



RHODE ISLAND DEPARTMENT OF HEALTH

Rhode Island Perinatal and Early Childhood Team

Request for Proposals

Addendum # 1

“MATERNAL AND CHILD HOME VISITING PROGRAM FAMILY CHECK-UP”

Submission Deadline: April 29, 2016 @ 4:00 PM

1. Please confirm that the age range at enrollment is ages 2 to 5 years. On pg 41 it says birth to 5; pg. 8 says 2 to 5 years; pg. 14 says birth to 5; and I believe in other places it suggests that pregnant moms may be eligible.

In Rhode Island Family Check Up will be providing services to parents or caregivers with children ages 2-5 years old per FCU model.

2. If the age range goes below 2 years, how is it determined whether the family is offered one of the other models MIECHV vs. FCU.

Children under 2 years old should be referred to other Family Visiting programs such as Healthy Families America, Parents as Teachers or other Early Childhood community based programs.

3. Does the budget of \$212,500 include licensing fees, fees associated with upfront training and consultation with the model developers, and fees for setting up the FCU electronic database needed to conduct the assessment piece of the FCU protocol?

The \$212,500 includes the following items:

- *Readiness Assessment: 4 – Day Training; 2 days in FCU and 2 days in Everyday Parenting Curriculum – Travel is not included*
- *Consultation and Support Towards FCU Certification for 2 Clinical Providers*
- *Consultation and Support Towards EPC Certification for 2 Clinical Providers*

- *Group Consultation*
- *Training Materials for 2 Clinical Providers*
- *Certify One provider to be On-Site Supervisor*
- *License for online tools and support for 2 Clinical Providers*
- *Video Portal + IT Costs*
- *Tailor Outcome and Implementation Data Monitoring System and Reporting*
- *Once Monthly Consultation with Administrative Leaders to Resolve Barriers*

4. The introduction says: “The Rhode Island Department of Health (RIDOH), Perinatal and Early Childhood Team within the Division of Community Health and Equity’s (CDHE), is soliciting proposals from **qualified community-based, private, public, or non-profit organizations** for work to support the expansion of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) to include evidence based Family Check-Up (FCU) Family visiting services, which will be provided to pregnant women and children up to age four **by community-based nonprofit agencies.**”

Which is it – community-based nonprofit agencies, or private, public or non-profit organizations?

It is a community-based nonprofit community based in good standing with the State of Rhode Island.

5. How do you define community-based?

A community based organization, public or private nonprofit (including a church or religious entity) that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

6. Throughout the RFP, there is conflicting information regarding the ages of the children in the families to be serviced. Which age is being serviced -- pregnant to 5, birth to 5, or 2-5?

In Rhode Island, Family Check Up will be providing services to parents/caregivers with children ages 2-5 years old per FCU model.

7. If the desired age range of the child is 2-5, will there be an exception process for young toddlers (say, as early as 14-18 months of age)?

In Rhode Island, Family Check Up will be providing services to parents or caregivers with children ages 2-5 years old per model fidelity. Children under 2 years old should be referred to other Early Childhood services and supports including Family Visiting Programs such as Heathy Families America and Parents as Teachers.

8. How many **Everyday Parenting** sessions per year does a family receive, and do they receive additional parenting sessions in subsequent years, or just the annual checkups? If they get additional parenting sessions, how many per year?

Everyday Parenting is a parent-training program that builds skills in three parenting domains: positive behavior support, limit-setting, and family relationship building. A family can receive up to 12 sessions a year.

9. Are the parenting sessions delivered in the home, or in an office?

The parenting sessions can take place in any location that is convenient and comfortable for the family and provider

10. Section 3.2 – by using the term “slots” does this mean 150 families serviced at a time, meaning that more than 150 families are likely to be served since some will leave the program?

Based on the information from the Family Check Up model, One 50% FTE MSW therapist could complete one Check-Up (Initial Interview, Assessment, and Feedback Session) and 6 EPC sessions (average) for 75 families in one year. A Check-up with a family is 4-5 hours, accounting for 3 hours of clinical/assessment hours and 1-2 of case conceptualization and prep work needed for pull all the assessment data together for the feedback session. 75 x 5 hours = 375 hours. 6 1-hour EPC sessions with 75 families is 450 hours.

11. Section 9.1 – is there an estimate of the number of work days or hours per year in addition to the model trainings?

It is estimated that training and consultation is approximately 55 hours. Total annual hours is approximately 880 hours.

12. Section 9.3 – will there be meetings other than the current LIT and Family Visiting meetings? Is there an estimate of the number of hours per month for these meetings?

RIDOH is requiring agencies implementing FCU to send an agency designee to Local Implementing Team meetings when in full implementation.

13. Section 10.2 – will RIDOH provide and fund these trainings? How many additional days/hours per year will these trainings take? Will staff have access to HFA online trainings that cover these topics?

The \$212,500 includes the following items:

- *Readiness Assessment: 4 – Day Training; 2 days in FCU and 2 days in Everyday Parenting Curriculum – Travel is not included*
- *Consultation and Support Towards FCU Certification for 2 Providers*

- *Consultation and Support Towards EPC Certification for 2 Providers*
- *Group Consultation*
- *Training Materials for 2 Providers*
- *Certify One provider to be On-Site Supervisor*
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14. Section 11.5 – does RIDOH have an outreach plan, or is that the sole responsibility of the awardee?

The outreach plan will be developed by the awardee and it must be approved by RIDOH.

15. Section 12.1 – will the awardee be using ETO? Will there be a separate referral database? New encounter forms? Training?

Yes, awardee will be using ETO. At this time awardee will not be entering in a separate database. There will a standardized form for the assessment summary, case conceptualization, and a feedback form for providers to complete. In regards to the EPC sessions, there is not a standardized form, but one will be developed.

16. Section 13.2 & Appendix I – will the awardee have to do assessments on MIECHV benchmarks? Which ones?

Due to HRSA making revisions to the benchmarks, at this time RIDOH does not know which benchmarks awardee will be reporting on. This will be determined at a later date.