

QUESTIONS AND ANSWERS

Division of Family and Community Partnerships 2025 RFP Positive Parenting Program (Triple P)

Written questions related to the content of this RFP were due on **Thursday, March 27, 2025.**

A non-mandatory conference was held on **Tuesday, March 25, 2025.**

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 **Wednesday, April 23, 2025.**

All responses must be received by **Wednesday, April 30, 2025 (by 12:00 NOON)**

Budget Questions:

- 1. How will integrating the Triple P program impact the current funding or budget located under my existing contract?**

The Triple P program will be a new contract. Questions related to individual contracts should be directed to your DCF point of contact, either your contract administrator or program lead.

- 2. Pg. 2, 32-33: Do we submit the Proposed Budget Form and Justification for Year 1 only? Should we submit budget documents for Years 2 and 3 also?**

A completed budget form and narrative are required for the proposed start-up budget and 12-month operational budget. Awarded respondents will be required to submit an Annex B upon contract negotiations. (RFP p.32)

3. Are General and Administrative costs (G&A) allowable in this grant, and what is the maximum?

G&A is allowable, and a maximum allowable amount has not been set. Please see DCF contract policy, Section 4.2 Basic Considerations, on the factors DCF considers in assessing whether an applicant's proposed G&A is allowable.

4. With regards to Section B - Funding Information (pgs. 2, 4): Are a national agency's program support service expenses which can't be directly charged to the proposed program, allowable under the G&A section of the budget form? Supportive services include, but are not limited to, Human Resources, Payroll, Financial Reporting, Invoicing, and other services provided by the Finance Dept such Account Receivable and Payable activities, Compliance, Outcomes Reporting? If those costs are allowable, is there a cap on the percentage of those indirect costs under this RFP?

Yes. Please see DCF contract policy, Section 4.2 Basic Considerations, on the factors DCF considers in assessing whether an applicant's proposed indirect is allowable. A maximum allowable amount has not been set. Please see DCF contract policy, Section 4.2 Basic Considerations, on the factors DCF considers in assessing whether an applicant's proposed indirect is allowable.

5. Regarding Section C #13 Training Cost (RFP p. 19): Are staff training wages, transportation cost to training location, lodging and food allowable start-up costs?

Respondents may propose total start-up costs of up to \$75,000. In addition to the items below, awarded respondents may allocate staff time for training in start-up. Please note, the Triple P Training is virtual and does not require transportation to a training site, lodging or food costs.

Start-up costs may include but not be limited to: laptops/tablets equipped with broadband to be used in the field; the purchasing of or upgrades to Electronic Health Records (EHRs) to align with documentation expectations; the purchasing of curriculum workbooks for families and the costs of a program vehicle. All start-up costs are subject to contract negotiations and DCF approval. (RFP p.2)

6. Can an awardee provide and budget for lunch/dinner at group sessions?

Respondents are referred to review the DCF Contracting Manual (<https://www.nj.gov/dcf/documents/contract/manuals/CRM.pdf>) and include in their proposed budgets items to support families in groups, that are allowable under the Cost Reimbursement Manual.

7. Can we use start-up dollars for adaptations to existing EHR costs?

Yes. Start-up costs shall include but not be limited to laptops/tablets equipped with broadband to be used in the field; the purchasing of or upgrades to Electronic Health Records (EHRs) to align with documentation expectations; the purchasing of curriculum workbooks for families and the costs of a program vehicle. All start-up costs are subject to contract negotiations and DCF approval. (RFP p.2)

Model and Service Delivery Questions:

8. Aside from the documentation that providers input into our electronic medical records (EMR), does DCF require any additional documentation daily or on a separate platform?

DCF will communicate post-contract award the documentation expectations that align with the implementation of Triple P as well as the federal requirements under the Family First Prevention Services Act. At a minimum, DCF will be collecting individual-level family data. (RFP pgs.25-26)

9. Will the Triple P model allow for a client to join a group cohort at any time, or is each cycle a closed/cohort specific process?

To ensure families receive the full Triple P curriculum and benefits, families will engage in group at the beginning of the cohort. If families choose to wait for a new group, informal supports and information may be provided to the caregivers. Please review group vs. Standard chart in the RFP on page 15.

10. Can a parent attend group virtually if necessary?

Group sessions are designed for the entire cohort of caregivers to be in-person due to interactive exercises. A caregiver's ability to participate in-person will be assessed before someone is scheduled to participate in the group. If circumstances arise during the course of the group that prevent the caregiver from being present this will be addressed on a case-by-case basis. (RFP p.20)

11. Does the model require a practitioner to facilitate three groups per year, or is it three for the program total per year?

Each practitioner is expected to facilitate three groups per year with the intention that it will be on a rotating basis. (RFP p.22)

12. Can you talk a bit about the attrition estimates for Fiscal Year 2027?

Attrition is based turnover for three practitioners. (RFP p.19)

13. Does the agency need to provide transportation for the clients to and from the group sessions?

When considering the best mode of Triple P, Standard vs. Group - agencies should assess the family's transportation and logistical needs as part of the determination up front. Transportation may be provided by the care manager, on a limited and as needed basis to mitigate delays in achieving goals as identified in the family case plans. Respondents should address how parents would be able to access group-based services through a variety of resources when transportation is a barrier. (RFP p. 21, #8)

14. Is there a child group component while parents are in parents' group?

There is no structured child group component provided by Triple P. Childcare needs should be assessed when assigning the delivery method of Triple P (in-home vs. group).

15. Do all parents participate in both the Triple P Standard and Group?

No. Parents should participate in either Triple P Standard or Group. The curriculum is the same. There is increased social support in a group setting where there is an opportunity for more individualized attention and tailored content when incorporating the Triple P Standard model. (RFP p.15)

16. Is 24-hour service delivery mandatory or suggested with a minimum answering service requirement/component?

There is no requirement for on call staff for this program. (RFP p.20)

17. Regarding the Initial Needs Assessment (RFP p.14), will DCF provide a universal assessment tool or will provider yours their own?

In consultation with the model developer, DCF will recommend a standardized intake assessment tool for providers. Refer to RFP p.14 for more information on the initial needs assessment.

18. Will DCF decide whether a family is assigned to Individual or Group Triple P, or does the awardee make that decision case-by-case?

The Initial Needs Assessment will be completed by the awarded respondent during the intake process with the family. It will include an assessment of the child's developmental, educational, situational, and familial history as well as parenting knowledge, supports and concrete needs. During this time, the version of Triple P will be recommended based on a defined criterion. That criteria may include, but is not limited to, accessibility, assessment of need, and family choice. (RFP p.14)

19. Will all Regions use the same tools?

All regions will utilize the same assessment tools. These discussions will occur post contract award. (RFP p.28)

20. Will we use all three listed tools, or only one?

Awarded agencies in all nine regions will be required to use at least one of the identified assessment tools to be determined by DCF and the model developer. (RFP p.28)

Staffing/Training Questions:

21. Can the program director and supervisor be a combined position?

If you are proposing the Director and Supervisor be a combined position, know the qualifications of this individual must align with the highest degree and experience requirements. The Program Director must dedicate at least 25% of their time to the program and the Supervisor must dedicate at least 50% of their time to the program. (RFP p.22)

22. Is Triple P implemented alongside our existing program?

Questions related to individual contracts should be directed to your DCF point of contact, either your contract administrator or program lead.

23. Is there a cost to accreditation of practitioners?

Accreditation costs of practitioners are provided as part of the training consult fee. (RFP p.19)

24. Is it the practitioner the only personnel to get trained in the model? Can the Director/Supervisor be trained as well?

Auditor slots are available for Directors and Supervisors. To deliver Triple P, staff must be trained and accredited through Triple P America. As Supervisors may need to support delivery of the service while the agency becomes fully staffed, awarded agencies may identify Supervisors to be amongst the first staff trained to accreditation. For staff hired later, their training would be funded through allocated costs for staff training. (RFP p.19)

25. If a practitioner leaves their position will training be offered to new hires?

Yes. Agencies should budget for attrition costs. (RFP p.19)

26. Can the Care Manager's responsibilities be incorporated into the Supervisor and Practitioner roles? Can the Care Manager's job functions be distributed across both positions, allowing these roles to fulfill the Care Manager duties as part of their overall responsibilities?

No. the Care Manager's role, 1 FTE, is intended to be separate from that of the Practitioner. The Care Manager will support the more concrete needs of the family, while the Practitioner will deliver the curriculum. The supervisor responsibilities at .5 FTE will not allow for the full support to families as intended by the Care Manager role. (RFP pgs. 14, 22)

27. Regarding Section D #13 (RFP pgs. 26): Will training be provided by DCF on the use of the systems or should the provider include costs of staff training on these systems?

Awarded respondents will be required to use Triple P's Automated Score and Reporting Application (ASRA), in addition to other DCF approved data collection and reporting systems.

ASRA is an online program that scores Triple P assessment measures and provides a family profile and report. These costs are included as part of the Triple P Training, as such there is no additional cost to the provider for training or utilization of ASRA.

DCF will provide ongoing supports to ensure agencies are capable of utilizing data systems.

28. Are Director/Supervisor/Care Manager course auditing fees included in these costs?

There is no fee for staff to audit a course.

29. If we want Care Manager to also receive full training and accreditation, is there an extra cost for this?

Yes. Training is only required for the direct service staff; the Program Supervisor and Practitioners. If a site wants to train their Care Manager as well, this would be an additional cost to the site.

30. Can a .5 FTE Supervisor also be a .5 FTE Practitioner?

Yes. The qualifications of this individual must align with the degree and experience requirements of the Supervisor. (RFP p.22)

Please note; as applied to this program, one full time equivalent (FTE) employee of an awarded respondent shall be scheduled to work 35-40 hours per week. Employees scheduled to work 17.5 to 20 hours per week are 0.5 FTEs. Each Supervisor shall be a half time employee scheduled to work 17.5 to 20 hours per week. Each Practitioner may be scheduled to work full-time or part-time hours that add up to the required total number of 3 FTEs.

31. Are the assessment and evaluation tools included in the cost of training in Section C #13?

In accordance with the Triple P model, one or more family-centered assessments tools are completed with caregivers to determine areas of strength and to measure progress. These tools are included as part of the Triple P model and there is no additional cost for the tools or training. Agencies will be trained to incorporate the necessary assessments to implement the Triple P Model. (RFP p.24)

32. Could the .25 admin support also be included to equal a 1 FTE employee?

Yes. Responding agencies shall identify in their proposals a staffing structure that ensures the support necessary to implement a successful evidence-based program while maintaining fidelity to the model. Please reference page 23 and 24 of the RFP for staff positions and responsibilities.

33. Would there be consideration for a bachelor's-level program director if they have over 20 years of experience with in-home case management and parenting education?

Please refer to the responsibilities identified for the Directors position on page 23 of the RFP.

34. We understand that funding has been allotted for the three Practitioners to attend the Mandatory Triple P trainings (Standard and Group). We would assume it would be necessary for both Supervisor and Program Director to also be trained. Is there funding consideration for this?

Auditor slots are available for Directors and Supervisors. To deliver Triple P staff must be trained through Accreditation. As Supervisors may need to support delivery of the service while the agency becomes fully staffed, awarded agencies may identify Supervisors to be amongst the first staff trained to accreditation. For staff hired later, their training would be funded through allocated costs for staff training as identified in the RFP, page 19.

35. Is it necessary for the Director position to have a master's degree? We seek clarification if additional experience such as ten years of program management experience as well as lived experience can meet the criteria vs the traditional master's degree.

Please refer to the responsibilities identified for the Directors position on page 23 of the RFP.

Application/Miscellaneous Questions:

36. Can you explain the region selection process and Level of Service (LOS) numbers?

The regions align with the Child Protection and Permanency (CP&P) Area Offices. Each region employs a team of practitioners and a full-time care manager that will provide other service linkages and supportive services to enrolled families in the region. Level of service expectations are determined by the frequency and duration of services, typical full-time work hours, and contextual factors like family geography and complexity of family needs. Additionally, essential ancillary tasks are considered, such as documentation and communication with other providers, ensuring effective and sustainable service delivery. The minimum number of families to be served is based on model fidelity, needs data, and specified by county on

page 11 of the RFP. Please note there is a separate level of service for Standard (in-home) vs. Group.

37. Are Nonprofit organizations required to also submit their NJ Business Certificate?

Only for-profit agencies are required to submit their NJ Business Certificate. (RFP p.29)

38. As a new provider for New Jersey, are we required to have a NJ business license now, or after contract award?

For-profit respondents must be business entities that are duly registered to conduct business within the state of NJ and must submit their NJ Business Registration Certificate with their response.

39. Can agencies use an existing vehicle previously purchased under a separate NJ DCF contract that is ending?

Details regarding the use of existing vehicles will be discussed at the time of contract award. DCF program and business offices will be leading the discussions on how existing vehicles may be used in the program.

40. If the family has medical insurance, can the agency bill the insurance for individual and group sessions?

No. Services are provided at no cost to families and covered in entirety within this contract award.

41. The 20-page limit is for PDF 4: Section IV?

Yes. The 20-page limit is for the combined three sections of the narrative response. This limit does not include any cover page or appendices.

42. What is the rationale for limiting responses to only two regions per applicant?

The limit of 2 awards per agency is intended to balance opportunities and resources effectively while fostering a competitive and diverse environment. (RFP p.20)

43. Are the grant approval processes separate for the 3 RFPs (BSFT, Intercept, and Triple P), meaning no considerations will be given to nonprofits that choose to apply for any and all of the grants? Is each RFP considered individually and blindly without consideration of the others?

Each RFP will have its own, separate, and distinct evaluation team and will be reviewed without knowledge or consideration of any other responses.

44. Will the virtual conference recording be available?

No, the recording will not be published, but the PPT presentation has been published (<https://www.nj.gov/dcf/providers/notices/requests/RFP-2025-Positive.Parenting.Program-Triple.P-PP.pdf>).

45. Can vehicles be leased?

DCF Contract Reimbursement Manual Section 4.6 (29), page 23 states: Vehicles shall be purchased and not leased; however, if a Provider Agency can provide justification as to why leasing a vehicle provides greater benefit to the Provider Agency and better use of the monies under this Contract, the Departmental Component may approve the leasing of a vehicle. All justifications shall be reviewed on a case-by-case basis and prior approval under the same or similar justification shall not bind the Departmental Component to approve a subsequent justification. If a Provider Agency receives approval to lease a vehicle, the Provider Agency shall subsequently provide the written request and all documentation State of New Jersey Department of Children and Families (Revised: April 01, 2016) 23 DCF Contract Reimbursement Manual 4.6 required by IV.E.1. as well as written assurance that the Provider Agency shall not use monies under a State Contract to pay for any lease agreement closing costs, including unusual wear and tear to the vehicle, or any excess mileage charges.

46. Page 26 states: "Adaptations to existing Electronic Health Record systems may be required to meet the clinical and reporting expectations of Intercept®. In addition, awarded respondents may be required to use a DCF approved data collection and reporting system." Can you please clarify if this is a typo and, if so, how does this statement apply/have relevance to the Triple P opportunity? Are adaptations to EHR systems permissible and allowable in the budget?

The quoted section is intended to read as: Adaptations to existing Electronic Health Record systems may be required to meet the reporting expectations of Triple P. In addition, awarded respondents may be required to use a DCF approved data collection and reporting system." Adaptations to EHR systems are to be included in the proposed budget.

47. Since there's a start-up phase for hiring, training, etc., does this mean 60-day operation start up is from July 1, or from October 1?

The contract start date is July 1, 2025. Agencies are expected to be operational within 60 days of July 1st, 2025. (RFP pgs.1-2).