

QUESTIONS AND ANSWERS

2021 RFP: NJ Home Visiting Initiative/Family Connects (FC)

Questions? Email us anytime at dcf.askrfp@dcf.nj.gov

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- 1. If awarded the grant is the provider agency responsible for securing the 6-nursing staff, nursing supervisor and the physician, OR is the medical staff being identified by the Capital Health Hospital and the Trenton Health Team?**

The provider agency is responsible for securing the FC direct service staff (nurses and supervisor). Staffing requirements identified on page 14 of the RFP include a .1 FTE physician position, however this position is not the responsibility of the provider agency. The hospital system will select a physician who will be the lead physician to support model implementation. The applicant should NOT budget for the medical director position

- 2. Will there be allotted time to learn the family connects model, and train staff?**

Virtual training will be provided by Family Connects International.

- 3. Does the NJ office of information technology have a suggested software program that they approve for an electronic medical records system?**

There are no systems that require IT approval for this program.

- 4. What happens if a referral comes through and the family declines the services? What's the expectation of the Trenton Health Team and DCF?**

This model is free and voluntary. Families can decline participation.

- 5. What exactly is the program aspiring to achieve?**

The Family Connects model aspires to improve the health and well-being of children and families by bringing evidence-based solutions to communities to ensure all parents have access to community-based care

to provide support during the first few weeks of their child's life and to connect them to on-going services, if needed.

- 6. How does the funding for the Burke Foundation work? Are they requesting a separate budget sheet? How will the funds from the Burke Foundation be allocated? Being as though their funds are separate, will they conduct an audit separate from the annual audit review? Do the funds need to show in separate accounts so they're not co-mingled? How much funding is the Burke Foundation willing to provide?**

The funding for this RFP is being provided by the Department of Children and Families. Requirements for any additional funds awarded by pilot partners subsequent to this RFP will be determined by those partners.

- 7. What's the expectation and time frame of being awarded the grant, to hiring, and training staff will the servicing of families begin?**

Award of the grant will occur as quickly as possible, following review and selection of the applicant. It is anticipated that referrals would begin approximately 2-4 months after award date to allow time for hiring and training of nurse home visitors.

- 8. How is it determined what families will be referred?**

Referrals best match a family's needs based on program eligibility, language/culture and other considerations.

- 9. What other staff/positions are required other than the medical staff?**

Additional staff that will be supported through funding from project partners included:

1. Program Support Worker (non-DCF funded)
2. Community Alignment Specialist (non-DCF funded)
3. Clinical Data Manager (non-DCF funded)

- 10. How are the families being identified?**

All parent(s) who deliver at Capital Health Hospital will be identified by the Program Support Worker (this position is implemented by the Treatment Health Team who will facilitate in-hospital recruitment). Parents will be asked to join the program by the Program Support Worker so that scheduling can occur for follow-up visits.

11. How many referrals are expected to be received daily?

Approximately 2,000 children a year are born at Capital Health Medical Center, averaging 38 births per week. The Family Connects model assumes each nurse home visitor can see two families per day most days of the week and will have 6-8 new families per week scheduled. A small percentage of families may require a follow up visit, so it is suggested that there is time available for those visits in addition to the 6-8 per week new caseload. The goal is for the program to receive a weekly referral amount that ensures the nurses can maintain a weekly case load of at least 6-8 families.

12. Can services be done via telehealth?

The provision of remote and telehealth services should be consistent with guidance provided by the DCF. Please see:

<https://www.nj.gov/dcf/news/Guidance-for-DCF-Contracted.In-Home.and.Community-Based.Programs.12-9-2020.pdf>

13. Page 5, Training and Technical Assistance - Will the awardee be provided with a system in which data will be maintained?

Yes, training and TA will be provided to grantees regarding FCI data collection

14. Page 13, Objectives and Evaluation states The MOU requires that the Clinical Agency submit aggregated data associated with pilot implementation and be documented in the quarterly report. – With whom is the MOU?

This refers to the MOU regarding the collaboration with the Trenton Health Team and the Burke Foundation. The Applicants responsibility will be to provide this data.

15. Page 13/14, Budget Narrative – How long is the start-up period? What activities are allowable during start-up?

The start up period will be guided by the model developer and funders. During contract negotiations reasonable timeframes will be determined.

16. Page 14, Leveraged Funds – Are Letters of Commitment required only if leveraged funds have been identified? Please confirm that these are the same letters referred to on page 16, item 10 in the chart.

Letters of Commitment are required as follows.

11	A least two (2) Letters of Commitment from key providers
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A leveraged funding letter of commitment from an agency separate for the applicant can count toward this requirement.

17. What are the nurses doing when they are going into the home?

The Family Connects model consists of one to three nurse home visits, typically when the infant is 2 to 12 weeks old, and follow-up contacts with families and community agencies to confirm families' successful linkages with community resources. During the initial home visit, a nurse conducts a physical health assessment of the mother and newborn, screens families for potential risk factors associated with mother's and infant's health and well-being and may offer direct assistance (such as guidance on infant feeding and sleeping).

18. What other in-home services are being provided to the family?

The nurses conduct home visits that include physical health assessments, risk factor assessments and other screens. If a family has a significant risk or need, the nurse connects the family to community resources. Program staff collaborate with the local department of social services and other local agencies that serve families with children from birth to age 5 years.

19. How long are the home visits in terms of hours? So, does the nurse spend 1 hour or 3 hours in the home?

Each home visit is typically 1 hour.