Request for Applications: Road to Resilience Q&A

1. We received multiple questions about who is eligible to act as the Lead Agency. This included questions about who should complete the application, and whether this should be a County entity, a nonprofit agency, or a healthcare provider.

The Office of Child Abuse Prevention (OCAP) does not explicitly specify who should act as the Lead Agency. This is due to the collaborative nature of the grant, and the desire for parties to cater this collaboration to the unique circumstances and needs of their communities. The Lead Agency needs to have the capacity to engage in Technical Assistance and Training with the OCAP, and will act as the grant’s fiscal and administrative lead (Page 2).

2. Is there a certain model of case management that must be provided?

The OCAP does not specify a specific model of case management that must be provided. The Navigator must meet the requirements listed on Page 2 of the RFA.

3. We are also not clear on the position of the Navigator. We are thinking that this position would be hosted with one of our partners, such as XX County Public Health Nursing. Please would you provide me with more explanation of the Navigator?

The RFA only requires that the applicant be able to employ Navigator(s) in a timely fashion, and does not explicitly state how this should occur. Depending on the abilities and needs of the community, a Navigator may be hosted with a relevant partner. It is imperative that the Navigator is able to meet the requirements listed on Page 2 of the RFA.

4. Can you tell me if these funds would be state or federal funding?

The Road to Resilience Partnership program is supported by the federal Child Abuse Prevention Treatment Act (CAPTA) funds (Page 2).

5. In reviewing the Road to Resilience Partnership Program RFA, Part III – Policies and Procedures, page 15, I have a question about the bullet point “Comprehensive Assessment/Core Values (Maximum 45 points) under the Application Rating and Scoring section. My question is: Are we being scored the Maximum 45 points by describing how we would address the core values in our plan from the list of values on page 8 under section 2. Implementation Plan in the RFA? Or, is there another meaning that describes the Comprehensive Assessment/Core Values?
Yes, the applicant will be scored on how well they address the core values listed on Page 8. This is one component of the Implementation Plan, and is included in the five page maximum total.

6. **We have in the past experienced difficulty obtaining a letter of support (whether it be an MOU, LOI, LOS, etc.) in a timely manner from our county child welfare agencies due to the bureaucracy of such large government entities. Usually, the timeframe to obtain such a letter is beyond the deadline for a solicitation we are submitting. Is a statement of intent from our county government agencies a required attachment at the time of submission?**

The OCAP hopes that the extended deadline to December 28th, 2018 will assist with this challenge. Applicants should make all efforts to obtain a statement of intent, if a Memorandum of Understanding (MOU) cannot be obtained. In the event that neither can be obtained, the OCAP will take into consideration a detailed plan of how the applicant will ensure that an MOU will be obtained prior to the execution of any grant agreement. MOU’s are referenced on Page 1 of the RFA.

7. **Will the review committee be interested in our work with this population outside of the 0-12 months?**

The target population for this RFA is pregnant women with known histories of substance use, pregnant women with current substance use, and mothers of substance-exposed infants, which is defined as an infant aged 0-12 months whose health or safety is affected by the mother’s prenatal or perinatal use of alcohol or other drugs (Page 2).

8. **Are we to provide an annual budget/narrative for each year of the funding cycle that is three separate budgets narratives submitted on the posted Excel Spreadsheets?**

Yes, three budgets and narratives will be provided for Fiscal Year 2019-2020, 2020-2021, and 2021-2022.

9. **For a partnership, does it have to be with an organization like Indian Health Services, or can we partner with a professional individual?**

Partnering with either county child welfare or tribal child welfare is a requirement of eligibility in this RFA (Page 2). Any other partnerships with tribally-affiliated organizations or individuals that would be beneficial to service provision can be included in the application.

10. **I am reviewing the Road to Resilience RFA and am wondering if anything under $400,000 will be awarded to an applicant.**
Applicants with proposed budgets and budget narratives under $400,000 will be considered.

11. Would OCAP please provide a further scoring breakdown of the parts of the Narrative Report?

- Problem Statement: 36 points
- Plan and Implementation: 39 points
- Sustainability: 10 points
- Funding Maximization: 10 points
- Collaboration: 5 points
- Past Performance: Subtract up to 12 points based on severity of out-of-compliance issues on previous OCAP grants

12. Will OCAP please define what a “health service provider” is (ie: must this be a primary care clinic, or could this also include a substance use treatment facility, or mental health treatment facility)?

A health service provider is defined as an organization that provides medical services to individuals in the community. Any organization that is capable of providing medical services that meet the needs of the target population would be an appropriate health service provider for the purposes of this RFA. This may vary depending on the needs and capacity of the community.

13. On page 3, in section E.4 (“Restrictions on How Funds Must Be Used”), the RFA states: “OCAP cannot reimburse or supplement funding for services already funded by OCAP or other government programs, such as Denti-Cal or Medi-Cal.” Does this restriction mean, essentially, no double-dipping? Or does it restrict us from providing service enhancements (i.e., new and additional services not already provided or paid for by the other government programs) to populations who are participating in, for example, Medi-Cal funded services?

a. Would the following scenario be allowed, according to the restriction on supplementing funding?: An outpatient substance use treatment program, funded by a county department of health (“other government program”) provides treatment services to pregnant and parenting women at a specific program site; the program operator proposes to use this OCAP funding to provide in-home case management to these women and their families in order to optimize their chances to achieve and maintain recovery and to ensure the wellbeing outcomes for the infants and children in the family.

No, this restriction does not preclude the applicant from providing service enhancements to populations who are participating in Medi-Cal funded services. The described scenario is not, based on this description, an ineligible use of
funds. As listed in the RFA cover letter, preference will be given to agencies in geographic areas lacking in resources to serve this population.

14. Why is “Collaborative Participants” listed as a separate component on page 7?

This was unintentionally added as an item in the numbered list on Page 7. Information related to collaborative participants is included in the Narrative Report (Document A).

15. On page 8, in Part II (“RFA Instructions”), section B.1 (“Problem Statement”), the second bullet point instructs proposers to “describe current funding and services related to collaborative partnerships for maternal support services in your community/service area.”

   a. In this prompt, is OCAP asking for information about the proposer’s current funding/services provided through collaborative partnerships, or is OCAP asking for information about all of the current funding/services for collaborative partnerships in the service area?
   b. Can OCAP please provide a concrete definition of “collaborative partnership”?

(a) The OCAP is asking the applicant to describe all maternal support services that are provided via a collaborative approach, and how these services are funded. This allows the OCAP to better understand the capacity of collaborative partnerships in the applicant’s community to provide maternal support services. (b) The term collaborative partnership refers to a group of individuals or organizations coming together to mutually solve a problem that impacts all parties.

16. On Page 8, in Part II (“RFA Instructions”), section B.1 (“Problem Statement”), the third bullet point instructs proposers to “describe the gaps and/or barriers your partnership/community has identified in existing collaborative approaches as they relate to providing support services to the target population and possible substance exposure to infants.”

   a. If the proposed service area does not currently have any existing collaborative approaches serving the target population, how should proposers answer this question?
   b. Are proposers to discuss only those gaps in/barriers to services as they are related to existing collaborative approaches, or can we discuss other gaps in/barriers to services that we have identified?

(a) Proposers should indicate this in their application. (b) Only provide information about gaps and barriers as they relate to collaborative approaches to providing support services for the target population. This may include information about challenges associated with creating or maintaining collaborative approaches.
17. On page 8, in Part II (“RFA Instructions”), section B.2 (“Implementation Plan”), the fourth bullet point instructs proposers to “describe how you will share the results (outcomes) of the project with OCAP.” What methods are preferred? Are there required reporting periods and/or report formats?

The applicant should utilize this section of the application to indicate their intended methods for sharing outcomes with the OCAP. The OCAP will provide additional information about reporting periods and report formats to awarded applicants.

18. On page 10, in Part II (“RFA Instructions), section B.9 (“Applicant Qualifications), the second bullet point instructs proposers to “describe the expertise in managing collaborative partnership approaches that makes you the best candidate.” Is OCAP looking for any specific data or indicators of successful partnerships here?

The applicant may utilize any qualitative or quantitative data or narratives to respond to this question.

19. On page 11, in Part II (“RFA Instructors”), section B.10.1 (“Budget Categories”), the RFA states that there is a maximum of 10% for Indirect Costs. If an applicant has a documented Federally Approved Indirect Rate that is higher than 10%, can the applicant use their Federally Approved Indirect Rate?

No, the maximum of 10% for Indirect Costs is a strict requirement of this grant.

20. In “Document A: Narrative Report,” the formatting restrictions state that there is a 180,000 character limit. Does this limit count spaces as characters?

No.

21. The template for “Document C: Scope of Work” is labeled “Exhibit A,” but it is listed in the RFA (on pages 7, 9, and 19) as “Document C.” To avoid confusion, can OCAP please provide a Scope of Work template that is labeled “Document C”?

The OCAP will not be making this change at this time, as applicants have already downloaded and began utilizing the information that is provided on the OCAP website. Applicants may refer to their Exhibit A-Scope of Work document as Document C Scope of Work when referencing this document.

22. Would it be possible to get a copy of the CDSS Standard Agreement as referenced in PDF pages 18-20 of the RFA?

A copy of the CDSS Standard Agreement will be sent to awarded applicants for review prior to completing full award packages.
23. *Does every navigator have to be co-located at a health service provider?* For example, if we had 4 navigators, could some of those be based in Family Resource Centers?

This situation would be unique to each applicant, and should be described in the application.

24. *Are you suggesting that the agency who applies should also be the one who provides on-site services (referencing p. 21 of RFA)?*

The Lead Agency will not necessarily be the agency providing on-site services.

25. *Do you have proposed evaluation tools/indicators you expect to be collected/measured?*

The OCAP anticipates that this will be unique to each applicant based on service provision.

26. *If a family engages in services prior to age 1 of the child, can the family continue to be funded under this stream? Up to what age or for what time period?*

Yes, if a family engages in services prior to age 1 of the child, the child is within the definition of a substance-exposed infant. The length of time of service should be considered by the applicant given the time limits of this grant, and should be considered in the sustainability plan.