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DEPARTMENT of CHILDREN and FAMILIES

Making a Difference for Children, Families and Communities

Division of Contracts Management

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Parenting Support Services RFP #190222008 Questions & Answers

1. **If interested in applying for multiple regions, how many applications are needed?**
One application will need to be submitted per DCF Area Office.
2. **Under the current service model, 24/7 crisis support is not part of program, can you expand on this component of the RFP?**
After additional discussion, it has been determined that the Department will not require 24/7 crisis support under this service model. Proposals responding to Part III, Section C.3 (c) of the RFP do not need to include this provision, although the Department will require that Contractors engage in crisis planning based on the Family's needs. Minimally, it would be expected that as the Contractor is engaging the family, assessing needs and developing a service plan, crisis planning would be incorporated into that work based on the specific needs of the family. Such planning would outline the identified needs and appropriate connections should such supports be needed.
3. **On page 17 of the RFP, there is a reference to a joint home visit with DCF within 10 calendar days of received referral and the reference to an Initial home visit within 10 calendar days. Is this the same visit?**
Yes – best case practice is that the initial home visit will be completed with DCF Social Worker.
4. **Due to cost of providing 24/7 coverage, will the Department re-consider?**
See Question #2.
5. **Is the Wrap Around training one day?**
Yes
6. **Is the Wrap Around training paid for by DCF?**
No – costs associated with this training should be included in the applicant's proposed budget.
7. **Under Section III.C (d and f) of the RFP, can you clarify what applicants should be including in their proposals?**
Proposals should describe process for how you will conduct the assessments and meet treatment service components using the guidelines defined in the RFP.
8. **Will the current forms for referral and assessment remain same?**
Yes
9. **Page 20 of the RFP states that the program should be available by April 1st. Is this accurate?**
No. It is the Department's expectation that programs be available by July 1, 2019.
10. **On page 22 and 23 of the RFP (Proposal Outline), do you want the questions spelled out in the response (as headers for each section)?**
No.

11. Can applicants submit 1 proposal per Region (to serve multiple Area Offices within the Region)?

No. One application will need to be submitted per DCF Area Office.

12. Can applicants who are applying for more than 1 Area Office share staffing among offices?

Yes, but such should be reflected in the Budget for each proposal and noted in the Budget Narrative.

13. Can you provide a list agencies that submit a Letter of Intent and what Area Office they applied for?

Yes. This information will be posted to the State Contracting Portal after the due date for the Letter of Intent.

14. Will DCF allow subcontracting under this RFP?

No.

15. Can you clarify the case load listed in RFP?

Annual caseload is expected to be 30 per Full Time Parent Educator as stated on page 17 of the RFP.

16. On page 34 of the RFP, it appears that section 'c' is missing, is there an omission?

No. This was a spacing/formatting issue. The entire Scope of Service is included in the RFP.

17. Can you provide the rationale for how the new funding amounts per Area Office were calculated?

DCF spent a significant amount of time analyzing utilization and capacity at the Regional and Area Office levels. 3 years of utilization were analyzed to determine the average utilization by Area Office. This utilization was then converted into a % of the total, which DCF then correlated to a % of the total funding available.

Additionally, DCF consolidated and averaged current costs of all PSS providers to determine the average salary/fringe rate for a PE Educator, the average salary/fringe rate for a PE Supervisor, the average indirect rate and the average direct costs amount. These averages (with a small cushion built into each) were utilized in conjunction with the % detailed above to determine the capacity and funding levels for each Area Office.

18. Can you provide a list of current PSS Providers and what Area Office they serve?

The current service model does not define PSS providers by Area Office, but a list of current PSS providers by DCF Region will be posted to the State Contracting Portal.

19. Is there a standard form for Appendix 7?

No, and this Appendix is not mandatory. It's included if applicants choose to use it so that data on demographics required in the Cultural Competency section of the RFP does not have to be included in the Main Proposal (given the page limitation for the Main Proposal).

20. Is there a budget narrative form?

No. The budget narrative is a line by line description of the associated costs assigned to each line in the Budget.

21. Does the electronic version of the budget have to be submitted in PDF format?

No. The Budget may be submitted as an excel file for the electronic copy. The hard copy submissions should just be a printed page of each individual sheet of the budget.

22. Is line spacing single spaced or double spaced?

Line spacing is 1.5 (see Section I.D (6) of the RFP).

23. On page 21 of the RFP, outcomes refer to the attached Scope of Service which is different than current Scope of Service. How can we demonstrate success in achieving outcomes that are new?

Some outcomes are the same, but proposals should respond to the section of the RFP demonstrating agency successes in achieving the outcomes, or similar outcomes. This section is not dependent on provision of a current PSS program.

24. How much information on characteristics and demographics of the area should be included in the Cultural Competency section?

The Department pays particular attention to this section of proposals to determine not only the level of commitment to cultural and linguistically competent care on the part of providers, but also to determine how integrated the applicant is into the community they are proposing to serve. Does the applicant understand the demographics, do they have a true presence in the community, do they understand the culture of the community, etc. Applicants should also be mindful that an 'area' is not just the town or city where the area office is located, but a geographical area surrounding that office, inclusive of multiple towns/cities.

25. Page 21 of the RFP asks applicants to list third party revenue. Is that an expectation for this program?

No, it is just standard RFP language. But, it is the Department's expectation that all sources of revenue be identified in the proposed budget (in-kind, private donations, etc.)

26. Page 19 of the RFP, requires a Bachelor's Degree for Parent Educators, under the staffing requirements. Will current staff that do not have a Bachelor's be grandfathered in?

Possibly. It is the Department's preference that all PE staff have a Bachelor's degree. But, PSS providers can request exceptions to this requirement when it can be demonstrated that a particular applicant without a Bachelor's degree is exceptionally qualified for the position (based on life experience, prior job experience, training in Triple P, etc.).

27. If we have a staff member currently working and going to school, are they eligible?

Yes, see Question 26.

28. Regardless of how well we justify using a non-Bachelor's level PE staff person, if they do not have a Bachelor's degree, will receive no points for that section?

Most likely you will not receive some points but not full points, however, that is at the Review Team's discretion based on the justifications included in the proposal, as well as comparison of the proposal to the other responses received.

29. Do you want resume's included in the responses?

No.

30. Will training for new staff be moved up based on new execution date?

Yes.

31. Are Letters of Support allowed?

No.

32. If the applicant agency operates other programs for DCF that have had minor licensing Corrective Actions (like a stained tile), does this need to be included in responses?

Yes.

- 33. On page 17 of the RFP (under number and types of clients to be served), can you clarify how responses should be submitted, given that the RFP lists the expected capacities for each Area Office?**
Answers should reflect how many clients you can serve given the funding delineations, including both DCF and community referrals. It is DCF's expectation that a minimum number of clients be served (refer to chart on page 17), but if applicants feel that they can serve a greater number than what is defined in the RFP, this should be noted.
- 34. Under staffing qualifications, are masters level individuals acceptable?**
Yes.
- 35. Can the Supervisor be utilized as case-carrying to meet the capacity requirements if the staffing allocation is not a full FTE?**
The Department will accept proposals proposing this staffing structure, however, proposals must demonstrate how the degree of case-carrying will not interfere with the quality monitoring and provision of supervision.
- 36. There seems to be some ambiguous language within the RFP. It states under Eligibility that "Private provider organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships), CT State agencies, and municipalities are eligible to submit proposals in response to this RFP." but under Minimum Qualifications of Proposers it states "The agency must possess valid status as a nonprofit". Can you clarify on if the agency must be non-profit or not?**
Entities that are either a non-profit, a proprietary corporation, a partnership, a CT State Agency or a municipality are eligible to submit proposals in response to this RFP. If you are a proprietary corporation or a partnership, proof of such must be submitted as Appendix 6 (in lieu of Proof of Non-Profit status).
- 37. What is the nature of the 24/7 coverage, i.e. what situations would warrant an after-hours call?**
See Question #2.
- 38. Can the Department advise about using hourly employees for after-hours coverage and how that will be paid for? Parent Educators are hourly employees and utilizing them for 24/7 coverage would require payment of overtime.**
See Question #2. Assigned staff are expected to exercise flexibility in regular meetings with family to accommodate their schedules.
- 39. Where can current or related program outcomes be included in the proposal?**
This information should be included in Section F.7 of the proposal.
- 40. When should programs be available to be implemented?**
See Question 9.
- 41. Does the consolidated budget go in as an appendix rather than in the body?**
No. The Budget and the Budget Narrative should be included as Section G of the proposal (refer to the writeable version of the proposal outline on the State Contracting Portal).
- 42. If I want to apply for both or either area office, do I send in two identical applications 1 with cover page for area office 1 and one for area office 2? But only one LOI with both offices checked?**
Yes, but be mindful of Question 24.
- 43. I was wondering if there were any instructions on how to fill out the budget spreadsheet? Also, the DCF RFP POS budget spreadsheet under RFP Forms is the one that should be utilized for this RFP, right?**
At this time, there are no instructions for completion of the Budget for inclusion in an RFP response.

Yes, the DCF RFP POS budget spreadsheet under RFP Form on the DCF website is the budget document for this RFP.

44. In regards to Sections 3 & 4 of the Proposal, my colleagues and I found that Attachment 5 (PSS Scope of Service Draft) clearly and specifically reports what is expected for the program. As such, are we to simply reiterate this detailed "scripted" statements/presented protocol (in addition to adding our Agency's specifics, of course), or are the Reviewers expecting us to develop a more original plan to complete Sections 3 & 4?

No. The Review Teams for this RFP will expect proposals to explain how applicants will adhere to the service model described in Attachment 5, not just certify that they will adhere to it.

45. In the past our organization was disqualified for not submitting an audit. Because our program has been exempt from audits we did not have one to present. Our Clinical Director will be meeting with our accountant next week. We hope and assume that a statement from that individual will be accepted for the Proposal, Section D 1, but we wanted to know if the reviewers will require documentation from multiple sources?

Section D.1 of the RFP does not require applicants to have submitted to a State Single Audit, it requires proof of financial solvency of the applicant agency. If the applicant agency is exempt from completion of a State Single Audit, the proposal should explain why and should then include some form of documentation that demonstrates the financial solvency of the agency (accountant prepared financial statement, tax return, profit and loss statement, etc.).

46. The grant mentions the award is for one year with the possibility of extending for 5 years. When answering the questions in the budget section, should the budget be written to reflect one year or five years?

The RFP states (Section I.C (3)), that contracts will be awarded for 1-5 years, at the discretion of the Department, not 1 year with the possibility for extension for 5 years. This only means that the Department will determine the term of the contract based on a number of factors, but is primarily determined simply by the Department's internal contract renewal schedule.

Budgets submitted in response to this RFP (Section III.D (2) of the RFP) should be submitted for 1 year of operation- the annual budget. The Department flat funds community service programs, meaning that the awarded contract amount for Year 1 will remain the same in future years. Budgets are submitted on an annual basis at the beginning of each State Fiscal Year, so the proposal budget should only reflect 1 year of expenses.

47. What towns does each region encompass? Is there any change anticipated from current structure?

The Department does not currently anticipate any change to the structure defined below.

Region 1 encompasses 2 Area Offices, which serve the following municipalities:

Bridgeport Area Office: Bridgeport, Easton, Fairfield, Monroe, Stratford, Trumbull

Norwalk Area Office: Norwalk, Stamford, Weston, Westport, Wilton, Darien, Greenwich, New Canaan

Region 2 encompasses 2 Area Offices, which serve the following municipalities:

Milford Area Office: Milford, Ansonia, Bethany, Branford, Derby, East Haven, Hamden, North Branford, North Haven, Northford, Orange, Seymour, Shelton, West Haven, Woodbridge

New Haven Area Office: New Haven

Region 3 encompasses 3 Area Offices, which serve the following municipalities:

Middletown Area Office: Middletown, Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Guilford, Haddam, Killingworth, Lyme, Madison, Middlefield, Old Lyme, Old Saybrook, Portland, Westbrook

Norwich Area Office: Norwich, Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton, Lebanon, Ledyard, Lisbon, Montville, New London, North Stonington, Preston, Salem, Sprague, Stonington, Voluntown, Waterford

Willimantic Area Office: Willimantic, Ashford, Brooklyn, Canterbury, Chaplin, Columbia, Coventry, Eastford, Hampton, Killingly, Mansfield, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Union, Willington, Windham, Woodstock

Region 4 encompasses 2 Area Offices, which serve the following municipalities:

Hartford Area Office: Hartford, Bloomfield, West Hartford, Windsor

Manchester Area Office: Manchester, Andover, Bolton, East Granby, East Hartford, East Windsor, Ellington, Enfield, Glastonbury, Granby, Hebron, Marlborough, Somers, South Windsor, Stafford, Suffield, Tolland, Vernon, Windsor Locks

Region 5 encompasses 3 Area Offices, which serve the following municipalities:

Danbury Area Office: Danbury, Bethel, Bridgewater, Brookfield, New Fairfield, New Milford, Newtown, Redding, Ridgefield, Sherman

Torrington Area Office: Torrington, Barkhamsted, Bethlehem, Canaan, Colebrook, Cornwall, Goshen, Hartland, Harwinton, Kent, Litchfield, Morris, New Hartford, Norfolk, North Canaan, Roxbury, Salisbury, Sharon, Thomaston, Warren, Washington, Watertown, Winchester

Waterbury Area Office: Waterbury, Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect, Southbury, Wolcott, Woodbury

Region 6 encompasses 2 Area Offices, which serve the following municipalities

Meriden Area Office: Meriden, Wallingford

New Britain Area Office: New Britain, Avon, Berlin, Bristol, Burlington, Canton, Farmington, Newington, Plainville, Plymouth, Rocky Hill, Simsbury, Southington, Wethersfield

- 48. How will families be identified as appropriate for COS-P groups? Is this at referral or after the initial assessment? Page 18 of the RFP states that initial assessments for COS groups are done in the 1st session but in the paragraph above, it says staff have the first two visits to complete the assessment to determine the appropriate parenting intervention. Please clarify this process for identifying families appropriate for the group intervention.**

Providing Circle of Security Parenting (COSP) groups is optional. The decision to have a parent attend a COSP group would be up to the professional judgment of the PSS parent educator and/or the PSS supervisor in partnership with the family and DCF when applicable. If the family is referred as part of a group, separate and apart from an individual referral to PSS, an assessment is required as part of that group participation.

- 49. As we develop our PSS work-plans, can the Department provide a general timeline of when Level 4 Triple P, COS and wraparound trainings will be conducted?**

Level 4 Triple P trainings are scheduled for June 17-21, 2019 and July 15-19, 2019. There is also a pre-accreditation training approximately 4 weeks later and then an accreditation training two weeks after the pre-accreditation training. Each training can handle a maximum of 20 people. If needed, additional Triple P trainings will be scheduled in late July and/or in August 2019.

The Circle of Security Parenting training is scheduled for September 16-19, 2019.

The Department generally schedules two trainings/year for Level 4 Triple P and for COSP.

Wraparound training can be coordinated directly with agencies who deliver the training. The list of agencies offering training can be found at <http://www.wrapct.org/Collaboratives.aspx>.

50. Can a Regional Proposal be submitted or does it need to be by an area office?

See Question 11.

51. Does the training requirement for staff under Section 4.C also apply to the Supervisor and if so what training is required for the Supervisory position?

PSS supervisors are required to be trained in Level 4 Triple P, COSP and Wraparound philosophy and process.

52. If an organization's Gift & Campaign Certification and Consulting Agreement affidavit are up to date on the BizNet portal do they still have to be submitted with this proposal as Appendix 1 and Appendix 2?

Yes. Regulations require these forms to be submitted with a bid application.

53. What types of data sources can be utilized as supporting data for Appendix 7? Can the organization use internally generated software reports to demonstrate diversity?

Any data that the applicant feels adequately demonstrates their diversity can be utilized as Appendix 7.

54. Is the RFP proposing a change to the risk level of families being referred to the PSS program by DCF?

No. It continues to be at the discretion of the DCF caseworker and Enhanced Service Coordinator/gatekeeper as to whether a parent is referred to PSS.

55. What is the rationale for the on-call requirement?

See Question 2.

56. Is it allowable to have one full time staff person who will be broken out as 0.5 FTE supervisor and 0.5 FTE worker?

See Question 35.

57. Is staffing only allowable at 0.5 FTE increments or are other incremental units allowed?

Staffing must minimally meet the requirements of the RFP, but DCF will accept proposals for additional staffing.

58. Will the same pre and post assessments be used in the proposed RFP as exists in the current contracts?

We are replacing most of the pre-post assessments. The assessments that will be used are listed on page 31 of the RFP in the 5. Assessment section.

59. How will scoring be set up for the Coping with Negative Emotions scale?

A form for scoring this assessment has been developed. The score for the unsupportive responses to children's distress sub-scale will be entered into PIE. Unfortunately, a website for scoring this assessment is not available, so it will need to be scored by hand

60. Is client support an allowable expense?

Yes.

61. How long is funding proposed for the new contracts – 3 or 5 years?

See Question 46.

62. What was the methodology for the breakout of the funding levels and staffing levels established for each region/area office?

See Question 17.

63. Can you explain the seeming disparity in the unit cost between area offices? Particularly within Region 3?

See Question 17.

64. If an agency is applying to cover PSS services for multiple DCF Area Offices within a region, is the department requiring a separate application for each individual DCF Area Office? Or can offices within the same region be included in a single program proposal from the agency? (i.e. If an agency is applying for Waterbury and Torrington with Region 5, are they required to submit a proposal for each, or can a single proposal be provided for a program that covers both areas)

See Question 11.

65. Will DCF allow combining Supervisor roles within a region if an agency is applying for multiple area offices? Or is the department expecting a separate staff person for each supervisor role in each of the 14 teams? (i.e.: if an agency is awarded services for Danbury and Waterbury, can one staff supervise both locations as a FTE, or does the department require two separate staff to supervise each location?)

See Question 12.

66. Will there be a way for agencies to document communication in PIE with DCF regarding the attempts made to schedule joint visits as it relates to the proposal indicating that the DCF social worker needs to be present at certain visits/appointments?

Not at the present time. We will continue to use the nine choices available in PIE to document the reason why a face-to-face visit could not be done. If a need to capture this information arises, this will be discussed with providers, and, if necessary, a proposal developed for a change in PIE

67. Will DCF's case remain open until PSS opens and the PSS provider reviews the assessment and joint visit findings with the DCF Social Worker? (There are instances currently where the case is closed before PSS officially opens)

The Department will make that determination based on the totality of circumstances involving the family

68. The proposal indicates that trainings in the curricula will be provided, but will there be formal trainings offered in PIE or any other documentation systems as well?

Trainings will be scheduled to teach PSS supervisors and the people assigned to enter data into PIE about entering data into PIE, handling issues with PIE, and using PIE reports. Once supervisors are trained in using PIE they will be responsible for training the people at their agency who are responsible for entering data. If an agency opts to have someone other than a PSS parent educator or supervisor enter data into PIE, that person should also attend the training.

69. With reference to question C1e previous RFPS have only asked for corrective action plan with regard to serious licensing actions. When referring to Service Development Plans is the Department now looking for all licensing concerns to be noted? (i.e. referencing EDT licensing no stepping stool located in the lobby bathroom?)

Yes. If the applicant has previously been put under a Corrective Action Plan by DCF, no matter what the reason, such should be included in the applicant's proposal.

70. Can we include resumes if we have current staff that would be involved in the implementation and/ or operation of the program?

See Question 29.

71. As Triple P is evidenced based, are any of the components of this program approved for 3rd party billing?

No.

72. Regarding question 7a- for outcome measures- if we do not currently have the program to match outcomes in the scope of service should we use programs that might be closely matched like IFP or RTFT?

Yes.

73. Will you please list all agencies represented at the Bidders Conference?

Yes. This list will be posted to the State Contracting Portal.

74. Please provide some clarity as to what should be included in Appendix 8?

Please refer to Part III, Section D.1 of the RFP.

75. In question 4 (Staff Qualifications) and question 4c (Staffing), what is the question for us to answer? This bullet states what qualifications are required for the position, but there is nothing that is asked to be answered.

The Review Teams for this RFP will expect proposals to explain how applicants will adhere to the qualification structure, not just certify that they will adhere to it.

76. 7b- says each provider is required to have a QA plan to ensure fidelity to the model. Are you asking for the QA plan to be developed and included in this response to this RFP or the approach that will be taken with a few examples?

Proposals should describe the approach that will be taken to develop and implement the QA Plan if awarded a contract as a result of this RFP.

77. Where can we get writable forms for: Attachment 4, and Attachment 5 of the Parenting Support Services RFP?

<https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>

78. Please confirm the attached budget forms are the ones to be used for the Parenting Support Services RFP.

Please use the following link to access the Budget Forms required for this RFP:

<https://portal.ct.gov/DCF/Contract-Management/Home#RFPForms>

79. Can we combine a .5FTE Parent Educator position with a .5FTE Parent Educator Supervisor position to make a 1.0 FTE position for an individual?

See question 35 and 57.

80. Will personal testimonies from previous and current clients served be eligible for submission?

No.

81. For a Parent Educator with an Associate's Degree who was hired under the previous educational requirements (High School Degree required in 2007) and is multicultural and multilingual with over a decade of relevant agency experience, will DCF consider scoring without penalty? Would prior written approval of the DCF PDOC overseeing this level of care need to occur prior to submission of the RFP? If you will be deducting points for a Parent Educator with an Associate's Degree, will you be adding points for a Parent Educator with a Master's Degree? Offset scoring?

Scoring is at the discretion of the Review Committee and is entirely based on the proposals received. If the individual proposed for the position received prior approval of DCF, such may be noted in the proposal, but final scoring will be dependent on the strength of the other proposals received.

82. In the Consolidated Budget Instructions – Page 1, #3: It states the consolidated budget should represent your entire AGENCY's budget. This should be our department budget not the entire hospital budget – please confirm?

The Consolidated Budget is not the RFP Budget. Please refer to the link in Question 78.

83. In the Consolidated Budget Instructions – Page 1 there is a link to the OPM POS Cost Standards. This link doesn't work. Are we to use the OPM POS Cost Standards dated October 21, 2016?

The Consolidated Budget is not the RFP Budget. Please refer to the link in Question 78.

84. Are Matching Funds required? If so, at what percentage?

No.

85. PSS is not a clinical program, please clarify the expectations for crisis support to be provided directly by the program 24/7?

Please see Question 2.

86. DCF through the RFP and SOS has indicated that PSS Parent Educator's should have a Bachelor's Degree and Supervisors a Master's Degree (or a Bachelor's Degree and significant experience). Yet, the allocated funding which is lower than current funding does not support paying staff at a level that is commensurate with college education or advanced degrees. What are the DCF expectations for agencies to continue to overcome these challenges which impact staff hiring, retention and a maintaining a balanced budget?

Allocated funding by Area Office is slightly higher than current allocations in the area of salaries/fringe. See Question 17.

87. Please clarify the assessment process expectations for the program – including required intake forms, pre and post tests/assessments, surveys.

The PSS parent educator will complete the Parenting Support Services Initial Assessment for each referral to PSS. For in-home cases the parent educator, parent and DCF when applicable, will determine whether the intervention will be Level 4 Triple P or COSP. If Level 4 Triple P is the intervention chosen, the parent educator will also complete the Factors Influencing Child/Teen Behavior, and, as needed, use the other assessment instruments recommended by Triple P. If COSP is the intervention chosen, no other assessment instruments need to be completed. At the completion of any intervention, the PHQ-9 and the Coping with Toddler/Child/Teen Negative Emotions Scale will be completed. Parents who received COSP will also complete the Circle of Security Parenting Participant Survey at the completion of COSP.

88. What screening processes are expected of the PSS supervisor upon receipt of a referral from the gatekeeper?

None. The referral will be assigned to a parent educator and the initial face-to-face visit scheduled by the parent educator. Occasionally, after completion of the initial assessment, additional information may indicate that another service might be better. The PSS supervisor and the Enhanced Service Coordinator/Gatekeeper would need to discuss the details and make a decision about what service is appropriate at that time.

89. What was the determination for distribution of funding amounts among the offices in each region?

See Question 17.

90. Could you describe the Department's rationale for increasing requirements for staffing, supervision, and the number of families served, while cutting funding from current levels, even as agency expenses rise?

The Department did not change staffing requirements or the number of families served, although the supervision requirements for this level of care were increased (1:7 ratio). But, with the increase in supervision requirements, the Department increased funding for those supervisors as well. The expectation of service has always been a 1:30 ratio of staff to clients, and total statewide capacity has actually decreased with issuance of this RFP. While funding reductions have been implemented, those reductions correlate to an overall capacity reduction.

91. The Department typically advises agencies to provide salaries and fringe benefits needed to attract and retain qualified staff. Does the Department have a recommended range of salaries and value of fringe benefits for the required positions in this RFP based on available funding? Could you provide the current range of salaries and value of benefits for the contractors in the existing PSS program by area of coverage?

See Question 17. Based on current costs associated with the program (and building in a small increase), the average salary for Parent Educators in the Department's current PSS level of care is \$37,000, with an average fringe rate of 28%. The average salary for Supervisors in the Department's current PSS level of care is \$58,000, with an average fringe rate of 28%. The average direct expense cost is 18% of Salaries/Fringe and the average indirect expense cost is 11%.

92. This RFP requires agencies to commit to staffing at certain FTE levels. Full Time Equivalencies in different workplaces can vary by 25%, from 40 hours a week, to 35 hours per week for other providers, down to minimum of 30 hours per week as required under the Affordable Care Act. Is the state recommending a standard FTE to ensure an appropriate or minimum number of hours per week is allotted for service delivery and supervision?

No. FTE should be a defined measure in each agency's Cost Allocation Plan. DCF will defer to each agency's approved Cost Allocation Plan for their interpretation of an FTE.

93. Please provide the estimates used to develop funding levels for this RFP, specifically: salary range per 1.0 FTE Supervisor; salary range per 1.0 FTE Parent Educator; fringe rate; travel expenses per FTE; program occupancy rates, program training expenses, general and administrative expenses including recruiting, insurance, technology support and reporting, as well as other estimated program expenditures for computers, phones, etc.

See Question 91. Again, this was based on current allocations of all existing PSS providers.

94. Does the Department expect that services in larger geographic or rural areas will have increased expenditures of staff travel time and travel reimbursement, and is there any consideration of additional funding that could be used to offset increased expenses in such areas of the state?

While we recognize and would expect to see these costs reflected in the agency's budget, there are no funds available beyond what is detailed in the RFP. It was the Department's expectation that reducing the number of PSS contractors would, in itself, provide efficiencies that could be translated into allocations for these costs.

95. The Department has stated at the recent technical assistance session that they are requiring a 6:1 ratio of Parent Educators to Supervisors. However, the RFP's required area staffing patterns do not adhere to that supervision ratio, resulting in some regions required to budget significantly more supervisory time than others despite the same per-capita funding for all areas. For example, Meriden is required to fund a 0.5 FTE position to oversee 4.5 Parent Educators – a ratio of 9:1 or more depending on the definition of an FTE, while the Willimantic area with just one additional Parent Educator is required to budget twice the supervisory staffing of Meriden, for a Willimantic ratio of at least 5.5:1. Hartford, with twice the Parent Educators in Willimantic, is required to fund only 50% more supervisory time than Willimantic, for a Hartford ratio of 7.4:1. Would the Department consider equalizing the hours of supervision & supervisory budgets, consistent with a standard FTE, to ensure that all areas receive appropriate funding for Parent Educators as well as funding for the required hours of supervision?

No. The staffing structure delineated in the RFP is the staffing structure that the Department will require. The Supervisory structure is established in the manner it is because of the inherent difficulties with staffing and retaining staff in incremental FTEs. The Department has found that attempting to staff in anything less than half-time FTE increments causes significant retention issues. To that end, when approaching this level of care, the Department attempted to raise the supervisory structure to a 1:6 / 1:7 ratio, acknowledging that we wouldn't establish supervisory FTEs in anything less than half FTE increments (which is the reason for the disparity in some cases).

96. What does is mean by Community Collaborative Systems (RFP Section III.C (5))?

See Question 49. Community Collaboratives are the entities that a provider would contact to coordinate the Wraparound training.

97. Can the staffing pattern differ from what is listed in the RFP?

Yes, but it must minimally meet the requirements of what is listed in the RFP.

98. Which DCF RFP Budget Form do we use POS or PSA?

See Question 78.

99. How much of rent is considered Administrative costs?

This is solely based on each agency's Board-approved Cost Allocation Plan.

100. Please clarify if the joint DCF-PSS visit referred to on RFP page 17 is considered the initial visit or if the PSS program is expected to have two meetings with the parent(s) within 10 days.

An initial visit is expected within 10 calendar days of receiving the referral. The joint visit with DCF may be the initial visit within that first 10 days but may occur after the initial visit between the parent educator and family yet still within the first 10 days.

101. Please clarify what counts toward the page limit for the main proposal. Does the limit apply only to section F with subsections 1-7 (i.e., through Data and Technology)?

Correct.

102. May applicants use 10pt font and single spacing in tables and charts?

Yes.

103. What percentage of families does DCF anticipate will be referred for both Triple P and Circle of Security services?

Based on current data, nearly all parents receive only one parenting intervention. Parents can request to receive a Level 4 Triple P intervention and COSP which is allowable based on the specific needs of the family.

104. The RFP indicates that families will be counted twice in determining caseloads if they receive both Triple P and Circle of Security. Currently in the PIE system, families are only counted once if they receive both services. How will DCF ensure families will be counted twice?

When the parent has completed one intervention, the parent must be discharged from PIE. Should the family receive a second intervention, a new Intake is started in PIE. This will be covered in the PIE training.

105. Will PSS continue to fall under the Enhanced Service Coordinator (for the regions that have this function)?

Yes.

106. Can Triple P be done with families where the children have been removed?

Yes. In some cases a foster parent has received the intervention. We've also had instances where a parent is working to regain custody and receives PSS as a step toward regaining custody. When a parent is working to regain custody, we have found that it is usually better for the parent to receive COSP since Triple P requires the parent to do a number of activities with their child/teen so sufficient face to face time would be a consideration

107. Will staffing costs for salary be considered prior to the start of the contract to allow for attendance of new staff at the Triple P training in June?

Yes, but budgets submitted with proposals should note these costs, and these costs will only be approved in cases where the total Year 1 Budget does not exceed the established funding levels in the RFP.

108. Will training costs be considered for enhancement of Triple P-meaning could we be trained to run Triple P groups?

No.

109. Will contracts be considered for partial service of a DCF regional office?

No.

110. Would you consider keeping the DASS instead of the PHQ-9?

No.

111. Will there be electronic scoring available for the new questionnaires? We currently score questionnaires through ARSA site from Triple P. The new questionnaires are not on that site.

Electronic scoring will be available for the PHQ-9. Electronic scoring is not available for the Coping with Toddler/Child/teen Negative Emotions Scale.

112. How will met treatment goals be defined?

The Level 4 Triple P interventions consists of ten sessions, and Circle of Security Parenting consists of eight sessions. "Met Treatment Goals" is defined as the parent completing at least sessions 1-8 of a Triple P intervention or chapters 1-6 of Circle of Security Parenting. Parents reporting achievement of the progress they desired with their parenting also meet the definition for Met Treatment Goal.

113. Are questionnaires being used as pre and post? They are only mentioned at post.

Please see Question #87.

114. Will PIE have a question and drop box for DCFSW present at initial visit with possible reasons if the DCFSW does not attend?

There are no current plans to add this to PIE.

115. Would you consider reducing the number of joint visit with supervisor for staff who have been in the program for more than a year and are performing well to once a quarter?

Yes, on a case by case basis.

116. Would you consider making supervisors with 4 staff 1 FTE?

This would seem to be excessive for 4 FTE staff, although DCF would consider allowing the supervisor to be a .5 FTE case-carrying staff member and a .5 Supervisor.

117. How were the supervision requirements determined?

DCF utilized a 1:6 / 1:7 ratio, although exceptions were made to ensure that staffing was only established in half FTE increments.

118. What will the frequency of Statewide and Regional meeting be?

There will be quarterly statewide meetings. Frequency of regional meetings will be dependent on the DCF region and the Provider.

119. Is there a standard length of stay for each module of PSS or is this dictated on a case-by-case basis?

The length of service is expected to be between 4-6 months, though it can be adjusted based on the circumstances of the case.

120. What are the admission/exclusion criteria for clients?

There are no admission/exclusion criteria. PSS is a service to improve parenting. See the response to question 88 for additional information.

121. What services are not allowed to be in place while PSS is active?

PSS agencies must provide either a Level 4 Triple P intervention or COSP. Other parenting interventions are not allowed at the time of service provision.

122. Are Parenting Assessments required for all referrals?

See Question #87.

123. Is there a cap on the wait list time for PSS?

No.

124. Does case management happen in conjunction with one of the parenting interventions provided by PSS?

Yes.

125. Can Circle of Security be completed individually or is it required that this occurs in a group?

COSP is usually completed individually as an in-home intervention. Groups are optional. For example, a Family Resource Center might request a COSP group for a group of parents. See Question #48.

126. For parents assessed to need more than one intervention, do the interventions occur concurrently or consecutively?

Consecutively.

127. Are tools identified in the PSS model to assist Parent educators in their interventions (ex. budget planning tools, etc)

No.

128. Who provides training of the interventions; PSS directly or a third-party agency?

DCF schedules and pays for the Triple P and COSP trainings. Wraparound training is coordinated by the Provider but at no cost for the Provider.

129. Does DCF do regular monthly meetings with the PSS Parent Educators?

The PSS Program Supervisor will facilitate monthly case reviews at each referring DCF of which Parent Educators may likely participate.

130. Does DCF have particular documentation that is submitted to each worker or does agency documentation suffice?

The Contractor will maintain regular contact with the assigned Social Worker regarding each families progress. Additionally, the Provider will maintain a written case record on each family that contains referral/intake form, family assessment, eligibility determination, client family satisfaction survey and case closing summary. The PSS Supervisor will facilitate monthly case reviews at each referring DCF office for open DCF cases if requested by the DCF gatekeeper.

131. Please clarify Region 3 having 3 teams- one team in Middletown, one team in New London, and one team in Willimantic? And is one team comprised of 4 parent educators?

Refer to the chart on page 5 of the RFP for the team locations for Region 3. Refer to the chart on page 19 of the RFP for staffing requirements for each Team.

132. Page 18 of the RFP states that families receiving more than one parenting intervention could potentially have an additional 4-6 months of treatment? And if one family is counted as 2 separate cases in this instance, then those 2 cases would count towards total capacity of 120 correct? (even though it's one family)?

Correct.