



**State of Rhode Island
Department of Administration / Division of Purchases
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**Solicitation Information
May 3, 2013**

ADDENDUM # 1

RFP #7461409

RFP Title: Youth Success 2 and New Opportunity Homes

Bid Opening Date & Time: May 16, 2013 @ 10:00 AM

Notice to Vendors:

Attached are Vendor questions with State responses, as well as the list of attendees from the Mandatory Pre- Bid/Proposal Conference on held on 4/23/2013.

NO FURTHER QUESTIONS WILL BE ANSWERED.

**David J. Francis
Interdepartmental Project Manager**

Interested parties should monitor this website, on a regular basis, for any additional information that may be posted.

Vendor Questions for RFP # 7461409 Youth Success 2 and New Opportunity Homes

Question 1: On page 19, the RFP talks about facilitating transportation. Can you define “facilitating”?

Answer to question 1:

An organization does not have to take a YS2 teen where he/she wishes to go, but to the extent possible, should teach travel training. Independent living skills for teens is one of the desired outcomes under YS2-NOH. NOH service providers would have a higher threshold for NOH residents than for YS2 participants and are expected to provide transportation in a variety of circumstances for NOH residents, in addition to teaching residents about use of public transportation.

Question 2: Also on page 19, the RFP references use of standardized tools (and provides examples). For organizations not familiar with those tools, is training being offered?

Answer to question 2:

Whatever tools (or curriculum) an organization chooses to use, or for staff training in general, there is an expectation that the organization will train its staff sufficiently well to achieve the objectives of the contract. However, the DHS is also committed to developing a mechanism to support or facilitate needed training going forward, and specifics may be handled during contract negotiations.

Question 3: On page 20, staffing patterns are noted. Does “full-time” refer to particular numbers of hours per week or a desire for case managers to be full-time on project? Also, could you clarify the references to supervisory and administrative ratios?

Answer to question 3:

The Department does not mean to define what constitutes full-time in any particular organization. The intent was that case managers need to be full-time on the project. The guidelines for supervisory/coordinator and administrator-level staffing are there to increase clinical supervision and program oversight. Specifics may be handled during contract negotiations.

Question 4: There is reference to opportunities for peer interaction on page 19, number 8. Are there specific numbers of peer (gatherings) that are being sought?

Answer to question 4:

No specific number is required, but the opportunities need to be offered and some opportune times are suggested there.

Question 5: Regarding the desire to create a statewide system of care, can you post all the evidence-based home visiting programs in RI, their scope of services, and the average per client cost per year?

Answer to question 5:

The DHS does not have Rhode Island specific average cost per client per year but refers offerors to national numbers available through the respective organizations. At the following websites, offerors may also see scopes of service and other relevant information.

http://www.healthyfamiliesamerica.org/network_resources/funding.shtml

http://www.healthyfamiliesamerica.org/about_us/index.shtml

http://www.nursefamilypartnership.org/assets/PDF/Fact-sheets/NFP_Benefits-Cost

<http://www.parentsasteachers.org/training/training-gateway>

Question 6: For evidence-based home visiting practices, the RFP says YS2 youth can't be enrolled in other EBHV practices, but what if an organization has an EBHV mental health practice? Is it prohibited?

Answer to question 6:

It was not the Department's intent to inhibit any mental health or other therapeutic interventions a youth might need. The intent was that a YS2 youth should not be enrolled in more than one evidence-based home visiting program.

Question 7: Who makes the decision about which program a youth should be enrolled in? Is it an existing committee that providers are represented on?

Answer to question 7: Given the reconfiguration of Youth Success, and the associated outcomes that should be realized, a new referral process is being developed.

Question 8: What is the intake or assessment criteria for determining what program a youth will be enrolled in?

Answer to question 8:

As per the answer to Question 7, the criteria is being determined simultaneously with the referral process.

Question 9: What is the timeline for reviewing the responses and concluding the process?

Answer to question 9:

The bid closes on May 16th. The States intends to have contracts in place by 7/1/13.

Question 10: Regarding professional development and audits, has there been any discussion with Health about a collaboration with Health, which seems to offer many of the same trainings, for YS2-NOH staff to utilize their training?

Answer to question 10:

Trainings will be coordinated and made available to all agencies providing evidence-based home visiting programs.

Question 11: If there are recommended entities to provide specific training, and there are costs associated with those trainings, can those costs be made public so responses to the RFP can incorporate costs into budget?

Answer to question 11: The Department of Health has provided financial supports for all costs associated with evidence-based home visiting. The DHS anticipates partnering with Health to enable YS2-NOH providers to acquire training without cost, or at low cost. Some trainings may be mandatory, and these will be supported by DHS and Health.

Question 12: On page 6, the RFP references EARR and KidsNet. Are there plans to look at other systems, or is there discussion about combining efforts, for what other data systems might be used, for example, some of us already use ETO (Efforts to Outcomes), so that we can look at data as a statewide system?

Answer to question 12:

Discussions have begun, but as reflected in the RFP, the information technology questions (e.g. what systems, who accesses and inputs what, who extracts what for what uses) will evolve during the course of the contract period.

Question 13: Is it the plan that YS2 will have KidsNet access?

Answer to question 13: Yes.

Question 14: On page 6, at the bottom, it says “Providers who are affiliated with Healthy Families America, or who demonstrate concrete plans to affiliate, would be well-positioned to respond to this solicitation...” Does DHS want us to use HFA? There are strict requirements associated with HFA such as enrollment prenatally or within weeks... Also, current HFA programs are not available statewide.

Answer to question 14:

It is true HFA programs are not available statewide. It is true the criteria for enrolling in HFA does not match YS2 realities. What was meant was that programs that have already gone through a certification process are better positioned to do the work required under this RFP than those that have not had to go through a certification process. EBHV programs may have excellent curriculum that works in large part but are not perfectly matched to the YS2 population.

Question 15: There are costs associated with HFA affiliation. What funding is available under this RFP for accomplishing affiliation?

Answer to question 15:

If an organization plans to affiliate with HFA, the details of covering associated costs can be discussed as part of the negotiation process.

Question 16: Does DHS want just linkage with HFA, or for HFA curriculum to be used, or the model to be followed?

Answer to question 16:

Linkage is expected with all MIECHV-funded programs or any other EBHV program that may emerge during the contract period. DHS supports evidence-based practice, and YS2-NOH must evolve toward an evidence-based practice. HFA may offer the model (and curriculum) most proximate to what YS2-NOH must accomplish for DHS pregnant and parenting teens. HFA is not mandated in this RFP, especially as some offerors may already have an alternative evidence-based practice they are using and in which they have confidence, such that building upon or adapting it, with model permission, for the YS2-NOH population, they can achieve the objectives laid out in this RFP.

Question 17: Up to 1000 are estimated to be served annually. Do you have the approximate numbers expected by region?

Answer to question 17:

DHS can provide estimates of POTENTIAL referrals based on February 2013 reports from its eligibility system (InRhodes) of new RIW applicants under the age of 20 and new Medicaid applicants under the age of 20. Although it is tempting to multiply the one month sample across twelve months, and conclude that potential referrals of RIW parents could be 336 or more, while potential MA referrals could be 1536, this would not be accurate. In the case of new RIW applicants under the age of 20, almost all pregnant or parenting teens could be referred by the RIW social caseworkers, but in the case of MA teens, the referral mechanism is different, and data suggests a relatively low percentage of MA only pregnant or parenting teens choose to engage in Youth Success, according to reports from current YS providers. In addition, data from Health suggests the number of MA mothers under the age of 20 in calendar year 2012 was just over 600.

February 2013

City/Town	New RIW	New MA
BARRINGTON	0	0
BRISTOL	0	0
BURRILLVILLE	0	0
CENTRAL FALLS	2	5
CHARLESTOWN	0	2
COVENTRY	1	6
CRANSTON	2	5
CUMBERLAND	0	1
EAST GREENWICH	0	0
EAST PROVIDENCE	0	3
EXETER	0	1
FOSTER	0	0
GLOCESTER	0	3
HOPKINTON	1	1
JAMESTOWN	0	0
JOHNSTON	1	6
LINCOLN	1	2
LITTLE COMPTON	0	0
MIDDLETOWN	0	0
NARRAGANSETT	0	1
NEWPORT	0	3
NEW SHOREHAM	0	0
NORTH KINGSTOWN	0	1
N PROVIDENCE	1	1
N SMITHFIELD	0	0
PAWTUCKET	1	13
PORTSMOUTH	0	0
PROVIDENCE	113	50
RICHMOND	0	0
SCITUATE	0	0
SMITHFIELD	0	0

SOUTH KINGSTOWN	0	1
TIVERTON	0	0
WARREN	1	0
WARWICK	1	4
WESTERLY	0	2
WEST GREENWICH	0	1
WEST WARWICK	1	1
WOONSOCKET	2	15
TOTAL	28	128

Question 18: Is there any consideration toward dual enrollment with HFA, to fulfill that requirement, while criteria is in development?

Answer to question 18:

If this question is: what should organizations - that are not yet using an EBHV program - do to meet the requirement for EBHV programming if they are not on the cusp of HFA-affiliation, or otherwise ready to implement any EBHV program, on the first day of the contract, the answer would be that DHS understands a period of transition may be needed and would be looking for how the offeror plans to make the transition (timeline and details). Even for the period of transition, dual-enrollment implies duplication. Therefore, it would be better for organizations to set up their scope of services and tracking mechanisms in accord with RFP requirements while building their capacity to meet the criteria for an EBHV program that fits their organization's mission and vision. MIECHV-funded and YS2-NOH programs share several goals, among which are the appreciation that healthy families lead to better long-term outcomes for the next generation, and to the maximum extent possible, for the current generation seeking a good education, independent living skills, healthy relationships, and economic self-sufficiency.

Question 19: In regard to NOH, the RFP talks about any resident being managed by YS2. Is it true that only YS2 case managers must manage NOH youth, even if they are not YS2-referred initially? Would they have to close out of their original programs and open to YS2?

Answer to question 19:

If the youth at the NOH was not referred through DHS or is not a DHS youth, then that youth does NOT need to be case-managed by YS2 INSTEAD OF the youth's case manager associated with the referral source. However, it is the intent that NOH youth be provided the best possible, most comprehensive possible, not less than what is available through YS2, case management services and instruction which increase IL skills, interpersonal problem-solving and parenting skills, lead to completion of education and

training which, in turn, leads to employment. It will be necessary to define during the contract process what NOH staff will do (versus what the referral source case manager who is not YS2 will do) to assure the aforementioned skill and credential gains. The extensive list of data to be collected toward measuring outcomes found on RFP pages 18-19 should be collected for non-YS2 NOH residents the same as for YS2-referred residents. Since there will be no “stand-alone” NOH applications, the offeror will have capability to assure both good service and good data collection.



Company	Representative	Address	Email	Phone
1. East Bay Community Action	Sena Franklin	100 Bullocks Court Ave East Providence RI 02915	Sfranklin@ebca.org	473-1000 X150
2. Sheldahl Mills CAP	Vincent Regis	32 GORP Ave PROV. RI 02860	VINBUCA@providence.org	723-4520 Ext. 222
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4. FSRT	Doreen Annun	55 Thorpe Street PROV. RI	annun@fsrt.org annun@familycenter.org	308-2203
5. EBCAP	Angela Downing	100 Bullock Rd PROV. RI	adowning@ebcap.org	473-1600 Ext 107
6. CEAP	Chris Newland	311 Dore Ave PROV. RI	cnewland@conep.org	526-8311
7. CES	Maia Chenevix	153 Kilmann St. PROV	MChenevix@cesri.org	721-6410
8. Urban League RI	Judith Cowley	246 Prairie Ave, PROV 02905	mj@ulri.org	351-5000
9. SCCA	Maureen Lissiere	1935 Kingstower WRIght 02879	mlissiere@scca.org	789-3016 X305
10. HEALTH	Katie Campy	3 Capital Hill		
11. DITS	Diane Cook	57 Howard Ave Cranston	dcook@ditsonline.org	462-6842
12. Children's Fund	Suzanne Davis	133 Summer St PROV	hdavis@cfri.org	292-4378



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4. RITCRA	Paula McFarland	311 Don Ave	pmcfarland@ritcra.org	941-0774 ext 5
5. TRI-TOWN/SCCA	David Brand	1124 Harrison Ave Johnston, RI 02919	dbranno@tri-town.org	519-1901
6. Children's Friend	Michele Cameron	153 Summer St Providence RI 02903	mcameron@cfri.org	276-4353
7. WRI	Mrs Daly	246 Prairie Ave	mjd@wri.org	519-0729
8. Tri-Town	Pat Sweet	126 Harbor Ave, RI	psweet@tri-town.org	519-1903
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10.				
11.				
12.				