

QUESTIONS AND ANSWERS

Trauma Treatment and Supportive Services for Child Victims of Domestic Violence in Two Pilot Counties: Morris and Somerset

Questions? Email us anytime at dcfaskrfp@dcf.state.nj.us

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1. What will the plan be after year 1? Will there be an opportunity for additional grants/funding?

Funding is conditional on annual appropriations, and the success of the program.

2. Can funding be used for training of new staff?

Yes.

3. Do clients have to be seen at Morris or Somerset County Location only (Application says services can be subcontracted out-do services have to be provided in a Morris or Somerset County location)?

Applicants must offer services within the county. If providers also have services available in a bordering county that is convenient to parts of Morris and/or Somerset clients, providers may justify using an out of county location in addition to providing the services within the county.

4. How strict a model of TF-CBT will be expected? What other evidence based therapies will DCPD accept (CPP, Play Therapy)?

Providers are expected to implement TF-CBT, and any other evidence supported treatment proposed, with fidelity. The focus of this RFP is to provide treatment and supportive services to children/youth exposed to domestic violence. Proposals should include a clear justification and implementation plan for the treatment modalities proposed.

5. What records will DCPD request from mental health agency?

CP&P may request collaterals regarding treatment progress. Providers must be willing to participate in case conferences and other communication with CP&P as appropriate.

6. Would progress notes be used to chart progress like those utilized with PerformCare?

No, at this time we do not have the capability to implement this type of system. Providers will be expected to maintain appropriate clinical and administrative record keeping.

7. Is therapy mandated to families?

Most services provided by DCF and CP&P are voluntary. However, there are times that CP&P involved families are court ordered or required to comply with a particular service.

8. Traditional TF-CBT states that abuser should not be involved in client's life; will those cases referred have visitation/parenting time plans?

Yes, there may be instances when the abuser has court-ordered visitation with the child. Your agency should describe your intake process and address client eligibility requirements in your proposal.

9. Will all (75) referrals come from DCPD or will agency be expected to utilize current referrals sources?

DCF intends for referrals to come from the Domestic Violence Lead Agency and CP&P. Referrals from other sources may be appropriate as well but will need to be discussed with DCF.

10. Must transportation be provided for those who do not have? Are bus cards acceptable?

Provision of transportation is not mandatory. Bus cards are acceptable. Applicants are strongly encouraged to anticipate barriers that families face in accessing treatment and propose how their programming and supports will mitigate access. This may include provision of transportation and/or solutions to mitigate transportation challenges.

11. On page 4, in the last paragraph of the section titled Screening and Assessment, the RFP states, "PLEASE NOTE: DCF reserves the right to determine the standard screening and/or assessment tool that will be utilized in both pilot counties. The grantee must be flexible and willing to use a tool that the grantee did not propose in the submitted application. DCF is committed to collaborating with grantees to help make this determination."

Will the funder pay for any associated costs such as materials and training if they choose a tool other than what we have included in our budget?

This will be determined if your agency is awarded and will be subject to negotiation.

The following two questions refer to numbered page 6 of the RFP, section title Evaluation, Reporting and Ongoing Quality Improvement:

12. What specific outcome indicators is DCF going to need agencies to track for this grant?

As this is a pilot, DCF will work with either an internal or expert evaluator and the awarded agencies to clarify what specific outcome indicators will be collected on an ongoing basis. As part of your application, DCF requires you to provide a brief description of your agency's evaluation plan.

13. Would DCF provide technical support to an organization that needs assistance with developing the capacity to measure the DCF-identified outcome indicators?

Yes, this is a collaborative process.

14. The following question refers to numbered page 6 of the RFP, section titled Transportation/Service Availability:

Can an organization propose to provide services in the shelter, residence or in the family home? Or is an office environment preferred by DCF?

Yes, you may propose this model. In-home and in-shelters may help mitigate access to treatment for some families. If providers plan to offer treatment in a location outside of their own agency, they should provide some evidence of partnership with the location agency. It may or may not be appropriate to provide services in some shelter locations, depending on the shelter policy.

15. The following question refers to Page 18/19 of the RFP under the Budget section and to the Annex B Budget Pages:

Is there a cap on the Overhead cost, if so, what is the cap?

There is no cap. Overhead costs must be reasonable.

16. Can treatment services be partially delivered in a group format?

DCF did not prohibit including group therapy. The provider should detail in their proposal why they included this approach and how they believe children and families would benefit from this delivery method. The response should be supported by research.

17. Can funds be utilized to pay for TF-CBT Training (including the Train the Trainers Course), certification (including application fees and the certification test) supervision and consultation?

Yes, the funds may be used to build capacity, which may include the above costs.

18. Can we use the first 6 months to one year to be trained in the TF-CBT model using the cases referred by the Morris County Family Justice Center?

Referrals for programming should come from the lead DV agency in the county and CP&P. Providers can take referrals while they are in an appropriate training program to support development of staff and the certification process.

19. If the agency applying is not the lead DV agency, does the applicant have to have an MOU with or a letter of support from the lead DV agency?

No. However, the applicant must have or must establish an expectation of an effective working relationship with key stakeholders including the DV Lead Agency.

20. Can we submit letters of support in addition to the MOU?

Yes. Page 19 Number 7 is modified to include Letters of Support in addition to Letters of Commitment.

21. After receipt of applications on June 28th, when do you anticipate notifying awardees?

The award announcement will be made after all eligible proposals have been evaluated and scored and a funding recommendation is approved by the Commissioner of the Department of Children and Families.

22. And how long do you expect it to take to execute the contract? Therefore, what's a reasonable service start date?

A contract is typically executed within 30 to 60 days of the award.

23. Could the start-up costs for this RFP include the purchase of a van for transportation purposes? Should this be submitted in the Annex B?

Yes, the cost of a van can be part of the operational start-up costs. The budget proposal must include a detailed summary of and justification for one-time operational start-up costs. These costs must be reflected in a separate schedule of the Annex B. Please see page 18 of the RFP.

24. TF-CBT certification and training typically take more than a year. Is requiring this type of certification realistic?

DCF is not requiring certification of clinicians in the first year. DCF does require under this RFP, that TF-CBT is delivered by clinicians who can demonstrate that they have been trained or who are actively involved in a training and/or certification process for TF-CBT.

25. Could an agency implement a different evidence-based model initially, while staff is being trained and certified, in an attempt to get the program up and running more quickly?

Applicants can specify which services and treatment they will offer and when in their proposal and implementation timeline.

26. It seems that there are no other agencies utilizing TF-CBT, nor are there very many places to receive the training and certification.

DCF contracts with a number of organizations that provide TF-CBT. For more information on training and certification, providers may want to reference resources such as: <https://tfcbt.org/>

27. A portion of getting certified relies on working in the field as opposed to a classroom. How can we be expected to gain this type of experience if certification is required prior to being awarded this grant?

Certification is not required prior to being awarded a contract. Providers can include in their implementation plan, a proposed timeframe (which DCF understands may extend past the first year) for clinicians to be fully certified.

28. If we provide evidence of training and experience of our agency's staff that have been trained in TF-CBT, would these staff members be acceptable even though they would not be certified?

Yes. DCF understands that clinicians who have been trained in and who practice TF-CBT may not be certified. DCF is asking that over time, that the provider organization support their clinicians in gaining certification.

29. Would a solidified plan in place to get the necessary certifications within a specified time-frame be sufficient?

If capacity for TF-CBT does not currently exist, a detailed plan to develop such capacity including how this will be accomplished and clear timeframes within which this process will be completed must be included in the requested program implementation plan. The applicant should indicate when they will begin to take referrals.

30. Is there a checklist of specifications for the TB-CBT certified therapists so that the agency can be assured that they are properly trained? This would ensure that the agency could get the program up and running without any last minute issues regarding the minimal requirements for the therapists.

Providers should utilize available professional resources on the TF-CBT model in order to assure they are properly trained and positioned to help their clinicians maintain fidelity to the model.

31. Who will be responsible for monitoring both programs to ensure that there is some uniformity of the services provided?

DCF will be responsible for monitoring the programs. Use of an evidence-based model with fidelity and standardized tools will help ensure that treatment is consistent in both programs.

32. Is there a requirement regarding fire systems/codes? Is the agency required to become licensed to provide out-patient services?

Please check with your local municipality regarding codes and licensing requirements. Becoming licensed to provide out-patient services may be required depending upon your agencies status and the services you are proposing. For questions regarding out-patient licensure, please contact DMHAS or visit their website here: <http://www.state.nj.us/humanservices/ool/licensing/>

33. Is this a cost-reimbursement contract? Can we bill Medicaid for reimbursable outpatient fees?

Yes, this is a cost reimbursement contract. Providers should not bill Medicaid for services provided by the cost reimbursement contract.

34. Would this rule out in-home/in-shelter treatment?

No, because this service is being paid for through a cost reimbursement contract.

35. Can a community-funded agency (county-based government organization) apply for this RFP?

No, please see page 8 of the RFP for eligibility requirements. They are not precluded from partnering with an eligible corporation.

36. Can you clarify the screening tools?

The agency is being asked to describe the screening and/or assessment tool(s) to be used and the evidence to support its use with the target population. The agency should also describe how the tool(s) will be used to identify the appropriate treatment modality. The tools, at minimum, should include measures for PTSD and behavioral health.

37. Does our agency need to have the capacity to treat 75 people right away, and does the agency need to have the number of therapists that would be needed to treat those 75 people?

The awarded provider must detail how they will have the capacity to treat the minimum number of children identified for each area (see page 3 of the RFP). If they do not have such capacity at award, they must detail how they anticipate reaching this capacity and provide a clear, detailed timeline to be fully operational.

38. Is this level of service specifically limited to kids or does it include support given to caregivers?

The minimum level of service is for unduplicated children who receive treatment services.

39. What supportive services are you asking us to provide to the parents?

The agency is asked to propose additional supportive services that would benefit the target population.

40. Is the fully operational date anticipated to be November 2016?

Agencies should provide details about when they will be fully operational in their program implementation plan and as appropriate in the narrative of the proposal. DCF expects agencies to begin taking referrals by November 2016.

41. Is the fidelity bond required at the time of submission of the proposal?

No, this will be deleted as a requirement from the proposal submission but will be required upon award of this grant.