

04/06											
47	<p>We are currently funded for a Family Support Home Visiting program. We are considering submitting a proposal for SafeCare in Family Preservation/Placement Prevention. What is the difference between these models and how would we distinguish the target population for Safe Care from our other home visiting program?</p> <p><i>SafeCare is one of the recommended evidence-based home visiting models for the PSSF Family Preservation/Placement Prevention service model that is used for families when child abuse has occurred to address the issues that resulted in maltreatment. The evidence-based Family Support/Home Visiting service models are focused on the prevention of child abuse in low risk families to increase parental capacity to care for their children. You need to consult with established and potential referral sources to decide which is better suited for your community. If you are considering SafeCare, consult with your local county DFCS as they would be a direct source of referrals and should be able to help assess the extent of the need and whether or not both types of programs are necessary.</i></p>										
48	<p>Would we be able to accept referrals from outside the primary and secondary service areas we identified in our proposal, should we receive them?</p> <p><i>You are not prohibited from serving a county that you have not identified in your proposal provided you have the capacity and resources to do so and you expect sufficient referrals from sources to support that expanded service area.</i></p>										
49	<p>Do we need to obtain a DFCS Acknowledgement form from each county in our proposed service area?</p> <p><i>You only need to provide one DFCS Acknowledgement in your proposal and ideally it should be from the county that is your primary service area.</i></p>										
50	<p>In the TLR Supervised Visitation service model, transportation is not required on the service plan. If we are not required to provide transportation, how are children transported to and from visits?</p> <p><i>Transportation is not required because some communities have other resources to transport children to and from visits. PSSF supervised visitation centers are expected to provide and/or facilitate transportation to remove that barrier. This may mean providing transportation by staff or volunteers identified and included as a service in the proposal. It may be a shared responsibility with the caseworker and/or foster parents and some of it included in the PSSF proposal. Or it may be covered completely by DFCS and/or foster parents and/or another community resource. Be sure you have adequately explored the transportation issue especially if you are serving a broader area. Children are often placed out of county and may be outside of your proposed service area. How will this impact services, including transportation? You should address all this in the section about barriers and challenges in the proposal narrative questions about engagement. If you do not have a solid plan to address the transportation barrier, you will have a hard time meeting your other deliverables.</i></p>										
51	<p>We have tried to contact our local DFCS to arrange to meet and get the DFCS Acknowledgement form signed. We have not been able to get through to anyone on the main number for our primary county. Is there another way we can reach the county director?</p> <p><i>We have emailed you that county director's phone number that we have on file. We also recommend that you send an email explaining why you want to meet and your timeline. Include a copy of the form and some description of your proposal (service model). If you continue to have trouble reaching someone and setting up a meeting, you may also contact one of the county directors for any secondary counties you propose to serve.</i></p>										
52	<p>We provide Case Management services to two types of families, 1) those who are receiving in-home services and 2) those who are receiving group services only. The way we provide the service to the families, regardless of whether they are receiving in-home or group services is the same...with the exception of the amount of time spent each month on case management activities. (More time for in-home families, less time for group families).</p> <p>Is it acceptable to: Option A, complete one S form for both but just explain the amount of time spent for the in-home and group families on Question 2 which is "Estimate average amount of case management (time) anticipated to support service plan per case per month." Or Option B, do we need to complete separate S forms for case management for the in-home and group families?</p> <p><i>Option A is acceptable and preferred.</i></p>										
53	<p>We are seeking to apply for Supervised Visitation Services funding. When reviewing the California Evidence Based Clearinghouse for programs, we see three that fall into the category of Supervised Visitation as a practice. Are we limited to the three that are identified on the CEBC?</p> <p><i>At the Bidders meeting we cited supervised visitation as a model for which the evidence-based component was the parent coaching which needed to be based on an evidence-based parent education or parent training curriculum. Extensive practice guidelines for supervised visitation services for that model are included in the SoN.</i></p>										
54	<p>Our corporate secretary is unavailable to sign the required corporate resolution. Is there someone else on the executive committee that could sign the Corporate Resolution?</p> <p><i>Any officer identified on the SOS Screenshot can sign the corporate resolution, if the articles of incorporation for the agency allow that.</i></p>										
55	<p>On the Current Contractor Report, 1a asks for the average number of cases receiving services for quarters one and two. It then asks for YTD (Q1+Q2) and %YTD. Can you clarify what is being asked?</p> <p><i>For "Average # of cases receiving services": "Reported for Q1" is the actual average # of enrolled cases receiving services for the quarter from the Q1 summary report. "Reported for Q2" is the same information from the Q2 report. "YTD (Q1+Q2)" should be the average of these two averages. From Quarterly Summary Report...</i></p> <table border="1" data-bbox="354 2166 1341 2247"> <tr> <td># enrolled cases services reported</td> <td>18</td> <td>22</td> <td>22</td> <td>21</td> </tr> <tr> <td>% enrolled cases receiving services</td> <td>82 %</td> <td>100 %</td> <td>100 %</td> <td>94 %</td> </tr> </table> <p><i>"YTD (Q1+Q2)" is the average of what you report for Q1 and Q2.        The %YTD is the average # reported as "YTD (Q1+Q2)" as a percentage of your proposed monthly caseload.</i></p>	# enrolled cases services reported	18	22	22	21	% enrolled cases receiving services	82 %	100 %	100 %	94 %
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56	<p>When providing information for the Current Contractor Report, you are looking for total cases served, should we include the cases we were serving in FFY2016 that carried over to FFY2017? Or just the new cases we have opened in FFY2017?</p> <p><i>You report on all cases that were provided services from October 1, 2016 – March 31, 2017.</i></p>										
57	<p>The Total Cost column on our Service Delivery Schedule adds up to \$99,999.60. I know we cannot go over \$100,000. Is this amount okay for a \$100,000 total budget request? Would it be okay to manually type in the total reading \$5,559.60 to \$5,560 so the column total will add up to \$100,000?</p> <p><i>The instructions in the SoN say that the total on the SDS does not have match the total expenses to the penny. Come as close as you can without going over. DO NOT override any formulas by forcing an amount.</i></p>										