



REQUEST FOR PROPOSALS

FOR

Pilot of Supportive Visitation Services (SVS)

in Atlantic and Mercer Counties

NOTE – Providers who currently have contracts to conduct visitation services for CP&P in Atlantic or Mercer County MUST apply and be selected for this opportunity in order to continue providing visitation services.

Funding of \$146.10 per hour visit

Bidders Conference: November 29, 2017

Time: 11 A.M.

**Place: Mercer North Local CP&P Office
3131 Princeton Pike
Building 6, Suite 202, Large Conference Room
Lawrenceville, NJ 08648**

**Questions will be accepted in advance of the Bidder's Conference
until November 28, 2017 at 12 P.M.**

Bids are due: January 4, 2018

Allison Blake, PhD., L.S.W.

Commissioner

November 6, 2017

TABLE OF CONTENTS

Section I - General Information

A. Purpose	Page 3
B. Background	Page 3
C. Services to be Funded	Page 7
D. Funding Information	Page 16
E. Applicant Eligibility Requirements	Page 18
F. RFP Schedule	Page 19
G. Administration	Page 20
H. Appeals	Page 22
I. Post Award Review	Page 22
J. Post Award Requirements	Page 22

Section II - Application Instructions

A. Review Criteria	Page 23
B. Supporting Documents	Page 28
C. Requests for Information and Clarification	Page 31

- Exhibit A: Supportive Visitation Services Logic Model
- Exhibit B: Supportive Visitation Services Practice Profile
- Exhibit C: DCF Visitation Outcomes
- Exhibit D: The State Affirmative Action Policy
- Exhibit E: Anti-Discrimination Provisions

Funding Agency

State of New Jersey
Department of Children and Families
50 East State Street,
Trenton, New Jersey 08625

Special Notice:

Potential Bidders must attend a Mandatory Bidder's Conference on November 29, 2017 at 11 A.M. The Conference will be held at Mercer North Local CP&P Office, 3131 Princeton Pike, Building 6, Suite 202, Large Conference Room, Lawrenceville, NJ 08648. Questions will be accepted in advance of the Bidder's Conference until November 28, 2017 at 12 P.M. by providing them via email to DCFASKRFP@dcf.state.nj.us. Technical inquiries about forms and other documents may be requested anytime.

Section I – General Information

A. Purpose:

The New Jersey Department of Children and Families' (DCF) Division of Child Protection and Permanency (CP&P) announces the availability of funding for pilot programs for the purpose of providing supportive visitation services to CP&P-involved families with children in out-of-home placement in Atlantic or Mercer Counties. DCF seeks to make awards to multiple providers (up to two in each county) for these services. All funding shall be subject to the appropriation of sufficient funds and the availability of sufficient resources. Providers who currently have contracts to conduct visitation services for CP&P in Atlantic or Mercer County MUST apply and be selected for this opportunity in order to continue providing visitation services.

B. Background:

The Department is charged with serving and safeguarding the most vulnerable children and families in New Jersey. Our vision is to ensure a better today and even a greater tomorrow for every individual we serve, and our mission is to ensure the safety, well-being and success of New Jersey's children and families.

DCF's Division of Child Protection and Permanency (CP&P) is charged with the responsibility of investigating allegations of child abuse and neglect. On average, CP&P receives 4,701 child protective services (CPS) reports per month state-wide¹. Child abuse and neglect cases are often complex requiring a variety of supports to

¹ CP&P Monthly Screening and Investigation Report, July 2017. Retrieved from http://www.nj.gov/dcf/childdata/protection/screening/Screening.and.Investigation.report_7.17.pdf.

meet the specific needs of families. In some instances, children are unable to safely remain in their homes, and they are placed into out-of-home settings. Nationally, there were approximately 415,000 children in foster care on the last day of the 2014 fiscal year.² In New Jersey, there were 6,539 children in out-of-home placement in July 2017.³

Each child placed in an out-of-home placement should have the opportunity to visit with parents, siblings and/or interested relatives. Research indicates parent-child visitation leads to:

- Increased likelihood for reunification. Children were almost ten times more likely to reunify with regular visits, as recommended by the court.⁴
- Shorter lengths of stay in out-of-home placement. Children who do not visit with their family spend almost three times as much time in out-of-home placement.⁵
- Decreased likelihood that the child will re-enter care.⁶
- More secure attachments and being better adjusted.⁷

Furthermore, the visitation environment plays a crucial role in supporting positive family interactions.⁸ Research has shown that home-like and other supportive settings are preferable⁹, and DCF policy aligns with this thinking by calling for quality, weekly visitation in the least restrictive, most comfortable setting possible. In order to achieve this goal, DCF partners with a number of community providers.

Historically, the Department contracted separately for therapeutic and supervised visitation services. Therapeutic visitation refers to contact between noncustodial parents and their children in the presence or under the supervision of a fully accredited therapist who is actively involved in promoting behavioral change in parent/child relationships. Supervised visitation refers to contact between parents and their children in out-of-home care while in the presence of a specially trained professional who is actively involved in promoting change in parent/child relationships.

² US Department of Health and Human Services (2016). Child Welfare Outcomes 2010-2013: Report to Congress. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/cwo10_13.pdf.

³ DCF Commissioner's Monthly Report, September 2017. Retrieved from <http://www.nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report.9.17.pdf>.

⁴ Davis, I., Landsverk, J., Newton, R. and Ganger, W. (1996). Parental visiting and foster care reunification. *Children and Youth Services Review*, 18 (4/5), 363-382.

⁵ Mech, E. (1985). Parental visiting and foster placement. *Child Welfare*, 64 (1), 67-72.

⁶ Farmer, E. (2006). Family reunification with high-risk children: Lessons from research. *Children and Youth Services Review*, 18 (4/5), 287-305.

⁷ McWey, L. and Mullis, A. (2004). Improving the Lives of Children in Foster Care: The Impact of Supervised Visitation. *Family Relations*, 53 (3), 293-300

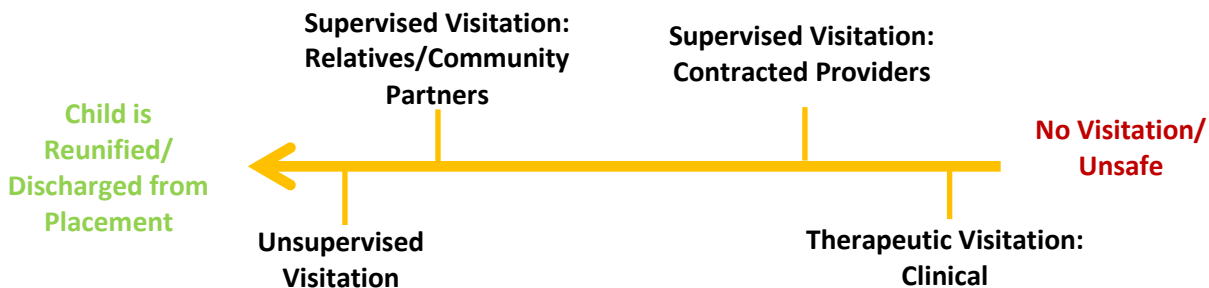
⁸ Haight, W., Black, J., Workman, C. and Tata, L. (2001). Parent-child interaction during foster care visits: Implications for practice. *Social Work*, 46 (4), 325-338.

⁹ Haight, W., Black, J., Mangelsdorf, S., Giorgio, G., Tata, L., Schoppe, S., and Szewczyk, M. (2001). Making visits better: The perspectives of parents, foster parents and child welfare workers. Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign.

DCF recognized that many children and families experiencing out-of-home placements benefit from the clinical support and interventions embedded in a therapeutic visitation model; however, family's needs are likely to change over time, and ideally, most families will require less frequent therapeutic support and more frequent supportive or unsupervised visits as they work toward reunification.

Supportive Visitation Services (SVS) Pilot:

In 2016, DCF released an RFP to contract with a community provider to develop and implement an innovative visitation model that would offer supportive visitation services along a continuum.



DCF contracted and partnered with a community provider, Family Connections Inc., to pilot a supportive visitation services model in Morris/Sussex and Passaic counties that offered a visitation planning process and supportive visitation services along a continuum.

In order to co-create the program model, DCF and Family Connections utilized implementation science principles to organize the work. The National Implementation Research Network (NIRN) from the University of North Carolina (UNC) defines implementation as the “the systematic study of specified activities designed to put into practice activities or programs of known dimensions.”¹⁰ NIRN developed the Active Implementation Formula for Success, and DCF has been using this formula as a guide for implementing new initiatives including the Supportive Visitation Services Pilot.



¹⁰ The National Implementation Research Network, FPG Child Development Institute, University of North Carolina, Chapel Hill. Implementation Defined. Retrieved from <http://nirn.fpg.unc.edu/learn-implementation/implementation-defined>.

According to the NIRN¹¹, the Active Implementation Formula says that in order to achieve positive, sustainable outcomes for families, it requires the combination of effective practices, effective implementation strategies, and an enabling context.

- Effective practices refer to the programs. “Effective” means that they are well defined, feasible, supported by research, and fit the needs of the families and community;
- Effective implementation refers to the strategies put into place to support those effective practices that are “in service to” the well-defined effective practice. It includes hiring staff that are qualified to do the work, providing targeted training and follow up coaching and supervision; and
- Enabling context refers to creating the conditions that are supportive of new practices and implementation supports. It includes funding, policy, teaming, data and communication.

SVS Pilot Phases:

Phase 1: Build the SVS Effective Practice and Create Enabling Teaming Structure

Phase 1: Effective Practices

DCF and FC worked to build out the SVS program model for this innovative pilot; developing the “Effective Practice” factor in the equation. To do this, DCF and Family Connections worked together to develop the SVS logic model and SVS practice profile. A logic model is a roadmap showing what you want to accomplish and how you plan on getting there. The SVS logic model is attached as Exhibit A. A practice profile is a tool to operationalize the innovation to promote consistency across practitioners at the level of actual service delivery.¹² The current draft of the SVS Practice Profile is attached as Exhibit B.

Phase 1: Enabling Context

The work to develop the SVS practice was completed through use of implementation teams. Teams are critical to moving the development of a program along by providing an accountable structure¹³. The SVS Pilot teams include the SVS Model Design Team, SVS Operations/Systems Team and the SVS Evaluation Team.

¹¹ Additional information from NIRN can be found online at <http://nirn.fpg.unc.edu/>.

¹² Metz, A. (2016). *Practice Profiles: A Process for Capturing Evidence and Operationalizing Innovations* [White Paper]. Retrieved from the National Implementation Research Network: <http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-Metz-WhitePaper-PracticeProfiles.pdf>

¹³ The National Implementation Research Network, FPG Child Development Institute, University of North Carolina, Chapel Hill. Implementation Teams. Retrieved from <http://nirn.fpg.unc.edu/learn-implementation/implementation-teams>

Phase 2: Deliver the Effective Practice, participate in teaming and assist with identifying implementation supports

Phase 2: Effective Implementation

With this RFP, DCF is looking to move into Phase 2 of the pilot; to expand the Supportive Visitation Services Pilot to another county. Awarded providers are expected to implement the supportive visitation model designed in Phase 1 of the pilot (page 8 herein), participate in teaming and to work with DCF and other implementing agencies to identify and plan for implementation supports.

C. Services to be Funded:

Overview/Expectations

Successful proposals will work with DCF and awarded agencies to use the Active Implementation Framework and move into Phase 2 of the SVS pilot.



Awarded providers are expected to:

Phase 2: Effective Practice

Deliver the SVS Program Model – an agency must demonstrate their commitment and capacity (or plan to develop capacity) to deliver the SVS program model outlined in this RFP and in accordance with the Practice Profile.

Phase 2: Enabling Context

Participate in SVS Teaming Structure – an agency must demonstrate their commitment to ensure staff participate in teaming requirements outlined in this RFP.

Phase 2: Effective Implementation

Assist with Identifying Supports for the SVS Program – an agency will include existing implementation resources that may align with SVS program model. Resources include training, coaching/supervision, fidelity measures, etc. that are “in service” to the well-defined SVS Program.

Target Population

The awarded program(s) will serve active CP&P-involved families whose children are in an out-of-home placement in Atlantic or Mercer Counties. They will serve families with all case goals including reunification, adoption, etc. These families are culturally and economically diverse. Programs are expected to provide culturally competent services and have appropriate bilingual capability to provide services to families in the identified county. All referrals shall come from CP&P local offices.

Supportive Visitation Services Program Model – Core Activities

Phase 2: Effective Practice

Each awarded agency is expected to deliver the support and implement the following core activities:

1. Visitation Planning Process

- Initial Intake Assessment – A master's level visitation specialist or program manager will develop a biopsychosocial assessment with parent and child, as appropriate. The in-person meeting will occur in the least restrictive setting at the family's availability.
- Visitation Planning Meeting – The master's level visitation specialist or program manager who completed the initial intake assessment will complete the Rose Wentz Matrix¹⁴ utilizing information from CP&P and the courts as well as observations from pre-visitation plan visits to develop a visitation plan. The plan should be collaborative including input from parents, children (as appropriate), resource parents and other collaborative partners (ex. relatives, service providers, etc.). Plans shall be individualized and integrate needed interventions. The services shall seek to maximize: children's safety and well-being; appropriate parent/child interactions; safe, timely reunification or other permanency outcomes; and, no additional substantiations of abuse and neglect upon reunification/permanency. Visitation plans should include:
 - *Purpose*
 - *Frequency and Duration of Visits* – Families are to be notified and aware of the dates, time, length, frequency, and location of visits. The first visit shall take place after intake but before the visitation planning processes have been finalized. Visitation times are to be convenient for families and children. Therefore, programs are expected to have

¹⁴ Wentz, Rose (2010). *Planned, Purposeful and Progressive Visits – Developing Visit Plans: A Matrix of Best Practice Standards*. Retrieved from <http://wentztraining.com/docs/DevelopingVisitPlan.pdf>

staff available to hold visits in the evening (after 5pm), on weekends and during holidays. A child(ren) should not miss school for visits. The developmental age of the child(ren) must be considered when determining duration of visits. More visits, of shorter duration, should be afforded to younger children, especially infants where bonding is crucial.

- *Location* – Visits should take place in the least restrictive, most comfortable setting that maintains safety for the child, family and staff. Programs should have a range of options available to meet each family's need. When possible, the priority is to have visits occur at the parent's residence. If this location is not optimal, the use of family or friends' homes, resource homes and/or community settings (ex. public library, park, etc.) are encouraged. A partnership with family- and child-friendly locations in the community would be ideal. The program site may also be a viable option providing there is family- and child-friendly space designated specifically for visits. The CP&P office should be the last option for visits. The program location should be accessible and located in an area convenient to the population it serves. If allowable by the institution/program, the provider must be willing to facilitate visits in settings such as jails/prisons, substance abuse programs, etc. where parents may be residing.
- *Activities* – Visitation staff should work with parents to provide age-appropriate activities; engage their children; help them understand and interpret their children's feelings, behaviors and developmental stage(s); teach them effective discipline; and to assist them with their own feelings.
- *Supervision Level* – Families should receive the lowest level of visitation service that is appropriate and meets their needs. A continuum of visitation services should be provided to the family. More than one visitation level may be appropriate.
- *Who Attends* – At minimum, the visit should include the child(ren) and guardian from whom he or she was removed. Siblings who are in placement, and those who remain home, should be involved and encouraged to participate. Extended family may also be included periodically as appropriate. CP&P will advise the agency of individuals who are not permitted to visit with the child(ren).
- *Responsibilities (before, during and after a visit) and what can be brought to a visit*
- *Documentation (how this will be done and shared)*

Additional information about the Rose Wentz Visitation Planning Matrix can be found online at <http://wentztraining.com>.

2. Supportive Visitation Services

A continuum of visitation services should be provided by the awarded program to meet the unique needs of each family. The continuum is to include a full range of visitation services from least restrictive and progressive supportive and therapeutic models to more controlled visits that must be conducted in a program setting for safety reasons. Families can receive one or more of the following visitation types:



Unsupervised	Relative/Community Partner Supervised	Supportive Supervised	Therapeutic Supervised
---------------------	--	----------------------------------	-----------------------------------

- Therapeutic Supervised Visits – Visits are supervised by an agency's clinician. Families require clinical interventions to address behavioral, developmental, relational, and/or safety needs, etc.
- Supportive Supervised Visits – Visits are supervised by the agency. Families do not need clinical supported visitation but may need supervision for safety reasons as well as for coaching, mentoring, skills development, etc.
- Relative/Community Partner Supervised Visits – Visits are supervised by relatives or community partners. The agency engages relatives and other partners to support the family's visitation needs. The agency partners with CP&P to ensure supervisors are appropriate. The agency provides oversight and monitoring and attends at least one visit monthly to ensure families are safe and stable.
- Unsupervised Monitoring – Visits are unsupervised. The agency provides oversight and monitoring and attends at least one visit monthly to ensure families are safe and stable.

Each visit shall include a pre-visit meeting and a post-visit debrief. A brief pre-visit meeting with the parent(s) or guardian(s) and program staff should occur before the visit to remind participants of the treatment goals and identify specific areas to focus on during the visit. Parents should be provided with timely, focused feedback after the visit during the post-visit debrief.

3. Ongoing Family Reassessments

An awarded provider shall reassess the family at regular scheduled intervals, no longer than three months, or on an as needed basis to determine if the family's current treatment goals have been met and/or whether they require a different level of intervention/supervision. Visitation plans shall be updated to reflect the reassessment.

The provider may conduct collateral contacts with resource parents or other custodial caregivers periodically in order to help reassess the child(ren)'s well-being and response to treatment.

4. Post Reunification Services (Aftercare)

The awarded provider will continue to support the family for a period up to six months post reunification to ensure a stable transition and reduce risk of future re-entry into care.

5. Systems Collaboration and Coordination

- CP&P – the awarded providers shall collaborate with CP&P through phone calls, participation on FTMs and documentation.
 - *Communication* – the provider shall have regular phone contact with CP&P to discuss referral, participate in visitation planning and ongoing service progress. The provider is expected to notify CP&P staff in a timely manner when any significant events occur or important information is learned by staff during visits.
 - *Family Team Meetings (FTMs)* - the provider may be asked and is expected to participate in CP&P teaming meetings—Family Team Meetings; individual client case conferences with CP&P case workers; and interdisciplinary meetings with Child Welfare Systems and/or Courts.
 - *Documentation* – the service provider is expected to provide consistent and accurate documentation of observations from each visit in NJ SPIRIT, DCF's case reporting system, within reasonable timeframes, not to exceed 5 business days. Training on the computer system can be provided to the grantee by DCF upon request. The service provider will also be responsible for providing CP&P written collaterals describing family progress.
- Transportation – The awarded provider agency must have capacity to provide transportation for clients to ensure visits occur between children and families. The provider transports children to and from the visitation site. Transportation

for parents may be provided and/or arranged as necessary. The program shall not limit transportation to only in-county travel but should instead set reasonable limitations on transportation from CP&P local offices. The program is to maintain accurate and current records including drivers' information and vehicle fleet information (ex. copies of drivers' licenses; driver's abstract; vehicle insurance and inspection records).

- Cancellation and Rescheduling Policy – The awarded provider agency must have a clear policy regarding the cancellation and rescheduling of visits, including what each party (parent, CP&P, resource parent, provider agency) shall be expected to do in order to change or cancel a visit. The reason for cancellation must be documented and available for review. If a cancellation occurs, the service provider must establish a system to contact the CP&P local offices in a timely manner in order to fill the vacancy, when possible. The awarded provider must contact all parties (parent, resource parent/child, etc.) in advance of the visit to confirm attendance. Applicants should also identify what additional methods or strategies will be employed to engage parents and reduce cancellation and no show rates.
- Safety/Security Procedures – Safety of visitation participants is paramount. The awarded provider agency must have clear procedures and protocols to ensure the safety of all visit participants, especially in very high risk cases. Procedures shall include safe exchanges and security during visits, if appropriate. Ground rules should be enforced and intervention may be necessary to protect against physical and/or emotional safety. Visitation and waiting areas should be child-proofed and free of potential safety hazards.

Supportive Visitation Services Practice Profile

In addition, the awarded providers are to ensure staff align the implementation of the five (5) core activities with the Supportive Visitation Services Practice Profile (see Exhibit B). Practice profiles are developed so that practitioners know what they are expected to do. They ensure an intervention is well defined at the actual practice level thereby making the practice “teachable, learnable, doable” and readily observable. This ensures “consistency, integrity, and sustainable effort across all practitioners.”¹⁵

A practice profile is made up of guiding principles and essential functions. **Guiding Principles** refer to the philosophies, values, or beliefs that programs have when working with families. **Essential Functions** refer to the practice components that must be present to say that the program exists. Essential functions are what practitioners are expected to do, what they need to be really good at in order to do

¹⁵ Metz, A. (2016). *Practice Profiles: A Process for Capturing Evidence and Operationalizing Innovations*. Chapel Hill, NC: National Implementation Research Network, University of North Carolina at Chapel Hill. Retrieved from <http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-Metz-WhitePaper-PracticeProfiles.pdf>.

their job well. “Essential functions are sometimes are called core intervention components, active ingredients, or practice elements.”¹⁶

The SVS Pilot Guiding Principles include:

- Collaborative – works in partnership with families and communities;
- Supportive – provides services that are strength-based, trauma-informed, client-centered, and collaborative;
- Flexible – programs, activities, and services are based on evolving family needs and are enhanced or refined as needed;
- Family-driven – services are based on family goals and schedules, underlying needs and child development considerations;
- Community-based, least restrictive – services are provided in the least restrictive, safe setting, preferably the family’s home or in the community;
- Promotes well-being – services that mitigate safety concerns, enhance family relationships, communication, and bonding, by utilizing trauma-informed practices for parents, caregivers and children; and
- Trauma-informed – provides services that address underlying trauma, utilizing trauma-informed care.

The SVS Pilot Essential Functions include:

- Engaging – establishing and maintaining relationships with family by building rapport through open communication, staff consistency, and involving family, CP&P, resource parents, service providers and additional family members in all aspects of the visitation process;
- Assessing – using a process to collect information and use it to address the family’s identified needs;
- Active listening – using communication techniques that encourages free dialogue and mutual understanding;
- Teaming – respectful and meaningful collaboration with families (and community partners) to achieve shared goals;

¹⁶ Metz, A. (2016). *Practice Profiles: A Process for Capturing Evidence and Operationalizing Innovations*. Chapel Hill, NC: National Implementation Research Network, University of North Carolina at Chapel Hill. Retrieved from <http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-Metz-WhitePaper-PracticeProfiles.pdf>.

- Therapeutic Intervening – purposeful use of evidence based/informed techniques intended to help families identify and process emotions and apply positive coping skills; and
- Coaching – targeted instruction to parents about improving parenting skills, family dynamics and other identified goals that support reunification.

Participate in SVS Teaming Structure

Phase 2: Enabling Context

Awarded providers must commit to work in a structured teaming process. The agency shall agree to have at least two staff (including a senior leader and a program manager) participate on implementation teams with DCF and existing and/or future Supportive Visitation Services providers to support model development, operations and evaluation, as needed. The teams typically meet for a 1-hour conference call each month; however, there are times when a 2-hr in-person meeting is necessary to move the team's work forward.

The SVS Pilot teams include:

SVS Model Design Team serves as a forum for dialogue for implementing agencies, DCF and consultants, if indicated; identifies and defines visitation practice for each of the core activities; and completes tasks including: creating Logic Model, developing Practice Profile and aligning Implementation Supports (coaching, training and support of the model).

SVS Operations/Systems Team reviews, analyzes and refines, as needed, referral and billing processes between CP&P and implementing agencies and develops a communication plan for local offices to provide updates on pilot progress and monitor and overcome operations and systems barriers.

SVS Evaluation Team provides oversight and input on both a process and outcome evaluation plan. Tasks include developing a quarterly reporting structure.

Assist with Identifying Supports for the SVS Program

Phase 2: Effective Implementation

In Phase 2 of the pilot, DCF and implementing agencies will begin to work together to identify, prioritize and develop recommendations for supporting staff competency and organizational conditions that are in service to the SVS program model.

In this RFP, the agency is to describe its capacity to implement the areas detailed below:

Staffing Model – The proposal must include a well-developed staffing model. It should include a clinical lead or clinical team. Visitation must be provided or supervised by a licensed therapist. Visitation staff should have experience with and be trained in parenting/child development. Some staff should be bi-lingual in order to meet the communication needs of the target population. The program shall have staff to accommodate transportation of children. Drivers must have a current, valid driver's license and be trained in appropriate safety procedures including the proper use of car seats. When possible, the provider should maintain staff continuity with the family. It is important, especially for children, to see a familiar face at each visit and during transport. If staff is changed, the provider should have a plan in place to ease the transition.

Training Plan – The successful proposal will include a well-developed training plan designed to support staff with the knowledge and skills needed to begin using the SVS program model.

Coaching/Supervision – Necessary skills and knowledge shall be introduced in training and are also learned on the job with coaching/supervision to reinforce and support the visitation practice model. The proposal should include a plan for supporting staff with coaching/supervision.

Note: Although applicants will submit a plan for each above area, awarded providers must understand their proposed plans could potentially change. The expectation is for SVS implementing agencies to work with DCF to assess, prioritize and align opportunities for the coordination and/or development of supports that are in service to the SVS program model.

Evaluation Plan, Data Collection and Reporting

The grantee is expected to engage in a process of participatory, collaborative evaluation planning with DCF to finalize outcome indicators that the grantee will be responsible for reporting on and that DCF will be monitoring. DCF has existing outcome measures (see Exhibit C) for supervised and therapeutic visitation programming including improved parental interaction skills, improved parental capacity/readiness, and achievement of permanency within 12 months of referral. These outcomes were developed through a collaborative process with the provider community and are currently applied to all visitation contracts. It is anticipated that outcomes for supportive visitation services will be the same or similar and will align with DCF's ultimate goals for increased child safety and well-being; appropriate parent/child interactions; safe, timely reunification or other permanency outcome; and no additional substantiations of abuse and neglect upon reunification/permanency. The awarded providers must have the capacity to measure these outcomes and may also propose to articulate and monitor additional outcomes.

The service provider is expected, at a minimum, to keep records including the volume, type and location of visits, by family, for each reporting year. Data on missed and canceled visits should also be captured and reported. In addition, the grantee will be required to provide monthly, quarterly and/or annual reports to DCF including outcome indicators. The format of the reports will be determined following completion of the evaluation plan.

Quality Improvement Practices

The proposal must clearly describe the agency's plan for continuous quality improvement as it relates to the proposed visitation program. This description is to include how the individuals served will have a meaningful role in the performance improvement process.

Other Project Requirements

All applicants are advised that any software purchased in connection with the proposed project must receive prior approval by the New Jersey Office of Information Technology.

The service provider must ensure that any purchased electronic devices meet minimum security standards. The standards can be found online at http://nj.gov/it/ps/11-01-S1-NJOIT_Remote_Access_Standard.pdf. The service provider must also adhere to the Remote Access Standard which can be found online at http://nj.gov/it/ps/11-01-NJOIT_Remote_Access_Policy.pdf.

Applicants are also advised that any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

Organ and Tissue Donation: As defined in section 2 of P.L. 2012, c. 4 (N.J.S.A.52:32-33), contractors are encouraged to notify their employees, through information and materials or through an organ and tissue awareness program, of organ donation options. The information provided to employees shall be prepared in collaboration with the organ procurement organizations designated pursuant to 42 U.S.C. §1320b-8 to serve in this State.

D. Funding Information:

All funding is subject to appropriation. For the purpose of this initiative, funding will be provided to the awarded grantees through a fee-for-service rate schedule. The awarded providers will bill via K-100 at \$146.10 for each visit hour that the agency provides. The awarded provider may also bill for the following in-person, face-to-face activities: pre-visit meeting, post-visit debrief, initial intake assessment and visitation planning meetings. The provider may not bill for transportation to and from visits, for documentation or communication, or for missed/cancelled visits (unless the child(ren) is brought to the visit location and the parent does not show). In this case,

the service provider will be expected to provide support to the child to process his or her feelings from the missed visit.

The rate is inclusive of direct and indirect costs that are required to deliver supportive visitation services and is based on an analysis of existing DCF contracts for supervised and therapeutic visitation along with other data (salary metrics). It is DCF's expectation that the awardee has capacity to deliver a continuum of services. DCF anticipates that not all families will need to use all services. For example, some families may not require transportation for every visit, and not every visit for every family will require hands-on work with a therapist.

DCF will provide funds to cover expenses related to teaming. DCF will provide 5% of both the program director and senior leader's salary to ensure participation on teaming activities. The funds will be based on salaries at the time of award and will not be subject to future, annual increases. The funds will be provided at the onset of initial contract and yearly thereafter, subject to budget appropriations.

Due to the nature of fee-for-service funding, the Department will advance funds to new providers as they gradually implement services. The funds will be used to cover initial billing delays. This program is a pilot, and as such, the Department will work with providers to avoid deficits, particularly in the first year. Providers will be responsible for providing detailed monthly financial information to the Department.

If awardee is an existing visitation provider in Atlantic or Mercer County, upon review and approval of the provider's 12-month operational budget, DCF will negotiate a transition from the cost reimbursement contract to the fee-for-service model. DCF understands providers may need funds to transition the program model and contract from cost reimbursement to fee-for-service and will negotiate with the provider following the award of the contract. It is anticipated that cost reimbursement visitation contracts/components will transition to fee-for-service within six months or less of the award.

Providers shall construct their budget based on a one year proposed level of service. Providers can reference the data provided in Exhibit C to inform their budget and level of service capacity. The applicant must give an estimation of the number of unduplicated families the provider would have capacity to serve on a weekly basis.

Continuation funding is contingent upon the availability of funds in future fiscal years and contract compliance.

DCF anticipates funding up to two (2) proposals under this program to serve Atlantic County and up to two (2) proposals under this program to serve Mercer County.

Matching funds are not required.

Operational start-up costs are permitted and must be included as a separate budget page and as a separate Appendix item with a description of each of the proposed costs and an explanation of how the funding will be used. Applicants must provide a justification and detailed summary of all expenses that must be met in order to begin program operations. DCF will consider start-up costs needed to operationalize the new model, including items such as vehicles, furniture, car seats, or renovating space.

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

Any expenses incurred prior to the effective date of the contract will not be reimbursed by DCF.

E. Applicant Eligibility Requirements:

1. Applicants must be for profit or not for profit corporations that are duly registered to conduct business within the State of New Jersey.
2. Applicants must be in good standing with all State and Federal agencies with which they have an existing grant or contractual relationship.
3. If Applicant is **under a corrective action plan with DCF (inclusive of its Divisions and Offices) or any other New Jersey State agency or authority, the Applicant may not submit a proposal for this RFP if written notice of such limitation has been provided to the Agency or authority.** Responses shall not be reviewed and considered by DCF until all deficiencies listed in the corrective action plan have been eliminated and progress maintained to the satisfaction of DCF for the period of time as required by the written notice.
4. Applicants shall not be suspended, terminated or barred for deficiencies in performance of any award, and if applicable, all past issues must be resolved as demonstrated by written documentation.
5. Applicants that are presently under contract with DCF must be in compliance with the terms and conditions of their contract.
6. Where required, all applicants must hold current State licenses.
7. Applicants that are not governmental entities must have a governing body that provides oversight as is legally required.
8. Applicants must have the capability to uphold all administrative and operating standards as outlined in this document.
9. Applicants must have the ability to achieve full operational census within 60 days of contract execution. Further, where appropriate, applicants must execute sub-contracts with partnering entities within 60 days of contract execution.
10. All applicants must have a Data Universal Numbering System (DUNS) number. To acquire a DUNS number, contact the dedicated toll-free DUNS number request line at 1-866-705-5711 or inquire on-line at www.dnb.com.
11. Any fiscally viable entity that meets the eligibility requirements, terms and conditions of the RFP, and the contracting rules and regulations set forth in the

DCF Contract Policy and Information Manual (N.J.A.C. 10:3) may submit an application.

F. RFP Schedule:

November 28, 2017 at 12 PM	Deadline for Email Questions sent to DCFASKRFP@dcf.state.nj.us
November 29, 2017	Mandatory Bidders Conference at 11AM
January 4, 2018	Deadline for Receipt of Proposals by 12:00PM

Proposals received after 12:00 P.M. on January 4, 2018 will **not** be considered. Applicants shall submit **one (1) signed original** and should submit **one CD ROM** as indicated below.

Proposals must be delivered either:

1) In person to:

Catherine Schafer, Director of Grants Management, Auditing and Records
Department of Children and Families
50 East State Street, 3rd floor
Trenton, New Jersey 08625-0717

Please allow time for the elevator and access through the security guard. Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

2) Commercial Carrier (hand delivery, federal express or UPS) to:

Catherine Schafer, Director of Grants Management, Auditing and Records
Department of Children and Families
50 East State Street, 3rd floor
Trenton, New Jersey 08625-0717

Applicants submitting proposals in person or by commercial carrier shall submit **one (1) signed original** and should submit **one CD ROM** with all documents.

3) Online:

DCF offers the alternative for our bidders to submit proposals electronically. Only a registered Authorized Organization Representative (AOR) or the designated alternate is eligible to send in a submission by submitting an AOR form.

AOR Registration forms and online training are available on our website at: www.nj.gov/dcf/providers/notices/.

Forms are directly under the Notices section-See Standard Documents for RFPs

- Submitting Requests for Proposal Electronically PowerPoint (pdf)
- Registration for the Authorized Organization Representative (AOR) Form

We recommend that you do not wait until the date of delivery in case there are technical difficulties during your submission. Registered AOR forms may be received 5 business days prior to the date the bid is due.

G. Administration:

1. Screening for Eligibility, Conformity and Completeness

DCF will screen proposals for eligibility and conformity with the specifications set forth in this RFP. A preliminary review will be conducted to determine whether the application is eligible for evaluation or immediate rejection.

The following criteria will be considered, where applicable, as part of the preliminary screening process:

- a. The application was received prior to the stated deadline
- b. The application is signed and authorized by the applicant's Chief Executive Officer or equivalent
- c. The applicant attended the Bidders Conference (if required)
- d. The application is complete in its entirety, including all required attachments and appendices
- e. The application conforms to the specifications set forth in the RFP

Upon completion of the initial screening, proposals meeting the requirements of the RFP will be distributed to the Proposal Evaluation Committee for its review and recommendations. Failure to meet the criteria outlined above, or the submission of incomplete or non-responsive applications constitutes grounds for immediate rejection of the proposal if such absence affects the ability of the committee to fairly judge the application.

In order for a bid to be considered for award, at least one representative of the Bidder must have been present at the Bidders Conference, if required commencing at the time and in the place specified below. Failure to attend the Bidders Conference will result in automatic bid rejection.

2. Proposal Review Process

DCF will convene a Proposal Evaluation Committee in accordance with existing regulation and policy. The Committee will review each application in accordance with the established criteria outlined in Section II of this document. All reviewers,

voting and advisory, will complete a conflict of interest form. Those individuals with conflicts or the appearance of a conflict will be disqualified from participation in the review process. The voting members of the Proposal Evaluation Committee will review proposals, deliberate as a group, and then independently score applications to determine the final funding decisions.

The Department reserves the right to request that applicants present their proposal in person for final scoring. In the event of a tie in the scoring by the Committee, the bidders that are the subject of the tie will provide a presentation of their proposal to the evaluation committee. The evaluation committee will request specific information and/or specific questions to be answered during a presentation by the provider and a brief time-constrained presentation. The presentation will be scored out of 50 possible points, based on the following criteria and the highest score will be recommended for approval as the winning bidder.

Requested information was covered	10 Points
Approach to the contract and program design was thoroughly and clearly explained and was consistent with the RFP requirements	20 Points
Background of organization and staffing explained	10 Points
Speakers were knowledgeable about topic	5 Points
Speakers responded well to questions	5 Points

The Department also reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. The Department's best interests in this context include, but are not limited to: State loss of funding for the contract; the inability of the applicant to provide adequate services; the applicant's lack of good standing with the Department, and any indication, including solely an allegation, of misrepresentation of information and/or non-compliance with any State of New Jersey contracts, policies and procedures, or State and/or Federal laws and regulations.

All applicants will be notified in writing of the Department's intent to award a contract.

3. Special Requirements

The successful Applicant shall maintain all documentation related to products, transactions or services under this contract for a period of five years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

Applicants must comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27, the State Affirmative Action policy. A copy is attached as **Exhibit D.**

Applicants must comply with laws relating to Anti- Discrimination as attached as **Exhibit E.**

H. Appeals:

An appeal of the selection process will be heard only if it is alleged that the Department has violated a statutory or regulatory provision in awarding the grant. An appeal will not be heard based upon a challenge to the evaluation of a proposal. Applicants may appeal by submitting a written request to:

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

no later than ten (10) business days following receipt of the notification or by the deadline posted in this announcement.

I. Post Award Review:

As a courtesy, DCF may offer unsuccessful applicants an opportunity to review the Evaluation Committee's rating of their individual proposals. All Post Award Reviews will be conducted by appointment.

Applicants may request a Post Award Review by contacting: DCFASKRFP@dcf.state.nj.us.

Post Award Reviews will not be conducted after six months from the date of issuance of this RFP.

J. Post Award Requirements:

Selected applicants will be required to comply with the terms and conditions of the Department of Children and Families' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual. Applicants may review these items via the Internet at www.nj.gov/dcf/providers/contracting/manuals.

Selected applicants will also be required to comply with all applicable State and Federal laws and statutes, assurances, certifications and regulations regarding funding.

Upon receipt of the award announcement, and where appropriate, selected applicants will be minimally required to submit one (1) copy of the following documents:

1. A copy of the Acknowledgement of Receipt of the NJ State Policy and Procedures returned to the DCF Office of the EEO/AA
2. Proof of Insurance naming DCF as additionally insured from agencies
3. Bonding Certificate
4. Notification of Licensed Public Accountant (NLPA) with a copy of Accountant's Certification
5. ACH- Credit Authorization for automatic deposit (for new agencies only)

The actual award of funds is contingent upon a successful Contract negotiation. If, during the negotiations, it is found that the selected Applicant is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the notice of intent to award may be rescinded.

Section II – Application Instructions

A. Proposal Requirements and Review Criteria:

All applications will be evaluated and scored in accordance with the following criteria:

The narrative portion of the proposal should be double-spaced with margins of 1 inch on the top and bottom and 1 inch on the left and right. The font shall be no smaller than 12 points in Arial or Times New Roman. There is a 25 page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Five (5) points will be deducted for each missing document. If the deductions total 20 points or more, the proposal shall be rejected as non-responsive. The narrative must be organized appropriately, include page numbers and address the key concepts outlined in the RFP. Annex B budget pages, and attachments do not count towards the narrative page limit.

Proposals may be fastened by a heavy-duty binder clip. Do not submit proposals in loose-leaf binders, plastic sleeves or folders or staples.

Each proposal narrative must contain the following items organized by heading in the same order as presented below:

1) AGENCY OVERVIEW – (20 Points)

- Provide an overview of the agency's vision, mission and strategic plan.
- Describe the agency's governance structure and its administrative, management and organizational capacity to enter into a third party direct State services contract with the Department of Children and Families. Note the existence (if any) of professional advisory boards that support the operations. If applicable, indicate the relationship of the staff to the governing body. Attach a current organizational chart as an appendix.
- Describe your agency's current programming. Indicate which services and/or programs are evidence-supported/trauma-informed.
- Describe your experience working with DCF and CP&P-involved families.
- Provide an indication of the agency's demonstrated capability to provide services that are consistent with the Department's goals and objectives for the program to be funded.
- Provide an indication of the organization's demonstrated commitment to cultural competency and diversity. Explain how the provider is working toward a cultural competency plan that describes actions your agency will take to insure that policies, materials, environment, recruitment, hiring, promotion, training and Board membership reflect the community or the intended recipients of the services you provide and promote the cultural competency of the organization and that resources and services will be provided in a way that is culturally sensitive and relevant.
- As an Appendix, provide a brief (no more than 2 pages double spaced) Standards Description demonstrating ways in which your agency's operations mirror Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child Standards ("The Standards"). The Standards were endorsed by DCF in August 2013. They are a preventative tool for implementing policies and procedures for organizations working with youth and children and through their implementation, an organization can minimize the risks of the occurrence of child sexual abuse. The Standards are available at: <http://www.state.nj.us/dcf/SafeChildStandards.pdf>.

2) SVS FIT – (20 Points)

- Indicate how this Supportive Visitation Pilot program fits into the organization's vision and overall programming. Describe the senior leadership support for the proposed supportive visitation services program.
- Describe the agency's experience:
 - Completing intake assessments (biopsychosocial), treatment planning, and reassessment.
 - Implementing therapeutic and/or supervised visitation, if applicable, or other services designed to support families with children in out-of-home

placement. Indicate if these interventions are trauma-informed or evidence-supported.

- Collaborating with CP&P and providing documentation through reports and NJSPIRIT; transporting CP&P-involved families; handling cancellations and rescheduling appointments; and planning for safety and security.

3) SVS CAPACITY – (20 Points)

- Provide a statement that indicates the agency's willingness to implement the core activities of the Supportive Visitation Services Program Model as outlined in Section C.
- Describe your agency's plan for the SVS pilot program in the following areas:
 - Program Accessibility –
 - Indicate hours and days that services will be available to clients.
 - Indicate geographic location(s) where services will be provided. Include a description of the space where services will be provided and how the space will be child- and family-friendly and handicapped accessible.
 - Describe transportation options available to clients. Indicate the number of vehicles and staff that will be available to transport clients. Awarded provider(s) will need to provide valid inspection and maintenance records for all vehicles, and current driver licenses and proof of applicable training for all proposed drivers.
 - Operational Timeline –
 - Provide an anticipated, realistic, feasible timeline for the SVS pilot program to be operational. Attach a Program Implementation Schedule as part of the Appendix.
 - Level of Service –
 - Specify how many unduplicated families your agency will have capacity to provide services to on a weekly basis.
 - Describe how the proposed program will meet the needs of various and diverse cultures within the target community based on the Law Against Discrimination (N.J.S.A. 10:51 et seq.).

4) SVS RESOURCE AVAILABILITY – (20 points)

- Staffing and Service Coordination –
 - Indicate the number and qualifications of all staff who will perform the SVS pilot program.
 - Indicate if staff are existing. Please provide resumes of any existing staff, in the appendices.
 - Indicate if staff will need to be hired. Provide job descriptions that include all educational and experiential requirements, in the appendices.
 - Include an organizational chart for the proposed staffing model, in the appendices.

- Provide a description of any partnerships, collaborative efforts or processes that will be used to provide the proposed services or provide creative, in-community locations for the services (attach any affiliation agreements or Memoranda of Understanding).
- Training –
 - Provide the name(s) of current trainings that will be offered to SVS program staff (including transportation staff).
 - For each of the listed trainings, identify if any of the SVS essential functions (Engaging, Assessing, Active listening, Teaming, Therapeutic Intervening and Coaching) is a primary focus of the training.
 - For each training that address SVS essential functions, attach a short description of the training(s) in the Appendices to elaborate on how the training addresses the essential function.
 - Please use the table below as a guide for providing the training information in the appendices.

Name of SVS Training	Provided to which SVS staff	Essential Functions (EF) covered in the training (if EF is covered, attach a clear description of how that EF is covered in that training)

- Coaching/Supervision – Describe the management, supervision, and coaching methods that will be utilized for the SVS pilot program.
- SVS Teaming – The agency shall agree to have at least two staff (including senior leader and program manager) participate on implementation teams with DCF and existing and/or future supportive visitation service providers to support model development, operations and evaluation, as needed. Please provide the name, title, email address, and phone number for all staff members identified to participate on implementation teams. The teams meet at least once/month, typically by phone for one hour. Please use the table below as a guide for providing this information.

Staffing Level	Name	Position/Title	Email	Phone
Leadership				
Program Manager/ Supervisor				

- Evaluation –
 - Describe how your agency currently monitors and/or evaluates staff and program performance.
 - Provide a statement agreeing to engage in a process of participatory, collaborative evaluation planning with DCF to finalize outcome indicators that the grantee will be responsible for reporting on and that DCF will be monitoring.
 - Provide the name(s) of any visitation assessment tools currently being used by your agency.
 - Describe the agency's quality assurance and performance improvement processes and discuss how individuals served will have a meaningful role.
- Data System – Describe how the organization collects, maintains and uses any data collected. Include in the narrative responses to the following questions:
 - Is there a database system in the organization? If there is no existing database for the data, how do you collect data (i.e. excel spreadsheets)?
 - Who is responsible for collecting, inputting, analyzing and reporting the data?
 - How is the data used once analyzed?

5) BUDGET – (20 Points)

- Provide a 12-month operating budget with estimated/anticipated level of service to meet your financial obligations. Include one-time, start-up costs on separate schedule. Note: DCF will provide funds to cover teaming activities. DCF will provide 5% of the program director and senior leader's salary. The funds will be based on salaries at the time of award and will not be subject to future, annual increases. These funds will be provided advanced at the onset of the contract and yearly thereafter, subject to budget appropriations.
 - The Department will consider the cost efficiency of the proposed budget as it relates to the anticipated level of services (LOS). Therefore, applicants must clearly indicate how this funding will be used to meet the project goals and/or requirements. Provide a line item budget and narrative for the proposed project/program. The narrative must be part of the 25 page proposal. The Budget forms are to be attached as an Appendix. The grantee is expected to adhere to all applicable State cost principles. Standard DCF Annex B (budget) forms are available at: <http://www.state.nj.us/dcf/providers/contracting/forms/> and a description of General and Administrative Costs are available at <http://www.state.nj.us/dcf/providers/notices/>.
 - The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. The budget should also reflect a 12 month operating schedule and must include, in separate columns, total funds needed for each line item. All costs associated with the completion of the project must be clearly delineated and the budget

narrative must clearly articulate budget items, including a description of miscellaneous expenses or —other items.

- The completed budget proposal must also include a detailed summary of and justification for any one-time operational start-up costs. These costs should be reflected on a separate schedule.

B. Supporting Documents:

Applicants must submit a complete proposal signed and dated by the Chief Executive Officer or equivalent and should submit a CD ROM containing all the documents in PDF or Word format. There is a 25 page limitation for the narrative portion of the grant application. A one (1) point reduction per page will be administered to proposals exceeding the page limit requirements. Failure to submit any of the required documents requested in this RFP will result in a loss of five (5) points per item from the total points awarded for the proposal.

All supporting documents submitted in response to this RFP must be organized in the following manner:

Part I: Proposal	
1	☐ Proposal Cover Sheet (signed and dated) – Use the RFP forms found directly under the Notices section on Website: www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Proposal.Cover.Sheet.doc
2	☐ Table of Contents – Please number and label with page numbers if possible in the order as stated in Part I & Part II Appendices for paper copies, CD and electronic copies.
3	☐ Proposal Narrative in following order (25 page limitation) - AGENCY OVERVIEW - SVS FIT - SVS CAPACITY - SVS RESOURCE AVAILABILITY - BUDGET
Part II: Appendices	
4	☐ Job descriptions of key personnel and/or resumes if available for key personnel (please <u>do not</u> provide home addresses or personal phone numbers)
5	☐ Current Agency Organization Chart
6	☐ Proposed Program Organization Chart with anticipated staffing model
7	☐ Proposed Program Implementation Schedule
8	☐ Training table outlining current or proposed agency's SVS trainings
9	☐ Safe-Child Standards Description of your agency's implementation of the standards (no more than 2 pages)
10	☐ DCF Annex B Budget Forms* and separate document explaining and describing operational startup costs, if applicable.

11	☐	Copy of agency's Conflict of Interest policy
12	☐	Copies of any audits or reviews (including corrective action plans) completed or in process by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities from 2014 to the present. If available, a corrective action plan should be provided and any other pertinent information that will explain or clarify the applicant's position. If not applicable, include a written statement. Applicants are on notice that DCF may consider all materials in our records concerning audits, reviews or corrective active plans as part of the review process.
13	☐	Dated List of Names of Board of Directors a. Titles, b. Address and c. Terms -or- Managing Partners , if an LLC or Partnership
14	☐	DCF Signed Standard Language Document (SLD) [Version: Rev. June 6, 2014] Form: http://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc
15	☐	Document showing Data Universal Numbering System (DUNS) Number [2006 Federal Accountability & Transparency Act (FFATA)] Website: http://www.dnb.com Helpline: 1-866-705-5711
16	☐	System for Award Management (SAM) printout (or Renewal) showing "active" status (free of charge). Website: https://www.sam.gov/portal/public/SAM Helpline: 1-866-606-8220
17	☐	Applicable Consulting Contracts , Affiliation Agreements/Memoranda of Understanding related to this RFP. If not applicable, include a written statement
18	☐	Business Associate Agreement/HIPAA , with signature under Business Associate [Version: Rev. 9-2013] Form: http://www.nj.gov/dcf/providers/contracting/forms/HIPAA.doc
19	☐	Professional Licenses related to job responsibilities for this RFP. If not applicable, include a written statement
20	☐	Affirmative Action Certificate -or- Renewal Application [AA302] sent to Treasury Website: http://www.state.nj.us/treasury/purchase/forms.shtml Form: http://www.state.nj.us/treasury/purchase/forms/AA_%20Supplement.pdf
21	☐	Certificate of Incorporation Website: http://www.nj.gov/treasury/revenue/filecerts.shtml
22	☐	For Profit: NJ Business Registration Certificate with the Division of Revenue. See instructions for applicability to your organization. Website: http://www.nj.gov/njbusiness/registration/ If not applicable, include a written statement.
23	☐	Agency By-laws or Management Operating Agreement if an LLC

24	☐	Tax Exempt Certification Website: http://www.state.nj.us/treasury/taxation/exemption.shtml
25	☐	Disclosure of Investigations & Other Actions Involving Bidder Form (PDF) (signed and dated) Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestigations.pdf
26	☐	Disclosure of Investment Activities in Iran (PDF) (signed and dated) Form: http://www.state.nj.us/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf
27	☐	For Profit: Statement of Bidder/Vendor Ownership Form (PDF) (signed and dated) See instructions for applicability to your organization. Form: http://www.state.nj.us/treasury/purchase/forms/OwnershipFinal12-14.pdf If not applicable, include a written statement
28	☐	For Profit: Two-Year Chapter 51/Executive Order 117 Vendor Certification -and- Disclosure of Political Contributions [Version: Rev 4/17/15] (signed and dated). See instructions for applicability to your organization. Website: http://www.state.nj.us/treasury/purchase/forms.shtml If not applicable, include a written statement
29	☐	Certification Regarding Debarment (signed and dated) Form: http://www.state.nj.us/dcf/providers/notices/Cert.Debarment.pdf
30	☐	Statement of Assurances (signed and dated) – Use the RFP forms found directly under the Notices section: Website: www.nj.gov/dcf/providers/notices/ Form: http://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc
31	☐	Tax Forms: Non Profit Form 990 Return of Organization Exempt from Income Tax - or- For Profit Form 1120 US Corporation Income Tax Return or- LLC Applicable Tax Form and may delete or redact any SSN or personal information

*Standard forms for RFP's are available at: <http://www.nj.gov/dcf/providers/notices/>
Forms for RFP's are directly under the Notices section.

Standard DCF Annex B (budget) forms are available at: <http://www.state.nj.us/dcf/providers/contracting/forms/>

** Treasury required forms are available on the Department of the Treasury website at <http://www.state.nj.us/treasury/purchase/forms.shtml>
Click on Vendor Information and then on Forms.

Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual may be reviewed via the Internet at: <http://www.nj.gov/dcf/providers/contracting/manuals>

C. Requests for Information and Clarification

DCF will provide eligible applicants additional and/or clarifying information about this initiative and application procedures at the technical assistance meeting indicated in this RFP. All prospective applicants must attend a Bidders Conference and participate in an onsite registration process in order to have their applications reviewed. Failure to attend the Bidders Conference will disqualify individuals, agencies, or organizations from the RFP process.

Questions may be emailed in advance of the Bidders Conference to DCFASKRFP@dcf.state.nj.us. Applicants may also request information and/or assistance from DCFASKRFP@dcf.state.nj.us until the Bidders Conference. Inquiries will not be accepted after the closing date of the Bidders Conference.

Written questions must be directly tied to the RFP. Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP. All inquiries submitted to DCFASKRFP@dcf.state.nj.us must identify, in the Subject heading, the specific RFP for which the question/clarification is being sought. Each question should begin by referencing the RFP page number and section number to which it relates.

Written inquiries will be answered and posted on the DCF website as a written addendum to the RFP at: <http://www.state.nj.us/dcf/providers/notices/>

Technical inquiries about forms and other documents may be requested anytime.

All other types of inquiries will not be accepted. **Applicants may not contact the Department directly, in person, or by telephone, concerning this RFP.**

Inclement weather will not result in the cancellation of the Bidders Conference unless it is of a severity sufficient to cause the official closing or delayed opening of State offices on the above date.

In the event of the closure or delayed opening of State offices, the Bidders Conference will be cancelled and then held on an alternate date.

EXHIBIT A: Supportive Visitation Services Logic Model

Vision: Each child placed by the Division of Child Protection and Permanency (CP&P) in out-of-home placement shall have the opportunity to visit with parents, siblings and interested relatives to maintain and strengthen familial interactions and work toward permanency.		
Name of Initiative: Supportive Visitation Services Pilot Program		
Target Population: CP&P-involved families with children in out-of-home placement		
RESOURCES	ACTIVITIES	LONG TERM OUTCOMES
Counties: Atlantic, Essex, Mercer, Morris, Passaic, and Sussex Staffing: Clinical lead, team, or licensed Therapist; Visitation Staff; and Transportation Staff Visit Location: Home-like/family friendly environments: Parent residence, Family or friends' residence, Resource home, In-Community settings, or Agency Collaborations: Family, CP&P, and Other partners Database: NJ SPIRIT and Agency data system Assessment and Evaluation: Assessment Tools, Evaluation Tools, and Continuous Quality Improvement Practices	Visitation Planning Process: <u>Referral</u> – Receive referral from CP&P. Contact CP&P to review referral and obtain additional information and family to schedule an initial intake assessment. <u>Initial Intake Assessment</u> – Complete a biopsychosocial assessment with parent and child, as appropriate, by a master's level visitation specialist. <u>Visitation Planning Meeting</u> – Develop a visitation plan utilizing assessment, observation and collaboration with input from the family, CP&P and other partners as indicated. Plans must include Visitation Level; Visitation Goals/Purpose of Visits; Frequency, Duration and Location of Visits; Who Attends Visits; Transportation; and Cancellation and Rescheduling policy. Supportive Visitation Services: Provide a continuum of visitation services to meet the unique needs of each family. Each visit should include a pre-visit meeting to discuss visitation goals and focus of visit and a post-visit debrief to process visit and plan for the next visit. Continuum of supportive visitation services to include Therapeutic Supervised Visits; Supportive Supervised Visits; Relative/Community Partner Supervised Visits; and Unsupervised Monitoring. Ongoing Family Reassessments: Reassess the family at regular scheduled intervals (at least every 3 months) through a visitation planning meeting with family, CP&P and other partners as indicated. Determine if current treatment goals have been met and/or whether families would benefit from a different level of intervention/supervision. Update visitation plan as needed. Post Reunification Services (Aftercare): Provide supports to the family for up to six months post reunification. Interventions are based on family's need. Systems Collaboration and Coordination: <u>CP&P</u> – Engage in regular phone and in-person contact, participate in FTMs, provide written collaterals, and document visits into NJS. <u>Transportation</u> – Transport children to and from visits. Transportation may also be provided to parents, if needed. Implementation Plan: Support the quality execution of the supportive visitation services model. Implementation plan includes Staffing model, Training plan and Coaching/ Supervision plan.	Safety Well-being Permanency Shorter lengths of stay in out-of-home placement Increased reunification Decreased maltreatment post-reunification Decreased re-entry into out-of-home placement
Assumption: Research indicates parent-child visitation leads to: - Increased likelihood for reunification. Children were almost ten times more likely to reunify with regular visits, as recommended by the court.¹⁷ - Shorter lengths of stay in out-of-home placement. Children who do not visit with their family spend almost three times as much time in out-of-home placement.¹⁸ - Decreased likelihood that the child will re-enter care.¹⁹ - More secure attachments and being better adjusted.²⁰		

¹⁷ Davis, I., Landsverk, J., Newton, R. and Ganger, W. (1996). Parental visiting and foster care reunification. *Children and Youth Services Review*, 18 (4/5), 363-382.

¹⁸ Mech, E. (1985). Parental visiting and foster placement. *Child Welfare*, 64 (1), 67-72.

¹⁹ Farmer, E. (2006). Family reunification with high-risk children: Lessons from research. *Children and Youth Services Review*, 18 (4/5), 287-305.

²⁰ McWey, L. and Mullis, A. (2004). Improving the Lives of Children in Foster Care: The Impact of Supervised Visitation. *Family Relations*, 53 (3), 293-300.

EXHIBIT B – Supportive Visitation Services Practice Profile

Guiding Principles	
<i>Philosophies, values, or beliefs that programs have when working with families.</i>	
Collaborative	ReConnections works in partnership with families and communities.
Supportive	ReConnections provides services that are strength-based, trauma-informed, client-centered, and collaborative.
Flexible	ReConnections' programs, activities, and services are based on evolving family needs and are enhanced or refined as needed.
Family-Driven	ReConnections' services are based on family goals and schedules, underlying needs and child development considerations.
Community-Based, Least Restrictive	ReConnections' services are provided in the least restrictive, safe setting, preferably the family's home or in the community.
Promotes Well-Being	ReConnections provides services that mitigate safety concerns, enhance family relationships, communication, and bonding, by utilizing trauma-informed practices for parents, caregivers and children.
Trauma-Informed	ReConnections provides services that address underlying trauma, utilizing trauma-informed care.

Essential Function #1
<u>Engaging</u> <i>Establishing and maintaining relationships with family by building rapport through open communication, staff consistency, and involving family, CP&P, resource parents, service providers and additional family members in all aspects of the visitation process</i>
<u>Expected</u> <i>includes activities that exemplify practitioners who are able to generalize required skills and abilities to wide range of settings and contexts</i>
• Initiates and maintains ongoing phone and in-person contact with family ○ Introduces self and program, discusses referral source and answers any emergent questions, preferably in a phone call ○ Schedules appointments at time and place that is convenient for the family and confirms visits ○ Communicates in an open, honest, respectful and culturally sensitive manner ○ Discusses roles and responsibilities to ensure that parents understand and follow policy and procedures of the program. • Schedules and conducts visits in the least-restrictive setting. ○ Ensures visits occur in a home-like, welcoming location. Visits at the family's home are preferred, if safe/suitable ○ Discussion with the family of all options for visit locations during intake, and collaborating with CP&P and client to finalize visit location. ○ The order of priority for visits to occur as follows: Family Home, Relative Home, Resource Home, Community Location, Provider/Partner Agency, or CP&P • Ensures a safe environment for parent-child contact ○ Observes visitation location for safety factors. ○ Intervenes to establish or protect safety as needed • Involves family in the process ○ Uses strengths-based, family centered, trauma informed strategies to elicit family input ○ Incorporates family ideas into planning processes and visitation services (examples include: visit locations, frequency and duration of visits , participants, and activities) ○ Creates opportunity for families to discuss feelings and reactions about removal, changes in visitation level and CP&P case goal • Initiates and maintains ongoing phone and in-person contact with CP&P ○ Introduces self and program to CP&P staff and answers any emergent questions, preferably in a phone call ○ Invites CP&P staff to facilitated Visitation Planning Meetings at least quarterly.

○ Communicates with CP&P staff about visitation services ongoing, and the planning process. ○ Actively participates in CP&P case conferences and Family Team Meetings as available
● Initiates and maintains ongoing phone, in-person or written contact with stakeholders, as appropriate ○ Introduces self and program to stakeholders including resource parents, service providers, court/legal personnel and any additional family members, etc. and answers any emergent questions. ○ Includes stakeholders in facilitated Visitation Planning Meetings at least quarterly. ○ Communicates with stakeholders about visitation services ongoing, and the planning process.
● Engages in transition process when staff changes. ○ New staff assigned to case conferences case with current staff and/or program manager prior to case transfer. ○ Case transfer discussed with client prior to occurring, including name, contact information and transfer date for new staff member. ○ Case transfer to be discussed with CP&P, resource parents, service providers, additional family members; name, contact information, and transfer date provided. ○ When possible, new staff will co-facilitate a visit and be introduced in person prior to the case transfer. ○ New staff will utilize debriefing sessions and/or initial visitation to facilitate the engagement process (as above).

Essential Function #2
<u>Assessing</u>
<i>Using a process to collect information and use it to address the family's identified needs</i>
<u>Expected</u>
<i>includes activities that exemplify practitioners who are able to generalize required skills and abilities to wide range of settings and contexts</i>
● Collects information ○ Reviews CP&P referral form and contacts CP&P worker for family and case specific information ○ Uses a process to gather information from relevant sources ○ Complete an intake process with the client. ○ Discusses observations and assessments with parents and elicits feedback regarding parenting styles and behaviors.
● Asks questions by phone and/or during in person meetings with family, CP&P workers and other collateral providers ○ Inquires about family history, goals, and ongoing and evolving needs to collect and confirm information
● Observes family's interactions in initial pre-visitation plan visits and ongoing visits ○ Actively monitors parent/child interactions while respecting the family's personal space and ensuring participants' safety
● Fills out required assessment tools ○ Accurately completes the following within the designated timeframe: ● Bio-psychosocial assessment with parent and child; ● Rose Wentz Matrix; and ● Parent's Assessment of Protective Factors (PAPF) to measure pre- and post-intervention scoring.
● Synthesizes information and determines visitation level(s) ○ Incorporates gathered information from reviews, inquiry, observations, parent feedback and assessments in a visitation plan with includes recommendation of visitation level(s)
● Updates the visitation plan regularly ○ Practices quality improvement by reviewing information at specified intervals or as needed and incorporates results of the PAPF in planning

Essential Function #3

Active Listening

Using communication techniques that encourages free dialogue and mutual understanding

Expected

includes activities that exemplify practitioners who are able to generalize required skills and abilities to wide range of settings and contexts

- **Creates an environment that empowers family members, including parents, child, etc., to communicate their goals and needs**
 - Encourages open dialogue by inquiring about the families goals and needs during weekly debriefings and visits and being receptive to feedback.
 - Validates family's thoughts and feelings
 - Incorporates family's voice into process:
 - Uses a process to debrief with families
 - Preps client for visitation planning meeting and supports client in advocating for themselves during the meeting.
- **Utilizes various interviewing and/or communication techniques**
 - Presents open ended questions to encourage dialogue
 - Summarizes and reframes what is said to validate common understanding and encourage mutual dialogue
 - Recognizes non-verbal communication
 - Maintains good eye contact and posture
 - Takes notes, if needed, trying not to interrupt flow of conversation

Essential Function #4

Teaming

Respectful and meaningful collaboration with families (and community partners) to achieve shared goals.

Expected

includes activities that exemplify practitioners who are able to generalize required skills and abilities to wide range of settings and contexts

- **Initiates and schedules regular phone and/or in person communication with families**
 - Encourages and emphasizes the importance of family participation
 - Reviews progress, elicits feedback and address any barriers
 - Utilizes active listening techniques (see active listening essential function above)
- **Advocates for parents/families as necessary and supports them in advocating for themselves**
 - Gathers information about family's needs
 - Develops a plan with the family to identify steps they can take to meet their needs and/or steps FC staff can take to support the family
 - Links the family to community resources and coordinates with CP&P
 - Assists the parents with practicing assertiveness skills and effective communication while advocating for themselves
 - Follows up and revises plan as necessary.
- **Collaborates with CP&P and community partners**
 - Actively seeks opportunities to engage in regular communication with service partners by phone, in person and/or written collateral contacts
 - Involves community partners in planning meetings and considers service recommendations, as appropriate
 - Utilizes active listening techniques (see active listening essential function above)
 - Educates stakeholders about the importance of visitation and ensures visits are only for family time.
- **Facilitates and/or attends meetings**
 - Conducts visitation planning meetings
 - Respects family's availability for meeting date, time and location
 - Uses the family's words and incorporates their thoughts in the process
 - Utilizes active listening techniques (see active listening essential function above)
 - Actively participates in FTMs and other child and family meetings as available.

Essential Function #5

Therapeutic Intervening

Purposeful use of evidence based/informed techniques intended to help families identify and process emotions and apply positive coping skills.

Expected

includes activities that exemplify practitioners who are able to generalize required skills and abilities to wide range of settings and contexts

- **Promotes behavioral change through clinical interventions**
 - Incorporates one or more of the following EB/ES/PP interventions, with fidelity, to meet the family's individualized needs. Interventions include: Attachment Self-Regulation and Competency Framework (ARC), PCIT (Parent Child Interaction Treatment), family systems theory, attachment theory, couples therapy, and/or family therapy
 - Addresses concerns and supports family goals
 - Directly intervenes with children and models parenting techniques and skills to promote healthy attachment
 - Models for parents how to support children during transitions
 - Educates parents on child development
 - Assesses and normalizes child's responses to transitioning into and out of the visit
 - Aligns frequency of intervening to parental needs and skills
 - Empowers and allows parents to be the lead in caring for their children with support from the Visitation Specialist, as needed

Essential Function #6

Coaching

Targeted instruction to parents about improving parenting skills, family dynamics and other identified goals that support reunification or other permanent placement discharge.

Expected

includes activities that exemplify practitioners who are able to generalize required skills and abilities to wide range of settings and contexts

- **Enhances parental skills by goal setting, modeling, mentoring, reinforcement and feedback and reflection**
 - Empowers the parent(s) to be the lead in caring for their child(ren) during visits and utilize learned skills during their interactions
 - Encourages and supports parents to incorporate and demonstrate skills they have learned or developed
 - Observes and intervenes as necessary
 - Redirects parent with verbal reminders to cue learned parenting skills, when direct intervention by visitation specialist is not needed.
 - Validates parents' and/or children's progress
 - Operates from a trauma-informed perspective.
- **Preps and debriefs with family**
 - Discusses goals and visit progress, as well as plan for future visits.
 - Addresses the following questions, related to the Rose Wentz Visit Plan and planning process:
 - What went well?
 - What do we need to work on?
 - How does our visit plan address developmental needs and specific concerns related to the case?
 - Are we working on the things our current visit plan was created to address?
 - Do we need to update the visit plan?
 - What effective strategies will be used?

Contract Number:

Program Name: Supervised Visitation Programs

Annex A
SERVICE OUTCOMES
Section 2.3

GOALS	OBJECTIVES	SERVICE ACTIVITIES	OUTCOMES	REPORTING	SUPPORTING DOCUMENTATION
To support families in attaining the permanency goals specified by DCP&P and the Family Court	To protect children from harm by ensuring child physical and emotional safety during visits To facilitate appropriate interaction between parents, children and, when appropriate, siblings To consistently offer services in accordance with the visitation schedule specified in the case plan To observe and objectively report on interactions in a timely manner	The goals and objectives of the program will be achieved through the availability and provision of services, including but not limited to: - Scheduling and coordination of family visits - Direct observation & supervision during visits - Transportation for children; coordinate arrangements for family members - Parenting Instruction - Detailed Reporting to DCP&P and Family Court - Information/Referral and Community Linkages	In reunification cases, parents will demonstrate improved interaction skills: - 50% of cases at 90 days post intake - 75% of cases at 6 months post intake - 75% or more of cases thereafter as measured at 90 day intervals		Contact Sheets Service Plan Reviews

Contract Number:

Program Name: Therapeutic Visitation Programs

Annex A
SERVICE OUTCOMES
Section 2.3

GOALS	OBJECTIVES	SERVICE ACTIVITIES	OUTCOMES	REPORTING	SUPPORTING DOCUMENTATION
To support families in attaining the permanency goals specified by DCP&P and the Family Court	To offer services in accordance with established visitation schedules To protect children from harm by ensuring child physical and emotional safety during visits To facilitate appropriate interaction between parents, children and, when appropriate, siblings To strengthen family bonds & improve parental capacity To ensure that permanency plans are informed by objective assessments & the best interests of children	The goals and objectives of the program will be achieved through the availability and provision of services, including but not limited to: - Scheduling and coordination of family visits - Direct observation & supervision during visits - Transportation for children; coordinate arrangements for family members - Counseling & therapeutic intervention (individual/group/family) - Parenting instruction - Detailed Reporting to DCP&P and Family Court - Information/Referral and Community Linkages	90% of parents will demonstrate improved readiness/parental capacity 85% of cases will achieve permanency within 12 months of referral to the agency 95% of children reunified with family will have no new substantiations of abuse and neglect within 12 months of their return home		Contact Sheets Service Plan Reviews Visitation Reports Follow-up information

EXHIBIT D

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression,

disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically available at www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Department of Children and Families, the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

EXHIBIT E

TITLE 10. CIVIL RIGHTS CHAPTER 2. DISCRIMINATION IN EMPLOYMENT ON PUBLIC WORKS

N.J. Stat. § 10:2-1 (2012)

§ 10:2-1. Antidiscrimination provisions

Antidiscrimination provisions. Every contract for or on behalf of the State or any county or municipality or other political subdivision of the State, or any agency of or authority created by any of the foregoing, for the construction, alteration or repair of any public building or public work or for the acquisition of materials, equipment, supplies or services shall contain provisions by which the contractor agrees that:

a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;

b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;

c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and

d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L.1985, c.490 (*C.18A:18A-51 et seq.*).