

Intensive Family Preservation Bidders Conference Questions and Answers 4/7/16

1. On page 5 of the RFP there is a list of the number of youth who are transferred to protective services in each region. Can the department provide information with regards to the ages of the children and race of the families for each region?

The Department does not have an existing report that details the ages and languages spoken for current IFP clients. Applicants should be prepared to regularly assess the population and communities being served and maintain staff that are ethnically and linguistically diverse and representative of their client population.

2. What are the fees for the NC Family Assessment?

There are no fees.

3. Does DCF keep a family's case open with DCF for the duration of the involvement with the IFP service?

Yes.

4. Can the Department publish the list of Bidder's Conference attendees?

Yes, it is posted at: http://www.biznet.ct.gov/scp_search/BidDetail.aspx?CID=39205

5. Can the Department publish a list of organizations that submit a Letter of Intent?

Yes, this list will be posted after the 4/19/16 Letter of Intent deadline.

6. Can the Department clarify if the IFP Supervisor is a full-time or part-time employee?

This will be dependent on the number of direct service staff for each program. The ratio is one full time supervisor to 5 to 6 direct service staff.

7. Appendix Two is for Letters of Agreement. Should these only be submitted if a subcontracting arrangement is proposed to deliver IFP in the Region? We are aware the Department does not want Letters of Support submitted.

Yes.

8. Can the Department publish the cultural and linguistic composition of families served in the current IFP programs, disaggregated by region?

Statewide Linguistic: Of the 704 cases opened during FY15 for which the language spoken in the home was specified, 590 spoke English, 98 spoke Spanish, 8 spoke French Creole, 3 spoke Russian, 2 spoke Arabic and 1 each spoke Portuguese, Italian and Mandarin. Please see attached PowerPoint slide showing statewide figures, in addition to the table that follows

Racial Composition of Families Served by IFP in SFY 2015

	White	Hispanic	Black	Other	Unable to Report	Multi-Racial
Region 1	16.3	38.8	29.9	3.4	11.6	-
Region 2	33.1	24.1	32.4	5.5	4.1	0.7
Region 3	66.7	15	10	2.8	4.4	1.1
Region 4	22.4	39.9	30.6	1.6	3.8	1.6
Region 5	63.3	19	6.3	3.8	6.3	1.3
Region 6	43	39.5	4.4	5.3	4.4	3.5

9. Can the Department provide examples of the type of information a proposer might put in Appendix 10 (“Cultural and Linguistically Competency supporting data”)?

In addition to the data about the racial, ethnic and linguistic characteristics of families your agency serves, you may include your agency’s cultural competency plan, agency training plan or targeted staff recruitment plan, for example.

10. On page 17, 1c, you reference describing “your agency’s prior successes in achieving the outcomes stated with this RFP.” Please specify what outcomes you are referencing. I do not see the word “outcomes” referenced anywhere else in the RFP. Are the areas of engagement, improved family functioning, and community collaborations the outcomes you are referencing earlier in the question?

Yes, in addition to outcomes listed on page 15 under “Performance Measures”.

11. On page 17, 3b, again you are asking the applicant to describe the agency’s plan to achieve the “outcomes” stated within this RFP. Please specify which outcomes you are referencing.

See question #10.

12. On page 19, Appendix 9 is labeled “program evaluation and family satisfaction.” What content does this reference? Is Appendix 9 related to any of the application

questions? Please provide examples of information that can be included in this appendix.

Appendix 9 information will be in support of Question 2d in the RFP, page 17.

13. On page 5, in the table providing case transfers to protective services, please provide the primary language and the race and ethnicity breakdown of those cases per DCF office if that information is available.

See question #1.

14. Will they be providing a list of all attendees at the Bidders Conference?

See question #4.

15. Will they provide a listing of all those agencies who have submitted letters of intent and for whichever region they are applying

See question #5.

16. Is the proposed allocation of funding per region in line with what is currently being funded in FY 2016?

The current allocations were determined based on the number of DCF cases transferring from intake to ongoing services to ensure proportionality of the funding.

17. When does DCF envision this contract period starting?

8/1/16.

18. When does DCF envision a transition period starting if a current grantee is not awarded?

The Program Development and Oversight Coordinator (PDO) assigned to IFP programs will be working closely with the regions and providers to develop a transition plan. Further information will be shared once providers have been notified of the awards.

19. If an agency is part of an application as a subcontractor do they need to provide all of the appendices? (Notification to Bidders, CHRO Compliance Forms, etc.)

No.

20. How many current grantees are providing services within each region?

There are currently 17 contractors and 1 subcontractor providing IFP services.

21. Does an agency need to have an office space secured in each sub-region (i.e. Danbury/Waterbury/Torrington) in order to apply as a lead?

No, however, the contractor must be able to demonstrate timely response to families in all the towns served by the region to which they are applying.

22. What is the current average annual case load for direct IFP service staff across all current contractors

The current caseload for a full time direct service staff is 5. Annually, a full time staff serves an average of 20 families. The current length of service is 3 months.

23. Will discretionary funds be available for IFP clients through DCF to address basic needs and safety in the home? What level of funds will be available?

As the IFP families will have open cases with the Department, the wrap funds for them would be accessed through the cases' social workers.

24. Please detail the formula DCF used to develop the budget. During the bidders conference DCF provided a formula using average salaries and the salaries were approximately 70% of the funding. Did this 70% include staff benefits or only salaries?

67% for salaries and 33% for fringe and indirect expenses.

25. On RFP page 10 DCF indicates that in some circumstances the joint provider-DCF initial home visit will take place on the same day or within 24-48 hours of referral instead of within 72 hours of referral. How frequently does DCF anticipate this more rapid home visit?

This will be dependent on individual case circumstances.

26. Can you supply us with a list of specific current contractors by caseloads, state and federal funding, and cities/towns served?

No.

27. Staffing requirement is a half-time Director per program or per Supervisor?

One half time director per program.

28. One supervisor per 5-6 FTEs or people?

One supervisor per 5-6 FTE's.

29. What is the benchmark on the 'six months following closure' performance measure?

It is a Results Based Accountability performance measure in the current contract that measures whether or not families are better off after the IFP service. The two reference points included in the current contract for this better off measure is the absence of a substantiation and an entry into DCF care (for children) following the IFP service.

30. How will the data on the 'six months following closure' performance measure data be communicated to the contractor?

Reports created regarding this "six month following closure" information will be the responsibility of the Department.

31. Will you supply current contractors with their data on the 'six months following closure' performance measure for the past three years?

See question #30.

32. Please confirm the expectation regarding 7/days/week staffing.

The contractor will be available to accept referrals Monday-Friday, 52 weeks per year during routine business hours. The contractor will incorporate a flexible schedule including evening and weekend hours that accommodates service provision in order to best meet the needs of families served. Twenty-four hour/7 day coverage for crisis intervention must also be provided 52 weeks per year including holidays, evenings and weekends.

33. Can a contractor apply for a subset of a DCF Region?

No, a contractor must be able to serve an entire region. However, subcontracting can be used in order to meet the needs of a particular Region.

34. Is there the expectation that family arrangement cases will be referred to the IFP program?

Family arrangement cases will not be excluded from this service type and referrals will be determined by each region based on the specific needs of the family.

35. Can we expect benchmarks on the performance measures?

Yes, benchmarks will be included in the finalized scope of service.

36. What are the benchmark expectations on the performance measures?

See question #35.

37. Will you supply state-wide averages on the current program performance measures?

For 1st Q. SFY 16,

- 61% of families who discharged from IFP services Met Treatment Goals
- 16% discharged as having Completed Program Requirements.
- 12% of families experienced a new substantiation after discharge from IFP.
- 11% of families experienced an entry into DCF after being discharged from IFP.

38. Will you be supply examples of the additional data elements which may be determined prior to the execution of the contract?

Yes.

39. What is the amount/% of federal funds for this program?

No federal funding has been allocated for IFP.

40. How will you distribute federal pass through funds among regions?

See question #39

41. Is there a gatekeeper to prioritize referrals?

Yes.

42. Will there be a Gatekeeper per region or AO?

Gatekeeper assignments will be developed in each region in collaboration with the awarded Contractors.

43. Will the AO be assigned a specific number of IFP slots?

See question #41.

44. Is a client support line item allowable in this grant?

Yes.

45. Please clarify intended case load per worker FTE.

The caseload per one full time FTE is 5-6 families.

46. In terms of Data Collection and the PIE system there has been some ambiguity around what is considered “indirect” time, specifically around travel time and supervision. Will this be addressed in the new scope of service with clear guidelines?

We will work with awarded contractors to ensure that this is clarified.

47. The model is often viewed as a case management model. Can the master’s level people use these hours to fulfill licensure requirements?

The Department cannot determine whether or not the work done in the IFP program appropriately meets the requirements for licensure.

48. The staffing model of 1 supervisor, .5 Director and 5 staff is to service 25 youth. To service 50 youth do you double the staffing?

If all 5 staff are full time, are carrying a minimum of 5 cases each and using an average length of services of 4.5 months, then the total number of families served would be 57.

49. Is DCF able to provide the primary language(s) in the home of the families referred to in-home services per region (page 5 of the RFP)

See question #1.

50. Please describe how DCF will determine inclusionary/exclusionary criteria for the new Intensive Family Preservation program with regards to Intimate Partner Violence.

An overall assessment combined with other key variables based on the specific needs of the family will inform what service the family is referred to.

51. What are the enhancements in service delivery to the existing IFP program (as referred to on Page 9 of the RFP) that DCF is looking to implement?

The following modifications have been made to Intensive Family Preservation service: building in Master’s level staff to provide direct services to families, an additional emphasis on parent education and parental skill building activities, and a possible extended length of service, determined by the needs of the family at the end of three months.

52. Could you please specify what you are looking for in Appendix 9 entitled Program evaluation and family satisfaction?

See question # 12

53. Could you please specify what you are looking for in Appendix 10 entitled Cultural and Linguistically Competency supporting data?

This is supplemental information to support questions 4b and 4c, on page 18, that you may not want to include as part of the application due to page limitation.

54. How will the upcoming reductions in state funding to DCF affect IFP funding of each Region?

At this time, there is no change to the funding allocation for IFP services.

55. Does DCF prefer one provider per Region or a provider with subcontractor(s) per Region?

There is no preference as long of the needs of the families within the region are being met.

56. Does the paragraph on Page 11 (Operating Hours/Crisis Response) that discusses services being made available 24 hours a day/7 days a week refer to crisis services or all IFP services?

See question #32.

57. Given that new contracts are expected to begin on August 1st will current IFP contracts be extended until July 31st?

Yes.

58. Is the FTE size of the Program Director position adjusted as the number of FTEs of the Supervisors increases? For instance if the number of direct service staff were double the example given on Page 11 (10 to 12 direct service staff), which then requires 2.0 FTEs Supervisors, does it follow that the Program Director position would increase from 0.50 FTE to 1.0 FTE?

No.

59. What calculation was used to figure out the number of direct service staff needed so that each direct service staff person has a caseload of 5?

This is the current IFP caseload per full time equivalent.

60. What salary amounts were used to figure out the funding levels/staffing patterns?

The salary amounts used were a sampling of current IFP salaries across agencies.

61. What is the date and time that the Letter of Intent is due?

April 19, 2016 at 3 p.m.

62. Is an agency able to submit multiple proposals for the same region? (i.e. one for the whole contract, one as the contractor with a subcontractor, as well as one being the subcontractor)?

No.

63. Will you post the received letters of intent and which regions each agency is submitting for?

See question #5.

64. Will they be providing a list of all attendees at the Bidders Conference?

See question #4.

65. Will they provide a listing of all those agencies who have submitted letters of intent and for whichever region they are applying?

See question #5.

66. Is the proposed allocation of funding per region in line with what is currently being funded in FY 2016?

No. The regional funding allocations were determined from current data regarding DCF cases transferring from intake to ongoing services.

67. When does DCF envision this contract period starting?

See question #17.

68. When does DCF envision a transition period starting if a current grantee is not awarded?

See question #18.

69. If an agency is part of an application as a subcontractor do they need to provide all of the appendices (Notification to Bidders, CHRO Compliance Forms, etc.)

See question #19.

70. How many current grantees are providing services within each region?

See question #20.

71. Does an agency need to have an office space secured in each sub-region (i.e. Danbury/Waterbury/Torrington) in order to apply as a lead?

See question #21.

72. What is the current average annual case load for direct IFP service staff across all current contractors?

20 families.

73. Would DCF consider making an exception for an IFP supervisor who has a BA rather than an MA, but has multiple years of experience as both an IFP worker and an IFP supervisor?

Yes.

74. What is the formula for determining the number of families served?

It was based on the number of case transfers from Intake to ongoing services for calendar year 2015 and the percentage was allocated accordingly to each region based on total funding of \$5,904,500.

75. What are the salaries that were used to determine the funding of the program, for bachelor level, master's level clinician, supervisor, and director?

See question #60.

76. What is the level of funding per family for an episode of care?

\$7168

77. What is the fringe rate that was used in the calculations?

30%.

78. Please verify that the FAR referrals were excluded from data on page 5.

Yes, FAR referrals were not included.

79. Can partnering include anything other than a contractor/subcontractor relationship? Being a subcontractor has risk factors involved; is there any way for partners in one region to both have contracts?

No.

80. On page 12 it is stated that direct staff “will be” a combination of master’s and bachelor’s levels. Later in the paragraph it states that master’s level is preferred. This seems like a contradiction. Please comment and clarify.

Master’s level is preferred but not required.

81. Is this a treatment or case management program? The answer has implications for the staffing. Unlicensed master’s level clinicians need clinical experience and supervision toward their licensure requirement and they will want to know if this work qualifies toward their licensure. While the complexity of the families and the potential crisis responses would benefit from a master’s level clinician, there is no therapeutic model described. The roles of the staff seem to be primarily case management, psychoeducation, and skill building.

Although there is potential for Master’s level staff to provide direct services, this is not a clinical program. The Master’s level was added based on the complexity of families currently active in ongoing services to enhance service provision, assessment etc. Awarded contractors will continue to refer to clinical services in the community for families based on their level of need.

82. One supervisor per 5 to 6 staff seems like a low ratio if the only primary responsibility of the supervisor is one hour of individual supervision per week, team meetings, case conferences, etc. Please confirm that this is your intent.

Yes, the supervisor will also provide crisis response and hands on support for the direct service staff as needed.

83. Is it a change in practice for IFP not to have a case conference with the DCF worker, the gatekeeper, and the staff every month or every other month during the course of the intervention?

Meetings will be held monthly with the assigned DCF staff.

84. What are the enhancements described in the RFP, as compared to the current existing IFP practice?

See question #51.

85. Is the full time employee 40 hours or 37.5 hours per week?

Whatever is considered full time for each provider agency.

86. When you were talking about the caseload and multiplying by two and two thirds, were you talking about the number of cycles and how many weeks per year you were basing that on?

Yes. We took an average of 4.5 months length of service. The length of service for IFP will be 4-6 months.

87. Is 5 cases the maximum caseload that DCF wants to see contractual to the Scope of Service?

Yes, 5 cases per FTE.

88. On page 11, can you clarify for the program director it says licensed Master's level clinician? Is that inclusive of an LMSW?

No. However, we will be flexible for someone is licensed eligible or hasn't taken the licensure test yet.

89. Are there going to be specific benchmark expectation assigned to the outcomes?

See question #35.

90. To further clarify the figures on page 5, are they reflecting the old caseload and not the current model because the length of service is longer?

See question #16.

91. On page 18, 4B, are you looking for just statistical data or are you looking for specific data for the agencies? Or how agency staff reflects that data? And how does that relate to appendix 10?

This is race, ethnicity and language data regarding the communities you serve.

92. Appendix 9 for Program Evaluation and Family Satisfaction. Are you looking for agencies program data and over what timeframe?

Please include no more than 2 years' data; 1 year's data is acceptable

93. Previously IFP had federal money that was part of the funding. There are no CFDA numbers listed on the contract cover sheet. Are there no longer federal funds for this?

Please see question #39

94. What was the thought behind the co-development of the plan with the family?

This refers to the pre-planning meeting that will occur with all families and with the assigned DCF social worker in preparation for the development of the service plan. The Department has adopted a Strengthening Families Practice model and a key strategy to support greater engagement is Child and Family Permanency Teaming, as a vehicle to further involve families and other key stakeholders in the planning and decision making process.

95. Please clarify the Department's figure of \$7,618.00 per client. Is that correct?

No-See question #76