QUESTIONS AND ANSWERS

Collaborative Mental Health Pilot Program

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

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1. **Please clarify how the PCPs will be identified in each region. Does DCF have a list of pediatric and family care practices available to the awardee or is it an expectation that the awardee obtains that list on their own?**

   Applicants are responsible for identifying pediatric and family care practices that will participate in the program.

2. **Collaborative Mental Health Care Pilot Program Model, pg. 4-5**
   The Regional Hub team breakout lists the behavioral health clinician as a LCSW. Is it a State requirement that only LCSWs may apply for this position or can other licensed clinicians fulfill that requirement?

   Applicants may propose to employ LPCs as well as LCSWs to perform the behavioral health clinician role.

3. **Access to Psychiatric Consultation, pg. 5**
   When reviewing this section of the RFP, it states that some emergency availability will be necessary. Does DCF see the Hub team as providing crisis services?

   The Hub team is not expected to provide crisis or emergency mental health services. They should have capacity to respond to consultation requests from PCPs outside of normal business hours in the same way that PCPs

may respond to patient calls outside of normal business hours with the support of a service that triages patients to an on-call member of a physician group; however, the Hub is expected to be familiar with and support the use of New Jersey's emergency psychiatric crisis services for children, youth, and young adults, and to ensure that crises are appropriately triaged to these services.

4. **Access to Psychiatric Consultation, pg. 5**
Does NJ haven emergency mobile psychiatry team model? Is DCF looking for the Hub to provide crisis services?

The Hub team is not expected to provide crisis or emergency mental health services. For information on emergency services through the Children's System of Care please visit: www.performcarenj.org/families/emergency-services.aspx

5. **Program Evaluation, pg. 9**
The RFP states "The evaluator shall provide a written evaluation report to the successfully applicant and to DCF within ninety (90) days." Can the applicant conduct the evaluation? Or does it need to be conducted by an outside entity?

Applicants may employ staff to conduct the evaluation or it may subcontract with another entity to do so. In either case, funds to support the evaluation activities may not exceed 20% of the funding allocation and must be clearly delineated in the budget narrative and budget forms. This evaluation is due within 90 days of the conclusion of the 12 month pilot program.

6. **RFP Schedule, pgs. 11-12**
The RFP states proposals may be delivered in person, via commercial carrier, or submitted online. If respondents provide their response online, is the one signed hard copy and one CD ROM still required?

No.

7. **Proposal Requirements and Review Criteria, pg. 16**
The RFP states a 25 page limitation for the narrative portion. If respondents repeat the question within their response, do the questions count towards the page limit?

Yes. All content included in the 25 pages counts toward the 25 page limit.

8. **Proposal Requirements and Review Criteria, pg. 16**
Section A. references a transmittal cover letter. However, Section B. on page 20 only includes a reference to the Proposal Cover Sheet. Is the transmittal cover letter required in addition to the Proposal Cover Sheet?

No, only the proposal Cover Sheet is required.

9. **Supporting Document, Part II: Appendices, pg. 20**
May we submit additional attachments to our proposal or must we only submit those listed under Part II: Appendices?

Attachments in addition to those listed in Part II: Appendices will not be reviewed.

10. **Evaluation requirements, p 10**
Page ten states that eighty-five percent of the available resources will fund program implementation and operation activities and twenty percent will fund program evaluation activities.

This is an error. No less than eighty percent of the resources ($960,000) shall fund program implementation and operation and no more than twenty percent ($240,000) shall be used to fund evaluation activities.

11. **Can staff be shared across the teams or hubs? Can staff serve dual regions?**

Each region must be staffed with, at a minimum, a full-time LCSW or LPC care coordinator and a full-time administrative staff member (see pages 4-5 for staff responsibilities). Each region must also provide full-time CAP coverage however this may be staffed by one or more psychiatrists who rotate coverage. CAP services must be available full-time in each region however individual CAPs may be assigned to part-time coverage in more than one region. For the purposes of this program, full-time is not less than 40 hours per week. Please also note the response to question #3, above, regarding on-call availability.

12. **Can interns or health educators provide services?**

Student interns and health educators may not be used to fulfill the responsibilities of the CAP or LCSW/LPC. They may fulfill the administrator or other program team functions as designated by the applicant however the administrator shall be a full-time paid employee.

13. **Does the state have a preference as to which regions should be served?**

Applicants may propose to serve adjacent or geographically distant regions. The proposal should include a justification for the regional configuration including how the agency is positioned to meet the program goals in these regions.

14. **Can the applicant choose the counties to be served?**

Applicants may choose the two regions they propose to serve. Designated regions include one or more counties as detailed in Exhibit C.

15. **Does the hub team have to be located in the region? Can the teams be co-located?**

Each hub team shall be located no more than 15 miles from its dedicated region; the two region hub teams may be co-located.

16. **Will the award amount be pro-rated?**

Applicants should propose a twelve-month budget.

17. **Will there be a phase-in budget?**

Applicants may include a phase-in/implementation component to their budget; however no additional start-up funds are available.

18. **Do you expect applicants to deliver fully integrated services?**

The RFP encourages the development of a fully integrated healthcare approach to addressing behavioral healthcare in a primary care setting. DCF recognizes that current capacity for integrated care varies across

providers and health systems. Applicants should propose to improve capacity to deliver integrated care by building upon current system and provider readiness in the proposed regions to be served. The core services detailed in Section C, pages 3-4 of the RFP must be provided.

19. **How many PCPs or primary care practices must participate in the program?**

Applicants should propose to engage the number of providers required to achieve the program goals in the region, depending upon provider capacity and readiness.

20. **The regions are based on the census population under 18 years old. Can the program serve people up to age 21?**

Services should be available for all children, youth, and young adults receiving services from the PCPs enrolled in the program.

21. **Is this service to be provided in pediatric primary care settings only, or can family practice settings also participate?**

Providers who are board-certified or board-eligible in pediatric primary care and delivering primary care to children, youth, and young adults in primary care settings, including pediatric and family practices and FQHCs, may participate in the program.

22. **Do we need to include fee schedule and waiver descriptions as indicated on pg. 17?**

A description of any fees for services, sliding fee schedules and waivers, is not required for this proposal.

23. **What should be included in the web portal mentioned on p 4?**

The web portal is intended to support program participants and not meant to provide public access to program services. Features must include provider enrollment and support, such as an on-line application to enroll as a participant and learning supports for enrolled participants.

24. **Can we offer incentives to participate?**

Funds may not be used for marketing giveaways, refreshments, meals, or other materials or products which may be perceived as an incentive or inducement to enroll in the program or participate in any activities. Continuing education credits may be offered for participating in program activities that would qualify for this purpose. Funds may be used to pay for staff functions such as data collection or data entry at a program site.

25. **Is the program intended to serve DCP&P clients?**

The program is intended to serve children, youth, and young adults who present in pediatric primary care settings. This may include DCP&P involved patients.

26. **What is the target level of service?**

Applicants should propose the targeted level of service required to successfully meet the goals of the program.

27. **Can an agency be the lead applicant on one proposal and a partner on another proposal?**

There must be an identified lead on each proposal, but agencies may be the lead on one proposal and a partner on any other proposal(s).

28. **How do I complete the "disclosure of investigations" form?**

Technical questions about the application forms may be directed to DCFASKRFP@dcf.state.nj.us

29. **What are your sources for the background section on pages 2-3 of the RFP?**

DCF drew from a variety of scholarly and professional sources for the background material in the RFP, including publications from the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry.

30. **Please clarify the funding period described on page 10, which describes the contract ending on June 30, 2015.**

The anticipated contract year for this program with be in line with the state fiscal year (July 1 - June 30). As with all state funded programs, contract renewal is dependent upon approval in the annual state appropriations act.

31. **Is there a projected date for the award to be granted?**

The proposals are due by December 10, 2014 and an award will be made as soon as possible after this time.

32. **Can the agency provide services from other locations?**

Service locations should be appropriate for services that are being delivered.

33. **What is the definition of 'integration'?**

Integration exists on a continuum, with linkage and referral on one end of the continuum and full behavioral and medical services being co-located on the other end of the continuum. Consideration of the capacity of the service providers in the region should be taken when determining the appropriate integration model.

34. **Is the proposed model intended to be sustained by the lead agency, or is it intended to be replicated by other agencies through-out the state?**

The proposal for this 12-month pilot program should include a plan to include recommendations for sustainability as a component of the evaluation.