



REQUEST FOR PROPOSALS

FOR

**Nurse Family Partnership (NFP) New Jersey Program
in Mercer County**

Publication Date: March 24, 2026

Questions Due: April 10, 2026

AOR Form Due: April 28, 2026

Response Deadline: by 12:00 NOON on May 5, 2026

Funding of \$540,838 Available

in MIECHV Funding: CFDA # 93.870

**There will be a non-mandatory virtual conference on April 7, 2026
at 10:00 A.M.**

The link for the conference is: <https://www.zoomgov.com/j/1619308620>

Christine Norbut Beyer, MSW

Commissioner

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

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Section I - General Information

A. Summary Program Description:

The New Jersey Department of Children and Families (DCF), Division of Family and Community Partnerships (FCP) announces its intent to award one contract for a Nurse Family Partnership (NFP) New Jersey program in Mercer County. DCF administers this contract in collaboration with the New Jersey Department of Human Services (DHS), Division of Family Development (DFD) and the New Jersey Department of Health (DOH), Division of Family Health Services (FHS).

The NFP model is an evidence-based home visitation (EBHV) program that provides in-home health and parenting education, and supportive services to at-risk low income, first-time pregnant women and their families, especially those overburdened by stressors that may contribute to child neglect and abuse. Specially trained nurse home visitors educate families on important issues that impact on the health and well-being of the mother/parents and infant.

B. Funding Information:

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

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

Intended funding period: The intended funding period for the contract is twelve months: July 1, 2026, through June 30, 2027. The funds available are to be budgeted to cover the expenses incurred during the initial contract term to implement the program and operate program services for twelve months. DCF will not reimburse expenses incurred prior to the effective date of the contract except for approved start-up costs. Contract renewal is contingent on the availability of funds.

Available funding: In State Fiscal Year (FY) 2027, DCF will make available \$540,838 in federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds, CFDA# 93.870. DCF reserves the right to award all or a portion of these funds. The available funding is for one award in Mercer County. Available funding includes up to **\$509,588 for operating expenditures, and up to \$31,250 for one-time start-up expenditures.**

Start-up: DCF may reimburse start-up expenditures for these initial contracts. Respondents may propose one-time start-up expenditures of up to \$31,250. All start-up costs are subject to contract negotiations and DCF approval. Funds for approved start-up cost funds will be released upon the execution of a finalized contract and will be paid

via Scheduled Payments. Start-up funds must be expended within the first six months of contract execution.

Matching funds: Matching funds are not required. Responses that demonstrate the leveraging of other financial resources are encouraged.

Proposed budgets and budget narratives: One proposed budget is required with this Request for Proposals (RFP) response. The proposed budget will detail anticipated expenditures from the date the contract is effective on July 1, 2026, through June 30, 2027. Award amounts may **not** exceed the proposed budget amounts for a budget period.

Proposed budgets, including anticipated costs for program operations and start-up, if applicable, must be submitted using the Proposed Budget Form for NJ DCF found at: <https://www.nj.gov/dcf/providers/contracting/forms/>.

In addition to the proposed budget, your response requires a proposed budget narrative that includes a justification and detailed summary, including basis of allocation and a breakdown of categories, where applicable, for the costs in the proposed budget.

The proposed budget forms and the proposed budget narratives must be submitted as documents included in "PDF 3" of your proposal. For additional information on PDF 3, see Section III, *Documents Requested to be Submitted with This Response*, below.

Actual Budgets: The proposed budget submitted with a response is not the actual budget an awarded respondent will submit for DCF approval as part of the contract. If awarded a contract, the awarded respondent shall submit for approval its first Annex B Budget for the period of July 1, 2026, through June 30, 2027, using the more detailed Annex B Budget Form found at:

<https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>. In addition to the first 12 months of operating costs, all start-up costs also must be included in this Annex B Budget.

The awarded respondent shall prepare and submit an annual budget each fiscal year. DCF will issue payments to the provider on a scheduled basis up to the contract's approved budget amount.

Each budget will require Reports of Expenditures and be subject to the DCF contract close out process following the end of the contract term in accordance with the DCF Contract Close Out policy at:

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

DCF will compare the actual approved expenditures appearing on the final report of expenditures and the independent audit with the total contract revenue realized through the receipt of scheduled payments and may recoup as an overpayment the funds that exceeded the actual allowable contract expenditures of the approved budget.

C. Pre-Response Submission Information:

There will be a non-mandatory virtual conference for all respondents held on April 7, 2026, at 10:00 A.M.

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1619308620>

Meeting ID: 161 930 8620

One tap mobile

+16692545252,,1619308620# US (San Jose)

+16468287666,,1619308620# US (New York)

Dial by your location

- +1 669 254 5252 US (San Jose)
- +1 646 828 7666 US (New York)
- +1 646 964 1167 US (US Spanish Line)
- +1 415 449 4000 US (US Spanish Line)
- +1 551 285 1373 US (New Jersey)
- +1 669 216 1590 US (San Jose)

Meeting ID: 161 930 8620

Find your local number: <https://www.zoomgov.com/u/ab7ctEjLsj>

Join by SIP

- 1619308620@sip.zoomgov.com

Join by H.323

- 166.108.98.42 (US West)
- 166.108.66.42 (US East)

Meeting ID: 161 930 8620

Questions: Respondents may not contact DCF in person or by telephone concerning this RFP. Questions may, however, 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 submitted at any time prior to the response deadline, but questions about the content of the RFP must be submitted by 12 p.m. on **April 10, 2026**.

Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP and each question should reference the page number and

section number to which it relates. All inquiries submitted should reference the program name appearing on the first page of this RFP.

Answers: Written inquiries will be answered and posted on the DCF website as a written addendum to this RFP at: <https://nj.gov/dcf/providers/notices/requests/>.

D. Response Submission Instructions:

All responses must be delivered **ONLINE by May 5, 2026**. Responses received after this deadline will not be considered.

To submit online, respondent must first complete an Authorized Organization Representative (AOR) registration form found at [AOR.pdf \(nj.gov\)](#) and send it to DCF.ASKRFP@dcf.nj.gov no later than five business days before the response due date. AOR registration forms received after close of business **April 28, 2026**, may not be processed in time for the response due date.

AOR registration forms must be signed and dated by the Chief Executive Officer or designated alternate and sent to DCF.ASKRFP@dcf.nj.gov. Only one AOR registration form is required, even if the respondent intends to file multiple responses. The respondent is required to enter each location to be served on the AOR registration form.

Upon receipt of the completed AOR registration form, DCF will grant the respondent permission to proceed and provide instructions for the submission of the response(s) electronically. DCF recommends emailing your AOR registration forms as soon as you know you will be filing a response to allow time to report to DCF any technical difficulties you may encounter and resolve them.

E. Respondent Eligibility Requirements:

Respondents that have State or Federal grants or contracts must be compliant with all their terms and conditions and in good standing as grantees and contractors.

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

DCF may disqualify and decline to forward for the review of the Evaluation Committee a response from those under a corrective action plan or performance improvement 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 must have a governing body that provides oversight as is legally required in accordance with how the entity was formed, such as a board of directors for corporations, or the managing partners of a Limited Liability Corporation (LLC)/Partnership, or the members of the responsible governing body of a county or municipality.

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

Respondents must be business entities that are duly registered to conduct business within the State of New Jersey, for profit or non-profit corporations, partnerships, limited liability companies, etc. or institutions of higher education located within the State of New Jersey.

Respondents awarded a contract should ensure their program is operational within ninety (90) days of contract award or the award may be rescinded. Extensions may be available by way of written request to DCF. The contracted program shall be fully staffed to meet the needs of the maximum census of youth within ninety (90) days of being awarded.

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.

F. Required PDF Content of the Response:

In response to this RFP, you are required to submit four separate PDF documents labeled as follows:

- PDF 1: Required Performance and Staffing Deliverables
- PDF 2: .Organizational Documents.
- PDF 3: Additional Documents.
- PDF 4: Narrative Responses.

The required contents of these four PDFs are detailed in Sections II through IV of this RFP.

Section II - Required Performance and Staffing Deliverables

After reviewing the required deliverables listed below, respondents must sign the Statement of Acceptance at the bottom of this section to signify acceptance of all terms.

Submit a complete copy of the contents of the section, starting with this page and 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- Required Performance and Staffing Deliverables.**

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

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

Based on the 2020 NJ Needs Assessment, all 21 counties in NJ are designated at-risk given that all counties contain geographic areas at the sub county (municipality level) or pockets that demonstrate indicators of risk.

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

While the overall goal of NFP is to prevent child maltreatment, the program addresses key factors that are known (evidence-based) to contribute to child neglect and abuse--prenatal health, infant/child health, child growth and development, parenting skills/anticipatory guidance, parent-child bonding and interaction, school readiness, family/social support and adult relationships, education/employment, and linkages to needed treatment services, childcare and/or other community resources.

Home visits are the key service delivery vehicle, and home visitors must adhere to the recommended schedule of visits to ensure that participating families benefit from the full impact of the program.

3) **The prevention focus of this program is:**

Emotional Abuse/Neglect, Homelessness, Physical Abuse, Sexual Abuse, Domestic Violence, Substance Use, and Use of Foster Care.

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

1) **Age:**

The target population for NFP are first time pregnant individuals no later than 28 weeks gestation and may provide service until the child's second birthday. Criteria for enrollment is limited to pregnant women in the first or second trimester of pregnancy (no later than 28 weeks gestation). It is the qualifying unborn child that is the primary service recipient.

2) **Grade:**

N/A

3) **Gender:**

All

- 4) **Marital Status:**
N/A
- 5) **Parenting Status:**
N/A
- 6) **Will the program also serve the children of the primary service recipient?**
N/A
- 7) **DCF CP&P Status:**
N/A
- 8) **Descriptors of the primary service recipient:**
N/A
- 9) **Descriptors of the Family Members / Care Givers / Custodians of the primary service recipients also required to be served:**
Potential clients are screened for a variety of risk factors, including, but not limited to first-time live birth (includes women with a prior miscarriage or fetal death), teen pregnancy, low income, unstable housing, social isolation, depression, substance use, domestic violence and other indicators that place an infant/child at risk of abuse and neglect.

For MIECHV funded programs:

EBHV grantees must give priority in providing services to the following:

- Eligible families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection 511(b)(1)(A), taking into account the staffing, community resources, and other requirements to operate at least one approved model of home visiting and demonstrate improvements for eligible families;
- Low-income eligible families;
- Eligible families with pregnant women who have not attained age 21;
- Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services;
- Eligible families that have a history of substance abuse or need substance abuse treatment;
- Eligible families that have users of tobacco products in the home;
- Eligible families that are or have children with low student achievement;
- Eligible families with children with developmental delays or disabilities; and
- Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States

10) **Other populations/descriptors targeted and served by this program:**
N/A

11) **Does the program have income eligibility requirements?**
Yes, the program is limited to at-risk, low-income, first-time pregnant individuals at 28 weeks gestation or less.

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, those delivering the services.

The NFP model is an EBHV that provides in-home health and parenting education, and supportive services to at-risk low income, first-time pregnant women and their families, especially those overburdened by stressors that may contribute to child neglect and abuse. Specially trained nurse home visitors educate families on important issues that impact the health and well-being of the mother/parents and infant. Nurse home visitors follow a standard set of written guidelines issued by the NFP national model for pregnancy, infancy and toddlerhood; and a core parenting curriculum, Partners in Parenting Education. Home visits help parents/families to develop protective factors in five domains (program content areas):

- My Health (Personal Health)—nutrition, exercise, tobacco/alcohol/other drug use, mental health.
- My Home (Environmental Health)—healthy and safe homes, work, schools and neighborhoods.
- My Life (Life Course Development)—childbirth planning, education and finding employment.
- My Child/Taking Care of My Child (Maternal/Parental Role)—promoting infant/toddler health, development and security.
- My Family & Friends (Family & Friends)—healthy supportive relationships to meet family/childcare needs.

In addition, home visitors work within all domains to link families with available health, social services, and other resources that will help to address family needs.

Families are offered intensive long-term home visitation services through age two. Services are strength-based and rely on parent/family input and active involvement. Participation in NFP is voluntary. Specially trained home visitors, who often share the families' culture and community, educate families on important issues: prenatal health, infant/child health and development, positive parenting practices, nurturing parent-child relationships, child safety, education and employment, and the prevention of child neglect and abuse.

They also link parents/families to existing social service and health care resources.

On an ongoing basis, the home visitor will assist participating families with referrals for health, social service, childcare or other community supports as needed and mutually agreed upon. EBHV staff are encouraged to link families with additional resources that provide services in the target community, including other FCP programs (e.g., Family Success Centers, School-Linked Services, domestic violence support, Strengthening Families childcare providers, etc.), as appropriate. In addition, awarded respondents shall routinely review and update existing entries in state, county and local resource networks and directories, e.g. FCP's online directory or NJ's 2-1-1 Partnership Database, to ensure complete, accurate and up-to-date information for families and professionals trying to locate EBHV services.

Client and staff safety is an important concern in home visitation programs. Field staff carry cell phones and are instructed to remain in regular contact with their office during the course of the day.

- 1) **The level of service increments for this program initiative:**
Family: Each full-time home visitor is expected to be assigned a total caseload of 25 families at any given time.

The total expected level of service (LOS) for this program is: 75 (requires 3 Full Time Equivalence (FTE) Home Visitors)

- 2) **The frequency of these increments to be tracked:**
Monthly, Quarterly, Annually, and at any given time.

- 3) **Estimated Unduplicated Service Recipients:**
Refer to Section II C.1 above.

- 4) **Estimated Unduplicated Families:**
Refer to Section II C.1 above.

- 5) **Is there a required referral process?**
Yes

- 6) **The referral process for enabling the target population to obtain the services of this program initiative:**
100% of women/families must be enrolled in EBHV services prenatally.

The target population for NFP are pregnant individuals no later than 28 weeks gestation and may provide service until the child's 2nd birthday. Criteria for enrollment is limited to pregnant women in the first or second trimester of pregnancy (no later than 28 weeks gestation). It is the qualifying unborn child that is the primary service recipient.

Pregnant women and parents are screened by prenatal care providers, health care providers or other community agencies. EBHV contractors are expected to be active partners with the local Connecting NJ (CNJ) agency and comply with the business agreements set forth to ensure easy linkages for eligible pregnant women/parents and families. DCF DFCP staff will help to facilitate these relationships with CNJ, as needed.

The estimated number of referrals that will need to be referred to this EBHV program in order to meet and/or maintain the expected LOS as referenced in Section II C.1 above is: 150.

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

Ideally a participant remains enrolled in NFP until the family is stable, has made progress in achieving key goals on the goal plan, has reached specified EBHV health and well-being performance indicators, and the target child reaches age two.

For a variety of reasons, families may withdraw from the program earlier. Contractors are required to track length of participation, reasons for discharge and progress in reaching specified goals and objectives.

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

Generally, home visiting (HV) services are provided in the participant's home. There are no physical limitations that preclude enrollment or participation.

Once a family is referred to the program they receive an initial contact from the program within three working days and are scheduled for an initial home visit for a nursing assessment and eligible families are offered enrollment into the program.

Families that decline or are ineligible for home visiting services are still provided with information that is age appropriate and suitable community resources that will assist with the family's current needs. Based upon local business agreements/rules, programs should provide a status report and re-route these families back to CNJ for links to alternate services, as appropriate.

Families that meet program eligibility and agree to participate in the program are enrolled and visits are conducted by the assigned nurse home visitor. Visit frequency is determined by the nurse based on the phase of care, the families' needs, and the EBHV model guidelines.

The EBHV contractor is required to continue to engage in positive, creative outreach to enrolled but inactive families. Families that are enrolled but inactive, i.e. scheduled visits or are lost-to-care, will continue to receive

outreach, be placed on inactive status, and/or removed from inactive status based upon the NFP Model Elements and NFP general guidelines.

The nurse and the parent/family collaborate in goal planning (pregnancy, parenting, infant/child, family sustainability). Ongoing progress is documented and new goals are established over the course of home visits. The nurse will assist participating families with referrals for health, social service, child care or other community supports as needed and mutually agreed upon. The nurse will assist participating families with referrals for health, social services, child care or other community supports, as needed.

9) **The service modalities required for this program initiative are: (indicate any evidence-based practices, DCF program classifications, and non-evidence-based practices that are required.)**

a) **Evidence Based Practice (EBP) modalities:**

NFP EBHV model, including the NFP model approved curriculum.

b) **DCF Program Service Names:**

HV, Nurse Family Partnership (NFP)

c) **Other/Non-evidence-based practice service modalities:**

Awarded respondents will adhere to the conceptual, practice, and administrative standards as set forth in the Standards for Prevention Programs developed by the New Jersey Task Force on Child Abuse and Neglect and have knowledge of the Protective Factors Framework.

10) **The type of treatment sessions [OR prevention services] required for this program initiative are:**

NFP services are provided to participating families primarily in the home setting via home visits.

Also see Section II D.3

11) **The frequency of the treatment sessions [OR prevention services] required for this program initiative are:**

Home visits are conducted at a frequency that must be implemented in accordance with NFP Model Elements and NFP general guidelines. This includes weekly, bi-monthly, monthly, quarterly, and under specific circumstances more frequently in accordance with the aforementioned guidelines.

12) **Requirements to communicate with Parent/Family/Youth Advisory Councils, or to incorporate the participation of the communities served in some other manner:**

EBHV contractors shall participate in a local advisory board in accordance with NFP Model Elements and NFP general guidelines.

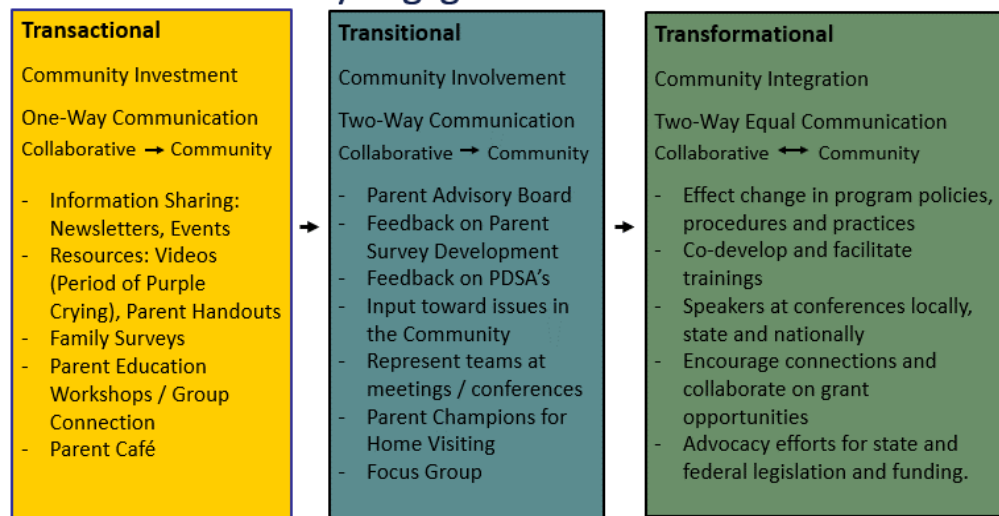
The advisory board must be an organized active body, which meets at least quarterly to advise/govern the activities of planning, implementation, and assessment of program services. This includes but is not limited to a review of program practices, policies, quarterly/annual performance measures, Continuous Quality Improvement (CQI) efforts, providing input and timely recommendations with respect to program strengths, areas of growth, and improvement. EBHV contractors are encouraged to integrate and/or develop this advisory role within the broader perinatal and/or early childhood community.

The EBHV contractor and the advisory board must work as an effective team in the planning and developing of program practices, policies and procedures.

EBHV contractors must also prioritize parent leadership/engagement on the advisory board and make all efforts to include at least one parent at all times and provide an inclusive and welcoming environment for parents, including considerations such as location and time of day of the advisory board meeting.

EBHV contractors should refer to the Continuum of Family Engagement below and conduct parent leadership/engagement activities accordingly.

Continuum of Family Engagement



EBHV contractors must provide documentation of advisory board activities and have available meeting notes and attendance records when requested by DCF FCP staff.

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

In an effort to provide effective oversight, optimized enrollment and retention of eligible families in target communities contractors are monitored and assessed by the FCP Program Specialists on an on-going basis.

EBHV contractors are expected to:

Site Visits, Monitoring, and Technical Assistance

- Participate in at least annual FCP evaluative site visits, including, but not limited to pre-site and onsite visit activities, such as narrative responses as well as data, documentation, and verification requests.
- Participate in as needed FCP technical assistance sessions and general monitoring check-in sessions.
- Participate in, as applicable, FCP Enhanced Monitoring and/or Program Improvement Plan (PIP) activities, meetings, reporting, and related trainings and activities.

All of the above may also be attended or conducted in collaboration with DCF Business Office staff, NFP national model staff, or interested funding parties for partnered monitoring and observational purposes.

Professional Development and Training

- Attend Quarterly Supervisors' Meetings; this is required for supervisors and encouraged for managers/administrators.
- Attend DCF sponsored trainings and activities.
- Attend professional development, networking, and other related meetings and activities conducted by NFP national model staff.
- Ensure that all program staff attend EBHV model required pre-service and in-service training in accordance with the EBHV model's required timeframes, content, and hours.

Policies and Procedures

- Adhere to the NFP Model Elements and NFP general guidelines.

Evidence Based Home Visiting Model Fidelity

- Adhere to the NFP Model Elements and NFP general guidelines in order to maintain NFP model fidelity at all times.
 - Contractors will make timely payments to maintain EBHV model affiliation status and as required, to participate in annual model fidelity assessments, processes, fees, and timelines.
- Participate in all EBHV model fidelity related activities, reporting, documentation, and other requirements.
 - Adhere to timelines and deadlines and participate in NFP national model staff site visits, file reviews, meetings, technical assistance sessions, trainings, and the submission of documentation, as set forth by the NFP national model.
 - Contractors are advised that NFP national model staff site visits, technical assistance, and trainings may also be attended by FCP

program staff, DCF Business Office staff, or other interested funding parties either in observation or for partnered monitoring purposes.

- Implement the NFP approved curriculum and participate in all required initial trainings and ongoing professional development activities.

Supervision

Administrators/managers and supervisors must comply with EBHV model supervision requirements as outlined in the NFP Model Elements and NFP general guidelines. This includes but is not limited to length of time, frequency, content, standardized use of a form or content, and data entry or storage requirements.

For MIECHV funded programs:

- Agencies must maintain records of employee time and effort, including:
 - Assurances that employees are tracking actual time spent on MIECHV rather than just reporting budgeted hours per day.
 - Allocations of operating and/or other costs for employees who are not funded 100% by MIECHV funds.
- Agencies may not use MIECHV funds to support direct medical, dental, mental health or legal services.
- Agencies must adhere to 2 CFR Part 200 and 45 CFR Part 75 et al. as applies due to their sub-recipient designation.
- Agencies must adhere to 45 CFR §75.351-353 and the New Jersey MIECHV Subrecipient Monitoring Plan.
- Agencies must submit quarterly expenditure reports with MIECHV funding broken out by grant period.
- DCF posts the federal Notices of Award (NOA) to its website to comply with DCF's obligation to notify subrecipients of grant requirements consistent with 45 CFR Part 75. Agencies should review their Schedule of Estimated Claims for the MIECHV funded program for the Federal Award Period and CFDA Numbers to identify the applicable NOA.

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

N/A

15) **The student educational program planning required to serve youth in this program:**

N/A

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 program initiative's service site is not required to be physically located in the same geographic area the program is required to service since EBHV services are provided largely in-home through delivery of home visits. However, if the contractor will offer other in-person services to families (ex. parent activities/groups), it is recommended that the service site is located within the geographic service area or transportation supports are available.

See Section II D.2 below.

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

All EBHV contractors are expected to service the entire county unless previously approved. Contractors are not permitted to provide in-person or virtual services to clients residing outside of the contracted county of service described below.

The specific county of service for this RFP is: Mercer County.

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

NFP services are provided to participating families primarily in the home setting. At times, home visits may be conducted in an alternate mutually agreed upon setting or times, e.g. after school, work or community setting but must continue to adhere to the NFP Model Elements and NFP general guidelines.

While home visits should be offered in-person, contractors may use an integrated approach combining in-person and virtual services. Programs should follow the NFP Model Elements and NFP general guidelines for providing virtual services.

Contractors must maintain compliance with DCF minimum expectations for in-person home visits as outlined in Addendum A Program Outcomes. If a situation occurs that limits a home visitor's ability to conduct in-person home visits, contractors must adhere to the notification requirement outlined in Section II D.9.

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

NFP services are available 12 months of the year and are generally provided Monday through Friday. Visits must be able to accommodate the participant's schedule and may be provided at alternate mutually agreed upon times, i.e. early morning, early evening or on a weekend day.

- 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?**
N/A
- 6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served?**
See Section II D.3 and D.4
- 7) **The language services (if other than English) this program initiative is required to provide:**
All EBHV contractors are expected to provide home visiting services to families regardless of their ability to speak a specific language. Contractors must identify internal and external resources to serve families, including those that are hearing or visually impaired.
- 8) **The transportation this program initiative is required to provide:** N/A
- 9) **The staffing requirements for this program initiative, including the number of any required FTEs, ratio of worker to youth, shift requirements, supervision requirements, education, content knowledge, credentials, and certifications:**

Education, Experience, and Background Checks

All EBHV program staff are required to meet the minimum education and experience required of the EBHV model. All EBHV program staff must undergo criminal/safety background checks. Verification of education, experience, and background checks must be kept on file at the agency level.

Staffing

Contractors must inform the FCP Program Specialist, the DCF Business Office, and the NFP national model staff of any staffing changes (i.e. vacancy, leaves, promotions, transfers, etc.) within three business days of receiving notice. Notification to the above forementioned parties must include at minimum, the name of the staff person, the effective date of the change, the anticipated length of time (as applicable) and the contractor's contingency and coverage plan as applicable for the continuation of core program initiative services such as but not limited to home visits (in-person and/or virtual), supervision, reporting, etc. In the case of vacancies, contractors must also include a plan detailing the efforts to promote the vacant position and continue to provide updates until the position is filled.

Contractors are expected to maintain required staffing in accordance with NFP Model Elements and NFP general guidelines and must also adhere to FCP expectations as follows:

Administrator/Manager

- The administrator/manager position must be assigned to the NFP program in accordance with at least minimum NFP Model Elements and NFP general guidelines and/or in the absence of such minimums, at a FTE obtained with the approval of FCP.
- Administrators/Managers must attend trainings, conduct supervision, monitoring, and other day to day administrative functions as outlined in the NFP Model Elements, the NFP general guidelines, and FCP expectations.
- Regardless of full time equivalency, administrators/managers are expected to actively participate in all required NFP Model Elements, NFP general guideline requirements, and FCP expectations and to do so in accordance with the expected timelines.

Supervisors

Number of Required FTE Supervisor(s): .50

The supervisor position can not exceed of a ratio of 1 full time supervisor (minimum of 35 hours weekly) to 8 full time home visitors, which represents an approximate 0.125% supervisor FTE per full time home visitor. For example, a supervisor with 6 full time home visitors is required to be 75% dedicated to the NFP program.

- NFP programs must follow any other requirements as outlines in the NFP Model Elements and NFP general guidelines as it relates to supervisor to home visitor ratios and also for those for a team of 4 or less home visitors.
- If the EBHV model does not require a full time equivalent supervisor position, it is permissible for the supervisor to hold more than one position in the program or within the agency but the supervisor must maintain EBHV model required FTE/ratios and can not be assigned to the role of a home visitor/carry a permanent caseload.
- Supervisors may not be assigned a permanent caseload (unless under limited circumstances when approval has been granted by FCP).
 - Supervisors may temporarily service a caseload during times of temporary coverage due to vacancies, leaves, etc. but must do so in consultation with NFP national model staff to ensure EBHV model fidelity and with prior approval from FCP. Requests must detail the number of families to be served, visit frequency required, and the anticipated length of time for coverage.
- Supervisors may not be assigned to more than one EBHV model.

Home Visitors

Number of Required FTE Home Visitor(s): 3:0

- All home visitor positions will be designated as full time (minimum of 35 hours a week) and are expected to be assigned a caseload of 25 families at any given time.

- Contractors may also follow EBHV model guidelines as it relates to caseload building for new hires and those within their first 1 to 2 years in the role.
- Caseload size may vary during times of temporary coverage due to vacancies, leaves, etc. but must do so in consultation with NFP national model staff to ensure EBHV model fidelity.
- Home visitors may not be assigned to more than one EBHV model.

Administrative Support Staff

Number of Required FTE Administrative Support Staff(s): .25

- NFP programs must employ an administrative support staff person in accordance with the staffing plan submitted to the NFP national office.

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

N/A

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

See Section II D.3

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

Contractors are expected to be active partners with the local CNJ, attend monthly/quarterly meetings, and comply with the business agreements set forth, to ensure easy linkages for eligible pregnant women, parents and families.

Also see Section II C.12

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

All NFP contractors are required to record visit information and track specified data in the NFP required database. To ensure accurate monthly, quarterly, and annual report data, EBHV contractors must enter all documentation into the database by the 10th of the month for the previous month.

DCF collaborates with DOH and Family Health Initiatives (FHI) regarding the CNJ data system known as CNJ Link. The CNJ Link data system is utilized by prenatal providers, CNJ, EBHV contractors, and other core programs and partners. To ensure accurate monthly, quarterly, and annual report data, EBHV contractors must enter all documentation (which includes, but is not limited to, client referral status and outreach as well as enrollment and discharge status) into the CNJ Link database by the tenth of the month for the previous month.

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

All contractors will be required to track data and submit through the DCF EBHV Quarterly Progress Report.

DCF has established a standard quarterly progress report that is inclusive of a set of performance indicators for all EBHV contractors supported by the department. These EBHV Objectives include three areas of focus--1) process, 2) performance indicators and 3) system outcomes. Refer to Addendum A Program Outcomes. Contractors are required to collect, review, and analyze program performance data and report to DCF on a quarterly basis.

All contractors are required to send quarterly report data to the designated DCF Contract Administrator and the FCP HV Program Specialist. The following is the program year for collecting the data required.

- July 1st to September 30th
- October 1st to December 31st
- January 1st to March 31st
- April 1st to June 30th

DCF EBHV Quarterly Progress Reports are due no later than 15 days after the report end date and should accompany the agency's submission of its quarterly Report of Expenditures.

It is recognized by DCF that collection, analysis and reporting of data for these objectives is an ongoing process. Adjustments to performance measures may still be needed and will include the federal MIECHV performance measures as well as state level performance measures. These targets continue to undergo review and analysis. DCF and/or federal funders may make revisions and further refinements to specific targets or add additional indicators after this analysis is complete. Adjustments will be made by DCF in consultation with NFP national model staff and HV partners, when applicable.

CQI is an essential aspect of service delivery. Contractors must demonstrate progress in meeting established program targets, federal MIECHV performance measures and outcomes, EBHV model fidelity, and that CQI practices are utilized. The purpose of continuous quality improvement is to ensure that DCF funded contractors are effective in reaching and supporting families and helping families to achieve these core program objectives. Through this process, contractors identify areas for performance improvement to reach optimal levels of program functioning.

CQI is initiated throughout the program year and incorporates a systematic data collection and CQI approach that includes a data management component that supports regular data collection. The CQI process will include input/consultation from EBHV model specialists, the contractor agency, DCF staff, DCF Contract Administrator staff, and other stakeholders/local advisory boards (including parent representatives), as appropriate.

All awarded providers shall be required to develop at least one Plan, Do, Study, Act (PDSA) each quarter utilizing the DCF EBHV PDSA Template (See Addendum B). PDSAs will be shared with DCF via the CQI Reporting section of the DCF Quarterly Progress Report and must be available upon request. PDSAs must be focused on at least one topic within the DCF Quarterly Progress Report as follows:

- Section 1 (referrals, enrollment, discharge, LOS, etc.)
- Section 2 (performance measures)
- Section 3 (in-person home visitation)
- Section 4: Program Staffing (recruitment, retention, well-being, etc.)

EBHV model PDSAs that address the areas identified by DCF and that follow the core elements of the DCF EBHV PDSA template will meet DCF's PDSA requirement. In these cases, contractors will not be required to develop an additional PDSA or transfer the content to the DCF EBHV PDSA template. Contractors are continued to be expected however to report these PDSAs within the CQI Reporting section of the DCF Quarterly Progress Report.

All contractors should strive to reach the above-mentioned measures and outcomes. As part of the CQI process, contractors respond to the underperformance as part of the DCF EBHV Quarterly Progress Report and as part of standard ongoing monitoring.

Underperformance in any area is reviewed and addressed by the contractor. When underperformance occurs and is unable to be corrected, DCF DFCP initiates the process of Enhanced Monitoring or a PIP. During this time period, DCF DFCP HV Program Specialists, EBHV model specialists (as needed), and contractors identify improvement goals and strategies. DCF and/or EBHV model specialists provide intensive technical assistance and support activities to assist the contractor in achieving the identified goals. If a program is placed on Enhanced Monitoring or a PIP for underperformance, additional program data reports will be requested. PIPs can be shared with and/or developed in collaboration with the DCF Contract Administrator and the NFP national model staff person as appropriate.

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:**
EBHV contractors must participate in the statewide evaluation and research study being conducted by Johns Hopkins University (JHU) and any other approved research projects in response to funding requirements. EBHV contractors must inform the DCF DFCP HV Program Specialist of their participation in any additional research/evaluation studies.

- 2) **The outcomes required of this program initiative** (which may include short term, midterm, and long-term outcomes):
 - a) **Short Term Outcomes:**
See Addendum A: Program Outcomes
 - b) **Mid Term Outcomes:**
See Addendum A: Program Outcomes
 - c) **Long Term Outcomes:**
See Addendum A: Program Outcomes
- 3) **Required use of databases:**
See Section II D.13
- 4) **Reporting requirements:**
In compliance with the NFP model, all EBHV contractors must submit reports, documents, or other requests by the requested deadline. Also See Section II D.14.

All NFP contractors must submit the most recent version of the following documents by November 15th annually to the DCF DFHP HV Program Specialist:

- Collaborative Success Plan
- Fidelity Report
- Network Partner Self-Assessment
- Program specific policies and procedures
- Letter from the NFP national office indicating current model fidelity status.

It is expected that awarded respondents shall follow the FCP Critical Incident Report policy and utilize the provided form should a critical incident arise.

F. Signature Statement of Acceptance:

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

Region to be served: Mercer County

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

Section III - Documents Requested to be Submitted with This Response

DCF requests that respondents submit the following documents with each response. Respondents must organize the documents submitted in the same order as presented below. Each of these two sections must be submitted as a separate PDF. The second PDF in your response packet should include the documents listed in Subsection A of this section and should be labeled: *PDF 2, Organizational Documents*. The third PDF in your response packet should include the documents listed in Subsection B of this section and should be labeled: *PDF 3, Additional Documents*.

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

Submit all the documents described in this Subsection as a single PDF. This will be the second PDF submission in your response and must be labeled: ***PDF 2, Organizational Documents***.

- 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) **Employee Information Report:** 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. Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate.

Website: https://www.state.nj.us/treasury/contract_compliance/

- 3) **Agency By-Laws** or **Management Operating Agreement** if a Limited Liability Corporation (LLC) or Partnership
- 4) Signed and dated **Statement of Assurances**.
Website: <https://www.nj.gov/dcf/providers/notices/requests/#2>
Form: <https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc>
- 5) Dated list of names, titles, emails, phone numbers, addresses and terms of either the **Board of Trustees** of a nonprofit organization, **Board of Directors** of a corporation, the **Managing Partners** of a LLC/Partnership, or the **members** of the responsible governing body of a county or municipality. This is not applicable for sole proprietors.
- 6) 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>
- 7) **Business Associate Agreement/HIPAA**: This must be signed and dated as the Business Associate.
Form: [HIPAA Form 200-B](#)
- 8) **Your Organization's Conflict of Interest Policy** (not the DCF Conflict of Interest Policy).
- 9) **Corrective action plans, performance improvement plans, or reviews** in process or completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two years.

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

If not applicable, the respondent should complete, sign, date, and submit the Statement of Non-Applicability Regarding Corrective Action or Performance Improvement Plan.

Form: <https://www.nj.gov/dcf/providers/notices/requests/Statement-of-Non-Applicability-Regarding-Corrective-Action.pdf>

Note: DCF may consider all materials in our records concerning audits, reviews, performance improvement, or corrective active plans as part of the review process. DCF may disqualify and decline to forward for the review of the

Evaluation Committee responses from those under corrective action plans in process with DCF or any other New Jersey state agency or authority.

10) **Certification Regarding Debarment**

Form: <https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf>

11) **Disclosure of Investigations & Other Actions Involving Respondent**

Form: <https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf>

12) **Disclosure of Investment Activities in Iran**

Form:

<https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf>

13) **Ownership Disclosure Form:** 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.

* THIS FORM MUST BE SUBMITTED WITH THE RESPONSE. A RESPONSE SHALL BE DEEMED NON-RESPONSIVE UNLESS THIS FORM IS SUBMITTED WITH IT.

Form: <https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf>

14) **Disclosure of Prohibited Activities in Russia and Belarus**

Form:

<https://www.state.nj.us/treasury/administration/pdf/DisclosureofProhibitedActivitiesinRussiaBelarus.pdf>

15) **Disclosure of Source Location of Services Performed Outside the United States**

Form:

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

16) **System for Award Management (SAM):** Submit a printout showing the Unique Entity Identification Number, active status, and the expiration date. Available free of charge.

Website:

<https://sam.gov/content/home>

Helpline: 1-866-606-8220

17) **Certificate of Incorporation**

Website: <https://www.nj.gov/treasury/revenue>

18) **Notice of Standard Contract Requirements, Processes, and Policies:** This must be signed and dated as the provider.

Form: [Notice.of.Standard.Contract.Requirements.pdf \(nj.gov\)](#)

- 19) **Organizational Chart of Respondent:** Ensure chart includes the agency name, current date, and the allocation of personnel among each of the agency's DCF programs with their position titles and names.
- 20) **Chapter 271/Vendor Certification and Political Contribution Disclosure** [2006 Federal Accountability & Transparency Act]
Form: <https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>
- 21) **Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards:** A brief description (no more than two pages double spaced) of the ways in which respondent's operations (policies and/or practices) mirror these standards. The document should include the agency name & current date. The Standards are available at: ["Sexual Abuse Safe-Child Standards" \(state.nj.us\)](https://www.state.nj.us/sexualabuse/safechildstandards/)
- 22) **Standard Language Document (SLD)** (or Individual Provider Agreement or Department Agreement with another State Entity as designated by DCF.)
Sign and date as the provider
- SLD Form:**
<https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc>
- Individual Provider Agreement:**
<https://www.nj.gov/dcf/providers/contracting/forms/Individual.Provider.Agreement.pdf>
- State Entity Agreement:**
<https://www.nj.gov/dcf/providers/contracting/forms/DCF.Departmental.Agreement.with.Another.State.Entity.pdf>
- 23) **Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3)**
Website: <https://www.nj.gov/treasury/taxation/exemptintro.shtml>
- 24) **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:** Form 1040 (Schedule C, E, F) and may delete/redact any SSN or personal identifying information
- Note: Store subsequent tax returns on site for submission to DCF upon request.
- 25) **Trauma Informed Practices** - Submit written policies describing the incorporation of these practices into your provision of services.

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

Submit all the documents described in this Subsection as a single PDF document. This will be the third PDF submission in your response and must be labeled: **PDF 3, Additional Documents**.

- 1) A completed **Proposed Budget Form** documenting all costs associated with operating the program. If DCF is allowing funding requests for **start-up costs**, document these separately in the appropriate column of the Proposed Budget Form. This form is found at:
<https://www.nj.gov/dcf/providers/contracting/forms/>
- 2) A completed **Budget Narrative** is required for the proposed program that: a) clearly articulates budget items, including a description of miscellaneous expenses or “other” items; b) describes how funding will be used to meet the project goals, responsibilities, and requirements; and c) references the costs associated with the completion of the project as entered in the Proposed Budget Form found at:
<https://www.nj.gov/dcf/providers/contracting/forms/>. When DCF allows funding requests for start-up costs, include in the Budget Narrative a detailed summary of, and justification for, any one-time program implementation costs documented in the final column of the Proposed Budget Form.
- 3) An **Implementation Plan** for the program that includes a detailed timeline for implementing the proposed services, or some other detailed weekly description of your action steps in preparing to provide the services and to become fully operational.
- 4) One **Letter of Collaboration from the county hub for Connecting NJ** .
- 5) One **Letter of Support** from a community organization with which you already partner. Letters from any New Jersey State employees are prohibited.
- 6) **Proposed Respondent Organizational Chart** for the program services required by this response that includes the respondent’s name and the date created.
- 7) If respondent is an existing provider of EBHV services in New Jersey, describe the most recent 12 months of level of service history (expected vs. actual achievement). Describe the EBHV program’s current standing, affiliation status, etc. with the national model. If not in good standing with the EBHV model or not meeting expected level of service, indicate the plan and timeline for improvement.

Section IV - Respondent’s Narrative Responses

Respondents 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.

There is a 7 -page limitation for each of the three narrative sections for a maximum of 21 pages, which shall include answers to all questions in the three sections below. Respondents must organize the Narrative Response sections submitted in the same order as presented below and under each of the three corresponding title headings. The narrative should be double-spaced with margins of one inch on the top and bottom and one inch on the left and right. The font shall be no smaller than twelve (12) points in Arial or Times New Roman.

Submit responses to all the questions described in this Subsection as a single PDF within the prescribed page limit. This will be the fourth PDF submission in your response and must be labeled as: **PDF 4, Narrative Responses.**

A. Community and Organizational Fit (25 Points)

Community and Organizational fit refers to respondent's alignment with the specified community and state priorities, family and community values, social norms 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 any existing services and programs that are categorized as promising, supported, or well supported as per the California Evidence-Based Clearinghouse definitions. <https://www.cebc4cw.org/>
- 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) Describe how you will meet the geographic area requirements of this program initiative.

B. Organizational Capacity (55 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 wide-ranging 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 in the Resources/Staff Requirements section of the *Required Performance and Staffing Deliverables* of this RFP. If so, describe.
- 3) Does staff have a language match with the population they serve, as well as relationships in the community? If so, describe.
- 4) Describe how your Agency plans to fulfill staffing requirements not currently in place by hiring staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities.
- 5) 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.
- 6) What administrative practices must be developed and/or refined to support the initiative/program/practice? What administrative policies and procedures must be adjusted to support the work of the staff and others to implement the program or practice?
- 7) Describe how the requirements of this initiative will be met through your existing collaborations, partnerships and collaborative efforts with other communities and systems.
- 8) Describe how the requirements of this initiative will be met through your membership in professional advisory boards.
- 9) Describe how the requirements of this initiative will be implemented through the existing or anticipated community partners listed and certified to in the resources section and the collaborative activities listed and certified to in the activities section of the *Required Performance and Staffing Deliverables* of this RFP.
- 10) Describe how the requirements of this initiative will be met through your strategies for identifying and engaging the target population and for maintaining their participation in services in accordance with service recipients' needs.

C. Organizational Supports (30 Points)

Organizational Supports refers to the respondent's access to expert assistance, staffing, training, coaching, and supervision.

- 1) Describe how your organization will support this initiative and program staff with required / necessary training, coaching, supervision and staff well-being. Describe your organization's process to evaluate staff performance.
- 2) Describe how your organization will support the staff implementing this initiative by leveraging the resources of providers; communities; and other stakeholders.
- 3) Describe how your organization will support the requirements of this initiative for collection, maintenance, and analysis of data. Will this require use of or changes to existing monitoring and reporting systems?
- 4) Describe how this initiative will be supported by your use of the data after it is analyzed and reported to evaluate program performance.
- 5) Describe how this initiative will be supported by your quality assurance and performance improvement processes, including the meaningful role of those to be served.
- 6) Describe how this initiative will be supported by your willingness to engage in participatory, collaborative evaluation planning with DCF to improve and finalize outcome indicators.

Section V - Response Screening and Review Process

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

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

- 1) The response was received prior to the stated deadline.
- 2) The Statement of Acceptance is signed by the person with the necessary authority to execute the agreement.
- 3) The response is complete in its entirety, including all documents requested to be submitted in support of the response. If any of the documents included in Section III 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 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 initial response. If the documents are not then timely submitted in response to that notice, the response may be rejected as non-responsive.

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

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

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

B. Response Review Process

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

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

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

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

C. Appeals

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

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

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

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

Section VI - Post Award Requirements

A. General Conditions of Contract Execution:

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

An awarded respondent shall be required to comply with the terms and conditions of DCFs' contracting rules, regulations, and policies as set forth in the Standard Language Document, the Notice of Standard DCF Contract Requirements, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. Awarded respondents may review these items via the Internet at:

www.nj.gov/dcf/providers/contracting/manuals
<https://www.state.nj.us/dcf/providers/contracting/forms/>.

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

The awarded respondent shall comply with all applicable federal statutes, regulations, and award terms governing the federal MIECHV program, including but not limited to:

- Social Security Act Title V § 511 (42 U.S.C. § 711);
- Applicable terms and conditions contained in the MIECHV Notice of Award and the FY25 Notice of Non-Continuing Continuation Update ([HRSA 25-031](#))
- 2 CFR Parts 200 & 300, Uniform Administrative Guidance.
- HHS Grants Policy Statement and HHS Administrative & National Policy Requirements.
- HRSA General Terms and Conditions (Available [here](#))

The respondent must maintain financial management systems, procurement procedures, cost allocation, and records compliant with 2 CFR Part 200, undergo Single Audit when applicable, perform debarment/suspension checks, make mandatory disclosures, provide data necessary for MIECHV reporting and flow down all applicable terms to lower-tier subrecipients and contractors.

To ensure the federal standards for financial management and internal controls are maintained by federal award recipients, DCF is obligated, pursuant to 2 CFR 200.331 - 333, to conduct monitoring activities of any successful respondent that provides contracted services. The respondent must acknowledge, agree to and cooperate with any monitoring activities during award conducted for the purpose of confirming federal compliance/performance; such compliance activities may include cooperates with risk assessments, desk reviews, site visits, and corrective actions.

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

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

Post-Award Documents Prerequisite to the Execution of All Contracts

- 1) **Acknowledgement of Receipt** of NJ State Policy Prohibiting Discrimination in the Workplace and associated procedures:: Return the receipt to DCF Office of Equal Employment Opportunity/Affirmative Action.
Form: [Acknowledgement of Receipt Form](#)
Policy: [NJ State Policy and Procedures](#)
- 2) **Annual Report to Secretary of State** proof of filing.
Website: <https://www.njportal.com/dor/annualreports>
- 3) **Attestation Form for N.J.S.A. 30:1-1.2b**: Complete, sign and date as the provider.
Form: <https://www.nj.gov/dcf/providers/contracting/forms/Attestation-of-DCF-Contractors-Required-by-N.J.S.A.-301-1.2b.pdf>

Note: Read each statement carefully and do not check all options. Pay attention to the 'or-either-and' statements. A signature and date are required.

- 4) **Employee Fidelity Bond Certificate** (commercial blanket bond - crime/theft/dishonest acts):

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

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator

Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

- 5) **Liability Insurance** (Declaration Page/Malpractice Insurance/Automobile Liability Insurance): Policy must show:

- a. DCF as the certificate holder – DCF, 50 East State Street, Floor 3, P.O. Box 717, Trenton, New Jersey 08625.
- b. Language stating DCF is “an additional insured.”
- c. Commercial Liability minimum limits of \$1,000,000 an occurrence, \$3,000,000 aggregate.
- d. Commercial Automobile Liability Insurance written to cover cars, vans or trucks, limits of liability for bodily injury and property damage should not be less than \$2,000,000/occurrence.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator

Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

- 6) Document showing **NJSTART Vendor ID Number** (New Jersey's eProcurement System)

Website: <https://www.njstart.gov/> Helpline: 609-341-3500 or njstart@treas.nj.gov

- 7) **Standardized Board Resolution Form**

Form: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf

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

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

- 1) **Copy of Accreditation** (Joint Commission, COA, CARF, as applicable)
Cancellation of accreditation must be reported Immediately.
- 2) **Annex A** – Sections 1.1, 1.3 (& 2.4 if not a CSOC OOH Contract).
Note: Contract Administrators will provide any Annex A forms customized for programs when they are not available on the DCF public website. Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 3) **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>
- 4) **Certification Regarding Exemptions**
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 5) **Certification Regarding Reporting**
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 6) **Equipment Inventory** (of items purchased with DCF funds) Policy: https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf
- 7) **Schedule of Estimated Claims** (SEC) - signed
Form: Provided by contract administrator when applicable.
- 8) **Professional Licenses and/or Certificates** currently effective related to job responsibilities.
- 9) **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 New Jersey. As noted in the 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 and in its sole discretion, an audit or financial statement from agencies expending under \$100,000 that are not cognizant with any department of the State of New Jersey. Note: Document should include copies of worksheets used to reconcile the department's Report of Expenditures to the audited financial statements.

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

Policy:

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

2) Reports of Expenditures (ROE):

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

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

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

Note: An ROE must be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6). [Microsoft Word - SECTION 6 - Expenditure Reporting.doc \(nj.gov\)](#)

B. Fee for Service Contract Component: Not Required.

3) Level of Service (LOS) Reports

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

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

4) 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: Awarded respondents are under a continuing obligation, through the completion of any contract with the State of New Jersey, to renew expired forms filed with the New Jersey Department of the Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms regarding: Investment Activities in Iran as per P.L. 2012, C.25; Investment Activities in Russia or Belarus as per P.L. P.L.2022, c.3; Disclosures of Investigations of the Vendor; Ownership Disclosure if for profit; Service Location Source Disclosure as per P. L. 2005, C.92; Political Contribution Disclosure as per P.L. 2005, C.271; and Report of Charitable Organizations.

Policy:

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

Website:

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

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

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

E: Addendums A – B

Addendum A: Program Outcomes

Goals	Objectives	Activities	Performance Outcomes - Targets	
<p align="center">I. To enroll and maintain eligible families in Evidence Based Home Visitation Services.</p>	Identify at-risk families according to home visitation program guidelines.	Agency has MOUs with key prenatal care, health & social service providers to identify eligible pregnant women/parents for services. Agency coordinates outreach efforts with other HV providers and community programs; and partners with Connecting NJ.	See Required Staffing and Program Deliverables	families are referred for EBHV services.
	Complete the first (enrollment) home visit to eligible families according to home visitation program guidelines.	Agency confirms/updates contact information to enhance likelihood of locating families for enrollment. Home Visitor enrolls the families and completes the first (enrollment) home visit to determine their ongoing participation in the program.		At least 50% of referrals will complete the first (enrollment) home visit.
	Maintain ongoing program caseload capacity according to EBHV program guidelines and the level of service assigned to your agency as per the Annex A.	Complete home visits and develop a rapport with families to keep them enrolled in HV services.		Maintain LOS of at least 85% of capacity
	Enroll women prenatally in services according to home visitation program guidelines.	Agency has MOUs with key prenatal care, health & social service providers. HV staff conducts outreach, as needed, to enroll women while they are pregnant.	See Required Staffing and Program Deliverables	% of women/families are enrolled in EBHV services prenatally.
	Complete the expected number of home visits for each family according to home visitation program guidelines.	HV supervisor works closely with staff to monitor home visits and offer support as needed to maintain expected number of visits for each family.		80% of families receive the expected number of home visits.
	Maintain participant retention in program services over an extended period of time, as per home visitation program guidelines.	Adhere to EBHV model fidelity/critical elements, monitors progress toward client/family goals and offer assistance to help families progress and maintain program enrollment.		60% of families will remain enrolled for at least 1 year. 50% of families will remain enrolled for at least 2 years. 40% of families will remain enrolled for at least 3 years.
CHILD SAFETY				

II. To improve health and well-being of participating families, pregnant women, new mothers, and target children.	Lead Screening			
	All children are up-to-date for lead screening by age 1		Educate parents on importance of protecting infants/children from lead poisoning. Monitor/assist parents to schedule lead test by age 1. Provide follow-up, as needed.	80%
	Safe Sleep			
	Infants are always placed to sleep on their backs, without bed-sharing, or soft bedding	MIECHV-7	Educate parents on the importance of placing infants to sleep on their backs and its correlation to the reduction of SIDS.	100%
	EDUCATION & SCHOOL READINESS			
	Primary Caregiver Education	MIECHV-15	Provide support and resources to parents who enrolled in home visiting without a high school degree or equivalent with becoming enrolled in or maintaining continuous enrollment in middle school or high school, or completing high school or equivalent	25%
	School Readiness and Achievement			
	Parents support for children's learning and development (<i>read, told stories, and/or sang songs with child</i>)	MIECHV-11	Educate/demonstrate activities that support parental involvement, engagement, and an environment that supports learning. Educate/demonstrate activities that support child development and the identification of child developmental progress. Assess parent's ability to respond positively to the child. Educate/demonstrate activities that support positive parenting behaviors and acceptance.	85%
	Parent concerns re: child's dev., behavior or learning elicited	MIECHV-13	Parent viewpoints and concerns are elicited during home visits regarding their child's development, behavior, or learning.	80%
	FAMILY/SELF-SUSTAINABILITY			
TANF families are connected to employment through One-Stop		Assist participants in developing and working toward educational/economic self-sufficiency service goals. Encourage & provide supports for TANF recipients to comply with WFNJ requirements to maintain benefits.	95%	
Mother/parent working or in school by the time child is 2 yrs. old			75%	

II Continued: To improve health and well-being of participating families, pregnant women, new mothers, and target children.	HEALTH				
	<i>Breastfeeding</i>				
	New mother initiates breastfeeding		Discuss cultural issues, attitudes and practices surrounding breastfeeding with all pregnant women and new parents. Provide staff with additional training to enhance skills related to educating mothers, and providing assistance and referral for breastfeeding support services.		90%
	Enrolled infants breastfed, any amount, at 6 months of age	MIECHV-2			60%
	<i>Health Insurance</i>				
	Parenting women have health insurance	MIECHV-16	Discuss with women the importance of having insurance and a PCP for reproductive health/annual checkups. If she does not, refer and assist, as needed, to access a PCP. Encourage and monitor completion of an annual health checkup (GYN or other PCP).		80%
	All children have health insurance		Discuss importance and availability of health insurance for infants/children. Assist families to determine eligibility and secure health insurance for all eligible infants/children.		100%
	<i>Increase Interpregnancy Interval/Reduce Subsequent Pregnancy</i>				
	Increase interpregnancy interval (birth to conception) to 18 months		Educate pregnant women/new mothers about recommended time frames and health/social benefits of delaying subsequent pregnancy. Provide reproductive health/family planning information to all pregnant women/parents.		90%
	Decrease subsequent teen birth (<19 years)				<20%
	<i>Medical Information (Pregnant, Parenting)</i>				
	Pregnant women on schedule for prenatal care medical visits (ACOG Schedule)		Review ACOG recommended prenatal care medical visits with all pregnant women; monitor and assist with scheduling prenatal care visit appointments, as necessary.		85%
	Pre-term Births	MIECHV-1	Educate women during pregnancy, particularly those enrolled prior to 37 weeks with the importance of consistent prenatal care, healthy habits, and overall well-being.		<10%

Parenting women keep 6-8 week postpartum medical visits	MIECHV-5	Educate women during pregnancy and after childbirth on the importance of completing recommended postpartum medical visits; monitor/assist customer in scheduling the postpartum medical appointment, as necessary.		90%
Parenting women receive an annual primary care/women's health care visit		Discuss with women the importance of having insurance and a PCP for reproductive health/annual checkups. If she does not, refer and assist, as needed, to access a PCP. Encourage and monitor completion of an annual health checkup (GYN or other PCP).		80%
Parenting women have a primary care provider (GYN, FQHC, local clinic)				100%
Medical Information (Target Child)				
All children are up-to-date for well-child medical visits (AAP schedule)	MIECHV-4	Educates parents on importance of keeping up to date with well child medical visits for infants/children; monitors and assist parents to schedule, complete and track all AAP recommended well-child medical visits.		90%
All children are up-to-date for immunizations		Educate parents on importance of protecting the health of infants/children and receiving up-to-date immunizations. Monitor and assist parents to schedule, complete and track recommended immunizations.		90%
All children have a primary care provider (pediatrician/family practice)		Discusses the importance for all children to have a medical home. If infant/child does not, refer and assist the family, as needed, to access primary care for the child.		100%
SCREENINGS, RESOURCES & REFERRALS - INFANT & CHILDREN (Birth to Age 3 TC only)				
All children up-to-date for developmental screening (ASQ-3)	MIECHV-12	Educate parents about normal growth & development, and purpose of Ages & Stages Questionnaire (ASQ-3) to determine child's status/progress. Provide parents with age-appropriate activities that support growth & development. Use ASQ-3 in home setting per recommended HV schedule.		95%
a. Of positive screens, children referred for dev. supports/services	MIECHV-18	Children with delays receive follow-up and/or further evaluation according to ASQ guidelines. Refer and assist family as needed, with accessing recommended services.		100%

	b. Children <u>received</u> recommended dev. supports/services	MIECHV-18			80%
<i>Intimate Partner Violence</i>					
	Primary caregiver screened for intimate partner violence	MIECHV-14	All women are screened for intimate partner violence even if the participant states that he/she is not currently in a relationship. Provide support, referrals and linkages as appropriate.		80%
	Primary caregiver referred to IPV services	MIECHV-19			60%
<i>Tobacco Cessation</i>					
	Pregnant women referred to tobacco cessation service (reported use)	MIECHV-6	Discuss the effects of tobacco use and risks of smoke exposure for infants/children. Refer and assist the family as needed, in accessing cessation or counseling services.		80%
	Parenting women referred to tobacco cessation service (reported use)	MIECHV-6			80%
<i>Depression</i>					
	Postpartum women screened for depression (EDPS/PHQ-9)	MIECHV-3	Screen all women for depression utilizing the EDPS and provide support, referrals and linkages as appropriate.		80%
	a. Of positive screens, women referred for recommended services	MIECHV-17	Refer and assist family as needed, with accessing recommended services for depression.		80%
	b. Women <u>received</u> recommended services for depression	MIECHV-17			60%
	Parenting women screened for depression (EDPS/PHQ-9)	MIECHV-3	Discuss referrals to community resources and activities to support the parent such as stress reduction techniques, self-care and healthy eating.		80%
	a. Of positive screens, women referred for recommended services	MIECHV-17	Refer and assist family as needed, with accessing recommended services for depression. Discuss referrals to community resources and activities to support the parent such as stress reduction techniques, self-care and healthy eating.		80%
	b. Women <u>received</u> recommended services for depression	MIECHV-17			60%

Parent Child Interaction				
Parenting women receive an observation of PCI (DANCE/HOME/CCI)	MIECHV-10	Conduct observation of parent child interaction (PCI) in accordance with EBHV model fidelity schedule and approved tool.		80%
WIC				
Eligible pregnant women enrolled in WIC		Educate and promote healthy nutrition during pregnancy. Determine enrollment status/eligibility of pregnant women for WIC, and refer eligible women to WIC. Track WIC enrollment and participation.		90%
Eligible children enrolled in WIC		Educate parents about healthy infant/child nutrition. Determine enrollment status/eligibility of children and refer eligible families for WIC.		95%
SECTION 3: Home Visits Delivery				
In-Person Visits				
# of Completed In-Person Home Visits		All families will be offered in-person home visitation services as the primary method of service delivery. The performance target simultaneously applies to both the individual home visitor performance and the program's overall performance. In accordance with EBHV model fidelity, families may be offered virtual video or telehealth visits.		75%
# of Families Served During the Quarter that Had a Completed In-Person Visit				MIECHV funded families must have at least one in-person home visit during the reporting year.

Addendum B

NJ DCF EBHV PDSA Worksheet

Overview

List the members of your CQI team.

Include staff names and their position/role within your EBHV team.
(i.e., supervisor, home visitor, program assistant, etc.)

What are you trying to accomplish? (Your Goal)

What is your SMART or SMARTIE goal? Is there a specific measure on which you want to do better? If you're focused on a certain measure, how much do you want to improve by and what is your timeline for making that improvement? For example, From January 1, 2024 to June 30, 2024 we averaged 28% of primary caregivers initiating breastfeeding. We want to improve our performance to 50% by December 31, 2024.

PDSA Focus: check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Performance Measure | <input type="checkbox"/> Client Initial Engagement/Enrollment/Retention |
| <input type="checkbox"/> Home Visit/In-Person Home Visits | <input type="checkbox"/> Incoming Referrals/Connecting NJ Collaboration |
| <input type="checkbox"/> Level of Service (LOS) | <input type="checkbox"/> Program Staff Recruitment/Retention/Well-Being |
| <input type="checkbox"/> Model Fidelity | <input type="checkbox"/> Other: Specify: (insert fillable area) |

Cycle Number:

Indicate which test cycle you are working on. Enter 1 if this is the first cycle for this change idea.

Describe the change you are testing. (Change Idea)

What are you testing? What are you changing about your everyday work to see if it impacts how you are doing. A "test" is putting a change into effect for a short time to learn about its impact on performance. For example, you might implement a test to provide breastfeeding supplies (breastfeeding bra, pads, and nipple cream) to all the pregnant clients due to give birth within the next 3 weeks to determine if providing these supplies increases the number of primary caregivers that initiate breastfeeding after birth of the child.

To do a PDSA, you may also have to do some preparatory work. We call this preparatory work "tasks". You will document these "tasks" within the Plan section.

Planned start date of the test cycle.

Click or tap to enter a date.

Planned end date of the test cycle.

Click or tap to enter a date.

Purpose, Prediction, and Criteria

What question(s) will the test answer?

State the questions clearly and ensure that they are related to the objective of the cycle. These questions inform the predications for the test and the date collection plan.

What do you predict the result will be?

Provide predictions for each of the questions above. If this is not the first test, then also consider what modifications have been made since the last cycle and why you do or don't expect them to result in an improvement.

How will you know that the change is an improvement?

Define the criteria for determining whether what is observed is indeed an improvement. Which measure or other data will you look at to determine if you improved? Translating your predictions into numeric measures will maximize learning and help you understand the magnitude of change the test may bring about.

Plan

Planning the test

Check here if not applicable.

	What	Who	When	Where
Task 1				
Task 2				
Task 3				

Describe the tasks required for completing the test. Include who is responsible for each and details about how it will be accomplished. Add more rows as needed.

What is your plan for data collection?

Consider again how you will know if the change is an improvement. Use a measure specific to the PDSA and keep data collection simple: remember to collect useful data, not perfect data. You could use the DCF Quarterly Report, database reports, home visitor/client feedback, etc. for data collection. Depending on the scope and size of your test, you may need to track data in Excel, your database, or on paper.

Do

Describe how the test cycle was implemented.

Describe specifically, how the test was implemented in practice. Was the test implemented as planned? If not, describe any shifts or barriers that occurred.

What are the results of the test?

Include data and observations, as well as any valuable qualitative feedback from those conducting the test or others involved.

Study

Compare the results to your prediction, what did you learn?

Compare the data to your predictions and summarize what was learned. Describe to what extent the results of the test matched your predictions. If the test was not conducted as planned, discuss how that might have influenced the results. Be sure to include any equity issues that you observe or cultural sensitivities that emerge. If this was not the first test of the selected change idea, describe how the test compares to the performance of previous cycles.

Act

Will you adopt, adapt, or abandon?

Adopt

Adopt a test cycle that resulted in a predicted improvement with the intention being to scale up the change and spread to a larger group.

Adapt

Adapt when refinements or slight revisions should be made to the test of this change idea, based on what was learned in this cycle.

Abandon

Abandon the change altogether if it is not resulting in the anticipated improvement and other ideas should be pursued instead.

What are the next steps?

Describe the plan for the next PDSA cycle, based on the decision point to adopt, adapt, or abandon. Be sure that the plan is based on what was learned.