

Department of Children and Families-Therapeutic Supervised Visitation

Questions and Answers

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

Phone number and contact person for date of delivery:

Main Number: 609-292-5665

Contacts: Karen Schemmer
Loren LaBadie

Deliver proposal to:

101 South Broad Street, 7th floor, Trenton NJ 08625

Special Amendment- On page 7 the following sentence has been deleted. "General and Administrative (G&A) Costs may not exceed 10%."

1) How long is the grant period in the three counties?

Grant funding is for the period from January 1, 2013 to December 31, 2013. Contract renewals shall depend upon funding availability and performance of the grantee.

2) What is the typical visitation schedule (i.e. weekly, bi-weekly, etc.)? How long do visits generally last?

On page 17 of the RFP, the grantee is expected to complete the criteria and provide the performance objective percentages as part of the proposal.

3) Is this RFP to replace an existing contract or solicit additional providers to meet the need?

This is a new contract. Please review the specifications carefully.

4) What is the minimum requirement for the visitation facilitator?

If the question pertains to the qualifications of the facilitator, see question 6 below. If the question pertains to the number of visits a facilitator must conduct, refer to page 17 of the RFP. It states that all grantees must provide the performance objective percentages as part of the proposal, in addition to other criteria that your organization offers to provide.

5) Is there mileage reimbursement? If so, what is the rate?

Please note that clients may not be transported in agency staff's personal vehicles. If a grantee anticipates agency staff may use personal vehicles while carrying out program services, the grantee should include an explanation in its narrative. DCF permits agencies to use the IRS approved travel reimbursement rate.

6) Page 2 references the "therapist" providing the services. Does this mean that the grantee can use only Master's level staff?

Master's level therapists with community based experience are preferred. Experience in Therapeutic Supervision is required, and bilingual staff who are culturally competent are appreciated. Staff supervisors must be clinically and culturally competent and responsive, with training and experience necessary to manage complex cases across child serving systems.

7) Pages 14 and 15 refer to "professional service contractors" and "evaluations and assessments." Is the grantee expected to provide or contract for evaluations such as: psychiatric, psychological, substance abuse, or trauma?

In your proposal describe how you will make these linkages. The grantee(s) is expected to work in collaboration as a part of a treatment team, to assess and provide necessary services to DCF-involved, at-risk families. If all evaluation and treatment services for a given family are not supplied by the grantee(s), at DCF's request, the grantee(s) will work in collaboration with other treatment providers involved with families.

The RFP requires that the grantee identify any anticipated professional services contractors and the proposed scope of work. Submit consultant agreements, if applicable, as part of the Appendix. Discuss proposed plans for implementing the evaluations, emergency assessments, off site evaluations that will be provided. The proposal must articulate the methodology for addressing trauma issues and how they will be addressed. Your proposal must address these issues.

8) On page 5 of the RFP, under the section Level of Service: Does DCF have an expected number of youth that will be served throughout the grant period? Is there an expected LOS range in the three counties? Is there an optimal LOS range?

Grantee(s) are to indicate the number of therapeutic supervised visits the available funding supports on a weekly basis. See page 5 of the RFP.

- 9) On page 5 of the RFP, under the section Level of Service: Regarding transportation, would there be cases where we would need to transport children from one county to another area? Like if the child is living in Burlington but the family home is in Atlantic, would we have to transport the child from Burlington to Atlantic? We're trying to do a cost estimate for travel.**

Yes, this could occur. Transportation is an essential component of a visitation program. The grantee(s) will be responsible for transporting children to and from the visitation site. Transportation for parents is to be provided and/or arranged by grantee(s), as determined to be necessary, on a case by case basis by the Division.

- 10) On page 14 of the RFP, under section 1) Applicant Organization and Staffing, the RFP states that "experience in Therapeutic Supervision is required." What does DCF mean by experience in Therapeutic Supervision? Does experience working with DYFS youth and taking children for visitation with their parents count toward this?**

Therapeutic Supervision consists of a therapist treating two or more family members to increase positive interactions and improve overall family functioning. Please refer to page 2 of the RFP which provides an overview of Therapeutic Supervision.

- 11) On page 14 of the RFP, under Section 1) Applicant Organization and Staffing, we are wondering if there is a maximum number of cases that an individual worker could take on at any one time?**

See question #8.

- 12) On page 14 of the RFP, under section 1) Applicant Organization and Staffing, we are wondering if there are educational and licensing requirements for staff people who would be conducting the Therapeutic Supervised Visitation?**

See question #2. The RFP states to indicate the number, qualifications and skills of all staff who will perform the proposed service activities.

Experience in Therapeutic Supervision is required, with community-based experience preferred. Supervisors must be clinically and culturally competent and responsive, with training and experience necessary to manage complex cases in the community across child serving systems.

- 13) Can you please clarify whether this service is intended for clients with the primary case goals of both reunification and adoption? If this is the**

case, what percentage of the cases do you anticipate having the goal of adoption and are moving toward TPR?

This service will be used by families with children in placement with concurrent goals of reunification and adoption. Every child who enters care is given a concurrent permanency goal, and staff strives to move the family towards reunification while simultaneously preparing for an alternate permanency goal if reunification does not occur. There is no way to estimate the number of children who will be moving to adoption.

Emphasis on the parent's progress, rather than on compliance is important, and visitation should be seen within the overall context of working towards reunification. A visitation plan is developed in coordination with the family and DCP&P staff. Documentation of the visit must be entered upon completion, and cumulative summary reports must be provided by grantee(s) to Division on a quarterly basis, and whenever requested by the Division, documenting dates of visits, observations during visits, significant events, and overall impressions of the family's interactions witnessed during visits.

In planning visitation, families should be an integral part of the process, including preparing simple parent and child activities to be done during visits, conducting visits in community locations or in the parent's home, and supporting parents in participating with their children in daily family events, such as assisting with homework, or visiting the pediatrician.

14)When you refer in your outcome evaluation section (page 17) to improved school attendance for school-aged children - what period of time are you looking at - during participation in the program or following participation in the program?

Following participation at 12 months.

15)Is there a way to know whether the evidence-based practice for improving family functioning that the organization chooses will be acceptable to DCF/DCP&P? Can you recommend a clearinghouse of evidence-based programs, or are we on our own in that regard?

The organization should explain how it came to choose the model presented, and the basis for selection as evidence-based. There is information on reunification and visitation best practice available by accessing the Child Welfare Information Gateway.

16)Would we be prohibited from using an innovative mobile visitation site in our program?

Yes, it would be unfair to the other bidders. We need to compare similar programs and cost models. Please do provide us with information at dcfaskrfp@dcf.state.nj.us. We appreciate new ideas.

17)Just to clarify, by trauma-focused, you are referring to trauma from separation as opposed to trauma-focused cognitive behavioral therapy?

Applicants must describe the proposed program and demonstrate a thorough understanding of and commitment to these conceptual, practice and administrative standards. Curriculum for the trauma focused, evidence-based therapeutic intervention must be attached to proposal and must be supported within the plan for regularly administering therapies. The clients will not be all one size fits all. You should address this in your proposal.