined into this third PDF:

- Proposed Budget Form (Start-Up & Year 1)
- Budget Narrative
- Implementation Plan
- Letters of Support
- Price Quotes for specially required equipment or software
- Proposed Respondent Organizational Chart
- Proposed Subcontracts/Consultant Agreements/ Memorandum of Understanding to be used for the provision of contract services.
- A summary of reduction of seclusion and restraint use.
- A Training Curricula Table of Contents for the current and proposed staff consistent with the requirements described and certified to in the Activities Requirements of the Required Performance and Staffing Deliverables of this RFP.



Organizing the Application - continued

- **PDF 4: *Section IV*** - Respondent's Narrative Responses, ***Subsections: A.*** Community and Organizational Fit; ***B.*** Organizational Capacity; and ***C.*** Organizational Supports

Your fourth and final PDF will contain your narrative responses to all the questions in the three narrative sections (see RFP pages 42-45). The entire narrative portion of the response is limited to 25 pages (excluding cover page and appendices).



REMINDER: Format Requirements

Proposal Narrative Format (RFP pages 41-42):

- Spacing: Double-spaced
- Page Limit: 25 pages total
 - Includes all 3 narrative subsections
 - Excludes Cover Page & Appendices
- Font Size: Size 12, Arial or Times New Roman
- Margins: 1 inch top & bottom -- 1 inch on left & right

For the Entire Document:

- Page Numbers: On ALL pages, starting with the Table of Contents, through the Proposal Narrative and Appendices



Questions

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





THANK YOU!