QUESTIONS AND ANSWERS

The Collaborative Behavioral Health Care Program

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

Phone number and contact

Main Number: 609-888-7730

Contacts: Jessica Lique
    Loren LaBadie

Deliver proposal to: 50 East State Street, 3rd Floor
Trenton, NJ

Note:

-**Indirect costs shall be no more than 8% of the total project budget.**

-**Error on page 22 – there is no minimum budget requirement for evaluation activities.**

-**Correction on page 20 - Each regional hub team shall be physically located within its dedicated region. Hubs serving a region with more than one county shall describe their plan to provide access to children, youth and families who may require direct services from the hub, with a goal of avoiding the need for families to travel more than 25 miles for these services.**

-**Page limit for the proposal narrative has been changed to 25 pages.**

1. **On page 4 of the RFP it states: "Applicants are responsible for identifying pediatric and family care practices that will participate in the program". Does this require agreements to be established in order to apply, or is identification of potential partners enough for application?**

   Applicants should describe their strategy for identifying pediatric and family care practices to participate in the program, and are encouraged to obtain letters of agreement to participate in the project from the practices.

2. **In the budget narrative section of the RFP, it says that "All costs associated with the completion of the project, including the 80% allocation for program implementation and the 20% allocation for program evaluation activities must be clearly delineated, and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or "other" items."**

   This is an error as there is no minimum budget requirement for evaluation activities. The sentence should read: "All costs associated with the completion of the project must be clearly delineated, and the budget narrative must clearly articulate budget items, including a description of miscellaneous expenses or "other" items."

3. **Given that this year's funding has been reduced to $555,555 per hub, is the 20% allocation ($111,111) for program evaluation activities still required or can less funding be dedicated to program evaluation?**

   There is no minimum budget requirement for evaluation activities.

4. **May I clarify the age classification that would fall under the young adults category? Would it be from ages 18 to 21?**

   The program is expected to serve children, youth, and young adults up to age 21 who present for healthcare services at the pediatric and family practices to be served by the program.

5. **Is there a target number/volume of PCPs or practices that DCF would anticipate to engage in the project per grant? Can insight from the experience/volume of the current funded programs be shared so establish an approximate?**

   Applicants should propose the minimum number of practices to be served based on the design of the program.

6. **Are there specific tools that DCF is universally requiring grantees to use for screenings?**

   Applicants should propose the tools they intend to use in their program and include these with their proposal as an appendix.

7. Can an APN be used instead of a psychiatrist?

No.

8. Can a psychologist be used instead of (or in addition to) an LCSW/LPC?

Yes, a psychologist may be a member of the team in lieu of or in addition to an LCSW/LPC.

9. What do you mean by practitioner enrollment and support? Examples?

Page 4 of the RFP states that one of the core components of the project is:

Practitioner enrollment and support, including best practice education and a web portal to support program implementation and operation. The web portal is intended to support pediatric, psychiatric, and specialty care providers participating in the program, 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.

The web portal is intended to support the participating pediatric and family care providers, rather than to serve as a hotline or direct resource for families. The intention is to develop an internet presence that supports the program and practices operationally and educationally. So it would support provider application and enrollment as well as offer information on learning collaborative enrollment and activities. Some sections might be publicly accessible and some only to providers that have enrolled to work with the hub. The members-only section might include information on how to register for on line and face to face learning collaborative activities, archived webinars, links to or samples of screening tools, and other types of technical assistance for participating practices.

10. What are you looking for regarding best practice education and web portal usage? What does this entail?

See above response to question #10.

11. The requirement that the hub be located within 20 miles of the counties in the region to be served seems impossible for the 4-county region and for the Union/Hudson region.

The RFP states on page 20 that *each regional hub team shall be physically located within its dedicated region. Hubs serving a region with more than one county shall be located no more than 20 miles from either county in that region.* This requirement is **revised** as follows: each regional hub team shall be physically located within its dedicated region. Hubs serving a region with more than one county shall describe their plan to provide access to children, youth and families who may require direct services from the hub, with a goal of avoiding the need for families to travel more than 25 miles for these services.

12. Can you clarify what approval is required for software vendors? Is there a list?

There is no approved list. For the most part, off the shelf software is usually approved. This requirement pertains mostly for proposals to build new systems for the project. Information about any software products, such as Telehealth solutions, shall be included in the proposal. HIPAA compliance and security of client level data is our goal with this requirement.

13. What font style and size should be used for the proposal?

Arial or Times New Roman, 12 point, are acceptable for the proposal.