

QUESTIONS AND ANSWERS

2016 RFP Trauma Treatment and Supportive Services – Four Counties

Questions? Email us anytime at dcfaskrfp@dcf.state.nj.us

Phone number and contact

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Deliver proposal to: 50 East State Street, 3rd Floor
Trenton, NJ

Special Notes: December 7, 2016 Winning proposal narrative from prior award available for review at 50 East State Street, Trenton NJ 3rd floor. Please contact us to reserve time at dcfaskrfp@dcf.state.nj.us.

Change to Bid due date: Bids shall now be due

December 23, 2016 at 12: 00 PM

1. Can Private Practitioners apply for this RFP or is it limited to organization(s)?

No, private practitioners cannot apply. As per the RFP on Page 9, “Applicants must be for profit or not for profit corporations that are duly registered to conduct business within the State of New Jersey.”

2. The minimum annual LOS is for unduplicated children. Can you please define unduplicated children? Do children/siblings living in the same family or within the same household count as 1 total or each as a separate LOS number?

Each child is counted separately.

3. What is the # of kids/families expected to be seen?

See page 19 of RFP-Level of Service:

- The awarded grantee in Hudson County must have capacity to treat at least 75 unduplicated children annually;

- The awarded grantees in both Mercer County and Gloucester County must each have capacity to treat at least 60 unduplicated children annually; and
- The awarded grantee in Cumberland County must have capacity to treat at least 40 unduplicated children annually.

4. Section 1 General Information B. Background page 2: What is the specific age range of child victims who receive treatment? Please define the age group of the children to be served. Age range is through 18 or 21? Are they looking for services for certain age groups?

TF-CBT is usually recommended for children between the ages of 3-18. Providers may receive referrals for young clients who may not benefit from treatment based on the child's developmental stage and/or clients between 18 and 21 who may benefit from treatment. These situations must be discussed on a case by case basis with the provider and CP&P and family involved to determine what's in the best interest of the child(ren)/young adult.

5. Section 1 General Information C. Services to be funded page 5: Can we hire all staff who still need the TF-CBT training, or should some of the staff hired already be trained in TF-CBT?

Staff are not required to be TF-CBT trained; however, they must be willing to participate in the trainings, provide TF-CBT on selected cases and work towards certification. Each agency must have a supervisor willing to participate in the training and be able to clinically supervise staff providing TF-CBT.

6. Section 2 Application Instructions A. Proposal Requirements and Review Criteria Program Approach page 17: If DCF sponsors the TF-CBT Training, and we send our staff to this training as part of the yearlong learning collaborative, does this training cost still need to be in the budget we submit?

No.

7. If an applicant needs assistance with developing or expanding its capacity to deliver TF-CBT services, the applicant should clearly note the need in its plan as DCF will sponsor TF-CBT training, consultation and support.

- It seems the training will be provided by DCF at no cost to the provider. Please confirm

Correct.

- If we need to include costs, how much should we budget per person?

N/A

- **We will need to pay our staff for the training time. How many hours should we budget for our hourly employees to complete the training?**

Training will consist of: 10-hour web-based training, 90-minute webinar on use of relevant assessment measures, completion of pre-,mid- and post-training surveys which take approximately 25-30 minutes to complete, 2.5 day in-person introductory training, 16-18 one hour consultation calls, and a 2-day in person advanced training.

8. Who will provide the TF-CBT training?

Training will be offered by the CARES Institute.

- 9. Do they have a particular tool they use? Will DCF train us in the screening tool? This was confusing—first they said we need a tool and then they said they will determine the tool and we have to agree to use it. Do we have to propose a tool but agree to use theirs?**

The agency is being asked to describe the screening and/or assessment tool(s) to be used and the evidence to support its use with the target population. The agency should also describe how the tool(s) will be used to identify the appropriate treatment modality. The tools, at minimum, should include measures for PTSD and behavioral health.

10. What is the timeframe for training staff before grantees go live?

DCF is expecting to begin training in TF-CBT within 60 days of contract execution. Clinicians and supervisors are expected to have selected cases and will provide treatment services throughout the learning collaborative.

11. Do grantees have to TF-CBT certified in order to start?

No, DCF is not requiring certification of clinician in the first year. DCF does require under this RFP, that TF-CBT is delivered by clinicians who can demonstrate that they have been trained or who are actively involved in a training process and are working towards certification.

12. Page 5, paragraph 1: Can components of the TF-CBT be delivered in a group format?

DCF did not prohibit including group therapy. The provider should detail in their proposal why they included this approach and how they believe children and

families would benefit from this delivery method. The response should be supported by research.

13. Page 5, paragraph 1: It appears that completion of the TF-CBT certification process can take at least 6 months. Would an acceptable timeline for service implementation be 6-12 months?

The DCF-sponsored TF-CBT training is provided over the course of 8-9 months.

14. Section 1 General Information D. Funding information page 9: What is the actual start date of the contract and the budget?

The contract start date is dependent on the applicant selection and contract negotiation processes. The budget submitted in response to the RFP is to reflect a 12-month operating schedule.

15. Section 2 Application Instructions C. Requests for Information and Clarification Exhibit C page 28: Are there specific line items that need to go in the start-up/one-time costs in the budget?

No. The applicant should include items that they propose as one-time expenses, including any one-time operational start-up costs and the source of anticipated contract accruals to cover the identified costs.

16. Applicants may request to use anticipated contract accruals to support one-time operational start-up costs. In support of the request, the applicant must submit a separate budget schedule that identifies the proposed one-time expenses and the line item that is the anticipated source of the accrual.

- **Are the one time start-up costs included in the funding allocated or are they additional funds?**

There are no additional funds for start-up costs. Agencies are permitted to identify anticipated accruals and use them towards start-up costs.

- **Is there a limit for the amount of start-up funds?**

No, however, the funding should be reasonable and a detailed summary of and justification should be provided.

- **Would TF-CBT certification costs be considered one-time start-up costs?**

Yes.

- **What is meant by “...identifies...the line item that is the anticipated source of the accrual”? (page 20 “Budget”)**

There are no additional funds to cover one-time start-up costs; agencies are permitted to utilize anticipated budget accruals towards one-time expenses. If an agency anticipates a lag in hiring staff; it can propose utilizing salary accruals towards one-time expenses.

17. Section 1 General Information D. Funding information page 9: Can an agency vehicle be purchased with the funds in order to do home visits?

Applicants may request to use anticipated contract accruals to support one-time operation start-up costs.

18. Is there a certain % of funding that has been allocated per county to work with child victims of DV who identify as LBGTQ?

No. The applicant should serve all child victims who have experienced trauma as a result of exposure to domestic violence and require treatment.

19. Are construction costs allowed? Ex—one way mirror for observation of a session.

Applicants may request to use anticipated contract accruals to support one-time operation start-up costs.

20. Are consultation costs allowed? If we wanted ongoing case consults with a DV or TF-CBT specialist

Yes.

21. How does the billing work, by Benchmarks?

No. DCF typically has a schedule of estimated claims prepared and payments are made monthly.

22. How do we submit our billing?

See the NJStart webpage and register.

23. Page 9, paragraph 3: Is it permissible to bill insurance/funding agencies for treatment of the referred child?

Yes.

24. Section 1 General Information D. Funding information page 9: If the program generates revenue can this revenue be used to offset the grant, or is it considered revenue?

It is not clear how the program and our funding will generate “revenue”. Our funding is to assist the population described.

If a child referred is all or partially covered by insurance then our remaining funding is then available to assist additional clients.

25. Can we subcontract for adjunct services—like yoga for instance

Applicants are not prohibited from subcontracting for services.

26. Should we be providing other than TF-CBT services? recreation for example

Applicants may propose additional supportive services.

27. Page 9, section E, #9: If applicants must be able to achieve full operational census within 60 days of contract execution, will contract execution occur after staff training has been completed, which could be 6-12 months after RFP award?

Applicant is expected to be operational within 60 days of contract execution. Applicant should have hired staff and obtained space, if appropriate. Clinicians and supervisors should be ready to participate in the learning collaborative, if they are not trained in TF-CBT or begin providing TF-CBT services, if trained.

28. Section 1 General Information B Background page 2:

Is the target population "children who are exposed to DV" OR the preceding paragraph "victims of DV?" Sections 1A and 1B mention support to child victims and "caregivers."

The minimum level of service is for unduplicated children who receive treatment services.

29. Section 2 Application Instructions A Proposal Requirements and Review Criteria 2) Program approach page 16: This approach speaks about engaging "families" not just children. Does this include both of the parents involved in the domestic abuse?

TF-CBT is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. A caretaker should be included with the child in the TF-CBT model.

30. Section 2 Application Instructions A. Proposal Requirements and Review Criteria Applicant Organization page 15: If the applying agency does not have treating children specifically in its background, but has experience with domestic violence and domestic violence services, will the agency still be considered?

Yes.

31. Should we be figuring on a safety protocol? Are the fathers still in the picture? Is there a minimum amount of time that they have been separated? When working with families of DV on site in an agency and especially at home, there is a lot of risk involved for the women and children as well as the clinicians.

In the Program Approach section of your proposal, applicant should describe client eligibility requirements for the program. Applicant should also describe the agency's procedures/protocols to ensure the safety of all participants.

32. Who refers clients to us?

DCF intends for referrals to come from the Domestic Violence Lead Agency and CP&P. Referrals from other sources may be appropriate as well but will need to be discussed with DCF.

33. Page 4, paragraph 4: If our agency can provide a higher level of care for the children, would we still refer the child to PerformCare? If yes, would PerformCare refer the child back to us to provide the treatment?

Applicant should follow your agency's established referral procedures for clients who require higher level treatment services.

34. Are we permitted to refer to the program if a family is not involved with DCPD? Ex—maybe there are appropriate referrals living in our shelters or maybe we become aware of children through MRSS. Please explain the referral process—ie: Where does perpetrator live, how long have the parents been separated, is there ongoing contact.

Families are not required to be CP&P-involved in order to receive services although it is anticipated that the majority of clients referred and served will be CP&P-involved families

35. Page 7, paragraph 2: With regard to Mercer County specifically, will children be referred from all parts of Mercer County? If not, what specifically is the catchment area?

Yes, the applicant is expected to provide services to children and families within the entire county.

36. If there is no need for counseling we refer to community supports—like what? Big Brothers? And if there is high need we refer to Perform Care. Who do we see? Is it based on our screening or their tool?

Applicants are expected to serve children who as a result of their exposure to domestic violence are in need of trauma treatment services. Not all children exposed to domestic violence will require treatment. Applicants should propose where they would refer children based on their identified needs through your agency's screening and/or assessment.

37. How quickly after the referral is made to the grantee are they required to reach out to the family?

The applicant is expected to describe their intake process and should specify timeframes for reaching out to families within their proposal.

38. How long should the service be provided to each client?

Your application should describe the length of time services will be provided. Depending on the case specifics, TF-CBT is typically provided for 12-18 sessions.

39. Timeframe for services? Is there a specific length of time kids/families can receive services?

See question #40.

40. RFP states we need to have specific outcomes measures but we have to report on their outcome measures. Are you looking for outcome measures in addition to ours or instead of ours? What outcome indicators is DCF looking for specifically?

DCF will work with either an internal or expert evaluator. The awarded agencies are to clarify what specific outcome indicators will be collected on an ongoing basis. As part of your application, DCF requires you to provide a brief description of your agency's evaluation plan.

41. Section 1 General Information C. Services to be funded page 7: Is the yearlong learning collaborative done at the same time services in the program are being provided, in other words concurrently?

Yes, clinicians and supervisors, who require training in TF-CBT, will be required to select cases and provide treatment services during the learning collaborative.

42. Page 12, paragraph 2: The cover sheet states there will be no Bidders Conference. For clarification, can you confirm that there will be no Bidders Conference?

Correct.

43. Do we need to supply the names of staff in the proposal?

As part of Part II: Appendices, #1, we ask for you to include resumes of key personnel if they have been identified. Otherwise, please provide job descriptions for anticipated positions.

44. Can we offer services at our agency if they agree to it?

Yes. Applicants must offer services within the identified county.

45. When do they anticipate the services will begin?

A contract is typically executed within 30 to 60 days of the award. The award announcement will be made after all eligible proposals have been evaluated and scored and a funding recommendation is approved by the Commissioner of the Department of Children and Families.

46. Do they expect services to parents, as well?

TF-CBT is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events. A caretaker should be included with the child in the TF-CBT model. The agency may also propose additional supportive services that would benefit the target population.

47. Is the grantee expected to have staffing in place to provide to services to the full census of youth for the county within 60 days?

Staff should be on board within 60 days of award to participate in training, if needed. During the first year and training, the agency may gradually work up to the annual level of services. They are expected, however, to be able to serve the minimum levels of service upon training completion.

48. With regards to transportation, if other services are recommended, is the grantee responsible for providing the transportation?

Provision of transportation is not mandatory. Bus cards are acceptable. Applicants are strongly encouraged to anticipate barriers that families face in accessing treatment and propose how their programming and supports will

mitigate access. This may include provision of transportation and/or solutions to mitigate transportation challenges.

49. Is there a recommended assessment tool? If so, what does DCF recommend?

No. Applicants are required to propose an assessment tool. They must be flexible and willing to use a tool the grantee did not propose as DCF reserves the right to determine a standard screening and/or assessment tool that will be utilized in all counties.

50. The RFP states Masters Level Clinician...are they required to be licensed?

Clinicians can be working towards licensure. Clinicians will need to be licensed in order to become certified in TF-CBT. DCF requires that over a period of two years, the provider organization support their clinicians in gaining certification and the clinicians shall be licensed.

51. Can we review the winning proposal from the prior award?

Yes. It will be available for review at 50 East State Street, Trenton New Jersey 3rd floor on December 7, 2016 from 10 until 3 pm. Kindly reserve a time by requesting at dcfaskrfp@dcf.state.nj.us.