



**REQUEST FOR PROPOSALS**

**FOR**

**Universal Home Visitation**

**Publication Date May 25, 2023**

**Response Deadline: June 28, 2023 by 12:00 P.M.**

**Funding of \$44,777,897.64 Available in State funds**

**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. Pre-Response Submission Information:**

Respondents may not contact DCF directly, in person, or by telephone, concerning this RFP. Questions may be sent in advance of the response deadline via email to DCF.ASKRFP@dcf.nj.gov.

Technical inquiries about forms, documents, and format may be requested at any time prior to the response deadline, but **questions about the content of the response must be requested by 12 P.M. on June 7, 2023**. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP and 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/>

### **B. Summary Program Description:**

The New Jersey Department of Children and Families' (DCF), Division of Family and Community Partnerships, announces its intent to award contracts for Universal Home Visitation. N.J.S.A. 36:2H-158 to 162., signed by Governor Murphy in July 2021, establishes a statewide, universal newborn home visitation (UHV) program. New Jersey's UHV program, which DCF is charged with implementing, will be only the second such program in the United States. Pursuant to NJ law, UHV services are to be provided at no cost to the family, on a voluntary basis. The services are for families of all backgrounds and incomes, and will be available to birth, adoptive, and resource families with a newborn, and for parents experiencing a stillbirth.

The statute requires that home visits be conducted by a Registered Nurse (RN) or Advanced Practice Nurse (APN) licensed in New Jersey, and using an evidence-based model endorsed by the U.S. Department of Health and Human Services<sup>1</sup>. DCF selected the Family Connects International (FCI) model for use in the UHV program. This evidence-based, manualized intervention aims to support families' efforts to enhance maternal and child health and well-being and reduce health complications for mothers and newborns. The model consists of three core components: (1) integrated RN home visits, (2) community alignment, and (3) monitoring and evaluation. Home visits include a detailed assessment of mother and newborn physical health, infant attachment, intimate partner violence, substance use disorders, perinatal mood disorders and connection to

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<sup>1</sup> In the remainder of the RFP, references to RNs should be considered inclusive of APNs, should a respondent elect to hire an APN instead of an RN into this role.

health and community services. RNs provide supportive guidance on topics relevant to newborn and maternal needs, such as breastfeeding and safe sleep practices. After the visit, the awarded respondent is responsible for follow-up contact to assure successful linkages with community resources. For additional information on the FCI model, see: <https://familyconnects.org>.

### Universal Home Visiting Catchment Areas

For purposes of service delivery, DCF has divided the State into eleven (11) catchment areas. DCF will be procuring a one or more providers for these catchment areas via a series of Requests for Proposals (RFPs). With this first RFP, DCF seeks to identify providers of UHV services in five (5) of the eleven (11) catchment areas. Program availability will increase incrementally to additional geographic regions until the program is statewide. DCF will issue subsequent RFPs to support implementation in other catchment areas at a future date.

The eleven catchment areas are described in the table below:

Area	Counties	Total Birth Population <sup>2</sup>	Initial County in Which to Start Service
1	Camden, Gloucester, Salem	9,688	Gloucester
2	Burlington, Atlantic, Cape May, Cumberland	9,822	Cumberland
3	Union, Somerset	9,720	TBD – Subsequent RFP
4	Hunterdon, Warren, Sussex, Morris	7,642	TBD – Subsequent RFP
5	Passaic	6,375	TBD – Subsequent RFP
6	Hudson	9,959	TBD – Subsequent RFP
7	Essex	9,890	Essex
8	Bergen	8,964	TBD – Subsequent RFP
9	Ocean	9,011	TBD – Subsequent RFP
10	Middlesex	8,611	Middlesex
11	Monmouth, Mercer	9,623	Mercer

When an awarded respondent joins the UHV program, they shall commit to serve births in one or more of these catchment areas. Commitment to serve a

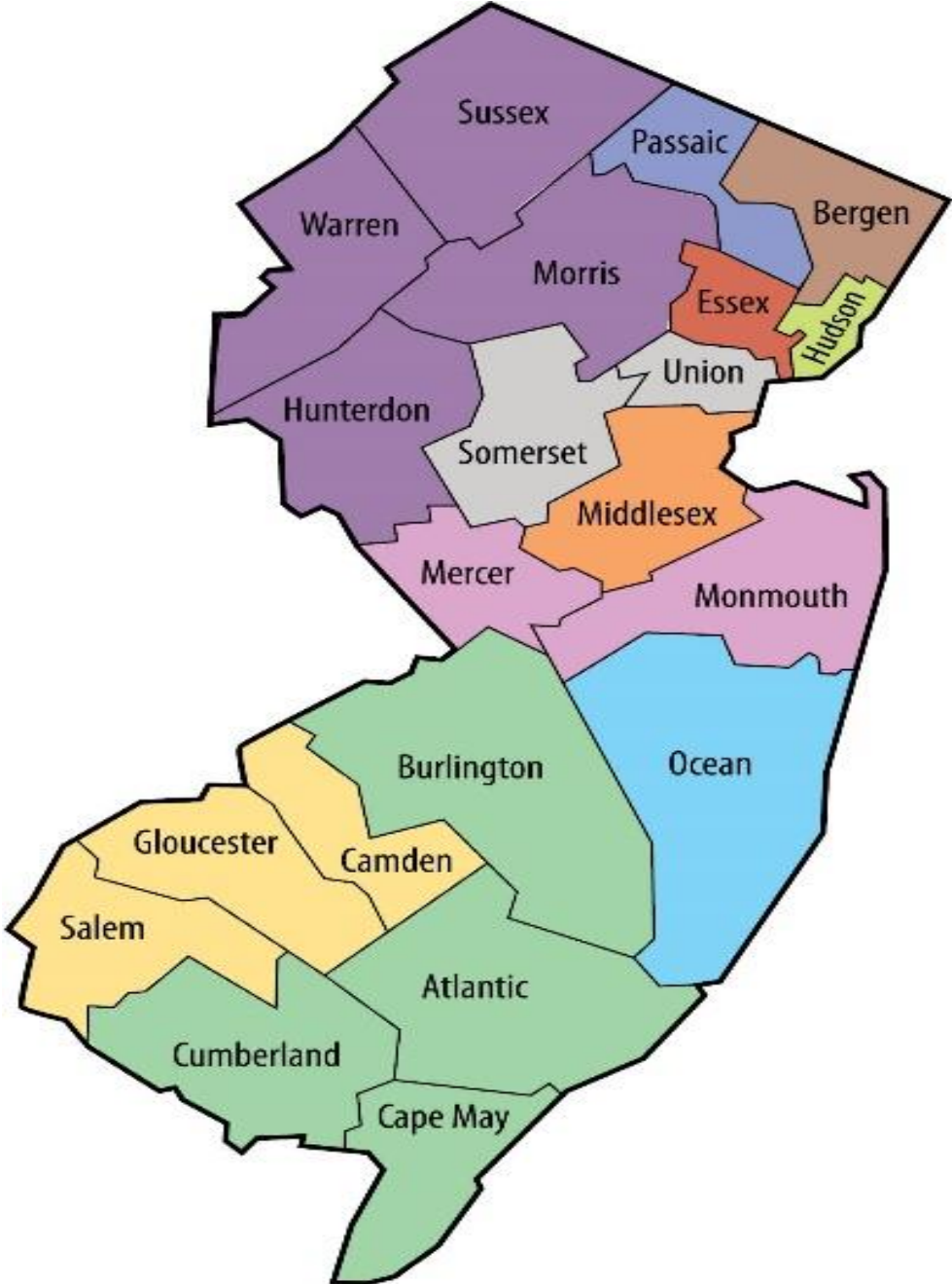
<sup>2</sup> By mother’s place of residence. New Jersey State Health Assessment Data (SHAD), 2019.

geographic area will be important for monitoring and implementing certain elements of the evidence-based model.

Births are assigned to catchment areas as follows:

- Birth parent or stillbirth– family is assigned to the catchment area covering the county in which the birthing individual resides.
- Resource parent or Adoptive parent – family is assigned to the catchment area in which the resource parent or adoptive parent resides.

A visual representation of the catchment areas is shown below.



Respondents may apply for up to 5 catchment areas during this procurement. **One response per catchment area is required.** Each catchment area will be awarded to one respondent.

There is no limit to the number of catchment areas that may be awarded to one respondent.

UHV providers shall be responsible for:

- maintaining a team of RNs; supervisory and support staff at ratios that are adherent to the Family Connects International model
- providing UHV services in accordance with the requirements of the FCI evidence-based model under the direction of DCF, including direct provision of the integrated nurse visit component of the model, and participation, cooperation and coordination with activities being provided by other organizations to fulfill the other two components of the FCI model;
- satisfactorily completing required training delivered by Family Connects International (FCI), and obtaining authorization from the Department of Children and Families

This contract will fund certain start-up costs and ongoing operating costs. More detail is provided in Funding Information below.

### **C. 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. Funds awarded under this program may not be used to supplant or duplicate existing funding.

This is a competitive process. 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.

Matching funds are not required.

Responses that demonstrate the leveraging of other financial resources are encouraged.

The Department will make available up to **\$44,777,897.64** in State dollars for the contracts awarded from this RFP. The intended funding period is for the five-year contract term of July 1, 2023, through June 30, 2028. DCF reserves the right to award all or a portion of this amount.

This RFP will award contracts to cover five catchment areas. As noted above, respondents may submit responses and may be awarded more than one catchment area. **One response per catchment area is required.**

The RFP identifies a county within the catchment area where the awarded respondent must start its services. In three of the catchment areas, the awarded respondents may be eligible to expand into neighboring counties during the contract period. This would result in the potential for additional funding subject to DCF review and approval and contingent upon the availability of funds and resources in future fiscal years.

The UHV program must be voluntary and free for families who participate.

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.

DCF is providing this funding to support operational costs once the awarded respondent begins seeing families and certain aspects of program startup costs. The operational costs are based on data provided by FCI, which resulted in an estimated cost of \$581 per family receiving an integrated home visit.

The anticipated operations and start-up costs are outlined below by catchment area for each fiscal year of the contract.

If a respondent would like to access these contract funds, a justification and detailed summary of the anticipated costs required for program operations for the catchment area must be entered for the first twelve (12) months of the five-year contract term (FY24) into the Proposed Budget Form found at: <https://www.nj.gov/dcf/providers/contracting/forms/>.

A justification and summary of the anticipated start-up costs required to begin program operations must be entered into the final column of this same Proposed Budget Form. This completed form must be submitted as a document included in PDF 2: Section III - *Documents Required to be Submitted with This Response, subsection B. Documents to be Submitted in Support of This Response*. The reimbursement of all start-up costs is subject to contract negotiations and DCF approval. Start-up cost funds will be released upon the execution of a finalized contract.

Note: If awarded a contract, the awardee 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 awardee shall prepare and submit an annual budget each fiscal year for each catchment area awarded. Each budget will require a Reports of Expenditures and be subject to the DCF contract close out process.

Each Catchment Area Profile includes specific funding allotted for the catchment area for Fiscal Year 2024, and estimated costs for future years. These funds are expected to cover the costs outlined in the table below.

Category	Description	One Time or Ongoing/Variable	When Paid
FCI Academy/ Preparation for Service	Participation of 1-2 staff in the FCI Academy and development of associated deliverables, including coordinating with UHV partners in establishing referral processes.	One-Time	At contract execution
Non-Personnel Startup Costs	Funding to support nurse recruiting, initial medical supplies for nurses, and laptop and cell phone purchases.	One-Time	At contract execution
FCI Training	Participation of all required staff in FCI training, specific to role in program. This training will be coordinated statewide and will occur shortly before awarded respondents open for service to families.	One-Time	At contract execution
Supplemental Operating Costs for Initial Ramp-Up Period	Additional support during ramp up period to ensure adequate coverage for coordination, collaboration, and outreach activities while an awarded respondent's caseload is building.	Limited term	Quarterly
Operations Costs	Support for program operations based on estimated families served.	Ongoing/Variable	Quarterly
Supplemental Translation Support	Supplemental funding in counties with exceptionally high populations of low English proficiency. Funds can be used to support translation services, or increased salaries to recruit bilingual staff.	Ongoing/Variable	Quarterly
Salesforce Licenses	Supplemental funding to offset the cost of Salesforce licenses for nurses, nurse supervisors, and program support specialists. Staff will	Ongoing/Variable	Annually



Category	Description	One Time or Ongoing/Variable	When Paid
	be required to use FCI's Salesforce database.		

All funding is subject to legislative appropriation. Estimates for periods beyond SFY2024 are based on currently available data regarding birth population, language needs, and expected percentage of eligible families to be seen. These may require adjustment over time if there are significant changes in these factors.

**Funding for this program will be allocated to Catchment Areas as follows:**

**Catchment Area 1 Funding: Camden, Gloucester, and Salem Counties**

Service must begin in **Gloucester** County. The timing of expansion to **Camden and Salem** Counties requires DCF approval.

The following funding is allotted for **Gloucester County** for SFY24.

Category	Amount
FCI Academy/Preparation for Service	\$36,538.00
Non-Personnel Startup Costs	\$12,356.16
FCI Training	\$14,068.82
Supplemental Operating Costs for Initial Ramp Up Period	\$128,311.86
Operations Costs	\$141,764.00
Supplemental Translation Support	\$0
Salesforce Licenses	\$1,680.00
<b>TOTAL</b>	<b>\$334,718.85</b>

The following funding is anticipated for **Gloucester County** for Subsequent fiscal years, based on anticipated families to be served.

Category	FY 2025	FY2026	FY2027	FY2028
Supplemental Operating Costs for Initial Ramp Up Period	144,599.28	\$0	\$0	\$0
Operations Costs	850,584.00	\$1,134,112.00	\$1,168,391.00	\$1,203,251.00
Supplemental Translation Support	\$0	\$0	\$0	\$0
Salesforce Licenses	\$3,360.00	\$3,360.00	\$3,360.00	\$3,360.00
<b>TOTAL</b>	<b>998,543.28</b>	<b>\$1,137,472.00</b>	<b>\$1,171,751.00</b>	<b>\$1,206,611.00</b>

**Expansion to Additional Counties**

Typically, awarded respondents can expect to expand into a new geographic area of its awarded catchment area after two years of serving families. The exact timing will be dependent upon performance. Once the awarded respondent is approved for expansion, the table below outlines anticipated key metrics for the rest of this catchment area.

Metric	Camden County	Salem County
Total Birth Population	6060	670
Number of Birthing Centers	3	1
Expected Families Served, calendar Year 1 of expansion into county	1667	185
Expected funding, calendar Year 1 of expansion into county	\$1,151,156.05	\$139,465.75
Expected Families Served, calendar Year 2 of expansion into county	3833	424
Expected funding, calendar Year 2 of expansion into county	\$2,233,273.00	\$248,024.00
Expected Families Served, calendar Year 3 of expansion into county	4000	443
Expected funding, calendar Year 3 of expansion into county	\$2,330,720.00	\$259,063.00

**Catchment Area 2 Funding: Burlington, Atlantic, Cape May, and Cumberland Counties**

Service must begin in **Cumberland County**. The timing of expansion to **Burlington, Atlantic, and Cape May Counties** requires DCF approval.

The following funding is allotted for **Cumberland County** for SFY24.

Category	Amount
FCI Academy/Preparation for Service	\$36,538.00
Non-Personnel Startup Costs	\$9,267.12
FCI Training	\$10,551.62
Supplemental Operating Costs for Initial Ramp Up Period	\$85,917.09
Operations Costs	\$86,569.00
Supplemental Translation Support	\$0
Salesforce Licenses	\$1,680.00
<b>TOTAL</b>	<b>\$230,522.83</b>

The following funding is anticipated for **Cumberland County** for Subsequent fiscal years, based on anticipated families to be served.

Category	FY 2025	FY2026	FY2027	FY2028
Supplemental Operating Costs for Initial Ramp Up Period	\$88,102.84	\$0	\$0	\$0
Operations Costs	\$518,252.00	\$690,809.00	\$711,725.00	\$733,222.00
Supplemental Translation Support	\$0	\$0	\$0	\$0
Salesforce Licenses	\$2,520.00	\$2,520.00	\$2,520.00	\$2,520.00
<b>TOTAL</b>	<b>\$608,874.84</b>	<b>\$693,329.00</b>	<b>\$714,245.00</b>	<b>\$735,742.00</b>

***Expansion to Additional Counties***

Typically, awarded respondents can expect to expand into a new geographic area of its awarded catchment area after two years of serving families. The exact timing will be dependent on an awarded respondent providing services in line with fidelity requirements and quality standards for approximately six months. Once the awarded provider is approved for expansion, the table below outlines anticipated key metrics for the rest of this catchment area.

Metric	Burlington County	Atlantic County	Cape May County
Total Birth Population	4,426	2,829	765
Number of Birthing Centers	1	2	1
Expected Families Served, calendar Year 1 of expansion into county	1,218	778	185
Expected funding, calendar Year 1 of expansion into county	\$845,783.70	\$546,424.70	\$156,837.65
Expected Families Served, calendar Year 2 of expansion into county	2,800	1,790	424
Expected funding, calendar Year 2 of expansion into county	\$1,631,000.00	\$1,042,930.00	\$282,884.00
Expected Families Served, calendar Year 3 of expansion into county	2,922	1,868	443
Expected funding, calendar Year 3 of expansion into county	\$1,702,722.00	\$1,088,668.00	\$295,085.00

**Catchment Area 7 Funding: Essex County**

The following funding is allotted for this Catchment Area for SFY24.

Category	Amount
FCI Academy/Preparation for Service	\$36,538.00
Non-Personnel Startup Costs	\$40,157.53
FCI Training	\$45,723.67
Supplemental Operating Costs for Initial Ramp Up Period	\$407,051.21
Operations Costs	\$474,096.00
Supplemental Translation Support	\$10,398.02
Salesforce Licenses	\$3,780
<b>TOTAL</b>	<b>\$1,017,744.44</b>

The following funding is anticipated for **this Catchment Area** for Subsequent fiscal years, based on anticipated families to be served.

Category	FY 2025	FY2026	FY2027	FY2028
Supplemental Operating Costs for Initial Ramp Up Period	\$483,577.92	\$0	\$0	\$0
Operations Costs	\$2,844,576.00	\$3,792,187.00	\$3,907,225.00	\$4,022,844.00
Supplemental Translation Support	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00
Salesforce Licenses	\$10,500.00	\$10,500.00	\$10,920.00	\$10,920.00
<b>TOTAL</b>	<b>\$3,353,653.92</b>	<b>\$3,817,687.00</b>	<b>\$3,933,145.00</b>	<b>\$4,048,764.00</b>

**Catchment Area 10 Funding: Middlesex County**

The following funding is allotted for this Catchment Area for SFY24.

Category	Amount
FCI Academy/Preparation for Service	\$36,538.00
Non-Personnel Startup Costs	\$35,523.97
FCI Training	\$40,447.86
Supplemental Operating Costs for Initial Ramp Up Period	\$337,754.58
Operations Costs	\$412,510.00
Supplemental Translation Support	\$21,093.98
Salesforce Licenses	\$3,360.00
<b>TOTAL</b>	<b>\$887,228.39</b>

The following funding is anticipated for **Middlesex County** for Subsequent fiscal years, based on anticipated families to be served.

Category	FY 2025	FY2026	FY2027	FY2028
Supplemental Operating Costs for Initial Ramp Up Period	\$420,957.74	\$0	\$0	\$0
Operations Costs	\$2,476,222.00	\$3,301,823.00	\$3,401,755.00	\$3,502,268.00
Supplemental Translation Support	\$30,000.00	\$30,000.00	\$30,000.00	\$30,000.00
Salesforce Licenses	\$8,400.00	\$8,400.00	\$9,660.00	\$9,660.00
<b>TOTAL</b>	<b>\$2,935,579.74</b>	<b>\$3,340,223.00</b>	<b>\$3,441,415.00</b>	<b>\$3,541,928.00</b>

**Catchment Area 11 Funding: Mercer and Monmouth Counties**

Service must begin in **Mercer** County. The timing of expansion to **Monmouth** County requires DCF approval.

The following funding is allotted for **Mercer County** for SFY24.

Category	Amount
FCI Academy/Preparation for Service	\$36,538.00
Non-Personnel Startup Costs	\$15,445.21
FCI Training	\$17,586.03
Supplemental Operating Costs for Initial Ramp Up Period	\$172,861.96
Operations Costs	\$194,635.00
Supplemental Translation Support	\$0
Salesforce Licenses	\$2,100.00
<b>TOTAL</b>	<b>\$439,166.19</b>

The following funding is anticipated for **Mercer County** for Subsequent fiscal years, based on anticipated families to be served.

Category	FY 2025	FY2026	FY2027	FY2028
Supplemental Operating Costs for Initial Ramp Up Period	\$198,330.16	\$0	\$0	\$0
Operations Costs	\$1,166,648.00	\$1,555,337.00	\$1,602,398.00	\$1,650,040.00
Supplemental Translation Support	\$0	\$0	\$0	\$0
Salesforce Licenses	\$4,200.00	\$4,200.00	\$4,200.00	\$4,200.00
<b>TOTAL</b>	<b>\$1,369,178.16</b>	<b>\$1,559,537.00</b>	<b>\$1,606,598.00</b>	<b>\$1,654,240.00</b>

### ***Expansion to Additional Counties***

Typically, awarded respondents can expect to expand into a new geographic area of its awarded catchment area after two years of serving families. The exact timing for the selected respondent will be dependent on an awarded respondent providing services in line with fidelity requirements and quality standards for approximately six months. Once the awarded respondent is approved for expansion, the table below outlines anticipated key metrics for the rest of this catchment area.

<b>Metric</b>	<b>Monmouth County</b>
Total Birth Population	5,567
Number of Birthing Centers	4
Expected Families Served, calendar Year 1 of expansion into county	1,531
Expected funding, calendar Year 1 of expansion into county	\$1,060,287.65
Expected Families Served, calendar Year 2 of expansion into county	3,522
Expected funding, calendar Year 2 of expansion into county	\$2,052,162.00
Expected Families Served, calendar Year 3 of expansion into county	3,675
Expected funding, calendar Year 3 of expansion into county	\$2,141,475.00

#### **D. Respondent Eligibility Requirements:**

Respondents must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship and in compliance with all terms and conditions of those grants and contracts.

Respondents must not be suspended, terminated, or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.

DCF will not accept, receive, or consider 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.

Respondents must have the capability to uphold all administrative and operating standards as outlined in this RFP.

Respondents awarded a contract must be prepared to execute any planned sub-contracts, memorandum of agreements with vendors, consultants, or agencies, after the review and approval of DCF, within sixty (60) days of contract execution.

Awarded respondents will be required to comply any regulation that may be promulgated related to this program.

#### **E. Response Submission Instructions:**

**All responses must be delivered ONLINE on the due date by 12:00 P.M. Responses received after 12:00 P.M. on June 28, 2023, will not be considered.**

To submit online, respondent must complete an Authorized Organization Representative (AOR) form. The completed AOR form must be signed and dated by the Chief Executive Officer or designated alternate and sent to [DCF.ASKRFP@dcf.nj.gov](mailto:DCF.ASKRFP@dcf.nj.gov)

If bidding on more than one catchment area, please submit a separate AOR for each one.

Authorized Organization Representative (AOR)  
Form: [AOR.pdf \(nj.gov\)](#)

**NOTE: Registration for the AOR forms must be received not less than five (5) business days prior to the date the response is due.** Upon receipt of the completed AOR, DCF will grant the Respondent permission to proceed and provide instructions for the submission of the response. DCF recommends not waiting until the due date to submit your AOR form in case there are technical difficulties during your submission.

#### **F. 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 Required to be Submitted with This Response, subsection A. Organizational Documents Prerequisite to a Contract Award to be Submitted with the Response*

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

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

## **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 the vulnerabilities it must target for prevention.**

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

The Nurture NJ Strategic Plan (2021)<sup>3</sup> established a clear statement of need for action in maternal and child health, pointing out that

The United States has the worst maternal mortality rate among all comparable economically developed member countries of the Organization for Economic Cooperation and Development (OECD). Thirty-six countries comprise the OECD, and the US ranks the highest in maternal mortality. Within this global context, New Jersey's maternal health outcomes and disparities are among the worst in the US. The state has the fourth highest

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<sup>3</sup> [20210120-Nurture-NJ-Strategic-Plan.pdf](#)



maternal mortality rate out of the fifty states; only Indiana, Georgia and Louisiana have higher rates. When looking at the demographic breakdown of the rates in New Jersey, Black women in New Jersey experience seven times the rate of death from pregnancy-associated causes compared to their white counterparts.

For infant mortality, the US again ranks poorly internationally—33rd out of 36 OECD countries. While New Jersey as a whole has the 5th best overall infant mortality rate among the 50 states, its challenge with respect to infant mortality is the unacceptable disparity: Black women in New Jersey experience a 3.5 times higher rate of infant death compared to white women (2017 data, courtesy of New Jersey State Health Assessment Data (NJ SHAD)) and Hispanic women in New Jersey experience twice the rate of infant mortality compared to white women (NJ SHAD 2016-2018, 3-year rates). While nationally, Native American women experience high rates of infant mortality, the population numbers in New Jersey are too small to tabulate a rate. Over a five-year period from 2014-2018, there were 335 live births to Native American women in the state and one infant death.

The legislature of the State of New Jersey, in enacting P.L. 2021, c. 187, noted that:

- a. The weeks following birth are a critical period for the person who has given birth and the infant, setting the stage for long-term health and well-being;*
- b. During this period, the person who has given birth is adapting to multiple physical, social, and psychological changes, while simultaneously recovering from childbirth, adjusting to changing hormones, and learning to feed and care for a newborn;*
- c. Like prenatal care, the postpartum health care visit that typically occurs six weeks after childbirth is considered important to a new parent's health; however, for people who have given birth, the six-week postpartum visit punctuates a period devoid of formal or informal support for a parent who has recently given birth;*
- d. Additionally, according to the American College of Obstetricians and Gynecologists, as many as 40 percent of people who have given birth do not attend a postpartum visit in the United States;*
- e. During the time immediately following delivery, health care providers are uniquely qualified to enable a person who has given birth to access the clinical and social resources the*

*person needs to successfully navigate the transition from pregnancy to parenthood;*  
*f. Research also indicates that postpartum education and care lead to lower rates of morbidity and mortality in persons who have given birth, as many of the risk factors for post-delivery complications, such as hemorrhaging or a pulmonary embolism, may not be identifiable before a person who has given birth is discharged following the birth;....*

2) **The goals to be met by this funding are to:**

- Establish the provider network for the first phase of New Jersey's Statewide UHV program implementation in 5 catchment areas, including:
  - a. Fund the start-up costs, i.e., selected recruitment, equipment, and training costs of the UHV providers in the identified geographic regions:
  - b. Ensure provider network participation in collaborative meetings prior to launch of the UHV program; and
  - c. Fund a portion of initial operating costs of the UHV providers in the identified geographic regions.
- Provide ongoing support to providers to facilitate quality service delivery and adherence to model fidelity including:
  - a. Fund specified ongoing provider operating costs necessary for delivery of service:
  - b. Fund provider outreach to medical providers and expecting/birthing families within the geographic area to encourage utilization of UHV services; and
  - c. Support provider coordination and collaboration with other program components including community alignment, data and evaluation to ensure quality services and model fidelity.

3) **The prevention focus of this program addresses the vulnerabilities expected to be identified and prevented or mitigated by this program initiative:**

UHV home visits by a RN will include an evidence-based evaluation of the physical, emotional, and social factors affecting parents and their newborn, including physical and mental health wellness checks and referrals, where appropriate, to additional community resources. Data

demonstrates wide-ranging benefits to families when they receive nursing and social support within the weeks following the birth or arrival of a child. Research indicates that postpartum education and care lead to lower rates of maternal morbidity and mortality.

UHV visits are expected to lead to: reduced rates of clinical maternal anxiety, safer and more child-friendly home environments, utilization of higher quality childcare, better community connections, safer and more responsible parenting behaviors, higher levels of father involvement, and significantly reduced rate of infant emergency medical care.

The Family Connects International model has demonstrated impact in multiple critically important health outcomes for newborns and their families, including:

An ongoing randomized controlled trial of Family Connects, which began in 2009, has shown<sup>4</sup>:

- Emergency room visits and hospital overnight stays were reduced by 50% in the first year of life; these results were sustained but did not increase through the second year of life.
- Mothers were 28% less likely to report possible postpartum clinical anxiety.
- Mothers reported significantly more positive parenting behaviors, like hugging, comforting and reading to their infants; no significant differences were found in negative parenting behaviors.
- Mothers expressed increased responsiveness to, and acceptance of, their infants.
- Home environments were improved — homes were safer and had more learning materials to support infant development.
- Community connections increased by 15%.
- When using out of home childcare, families used higher quality care.

A second randomized controlled trial took place in 2014.<sup>5</sup> Results from this trial have shown:

- Families had 44% lower rates of Child Protective Services investigations for suspected child abuse or neglect through child age 2: 39% lower investigation rates through child age 5.
- Community connections increased by 13%.
- Mothers were 30% less likely to experience possible postpartum depression or anxiety.
- Families were more likely to use out-of-home childcare.

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<sup>4</sup> [The Evidence - Family Connects International](#)

<sup>5</sup> [The Evidence - Family Connects International](#)

- As the number of birth risks increased, infants experienced fewer emergency department visits but more hospital overnights.
- Mothers were more likely to complete their 6-week postpartum health check, but also had more emergency department visits.

**B. Target Population - The below describes the characteristics and demographics the awarded respondent must ensure the program serves.**

- 1) **Age:** Newborns and their families; parents experiencing stillbirth; Adults
- 2) **Gender:** All
- 3) **Parenting Status:** Biological, adoptive, and resource parents, and parents experiencing a stillbirth
- 4) **Will the program initiative serve children as well as their parent or caregiver?** Yes.
- 5) **Does the program have income eligibility requirements?** No. This service will be available to all families with newborns residing in the applicable catchment areas, regardless of family income.

**C. Activities - The below describes the activities this program initiative requires of awarded 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:** Level of service will be tracked by enrolled families, number of home visits, and referrals to service/resources. On average, most families receive one visit of about two hours. Depending on family needs, some families may receive additional, focused visits with a much shorter duration.
- 2) **The frequency of these increments to be tracked:** All family contacts, home visits and service referrals must be tracked on a rolling basis and documented immediately following contact with the family.
- 3) **Estimated Unduplicated Families:** Universal Home Visiting is a new service, and the percentage of families with a newborn who enroll is expected to grow over time. At scale, the expected number of unduplicated families to be served annually is 33,348 families (70% of families in the catchment areas included in this RFP). Additional details

by catchment area can be found in Resources-Minimum Staffing Requirements.

- 4) **A referral process is required.**
- 5) **The referral process for this program initiative (the required referral process for enabling the target population to obtain the services of this program initiative):** Families may be referred to the program through multiple processes, including:
  - Via self-referral. Families may contact a provider or their local Connecting NJ hub at time of newborn's birth or placement with the family.
  - Via social service staff. Families who welcome a newborn to their home through foster care or adoptive placement can be connected to the UHV provider through their caseworker, court staff, or other social service personnel.
  - Via UHV program support specialist. Families may schedule services via a UHV program support specialist visiting or calling the parent/caregiver in the hospital, explaining the program and who may schedule a visit two weeks after the newborn's birth. Note: to recruit families at a hospital, a Memorandum of Understanding with the hospital will be required.
  - Via obstetrician, pediatrician, or medical provider referral. Families may learn about the program through their pre-natal provider and schedule services with the UHV provider based on their expected due date.
- 6) **The rejection and termination parameters required for this program initiative:** While this program is voluntary, repeated missed or cancelled visits could allow for termination or suspension of the service.
- 7) **The direct services and activities required for this program initiative:** The FCI model consists of three core components. Awarded respondents will be responsible for performing work in each component as follows:
  - a) **Home visits conducted by an RN.** A home visit ideally occurs two weeks after the newborn's birth. Except in rare circumstances, the home visit must occur before 12 weeks after the newborn's birth. During the home visit, the RN provides physical assessments of caregiver and baby, discusses different aspects of psychosocial functioning, responds to concerns or questions, offers

developmentally and culturally appropriate guidance and provides connections tailored to the family's needed and desired services. Most families receive one visit but may receive up to three visits depending on need. In some instances, a family may require a pre-visit prior to their integrated home visit.

Awarded respondents selected through this RFP will have primary responsibilities for this component including: retaining a staffing complement (described under Resources) sufficient to ensure fidelity with the Family Connects International model; ensuring staff are appropriately trained in the FCI model; participating in DCF and FCI planning efforts; participating in efforts to engage referral sources (e.g., health care providers, social service agencies, etc.) in developing referral pathways into the program; and delivering nurse visits in accordance with the FCI model.

- b) **Community alignment, or the alignment of services and resources in the community to address family needs.** The Community alignment component focuses on the ongoing development of those resources to be responsive to the specific needs of the families being served and integrating UHV into the larger early childhood network of services in New Jersey. Ultimately, the community alignment component is focused on aligning people, processes, and supporting technologies to drive better outcomes for our youngest children and families. NJ DCF has funded the Statewide Connecting NJ network to carry out primary responsibility for this work. Community Alignment Specialists will be stationed at each county-based Connecting NJ hub in the Connecting NJ network.

Awarded respondents selected through this RFP shall have responsibilities for this component, including RNs will connect families to needed resources in the community; awarded respondents will also participate in planning and organizing meetings, as well as weekly case conference meetings with the county-specific Connecting NJ hub and FCI to coordinate community alignment work.

- c) **Monitoring and evaluation as a tool for program evaluation and quality improvement.** Routine collection of clinical and program data is the basis for continuous quality improvement that will allow awarded respondents to monitor and adjust their operations accordingly and will allow DCF to identify how the overall network is performing, monitor model fidelity, determine where assistance may be needed, and identify innovations that may be helpful to share across the network. This data also

provides insight on community resource needs, supporting informed decision-making and advocacy related to future services.

Awarded respondents selected through this RFP shall have responsibilities for this component including: timely and accurate data entry as described in section D.13 of this RFP; and participation in monitoring and continuous quality improvement activities, including, participating in a joint community advisory board to assist in coordinating services across the early childhood system of care, participating in quarterly continuous quality improvement (CQI) committee with the local Connecting NJ hub to improve referral processes with community resources and align resources with family needs, participating in relevant local and/or regional committees and task forces to communicate and collaborate regarding community, early childhood, and perinatal needs, and attending all other required meetings deemed necessary by DCF.

Consistent with FCI's approach, awarded respondents shall work collaboratively with DCF, FCI, Connecting NJ providers and local stakeholders through four phases of implementation:

- i. Orientation:** During this phase awarded respondents will participate in the FCI Academy; prepare planning deliverables required by FCI prior to start of services; and hire and train necessary staff. Training will be provided by FCI in conjunction with DCF. Awarded respondents will also collaborate with DCF and other component providers to establish the foundation for the program.
- ii. Installation:** Completion of the Planning Phase launch list determines when community partners are ready to begin installation, which includes final onboarding training and the start of conducting home visits. This initial launch of the program includes careful monitoring, and enhanced support as awarded respondents s are beginning to report and review key performance metrics to work toward fidelity.
- iii. Implementation:** This phase includes regular monthly monitoring of performance data, continuous quality improvement (CQI) and fidelity monitoring. Monthly check-in calls with FCI and DCF focus on program improvement with a goal of achieving model fidelity.
- iv. Fidelity:** Once an awarded respondent has provided services in line with fidelity requirements and quality standards for approximately six months, expansion into a new geographic

area of an awarded catchment area may be considered. This typically occurs after two years of serving families.

FCI consultative staff and DCF will provide awarded respondents with phase-specific resources to work through milestones and deliverables and meet fidelity requirements, after which an awarded respondent may be considered for an expanded geographic footprint.

Achieving fidelity is critical, as New Jersey's statewide certification in the FCI model will be dependent upon achieving and maintaining model fidelity statewide. FCI and DCF may conduct site visits as part of fidelity monitoring and technical assistance.

- 8) **The service modalities required for this program initiative are:** Awarded respondents are required to use the FCI model. Additional information regarding the FCI model can be found at: <https://familyconnects.org>.

Note that FCI's model is typically implemented at a local community level. New Jersey is only the second state in the nation to undertake implementation at a statewide level. FCI and DCF are working together to adapt their approach to the New Jersey context.

- 9) **The type of treatment sessions required for this program initiative are:** Home visits must be face-to-face and take place in the family home. In very limited situations, such as a public health emergency, virtual visits may be permitted. DCF approval is required.
- 10) **The frequency of the treatment sessions required for this program initiative are:** 1-3 home visits at any time within the first 2-12 weeks of a baby's birth.
- 11) **Awarded respondents are required to communicate with Parent/Family/Youth Advisory Councils, or to incorporate the participation of the communities the awarded respondents serve in some other manner:** See C.8, above
- 12) **The professional development through staff training, supervision, technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:** All staff of awarded respondents must participate in all FCI related training, upon hire, to ensure fidelity to the model, as well as any other training deemed necessary by DCF.

This training may include, but is not limited to the following:



- All staff of awarded respondents must complete a set of General Core Competency Training modules on topics including trauma-informed care, historical trauma, improving outcomes using data, cultural humility, partnering with families, and promoting safe and healthy homes.

All staff must complete onboarding training modules for specific position as follows:

- **Program support specialist:** Family Connects 101, Program Support Specialist Training, training on recruiting families, and Salesforce database training.
- **Medical director:** Family Connects 101 and Clinical Overview.
- **Nurse supervisor and nurse lead:** Family Connects 101, Implementation Process Overview, Clinical Overview, Introduction to Community Alignment, Clinical Core Competencies and all trainings required of RN home visitors.
- **RN Home Visitor:** Clinical Core Competencies, multi-day skills training (with pre-work, post-training work and demonstration), training on recruiting families, and training on post-visit connection calls.

Staff of awarded respondents must also participate in any ongoing training required by FCI or deemed necessary by DCF.

**D. Resources - The below describes the resources required of awarded 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 population served is required to be in a specific region as described below. The awarded respondent's service site, i.e., primary office, headquarters, etc., can be in any location.
- 2) **The geographic area the program initiative is required to serve is:**

The State is divided into 11 catchment areas, each comprising a similar volume of expected births. This RFP is to identify providers in the first five areas for program implementation. The first five areas are:

- Catchment Area 1: Camden/Gloucester/Salem Region, with services to begin in Gloucester County;

- Catchment Area 2: Burlington/Atlantic/Cape May/Cumberland Region, with services to begin in Cumberland County;
- Catchment Area 7: Essex Region, and
- Catchment Area 10: Middlesex Region.
- Catchment Area 11: Mercer and Monmouth Region, with services to begin in Mercer County.

Additional information on the catchment areas, and expectation for scaling up in each area, can be found in Funding Information and Resources-Minimum Staffing Requirements.

Respondents should specify in their response which catchment area they propose to serve. Respondents may submit responses for more than one catchment area, but these must be separate submissions.

Awarded respondents will be expected to work with DCF and FCI to identify an implementation plan within the catchment area. Additional regions or communities within a given region will be introduced after a thorough expansion assessment and additional operation and fiscal planning.

- 3) **The program initiative's required service delivery location is:**  
Family Home
- 4) **The hours, days of week, and months of year this program initiative is required to operate:** Monday through Friday, 12 months per year. Awarded respondents are also expected to have weekend 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
- 7) **The language services (if other than English) this program initiative is required to provide:** Awarded respondents shall be able to undertake home visits with families in all languages. Awarded respondents are expected to staff some RNs who are who are representative of the linguistic communities being served. RNs will be required to utilize translation services during visits when necessary.
- 8) **The transportation this program initiative is required to provide:** Nurses must travel to family homes for home visits. Awarded respondents Providers must support reasonable nurse travel costs (including travel time and mileage reimbursement).

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

Given that UHV is a new service, awarded respondents who participate in the program will need to develop their caseload over time. Based on data from FCI, awarded respondents are expected to increase the percentage of families seen by 11% per quarter during their first six quarters of serving families, after which the caseload is expected to stabilize with awarded respondents continuing to work towards reaching 70% of the birth population. Required minimum staffing and expectations of families served are based upon this guidance.

Each program requires a local medical director, a nurse supervisor, a team of RNs, and a program support specialist. A nurse lead position may also be necessary depending on the number of RNs employed by the awarded respondent.

Preferably, all medical staff will have experience and/or expertise in the provision of medical and/or nursing services in maternal (OB-GYN, midwifery) care, neonatal and/or pediatric care, labor and delivery, adult mental health, or a closely related field. Additionally, unique knowledge and/or ties to the community being served should also be considered.

See the following Staffing Requirements table for additional details on each required position.

Positions	Responsibilities	Education/Credentials/Certificates
Local Medical Director (required)	<ul style="list-style-type: none"> <li>• Provides clinical oversight for Catchment Area</li> <li>• Supports local clinical staff as patient care questions arise</li> <li>• Builds relationships between the local UHV program and the clinical community at large.</li> </ul>	Graduation from an accredited college or university with a Doctorate in Medicine (M.D.) or Doctorate in Osteopathic Medicine (D.O.), Nurse Practitioner, Certified Nurse Midwife, or Physician Assistant may also be considered for this role.

Positions	Responsibilities	Education/Credentials/ Certificates
Nurse Supervisor (required)	<ul style="list-style-type: none"> <li>• Nurse administrator who directs the clinical team in provision of home visits and supporting families via the FCI protocol.</li> <li>• Leads weekly case conferences, provides weekly supervisions, provides reflective supervision.</li> <li>• Performs QA assessments and quarterly fidelity visits with each Nurse on team.</li> <li>• Attends FCI Nurse supervisor webinars and is touch point to FCI</li> <li>• Maintains small caseload of home visits, as needed.</li> </ul>	Registered nurse or advance practice nurse with license to practice in the State of New Jersey. Preferred experience in community health, public health, child health nursing.
Nurse Lead (if necessary)	<ul style="list-style-type: none"> <li>• In Catchment Areas with more than 8 nurses, supports nurse supervisor</li> <li>• Tasks may include leading weekly case conferences, providing weekly supervision and reflective supervision, and performing QA assessments and quarterly fidelity visits with nurses on team.</li> <li>• Maintains own caseload, with size dependent on the number of nurses being supported.</li> </ul>	Registered nurse or advance practice nurse with license to practice in the State of New Jersey. Preferred experience in community health, public health, child health nursing.
Registered Nurses (required)	<ul style="list-style-type: none"> <li>• Works in a team environment of clinical and non-clinical staff to provide the home visit and support families in the community using the FCI home visit protocol.</li> <li>• Participates in case conferences, quarterly reviews, and other activities to support delivery of services with quality and fidelity.</li> </ul>	Registered nurse or advance practice nurse with license to practice in the State of New Jersey. Preferred experience in community health, public health, child health nursing.
Program Support (required)	<ul style="list-style-type: none"> <li>• Outreaches and enrolls families, including assistance in scheduling of nurse visits, as needed.</li> <li>• Maintains materials for necessary for the nursing team to conduct</li> </ul>	Bachelor's degree is preferred, but not required.

Positions	Responsibilities	Education/Credentials/ Certificates
	visits, such as educational materials for families • In collaboration with Connecting NJ, executes post visit call process with clients served.	

### Minimum Staffing Requirements

The FCI model requires the following staffing ratios:

- One (1) nurse supervisor is required for eight (8) full time equivalent (FTE) or fewer nurses. A nurse supervisor may also act as a nurse home visitor.
- If a team has more than eight (8) FTE nurses, a Nurse Lead or additional supervisor must be added. A Nurse Lead may also act as a nurse home visitor.
- A Program Support Specialist can support up to 8 FTE nurses. If a team has more than eight (8) nurses, additional Program Support must be added, consistent with this 1:8 ratio.
- Each awarded respondent must have at least a .1FTE Medical Director available for nurse consults and participation in model required statewide meetings.
- All staff working on UHV must be formally trained by FCI in the FCI NJ model. Nurses must complete all training prior to making home visits with families.

These staffing ratios are used to estimate the minimum staffing levels required for each catchment area and county.

UHV is a new service, and the number of families who enroll will grow over time. The program will be considered at full scale when 70% of the birthing population participates. Awarded respondents must anticipate this growth and be prepared to add staffing to meet increasing demand. The onboarding of new staff must be coordinated with the availability of required FCI training. Currently FCI offers training for new nurses twice monthly.

Minimum required staffing has been provided for each catchment area below. Part-time staff may be used, provided the total FTE minimum requirement is met when all staff are combined and all staff working on the program have completed all FCI and DCF required training and background checks. The level of staffing for each period of service is increased corresponding with expectations around increased families served. Awarded respondents may exceed the minimum staffing level but may not drop below it without consultation with DCF.

In addition, awarded respondents are expected to have sufficient administrative oversight to support the program team, executive management, financial management, and IT services.

**Minimum Staffing Expectations by Catchment Area**

**Catchment Area 1 Staffing: Gloucester County**

Service must begin in **Gloucester** County. The timing of expansion to **Camden and Salem** Counties requires DCF approval.

***Families Served***

The table below outlines expected families to be served in **Gloucester** County over the contract period.

<b>Catchment Area:</b>	1	<i>Estimated Timeframe</i>
<b>County:</b>	Gloucester	
<b>Total Birth Population:</b>	2,958	
<b>Number of Birthing Centers in County</b>	3	
<b>Estimated families served, Year 1</b>	244	1/2024-6/2024
<b>Estimated families served, Year 2</b>	1,464	7/2024-6/2025
<b>Estimated families served, Year 3</b>	1,952	7/2025-6/2026
<b>Estimated families served, Year 4</b>	2,011	7/2026-6/2027
<b>Estimated families served, Year 5</b>	2,071	7/2027-6/2028

***Minimum Staffing***

Based on the expected families to be served in **Gloucester County**, providers should expect the following **minimum** staffing pattern during **the first two years** of the contract term, starting when services are anticipated to begin in January of 2024. Numbers are provided in FTEs. Note: A Nurse Supervisor or Nurse Lead can function part time as a home visitor, if needed. Prior to services beginning, awarded respondents shall be engaged in planning, preparation, and training activities.

<b>Title</b>	<b>SFY 2024, in FTE</b>		<b>SFY 2025, In FTE</b>			
	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Nurse Supervisor	.11	.23	.34	.45	.56	.68
Nurse Lead	0	0	0	0	0	0
Nurse Home Visitor	.9	1.81	2.71	3.62	4.52	5.42
Program Support Specialist	.11	.23	.34	.45	.56	.68
Medical Director	0.1	0.1	0.1	0.1	0.1	0.1

Based on the expected families to be served in **Gloucester County**, awarded respondents should expect the following **minimum** staffing pattern during **the last three years** of the contract term.

Title	SFY 2026, in FTE	SFY 2027 in FTE	SFY2028, in FTE
Nurse Supervisor	.68	.72	.72
Nurse Lead	0	0	0
Nurse Home Visitor	5.42	5.75	5.75
Program Support Specialist	.68	.72	.72
Medical Director	0.1	0.1	0.1

**Catchment Area 2 Staffing: Cumberland County**

Service must begin in **Cumberland County**. The timing of expansion to **Burlington, Atlantic, and Cape May** Counties requires DCF approval.

***Families Served***

The table below outlines expected families to be served in **Cumberland County** over the contract period.

<b>Catchment Area:</b>	2	<i>Estimated Timeframe</i>
<b>County:</b>	Cumberland	
<b>Total Birth Population:</b>	1802	
<b>Number of Birthing Centers in County</b>	1	
<b>Estimated families served, Year 1</b>	149	1/2024-6/2024
<b>Estimated families served, Year 2</b>	892	7/2024-6/2025
<b>Estimated families served, Year 3</b>	1189	7/2025-6/2026
<b>Estimated families served, Year 4</b>	1225	7/2026-6/2027
<b>Estimated families served, Year 5</b>	1262	7/2027-6/2028

***Minimum Staffing***

Based on the expected families to be served in **Cumberland County**, awarded respondents should expect the following **minimum** staffing pattern during **the first two years** of the contract term, starting when services are anticipated to begin in January of 2024. Numbers are provided in FTEs. Note: A Nurse Supervisor or Nurse Lead can function part time as a home visitor, if needed. Prior to services beginning, awarded respondents shall be engaged in planning, preparation, and training activities.

Title	SFY 2024, in FTE		SFY 2025, In FTE			
	Q3	Q4	Q1	Q2	Q3	Q4
Nurse Supervisor	.07	.14	.21	.28	.34	.41
Nurse Lead	0	0	0	0	0	0
Nurse Home Visitor	.55	1.1	1.65	2.2	2.75	3.3
Program Support Specialist	.07	.14	.21	.28	.34	.41
Medical Director	.1	.1	.1	.1	.1	.1

Based on the expected families to be served in **Cumberland County**, awarded respondents should expect the following **minimum** staffing pattern during the **last three years** of the contract term.

Title	SFY 2026, in FTE	SFY 2027 in FTE	SFY2028, in FTE
Nurse Supervisor	.41	.43	.44
Nurse Lead	0	0	0
Nurse Home Visitor	3.3	3.4	3.5
Program Support Specialist	.41	.43	.44
Medical Director	.1	.1	.1

**Catchment Area 7 Staffing: Essex County**

***Families Served***

The table below outlines expected families to be served in **Essex County** over the contract period.

<b>Catchment Area:</b>	7	<i>Estimated Timeframe</i>
<b>County:</b>	Essex	
<b>Total Birth Population:</b>	9890	
<b>Number of Birthing Centers in County</b>	5	
<b>Estimated families served, Year 1</b>	816	1/2024-6/2024
<b>Estimated families served, Year 2</b>	4,896	7/2024-6/2025
<b>Estimated families served, Year 3</b>	6,527	7/2025-6/2026
<b>Estimated families served, Year 4</b>	6,725	7/2026-6/2027
<b>Estimated families served, Year 5</b>	6,924	7/2027-6/2028

***Minimum Staffing***

Based on the expected families to be served above, awarded respondents should expect the following **minimum** staffing pattern during the **first two years** of the contract term. Numbers are provided in FTEs. Note: A Nurse Supervisor or Nurse Lead can function part time as a home visitor, if needed. Prior to



services beginning, awarded respondents shall be engaged in planning, preparation, and training activities.

Title	SFY 2024, in FTE		SFY 2025, In FTE			
	Q3	Q4	Q1	Q2	Q3	Q4
Nurse Supervisor	.38	.76	1	1	1	2
Nurse Lead	0	0	.13	.51	.89	.27
Nurse Home Visitor	3.02	6.04	9.07	12.09	15.11	18.13
Program Support Specialist	.38	.76	1.13	1.51	1.89	2.27
Medical Director	0.1	0.1	0.1	0.1	0.1	0.1

Based on the expected families to be served in **Essex County**, awarded respondents should expect the following **minimum** staffing pattern during **the last three years** of the contract term.

Title	SFY 2026, in FTE	SFY 2027 in FTE	SFY2028, in FTE
Nurse Supervisor	2	2	2
Nurse Lead	.27	.4	.4
Nurse Home Visitor	18.13	19.23	19.23
Program Support Specialist	2.27	2.4	2.4
Medical Director	0.1	0.1	0.1

**Catchment Area 10 Staffing: Middlesex County**

***Families Served***

The table below outlines expected families to be served in **Middlesex County** over the contract period.

<b>Catchment Area:</b>	10
<b>County:</b>	Middlesex
<b>Total Birth Population:</b>	8611
<b>Number of Birthing Centers in County</b>	5
<b>Estimated families served, Year 1</b>	710
<b>Estimated families served, Year 2</b>	4,262
<b>Estimated families served, Year 3</b>	5,683
<b>Estimated families served, Year 4</b>	5,855
<b>Estimated families served, Year 5</b>	6,028

***Minimum Staffing***

Based on the expected families to be served in **Middlesex County**, awarded respondents should expect the following **minimum** staffing pattern during **the**

**first two years** of the contract term, starting with when services are anticipated to begin in January of 2024. Numbers are provided in FTEs. Note: A Nurse Supervisor or Nurse Lead can function part time as a home visitor, if needed. Prior to services beginning, awarded respondents shall be engaged in planning, preparation, and training activities.

Title	SFY 2024, in FTE		SFY 2025, In FTE			
	Q3	Q4	Q1	Q2	Q3	Q4
Nurse Supervisor	.33	.66	.99	1	1	1
Nurse Lead	0	0	0	.32	.64	.97
Nurse Home Visitor	2.63	5.36	7.89	10.52	13.16	15.79
Program Support Specialist	.33	.66	.99	1.32	1.64	1.97
Medical Director	.1	.1	.1	.1	.1	.1

Based on the expected families to be served in **Middlesex County**, awarded respondents should expect the following **minimum** staffing pattern during **the last three years** of the contract term.

Title	SFY 2026, in FTE	SFY 2027 in FTE	SFY2028, in FTE
Nurse Supervisor	1	2.03	2.09
Nurse Lead	.97	.03	.09
Nurse Home Visitor	15.79	16.27	16.74
Program Support Specialist	1.97	2.03	2.09
Medical Director	.1	.1	.1

**Catchment Area 11 Staffing: Mercer County**

Service must begin in **Mercer** County. The timing of expansion to **Monmouth** County requires DCF approval.

***Families Served***

The table below outlines expected families to be served in **Mercer** County over the contract period.

<b>Catchment Area:</b>	11
<b>County:</b>	Mercer
<b>Total Birth Population:</b>	4,056
<b>Number of Birthing Centers in County</b>	1
<b>Estimated families served, Year 1</b>	335
<b>Estimated families served, Year 2</b>	2,008
<b>Estimated families served, Year 3</b>	2,677

<b>Estimated families served, Year 4</b>	2,758
<b>Estimated families served, Year 5</b>	2,840

**Minimum Staffing**

Based on the expected families to be served in **Mercer County**, awarded respondents should expect the following **minimum** staffing pattern during **the first two years** of the contract term, starting with when services are anticipated to begin in January of 2024. Numbers are provided in FTEs. Note: A Nurse Supervisor or Nurse Lead can function part time as a home visitor, if needed. Prior to services beginning, awarded respondents shall be engaged in planning, preparation, and training activities.

Title	SFY 2024, in FTE		SFY 2025, In FTE			
	Q3	Q4	Q1	Q2	Q3	Q4
Nurse Supervisor	.15	.31	.46	.62	.77	.93
Nurse Lead	0	0	0	0	0	0
Nurse Home Visitor	1.24	2.48	3.72	4.96	6.20	7.44
Program Support Specialist	.15	.31	.46	.62	.77	.93
Medical Director	.1	.1	.1	.1	.1	.1

Based on the expected families to be served in **Mercer County**, awarded respondents should expect the following **minimum** staffing pattern during **the last three years** of the contract term.

Title	SFY 2026, in FTE	SFY 2027 in FTE	SFY2028, in FTE
Nurse Supervisor	.93	.96	.99
Nurse Lead	0	0	0
Nurse Home Visitor	7.44	7.66	7.89
Program Support Specialist	.93	.96	.99
Medical Director	.1	.1	.1

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

- UHV legislation- P.L. 2021, c. 187.
- Board of Nursing legislation- N.J.S.A. 45:11-23 through -52, N.J.S.A. 45:11A-9
- Board of Nursing regulations- N.J.A.C. Title 13, Chapter 37
- New Jersey Prescription Monitoring Program- N.J.S.A. 45:1- 45 et. seq.
- Electronic Visit Verification- federal 21st Century CURES Act- P.L. 114-255

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

This program requires nurses and/or nurse supervisors or leads to have in-person visits with families.

All program staff (nurses, nurse supervisors, nurse leads, program director/administrator, and program support) must be able to connect electronically and telephonically during business hours. All program staff require cell phones and laptop computers.

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

Success of this initiative will be dependent upon a robust referral process to connect expecting/birthing families and families welcoming a newborn with the UHV program provider. While DCF is working on State level communication and public education efforts, successful respondents will be expected to have or build relationships with birthing hospitals, obstetricians, pediatricians, other medical providers and community partners in their assigned catchment area to build awareness of the program and facilitate referral for program services.

In addition, successful Respondents will be required to collaborate with the Connecting NJ hub serving the county who will be leading Community Alignment portion of the program, including facilitating/and or joining a community advisory board for the program, in which home visit providers will participate. In recognition of these requirements, DCF is providing ongoing funding for staffing to support these outreach and collaboration activities.

- 13) **The data collection systems this program initiative requires:**

**Awarded respondents** will be expected to collect and report on individual-level patient and program data, including, but not limited to: contacts with families, assessment outcomes, referrals made, and other performance metrics.

Awarded respondents will be required to use the following data collection systems: FCI Salesforce database, and the Single Point of Entry Client Tracking System (SPECT). Awarded respondents may also have their own Health Information Management System. See Section (E)(4) for additional detail on data requirements. DCF will pay for licenses necessary for program staff to access the FCI Salesforce database and SPECT database.

- 14) **The assessment and evaluation tools this program initiative require:**

In accordance with the FCI model, the home visit includes a detailed assessment of mother and newborn physical health, infant attachment, intimate partner violence, substance use disorders,

perinatal mood disorders and connection to health and community services. Elements of the home visit include:

- Maternal physical assessment, if applicable (general appearance, vital stats, nutrition/elimination, breasts/nipples, abdomen/incision, uterus, lochia, perineum, legs);
- Newborn physical assessment (general appearance, vital stats, today's weight/weight gained since birth, urinary function/output, bowel function/output, fontanelles, skin, mouth, eyes, breasts, heart/lungs, abdomen/cord, genitalia, reflexes, development extremities, wake/sleep);
- Systematic assessment of family strengths, risks and needs (maternal health, infant health, health care plans, childcare plans, parent-child relationship, history with parenting difficulties, parent well-being, parent emotional support, management of infant crying);
- Screening for intimate partner violence, perinatal mood disorders and substance use using validated screening tool (Conflict Tactics Scale, Edinburgh Postnatal Depression Scale and Cut, Annoyed, Guilty and Eye); and
- Standardized anticipatory and supportive guidance (maternal health, infant health, health care plans, childcare plans, parent-child relationship, history with parenting difficulties, parent well-being, parent emotional support, management of infant crying, household safety and material supports, family and community safety).

**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:** The UHV program will be formally evaluated through Johns Hopkins University. DCF and Johns Hopkins University will work together, and in collaboration with FCI, design an evaluation plan for the UHV program. Awarded respondents are required to participate in all evaluation activities.
- 2) **The outcomes required of this program initiative:** DCF and John Hopkins University will work together, and in collaboration with FCI, identify short-term, mid-term and long-term outcomes for the UHV program.
- 3) **Required use of databases:** FCI Salesforce database and SPECT.

- 4) **Reporting requirements:** Ongoing data collection and monitoring are critical components of the FCI model. Each awarded respondent must document contact with the families, track performance metrics, and share regular data and reports with DCF and the FCI team.

At a minimum, awarded respondents will be required to provide documentation and/or reporting, and monitoring, of the following key performance indicators, among others: eligible birth population, scheduled home visits, declined scheduled visits, supportive calls and home visits completed, follow-up home visits and substantive phone calls, caregiver ethnicity/race/age/educational level/marital status, caregiver/infant primary insurance, average age of infant at home visit, zip codes served, family support matrix rating by factor, highest family support rating by domain, and across all factors, total referrals, total cases with more than one referral, new/existing referrals, referrals related/unrelated to need, post-visit connection calls completed, total risk referrals assessed, number of risk related connections, number of risk related services received, visit satisfaction, home visit fidelity, matrix reliability, and staff FTE.

**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.

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

### **Section III - Documents 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 PDF, which would be the second and third PDF submission in your response packet.**

#### **A. Organizational Documents Prerequisite to a DCF 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 - DOCUMENTS TO BE SUBMITTED WITH THIS RESPONSE, SUBSECTION A. ORGANIZATIONAL DOCUMENTS PREREQUISITE TO A DCF CONTRACT AWARD***

**Respondents are requested to submit with their responses the below listed documents that are required prior to the award of a DCF contract.**

- 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/](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 Public Law P.L. 2021, c.1** - 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)
- 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) For Profit: **Chapter 51/Executive Order 117** Vendor Certification and Disclosure of Political Contributions (See instructions for applicability to your organization). Website: <https://www.nj.gov/treasury/purchase/forms.shtml>
- 10) **Conflict of Interest Policy (Respondent's own policy)**  
Per DCF Policy: [https://www.nj.gov/dcf/documents/contract/manuals/CPIM\\_p8\\_conflict.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf)
- 11) All **Corrective action plans or reviews** 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 position.

**If not applicable**, the respondent is to include a **signed written statement** 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. Respondents subject to a Corrective Action not yet completed are not eligible to apply.



- 12) Certification Regarding **Debarment**  
Form: <https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf>
- 13) Disclosure of **Investigations & Other Actions Involving Respondent**  
Form: <https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf>
- 14) **Disclosure of Investment Activities in Iran**  
Form: <https://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf>
- 15) **Disclosure of Ownership (Ownership Disclosure Form) THIS FORM MUST BE SUBMITTED WITH THE RESPONSE OR THE RESPONSE WILL BE NON-RESPONSIVE**  
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.**
- 16) **Disclosure of Prohibited Activities in Russia and Belarus**  
Form: <https://www.state.nj.us/treasury/administration/pdf/DisclosureofProhibitedActivitiesinRussiaBelarus.pdf>
- 17) **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>
- 18) Document showing **Unique Entity ID (SAM) Number**  
Website: <https://sam.gov/content/duns-uei>
- 19) Certificate of **Incorporation**  
Website: <https://www.nj.gov/treasury/revenue>
- 20) **Notice of Standard Contract Requirements, Processes, and Policies**  
Sign and date as the provider  
Form: [Notice.of.Standard.Contract.Requirements.pdf \(nj.gov\)](#)
- 21) **Organizational Chart for 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.

- 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 respondents' operations (policies and/or practices) mirror these standards. The document should include the respondent's name & current date. The Standards are available at: "[Sexual Abuse Safe-Child Standards](http://www.state.nj.us/sexualabuse/safechildstandards/)" ([state.nj.us](http://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  
Form:  
<https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>
- 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 may delete/redact any SSN or personal 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 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 - REQUIRED DOCUMENTS, SUBSECTION B. ADDITIONAL DOCUMENTS 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 providing additional funding for **start-**

**up costs**, document these separately in the final 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 additional funding for start-up costs is provided, 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) **Letter(s) of Collaboration** specific to a service to demonstrate commitment to the program.
- 4) **Letter(s) of Support** from community organizations with which you already partner. Letters from any New Jersey State employees are prohibited.
- 5) **Proposed Respondent Organizational Chart** for the program services required by this RFP that includes the respondent’s name and the date created.

#### **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 thirty (30) page limitation for the 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) points 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 A. COMMUNITY AND ORGANIZATIONAL FIT; B. ORGANIZATIONAL CAPACITY; AND C. ORGANIZATIONAL SUPPORTS.)**

**A. Community and Organizational Fit (30 Points)**

*Community and Organizational fit refer 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 this initiative is consistent with your organization’s mission, vision, and priorities.
- 2) Describe how this initiative fits with existing initiatives/programming in your organization.
- 3) Describe your organization’s experience, if any, with delivering evidence-based programs.
- 4) Describe how this initiative is consistent with your organization’s experience working with the target (or similar) populations required to be served by this initiative.
- 5) Specify the catchment area for which your organization is applying.
- 6) Describe your organization’s experience, if any, with early childhood home visiting programs.
- 7) Describe your organization’s experience, if any, with addressing health equity.

**B. Organizational Capacity (35 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 initiative. Include how the requirements of this initiative 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). Do leaders have the diverse skills and perspectives representative of the community being served?

- 2) Does the organization currently employ or have access to staff that meet the staffing requirements for this initiative as described and certified to in the Resources/Staff Requirements section of the *Required Performance and Staffing Deliverables* of this RFP? If so, describe.
- 3) Does staff have a cultural and language match with the population they serve, as well as relationships in the community? If so, describe.
- 4) Are there designated staff with capacity to collect and use data to inform ongoing monitoring and improvement of the program or practice? If so, describe.
- 5) DCF, FCI, and each awarded respondent will collaborate on marketing strategies and development of effective referral pathways for the UHV program. Describe your organization's existing collaborations, partnerships and collaborative efforts with other communities and systems, including health systems that will contribute to this effort.
- 6) This RFP outlines expected families served over time within the catchment area. The awarded respondent will work with FCI and DCF to develop a plan for recruitment of families within the catchment area, building incrementally to meet these targets. Given your knowledge of the catchment area, what initial recommendations do you have about the approach in this county?

**C. Organizational Supports (35 Points)**

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

- 1) The FCI model has defined requirements around training, coaching, and supervision. Describe your organization's experience with adapting training and supervision practices in order to achieve model fidelity with an evidence based model, or other externally imposed requirements.
- 2) Describe how this initiative 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 how this initiative will be supported by your quality assurance and performance improvement processes, including the meaningful role of those to be served.
- 4) Given the current challenges in health care staffing, describe any existing or planned initiatives your organization has undertaken or will undertake

to attract or retain nursing staff. Please address both recruitment and retention.

- 5) Describe how your organization supports safety, wellness, 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 required 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 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**

The Department convenes an Evaluation Committee in accordance with existing regulation and 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.

The Department reserves the right to reject any response when circumstances indicate that it is in its best interest to do so. The Department'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 the 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 the Department'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](mailto: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 a contract will be referred to the DCF Office of Contract Administration (OCA). As a condition of executing a contract, awardees must resolve with OCA any issues raised in the award letter or otherwise found to be need of clarification. If DCF finds after sending a notice of intent to award that the awardee 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.

A respondent awarded a contract shall be required to comply with the terms and conditions of the Department of Children and Families' 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. Awardees may review these items via the Internet at [www.nj.gov/dcf/providers/contracting/manuals](http://www.nj.gov/dcf/providers/contracting/manuals) and <https://www.state.nj.us/dcf/providers/contracting/forms/>. Awardees 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 OCA contract administrator assigned to initiate and administer an awardee's contract will require the awardee 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/DiscriminationAcknowReceipt.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 Medicaid. Not Applicable Note: Should state your agency will not exceed \$50,000 in combined State of NJ contracts for the current year.

Email To: [OfficeOfContractAdministration@dcf.nj.gov](mailto:OfficeOfContractAdministration@dcf.nj.gov) and copy your contract administrator

Policy:[https://www.nj.gov/dcf/documents/contract/manuals/CPIM\\_p8\\_insurance.pdf](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](mailto:OfficeOfContractAdministration@dcf.nj.gov) and copy your contract administrator

Policy:[https://www.nj.gov/dcf/documents/contract/manuals/CPIM\\_p8\\_insurance.pdf](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](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf)

7) **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>

- 8) **Program Organizational Chart**  
Should include agency name & current date

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

- 9) **Annex A** - Sections 1.1, 1.3 & 2.4  
**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** (if items purchased with DCF funds) Policy:  
[https://www.nj.gov/dcf/documents/contract/manuals/CPIM\\_p4\\_equipment.pdf](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.

**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 reporting requirements 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](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: To be submitted two times during the contract year: Interim (15 days from the end of the 6th month, and Final (120 days after the end of the fiscal year); or in accordance with any separate DCF directive to file additional ROEs for specific contracted programs. **Quarterly ROEs must be submitted for contracted program budgets funded with federal grants.** The format for the ROE must match that of the Annex B budget form. **Note:** Must be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6).

**5) Significant Events Reporting:**

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; Report of Charitable Organizations, and the Two-Year Chapter 51 Vendor Certification and Disclosure.

Policy: [https://nj.gov/dcf/documents/contract/manuals/CPIM\\_p1\\_events.pdf](https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf)

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

**6) CSOC only: Treatment Home Reports**

Submit a full updated report by the 10th day of the month following each quarter. Immediately inform DCF when changes to the information in the submitted reports occur.

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

**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)
- 6) Awarded Respondent's Procurement Policy