

QUESTIONS AND ANSWERS

RFP for Regional Diagnostic Treatment Center Services to serve the following (3) regions: (1) Southern Ocean, Atlantic; (2) Cumberland, Gloucester, Salem, and Cape May; and (3) Morris, Sussex, Warren, and Hunterdon

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

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1. Are there requirements for the training of the professionals (i.e. doctors, psychologists, social workers etc.)?

Applicants should indicate the number, qualifications, and skills of all staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities. Professional staff are expected to practice within their professional scope of work. Professional staff should have the qualifications and training required to meet the scope of work in the RFPs.

2. Can some of the work be subcontracted to an existing RDTC if that RDTC will send their personnel to that site?

The RFP does not preclude this arrangement. Please note that DCF is interested in building capacity of the RDTC network.

3. Are the dollars in the grant automatically renewable every year as with the current RDTC contracts?

For the purposes of this initiative, the Department will make available up to \$3,000,000 in annualized funding. Continuation funding is subject to appropriations and performance under the provisions of this RFP and the resulting contract.

4. Will these sites also be major sites for the CHEC evaluations?

No, there is no plan for these sites to provide CHEC evaluations at this time.

5. Will these sites provide training to their area offices?

These sites should serve as a training and technical assistance resource to the CP&P Areas they serve. Please see pages 10-11 of the RFP.

6. What is the expectation for having a new free standing RDTC fully staffed and operating? It can be challenging to find qualified professionals for RDTC. Is it acceptable to have partially operating for a period of time (for example, if therapist is hired first, can therapy services alone be provided? Pediatrician, medical services alone?)?

DCF understands recruitment of sub specialists and other professionals can be a challenge, particularly in this arena. Page 15 of the RFP requires that applicants, “must specify their timeframes for achieving full operational status within the narrative or within the program implementation schedule, and may propose to do so in reasonable phases...” It was with intention, that DCF did not assign specific timeframes for RDTC’s or new sites to be fully operational. DCF expects successful applicants will submit thoughtful, detailed and reasonable plans for implementation.

7. Is the expectation that pediatricians will be board certified in child abuse pediatrics?

Pediatricians should be qualified to perform the work described in the RFP and expectations are that the pediatricians “are trained to evaluate and treat children who have been abused or neglected and their families.” Given the evolution of the field, in general, expectations are that physicians performing this work will be board certified in child abuse pediatrics.

8. Does the medical director need to be a board certified child abuse pediatrician?

The RFP does not require the medical director to be board certified in child abuse pediatrics; however, as stated above, expectations are that physicians performing this work will be board certified in child abuse

pediatrics. Staffing models are required as are the number, qualifications and skills of all staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities.

- 9. There are a limited number of board certified child abuse and neglect pediatricians, and the new sites may need assistance and mentorship from the existing RDTCs and may also need to develop fellowship programs within New Jersey to develop additional capacity for this type of position. Is this a direct service grant or can the funds be used to develop staff capacity through fellowships and other programs?**

The applicant may use their discretion about how to formulate a budget to support this work. DCF understands that this profession is in demand and it can be challenging to develop capacity and/or recruit pediatricians with this subspecialty.

- 10. We currently require that our therapists work 2 evenings per week until 8:30 to accommodate working parents and children's school schedule. It can be challenging to find qualified staff who want to work these hours. In the RFP, it mentions evenings and weekends. Can staff work either/or? Or, does it have to be both evenings and weekends?**

Accessibility to treatment services and therapy is a key concern of DCF. Applicants should describe the hours and days that services will be available to clients, and the geographic locations(s) where services will be provided. DCF understands that historically, it has been a challenge to offer services outside of normal business hours and is trying to address some of these challenges through this RFP process.

- 11. The RFP mentions partners and training of partners. As the developers of two of the EBTs mentioned in the RFP, we certainly can partner with and train community therapists to increase accessibility of EBTs in the state. How much of this RFP could or should be devoted to training costs? Would the RFP fund a training coordinator to coordinate and oversee the regional training of therapists at other agencies in the region? To have therapists fully trained and meeting certification requirements for some of the identified RFPs could take up to a year of intensive training. Is this a task that the RDTC monies can or should be used for?**

Applicants are expected to provide access to child abuse and neglect evaluations as well as therapeutic services to treat victims of abuse and neglect. The applicant may use their discretion about how to formulate a budget and staffing pattern to support this work. DCF understands that capacity building and implementation of EBT's is not a short-term investment. The RFP does not preclude applicants from proposing to fund a training coordinator as described above as this would be considered capacity building and is within the scope and spirit of the RFP's intent.

12. Can the RFP monies be utilized to subcontract through other agencies in the region to provide trauma-informed services?

Yes.

13. With regard to the change in catchment areas of the current RDTCs, will the funding of the RFP for a new RDTC in certain areas have an impact on current RDTCs outreach services, such as individual therapy that is provided in the DCP&P offices in some of the counties that will be transferred to the new RDTC catchment area?

The new catchment areas are described in the RFP on page 4. Over time, it would be anticipated that the new capacity or new RDTC would be responsible for providing treatment services to the counties they have been awarded to serve.

14. There are evidence-based engagement strategies that have been shown to increase clients' attendance and completion of therapy services, would it be appropriate to fund a position in the new RDTC that would focus on implementing these strategies with clients on the phone and in-person prior to them receiving ongoing therapy services?

There is nothing in the RFP that precludes an applicant from proposing this as part of the overall program approach.

15. The application says that one of the goals is to increase accessibility of services due to driving time and transportation issues. Will DCP&P pay for transportation of families to new RDTC for services?

For some services, CP&P traditionally provides transportation for clients (child abuse and neglect exams). For others, CP&P expects resource providers and families to provide that transportation. DCF understands

that transportation, particularly in certain parts of the State, is a chronic barrier to families or presents persistent challenges. Per the RFP (page 24), Applicants should provide “a description of transportation options available to clients...” Applicants may offer creative solutions to address anticipated transportation challenges as part of their application as they deem appropriate.

16. Is the expectation that the RDTCs will assess for use of substances? Currently, we screen and refer to substance abuse agency for thorough evaluation and treatment recommendations? Is this sufficient?

The research supports, as does DCF’s administrative data and qualitative reviews, that many families referred to child welfare have caregivers with co-occurring challenges including substance abuse. Youth involved with child welfare may also be more at risk for substance abuse. The expectation is that the RDTC’s have capacity to screen for and evaluate clients with substance abuse and co-occurring mental health challenges as part of their assessment process.

17. Is there an expectation for in home services?

The applicant may propose in-home services and should provide a rationale/explanation as to what services are best done through in home model and when a clinical setting will be preferred or indicated. DCF understands there may be clinical and practical advantages and disadvantages to offering in-home services.

18. The RFP states that we can bill for services provided in addition to RFP funding and refers to attachment. However, therapy services are not included as a service type in the attachment. Is this an oversight or can we not bill for therapy services?

This is an oversight. RDTCs will bill for services in accordance with DCF’s published rate schedule.

19. How will the original and new RDTCs collaborate with the lead center for psychological evaluations?

The newly awarded Coordination Center for Child Abuse and Neglect Forensic Evaluation and Treatment will partner with DCF and our providers to facilitate communities of excellence, promote the sharing of

best practices, monitor performance and outcomes and establish a process for continuous quality improvement to ensure that DCF's significant investment in forensic evaluation and in our RDTCs meet the needs of our staff, children, families and State and local partners and also to ensure that DCF supports the providers who perform this work. It is DCF's expectation that the current and new RDTCs will collaborate with the Coordination Center accordingly.

20. If a county would prefer sending a child (either because special expertise needed and/or faster availability) for either a medical or mental health evaluation to an RDTC that is not in their catchment area would that be possible or will RDTC's be restricted to seeing only children from their catchment area?

CP&P and IAIU will refer to the RDTC's in their catchment area. It is anticipated that in most circumstances, that the child or family will be seen by the RDTC that services that particular county once it is operational.

21. Would the service volume and potential revenue provided on slides 18-21 of the Bidders Conference presentation be the expected level of service and anticipated revenue for the proposed regions?

The data regarding service volume and potential revenue provided in the presentation reflect information documented by CP&P staff in NJ SPIRIT from State FY 2014, and includes services directly provided and billed for by the current RDTCs in each of the proposed regions. While DCF cannot guarantee this level of service, we can provide FY 2013 and FY 2014 data on service volume and billing from the RDTCs in each of these proposed regions. It is possible that the service volume could change, particularly treatment services, given the proximity of the new sites to the CP&P Area and Local Offices in each of the designated catchment areas.

22. How were the funding levels for each of the three proposed RDTCs determined?

These ratios were determined using CP&P child protective service referral data from CY2013 for the identified catchment areas.

23. What is the expectation for having an affiliation with a medical institution? What do you anticipate that relationship looking like?

Per the RFP Eligibility Requirements on page 14, “Applicants must be affiliated with a medical teaching institution.” Applicants should demonstrate their ability to access medical staff of the teaching institution for consultation and support as needed.

24. When would the funding would become available?

DCF anticipates the funding to be available at the start of FY2016.

25. Does the proposal need to identify a physical site for the new RDTC?

Yes, per the RFP (page 12), “The location(s) must be identified at the time of the bid. Documentation including a lease or option to lease space, an option to purchase an existing property or existing space should be attached as an appendix.”

26. Can applicants consult with DCF-CP&P regarding potential locations prior to submitting a proposal to ensure it meets the needs the CP&P and the children and families being served? Or, can applicants identify several potential locations/physical sites as options within their proposal?

Per the RFP (page 12), “Applicants must demonstrate that they have or will be able to secure safe and child friendly space to serve the area(s) the applicant is proposing to serve. The location(s) must be identified at the time of the bid.” “The Applicant must provide a description of the neighborhood(s) and building(s) where program sites will be located, including details on public transportation.” Accessibility is a key concern of DCF.