

Q&A re: University RFA for Child/Adolescent Tiered Case Management Pilot

5/11/2017

Question	Answer
<p>1. The proposal states that Tier 3 is the primary focus of the pilot. Are Tiers 1 and 2 also objects of the evaluation? If so, is there a list of actions or activities that should be addressed regarding Tier 1 (such as number of youth processed, number of youth reported with GAIN scores that indicate additional assessment is likely warranted, numbers of youth assessed to have low to moderate and high level needs)?</p>	<ul style="list-style-type: none"><li>• Tiers 1 and 2 should also be included in the evaluation.</li><li>• We anticipate there will be list of actions/activities for each tier that will be incorporated into the evaluation plan. We encourage the identification of key process and outcome variables for each tier and creativity in the evaluation plan and implementation. Our expectation is that the actual evaluation plan and implementation outline will be jointly developed by University, state and local project team.</li></ul> <p>Please see the Child Tiered Case Management Pilot for more details about Tiers 1, 2 and 3. <a href="https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/Child%20Case%20Management%20Pilot%20RFA.pdf">https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/Child%20Case%20Management%20Pilot%20RFA.pdf</a></p>
<p>2. Is the focus of Tier 2 assessment about: a) the delivery of case management services to youth with low to moderate level needs and b) access of youth to family support? (Is support from other (nonfamily) adults or peers not measures of interest?)</p>	<ul style="list-style-type: none"><li>• Primary focus is expected to be the case management service delivery and the family peer support. We will be open to the identification/exploration of other key elements if there is agreement between the university, state and local team that there is another significant element in Tier 2 that needs to be tracked.</li></ul> <p>Please see the Child Tiered Case Management Pilot for more details about Tiers 1, 2 and 3. <a href="https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/Child%20Case%20Management%20Pilot%20RFA.pdf">https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/Child%20Case%20Management%20Pilot%20RFA.pdf</a></p>
<p>3. Is there a definition of low to moderate level need that will be used to classify need level? Will youth with high level needs essentially make up the service</p>	<ul style="list-style-type: none"><li>• Definition will be driven by the utilization management/care coordination components of the local team developing the pilot. Deep discussion to tease out the criteria and parameters for each tier will be strongly</li></ul>

<p>population for Tier 3 services? If less than high level need youth are served in Tier 3 services will there be criteria to distinguish them from moderate level need youth?</p>	<p>encouraged between evaluation team, state and local teams.</p> <ul style="list-style-type: none"> <li>• Yes, youth with high level needs essentially make up the service population for Tier 3. This could include children/youth who have tried significant high level services as well as those who have not met with success with multiple moderate level strategies.</li> <li>• Utilization management/care coordination, local stakeholders and state team will be strongly encouraged to discuss thoroughly and identify the fine matter criteria that will allow for distinctions within the moderate population that could be served at the Tier 3 level.</li> </ul> <p>Please see the Child Tiered Case Management Pilot for more details about Tiers 1, 2 and 3.  <a href="https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/Child%20Case%20Management%20Pilot%20RFA.pdf">https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/Child%20Case%20Management%20Pilot%20RFA.pdf</a></p>
<p>4. Is there a description of Tier 3: Intensive Care Coordination (High Fidelity Wraparound) with evidence based service planning model for the project that should be used to identify the intervention components for the evaluation?</p>	<p>The model for Tier 3 is the High Fidelity Wraparound model that is currently being demonstrated through the service component of the North Carolina System of Care Expansion Implementation Grant (a federal SAMHSA grant).</p> <p>Please see the Child Tiered Case Management Pilot for description of the High Fidelity Wraparound model. .  <a href="https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/Child%20Case%20Management%20Pilot%20RFA.pdf">https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/Child%20Case%20Management%20Pilot%20RFA.pdf</a></p>
<p>5. Are there definitions of family and youth peer support that will be used for the pilot with which achievement of support will be measured?</p>	<p>Please see the Child Tiered Case Management Pilot for more details about family and youth peer support roles.  <a href="https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/Child%20Case%20Management%20Pilot%20RFA.pdf">https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/Child%20Case%20Management%20Pilot%20RFA.pdf</a></p>
<p>6. The positions will be supervised by DMHDDSAS staff. There is language in the budget for “\$35,000 for administrative support and supervision of the</p>	<p>The university support for the two positions is both administrative (travel, time worked, and reimbursement) and quality (includes adherence to and in alignment with programmatic design and DMH policy/program expectations for the</p>

<p>two positions and the evaluation”. Can you more specifically explain what the administrative and supervision roles entail? Is it purely administrative (travel, logistics), and/or is it supervision of the quality of the work?</p>	<p>positions). For example, if one of the staffers is not meeting an expectation in the job description, the university and DMH will work collaboratively to resolve the issue.</p>
<p>7. If the individual hired has not been recently trained or need updated training in areas such as High Fidelity Wraparound-is this to be assumed and put into the university budget? Related to this-there is an expectation of “Arranging and coordinating a training plan for the pilot which includes implementation training along with the creation of a sustainable training plan for all tiers of care coordination/case management.” The budget does not have a category for training. What is the amount that should be set aside, if any, for training.</p>	<ul style="list-style-type: none"> <li>• DMH expects to collaborate in the hiring of the individual. Any additional training for the implementation specialist in High Fidelity Wraparound would be covered outside the project budget by DMH.</li> <li>• Costs of the trainings required to implement the overall project are not included in the scope of this RFA. Those costs are covered in the LME/MCO and/or pilot site budgets.</li> </ul>
<p>8. We might have missed it - is there a page limit for the application (narrative, bio-sketches, etc.)?</p>	<p>We neglected to include a page limitation. We would prefer for the total application to not exceed 25 pages (including all attachments), 1 inch margins on both sides, and 12 point font.</p>
<p>9. On p. 6 of the RFA the term “university faculty member” is presented. Does this term apply to the individual or individuals that will serve as the Principal Investigator(s) on the grant? Should we identify all faculty/staff to whom we are assigning Principal Investigator status?</p>	<p>Term refers to the person who will have decision-making authority for the grant (i.e. all Principal Investigators) and will be responsible for supervision as defined in question # 6 for the two staff positions.</p>
<p>10. On p. 6 of the RFA there is reference to providing a “brief biography” of the “university</p>	<ul style="list-style-type: none"> <li>• A one page document is preferred for the brief biography.</li> </ul>

<p>faculty member”. Will a CV or bio-sketch be sufficient? Should we submit this material on all senior level personnel who will be participating on the project?</p>	<ul style="list-style-type: none"><li>• Yes, material should be presented for all senior level personnel who will be participating on the project.</li></ul>
---	--