



## Division of Family and Community Partnerships

### Request for Proposals (RFP)-New Jersey Statewide Student Support

#### Services (NJ4S)

#### Addendum QA 01.19.23

- **The Appendix A for the NJ4S that was uploaded has Hunterdon County listed as *Huntington* throughout.**

You are correct that the first page for Vicinage 13 has a typographical error and refers to “Huntington” County instead of “Hunterdon” County. The school district tables correctly reflect Hunterdon County.

- **The question is for Warren County Vocational Technical School. It lists Clark Township which is incorrect so I would like to know if the corresponding numbers for the school are also incorrect. I think the student population is correct, but do not want to assume the entire row is correct and just the township is incorrect.**

Related to your question on Warren County Technical School, this school is an example of a school which draws from multiple municipalities. The municipality, where listed, can be disregarded for technical schools, charter schools, and other schools which draw from multiple municipalities.

- **Can you clarify on page 3 what grant funds may not be used for?**

Page 3 states: “Grant Funds May Not Be Used To:

- Construct a new facility
- Purchase vehicles
- Renovate and/or purchase a modular unit
- Supplant or duplicate any currently existing services or programs: and/or
- Pay for costs associated with the planning or preparation of a proposal submitted in response to this RFP.”

- **For renovate/purchase a modular unit: can we rent out an existing suite?**

Yes.

- **For supplant or duplicate currently existing services or program is this funding only for new providers that have never provided any other services? Are we not allowed to have any other programs?**

The statement that funds awarded under this program may not be used to supplant or duplicate existing funding means an applicant needs to use the funding to stand up a new program and cannot use the funding to expand upon an existing program or to replace an existing program's funding with the RFP awarded funding. The funding is not limited to new providers and providers are able to have other programs using other funding sources.

- **Re: Question 21. What occurs if the awardee is able to hire contractually qualifying staff for less than the cost included in the original budget?**

The respondent may allocate funding not needed for salaries towards other allowable programmatic line items in its budget. Changes to the budget approved at the time of contract execution beyond "flexible limits" are subject to DCF's budget modification policies and procedures.

- **Re: Question 21. Can the time and cost of agency staff members spending time on NJ4S be included in the Personnel lines provided? For example, if an agency's Chief Clinical Officer is anticipated to spend 15% of their time on NJ4S, can/should this portion of their time be included on the Personnel line in the proposal?**

Yes, the employee and the amount of their salary equivalent to the percentage of their time allocated directly to the NJ4S program would be entered on the personnel line.

- **Re: Question 22. Your response references a "Line M-Profit" in the Budget Form, but the "Proposed Budget Form" directed to be used in the RFP ends at Line L and does not contain a Line M. Will you please provide guidance as to how the concept of profit should be captured in proposals given that the Proposed Budget Form does not contain a Line M?**

As noted in your question, the Proposed Budget Form does not contain a Line M. The concept and amount of profit, if there is profit to be made from this program, should be explained in the Budget Narrative form.

**Re: Question 22. If an organization is allowed to include a profit, your response refers to the need to negotiate a profit amount. Is it accurate to assume that if profit is included on a cost submission that the final profit amount would be negotiated after a preliminary award is made?**

Yes.

- **Re: Question 53. Can you clarify whether this is a firm fixed price contract award? The response to this question 53 implies that this is a fixed price contract, e.g. awardees will receive the full per-vicinage award amount for an awarded vicinage regardless of the amount budgeted. Is this an accurate interpretation?**

No.

- **Or is it the agency's intent that, although the vicinage budget has a ceiling, the award will be for the offeror's submitted budget so long as it is below that ceiling?**

The award will be for the offeror's submitted budget so long as the amount budgeted is at, or below, the ceiling; and the proposed expenses in the submitted budget are reasonable, allowable, and allocable costs.

**Important Note:** Attachment A of the RFP has been updated to provide additional clarifying information regarding available funding for this program (as discussed in the response to Question 17, below), as well as to correct any mismatch between the names of municipalities and their corresponding school/county in the vicinage tables. **Respondents should refer to the updated Attachment A as they prepare their response.**

## **QUESTIONS AND ANSWERS**

Technical inquiries about forms and other documents may be requested at any time at [dcf.askrfp@dcf.nj.gov](mailto:dcf.askrfp@dcf.nj.gov)

1. **Regarding the RFP for NJ Statewide Student Support Services, there is mention of DCF providing the MIS for hubs to report with and track data within the program. Has this software been selected yet or are we able to develop a proposal for use of our platform in partnership with the Department of Children and Families?**

DCF is contracting for development of an application into which programs will be required to enter information.

- 2. Response Submission Instructions, p 5 – 6; does a separate AOR need to be submitted for each vicinage, if an agency is completing an RFP for different vicinages?**

No, a separate AOR form does not need to be submitted. However, respondents bidding for more than one vicinage must submit a full, complete proposal for each vicinage and take care to label submissions clearly as to the vicinage.

- 3. Documents to be Submitted in Support of This Response, p 28 – 29, items 5 & 6; can you please provide an example of a Letter of Commitment and Letter of Support?**

A Letter of Commitment describes the roles and responsibilities of key partners who have made a commitment to participate in this effort. A Letter of Support speaks to the applicant's expertise and relevant experience and may describe the business relationship between the writer of the letter and the applicant.

- 4. Page 10, Letter C**

**Besides the schools, libraries, homes, NJ has 57? (Or 37?) Family Success Centers where resources are to be delivered. In Camden County at least 8 of the 19 high need school districts are not in close vicinity or within the community of the four family success centers within the county. Can you please share a bit more about these community centers or possibly guide me to someone who can? Are they completely state funded? Can a nonprofit apply to create a new center? What are the requirements for opening? \*This pertains to the RFP as there are a lack of "spokes" in this vicinity of Camden County. *\*\*Questioning also came from pages 7 & 8 of the NJAS Executive Summary paper.***

Libraries and Family Success Centers are just examples of where services may be delivered in the community. Hubs are not limited to delivering services in these locations. Hubs are expected to establish relationships and partnerships to facilitate offering services in schools and other community locations that are accessible and convenient to students and their families.

- 5. Page 12, Number 9**

**Many of these staffing requirements could be pulled from the public-school sector. Seeing this is a state program, are pension benefits carrying over to another state pension plan?**

Hub staff are not state employees and therefore would not be contributing to the state pension system.

**6. Page 13, Number 9**

**How vital is the education for hub directors and assistant directors? For example, a teacher and school leader with 18 years of experience and a master's degree in School Leadership does not fall within in the parameters of the Education and Experience however shows extreme interest in pursuing these positions.**

Per the minimum requirements, a master's degree in related fields (e.g., counseling, public administration, social work, etc.) is acceptable, provided the person has the required experience. The provided list of degrees are examples only, and the list is not all inclusive. A master's degree in School Leadership would be considered a related field and acceptable education for this position.

**7. Regarding the primary role of the licensed clinician, please provide clarity on what "brief" therapy looks like. If there is a delay in the student being linked to services, can the clinician meet with the student on a regular basis until the service is obtained? Is there a time limit for this?**

Brief interventions may include individual, family and group clinical, and non-clinical counseling services offered to students engaged in NJ4S Tier 3 services. Interventions provide students with trauma informed short-term counseling to address the emotional and physical developmental issues that can impede the students' good health, academic success, and ability to maintain healthy relationships.

Interventions are directed towards specific, contemporary issues necessary to get a student through the school day with an emphasis on crisis counseling, situational adjustment, stress management, family and/or social functioning, bullying and other forms of peer victimization; anger management; violence prevention; anxiety, teen dating abuse, sexual identity/orientation, etc.

NJ4S will **not** provide ongoing treatment for mental health symptoms and associated functional impairment or psycho-social adjustments. Students and/or families requiring this level of support are to be referred out for appropriate care. e.g., outpatient or inpatient mental health treatment.

NJ4S will **not** prescribe, monitor, or administer psychotropic medication.

If there is a delay in the student being linked to referred services, interim services may be provided on a regular basis until the service is obtained. The provision of interim services will be closely monitored. Hubs are expected to develop referral networks that allow for students to access necessary ongoing mental health treatment services in a timely manner, where such services exist in the Hub's community. Please note that, pursuant to New Jersey statute, Administrative Code, and established

practice, all clinical counseling services must be provided by licensed clinicians.

**8. Can monetary incentives for parent and student participation in the Advisory Group be budgeted?**

Yes, Hubs can include monetary incentives for parent and student participation in the Advisory Group in their budget.

**9. P.16, Section II.C.11. – Required Partnerships/Collaborations: As defined in the RFP, Hub Advisory Group members will be required to dedicate significant time to NJ4S. Can we budget funds to compensate them for their time (such as with gift cards for attendance at each meeting)?**

Yes, provided the individual's employer allows them to accept such compensation.

**10. Is there a preferred amount of time that programming should be spent on each Tier? For example, should more effort be spent on Tier 1 followed by Tier 2 and then Tier 3?**

The demand for services in any Tier will be dependent on requests from the school districts and guided by each Hub's respective Advisory Group. The expectation is that Tier 3 services are provided by licensed clinicians; Tier 2 services are provided by prevention consultants; and Tier 1 services will depend on the nature of the service.

**11. After the virtual conference, will you be sharing a list of attendees (and their contact information) so that organizations can collaborate on the grant?**

No. The virtual conference is voluntary. There will be no contact list because there was no pre-registration.

**12. Is the state looking for a single provider for all 15 vicinages or would you prefer regional providers or local, community-based organizations?**

DCF does not have a preference regarding one provider for the state, several providers regionally, or one provider per vicinage. DCF will select the strongest applicant within each vicinage.

**13. Is there an advantage to applying as a coalition?**

There is no advantage in terms of scoring of applications. Whether applying singly or in a coalition, the applicant should demonstrate its ability to provide the services outlined in the RFP. If applying as a Coalition and the Coalition is not a business, the Coalition needs to identify a "lead applicant" for DCF

to contract with. DCF will select the strongest applicant within each vicinage.

**14.P.12-15, Section II.C.9. – As DCF is aware, we’re in the midst of a nationwide healthcare staffing crisis. Is there any flexibility in the number of years of experience required in the required “minimum qualifications” in the RFP?**

No. The budget allocated for each Hub is sufficient to provide competitive salaries for all personnel at the level of experience required.

**15.P.12-15, Section II.C.9., and Attachment A. – We will need additional staffing/consultants during program launch to assist with HR/recruitment/onboarding, IT set-up, and Marketing planning & materials design. Is it allowable to have a staffing plan which includes these supports for the short term, then gradually evolves to match the staffing pattern in Attachment A?**

It is acceptable to hire additional temporary staffing such as those roles suggested as part of the Hub’s startup and implementation plan. Full staffing at the pattern in Attachment A is not expected at Hub startup. However, respondents awarded a contract must demonstrate to DCF by June 30, 2023, that they are on track to be able to offer the services described in the RFP by September 1, 2023. If DCF determines that the contractor has not satisfactorily demonstrated that it will be able to offer the services by this deadline, the award may be rescinded.

**16.P.15, Section II.C.9. – Licensed Clinician: Permitted credentials listed in RFP include Licensed Associate Counselors (LAC’s) – which are not independent – but not Licensed Social Workers (LSW’s), which are equivalent to LAC’s. Are LSWs allowed as Clinicians, assuming they receive weekly clinical supervision from a staff LCSW?**

Yes. LSWs are allowed as clinicians supervised by a LCSW. DCF will issue further guidance regarding affiliate credentialed staff and supervisors.

**17.In Attachment A, each vicinage has a “Hub Award Amount” listed. Is this the amount for the full 15-month contract term?**

No, this is the anticipated annualized contract amount. The table below provides the amounts for startup in SFY2023, the annualized amount for SFY2024, which is what was included in Attachment A, and the full 15-month contract term, subject to appropriation for the amounts starting in SFY2024. Proposed budgets must stay within this funding amount. These amounts have also been included in the updated Attachment A.

Vicinage	SFY 2023 Start-Up (April to June 2023)	Annualized Funding July 2023 – June 2024 (as included in Attachment A of the NJ4S RFP)	15 Month Total Award Period April 2023- June 2024
1 - Atlantic Cape May	\$766,090	\$2,771,440	\$3,537,530
2 - Bergen	\$1,007,728	\$3,645,600	\$4,653,328
3 - Burlington	\$586,758	\$2,122,680	\$2,709,438
4 - Camden	\$725,456	\$2,624,440	\$3,349,896
5 - Essex	\$1,924,978	\$6,963,880	\$8,888,858
6 - Hudson	\$1,007,728	\$3,645,600	\$4,653,328
7 - Mercer	\$690,781	\$2,499,000	\$3,189,781
8 - Middlesex	\$656,107	\$2,373,560	\$3,029,667
9 - Monmouth	\$621,432	\$2,248,120	\$2,869,552
10 – Morris, Sussex	\$800,765	\$2,896,880	\$3,697,645
11 - Passaic	\$891,785	\$3,226,160	\$4,117,945
12 - Union	\$1,152,386	\$4,168,920	\$5,321,306
13 - Somerset, Huntington Warren	\$891,785	\$3,226,160	\$4,117,945
14 - Ocean	\$725,456	\$2,624,440	\$3,349,896
15 – Gloucester, Cumberland, Salem	\$800,765	\$2,896,880	\$3,697,645
<b>TOTAL</b>	<b>\$13,250,000</b>	<b>\$47,933,760</b>	<b>\$61,183,760</b>

**18. Narrative Questions for Organizational Capacity, Question 6 and Question 7 appear to be duplicative, as both ask about the advisory group and collaborative partners. Can you please clarify?**

More specificity is provided in Question 7. Respondents may combine their responses to these two questions, taking care to address each of the detailed sub questions provided with Question 7.

**19. Page 1, Section B: Can you confirm that Hub providers can be 100% virtual, without a physical location? This seems to be the case in this section but there are multiple references later in the document to physical locations.**

The Hub may operate without a physical office space. However, hub staff are expected to go into the community to provide in-person services at schools and other locations that are safe spaces for youth and families. In some cases, it may be appropriate for services to be delivered virtually or through telehealth in addition to in-person. All state laws and regulations regarding telehealth would apply, including the requirement that any telehealth providers must have a physical presence in New Jersey.

**20. Page 1, Section B: For providers that will be applying for more than one vicinage, do all portions of the response application (even those portions which are the same from vicinage to vicinage) need to be completed for each vicinage?**



Yes. Respondents applying to serve more than one vicinage must submit a full, complete package for each vicinage, including those sections of the proposal which are identical from vicinage to vicinage. Please clearly label submissions by vicinage.

**21. Pages 2 and 3, Section C and the Proposed Budget Form**

**Are the categories on the Proposed Budget Form (particularly Line A, Personnel) meant to capture the actual cost incurred in hiring and maintaining proposed personnel or is instead the cost/rate at which the personnel are being proposed to the State? (i.e., inclusive of things like organizational overhead allocation, and surplus/profit). Generally, RFPs for New Jersey school-based mental health services take the latter approach.**

Personnel should be proposed salaries/wages of employees. (sub-contractors/consultants are budgeted in “consultants and professional fees” section)

Please refer to Standard Contract Fiscal Annex Section from DCF’s Cost Reimbursement Manual which is linked in the RFP for additional detail about personnel costs.

**22. Pages 2 and 3, Section C and the Proposed Budget Form**

**If the budget form is meant to cover actual costs intended to be incurred, where does the RFP and the budget form allow for the respondent to generate a surplus/safety net (in the case of a not for profit) or a profit (in the case of a for profit?)**

DCF does not have a policy allowing for a not for profit to create a surplus/safety net in the budget. In practice, agencies’ budgets are projections and as the year progresses, they may underspend a line item (e.g. underspend personnel due to staff vacancies) and overspend another (utilities are more than projected) and the agencies have some autonomy (per DCF’s “flexible limits” policy) to move funds between line items; if the amounts they want to move between line items exceed the flexible limits, the provider must request a contract modification.

Regarding for profits, the Standard Contract Fiscal Annex Section from DCF’s Cost Reimbursement Manual states “Line M - Profit: Inclusion of profit in the cost of the contract is allowable only in the case of for-profit provider agencies. Any profit included must be a fixed amount agreed to in negotiations with the Department. Any amount for profit when added to any budgeted amount for interest expense (as shown in Schedule 5: Depreciation/Use Allowance, Column 1) may not exceed 10% of the contract's Net Cost (Line L). Enter the amount, if any, agreed to in negotiations with the Department.”

**23. Pages 2 and 3, Section C and the Proposed Budget Form**

**What is allowed to be included in the 10% of the contract award that that is allowed to go towards administrative costs? Is this meant to be direct administrative costs applied to the project, or can it include allocated organizational overhead and administrative expenses from the larger entity implementing the project? If the latter, then 10% is low and may make financially sustainable implementation difficult for many organizations.**

The Standard Contract Fiscal Annex Section from DCF's Cost Reimbursement Manual states "The general and administrative (G&A) or indirect costs of the provider agency represent costs which are incurred for common or joint objectives, and which are not readily subject to treatment as direct costs. Minor direct cost items may be considered as G&A costs for reasons of simplicity and practicality. The purpose of this line in the budget is to distribute the G&A costs (Column 9) from Budget Categories A through F to the various programs and activities itemized in Columns 2 through 8. Such distribution must be based on the relative benefits provided to those programs and activities."

**24. As a provider agency with grants held in multiple state departments/divisions, we are required to allocate actual costs across all programs equally. As this applies to G&A costs, how can a cap of 10% be mandated if our agency's actual is greater?**

DCF will remove the 10% limitation on G&A, provided Respondent's proposed costs are reasonable, and do not impede program delivery.

**25. Attachment A is very prescriptive in terms of the funding per vicinage and the required headcount. Is the Hub Award Amount listed meant to be a hard cap, or is there flexibility in what the award will be, and can bidders request a higher amount if they think this is what's required to for the project to be financially sustainable? Are the staffing levels meant to be prescriptive, or is there flexibility? Note that based on the data in this attachment we estimate that direct staffing expense and benefits may exceed 70% of the contract award, which may make it difficult for firms to administer the work given the uncertainty around the non-staffing expenses (e.g., vouchers), the programmatic discretion afforded to the Hub Advisory Groups, and the need for all organizations (not for profit or for profit) to generate an adequate surplus or safety net.**

Note the answer to Question 17 for clarified hub funding amounts. These amounts are intended to be a hard cap. DCF will not consider a higher amount. Staffing levels provided in Attachment A are minimum staffing amounts, with the caveats noted in the response to Question 15.

**26. Pages 12-15 (Section 2.C.9 Minimum Qualifications). Given the tight labor market, how much flexibility will respondents have on adjusting the detailed hiring criteria? For example, if a hired individual has the correct licensure but lower than the listed number of years of experience, will respondents have the ability to use their judgment in adjusting the criteria in order to fill positions in a timely manner?**

No. The budget allocated for each Hub is sufficient to provide competitive salaries for all personnel at the level of experience required.

**27. Pages 16-17 (Data Collection Systems Section 2.C.10-11). As part of its data collection, assessment, and evaluation tools, will DCF be providing a fully functioning Electronic Health Record (EHR) system for documenting treatment plans, taking clinical notes, documenting the results of intake, etc. or will respondents have any flexibility to perform certain functions within their EHR?**

The NJ4S MIS is not intended as a replacement for an EHR system. DCF assumes that Respondents may have an EHR in place they wish to use, consistent with their other business operations. The NJ4S MIS is intended to focus on tracking applications for service, the status or disposition of those applications, types of service provided, number and demographics of students served, and outcome data necessary for reporting on the program.

**28. Does the Salesforce platform have the ability to integrate with EHRs?**

Integration with EHRs is not planned right now but may be considered in the future.

**29. Page 23 (Hub Advisory Group Section 2.D.7). What will be the mandate of the Hub Advisory Group when it comes to approving budgetary decisions for the program? What is the expectation of the Advisory Group to guide and direct clinical decisions that may require a high level of clinical expertise?**

The Hub Advisory Group is intended to provide caregiver, youth and community voice into program design and delivery. It is not intended to approve budgetary decisions or direct clinical decisions for the Hub.

**30. Page 29 (Letters of Commitment and Support Section 3.A.5-6). Please confirm that based on the wording of this it is acceptable to submit fewer than 20 letters for each category.**

Yes, it is permissible to submit fewer than 20 letters for each category. 20 is the maximum number.

**31. You have provided an inexhaustive list of programs, especially for Tier 1. Many schools already have some those program initiatives in place so technically they do not need to be provided by the HUB. Some of**

**these programs already receive county or state funding. What happens in cases like that?**

NJ4S is not intended to duplicate existing programs that already exist in the community or in schools. Moreover, NJ4S services will not be imposed on schools. Schools have the option to apply for NJ4S support or not, at their discretion. Hubs are expected to gain an understanding of the existing school/community resources and develop and continue to evolve their menu of services with that in mind. Each Hub can customize their menu of services to their vicinage – adding what is needed, and helping to connect staff, youth and families to those resources that already exist.

**32. How will you ensure that there is someone on the hub advisory board who is skilled enough to interpret the evidence based or evidence informed data related to prevention program choice, especially as related to cost benefit, and return on investment and sustainability?**

The Advisory Group's role is to ensure that family and community voice are included in programming design and delivery decisions and that Hub services continue to be responsive to community needs. The Hub leadership should have skills to evaluate cost benefit, return on investment and sustainability, as well as the ability to communicate information on potential options to the Advisory Group in a manner that the Group's members can provide valuable input to the conversation. Hubs are also encouraged to seek out New Jersey-based subject matter experts to join the Advisory group permanently or on an ad hoc basis.

**33. It was indicated motivational interview training would be provided for clinical staff. What resources will you provide on community organization since this is a project that might not succeed without that type of knowledge base, especially since it involves the often, difficult to enter, educational system?**

Minimum requirements for staffing starting on page 12 of the RFP specifies experience or community organization as required for several positions. In addition, page 24-25 outlines expectations for ongoing professional development of Hub staff.

**34. What are the specific qualifications of preventionists?**

The minimum qualifications for Prevention Consultants and Supervising Prevention Consultants are outlined in the RFP on page 14 and 15 of the RFP.

**35. Please give an example of how agencies would partner on a proposal when all Hub staff need to be employees of the Hub agency? We would like to have a collaborative grant model, however, how can that occur when all staff need to be hired on through one agency and there will not be any subcontracts for services?**

Hubs can subcontract for services. If a Respondent is planning a collaborative approach with multiple agencies, it would be permissible for each collaborating agency to provide a certain portion of staffing. The proposal must specify a lead agency and identify the other agencies that are participating and describe what staff each agency is contributing to the effort.

Regardless of whether a collaborative approach or single agency approach is utilized, we would expect that the minimum staff outlined in Attachment A be employed by the Hub lead agency and/or collaborative agencies. Hubs may expand that staff with consultation staff or contracted staff, beyond the minimum staff outlined in Attachment A. In other words, staff beyond those identified in Attachment A do not need to be employees of the Hub.

**36. In a multi-agency partnership, can the work be separated with one agency doing tier 1, another tier 2, and another tier 3?**

Yes. The proposal should describe the roles and responsibilities of the participating agencies who will make up the Hub.

**37. Can staff from collaborating agencies be paid for through the lead agency as a subcontracted agency?**

This is permissible if sufficient formal agreements have been executed. The proposal should outline the agreement between collaborating agencies, specifying the fiscal arrangements between the lead agency and the collaborating agencies.

**38. Is there a reason DOE is not a co-presenter on this RFP, as schools are the primary partner in this work? Or DMHAS?**

DCF collaborates with DOE and DHS on the planning and implementation of prevention, intervention, and treatment services for youth. NJ4S is aligned the Comprehensive School-Based Mental Health Systems model as described in DOE's Comprehensive School-Based Mental Health Resource Guide Mental Health Guide (nj.gov). NJ4S will be funded with resources appropriated to DCF.

**39. Do each of the required positions have to be 100%FTE?**

Part-time staff may be utilized provided the Hub meets the minimum staffing outlined in Attachment A for their vicinage, which is expressed in FTEs. For example, if a Hub is required to have five prevention consultants, this could be accomplished through ten 50%-time prevention consultants, or five 100%-time prevention consultants, or some other mix, provided it totals five FTE.

**40. In multiple county vicinages how will Hub staff be expected to respond to schools through these very large geographic areas.**

Respondents will need to consider the geography of the vicinage and location of high need school districts/municipalities as they plan staffing and operational protocols for their Hub.

**41. In counties that have dozens of preschools, and school districts how are Hub staff expected to respond to the thousands of students that will need to be served?**

If more requests are received than capacity allows, Hubs will need to prioritize requests for services using the need rankings in Attachment A. Hubs may also satisfy requests through connection to existing community services. Note that Tier 2 and 3 services are limited to grades 6-12. Tier 1 services, which are open from Pre-K – 12, are universal supports. We recommend reviewing examples of Tier 1 supports provided on page 19-20.

**42. Will all 15 Hubs be stood up at the same time?**

Yes, all 15 Hubs will be stood up at the same time.

**43. What is the relationship between the Hubs and PerformCare/ CSOC/CMO's? Could you please comment on DCF's vision of whether the implementation of NJ4S will change in any way the services and or role of the CMO's regarding partnering with the school districts.**

Implementation of NJ4S is not intended to change the role of CMOs in partnering with school districts. NJ4S will not replicate, or duplicate services offered through CSOC, including Care Management and Mobile Response and Stabilization Services (MRSS). The Hubs/NJ4S and CSOC's system partners will build and sustain a seamless continuum of prevention, early intervention and treatment services for youth and their families.

**44. What should a Hub do if a clinical community referral needs to be made but that treatment capacity doesn't exist, or the wait time could be detrimental to the youth, or the location of the agency being referred to is a barrier for the youth and family?**

In there is a delay in the student being linked to referred services, interim services may be provided on a temporary basis until the service is obtained. The provision of interim services will be closely monitored. Hubs are expected to develop referral networks that allow for students to access necessary ongoing mental health treatment services in a timely manner, where such services exist in the Hub's community.

**45. Will the grant cover all services, or will hubs be required to bill private insurance or Medicaid for certain services?**

At this time, the Hub services described in the RFP will be covered by the grant, and Hubs will not be required to bill private insurance or Medicaid. DCF will be examining opportunities for future, additional financing as the Hubs are developed.

**46. What will be the representative make-up of the RFP review committee? Will there be parent/youth involvement.**

Yes, there will be parent and youth involvement. We will have a core group of reviewers that by rules and regulations score proposals, but we will also have a range of stakeholders reviewing the proposals and providing feedback.

**47. How does the initiative engage schools, county CIACCs, CSOS, Youth Services Commission, etc.**

Collaborative relationships will be critical for successful Hub operations. Per page 16 of the RFP, at a local level NJ4S Hubs are expected to create and maintain meaningful referral relationships with community mental health services for students, community-based programs providing social services to students and their families, such as those providing concrete supports, food banks, Family Success Centers, job training programs, health clinics, etc., throughout the Hub's geographic area of responsibility and in particular those school districts identified as high priority. In addition, the Hub's Director or Assistant Director is required to participate in the Children's Inter-Agency Coordinating Council (CIACC) for their vicinage.

Equally important, Hubs must develop productive working relationships with the schools within their vicinage, who will be responsible for requesting services from the Hubs. Once Hubs have developed their menu of services in conjunction with their Advisory Group, Hubs will be responsible for marketing these services to the schools in their vicinage.

While Hubs will create Advisory Groups at the vicinage level, at a statewide level, DCF will engage stakeholders and systems to cultivate a seamless system of supports for students and their families from prevention and early intervention, to treatment. The intended goal is to identify gaps, build on existing infrastructure, and promote cross sector collaboration in the delivery of programs and services.

**48. Will Prevention Consultants need to have or get their Certified Prevention Specialist (CPS) certification which is the standard professional certificate for preventionist in SUD?**

No. While this is a desirable qualification, it is not part of the minimum requirements for Prevention Consultants or Supervising Prevention Consultants outlined in the RFP.

**49. It's clear that services are provided to students in public schools, including charters, but are we not permitted to serve students who attend a Catholic or other private schools?**

NJ4S is intended to serve public schools, not private or parochial schools.

**50. Is there a plan to require universal "baseline" protocols across all HUBS, such as utilization of the Columbia suicide risk scale, to ensure that regardless of where a student/family accesses care, the initial visit will "look and feel" the same throughout the state of NJ?**

Where universal baseline protocols are identified as beneficial to the Hubs, they will be given consideration with the involvement of the Hubs and key stakeholders.

**51. For DMHAS licensed agency, is a corrective action plan triggered by a triennial licensing survey affect eligibility to apply to this RFP?**

If a Corrective Action Plan was triggered or resulted from this triennial inspection/survey, then there must have been cause for remediation found. Until this Corrective Action Plan is completed to the satisfaction of DMHAS, providers are ineligible to apply for a new contract with DCF.

**52. After the collaboration between DCF and DMHAS on the Partnership for Success Grant (2018-2023) to train the CIACCs on the international Strategic Prevention Framework, will the framework guide the selection of evidence-based programs, initiatives, and activities, which was the main objective the PFS project?**

As stated in the RFP, awarded respondents are required to work together with their Advisory Group to identify a menu of evidence-based interventions from the following Clearinghouse lists provided in the RFP on page 22-23. Hub staff must discuss any proposed evidence-based interventions with their Advisory Group and obtain DCF approval before utilizing. The Hub's Director or Assistant Director is required to participate in the Children's Inter-Agency Coordinating Council (CIACC) for their vicinage. While not required, applicants are encouraged to include representation from the CIACCs and the Regional Substance Abuse Prevention Coalitions in their Advisory Group.

**53. Just to clarify, the budget is not scored?**

That is correct. Since the maximum budget is already provided (see response to question 17 for clarified figures), the budget is not separately scored for this RFP. However, budgets and budget narratives are part of



the documents required to be submitted, and their quality and completeness will be part of consideration of a Respondent's narrative responses, where related, and could impact scoring for those narrative responses. In addition, finalization of an acceptable budget is a prerequisite for contract issuance, as discussed in Section VI of the RFP.

**54. Will a recording of the bidder's conference be made available?**

No, a recording will not be made available. The PowerPoint presentation will be posted.

**55. Are there any status requirements for children receiving services from this program?**

No. Children of any legal status may be served by the Hubs.

**56. The RFP states that you cannot purchase vehicles. Is leasing permitted?**

Yes, leasing is permissible provided all other required staffing and program costs can be covered.

**57. What is the relationship expectation of the HUB with existing school-based services?**

Hubs will not provide Tier 2 or Tier 3 services to students who attend schools with existing School Based Youth Services programs. As Tier 1 services are universal, they are open to all students in the Hub's catchment area. As NJ4S Hubs are built, opportunities for collaboration will likely evolve and DCF looks forward to identifying and discussing those together with NJ4S Hub and School Based Youth Services programs.

**58. Can Tier 3 services include safety clearance for return to school?**

Tier 3 services provided by the hubs do not currently include school clearance evaluations, however DCF will take this under advisement and will issue future guidance on this topic.

**59. Could we increase the number of clinicians over the number of prevention specialists to serve more children with therapeutic services?**

Hubs are expected to adhere to the minimum requirements laid out in Attachment A. If a Respondent has sufficient resources to add additional staff beyond the minimum staffing required, they may propose to do so.

**60. There's a lot of emphasis on designing the program in accordance with the Advisory Council post-award, but don't we have to include**

**program design elements in the proposal which is obviously prior to the award?**

The Hub Advisory Group plays an important role in providing input to the menu of services for the Hub, the evidence-based models selected, the location of services, and the hours of services. These decisions must be made in conjunction with the Advisory Group to ensure that decisions are responsive to community needs. Respondents are not asked to describe in their proposal what interventions will be used. Instead DCF asks respondents to describe process they will take to recruit their Advisory Group, select their services, identify existing resources in the community, etc.

**61. I also wanted to note that as there is an emphasis on providing specific services to LGBTQ students in the RFP which is fantastic, and we would like to emphasize that immigrant children should also be considered specifically, and immigrant advocacy groups should be part of all advisory boards in each vicinage**

Hubs are encouraged to include a broad range of relevant stakeholders in their Advisory Group.

**62. Are formal partnerships with schools/districts be required at submission with the proposal?**

No. Formal partnerships with schools or districts are not required at the time the proposal is submitted. The expectation is that the Hub will develop those relationships after notification of award, as schools and districts apply for support from the Hub.

**63. What MIS system will be used to track data within the NJ4S? And will levels of service be expected or just the number of direct contact hours?**

DCF is developing an MIS on the Salesforce platform. In addition to tracking direct service hours, the system will track the number of students receiving services, their demographic characteristics, and outcome data.

**64. Does DCF have an expectation around how many children will be serviced for each vicinage?**

No. The number of children served will be dependent on capacity and the type and nature of services requested by the school districts within each vicinage.