

02/09/18

TO: ALL POTENTIAL BIDDERS

FROM: Ryan Bolles
DSCYF – Procurement Administrator

SUBJECT: ADDENDUM TO REQUEST FOR PROPOSALS (RFP) –CYF17-07 Wilmington Youth Response

RFP Questions/Answers
ADDENDUM #1

1. **Question:** What is the baseline demographic data for the victims? Age range, age mean, race, gender?
Answer: The following information reflects demographic data of juvenile victims from the Victim Services Unit which would have been referred to this new program: the majority of juvenile victims served are African American. In addition, the Youth Victim Advocate worked with the Hispanic Victims Case Coordinator 31 juvenile victims were served in 2017 who either spoke Spanish themselves or had parents who spoke Spanish. About 60% of the victims were female and about 40-50% are ages 0–12 with the remaining between ages 13–17.
2. **Question:** What is the ratio of calls during 9am-5pm/M-F vs evenings and weekends?
Answer: Because of the nature of the work the calls can come in any time. Last year Victim Services was called out after hours (nights and weekends) 42 times. It is not believed that all of those calls would have needed a Youth Response Unit response. It is believed that about 50% would have. In addition, there have been incidents where during the day an immediate response is needed as well. There were also many times early in the morning when a school is opening or in the afternoon when schools let out.
3. **Question:** Is there any flexibility with the recommended staffing schedule? Could providers propose non-traditional working hours (3pm-11pm and a staggered schedule to include weekends) and use the other times as on-call hours?
Answer: Yes, there is flexibility. During regular business hours (9-5) the bidder should have a clinician available to respond to acute and non-acute needs within the City of Wilmington. After hours, a clinician should be available to respond at all times for acute responses and be able to respond to the Department within 30 minutes of a request. It is possible that with a staggered shift there could be coverage as long as the person working, when alone, must be available to respond if needed. Evening and weekend hours may be better for some families who are unable to meet during the week. If staff only works on nights and weekends they must also show how communication with Victim Services will be maintained as the normal business hours for that unit are 9-5 and the coordination of services is key.

4. Question: Could a BSW be used along with a MSW to staff the program given there was licensed supervision oversight?

Answer: While there are Medicaid codes available for BSW level staff those staff would be prohibited from performing some of the key elements of the services required for this program (being on-call, conducting assessments, etc.). DSCYF recommends using only MSW level staff.

5. Question: Could the short-term interventions be extended past the 30 days if necessary?

Answer: Yes, that is possible, but would depend on the demonstrable needs of the individual client. Such an extension would require preapproval by DSCYF.

6. Question: What will the process be to start the program once the award/contract is made?

Answer: The agency will work with DPBHS and Wilmington PD (WPD) Victim Services to create policies and procedures for the Youth Response Unit. Using the RFP as a guide the group will come up with clear guidelines to do the work as well as have extensive discussions with police personnel and staff on how to operate the program within the Police Department. Any personnel hired by the awarded agency for the YRU program will also need to be screened by WPD due to access to restricted areas in the building and sensitive case information. This will be done soon after the award is made to allow for staff access.

7. Question: Will there be office space made available for this program at a PD location?

Answer: Yes, office space has been identified at both the Wilmington PD main office and at the Heald Street location. This includes parking. However, much of the work of this program will be provided in the community.

8. Question: Do the referrals come from VSU and WPD separately or do they come from one channel as a collective decision?

Answer: The majority of referrals are going to come from the Victim Services Unit as they make connections with people after a crime and assess ongoing needs. Some referrals will come from the police as needs are immediately identified or through community people through outreach efforts. The Program's Supervisor and Victim Services Supervisor will meet and talk about past practices and come up with a referral system that works for all.

9. Question: Will we go out to the initial scene with police or do we wait for the referral from victim services?

Answer: In an effort to streamline services and create a single point of contact an on call number has been set up that will be answered by a member of the Victim Services Unit. The Victim Services Personnel will screen the need and determine if both or one service is needed. If the Youth Response Unit is needed then Victim Services will make contact and communicate the next steps. It is quite possible that a need will arise for the YRU clinician to respond without Victim Services and if that is the case the Victim Services Personnel will be able to provide the YRU Clinician with the name of the requesting officer and where they are to respond to. Depending on the scenario the clinician could be requested to respond to a location to meet up with police/victim services or meet at the Police Department to then go out. Most likely on night and weekend hours someone would meet the clinician to go out to the scene for safety reasons.

10. Question: Is the 40% of client specific services that are Medicaid or insurance reimbursable in addition to the \$165,000 annual budget?

Answer: The Successful bidder will be required to submit detailed monthly reports of unbillable activities. Unbillable treatment services (including those delivered to uninsured or clients whose claims are denied by MCO) will be funded out of the \$165,000. The successful bidder is expected to exhaust

other funding sources for additional treatment services. Documentation of these efforts may be requested. DPBHS is a secondary payer of medically necessary treatment needs for Medicaid eligible

11. Question: If Licensed therapists are hired for this position can the agency bill the client's insurance company directly for the sessions?

Answer: The successful bidder is expected to exhaust other funding sources for additional treatment services. The successful bidder paneled with MCO's is to submit claims to them directly. DPBHS will reimburse for claims denied by MCO's with proper supporting documentation.

12. Question: How does one measure "seamless coordination"? What kind of indicators would assess seamlessness?

Answer: Many factors in the Evaluation/Quality Assurance section will be worked out with the Agency, DCSYF, and WPD Victim Services as they develop monthly reporting and statistics to be tracked. Seamlessness coordination for example could be measured by follow up phone calls and case coordination with MRSS.

13. Question: How would promptness and appropriateness of a referral to MRSS be measured?

Answer: As stated in *Specific Required Service Components* on Page 6, item C of the RFP, the services will include: "Assessment to include, at minimum, a completed Trauma Screen. This will screen for suicidality/homicidality. If either of the latter is present, an immediate transfer to the MRSS service will occur." The Trauma Screen will determine the appropriateness of the referral. Additionally, this can be quantified through statistics and reporting the PBH through standard billing and reporting practices.

14. Question: What is the baseline demographic data for the victims? Age range, age mean, race and gender?

Answer: For years 2013-2016 we have the following data:

- 39% AA males
- 10% white males
- 39% AA females
- 12% white females
- 2013 – 61% of clients served were under the age of 12
- 2014- 59% of clients served were under the age of 12
- 2015 – 47% of clients served were under the age of 12
- 2016 – 57% clients served were under the age of 12

15. Question: Page 9 of the RFP number 7.a. asks for the "Definition and responsibilities of each position (licensed and non-licensed) including supervisory mode and frequency". Does this mean all bidder staff?

Answer: No, the intent was for the bidder to only include those staff included in the services for which the bidder is bidding.

All other terms and conditions remain the same.

If you have any questions, please contact H. Ryan Bolles at herbert.bolles@state.de.us or 302-633-2701