

QUESTIONS & ANSWERS

Request for Proposals (RFP) for Qualified Grantee(s) to Develop a Center of Excellence and/or Conduct Advanced Motivational Interviewing Courses

February 3, 2012

Q1: Who or what is a “qualified” Responder to the RFP?

A1: A qualified Responder to the RFP is any entity that is legally able to contract with the State of Minnesota. This can include educational institutions; private, non-profit providers; and non-profit organizations.

Q2: What is the source of the federal dollars funding the project? Are there flow-through regulations? Will the entity awarded the contract (i.e. successful Responder) be a contractor or sub-contractor of the State?

A2: The federal funds are from the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services. The successful Responder will be a contractor of the State.

Q3: How does the State define “statewide presence and accessibility in Minnesota” at page 6 of the RFP?

A3: Successful Responders must be able to provide training across Minnesota. The State recognizes that it is difficult for many providers to spend already-scarce dollars to travel across the state to receive training. The training can be conducted by several different means, including ITV, telephone conference, webinar, as well as in-person to meet the needs of providers in all geographical areas of Minnesota. The proposal can build in costs of the Responder for travel and/or videoconference delivery.

Q4: How is the funding distributed over the life of the project (Year 1, Year 2, Year 3)? When will Year 1 start and end? Year 2? Whose calendar is the grantee on? What funding covers the portion of Year 1 that is after September 29, 2012?

A4: For purposes of the Center of Excellence (COE), Year 1 begins on the date the contract is signed and runs until June 30, 2013. Up to \$950,000 (\$300,000 federal and \$650,000 state) is available during Year 1, up to \$300,000 of which **must be spent by September 29, 2012**, on the development of an implementation plan. Year 2 will start on July 1, 2013, and end on June 30, 2014. Each of the subsequent two years of the COE project will be funded by State dollars up to \$650,000 per year. For the Motivational Interviewing training, the contract will begin when the contract is signed and end on September 29, 2012. Up to \$60,000 in federal funding is available for the Motivational Interviewing component of the project.

Q5: Are there any research parameters on the project?

A5: There are no research parameters written into proposal other than a requirement to survey student learners.

Q6: As to the Center of Excellence, what must be accomplished by September 29, 2012?

A6: The successful Responder must create an implementation plan that will lead to the development of a Center of Excellence – Training Center. Up to \$300,000 of federal funding is available for this task. The plan must be completed and federal funds spent by September 29, 2012, but the mobilization of the plan need not begin until after that date. The successful Responder will have worked with DHS on an implementation plan and obtained DHS approval of the plan by September 29, 2012.

Q7: As to the Center of Excellence, how can Responders provide a budget for Year 2 by the RFP due date if the plan from Year 1 has not been created yet?

A7: Please see the response to Question #4.

Q8: Is DHS currently working to have a co-occurring disorder certification for individuals built into legislation and recognized by licensing boards?

A8: DHS is currently formulating rule language regarding IDDT program certification, as directed by the Legislature in the 2011 Special Session (codified at Minn. Stat. § 245.4863). Staff qualifications will be described in the rule.

Q9: Is the goal of the Center of Excellence to provide a certificate or certification regarding IDDT/COD?

A9: The Center of Excellence – Training Center will provide a certificate to individuals who complete the required training or coursework.

Q10: Who conducts the evaluations of the Training Center and/or the Motivational Interviewing Training as described in the RFP at page 8, paragraph 5?

A10: In the proposal, Responders should describe by what means the training will be evaluated, and then complete evaluation of the training as described. DHS has included a sample evaluation form as part of this Question & Answer document.

Q11: How will the goals and objectives of the project be evaluated?

A11: The State and the successful Responder(s) will negotiate the evaluation process during the contract discussions.

Q12: Who will have ownership of the curricula developed as part of the project, especially if the successful Responder is contracting with specialists in the field of IDDT/COD?

A12: The State refers Responders to the sample Grant Contract, attached to the RFP as Appendix G. Intellectual Property Rights are addressed at XIII. The State also notes that the terms of ownership rights can be addressed by the parties during contract negotiations.

Q13a: What is the definition of Integrated Dual Diagnosis Treatment (IDDT)? Does it include both severe and non-severe mental illness (serious mental illness (SMI) and serious and persistent mental illness (SPMI))?

A13a: For the purposes of this proposal the Department seeks the development of a plan to deliver training to build skills and knowledge of both mental illness and chemical dependency providers serving a broad range of illness severity and acuity.

Q13b: In conjunction with Q13a, what population is the project intended to serve? Does it include anyone with a co-occurring disorder?

A13b: The project is intended to serve a broad community and the curriculum should reflect the skills and knowledge of both mental illness and chemical dependency providers. Responders should reference the SAMHSA Integrated Treatment for Co-Occurring Disorders Toolkit.

Q14: Will everyone who has indicated an interest in the RFP receive the State's responses to these questions?

A14: Yes, the information will be distributed via email to all parties who have indicated an interest in the RFP.

Q15: Can the Motivational Interviewing component of the RFP be extended beyond Year 1 of the RFP?

A15: No. The advanced Motivational Interviewing training must be completed by September 29, 2012. It is possible that the State would expand this part of the project if additional funding became available, but there are no definitive plans regarding further funding of MI training at this time.

Q16: Is there a guarantee of State funding for the Center of Excellence beyond the creation of an implementation plan?

A16: No, but DHS will target funds for this purpose wherever possible. DHS is committed to promoting integrated treatment of co-occurring disorders and will relocate funds if necessary to continue the Center of Excellence beyond the timeframe of the RFP.

Q17: Does the State have a preference as to whether the Center of Excellence exists in a virtual setting as opposed to a physical space?

A17: The State is open to either type of arrangement or a combination of both settings. Most importantly, the Center will have the capacity to build on its curriculum over time to meet the needs of the workforce.

Q18: What does the State seek from Responders as to a Communication Plan, as described in the RFP at page 8, paragraph 7?

A18: Responders must describe a method for communicating with the State policy staff on a routine basis. The State seeks to eliminate misunderstandings between the State and Responder(s) and to ensure that the State's goals and objectives are met.

Q19: Does the State intend that the curricula developed in the course of the project will ultimately be embedded into an academic setting?

A19: There is a great need for training in integrated treatment of co-occurring disorders, and the State sees a benefit in embedding these curricula into academic settings across the State, which may include formal degree certificates and continuing education courses.

Q20: Is the certificate in integrated treatment of co-occurring disorders targeted toward professionals only?

A20: The certificate is intended for the current and future workforce. The State envisions that the Center of Excellence could develop continuing education courses, as well as a Bachelor's or Master's degree level program.

Q21: Is there currently a COD certificate in Minnesota?

A21: Yes, the Minnesota Certification Board issues a Certified Co-Occurring Disorders Professional (CCDP) and a Certified Co-Occurring Disorders Professional – Diplomate (CCDP-D) certification. The State is in need of training to prepare individuals to provide integrated treatment for co-occurring disorders.

Q22: How will the State recognize that the certificate meets the competencies identified in Appendix H of the RFP?

A22: During the development of the implementation plan for the COE, the State and the successful Responder will work to ensure that the competencies in Appendix H are adequately addressed.

Q23: Will the certificate issued by the Center of Excellence affect who can conduct diagnostic assessments?

A23: No.

Q24: Can several interested groups submit a proposal as a consortium?

A24: The State is not able to accept proposals from a consortium of Responders. Responders can, however, hire sub-contractors. *See, Appendix C of the RFP. Please note that this answer differs from the verbal answer given at the Responders' Conference on January 24, 2012.*

Q25: In preparing a budget for the Center of Excellence, does DHS want only a budget covering the \$300,000 allotted for the 7 months of Year 1? Or must Responders also submit a budget for \$650,000 for the subsequent contract year?

A25: Please see the response to Question #4.

Q26: Does DHS have a standard curriculum that it expects the Center of Excellence to maintain, deliver, and evaluate? Or does DHS expect that Responders will develop their own curricula to meet the needs identified in the RFP? Assuming there is a curriculum development component, would this more likely occur in Year 2?

A26: No, DHS does not have a standard curriculum for the successful Responder to deliver. DHS expects that the successful Responder will develop its own curriculum, which can include using or revising an existing curriculum. The curriculum need not be finalized until Year 2.

Q27: Does DHS have an advanced Motivational Interviewing training that currently exists, or is it the responsibility of the Responder to develop the advanced training?

A27: DHS has been a part of two curriculums that have been developed for motivational interviewing. The first curriculum was developed through a partnership with Metro State, the Prairielands ATTC, MCTC and DHS. This curriculum is the one used in trainings sponsored by DHS that is the 2-day introductory training (Level I).

The second curriculum that was developed was for more advanced motivational interviewing training after a student had had the 2-day training. It consists of 8 modules and was used in the COSIG project as training material for the coaching circles. The curriculum was compiled by Sue EckMaahs through a contract between DHS and EckMaahs & Associates and is in the public domain as a complete set of 8 modules. It is available for use by trainers and provider agencies who wish to use it. DHS has copies of the training material and modules that can be mailed upon request. This curriculum is used for coaching circles.

The advanced Motivational Interviewing training requested by the RFP is for MI Level II, MITI, and phone coaching, as follows:

Level II – Motivational Interviewing Clinical Skills Training – Level II is based on the work of William R. Miller and Stephen Rollnick, and focuses on intermediate level instruction and practice in MI. This workshop is intended to increase proficiency in MI by focusing on complex reflections, better response and elicitation of change talk, practice with timing, and testing the waters for commitment and case planning.

MITI – This training is intended to introduce participants to the Motivational Interviewing Treatment Integrity Coding System (MITI), version 3.1.1. Using lecture, audiotape

and group practice, participants will learn to recognize and categorize common elements of therapist competence in MI. This training is intended to serve participants with experience in MI and a desire to learn MITI for supervisory purposes. The training should consist of large and small group exercises with feedback from the trainer. By the end of the training, participants should be ready to use the coding system, including the new revisions to the Global Rating Scales.

Phone coaching – The trainer must conduct six hours of phone coaching for each of 60 supervisors to increase proficiency in MI and supervisory skills.

Q28: Is DHS permitted to share the email addresses of the individuals who attended the Responders' Conference with other potential Responders?

A28: No. Generally, all information related to the grant proposals are private or nonpublic until the responses are opened. Once the responses are opened, only the name and address of the grantee and the amount the responder requested becomes public information. *See*, Minn. Stat. §§ 13.591 and 13.599. All other information in the grant RFP is still non-public at this point until the evaluation process is completed, meaning that the grant contract(s) has been signed/encumbered by all grantees.