



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Domestic Violence Abuse Intervention Program Bidders Conference 7.6.23



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Agenda

- Overview
- Frameworks
 - RNR
 - MI
- RFP Main Components
- Trainings and Role of Colorado Consultant
- Q&A



Background



Overview: RFI Results

Most respondents (83%) recommended that programs should offer services beyond the traditional group sessions. There were also many suggestions to offer holistic and wrap around services.

Individual Therapy to reinforce lessons learned in group and to address trauma.

60%

Case management to provide an additional layer of accountability.

45%

Employment services to assist in alleviating financial stressors and barriers to participation.

27%

Peer support to provide mentorship and support ongoing implementation of skills learned within the group.

23%

Parenting classes to engage men in their role as parents and support healthy co-parenting.

18%

0% 20% 40% 60% 80%



Overview: Frameworks

- DCF explored other states and models that were implementing programs based on need vs. one-size-fits-all. Based on this exploration, the current RFP includes the following:
 - RNR Framework (as seen in Colorado, Washington, etc.)
 - Motivational Interviewing



RNR Framework

Risk:

- Services align with offenders' risk level based on valid risk assessments.
- Low-risk offenders are not served in the same group as high-risk offenders.

Need:

- Services focus on the individual needs of the participant

Responsivity:

- Services are responsive to participants' strengths, culture, learning style, and personality
- Barriers to full participation are reduced



Motivational Interviewing

- Motivational Interviewing (MI) is a method of counseling clients designed to promote behavior change. MI aims to identify ambivalence for change and increase motivation by helping clients progress through five stages of change: pre-contemplation, contemplation, preparation, action, and maintenance.
 - MI skills and techniques will be employed by program staff throughout the AIPs to engage participants and help increase motivation to change.



AIP RFP Overview: Services

Risk Assessment

- Participants are assessed and assigned a risk level (high, moderate, low). Treatment plans are individualized based on risk level.

Treatment Services

- Group and individual services are provided based on the individualized Treatment Plan

Multi-Disciplinary Treatment Team (MTT)

- Programs collaborate with key stakeholders, including survivor advocates and referral sources, to convene an MTT to review and discuss treatment.

Discharge Planning & Follow-Up

- Program staff work with participants to develop an Aftercare Plan to support the transition from the program and promote sustained elimination from the use of abusive behaviors and follow-up 3, 6, and 12-months post-discharge



RFP Main Components: Risk Assessment



- Uniform across all programs for this RFP
- Provided by a DCF-contracted consultant
- Conducted by Clinicians
 - Criminal justice information, victim input, other collateral information, previously performed evaluations, clinical interview, and assessment instruments.
- Risk level used to inform treatment plan
- Ongoing assessments process



RFP Main Components: Group Sessions

Groups include no more than twelve (12) participants and meet at least weekly for ninety (90) minutes.



By risk level

Low and medium risk

Medium and high risk



Flexibility for group curriculum

DCF shall approve curriculum ; should include CBT.



Motivational Interviewing strategies will be incorporated into group sessions.



RFP Main Components: Individual Sessions

- Individual sessions are used to address denial or resistance, or other needs identified in the Treatment Plan.
- Individual sessions can be clinical or non-clinical
 - i.e., psychoeducational, skill building, coordinating referrals, etc.
- Utilize Motivational Interviewing



RFP Main Components: Multi-Disciplinary Treatment Team (MTT)

- Creates comprehensive treatment plans and ensure offender accountability.
- Oversees decisions made about each participants assigned level of risk and recommended treatment plan.
- MTT Members
 - Referring agency, Survivor Advocate



Addressing Barriers to Participation



TRANSPORTATION

Programs are to allot funds in budget to address barriers to transportation. Programs to use community data to determine location of services.



PROGRAM FEES

Denial or termination of services shall not depend on inability to pay fees. If program charges fees, the fees should go back into the AIP program



LANGUAGE

Services shouldn't be denied due to language needs. Programs should refer out or provide services with translation if there are no other programs in the community.



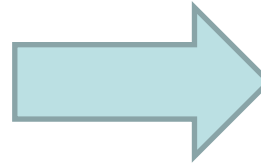
SERVICE HOURS

Hours and days of operation shall be based on community need, including evenings and/or weekends.

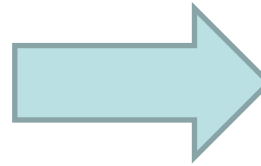


RFP Main Components: Staffing

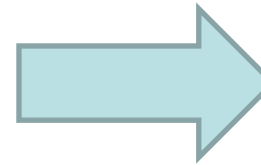
Clinical Supervisor(part-time)



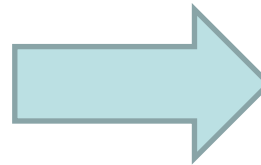
Clinician(FTE)



Program Staff (FTE)



Optional Staff



Respondents can include additional support staff in their proposal, as needed, to meet program requirements. This can include drivers to reduce transportation barriers or administrative support staff.



Trainings and Role of DCF-Consultants



RNR/Differentiated

- Training and coaching Providers on RNR and Risk Assessments
 - Manual and tool development
- Guidance on curriculum and evidence-based interventions.
- Guidance on data collection

Motivational Interviewing

- Training and coaching on MI principles, strategies, and techniques.
- Developing MI skills through practice, feedback and role-play exercises.
- Integration of MI into program manual and tools



Q&A

