



QUESTIONS AND ANSWERS

Division of Family and Community Partnerships (FCP), Office of Family Preservation and Reunification (FPR)

2025 RFP Youth Villages-Intercept®

Written questions related to the content of this RFP were due on **Friday, March 28, 2025**.

A non-mandatory conference was held on **Monday, March 24, 2025 at 10:00am**

Written technical questions about forms, documents, and format may be emailed at any time up to the due date to dcf.askrfp@dcf.nj.gov.

All responses must be submitted ONLINE.

To submit online, respondent must **first** complete and submit an Authorized Representative (AOR) registration form: AOR Registration Form

AOR Registration forms must be received by **Tuesday, May 6, 2025**.

All responses must be received by **Tuesday, May 13, 2025 (by 12:00 NOON)**

Please note: the Youth Villages – Intercept® RFP includes a special eligibility requirement. Respondents must be pre-certified by Youth Villages to provide Intercept® services, or their proposals will be rejected. The deadline for the intent to apply for pre-certification was March, 26, 2025.

General Questions

1. Are PDF 3 documents the same for BSFT, Intercept and Triple P?

The documents combined into PDF 2 are the same for every DCF RFP. However, the documents combined into PDF 3 (documents including the proposed budget and implementation plan) are different for every RFP, and also for every region within an RFP.

2. During the virtual conference, you stated that there are page limits regarding each section. Can you please clarify where those page limits are stated on the RFP directly?

Please see page 36 of the RFP. There is a 20-page limitation for the combined three (3) narrative sections of the response that will be submitted as PDF 4. The narrative should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. The font shall be no smaller than twelve (12) points in Arial or Times New Roman. There is no total page limit for PDFs 2 or 3.

3. According to page 36 of the RFP it states that two (2) Letters of Support are required. Are we limited to two letters or can we submit more than two.

Respondents are required to submit a minimum of two letters of support. Respondents can submit more if they feel it will strengthen their application.

4. Page 27 - Does Youth Villages/DCF have any guidance as to whether applicants can collect participant and program data in their own internal data systems, in addition to GuideTree and any DCF mandated data entry systems?

Youth Villages will share the required data fields with the implementation providers during start-up planning. Implementing organizations can select to build out their data system to collect the data in fields consistent with Youth Villages' GuideTree data elements. This will allow the organization to import most of the required data into GuideTree instead of having a supervisor directly enter data.

As per the RFP, adaptations to existing Electronic Health Record systems may be required to meet the clinical and reporting expectations of Intercept®. P.27. Respondents may propose upgrades to their Electronic Health Records (EHRs) to align with documentation expectations. p.2

Pre-Certification Questions

5. Regarding the pre-certification process: I see the list of supporting documents in the RFP, but we won't receive the pre-certification application until after we have the initial call. Is that correct? I'm trying to assess the level of detail in that pre-certification application and how long we'll have to complete it.

There is no timeframe specifically around completing the pre-certification application. The application is shared after the initial call. Please note that the application, completed in its entirety, and all requested documents must be submitted in order for Youth Villages to conduct its review to assess whether the organization meets criteria to proceed to Phase 2 of the pre-

certification process. The pre-certification process should be completed by April 28, 2025.

Staff and Training Questions

6. The RFP details Youth Villages involvement in the hiring of Intercept staff. Does this mean the positions should be proposed as "vacant", even if we have existing staff in mind for these positions?

Youth Villages will provide job description templates and interview/screening resources and will participate in supervisor level candidate screening, at minimum. Therefore, staff may be recommended but staff at the supervisor and frontline level should not be selected prior to the implementation planning phase. Often, implementing organizations identify existing staff for program director positions. Please note that .25 FTE of a program director should be dedicated to support each implementing team.

7. The RFP (pages 17-18) details that ongoing sessions may include intervention strategies such as Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI). Who will be providing these services? The Family Intervention Specialists are not required to be clinically oriented, licensed or trained? These are clinical interventions and none of the staff are required to be clinically licensed or have supervisory certification.

(Refer to the answer provided for question 8)

8. Regarding pages 17-18, will the staff be trained by Youth Villages in CBT and MI?

Family Intervention Specialists should have at minimum a Bachelor's degree in a social service field with one year of experience, with a Master's degree preferred. Specialists receive an extensive clinical foundations training after hire conducted by a Licensed Program Expert that describes how to use interventions within the Intercept® treatment model. Many of the interventions used within Intercept® are developed from concepts of CBT and MI. There is no expectation that Intercept® staff will be implementing CBT as a clinical intervention. Each intervention in GuideTree includes specific implementation instructions to support specialists with intervention implementation. This is also the focus of ongoing consultation meetings and booster trainings. Staff will be trained by the model expert on any specific interventions to be implemented as part of Intercept®. They are trained on Intercept® and the interventions included in GuideTree that staff will be using in their work with youth and

families. This is a different approach to training than if a staff was trained solely in CBT or MI.

9. The RFP mentions a minimum salary requirement of \$54,500 for the Family Intervention Specialist Position, commensurate with education and/or experience, but does not specify if this is tied to state or other regulatory minimum wage standards or can vary based on geographical factors or regional salary averages. Any additional guidance on this matter would be greatly appreciated.

The minimum salary requirement was influenced from the Bureau of Labor Statistics salary ranges, which included geographical factors for NJ, as well as median salaries for the minimum education and experience requirements indicated in the RFP for the Intercept® model.

Model and Service Delivery Questions

10. When a child is in out of home placement, if the goal is reunification, is it with the family of origin or the out of home/resource family?

Intercept® services and sessions will be focused primarily on the long-term caregiver, in this case, the family targeted for reunification. However, a specialist may have a limited number of sessions with the youth and current placement provider to understand current needs, interventions that have been successful in placement and skills that have been developed to increase successful outcomes. The specialist will work with the targeted family placement on transfer of successful interventions and skills.

11. It seems referral criteria for children and families is similar to Family Preservation Services (FPS). How will DCP&P differentiate between the two programs when referring families?

Connecting families with the most appropriate service will be critical to address their specific needs and improve outcomes. We are partnering with DCP&P to use their assessment tools to match families to the most appropriate service and will be an ongoing part of case consultation and monitoring of the program.

12. Can the family members be engaged in their own individual treatment simultaneously? With case coordination of course.

Yes, family members can be engaged in their own individual treatment. For example, individual therapy, marital therapy, or medication management could be concurrently provided. Care coordination should

be prioritized to avoid duplication of efforts and maximize therapeutic benefits from all provided services.

13. Page 20 states: Group Supervision: Weekly prep meeting in person with the entire Intercept Team; usually the day before Clinical Consultation Meeting. In place of a weekly in person meetings, can staff meet virtually?

Weekly group supervision meetings should be held in-person to support team cohesion, joint learning, and team morale. In rare circumstances, for example scheduled court hearings, a staff member may miss this weekly in-person supervision time.

14. What, from your experience, do you see as the key elements needed for program sustainability?

Program sustainability requires organizational buy-in and leadership support, quality staff recruitment and retention, operational focus on maintaining model fidelity, and willingness to collaborate with Youth Villages on continuous program improvement processes. DCF's Office of Family Preservation & Reunification will be the Program Office that assists in the continuous deliverable management of the contract, as well as partner with the implementing organization and Youth Villages to promote sustainability of each program.

15. What, from your experience implementing the model, do you find to be the unanticipated challenges and how did you navigate them?

Unanticipated challenges tend to be unique to each implementation. If they arise, Youth Villages and DCF will work collaboratively with the implementing organization to identify factors contributing to the challenge and co-create action steps to address the challenges. The monthly data review meeting is one of the settings utilized for this type of problem-solving throughout implementation.

16. As Intercept is one of the models used for New Jersey's FFPSA plan, what data elements are required to be captured for Medicaid reimbursement of services?

There is no Medicaid reimbursement for this program.

Budget Questions

17. In cases where Family Intervention Specialists need to transport clients, could we propose one vehicle under startup costs?

(Refer to the answer provided for question 18)

18. Pages 1-2: Can vehicles be purchased?

Yes, however, responding agencies should prioritize utilizing startup costs to cover items to reduce environmental safety risks (i.e., child safety devices and barriers, trigger locks, drug/weapon storage and household cleanliness standards), laptops/tablets equipped with broadband to be used in the field and the purchasing of or upgrades to Electronic Health Records (EHRs) to align with documentation expectations. Transporting of clients is not an expectation nor a priority for Intercept®.

19. With the three different models that are rolling out is the state invested in continuing all of these as a resource to families or is this a period of testing to determine which model will provide the best support with the hope of coalescing around one model for the state in the future?

The state is fully invested to move forward and support the implementation of all three (Intercept®, Triple P & BSFT) models.

20. Pages 2 and 35: Do we submit the Proposed Budget Form and Justification for Year 1 only? Should we submit budget documents for Years 2 and 3 also?

It is only required to submit a proposed budget form and justification for Year 1 only. The Proposed Budget Form will detail anticipated operational expenditures of up to up to \$1,176,700, of which \$1,101,700 is operational expenses and \$75,000 is for one-time start-up expenses for the budget period from 7/1/25 to 6/30/26. All start-up costs and operational expenses must be expended by June 30, 2026.

21. Page 19: For the 7 days of in person training, can lodging and travel costs be included in the budget?

The training will be held in a central location in NJ and all attendees can commute in daily. Normal mileage reimbursement can be budgeted.