



REQUEST FOR PROPOSALS

FOR

Supportive Visitation Services (SVS)

Publication Date: July 3, 2024

Response Deadline: August 2, 2024, by 12:00 P.M.

Funding of \$18,959,998 Available: \$962,380 in federal funds (CFDA # 93.556) and \$17,997,618 in state funds.

There will be a non-mandatory virtual conference on July 11, 2024, at 12:00 P.M.

The link for the conference is: <https://www.zoomgov.com/j/1616336461>

The DCF Supportive Visitation Services (SVS) Model will replace all existing cost reimbursement and vendor (K100) visitation contracts.

**Christine Norbut Beyer, MSW
Commissioner**

The Department of Children and Families (DCF) is the agency dedicated to ensuring all New Jersey residents are safe, healthy, and connected. To that end, DCF announces to potential respondents its intention to award a new contract.

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Section I - General Information

A. Summary Program Description:

The Department of Children and Families (DCF), Division of Family and Community Partnerships (FCP), Office of Family Preservation and Reunification (FPR), announces its intent to award contracts to implement the Supportive Visitation Services (SVS) innovative parent-child visitation model in twenty-one (21) counties assigned to nine (9) regional SVS programs through the issuance of this Request for Proposals (RFP).

The SVS model offers therapeutic and supportive visitation occurring in the presence of a mental health professional or specially trained professional, respectively, who is actively involved in supporting the attachment and behavior change in the parent-child relationship. The SVS model is designed to provide these services on a continuum, recognizing that most families will require less frequent therapeutic support and more frequent supportive, supervised, or unsupervised visits as they work toward reunification with their child. The SVS model also includes up to six months of after care services supporting the family after reunification of the child.

The DCF SVS program based on this model will be provided exclusively to parents with children of any age up to age 18, who are in placement through the Division of Child Protection and Permanency (CPP). This SVS program will strengthen familial interactions and improve the success rate of reunification of children with their families. Families with CPP case goals of Reunification, Kinship Legal Guardianship (KLG), or adoption can participate in the SVS program.

B. Funding Information:

All funding is subject to appropriation. The continuation of funding is contingent upon the availability of funds and resources in future fiscal years.

Respondents are on notice that no annual increases will be considered as part of this contract to salaries, fringe, or benefits in future negotiations or contracts, unless approved by the State legislature for all contracting entities. Funds awarded under this program may not be used to supplant or duplicate existing funding.

DCF will make available \$18,959,998 in FY2025 (October 1, 2024 – June 30, 2025). Of this amount, up to \$17,659,998 is available for operating expenses for 9 months, and up to \$1,300,000 is available for one-time approved start-up costs. DCF reserves the right to award all or a portion of these funds, to one or more Respondents covering the 9 regions as described below.

An award will be made for each of 9 regions. Available funding for each region is based on the identified needs and level of service requirements and specified in the table below.

Start-Up and Operating Costs Amounts:

Region	Start-Up	Year 1 (FY25)	Year 2 (FY26)
1	\$180,000	\$2,425,711	\$3,234,169
2	\$137,000	\$1,856,554	\$2,475,320
3	\$156,000	\$2,119,596	\$2,826,030
4	\$130,000	\$1,756,600	\$2,342,052
5	\$136,000	\$1,842,336	\$2,456,363
6	\$151,000	\$2,055,613	\$2,740,723
7	\$190,000	\$2,594,712	\$3,459,496
8	\$110,000	\$1,515,102	\$2,020,067
9	\$110,000	\$1,493,775	\$1,991,631

The SVS program will have a Medicaid reimbursable component that will begin January 1, 2025. All awarded respondents shall become enrolled as a NJ FamilyCare/Medicaid provider if not already enrolled. A unique provider number will be required for this service. All Awarded respondents shall follow all NJ FamilyCare/Medicaid requirements. Each agency must be enrolled as a NJ FamilyCare/Medicaid provider with a SVS specific provider number by December 31, 2024, as a condition of the contract and must bill NJ FamilyCare/Medicaid for Medicaid eligible services included in the contract. Funding for annualized operational expenses (see Year 2 column above) may be reduced by up to 30% in FY2027 as programs become fully operational in billing NJ FamilyCare/Medicaid for eligible services.

Services:

Medicaid Covered Services	Medicaid Non-Covered Services
<ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> ▪ Therapeutic and Supportive Visitation Direct Services for children residing in-home (<i>to occur during sibling visits when one or more siblings are in placement</i>); ▪ 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.
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Medicaid Hourly Rates per Child:

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

Note: Medicaid allowable services must be billed at 15-minute increments.

The intended funding period for the contract is: October 1, 2024 – June 30, 2025. The funds available are to be budgeted to cover the expenses incurred during the contract term. DCF will not reimburse expenses incurred prior to the effective date of the contract except for approved start-up costs. Contract renewal is contingent upon the availability of funds.

A justification and detailed summary of the anticipated costs required for program operations must be entered for the initial term of this contract, October 1, 2024 – June 30, 2025, and submitted with this response using the Proposed Budget Form found at: <https://www.nj.gov/dcf/providers/contracting/forms/> and submitting it with a Proposed Budget Narrative. Proposed Budget Forms must be submitted as documents included in PDF 2: Section III - *Documents to be Submitted with This Response, subsection A.*

Additional funding to pay for the reimbursement of permitted start-up costs is available up to the amounts specified in the table above, *Start-Up and Operating Costs Amounts*. A justification and summary of the anticipated costs required to begin program operations must be entered into the Start-up Funding column of the Proposed Budget Form found at: <https://www.nj.gov/dcf/providers/contracting/forms/> This completed form must be submitted as a document included in PDF 2: Section III - *Documents to be Submitted with This Response, subsection A.*

All start-up costs are subject to contract negotiations and DCF approval. Funds for approved start-up cost funds will be released upon the execution of a finalized contract and are paid via Scheduled Payments. 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.

NOTE: The Proposed Budget Form submitted with a response is not the actual budget an awarded respondent will submit for DCF approval as part of the contract. If awarded a contract, the awarded respondent then will be required to submit their budget information again using the more detailed Annex B Budget Form found at: <https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>.

The awarded respondent shall prepare and submit an annual budget each fiscal year. Each budget will require Quarterly Reports of Expenditures to be submitted 15 days following the close of the quarter and be subject to the DCF contract close out process.

Once awarded a contract, the awarded respondent shall submit for DCF approval its first Annex B Budget for the period of October 1, 2024, through June 30, 2025. In addition to these first 9 months of operating costs, all start-up costs also must be included in this Annex B Budget.

At the time of contract close out following the end of the first contract term, DCF will compare the actual approved expenditures appearing on the final report of expenditures and the independent audit with the total contract revenue realized through the receipt of scheduled payments. DCF may determine that the funds from scheduled payments in excess of the approved budgets reimbursable ceiling is an overpayment to be refunded to DCF in accordance with the DCF Contract Close Out policy at:

https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_closeout.pdf

Matching funds are not required.

C. Pre-Response Submission Information:

There will be a Non- Mandatory Virtual Conference for all respondents held on July 11, 2024, at 12:00 P.M.

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1616336461>

Meeting ID: 161 633 6461

One tap mobile

+16692545252,,1616336461# US (San Jose)

+16469641167,,1616336461# US (US Spanish Line)

Dial by your location

• +1 669 254 5252 US (San Jose)

• +1 646 964 1167 US (US Spanish Line)

• +1 646 828 7666 US (New York)

• +1 669 216 1590 US (San Jose)

• +1 415 449 4000 US (US Spanish Line)

• +1 551 285 1373 US (New Jersey)
Find your local number: <https://www.zoomgov.com/u/act8akR379>

Join by SIP
• 1616336461@sjp.zoomgov.com

Join by H.323
• 161.199.138.10 (US West)
• 161.199.136.10 (US East)

Respondents may not contact DCF 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 **questions about the content of the RFP must be submitted by 12 P.M. on July 12, 2024**. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP and each question should reference the page number and section number to which it relates. All inquiries submitted should reference the program name appearing on the first page of this RFP. Written inquiries will be answered and posted on the DCF website as a written addendum to this RFP at: <https://nj.gov/dcf/providers/notices/requests/>

D. Response Submission Instructions:

All responses must be delivered ONLINE by 12:00 P.M. on August 2, 2024. Responses received after this deadline will not be considered.

To submit online, respondent must first complete an Authorized Organization Representative (AOR) form found at [AOR.pdf \(nj.gov\)](#). The completed AOR form must be signed and dated by the Chief Executive Officer or designated alternate and sent to DCF.ASKRFP@dcf.nj.gov. Only one (1) AOR form is required, even if the respondent intends to file multiple responses. The respondent is required to enter each location to be served on the AOR form.

Upon receipt of the completed AOR, DCF will grant the respondent permission to proceed and provide instructions for the submission of the response(s) electronically.

Completed AOR forms should be received in the DCF.ASKRFP mailbox not less than five (5) business days prior to the date the response is due. DCF recommends emailing your AOR forms as soon as you know you will be filing a response to allow time to report to DCF any technical difficulties you may encounter and to timely resolve them.

E. Required PDF Content of the Response:

Submit in response to this RFP separate PDF documents labeled as follows:

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

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)

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

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

F. Respondent Eligibility Requirements:

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 debarred 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.

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, as for profit or non-profit corporations, partnerships, limited liability companies, etc. or as institutions of higher education located within the State of New Jersey.

Awarded respondents should achieve full operational census within sixty (60) days of contract award. If full operations census is not achieved within sixty (60) days of contract award, the award may be subject to be rescission. Extensions may be available by way of written request to DCF.

Awarded respondents must enroll as a NJ FamilyCare/Medicaid provider and subsequently submit claims for reimbursement through NJ FamilyCare/Medicaid and its established fiscal agent, Gainwell Technologies, within prescribed timelines; etc.

Section II - Required Performance and Staffing Deliverables

NOTE: After reviewing the required deliverables listed below, respondents must sign the statement at the bottom of this Section II to signify acceptance of all of them.

(SUBMIT A COMPLETE COPY OF THE CONTENT OF SECTION II, ENDING WITH YOUR SIGNED STATEMENT OF ACCEPTANCE, AS A SINGLE PDF DOCUMENT. THIS WILL BE THE FIRST PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: *PDF 1: SECTION II - REQUIRED PERFORMANCE AND STAFFING DELIVERABLES.*)

A. Subject Matter - The below describes the needs the awarded respondent must address in this program, the goals it must meet, and its prevention focus.

1) The need for this program as indicated by data regarding the health and human services issues and parent and community perceptions is:

DCF's vision is that all New Jersey residents either are or become safe, healthy and connected. Since its creation in 2006, DCF has designed and managed a strong, statewide network of core services, including child protection and child welfare services, children's behavioral health care, programming to support children with intellectual and developmental disabilities and their families, community-based family strengthening services, specialized educational programming, services and programming to support women, and more. Over 100,000 New Jersey constituents are impacted by these services each month. DCF, as demonstrated by our Strategic Plan, is committed to providing high-quality, evidence-based or evidence-informed services to individuals and families in New Jersey.

Over the last seven years, New Jersey's rate of foster care placement per 1,000 children has declined to less than one-third of its 2014 level (2.5 per 1,000 in 2014, compared to 0.8 per 1,000 in 2021). Today, New Jersey has the lowest rate of foster care placement in the country. Placement rates vary based on age. New Jersey's placement rate for infants under 1 is 4 times higher than the placement rate for any other age group (4.2 per 1,000 compared to 0.5 – 0.8 per 1,000 for other age groups). 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. Supportive Visitation Services (SVS) is an innovative set of clinically supported parent-child visitation services which 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.

DCF's vision of the family strengthening system is rooted in the Protective Factor's Framework. In the forefront, it is comprised of the natural connections between families and their extended family, friends, and community. Secondly, it includes a myriad of concrete supports and social, health and education services, all existing outside of the child protection system, aimed at helping family's function at their best. When the elements of this system work together, families and communities are supported to thrive safely together and state intervention through the child protection system is reserved for rare situations in which a child is unsafe or at risk of harm.

If a family experiences a maltreatment episode, and especially if a child has experienced out-of-home placement, a permanent removal from his or her family of origin and/or a guardianship arrangement, the healing process for the child, youth and family is complex. The involved children and families often benefit from support through this process, including the ability to visit with parents, siblings, and/or interested relatives. When it is in the best interest of the child, this visitation shall be immediate and regular. The tenets of Supportive Visitation Services (SVS) are rooted in the research, which indicates that quality parent-child visitation leads to:

- a. Increased likelihood of reunification. Children were almost ten times more likely to reunify with regular visits, as recommended by the court (Davis et al., 1996¹).

¹ Davis, I., Landsverk, J., Newton, R. &Ganger, W. (1996). Parental visiting and foster care reunification. *Children and Youth Services Review*, 18(4/5), 363-382. [https://doi.org/10.1016/0190-7409\(96\)00010-2](https://doi.org/10.1016/0190-7409(96)00010-2)

- b. Shorter lengths of stay in out-of-home placement. Children who do not visit with their family spend almost three times as much time in out-of-home placement (Mech, 1985²).
- c. Decreased likelihood that the child will re-enter care (Farmer, 2006³).
- d. Stronger parent-child attachments. Children with higher levels of attachment had few behavioral problems, were less likely to take psychiatric medication, and were less likely to be termed “developmentally delayed” (McWey & Mullis, 2004⁴).
- e. The visitation environment itself plays a crucial role in supporting positive family interactions (Haight, Black, Workman, et al., 2001⁵).
- f. Research has shown that home-like and other supportive settings are preferable (Haight, Black, Mangelsdorf, et al., 2001).

In alignment with New Jersey’s Strategic Plan and Prevention Strategy, DCF has determined to adopt an evidence-informed visitation model, Supportive Visitation Services (SVS), to be implemented statewide. The design of the SVS program was informed by the implementation of the SVS-pilot program implemented over eight years in four New Jersey counties. During this time, DCF conducted an internal process evaluation that included quantitative data collection and analysis, as well as qualitative data collection based on interviews with families and staff involved with SVS. Highlights and lessons learned from that evaluation include the following:

- Up to one third of visits included the resource parent as a support to the child and parent, a practice that should occur more often to develop and strengthen the relationship between the resource parent, biological parents, and child(ren);
- 45% of families received a combination of therapeutic and supportive visitation services that illustrates the importance of tailoring service delivery to meet the unique visitation needs of families along the visitation continuum;
- 90% of visits occurred outside of the Division of Child Protection & Permanency (CPP) Local Offices. Typically visits occurred in the community, in the caregiver’s home or provider agency, and
- Lastly, the SVS model, infrastructure and commitment of trained, dedicated staff allows for meaningful visitation between caregivers and their children.

² Mech, E. V. (1985). Parental visiting and foster placement. *Child Welfare: Journal of Policy, Practice, and Program*, 64(1), 67–72.

³ Farmer, E. (2006). Family reunification with high-risk children: Lessons from research. *Children and Youth Services Review*, 18 (4/5), 287-305.

⁴ McWey, L. & Mullis, A. (2004). Improving the lives of children in foster care: The impact of supervised visitation. *Family Relations*, 53(3), 293-300. <https://www.jstor.org/stable/3700347>

⁵ Haight, W., Black, J., Mangelsdorf, S., Giorgio, G., Tata, L., Schoppe, S., & Szewczyk, M. (2001). Making visits better: The perspectives of parents, foster parents and child welfare workers. Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign.

Importantly, SVS services are delivered along a continuum, allowing families to remain with the same service provider as they receive different levels of visitation support, rather than having to receive services from multiple providers.

2) The goals to be met by this program are:

The goal of the SVS program is to provide safe and effective visits through collaborative planning to strengthen family well-being, increase parenting knowledge and practice, increase the likelihood of reunification, increase family function and resilience, increase social supports, improve permanency outcomes, reduce the length of stay in out-of-home placements, decrease maltreatment post reunification, and decrease occurrences of re-entry into care.

The SVS program aims to address concerns and support family goals with a focus on improving communication and developing the parent's ability to identify and appropriately redirect the child's challenging behaviors. This comprehensive approach aims to minimize the risks of trauma, emotional abuse, neglect, physical abuse, sexual abuse, family separation, and reliance on foster care.

Program components include:

- a) An Initial Intake Assessment to inform the clinical impression and to identify strengths, challenges, motivation, and potential clinical goals.
- b) A family visitation plan detailing visitation services and goal areas:
 - i. Strengths and challenges,
 - ii. Family need and child development considerations, and
 - iii. Requirements to move to a less restrictive visitation supervision level.
- c) Visitation services that include a pre-Visit preparation and post-visit debriefing to ensure visits are planned and purposeful, and family time is a quality experience.
- d) Aftercare support to families for up to 6-months post reunification.

3) The prevention focus of this program is:

The SVS program is designed to enhance family well-being by addressing conflicts, fostering effective communication, and empowering parents to manage challenging behaviors in their children. This comprehensive approach aims to minimize the risks of trauma, emotional abuse, neglect, physical abuse, sexual abuse, family separation, and reliance on foster care.

B. Target Population - The below describes the characteristics and demographics of those the program must serve.

1) Age:

Adults with children up to and including age 17.

2) Parenting Status:

For parents/caregivers of children up to and including age 17, who are in out of home placement and are involved in the child welfare system.

3) Will the program also serve the children of the primary service recipient?

Yes

4) DCF CPP Status:

CPP Out of Home Case Families with case goals of reunification, adoption, KLG, are eligible to participate in the program.

5) Descriptors of the primary service recipient:

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.

6) Other populations/descriptors targeted and served by this program initiative: N/A

C. Activities - The below describes the activities this program initiative requires of respondents, inclusive of how the target population will be identified and served, the direct services and service modalities that will be provided to the target population, and the professional development and training that will be required of, and provided to, the staff delivering those services.

1) The level of service increments for this program initiative:

Service increments for this program initiative are measured in unduplicated families, direct service (visitation) hours, and transportation hours.

2) The frequency of these increments to be tracked:

Daily open cases may be tracked at any point in time.

3) Estimated Unduplicated Service Recipients: N/A

4) Estimated Unduplicated Families:

The estimated number of unduplicated families, and visitation and transportations hours are based on model fidelity, needs data, and specified by county below:

Region 1: Atlantic,	Counties	Estimated Unduplicated Families	Visitation Hours	Transportation Hours
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Burlington, Cape May	Atlantic	46	7,188	5,391
	Burlington	33	5,142	3,856
	Cape May	17	2,596	1,947
	TOTAL	96	14,926	11,195

Region 2: Cumberland, Gloucester, Salem	Counties	Estimated Unduplicated Families	Visitation Hours	Transportation Hours
	Cumberland	22	3,444	2,583
	Gloucester	42	6,490	4,867
	Salem	10	1,597	1,198
	TOTAL	74	11,532	8,649

Region 3: Camden	Counties	Estimated Unduplicated Families	Visitation Hours	Transportation Hours
	Camden	86	13,380	10,000
	TOTAL	86	13,380	10,000

Region 4: Monmouth, Ocean	Counties	Estimated Unduplicated Families	Visitation Hours	Transportation Hours
	Monmouth	35	5,391	4,044
	Ocean	35	5,441	4,081
	TOTAL	70	10,833	8,124

Region 5: Hunterdon, Mercer, Somerset, Warren	Counties	Estimated Unduplicated Families	Visitation Hours	Transportation Hours
	Hunterdon	3	449	337
	Mercer	52	8,137	6,103
	Somerset	12	1,847	1,385
	Warren	6	998	749
TOTAL	73	11,432	8,574	

Region 6: Middlesex, Union	Counties	Estimated Unduplicated Families	Visitation Hours	Transportation Hours
	Middlesex	44	6,789	5,092
	Union	39	6,140	4,605
	TOTAL	83	12,929	9,697

Region 7: Essex	Counties	Estimated Unduplicated Families	Visitation Hours	Transportation Hours
	Essex	103	16,124	12,093
	TOTAL	103	16,124	12,093

Region 8: Morris, Sussex, Passaic	Counties	Estimated Unduplicated Families	Visitation Hours	Transportation Hours
	Morris	13	2,097	1,572
	Sussex	5	6,490	4,867
	Passaic	42	849	636
	TOTAL	60	9,435	7,076

Region 9: Bergen, Hudson	Counties	Estimated Unduplicated Families	Visitation Hours	Transportation Hours
	Bergen	18	2,796	2,097
	Hudson	42	6,490	4,867
	TOTAL	60	9,285	6,964

Assigned county-based slots will be allowed flexibility to ensure the needs of the families within the region are met. Additional information on staffing requirements and caseload size can be found in D. Resources, 9. Staffing Requirements.

With approval from the DCF Program Lead, multiple SVS Visitation Specialists may be needed to participate in visits due to case circumstances (i.e., close supervision of parent or children is required, or family includes a large sibling group). Level of service increments, specifically estimated duplicated families and visitation hours, will be adjusted for each SVS Visitation Specialist's in-person visitation time. DCF will provide additional guidance post-award.

5) Is there a required referral process?

Yes

6) The referral process for this program initiative (the required referral process for enabling the target population to obtain the services of this program initiative)?

Awarded respondents will receive referrals from the CPP Local Office Resource Development Specialists (RDS), or another gatekeeper located within their region. There may be circumstances when in the best interest of the child referrals may be reassigned to a different region. These discussions will occur in consultation with the DCF Program Lead and CPP

prior to making the referral. The following documents are to accompany the referral:

- Completed SVS Referral Form
- DCF Parent-Child Visitation Planning Tool
- CPP Case Plan/Family Summary and other supporting documents, if applicable (i.e., verified complaint for custody, most recent court orders, prior mental health evaluations etc.).

Awarded respondents will contact the CPP 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 CPP regularly on service availability.

7) The rejection and termination parameters required for this program initiative:

This is a voluntary service. Nevertheless, repeated and consistently missed or cancelled visits could allow, but should not automatically call for, termination or suspension of the service. Considerations of termination or suspension will be discussed with CPP. Awarded respondents shall communicate termination parameters with families at the time of enrollment.

Awarded respondents will communicate with CPP regularly on the receipt of, acceptance or rejection of program referrals.

8) The direct services and activities required for this program initiative:

SVS services and activities are built upon seven (7) principles that guide the practitioner's decisions and ensure consistency, integrity, and sustainable effort across all practitioners (Fixsen et al., 2013⁶; Metz et al., 2011⁷). The guiding principles are as follows:

- Collaborative — services are provided in partnership with families and communities.
- Supportive — services are strength-based, trauma-informed, family-centered, and collaborative.
- Flexible — services are based on evolving family needs and are enhanced or refined as needed.
- Family-driven — services are based on family goals and schedules, underlying needs and child development considerations.

⁶⁶ Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2013). Statewide implementation of evidence-based programs. *Exceptional Children*, 79(2), 213-230

⁷ Metz, A., Bartley, L., Fixsen, D., & Blase, K (2011). A guide to developing practice profiles. National Implementation Research Network, Chapel Hill,NC.

- Community-based, least restrictive — services are provided in the least restrictive, safe setting, preferably the family’s home or in the community.
- Promotes well-being — services mitigate safety concerns, enhance family relationships, communication, and bonding by utilizing trauma-informed practices for parents, caregivers, and children.
- Trauma-informed — services address underlying trauma utilizing trauma-informed care.

a) Assessment and Planning:

- i. **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. The biopsychosocial assessment and Caregiver Survey can be found in the updated SVS Program Manual. These objectives are then elaborated upon in subsequent visitation planning meetings and incorporated into the family’s visitation plan.
- ii. **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. The Rose Wentz Matrix and DCF Parent-Child Visitation Planning Tool can be found in the updated SVS Program Manual. 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.
- iii. **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.
- iv. **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.

- b) Continuum of Visitation Services:** 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.

There are three (3) primary parts of every successful visit:

- i. **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 shall 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.
- ii. **The Visit** — the stage that consists of family time. *Reference below for more about the types of visitation services.*
- iii. **Post-Visit Debrief** — Involves an exchange of reflections on the visit and strength-based feedback from the visitation specialist. Debriefs shall 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.

The visitation continuum includes the following visitation services:

- i. **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.
- ii. **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.

- iii. **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 awarded respondent's Visitation Aide, visits typically focus on reinforcing clinical gains and skills attained in more intensive visitation levels. The awarded respondent shall communicate with DCP&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.
- iv. **Unsupervised Visitation** are unsupervised visits. The awarded respondent shall provide oversight and monitoring and attend at least one visit monthly to ensure families are safe and stable.

c) Post-Reunification Support (Aftercare Services): Supporting the family through the transition home, the goal of aftercare services is to assist the family with the challenges of reunification and ultimately prevent repeat maltreatment and re-entry into out-of-home care. At the time that reunification is determined, the Visitation Specialist working with the family, the family and DCP&P collaborate to develop an aftercare plan for ongoing services once the family has been stabilized in the home. The North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R) will be utilized at the time of reunification and case closure to gather and organize information that will assist in identifying needed changes as well as strengths that can be mobilized to assist the family (protective factors). Results of the assessment will be used to develop the goals and intervention strategies in the aftercare plan. Intervention strategies include teaching skills, connecting to resources, and providing concrete assistance. During this time Visitation Specialists may continue to serve as a liaison between the family and DCP&P as well as other providers to ensure coordination of care. Referrals and linkages will be made, as needed, to other community resources (e.g., WIC, SNAP, EI, childcare, etc.) that address specific needs and promote wellness and stability within the family.

Aftercare services may continue for up to six (6) months and will gradually decrease from weekly to bimonthly (every two weeks) and then monthly as determined by the family's needs and progress.

9) The service modalities required for this program initiative are:

a) Evidence Based Practice (EBP) modalities:

SVS aims to reduce children's time in foster care and decrease recidivism within the child welfare system - experiences that have been consistently linked to poor mental, behavioral, and physical health outcomes. Services are intended to support improved

parenting skills, family functioning, and nurturing and attachment, which are linked to reduced parenting stress and improved child behavioral health.

Awardees of this RFP shall select one or more evidence-based parenting curriculum that aligns with the race, ethnicity, culture, and languages of the communities you are seeking to serve. 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.

As most evidence-based, evidence-informed curriculums have associated costs for items such as tools and training, respondents shall reserve a portion of their SFY25 budgets for costs associated with use of the evidence-based parenting curriculum. DCF will review and approve all proposed curriculum after award and prior to the execution of the contract.

Suggestions of evidence-based, evidence-informed curriculums include, but are not limited to: The Positive Parenting Program, Active Parenting, Strengthening Families (SFP), Parents as Teachers, and Nurturing Parenting.

More information regarding evidence-based curriculums for consideration can be found on the Clearinghouse websites:

Clearinghouse	Website
California Evidence-Based Clearinghouse	https://www.cebc4cw.org/search/by-program-name/
Title IV-E Prevention Clearinghouse (FFA)	https://preventionservices.acf.hhs.gov/
National Registry of Evidenced Based Programs and Practices	https://www.samhsa.gov/resource-search/ebp

b) DCF Program Service Names:

Supportive Visitation Services (SVS)

c) Other/non-evidence-based practice service modalities: N/A

10) The type of treatment sessions required for this program initiative are:

Assessment and planning, continuum of visitation services, and post-reunification support.

11) The frequency of the treatment sessions required for this program initiative are:

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.

Estimates are based on an average of one to two (1.5), two-hour (2-hour) visits per week.

- 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.

12) Awarded respondents are required to communicate with Parent/Family/Youth Advisory Councils, or to incorporate the participation of the communities the providers serve in some other manner:

Awarded respondents shall participate in advisory councils/boards in their local community/area of service. Programs are required to incorporate participation of the community in which they serve. For example, awarded respondents shall partner and collaborate with libraries, community centers, schools, museums, zoos, parks, and any child friendly locations to facilitate community visitation. Awarded respondents also shall collaborate with community agencies to ensure successful care coordination for families (e.g. County Boards of Social Services, Child Care Resource & Referral Agencies, Family Success Centers, housing resources, food banks, etc.).

Specific advisory councils and boards include but are not limited to:

- a) Connecting NJ/ Family Connects NJ Advisory Board
- b) County Councils for Young Children
- c) Human Service Advisory Council

- d) Children's Interagency Coordinating Council
- e) Comprehensive Emergency Assistance System/ Continuum of Care (CEAS/COC)

13) The professional development through staff training, supervision, technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:

Program Directors will support the quality execution of the SVS program through staff coaching and supervision. Individual and/or group clinical supervision shall be provided by licensed staff clinician through weekly meetings.

Awarded respondents shall use the SVS Program Manual as a guide for successful implementation and to achieve desired outcomes. It is critical that all awarded respondents adhere to the practice and service standards outlined in the manual to ensure SVS program fidelity, and ultimately, benefit from the successful outcomes enjoyed by children and families who participate in SVS programs and throughout the SVS provider network. The updated SVS Program Manual will be provided to awarded respondents as part of program installation.

DCF will provide required model-specific training through the DCF Learning Management System, as well as supplemental training as indicated below:

- a) **SVS Training for Visitation Specialists and Staff.** Program staff will learn about the SVS Model, service delivery process, how to help families thrive and succeed, and why the support matters.
- b) **SVS Supervisors Training.** In this training, the SVS Program Director (Clinical Supervisor) and Regional Coordinator will learn the responsibilities and skills required of their respective roles and build their capacity to support NJ SVS Visitation Specialists in their work with children and families.
- c) **Coaching to the Practice Model.** In this training, the SVS Program Director (Clinical Supervisor) and Regional Coordinator will become familiar with the Child Welfare Skills-Based Coaching Model as a framework to develop and strengthen staff knowledge, skills, and competencies necessary to implement the program's Practice Model. Attendees will learn how to apply the Child Welfare Skills-Based Coaching Framework in practice.
- d) **Car Seat Training.** Required for all staff transporting children, the occupant protection course was developed in partnership with the New Jersey Division of Highway Traffic Safety. Upon completion, participants shall demonstrate competencies related

to DCF Policy and NJ Statutes for Transporting Children and proper restraint selection. This training involves classroom and outdoor hands-on practice installing child restraints.

- e) **Consultations and Ongoing Training.** Program staff will receive technical assistance and support, program consultation, guidance on program management and other supportive services, as indicated. This technical assistance and support will be facilitated by DCF Program Leads and occur during scheduled programmatic meetings and site visits.

Other required trainings sponsored by DCF may include, but is not limited to, documentation training, mandated reporting training, and NJ FamilyCare/Medicaid-specific trainings.

Awarded respondents shall allocate dollars in their budgets for the following required and supplemental trainings:

- a) **North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R) Tool Training.** The National Family Preservation Network, developer of the NCFAS-G+R Assessment Scale, will provide a five-hour virtual, live training for Program Directors and Regional Coordinators. The training will cover the benefits and history of the NCFAS-G+R tool, components of the domains/subscales and rating system, how to assign ratings at intake and closure with case studies and using the tool to develop a service plan. Awarded respondents shall allocate \$70 per person to participate in the NCFAS-G+R Tool Training.
- b) **North Carolina Family Assessment Scale for General Services and Reunification (NCFAS-G+R) Trainer Certification.** The National Family Preservation Network, developer of the NCFAS-G+R Assessment Scale, will provide a three-hour virtual, live training for Regional Coordinators to be Certified Trainers of the NCFAS-G+R Tool. The training will equip Regional Coordinators with the skills needed to provide effective NCFAS-G+R Training to Visitation Specialists and other program staff, as needed. Awarded respondents shall allocate \$75 per person to participate in the NCFAS-G+R Trainer Certification.
- c) **Ongoing Professional Development.** Awarded respondents are encouraged to provide in their budgets for the provision of trainings required to maintain licensure for applicable staff as well as additional local training offered through local conferences, universities, and various other institutions to meet the specific needs of families served.

Additional costs associated with NCFAS licensing fees can be found in Section D, Resources #14.

- 14) The court testimony activities, which may address an individual’s compliance with treatment plan(s); attendance at program(s), participation in counseling sessions, required for this program initiative are:**

Visitation Specialists may be called upon/subpoenaed to testify in court by Public Defenders representing Parents, or Deputy Attorneys General representing DCF. Documentation of progress toward goals, attendance/participation in visits will be submitted to DCP&P regularly and may be used to inform court reports.

D. Resources - The below describes the resources required of respondents to ensure the service delivery area, management, and assessment of this program.

- 1) The program initiative’s service site is required to be located in:** The state of New Jersey. The awarded respondent’s service site (i.e., primary office, headquarters, etc.) can be in any of the counties in the covered region.

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.

- 2) The geographic area the program initiative is required to serve is:**

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

3) The program initiative's required service delivery location is:

Visit location is based on assessment, DCF Parent-Child Visitation Planning Tool, and family's request. Visitation location shall be in the least restrictive setting possible, including the family's home, kin or resource parent's homes, and/or in-community locations. Visits shall only occur in the awarded respondent's or DCP&P's office when visitation safety and/or risk factors exist and can't otherwise be safely mitigated.

Visit locations by level of restrictiveness include;

- a) Least Restrictive: Family Home, Kin, or Resource Parent's Home
- b) Community Settings: Park, Library, etc.
- c) Most Restrictive: Awarded Respondent's Office or DCP&P Local Office

4) The hours, days of week, and months of year this program initiative is required to operate:

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.

5) Additional procedures for on-call staff to meet the needs of those served twenty-four (24) hours a day, seven (7) days a week?

No.

6) Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served?

Yes. Programs shall be operational to meet the needs of youth and families being served. This is inclusive of non-traditional evening and weekend hours.

7) The language services (if other than English) this program initiative is required to provide:

The program shall have the ability to meet the linguistic and cultural needs of youth and their families. Clinical services for caregivers and their children with limited English proficiency must be provided in the Family's primary language; awarded respondents may retain per diem staff to meet this requirement, provided that per diem staff are fully trained in the SVS model.

8) The transportation this program initiative is required to provide:

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.

Consistency with staff providing transportation is ideal and in the best interest of the children. 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.

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. When transportation requires more than one hour of travel, the awarded respondent may consult with the DCF Program Lead to coordinate travel arrangements provided by others, such as resource parents and DCP&P staff, or to reassign the family to a neighboring SVS provider agency.

Respondents who demonstrate need in specified areas may request funds towards the purchase or leasing of vehicles in their proposed start-up budgets. Awarded respondents shall 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), as well as ensuring that staff are familiar with state law and best practices for transporting children safely. Vehicles shall be equipped with proper car seats and other safety equipment as required by law.

9) The staffing requirements for this program initiative, including the number of any required FTEs, ratio of worker to youth, shift requirements, supervision requirements, education, content knowledge, credentials, and certifications:

Staffing requirements include a Program Director (Clinical Supervisor), Regional Coordinator, Therapeutic Visitation Specialist, Supportive Visitation Specialist and Visitation Aide. The specific education, license, experience, skill, and training requirements are outlined in the table below.

Program Staffing Requirements and Caseload Size:

# of Staff per Team	Caseload Size
1 FTE Visitation Program Director (Clinical Supervisor)	---

.5 FTE Regional Coordinator	---
5 FTE Therapeutic Visitation Specialist	832 hours/annually/staff
5 FTE Supportive Visitation Specialist	832 hours/annually/staff
4 FTE Visitation Aides (Transporter/ Visitation Specialist)	1,600 hours/annually/staff

Note: One or more SVS teams will be employed within a region.

As applied to this program, one full time equivalent (FTE) employee of an awarded respondent shall be scheduled to work 35-40 hours per week. Employees scheduled to work 17.5 to 20 hours per week are 0.5 FTEs. Visitation Specialists may be scheduled to work full-time or part-time hours that add up to the required total number of FTEs. 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.

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

Number of Program Staff FTE's per Region:

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

Awarded respondents shall ensure the above individuals:

- a) attend initial and on-going training sessions;
- b) have agency cell phones, transportation, and a computer;
- c) document notes in shared files that are stored securely, and
- d) receive travel expense reimbursement (mileage) for travel/visits that occur outside of an agency vehicle.

Position Descriptions & Credentials:

Position	Responsibilities	Education/ Experience/ Skills/ Certifications & Training
<p>Visitation Program Director (Clinical Supervisor)</p>	<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.

Position	Responsibilities	Education/ Experience/ Skills/ Certifications & Training
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. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • 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

Position	Responsibilities	Education/ Experience/ Skills/ Certifications & Training
Therapeutic Visitation Specialist	<ul style="list-style-type: none"> • Completes initial intake 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.

Position	Responsibilities	Education/ Experience/ Skills/ Certifications & Training
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. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • 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.

Position	Responsibilities	Education/ Experience/ Skills/ Certifications & Training
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.

10) The legislation and regulations relevant to this specific program, including any licensing regulations:

In accordance with the federal Adoption and Safe Families Act (ASFA), DCF is required to make reasonable efforts to facilitate and encourage visitations between children in foster care and their parents or other family members, unless it is not in the best interest of the child.

CPP Policy IV.A.5.100 Parent, Child and Sibling Visitation: [CPP-IV-A-5-100.pdf \(nj.gov\)](#), reinforces visitation best practices by calling for quality, weekly visitation in the least restrictive, most comfortable setting possible.

NJ Rev Stat § [9:6B-2.1 \(2022\)](#) New Jersey Siblings' Bill of Rights is designed to ensure that siblings who are in foster care or are separated due to other circumstances have the right to maintain their relationships.

Awarded respondents must have the demonstrated ability, experience, and commitment to enroll in NJ FamilyCare/Medicaid, and subsequently submit claims for reimbursement through NJ FamilyCare/Medicaid and its established fiscal agent, Gainwell Technologies, within prescribed timelines.

Respondents must adhere to all applicable federal and state laws and regulations governing the Medicaid program, including those outlined in N.J.A.C. 10:49 and N.J.A.C. §30:4D-12(d). DCF may issue future regulations related to this service.

11) The availability for electronic, telephone, or in-person conferencing this program initiative requires:

CPP and referred families shall be able to connect with the awarded respondent via all modes of communication, including electronic, telephone, and in person. Staff will need laptops with internet and encryption capabilities while in the field.

Teaming and meaningful collaboration with families, DCF and other community providers is an essential function of the SVS program:

- a) In-person or virtual conferences shall occur between the awarded respondent, DCF Office of Family Preservation and Reunification, and CPP. These conferences shall occur monthly during initial implementation and then at least quarterly, ongoing.
- b) During the inception of the program, awarded respondents shall send weekly emails to local CPP offices to inform them of slots available for new referrals.
- c) In addition to facilitating Visitation Planning Meetings, awarded respondents shall attend, were possible, and actively participate in CPP case conferences, Family Team Meetings (FTMs), and/or other Child and Family Team Meetings (CFTs), as available. When applicable and appropriate, the VPM, FTM and CFT Meetings may combined to support families and children in a singular, multidisciplinary team meeting.

12) The required partnerships/collaborations with stakeholders that will contribute to the success of this initiative:

Awarded respondents shall create and maintain strong, meaningful relationships with the following stakeholders to ensure success of the program:

- a) DCF's Division of Child Protection & Permanency (CPP) and Division of Family and Community Partnerships, Office of Family Preservation & Reunification (DFCP, OFPR)
- b) Community human service agencies
- c) Local community-based service providers
- d) Other SVS programs

13) Data Collection Systems this program initiative requires:

Details from each visit shall be documented in the awarded respondent's Electronic Health Records (EHRs) and DCF's NJS case recording system, including but not limited to, clinical and transportation notes, pre/post visit debriefing and all other collaterals. Additional guidance on documentation expectations and requirements will be provided by DCF post-award. The purchasing of required IT infrastructure upgrades to an existing EHR to ensure compliance with the above documentation may be included in start-up or Year 1 budgets.

Allowable NJ FamilyCare/Medicaid-services billed to any claim will be entered into the NJ FamilyCare/Medicaid Management Information System (MMIS).

Awarded respondents shall collect and report on the following data elements including but not limited to family/child-level data, services and visit-level data and other programmatic qualitative and outcome-related data elements. They shall use a DCF-approved data collection and reporting system.

14) The assessment and evaluation tools this program initiative requires:

In accordance with the SVS model, the following family-centered assessment tools shall be completed with/by caregivers to determine areas of strength and to measure progress.

- a. **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.
- b. **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>.
- c. **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.

Additional information about the Protective Factors Survey (PFS-2), a product of the FRIENDS National Center in collaboration with the University of Kansas Center for Public Partnerships and Research, can be found at <https://friendsnrc.org/evaluation/protective-factors-survey/>.

- d. **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 shall allocate in their budgets \$150 per staff member as a one-time cost to purchase the NCFAS-G+R license.
- e. **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.

Deficiencies in quality, timeliness, or service shall be documented and improvement plans shall be developed.

E. Outcomes - The below describes the evaluations, outcomes, information technology, data collection, and reporting required of respondents for this program.

1) The evaluations required for this program initiative:

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:

- a) **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.
- b) **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.
- c) **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.

Awarded respondents may be required to allocate remuneration for families engaging in various research activities over the entirety of program implementation as indicated by DCF.

2) **The outcomes required of this program initiative:**

The SVS program has clearly defined long and short-term goals.

The short-term goals include increased parenting knowledge and practices, increased nurturing and attachments, increased family functioning/resilience, and increased social supports.

The longer-term goals include family well-being, shorter lengths of stay in out-of-home placement, increased reunification, decreased maltreatment post-reunification, and decreased re-entry into out-of-home placement.

3) **Required use of databases:**

Awarded respondents shall use a DCF approved data collection and reporting system, NJ Spirit, and the NJ FamilyCare/Medicaid MMIS system.

4) **Reporting requirements:**

- a) **Documentation** - Awarded respondents shall provide consistent and accurate documentation of observations from each visit in NJ SPIRIT, DCF's case reporting system, within reasonable timeframes, not to exceed 5 business days. Clinical notes, transportation notes, pre and post visit debriefing notes and all collaterals shall be entered into the agency's selected EHR. Written collateral reports shall be provided every three (3) months or at the request of CPP. Reports include but are not limited to: a summary of all supervised contact with the family during that period, attendance, tone and content of visits and interactions between parents and children, strengths and deficits evidenced during visits,

progress toward the family's visitation goals, and recommendations.

Additional guidance on documentation expectations and requirements will be provided by DCF post-award.

- b) **SVS Monthly Provider Data Reports**—Awarded respondents shall share data monthly with NJ DCF for program monitoring, evaluation and continuous quality improvement (CQI) purposes.
- c) **SVS Caregiver and Family Satisfaction Surveys**—Awarded respondents shall support caregivers and family members in submitting satisfaction surveys at regular intervals during service delivery, at minimum biannually.
- d) **Significant events and changes**-- Awarded respondents shall notify DCP&P staff in a timely manner when any significant events occur, or important information is learned by staff during visits. See Department Policy DCF.P1.11-2007 regarding reporting significant events in timely manner at Microsoft Word - P1 11 Significant Event.doc (nj.gov) The DCF Program Office may also be included in communications.

Expenditures-- Awarded respondents shall complete and submit quarterly expenditure reports (ROE) 15 calendar days after the end of each fiscal quarter to their identified DCF Business Office and the other reports specified in Section VI - Post Award Requirements, Subsection C. Reporting Requirements for Awarded Respondents.

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:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

Section III Documents Requested to be Submitted with This Response

In addition to the Signature Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requests respondents to submit the following documents with each response. Respondents must organize the documents submitted in the same order as presented below under one (1) of the two (2) corresponding title headings: A. *Organizational Documents to be Submitted with This Response* and B. *Additional Documents to be Submitted in Support of This Response*. **Each of these two (2) sections must be submitted as a separate PDFs, which would be the second and third PDF submission in your response packet.**

A. Organizational Documents Prerequisite to a Contract Award Requested to be Submitted with this Response:

THIS WILL BE THE SECOND PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: *PDF 2: SECTION III - REQUIRED DOCUMENTS, SUBSECTION A. (ORGANIZATIONAL DOCUMENTS PREREQUISITE TO A CONTRACT AWARD TO BE SUBMITTED WITH THE RESPONSE.)*

- 1) A description of how your **Accounting** System has the capability to record financial transactions by funding source, to produce funding source documentation, authorization to support all expenditures, and timesheets which detail by funding source how the employee spent their time, invoices, etc.

- 2) **Affirmative Action Certificate:** Issued after the renewal form [AA302] is sent to Treasury with payment.
Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year One (1). Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate.
 Website: https://www.state.nj.us/treasury/contract_compliance/

- 3) **Agency By-Laws -or- Management Operating Agreement** if a Limited Liability Corporation (LLC) or Partnership

- 4) Statement of **Assurances** signed and dated.
 Website: <https://www.nj.gov/dcf/providers/notices/requests/#2>
 Form:
<https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc>

- 5) **Attestation Form for N.J.S.A. 30:1-1.2b** - Complete, sign and date as the provider.
 Form:
[Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf \(nj.gov\)](https://www.nj.gov/dcf/providers/notices/Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf)
 Note: Read each statement carefully and do not check all options. Pay attention to the 'or-either-and' statements. A signature and date are required

- 6) Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the **Board of Directors** of a corporation, or the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality.

- 7) For Profit: **NJ Business Registration Certificate** with the Division of Revenue (see instructions for applicability to your organization).
 Website: <https://www.nj.gov/treasury/revenue/busregcert.shtml>

- 8) **Business Associate Agreement/HIPAA** - Sign and date as the Business Associate.
 Form: <https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx>

- 9) **Conflict of Interest Policy** (Respondent should submit its own policy, **not** a signed copy of the DCF model form found at the end of the following DCF policy.)
https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf

- 10) All **Corrective action plans or reviews** in process or completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years.

If applicable, a copy of the corrective action plan should be provided and any other pertinent information that will explain or clarify the respondent's current position under the correction action plan and remedial measures implemented.

If not applicable, the respondent is to **include a signed and dated written statement on agency letterhead** that it has never been under any Corrective Actions or reviews.

Respondents are on notice that DCF may consider all materials in our records concerning audits, reviews, or corrective active plans as part of the review process. **DCF may disqualify** and decline to forward for the review of the Evaluation Committee responses from those under corrective action plans in process with DCF or any other New Jersey state agency or authority.

- 11) Certification Regarding **Debarment**
Form: <https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf>
- 12) Disclosure of Investigations & Other Actions Involving Respondent
Form:
<https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf>
- 13) **Disclosure of Investment Activities in Iran**
Form:
<https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf>
- 14) **Disclosure of Ownership (Ownership Disclosure Form) A RESPONSE SHALL BE DEEMED NON-RESPONSIVE UNLESS THIS FORM IS SUBMITTED WITH IT.**
Form:
<https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf>
The Ownership Disclosure form must be completed and returned by non-profit and for-profit corporations, partnerships, and limited liability companies. The failure of a **for-profit** corporation, partnership, or limited liability company to complete the form prior to submitting it with the response **shall result in rejection of the response.**
- 15) **Disclosure of Prohibited Activities in Russia and Belarus**
Form:
<https://www.state.nj.us/treasury/administration/pdf/DisclosureofProhibitedActivitiesinRussiaBelarus.pdf>
- 16) **Source Disclosure Form (Disclosure of Source Location of Services Performed Outside the United States)**

Form:

<http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf>

- 17) Document showing **Unique Entity ID (SAM) Number**
Website: <https://sam.gov/content/duns-uei>
- 18) Certificate **of Incorporation** or document(s) of Formation
Website: <https://www.nj.gov/treasury/revenue>
- 19) **Notice of Standard Contract Requirements, Processes, and Policies**
Sign and date as the provider
Form: [Notice.of.Standard.Contract.Requirements.pdf \(nj.gov\)](#)
- 20) **Organizational Chart of respondent** - Ensure chart includes the agency name, current date, and the allocation of personnel among each of the agency's DCF programs with their position titles and names.
- 21) **Chapter 271/Vendor -Certification and Political Contribution Disclosure Form**
[2006 Federal Accountability & Transparency Act (FFATA)]
Form: <https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>
- 22) **Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards** -
A brief description (no more than two (2) pages double spaced) of the ways in which respondent's operations (policies and/or practices) mirror these standards. The document should include the agency name & current date. The Standards are available at: ["Sexual Abuse Safe-Child Standards" \(state.nj.us\)](#)
- 23) **Standard Language Document (SLD) (or Individual Provider Agreement or Department Agreement with another State Entity as designated by DCF.)**
Sign and date as the provider

SLD Form:

<https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>

Individual Provider Agreement:

<https://www.nj.gov/dcf/providers/contracting/forms/Individual.Provider.Agreement.pdf>

State Entity Agreement:

<https://www.nj.gov/dcf/providers/contracting/forms/DCF.Departmental.Agreement.with.Another.State.Entity.pdf>

- 24) **System for Award Management (SAM)** Submit a printout showing active status and the expiration date. Available free of charge.
Website: <https://sam.gov/content/home>
Helpline:1-866-606-8220

- 25) **Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3)**
Website: <https://www.nj.gov/treasury/taxation/exemptintro.shtml>

- 26) **Tax Forms: Submit a copy of the most recent full tax return**
Non-Profit: Form 990 Return of Organization Exempt from Income Tax
or- For Profit: Form 1120 US Corporation Income Tax Return -or-
LLCs: Applicable Tax Form and must delete/redact any SSN or personal
identifying information
Note: Store subsequent tax returns on site for submission to DCF upon
request.

- 27) **Trauma Informed and Cultural Inclusivity Practices** - Submit written
policies describing the incorporation of these practices into your provision
of services.

B. Additional Documents Requested to be Submitted in Support of This Response

(THIS WILL BE THE THIRD PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: PDF 3: SECTION III – DOCUMENTS REQUESTED TO BE SUBMITTED WITH THIS RESPONSE, SUBSECTION B. ADDITIONAL DOCUMENTS REQUESTED TO BE SUBMITTED IN SUPPORT OF THIS RESPONSE.)

- 1) A completed **Proposed Budget Form** documenting all costs associated with operating the program. If DCF is allowing funding requests for **start-up costs**, document these separately in the appropriate column of the Proposed Budget Form. This form is found at:
<https://www.nj.gov/dcf/providers/contracting/forms/>

- 2) A completed **Budget Narrative** is required for the proposed program that:
 - a) clearly articulates budget items, including a description of miscellaneous expenses or “other” items; b) describes how funding will be used to meet the project goals, responsibilities, and requirements; and c) references the costs associated with the completion of the project as entered in the Proposed Budget Form found at:
<https://www.nj.gov/dcf/providers/contracting/forms/>. When DCF allows funding requests for start-up costs, include in the Budget Narrative a detailed summary of, and justification for, any one-time program implementation costs documented in the final column of the Proposed Budget Form.

- 3) An **Implementation Plan** for the program that includes a detailed timeline for implementing the proposed services, or some other detailed weekly description of your action steps in preparing to provide the services and to become fully operational.
- 4) **Letter(s) of Support** from community organizations with which you already partner. Letters from any New Jersey State employees are prohibited.
- 5) **Price Quotes** for specially required equipment or software
- 6) **Proposed Respondent Organizational Chart** for the program services required by this response that includes the respondent's name and the date created.
- 7) **Proposed Subcontracts/Consultant Agreements/ Memorandum of Understanding** to be used for the provision of contract services.
- 8) **Summary of Reduction of Seclusion and Restraint Use** (maximum 3 pages) describing policies adopted and the practices implemented to achieve this goal.
- 9) 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.

Section IV - Respondent's Narrative Responses

Respondents who sign the above Statement of Acceptance to provide services in accordance with the *Required Performance and Staffing Deliverables* additionally must submit a narrative response to every question below. A response will be evaluated and scored as indicated on each of the following three Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports. Respondents must organize the Narrative Response sections submitted in the same order as presented below and under each of the three corresponding title headings.

There is a 25-page limitation for the combined three (3) narrative sections of the response. The narrative should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. Narrative Sections of the responses should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. The font shall be no smaller than twelve (12) point in Arial or Times New Roman.

(ALL THREE (3) OF THESE SECTIONS MUST BE SUBMITTED AS A SINGLE PDF DOCUMENT, WHICH WOULD BE THE FOURTH PDF SUBMISSION IN YOUR RESPONSE PACKET AND IS TO BE LABELED AS: PDF 4 – SECTION IV: RESPONDENT’S NARRATIVE RESPONSES, SUBSECTIONS ABC. (A. COMMUNITY AND ORGANIZATIONAL FIT; B. ORGANIZATIONAL CAPACITY; AND C. ORGANIZATIONAL SUPPORTS.)

A. Community and Organizational Fit (40 Points)

Community and Organizational fit refers to respondent’s alignment with the specified community and state priorities, family and community values, culture and history, and other interventions and initiatives.

- 1) Describe how your mission is aligned with the goals of 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 shall be used to demonstrate your success whenever it is available.
- 4) Describe your organization’s experiences in serving diverse communities.
- 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 shall 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-2023kidscountdatabook-2023.pdf>

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

- 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.

B. Organizational Capacity (40 Points)

Organizational Capacity refers to the respondent's ability to meet and sustain the specified minimum requirements financially and structurally.

- 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).
- 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 shall 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 shall 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.
- 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?
 - 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.

C. Organizational Supports (20 Points)

Organizational Supports refers to the respondent's access to Expert Assistance, Staffing, Training, Coaching & Supervision.

- 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?
- 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.

Section V - Response Screening and Review Process

A. Response Screening for Eligibility, Conformity, and Completeness:

DCF will conduct a preliminary review of each response to determine whether it is eligible for evaluation or immediate rejection in accordance with the following criteria:

- 1) The response was received prior to the stated deadline.
- 2) The Statement of Acceptance is signed by the person with the necessary authority to execute the agreement.
- 3) The response is complete in its entirety, including all documents requested to be submitted in support of the response listed in Section III. A. and the organizational documents prerequisite to a contract award listed in Section III. B. If any of these documents are missing from the response, DCF may provide an email notice to the respondent after the response is submitted. Respondents will have up to five (5) business days after notice from DCF to provide the missing documentation, except those documents, such as

the Ownership Disclosure Form, required by the applicable law to be submitted with the response. If the documents are not then timely submitted in response to that notice, the response may be rejected as non-responsive.

- 4) The response conforms to the specifications set forth in the RFP.

Failure to meet the criteria outlined above constitutes grounds for rejection of the response.

Responses meeting the initial screening requirements of the RFP will be distributed to the Evaluation Committee for its review and recommendations.

B. Response Review Process

DCF convenes an Evaluation Committee in accordance with existing policy to review all responses. All voting and advisory reviewers complete a conflict-of-interest form. Those individuals with conflicts or with the appearance of a conflict are disqualified from participation in the review process. The voting members of the Evaluation Committee will review responses, deliberate as a group, and recommend final funding decisions.

DCF reserves the right to reject any response when circumstances indicate that it is in its best interest to do so. DCF's best interests in this context include, but are not limited to, the State's loss of funding, inability of the respondent to provide adequate services, applicant's lack of good standing with a State Department, and indication or allegation of misrepresentation of information or non-compliance with any State contracts, policies and procedures, or State or Federal laws and regulations.

A response to an RFP may result in a contract award if the Evaluation Committee concludes the respondent will comply with all requirements as demonstrated by submitting the specified documentation and signing the Statement of Acceptance. All respondents are required to provide all the requested documentation, to confirm their ability to meet or exceed all the compulsory requirements, to provide services consistent with the scope of services delineated, and to comply with the service implementation and payment processes described. In addition, a response to an RFP will be evaluated and scored by the Evaluation Committee based on the quality, completeness, and accuracy of each of the three Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports. A response earning the highest score may result in a contract award. The narrative must be organized appropriately and address the key concepts outlined in the RFP. The quality and completeness of the required documents may impact the score of the Narrative Sections to which they relate.

All respondents will be notified in writing of DCF's intent to award a contract.

C. Appeals

An appeal of a determination to reject a response as incomplete or unresponsive may be considered only to dispute whether the facts of a particular case are sufficient to meet the requirements for rejection and not to dispute the existence of any of the requirements.

An appeal of a determination not to award contract funding may be considered only if it is alleged that DCF has violated a statutory or regulatory provision in its review and evaluation process.

Pursuant to DCF policy P1.08, such appeals must be submitted in writing within ten (10) business days following the date on the Notice of Disqualification or Notice of Regret letter by emailing it to DCF.AHUAppeals@dcf.nj.gov and/or mailing it to:

Department of Children and Families
Office of Legal Affairs
Contract Appeals
50 East State Street 4th Floor
Trenton, NJ 08625

Section VI - Post Award Requirements

A. General Conditions of Contract Execution:

Respondents who receive notice of DCF's intent to award them a contract will be referred to the DCF Office of Contract Administration (OCA). As a condition of executing a contract, awarded respondents must resolve with OCA any issues raised in the award letter or otherwise found to be in need of clarification. If DCF finds after sending a notice of intent to award that the awarded respondent is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the award may not proceed to contract execution. DCF determines the effective date of any contract, which is the date compensable services may begin.

An awarded respondent shall be required to comply with the terms and conditions of DCFs' contracting rules, regulations, and policies as set forth in the Standard Language Document, the Notice of Standard DCF Contract Requirements, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. Awarded respondents may review these items via the Internet at: www.nj.gov/dcf/providers/contracting/manuals <https://www.state.nj.us/dcf/providers/contracting/forms/>.

Awarded respondents also shall comply with all applicable State and Federal laws and statutes, assurances, certifications, and regulations regarding funding.

B. Organizational Documents Prerequisite to Contract Execution to be Submitted After Notice of Award:

The contract administrator assigned to initiate and administer an awarded respondent's contract will require the awarded respondent to submit the following documents prior to finalizing the contract for funding:

Post-Award Documents Prerequisite to the Execution of All Contracts

- 1) **Acknowledgement of Receipt** of NJ State Policy and Procedures:
Return the receipt to DCF Office of EEO/AA.
Form: <https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowledgmentReceipt.pdf>
Policy: <https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf>
- 2) **Annual Report to Secretary of State** proof of filing.
Website: <https://www.njportal.com/dor/annualreports>
- 3) **Employee Fidelity Bond Certificate** (commercial blanket bond - crime/theft/dishonest acts)

Bond must be at least 15% of the full dollar amount of all State of NJ contracts for the current year when the combined dollar amount exceeds \$50,000. The \$50,000 threshold includes fee-for-service reimbursements made via NJ FamilyCare/Medicaid. If not applicable, respondent must submit a signed/dated written statement on agency letterhead stating they will not exceed \$50,000 in combined NJ State contracts for the current year.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator
Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

- 4) **Liability Insurance** (Declaration Page/Malpractice Insurance/Automobile Liability Insurance)
Important: Policy must show:
 - a. DCF as the certificate holder – NJDCF 50 E State Street, Floor 3, P.O. Box 717, Trenton, NJ 08625
 - b. Language Stating DCF is “an additional insured”
 - c. Commercial Liability Minimum Limits of \$1,000,000 an occurrence, \$3,000,000 aggregate
 - d. Commercial Automobile Liability Insurance written to cover cars, vans or trucks, limits of liability for bodily injury and property damage should not be less than \$2,000,000/occurrence.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator
Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

- 5) Document showing **NJSTART** Vendor ID Number (NJ's eProcurement System) Website: <https://www.njstart.gov/> Helpline: 609-341-3500 or -njstart@treas.nj.gov
- 6) **Standardized Board Resolution Form**
Form: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf
- 7) **Program Organizational Chart**
Should include agency name & current date

Post-Award Documents Prerequisite to the Execution of This Specific Contract

- 8) Copy of **Accreditation** (Joint Commission, COA, CARF, as applicable)
Cancellation of accreditation must be reported Immediately.
- 9) **Annex A** - Sections 1.1, 1.3 (& 2.4 if not a CSOC OOH Contract).
Note: Contract Administrators will provide any Annex A forms customized for programs when they are not available on the DCF public website.
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 10) **Annex B Budget Form** - Include Signed Cover Sheet
Form: <https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>
Note: The Annex B Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 11) **Certification Regarding Exemptions**
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 12) **Certification Regarding Reporting**
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 13) **Equipment Inventory** (of items purchased with DCF funds) Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf
- 14) **Schedule of Estimated Claims** (SEC)-signed
Form: Provided by contract administrator when applicable.

- 15) **Professional Licenses and/or Certificates** currently effective related to job responsibilities.
- 16) **Subcontracts/Consultant Agreements/ Memorandum of Understanding** related to this contract for DCF review and approval.
- 17) **NJ FamilyCare/Medicaid** Provider Enrollment Application (signed/dated)

C. Reporting Requirements for Awarded Respondents

Awarded Respondents are required to produce the following reports in accordance with the criteria set forth below, in addition to the reports specified above in this RFP related to the delivery and success of the program services.

- 1) **Audit or Financial Statement** (Certified by accountant or accounting firm.)
A copy of the Audit must be submitted to DCF by all agencies expending over \$100,000 in combined federal/state awards/contracts if cognizant with any department of the State of NJ. As noted in the Audit DCF Policy CON -I-A-7-7.6.2007 Audit Requirements, section 3.13 of the Standard Language Document, DCF also may request at any time in its sole discretion an audit/financial statement from agencies expending under \$100,000 that are not cognizant with any department of the State of NJ. Note: Document should include copies of worksheets used to reconcile the department's Report of Expenditures (ROE) to the audited financial statements. (DCF Policy CON -I-A-7-7.6.2007 Audit Requirements)

Awarded respondents are to submit the most recent audit or financial statement with the initial contract and then each subsequent one within 9 months of the end of each fiscal year.

Policy:

https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf

- 2) **DCF Notification of Licensed Public Accountant Form (NLPA)-and-copy of Non-Expired Accountant's Certification**

Awarded respondents must ensure DCF form is used, and 2 signatures are provided. Not required for agencies expending under \$100,000 in combined federal/state awards or contracts. The \$100,000 threshold includes fee-for-service reimbursements made via Medicaid. Also, the NLPA is a State of NJ form and need only list federal/state funds received via contracts with the State of NJ.

Awarded respondents are to submit this form with each Audit, providing info related to the year subsequent to the audit.

Not Applicable Note: Must state your agency will not exceed \$100,000 in combined Federal/State awards or contracts.

Form: <https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx>

- 3) Photocopies of Licensed Public Accountant firm's **license to practice**, and most recent **external quality control review** to be submitted with the NPLA.

4) **Reports of Expenditures (ROE):**

A. Scheduled Payments Contract Component: A quarterly ROE is to be submitted during the contract year 15 calendar days after the end of each fiscal quarter, and a Final ROE is to be submitted 120 calendar days after the end of the fiscal year. Alternatively, an ROE is to be submitted in accordance with any separate DCF directive to file ROEs at other intervals for specific contracted programs.

The format for the ROE must match that of the Annex B budget form.

Form: <https://nj.gov/dcf/providers/contracting/forms/>

Note: An ROE must be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6).

B. Fee for Service Contract Component: Not Required.

5) **Level of Service (LOS) Reports**

Enter the cited DCF Standard Template Form for each month the number of youth, adults, and families served and ages of those receiving services, and the hours/days, county locations, etc. of those services, or record this data into another form, survey, or database that DCF agrees can serve to track LOS for the contracted program.

Website: <https://www.nj.gov/dcf/providers/contracting/forms/>

6) **Significant Events Reporting:**

Report significant events in timely manner as detailed Department Policy DCF.P1.11-2007 (link below). Timely reports as events occur to include, but not be limited to, changes to: (1) Organizational Structure or Name [DCF.P1.09-2007]; (2) Executive and/or Program Leadership; (3) Names, titles, terms and addresses, of the Board of Directors; (4) Clinical Staff; (5) Subcontract/consultant agreements and the development or execution of new ones; (6) a FEIN; (7) Corporate Address; (8) Program Closures; (9) Program Site locations; (10) Site Accreditations (TJC,COA,CARF); (11) the contents of the submitted Standard Board Resolution Form; (12) Debarment and SAM status; and (13) the existence and status of Corrective Action Plans, Audits or Reviews by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities.

Note: Agencies are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed with the NJ

Department of the Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms regarding: Investment Activities in Iran as per P.L. 2012, C.25; Investment Activities in Russia or Belarus as per P.L. P.L.2022, c.3; Disclosures of Investigations of the Vendor; Ownership Disclosure if for profit; Service Location Source Disclosure as per P. L. 2005, C.92; Political Contribution Disclosure as per P.L. 2005, C.271; and Report of Charitable Organizations.

Policy:

https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf

Website:

<https://www.state.nj.us/treasury/purchase/forms.shtml>

D. Requirements for Awarded Respondents to Store Their Own Organizational Documents on Site to be Submitted to DCF Only Upon Request

- 1) Affirmative Action Policy/Plan
- 2) Copy of Most Recently Approved Board Minutes
- 3) Books, documents, papers, and records which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions, and to be produced for DCF upon request.
- 4) Personnel Manual & Employee Handbook (include staff job descriptions)
- 5) Awarded Respondent's Procurement Policy