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15 Nov 05
Addendum # 1

CR #9

Evidenced-Based & Promising Practices: Child & Family Intervention Program - DCYF

Submission Deadline: Continuous Recruitment

- A three-page summary of the 7 OCT 05 pre-proposal meeting is posted for review.
- Additional questions, submitted in the format described on page one of CR#9, will be entertained.

A handwritten signature in black ink, appearing to read "Jerome D. Moynihan".

Jerome D. Moynihan, C.P.M., CPPO
Administrator of Purchasing Systems

DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

Response to Questions at Public Meeting October 7, 2005

***LOI-CR #9 - Evidence-Based and Promising Practices:
Child and Family Intervention Program – DCYF***

Letter of Interest Solicitation - Overview of Focus/Intent

- **This is not for residential program proposals. Proposals must have a family-based orientation. The Evidence-Based and Promising Practices: Child and Family Intervention Program is a solicitation for Letters of Interest from vendors to provide a family focused, community-based intervention that has demonstrated effectiveness.**
- **At present, there are no new funds for this initiative. The Department's goal is to establish a certified provider list which will allow flexibility on the part of DCYF. Funds for the successful implementation of this Letter of Interest-Continuous Recruitment will come primarily from one source – the reduction of expenditures for children and youth in placement. Please refer to the Budget section on page 10 in the LOI.**
- **Accreditation is required. The Department is looking for providers who have accreditation through JCAHO, COA, or CARF. If a provider does not have the accreditation, the provider is encouraged to partner with a vendor that is accredited.**

What is the timeframe for receiving proposals?

This is a continuous recruitment Letter of Interest, so the proposals may be submitted at any time. The Department of Administration, Division of Purchasing will forward the proposals to the DCYF on a regular basis, as they are received.

Do you have to have a model up and running?

The Department is looking for vendors with demonstrated expertise in a model that is recognized as an evidence-based practice through the research, or as a promising practice – determined by the positive outcomes associated with a strong program evaluation.

If a provider has a model that is similar to an evidence-based practice, but not certified, is that ok? Formal training and consulting is expensive and can take a year to accomplish.

It is true that formal training is expensive and a resource commitment on the part of the vendor, but this will be a valuable investment. The Department is looking to establish a capacity for evidence-based and outcome focused practice in the State, providing a range of community and home-based care for children and families.

Furthermore, state payment procedures and Medicaid reimbursement, through the community rehab option, are moving in the direction of approving outcome based services, only.

Is this a competition? Are you looking to have multiple providers in each Regional area?

The State is interested in establishing capacity in each Regional area across the state. The expectation is that there will be multiple providers in each Region over time in order to promote available services that are able to be accessed by families, as needed. Applicants should consider how providers may work together through networks of service – interfacing within systems for ongoing support for families. Through this approach, services may be able to meet the differing levels of care that families need through their changing circumstances. This is an ongoing process designed to create a certified list of as many qualified providers as possible which will be readily available to the Department across Regions.

Would the Enhanced CES program that is being considered be related to this?

It would be considered as a promising practice at this point. There are outcomes and performance measures related to that program.

If you are certified in a population, would you also be certified to work in a particular Region?

The Department will not restrict a provider to a certain Region. We are looking for proposals that will identify a specific geographic Region. However, DCYF also wants to ensure capacity development across the State. If a provider is certified for a specific intervention and population, there is no geographic restriction on the delivery of those services. The services would be able to be provided statewide. The vendor will be certified as a statewide provider, not as a Regional provider.

If a provider has different collaborators for different populations, will there need to be different proposals?

Yes. It will be a cleaner process for the Department to score each of the proposals and identify the provider and collaboration partners for each of the interventions/populations specified.

How specifically can a provider focus on population? Can there be a gender specific focus?

Yes.

Will services extend up to age 21?

If a youth is already involved with DCYF prior to the age of 18, the services may extend to the age of 21.

How can a provider be assured that it will have the needed capacity to support the program financially?

We understand that services for just one child would not be sufficient, necessarily, to financially support the program. A proposal should be tailored to explain the services/program that the provider would like to put in place using an identified model, and provide a justification for how many children/youth would be necessary in order to sustain the program operationally.

How can a provider budget for youth in need of intensive services when more than one or two members of the family will also need services?

Our expectation is that the proposal will reflect a family intervention. The proposal should identify other vendors and systems that would function in a collaborative context; and, explain how other service systems would be able to interface with the model being proposed for optimum family support.

END