

RFP #955 Offeror Questions and State Responses

1. Will a copy of the RFP proposal submitted by the state of South Dakota for the SBIRT grant be made available? Are out of state agencies eligible to apply?

A PDF copy of the original federal application is attached to this Offeror Questions and State Responses document. Out of state agencies are eligible to apply.

2. At this time, who are partnering community organizations and hospitals?

The project is currently partnering with the Avera health care system in Sioux Falls and the following community based providers, Carroll Institute, Volunteers of America, Keystone, and Southeastern Behavioral Healthcare during Phase I. During Phase I, there will be 2 Avera McGreevy clinics and one additional clinic implementing the SBIRT model.

3. How many clinics, behavioral treatment centers and communities are being targeted?
 1. How many communities will be targeted?

The medical clinics, providers and communities have not yet been identified for Phase II and Phase III. It will be the State's task to identify future clinics and community based providers, with assistance from the community coordinator.

4. How many trainings each year will be required to coordinate? What types of trainings will need to be planned? Who will the trainings be provided to:

The trainings will be provided to medical clinics and community based behavioral health agencies. State staff may attend local training events, but State staff is not the main target for the training. The community coordinator will not be responsible for providing training. The types of trainings that will need to be coordinated with medical clinics and local providers include; work flow training, training on screening tools, training on Brief Negotiated Interview, training on Brief Treatment, training on the referral protocols, training on motivational interviewing, and training on data collection and the evaluation process. These trainings would occur at each site that implements SBIRT during the three Phases of the project. Refresher or replacement trainings may need to be held on a periodic basis as well. The actual number of trainings that will need to be held is unknown, but the offeror should identify their experience and ability to coordinate training events.

5. Estimated amount of time and money proposed in original grant?

The Community Coordinator was estimated at 100% time with a budget of \$60,000.

6. What travel requirements would be necessary?

Meetings will be held with the health care providers and community partners, as well as the State planning team and the SBIRT advisory council. Meetings may be face-to-face, teleconference,

and by webinar. The offeror needs to submit a proposal which includes all methods of communication, and ability to travel when required. There may be national grantee meetings held annually.

1. Trips in state to meetings?

The number of in-state trips is difficult to estimate. Meetings will be a combination of face-to-face meetings, teleconferences and webinars. Discuss your ability to travel to the state for face-to-face meetings and the number of face-to-face meetings that are feasible for your organization.

2. National Meetings?

There may be national grantee meetings but no dates have been set at this time.

7. What other meetings and how often will they be required.

There will be weekly teleconferences with the State implementation team. Webinars or teleconferences with local medical clinics and community based behavioral health providers related to SBIRT may occur on a monthly basis.

1. State and National Webinars?

See 7 above for State webinars. National Webinars or teleconferences will occur on a minimum of a monthly basis.

8. What are the SBIRT Process and fidelity requirements for the grant and intervention?

The community coordinator will be responsible for monitoring the process evaluations for the project. It is recommended the offeror review the federal application attached to this document for specific information on what process evaluation components are required. For fidelity to the Brief Treatment model implemented, the state team will be overseeing this component.

9. What is the target population that SBIRT will be utilized on?

Adults receiving their annual wellness exam, with a special emphasis on Native Americans and pregnant women for the SBIRT project.

10. Will a copy of South Dakota's strategic and evaluation plan for SBIRT be provided?

For information on these areas, refer to the attached copy of the application.

11. How many individuals/professionals trained in the SBIRT model are located in South Dakota, at this time?

There has been no training for community providers sponsored by the project at this time. The first scheduled training on the brief treatment model will occur in June. The trainer works under contract with SAMHSA to provide this training to State's that have received SBIRT grants. There have been trainings in one clinic on Motivational Interviewing, work flow, screening tools being utilized and the brief negotiated interview.

12. Does the State currently have SBIRT trainings scheduled to train professionals within the state?

There will Training on the Brief Treatment model in June, 2017.

13. Does the DSS Prevention Program have trained individuals who are able to provide the training to additional professionals in the State?

No, not at this time.

14. Does the DSS Prevention Program have an established contract with the developers of the SBIRT model to provide training on the program?

The Brief Treatment Training is free of charge for the state, so there is no contract in place for the training.

15. Is the scope of work intended to provide training and technical assistance to the Division? Or is the scope of work intended for the bidder to have primary responsibility for program implementation?

(There are probably a lot more questions about this but I don't even know where to start)

The Offeror will be responsible for the coordination of training events for community behavioral health staff and staff in the medical clinics. The Offeror will be a member of the state team that will be responsible for implementing the SBIRT project.

15. Section 3.0 states that the Offeror is expected to complete a planning phase before activity may begin. What is the expected duration of the planning phase?

The planning phase for Phase I of the project is in process. The planning Phase for Phase II and Phase III of the project will be up to 6 months each.

16. Please provide guidance on the number and location of clinics implementing SBIRT referenced in Section 3.1. Have the clinics already been identified or is the Offeror expected to recruit clinics to participate?

Please reference Questions #2 and #3 above.

17. What is maximum budget allocated to this project?

Please reference Question #5 above.

18. Will the Offeror be considered a sub recipient of federal funds or is the Offeror considered a Contractor (CFR §200.330)? If the Offeror will be a sub recipient, please provide guidance on how the State will negotiate indirect rates.

There will be a consultant contract developed with the selected Offeror. The indirect rates need to be outline in your cost report.

19. What is the expected payment terms of an award contract (cost-reimbursement, fixed-rate, fee for service, other?)

On a Fee for Service basis.

20. Are out of state agencies eligible to apply?

Yes out-of-state agencies can submit an RFP for the project.

21. The RFP states that the Division is “seeking an offeror to assist in the planning and development of processes to monitor and manage implementation and sustainability” of the program. Is this primarily a consultant role to assist in planning and development of processes? Or, is there an expectation of implementing and managing the project as well?

The Offeror will be responsible for the development needed to track the process evaluation portion of the SBIRT grant and managing the overall project on a day-to-day basis.

22. Will the successful bidder provide only data instruments used in training evaluation or will the successful bidder provide the training?

The successful bidder will not provide direct training.

21. The RFP states that the proposal must describe a project implementation plan including: meeting facilitation, preparation of meeting minutes, tracking progress on action items and establishing timelines for deliverables. Could a comprehensive list of deliverables be provided?

The Offeror would assist in developing processes such as work flow documents, format utilized for screening tools, referral process, and process outcomes related to trainings and other implementation activities. The roles of the Community Coordinator may evolve over time as well as the deliverables after the implementation is completed in Phase I. Any changes will be reflected in the yearly consultant contract.

23. Could coordination and participation in some of the meetings between medical clinics and community based providers be done remotely?

Please reference Items #6 and #7 above.

24. Regarding assistance with planning of trainings: Who would be receiving the training? And would the training focus on SBIRT clinical skills, grant-required data collection and documentation, both topics, or other topic(s)?

Please reference #4 above.

25. Can the entity (or firm) apply for both this scope of work and the evaluation RFP if the teams are different?

Yes the Offeror can apply for both RFP #955 and RFP #956.