

**Intimate Partner Violence
Family Assessment Intervention Response
(IPV-FAIR)**

REQUEST FOR PROPOSALS



July 17, 2015

**State of Connecticut
Department of Children and Families**

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**STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES
505 Hudson Street
Hartford, CT 06106**

REQUEST FOR PROPOSALS (RFP)

PROGRAM TITLE

Intimate Partner Violence - Family Assessment Intervention Response (IPV-FAIR/FAIR)

OVERVIEW

On January 9, 2015, the Department of Children and Families (DCF/Department) published an RFP for a new service entitled, Intimate Partner Violence – Family Assessment Intervention Response. On July 1, 2015 services commenced. Additionally, on July 1, 2015, the Department received additional funding to expand this service and realign the IPV-FAIR Teams with the DCF Regional structure. This RFP is being published to secure 1.5 additional FAIR Teams.

The Department of Children and Families is seeking proposals from contractors to deliver a supportive service array of assessment, interventions and linkages to services to address families impacted by intimate partner violence (IPV). The Department recognizes that intimate partner violence is a complex, multi-faceted issue that requires effective approaches that are safe, flexible and able to address the myriad of challenges specific to each family. The mission of the Department is to work together with families and communities for children who are healthy, safe and strong. The goal of this new service is to establish a comprehensive response to intimate partner violence that offers meaningful and sustainable help to families that is safe, respectful, culturally relevant and responsive to the unique strengths and concerns of the family. It is also our intention to base this service on the most current best practice standards of the field. To enable children to do well and thrive in their homes free of IPV, all families impacted by IPV and serviced through this new program will receive an assessment and intervention that meets their individual needs and respects their unique strengths. Every person and system involved with a child's care will work in partnership to ensure positive outcomes for the children and their families. Each contractor will be responsible for the delivery of key clinical services as well as assertive linkages to existing community based services. The IPV-FAIR contractor will seek to respond to all family members, including both caregivers and the children.

SCHEDULE

RFP Development	Fall 2014
RFP Published	July 17, 2015
Non-Mandatory TA - Bidders Conference	July 31, 2015
Deadline for Submission of Questions	August 3, 2015
Questions and Answers Posted to Website	On or about August 7, 2015
Deadline for Receipt of a Mandatory Letter of Intent*	August 10, 2015
Deadline for Receipt of Proposals	September 10, 2015
Anticipated Date of Contract Execution	November 1, 2015

* **Note:** A Letter of Intent is a mandatory requirement. Proposals received without a letter of intent submitted by the deadline will not be reviewed.

SOURCE OF FUNDS

This initiative will be funded by state dollars to be awarded through the Department based upon a competitive procurement process. Any and all awards will be contingent upon the continued availability of state funding.

AMOUNT AND TERMS OF AWARD

The Department plans to fund two Intimate Partner Violence Service programs, one to serve each of the following combinations of area offices. The composition of the areas is below:

Region 1	Region 5
Bridgeport	Torrington
Norwalk	Danbury

The annualized amount for Region 1 (Bridgeport and Norwalk) will be \$390,000. The annualized amount for Region 5 (Torrington & Danbury only will be \$195,000). Applicants may apply for a single Region or both Regions.. **A separate application is required if applicants are responding to serve more than one regional area.**

PERIOD OF AWARD

The funding period will be determined in conjunction with the contractor(s) based upon the anticipated start of the service; up to a three-year contract will be executed. Continued funding will be contingent upon performance of the contractor(s) and the continued appropriation and availability of funds to the Department.

DISPOSITION OF PROPOSALS

The Department reserves the right to reject any and all proposals, or portions thereof, received as a result of this request, or to negotiate separately any service in any manner necessary to serve the best interests of the Department and those it serves. The Department reserves the right to contract for all or any portion of the scope of work contained within this RFP if it is determined that contracting for a portion or all of the work will best meet the needs of the Department and those it serves.

ELIGIBILITY

Applications will be accepted from private and public agencies in good standing with the State of Connecticut. A current investigation of Medicaid fraud or a judgment involving Medicaid fraud within the past five (5) years excludes a contractor from participation. Proposals from applicants who appear on the United States General Services Administration Excluded Parties List or the

State Debarred Contractors List will not be considered. Consideration will be taken for applicants whose agency has required one or more corrective action plans in the past two years. Such applicants are not automatically ineligible but it may be a factor depending on circumstances.

SUBCONTRACTING

The Department strongly supports and encourages broad community involvement. Applications evidencing meaningful partnerships and contractual relationships with qualified organizations and entities reflective of the communities to be serviced will be viewed favorably. The use of subcontracting should be considered to address capacity issues of the region, and promote community-based, culturally and linguistically competent services.

Subcontracting may be used to ensure that services are available throughout the region and delivered within communities in which the families live in an effort to deliver culturally competent and linguistically appropriate services. Subcontracting may be used to ensure that services are available throughout the region. If an applicant is intending to submit an application in which a sub-contractor will be utilized for some portion of a service element, a justification for sub-contracting and a detailed delineation of exactly what components of the service model the contractor versus the subcontractor will be providing must be included. Subcontractors must meet the eligibility criteria listed above. The contractor will be fully accountable for the performance of the subcontractor.

INSURANCE

The contractor will carry insurance (liability, fidelity bonding or surety bonding and/or other) during the term of this contract according to the nature of the work to be performed to “hold harmless” the State of Connecticut from any claims, suits or demands that may be asserted against it by reason of any act or omission of the contractor, subcontractor or employees in providing services hereunder, including but not limited to any claims or demands for malpractice. Certificates of such insurance shall be filed with the Department prior to the performance of services.

AFFIRMATIVE ACTION

All awarded agencies will be required to submit an affirmative action plan prior to the execution of a contract. It is not necessary for Applicants to submit an affirmative action plan at the time of the response.

TECHNICAL ASSISTANCE/BIDDERS CONFERENCE

A non-mandatory, Technical Assistance (TA)/Bidders Conference is scheduled for July 31, 2015 from 2:00 – 4:00 at the following location:

The Connecticut Association of Foster and Adoptive Parents
2189 Silas Deane Highway
Rocky Hill, CT 06067

NOTE: Copies of the RFP will not be available at the TA meeting. Respondents are asked to bring a copy of the RFP with them to the TA for reference.

QUESTIONS

Questions concerning this RFP and its content must be received no later than via e-mail directed to Stacie Albert, e-mail: stacie.albert@ct.gov. The Department will post responses to the DAS website http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=49 on or about **August 7, 2015**

Any form of ex parte contact regarding this RFP or any proposal being prepared or being considered under this RFP, whether directly or indirectly is hereby strictly prohibited. This includes, but is not limited to, any contact with any Department employees asking them for advice, information, or support. Violations may result in the rejection of any and all proposals submitted under this RFP by such respondent(s). Any inquiries or requests regarding the RFP must be submitted to the RFP Contact Person via the Question and Answer process noted herein.

LETTER OF INTENT & CONTACT PERSON

A non-binding Letter of Intent **is required**; no application will be reviewed for award from any Respondent who has failed to submit a Letter of Intent within the specified time frame. Letters of Intent should be directed to and received by the contact person noted below no later than **3 p.m., Eastern Time, on August 10, 2015**. Faxed or e-mailed copies of the Letter of Intent will be accepted.

Stacie Albert
Department of Children and Families
505 Hudson Street
Hartford, CT 06106
Email: stacie.albert@ct.gov; Fax: 860- 560-7084

Please notify the DCF contact person if, within 24 hours of your having e-mailed or faxed your Letter of Intent to the Department, you have not received a confirmation of its receipt.

GRANT APPLICATION DEADLINE

The contact person (see below) must receive one (1) original and eight (8) copies of each Respondent's application. The copies must be received by Judi Jordan no later than **3 p.m., (local time), on September 10, 2015** at the following DCF location (see also "Application Instructions" section):

Judi Jordan
Director of Grants Development and Contract Management
Department of Children and Families
505 Hudson Street
Hartford, CT 06106

Each copy must be complete, collated, and ready for reviewers. Please clip submissions; do not use binders. Please note that faxed or electronic versions (e.g., e-mailed) of the application will not be accepted. Also, **no applications will be accepted for review after the due date and the time stated above.**

BACKGROUND

Intimate Partner Violence (IPV) occurs in every culture, country and age group. It affects families from all socioeconomic, educational, and religious backgrounds, and arises in both heterosexual and same-sex relationships. IPV is an important public health problem that affects the lives of millions of persons in the United States.

The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report and the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention(CDC); 2011, presented some key findings regarding violence by an intimate partner. Approximately 1 in 4 women (24.3%) and 1 in 7 men (13.8%) have experienced severe physical violence by an intimate partner (e.g., hit with a fist or something hard, beaten, slammed against something) at some point in their lifetime. An estimated 10.7% of women and 2.1% of men have been stalked by an intimate partner during their lifetime. Most female and male victims of rape, physical violence, and/or stalking by an intimate partner (69% of female victims; 53% of male victims) experienced some form of intimate partner violence for the first time before 25 years of age.

Exposure to Intimate Partner Violence (IPV) greatly impacts children as well. Estimates suggest approximately 17 million children are living in homes with IPV in the United States (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). In the National Survey of Children's Exposure to Violence (Hamby, Finkelhor, Turker & Ormond, 2011), one in fifteen (6.6%) youth reported exposure to IPV between their parents or a parent and his/her partner in the last year. Eighteen percent (18%) of youth were exposed to IPV in their lifetime and ninety percent (90%) of those reported witnessing the violence. Seventy-five percent (75%) of the children exposed to IPV were involved in the violent incident. Thirty-seven percent (37%) were physically involved, thirty-five (35%) were a part of the precipitating events and twenty-five percent (25%) called for help.

It is well documented that exposure to IPV can result in significant psychological difficulties and negative outcomes for children (Kitzmann, Gaylord, Holt, & Kenny, 2003). Research suggests that children who have been exposed to domestic violence are more likely than their peers to experience a wide range of difficulties. These difficulties fall into three main categories:

- **Behavioral, social, and emotional problems.** Children in families experiencing domestic violence are more likely than other children to exhibit aggressive and antisocial behavior or to be depressed and anxious (Brown & Bzostek, 2003). Other researchers have found higher levels of anger, hostility, oppositional behavior, and disobedience; fear and withdrawal; poor peer, sibling, and social relationships; and low self-esteem.
- **Cognitive and attitudinal problems.** Children exposed to domestic violence are more likely to experience difficulties in school and score lower on assessments of verbal, motor, and cognitive skills. Slower cognitive development, lack of conflict resolution skills, limited

problem solving skills, pro-violence attitudes, and belief in rigid gender stereotypes and male privilege are other issues identified in the research (Brown & Bzostek, 2003; Edleson, 2006).

- **Long-term problems.** Research indicates that males exposed to domestic violence as children are more likely to engage in domestic violence as adults; similarly, females are more likely to be victims (Brown & Bzostek, 2003). Higher levels of adult depression and trauma symptoms also have been found (Silvern et al., 1995).

Additionally, children living in homes with IPV are at significant risk for child maltreatment with a recent study indicating one third (1/3) of youth exposed to IPV also report experiencing child maltreatment in the last year (Hamby, Finkelhor, Turner, & Ormrod, 2010). Seventy six percent (76%) of child maltreatment is perpetrated by a biological parent with forty three percent (43%) of those cases at the hands of biological fathers (Sedlak et al., 2010). Studies indicate more than sixty percent (60%) of men who are arrested for IPV are in a father role (Rothman, Mandel, & Silverman, 2007) and more than sixty percent (60%) of children continue to live with or visit their fathers regularly following an incident of IPV (Israel & Stover, 2009).

In 2012, to strengthen the response to families impacted by IPV, the Department of Children and Families (DCF) organized the Office of Intimate Partner Violence (IPV) and Substance Use Treatment and Recovery. The IPV portion of the Office was developed to reduce the impact of intimate partner violence on families and to promote and enhance effective intervention initiatives. In Connecticut, there are approximately 20,000 family violence incidents annually resulting in at least one arrest. Seventy three percent (73%) were intimate partner violence incidents. (Connecticut Coalition against Domestic Violence, 2014 Fatality Review report) The DCF internal data on families also shows that violence is occurring within homes in Connecticut, as indicated with the following 2013 DCF data. In Calendar year 2013, the Department received 23,340 reports. Of those reports, there were allegations of intimate partner violence in 5,779 reports. In regards to Intimate Partner Violence reports, sixty-five percent (65%) were served through the investigation track, and thirty-five percent (35%) through the Family Assessment Response (FAR), DCF's Differential Response track. There were 2836 of the 2013 reports that had co-occurring IPV and substance use, consistent with studies that indicate a very strong intersection between IPV and substance use. Studies of IPV frequently indicate high rates of alcohol and other drug use by offenders during abuse. Not only do offenders tend to abuse drugs and alcohol, but IPV also increased the probability that victims will use alcohol and drugs to cope with abuse. Consistently over the last 13 years, the number and percent of accepted reports that include allegations of intimate partner violence from calendar year 2000 through calendar year 2013 remain consistent at approximately 21%. This reflects only the reports that are received with allegations and does not reflect the additional instances of domestic violence discovered through assessment. In 2013, approximately 11% of substantiations were of emotional neglect which included impact on the child due to exposure to domestic violence.

In 2013, a Request for Information (RFI) was issued by the Department to assist in the redesign of the Intimate Partner Violence Service array to be offered through the Department. Seventeen (17) responses were received from stakeholders, including community providers and advocates.

The responses were reviewed and included the following recommended practices, which are critical to moving the intimate partner violence work forward in Connecticut:

- Increase service coordination and cooperation among all stakeholders, including clients, associations, courts, DCF, providers, spiritual and faith based communities and other stakeholders;
- Enhance the ability to address the lower and mid-level safety and risk cases, which frequently do not have court involvement to motivate service compliance;
- Develop a consistent service array statewide;
- Increase cultural awareness; impact of culture on intimate partner violence presentation and intervention methodology;
- Increase length of services to four months - exceptions may be made for an additional 2 month length of service based on case specific needs;
- Strengthen relationships between DCF staff and intimate partner violence providers;
- Use the Greenbook Initiative and national best practice standards to further inform the development of intimate partner violence services.

During 2014, in an effort to build a much broader continuum of services to meet the diverse needs of the community, the department provided training and support for CT's 18 domestic violence shelters to offer Moms Empowerment and Kids Club, an evidence-based intervention for mothers who have left a domestic violence relationship and their children. The Connecticut Coalition against Domestic Violence (CCADV) has contracted with the Department to offer Moms Empowerment and the Kids Club to their shelter residents. Additionally in 2014, Safe Dates an evidence based program that targets attitudes and behaviors associated with teen dating abuse and violence was also offered to staff at DCF, CCADV and a number of community based service providers.

On July 1, 2015, IPV-FAIR was initiated in the New Haven, Milford, Waterbury, Norwich, Middletown, Willimantic, Meriden, New Britain, Hartford, and Manchester. Additional funding was secured and this RFP is soliciting for the additional sites to implement IPV-FAIR.

Service Delivery Requirements

Target Population for IPV-FAIR

The target population will be DCF Child Protective Services (CPS) and Family Assessment Response (FAR) families impacted by intimate partner violence. The Family Assessment Response (FAR) families will be implemented at a later time to be determined.) Some of the specific types of family situations that would be appropriate for this service delivery model include:

- Intact families
- Estranged families with a potential for reconciliation or continued co-parenting
- Estranged families with no desire for reconciliation or ongoing contact

- Family situations where there may or may not be a no contact civil or family court order and/or if there has been an arrest.
- High Risk situations may be appropriate but may require additional coordination with DCF and referral to and coordination with additional linkages.

IPV-FAIR MODEL OF CARE

The Department is seeking contractors to deliver a comprehensive array of services to address intimate partner violence both within the agency setting and within the home/community, based on the individual needs of the family.

Within this array of services, the contractor will be responsible to deliver services that are:

- Family focused and strength based – operate from the belief that all families have strengths and abilities; work together with parents and their supports; provide services and resources to help meet the needs of families; and help connect families to their community. The service will require a comprehensive approach tailored to the individual family's needs determined through a full assessment of the family members.
- Trauma informed – recognize that individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being. (SAMHSA, 2014)
- Holistic - offer comprehensive services that are designed to respond to a family's multiple needs which may include substance use, trauma, mental health counseling, housing, parenting, and economic support. The service will support the family in the challenges of navigating multiple systems and integrating them as much as possible.
- Flexible - amend array of services to meet the changing needs of the family.
- Collaborative - work together with other involved providers on behalf of and with the family.
- Coordinated - develop family service plans that include goals and objectives to address the needs of each family member. The service will maintain a strong focus on safety for all family members.
- Accountable - adhere to standards and accepted best practices for treatment, establish and track qualitative and quantitative outcome measures and evaluate services on the basis of outcomes and client satisfaction.

SERVICE PROVISION COMPONENTS-

Family Engagement - Family engagement begins with the very first contact with the family. A critical component of family engagement is an effort to establish a working partnership with the family in achieving goals and objectives that will be developed collaboratively between staff and all identified family members. The families receiving services are approached, engaged and cared for in a culturally and linguistically competent manner, including but not limited to: cultural identity, racial and/or ethnic, religious/spiritual ascription, gender, physical capabilities, cognitive level, sexual orientation, and linguistic needs.

Screening and Assessment - The contractor will conduct a comprehensive screening and assessment based on current best practices as a basis for family service planning. A comprehensive screening and assessment is inclusive of safety, risk, intimate partner violence, substance use, medical, educational and behavioral health needs. Screening is a brief and focused method to identify if IPV exists and if so to identify the key family members involved. Assessment is an ongoing process that begins at the time of referral through the completion of services. The assessment, utilizing appropriate evidence-based assessment tools will integrate information collected from a variety of sources including but not limited to: direct observation, self-reports, DCF and/or Community Partner Agency (CPA) and information obtained through collateral contacts. The assessment will help guide the family service planning and the service delivery process. The assessment will assist in the determination of low, medium and high safety risk. This initial assessment shall be completed within the forty-eight (48) hours of first meeting and a written family service plan will be developed with the family within the first two (2) weeks of intervention. The Department will utilize Qualtrics (an online survey program) through tablets to administer the assessments and provide a summary of the identified needs determined through the assessment tools. There will be no costs associated with utilizing the assessment tools.

The assessment tools include:

- Abusive Behavior Inventory (ABI)
- Child Exposure to Violence scale (CEVS)
- Multidimensional Anger Inventory (MAI)
- Confusion, Hubbub, and Order Scale (CHAOS)
- Danger Assessment Scale (DAS)
- Depression Anxiety Stress Scales (DASS-1)
- Difficulties in Emotion Regulation Scales (DERS)
- Abusive Behavior Inventory (ABI)
- Substance Abuse Screening Inventory (SASI)
- NIAA Alcohol Use Screen
- Parental Acceptance Rejection Questionnaire (PARQ)
- Parental Reflective Functioning Questionnaire (RRFQ)
- Pediatric Emotional Distress Scale (PEDS)
- People in my Life Scale (PIMLS)
- Quality of Co-parental Relationship Scale (QCPRS)
- Rumination-Reflection Scale (R-RS)
- Strengths and Difficulties Questionnaire (SDQ)
- Structured Trauma Related Experiences & Symptoms Screen-Child
- Structured Trauma Related Experienced Screen – Adult
- Structured Trauma Related Experiences & Symptoms Screen – Caregiver
- McLean Screen BPD

Safety Planning – Safety plans will be developed utilizing the Victim Inventory of Goals, Options & Risks (VIGOR), developed by Sherry Hamby, Ph.D. & Sarah Clark, to enhance and ensure safety

by assessing risk and developing a personalized, practical plan to increase safety. The safety planning will include identifying goals for the family; identifying risks; identifying strengths and resources; and identifying options. Safety plans are expected to be changed or amended based on the needs of the family and any change in the family situation.

Family Service plan – An IPV-FAIR family service plan is developed to assist all family members in engaging in the appropriate services to help maximize the safety and stability of the home, address trauma and other co-occurring treatment needs, and to coordinate the development of safety planning and address treatment needs. All families have strengths and the goal is to build on these strengths in order to meet the family needs. Family involvement and self-determination in the family service planning process is critical. It is the expectation that efforts will be made to engage all family members.

Supportive Service Array - Supportive services may be clinic based and also occur in the home and/or other locations convenient to the family. The provider will offer/refer individual, group, family, and/or support interventions for the family, based on assessed needs. This may include:

- Parent/child relationship - including but not limited to: communication, bonding, attachment, insight/ability to respond to child's needs;
- Parent education and skill building - including but not limited to: knowledge of impact of IPV upon their well-being and the well-being of their children, structure and limit setting, supervision, discipline, child development, effective communication, conflict resolution, crisis management, problem-solving;
- Trauma screening – screen for trauma of parents/children, help parents understand the impact of IPV and trauma, assess impact of trauma on family functioning and parenting, and refer family to trauma-informed services if not accessible through provider agency;
- Resource provision – connect the family with state and community resources and options to improve family functioning and support long term sustainability. (See potential linkages below);
- Identify and eliminate barriers to success. For example, provider may provide transportation;
- Provide services/linkages for the children affected by IPV to adequately address trauma;
- Provide face-to-face and additional phone contacts throughout the week. It is the expectation that face to face contact with the family will be 1 - 3 times per week, based on treatment needs. Additional phone contact will supplement the face to face contact;
- Maintain flexibility to increase hours and frequency of contact based on family circumstances;
- Establish and maintain a minimum of bi-weekly contact and communication with the Department through phone calls, e-mails and regularly scheduled monthly team meetings (see below).

Crisis Intervention - The contractor will provide 24-hour emergency and crisis intervention through phone, pager, or face-to-face availability. The provider will maintain close contact with

its clients that allows for immediate identification of crisis and ongoing clinical follow-up services as necessary.

Community Connections and Support Linkages - In order to support an increase in family strength, resilience and the ability to manage family disruptions and risks, the contractor will work in collaboration and in an integrated fashion with other community connections and supports. The contractor will respond to referrals, coordinate communication, complete assessments, engage in treatment and/or refer to linkages based on the type of need of the family. It is expected that contractors may not have all the expertise or resources needed to meet the complex needs of every family affected by intimate partner violence. Families experiencing the overlap of intimate partner violence and other risk factors, such as child abuse/neglect, substance use, mental illness, trauma and psychological stressors, should be assisted through intra and inter-agency linkages. The assertive linkages to existing community based services will be necessary to meet the comprehensive needs of the family. Some of these linkages may include:

- Evidence based trauma intervention for adults and children
- Interventions for IPV offenders
- Supportive Housing
- Domestic violence shelters
- Early Childhood Consultation Programs
- Behavioral health services
- Medical and Dental services
- Vocation/education programs
- Community Action Agencies
- Faith based organizations
- Transportation
- Child care

The contractor will establish and use linkages to natural supports, including faith-based and community grass roots organizations and groups, informal and non-traditional resources. The contractor will also receive support from the Intimate Partner Violence Specialists embedded in each DCF Area Office. (See Intimate Partner Violence Services Flow Chart below)

Promising Practice Treatment Model -

Fathers for Change - Consistent with the department's efforts at increased fatherhood engagement, the IPV-FAIR project will include a requirement for use of the Fathers for Change model. The Fathers for Change treatment model is an integrated approach to IPV that acknowledges the status of men as fathers in conceptualization and delivery of interventions for IPV. The Fathers for Change model also addressed the co-morbid substance use disorders and IPV perpetration with an emphasis on paternal parenting.

Fathers for Change is designed for fathers who have young children (under 10 years) and a history of Intimate Partner Violence, defined as threatened or actual sexual or physical violence against an intimate partner. The Fathers for Change intervention includes 14 topics to be delivered in 60 minute sessions of individual treatment over approximately 16 weeks. The intervention combines family systems and cognitive behavioral theory and with the goals of: 1) cessation of violence and aggression; 2) abstinence from substances; 3) improved co-parenting; 4) decreased negative parenting behaviors; and 5) increased positive parenting behaviors.

Following assessment, treatment begins with individual-focused sessions followed by co-parenting focused sessions and finally restorative parenting sessions (that may include his children). The areas of focus for each of the three phases of Fathers for Change are: 1) abstinence from aggression and substance abuse; 2) co-parenting; 3) parenting/father-child relationship. Fathers for Change is unique in its focus on the paternal role throughout treatment, both in terms of the father-child and the co-parenting relationships. The central premise is that focus on men as fathers and increasing their feelings of competence and meaning within their parenting role, will provide motivation to change maladaptive patterns that have led to use of aggression and substances to control negative or inefficacious feelings.

Fathers for Change is an individual treatment with an optional co-parent component to include the partner (if the partner wishes to participate). The program begins with sessions designed to enhance motivation by focusing on the role of men as fathers to young children, child development and the impact of violence and substance use of men as fathers to young children, child development and the impact of violence and substance use on parenting, and the father's own childhood experiences of substance use and trauma to highlight the multigenerational nature of these problems. Fathers for Change will focus on skills training in the following areas: 1) identification of hostile thinking and emotion regulation, 2) communication and problem-solving around co-parenting, and 3) restorative parenting.

Fathers for Change is a clinical model to be implemented by either a licensed clinician or a master's level or higher clinician supervised by a licensed clinical supervisor in an outpatient setting. Clinicians with prior training and experience with both adults and children impacted by intimate partner violence will be the most prepared to implement Fathers for Change. The staff must have the ability to provide culturally and linguistically competent treatment for the target population and must demonstrate an understanding of family-centered services and evidence of commitment to family-centered practice. This model will provide clinicians with additional tools to utilize with children and families. It is expected that 3rd party reimbursement will be obtained for all eligible services delivered in an outpatient clinical setting.

The requirement of use of the Fathers for Change Model will include training and supervision with the model developer, Dr. Carla Stover, for 12 months. It is expected that the IPV-FAIR contractor will deliver and/or sub-contract to deliver this service when appropriate for the families.

Target Population: The inclusionary and exclusionary criteria for men who are appropriate for the Fathers for Change program are as follows:

Inclusionary criteria-

- Men who have had an incident of IPV.
- Men where there is concern about use of substances (e.g. use of illicit drugs or use of alcohol facilitates violent episodes).
- Men who have at least one biological child under the age of 10 with whom they reside or have at least weekly visitation/contact.

Exclusionary criteria-

- Men with histories of severe physical violence.
- Men with full no contact protective orders.
- Female partners/mothers who indicate they do not want the child to participate.
- Female partners/mothers who indicate the child is afraid of his/her father.
- Men who are currently in withdrawal from substances and/or in need of detox.
- Men who abuse PCP.
- Men with an extensive history of severe mental health issues.
- Men who are currently suicidal or homicidal.

Expectations for Service Delivery Elements of Fathers for Change

Assessment: Utilize the assessment tools as offered and trained by the master trainer. The assessment tools provided above are utilized in Fathers for Change The father assessment tools include:

- Father interview
- Abusive Behavior Inventory (2)
- AUDIT alcohol Use
- Depression Anxiety Scale
- Drug Abuse Screening test
- STRESS-Adult
- McLean
- Confusion, Hubbub, and Order Scale
- Co-Parenting Relationship Scale
- Parental Acceptance Rejection
- Difficulties in Emotional Regulation
- Multidimensional Anger Inventory
- Parental Reflective Functioning
- Hostile Automatic Thoughts Scale
- Rumination-Reflection Scale.

The mother assessment tools include:

- Mother Interview

- Danger Assessment
- Abusive Behavior Inventory (2)
- AUDIT Alcohol Use
- Depression Anxiety Stress Scale
- Drug Abuse Screening Test
- STRESS-Adult
- McLean
- Confusion, Hubbub, and Order Scale
- Quality of Co-parental Relationship Scale
- Parental Acceptance Rejection
- Difficulties in Emotional Regulation
- Multidimensional Anger Inventory
- Parental Reflective Functioning.

The child/youth assessment tools include:

- Child Exposure to Violence
- STRESS – Youth (7and up)
- People in My Life Scale (10 and up)
- Strengths and Difficulties Scale – Youth (10 and up)
- AUDIT Alcohol Use (12 and up).

The mother/victim parent must consent to the involvement of the children before treatment begins. Whenever possible, collateral information is gathered from the mother/victim parent to gain a more comprehensive picture of family dynamics. This assessment is confidential and conducted separately from the assessment with the father. The assessments with mother/victim parent are similar to the assessments identified above with the father with an emphasis on risk assessment and the partner’s violence and substance use.

Lastly, the children are assessed to determine whether dyadic treatment with the father is appropriate or contraindicated and may be performed by using the Child Exposure to Domestic Violence Scale. In addition, the additional assessments will include interviews with each parent about symptoms of the child and by observing the child with the father in a dyadic play assessment. All of the tools will be introduced during the training to be offered prior to the initiation of Fathers for Change.

Service Planning: Service planning will be individually developed with each father for more specific tailoring of intervention needs, which could result in better outcomes for the men and their families. Men in the program will complete weekly urinalysis screening logs during treatment of their aggression and substance use, according to methods developed by Fals-Stewart and colleagues (Fals-Stewart W, 2003), and post treatment satisfaction surveys to provide information about what components of the intervention were helpful.

Discharge and Transition Planning: Upon completion of the Fathers for Change program, assessments of the families current needs, strengths and risks shall be determined and should additional interventions be deemed necessary, a linkage will be recommended for the family. A certification of completion will be provided to the father as well as documentation of completion to the referring agency should there be a release of information from father to share that information.

Team meetings - The contractor will be the primary leader in the coordination of team meetings. On a monthly basis, the contractor along with DCF (and/or Community Partner Agencies) will coordinate child and family team meetings with the family to discuss progress, challenges and barriers to reaching the goals developed by and with each family. These meetings, whenever possible shall be integrated into already existing structures for families, which may vary in each Region. Discharge planning will also be determined through a team process. These meetings shall include the DCF gatekeeper, DCF caseworker (and/or Community Partner Agency worker), and/or supervisor along with the agency staff providing the direct service to the family and other relevant persons as identified by the family. Should additional stakeholders be involved due to providing services to the family, they may also be invited to participate in the team meeting. As the DCF CPS or the CPA cases are not required to remain open to continue to receive IPV-FAIR services, team meetings will continue to be held with the DCF gatekeeper. Upon closing of the services, the contractor will facilitate a final meeting with the family, DCF gatekeeper, DCF Social Worker (if case open), CPA case manager (if case open), family supports and other community providers. Following the final meeting the contractor will provide DCF a standardized summary with recommendations within 3 weeks of case closure.

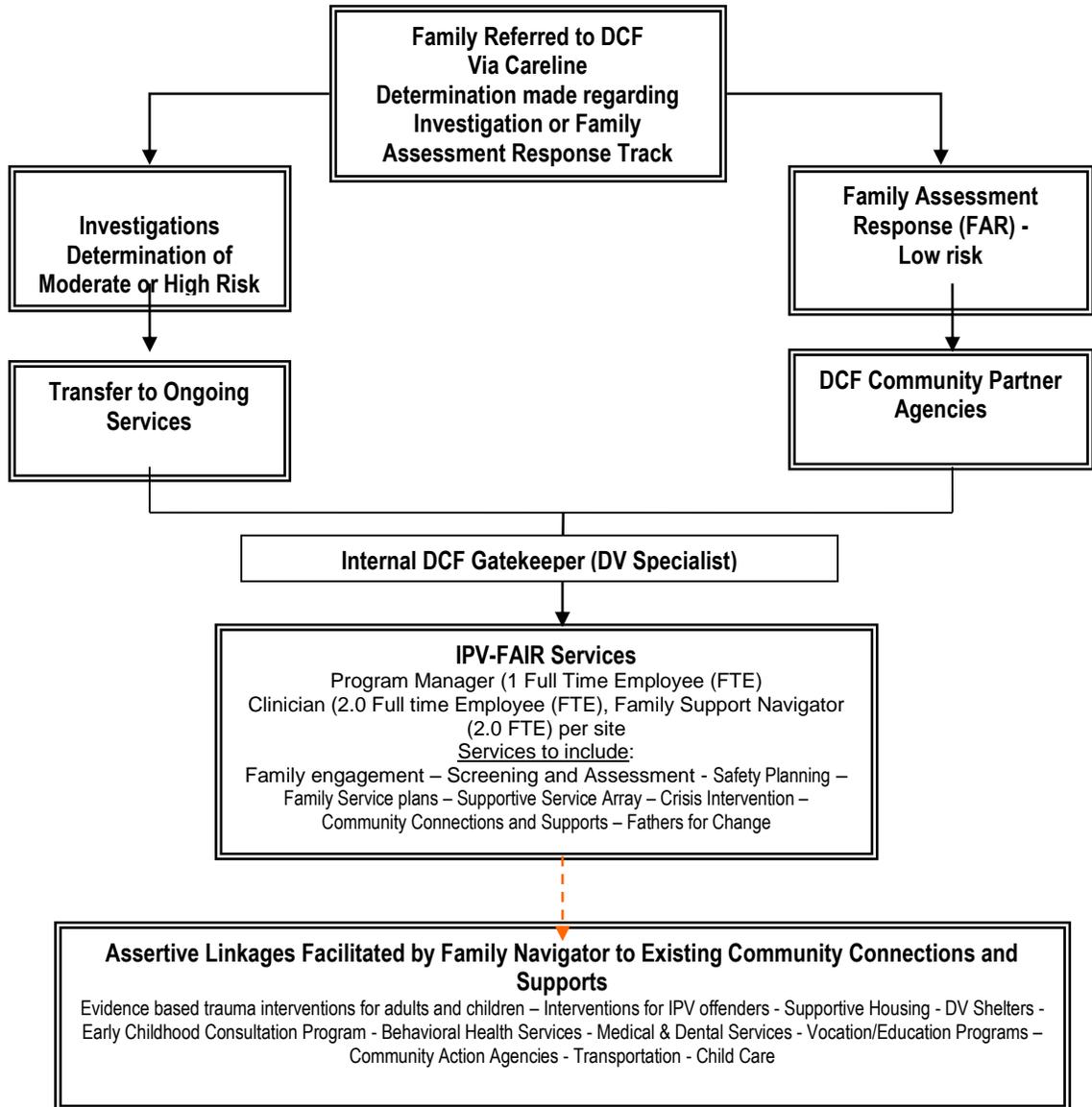
IPV-FAIR Agency Collaboration Meetings - The contractor will also be required to participate in regular statewide IPV-FAIR meetings with the DCF Program Development and Oversight Coordinator. These meetings will focus on maintaining the fidelity of the scope, educational opportunities, support, outreach, outcome data analysis, and quality improvement.

Referral Process for IPVS

- The contractor will be available to accept referrals Monday – Friday, 52 weeks per year during routine business hours. The contractor will accept all referrals made by the DCF gatekeeper. Should there be no capacity at the time of the referral, the contractor will contact the DCF gatekeeper and a wait list will be maintained.
- The DCF Intimate Partner Violence Specialists in the DCF Regional Offices will be the gatekeeper and the referrer for the IPV-FAIR services. Utilizing a standardized referral form, referrals will be made by the gatekeeper from inquiries received from Child Protective Service staff (CPS) and the Community Partner Agencies (CPA), through the Department's Family Assessment Response (FAR) and includes:
 - Open CPS cases.

- The CPA cases that previously received DCF services through the Family Assessment Response and have been referred to a Community Partner Agency for ongoing services.
- Families served through the CPA that are not open cases with the Department. The DCF CPS cases do not need to remain open with the Department throughout the IPV-FAIR intervention.
- Upon receipt of the referral, the contractor will contact the assigned DCF worker or CPA case manager directly within two (2) business days to coordinate a time for the initial joint visit with the family, no later than five (5) business days from the date of the referral.
- The DCF worker or CPA case manager will contact the family and schedule the intake session at a time that is agreeable to all parties. The DCF worker or CPS provider will introduce the IPV-FAIR team to the family. The family will be required to sign a release of information allowing IPV-FAIR staff to share information about the family with DCF or the CPA agency. The initial meeting will be with select family members based on the unique needs of the family. (See Intimate Partner Violence Service Flow Chart below)

Intimate Partner Violence Services Flow Chart



LENGTH OF SERVICE

The length of services will be four (4) months with a potential extension to six (6) months. The request for an extension will be made through consultation with the involved team and the DCF Gatekeeper. Minimally one face to face contact with the family will be conducted weekly. It is the expectation that contact with the family will be 1 - 3 times per week, based on treatment needs. Additional phone contact will supplement the face to face contact.

STAFFING MODEL

Given the complex issues and needs prevalent in families impacted by IPV, the contractor will have flexibility in assigning cases based on the unique family needs and circumstances. The assignment of staff to a particular family will be made in consideration of the severity of safety and risk factors, level of need, family functioning, the clinical needs of the family members or child, and other supports/services that may be involved with the family at the time of the referral. The staffing team model will include a minimum of two (2) staff assigned to each family. The base team will be one Clinician and one Family Support Navigator. The two adult caregivers or partners involved in the IPV should not be treated by the same clinician until such a time when and/or if dyad couple work is recommended. A second clinician or the Program Manager would be utilized to service the other caregiver or partner to the IPV prior to such a treatment recommendation.

The Region 1 (Bridgeport & Norwalk) contractor will maintain the following positions:

- 1 Full Time (FT) Program Manager
- 2 Full Time (FT) Masters level Clinicians
- 2 Full Time (FT) Bachelors Level or highly experienced Family Support Navigator.

The Region 5 (Danbury & Torrington) contractor will maintain

- .5 Part Time (PT) Program Manager
- 1 Full Time (FT) Masters level Clinician
- 1 Full Time (FT) Bachelors Level or highly experienced Family Support Navigator.

1. Program Manager

Program Manager must have a Connecticut License (LCSW, LMFT, LMH, PhD) with no less than three (3) years management/supervisory experience and at least four (4) years providing direct services to families. Experience with intimate partner violence is required.

Job Responsibilities include:

- Responsible for the oversight of all contract requirements
- Responsible for the daily operation of the program
- Responsible for hiring in the program and will ensure there is adequate staffing coverage
- Responsible for ensuring appropriate service locations (whether a dedicated site, a sub-contracted site or a site shared with other agencies)
- Manage referrals, intake and case assignments and maintain staff schedules. Assure therapist accessibility to clients when needed, at times most likely to promote engagement
- Provide direct service to families when needed
- Assure program staff achieves engagement with all program participants
- Oversee the development of the family service plan for the identified families

- Assure appropriate documentation of all program services
- Conduct regular individual and team supervision to target clinician competency needs and to remove individual barriers to effective implementation of program services
- Responsible for coordinating the team meeting monthly and responsible for agency participation and integration into other meetings for families
- Build and maintain a relationship with community stakeholders (i.e., child protection services, schools, other behavioral health professionals, courts, advocates, and police)
- Ensure 24/7 emergency/after-hours response
- Responsible as primary liaison with DCF
- Attend all IPV-FAIR agency meetings
- Responsible for collecting and maintaining program information to meet reporting and evaluation requirements
- Responsible to maximize 3rd party reimbursement

2. Masters level Clinician (Full time)

Clinician will be Master's level behavioral health professional. Clinician will have a graduate degree in social work, psychology, counseling, or a closely related field. Clinician will be license eligible. A minimum of two years' experience in a counseling setting is required.

Job Responsibilities include:

- Engage families in the IPV-FAIR service and engage other key participants by identifying and overcoming barriers to engagement
- Provide the screening and assessment for IPV-FAIR referrals
- Participate in the development of the family service plan for the identified families
- Maintain clear and concise documentation of the family service plan and treatment efforts
- Collaborate with all program staff and all relevant systems and key participants within each system to ensure coordinated efforts for optimal outcomes for the family
- Build and maintain a relationship with community stakeholders (i.e., child protection services, schools, other behavioral health professionals, courts, and police)

• **Family Support Navigator (Full time)**

The Family Support Navigator will have a Bachelor Degree (BA) in the human services field and/or high school diploma with at least three (3) years extensive experience providing direct services to families with complex needs.

Job Responsibilities include:

- Engage families in the IPV-FAIR service
- Assist family with identifying basic needs
- Advocate for the needs identified by the family
- Connect family to needed resources within their own community
- Maintain clear and concise documentation of treatment efforts

- Build and maintain a relationship with community stakeholders (i.e. child protection services, schools, other behavioral health professionals, courts, police)
- Assess, provide and/or link to transportation
- Attend court and other meetings with family members

CASELOAD CAPACITY

Each Clinician/Navigator will be expected to service at least 10 families. The contractor is expected to maintain capacity to annually serve a range between 40 – 60 families dependent upon the length of service for the family (4 – 6 months). It is expected that the level of intensity with the family will vary dependent upon the complexity of the issues and needs identified.

OPERATING HOURS

The contractor will be available to accept referrals, during normal business hours, Monday – Friday, 52 weeks per year. The contractor will incorporate a flexible schedule that accommodates service provision in order to best meet the needs of families served. As such, services will be provided 52 weeks per year and evening and weekend hours must also be provided as part of the normal service hours. This includes twenty-four (24) hour coverage for crisis intervention, including holidays, evenings and weekends, by contract staff.

TRAINING

Each contractor will be provided with five (5) days of training prior to the initiation of services and additional training requirements as determined by the Department. The trainings may include:

- Intimate Partner Violence
- Screening and Assessment
- Engagement
- Motivational Interviewing
- Safety Planning
- Case Management
- Community Resources

Additionally, contractors will be required to participate in a learning forum focused of the *Fathers for Change* Model: The learning forum delivered by the model developer Dr. Carla Stover will include:

- A 3 day, in-person training on the Fathers for Change model
- A 2 day follow-up booster session 6 months later
- Consultation calls with Dr. Stover, one hour, twice per month will be included for 12 months
- Additional webinar and technical supports will be offered for implementation

SUPERVISION

Supervision as required by model:

- Once per week the Program Manager will convene the IPV-FAIR team for a group supervision to discuss each case, crises that may have occurred, success of current interventions, and next steps. It is expected that all IPV-FAIR cases are reviewed in supervision
- Each staff will also participate in individual supervision with the program manager

QUALITY ASSURANCE

Accountability and service fidelity are crucial in obtaining positive results. The underpinning of which is continuous quality management and improvement. The contractor will be required to routinely assess and monitor the delivery of their services. This activity will be guided by a quality assurance plan which the contractor will be required to develop annually.

The Injury Prevention Center through Hartford Hospital will be developing the evaluation design and will implement the evaluation for each IPV-FAIR agency. A quality assurance practice and protocol will be developed to be implemented in the IPV-FAIR service. All IPV-FAIR contractors will agree to participate in any and all Quality Assurance processes.

PERFORMANCE MEASURES

The Department is committed to assuring RBA (Resource Based Accountability) performance measures are developed for all services. For the purpose of this service, the following and/or other measures may be used:

1. Quantity of service:
 - Number of families who were referred for IPV-FAIR services
 - Number of fathers referred to *Fathers for Change*
2. Quality of service delivered:
 - Percent of families that received a full dose of recommended treatment
 - Percent of fathers who received the full dose of *Fathers for Change* treatment
 - Percent of families connected to resources and services in the community to address their identified needs
3. Family Outcomes
 - Percentage of families discharged who met 70% of treatment goals through IPV-FAIR
 - Percentage of Families discharged who met 70% of treatment goals through *Fathers for change*
 - Percentage of families with a decrease in repeat maltreatment.

DATA COLLECTING and REPORTING

The Department will require awarded contractor(s) to submit child and family specific data, and administrative service data. Under the Results-based Accountability framework in place for service evaluation throughout the state, the Department will assist contractors to provide information about the quantity of service delivered, the quality of services provided and if anyone is better off for participating in the service. The Department requires contractor(s) to use data to ensure the quality of their services, including identifying program challenges or barriers, identifying potential best practices, and achievement of the program's goals, objectives and outcomes.

The child and family specific data for this service will be collected using an electronic, web-based application. This system will be the Program and Services Data Collection and Reporting System (PSDCRS) and/or other Department sponsored application. The contractor will receive training and may require other training regarding the use of the data collection system.

The data to be collected includes, but is not limited to the following:

- Demographic Information (e.g., name, date of birth, gender, race, ethnicity, referral source, and living situation/address)
- Case Activity (e.g., case management contacts, referrals)
- Episode Data (face to face contacts)
- Service Data (e.g., Family Participation in Services);
- Service Transition/Disposition Information (referred for additional services upon closure, no additional services needed/recommended)

PREPARING A RESPONSIVE APPLICATION

Applicants should carefully read and familiarize themselves with the section titled “APPLICATION INSTRUCTIONS and REVIEW INFORMATION’. This section details the format and the appendices requirements. The Department has the right to reject submitted applications that do not conform to these requirements.

Applicants may submit an application to provide services as outlined in this RFP to more than one region. If responding to more than one region, the Applicant must submit separate applications and demonstrate their ability to provide services as outlined in this RFP to all Area Offices within the region.

APPLICATION QUESTIONS AND ELEMENTS

Applicants must address the following questions and elements and provide the following information within their submission:

Provider Credentials and Relevant Experience

1. Provide a description of your program's qualifications, training, background, clinical capacity, and experience including examples of how your program supports families impacted by intimate partner violence within the area that you expect to serve. Additionally, describe how your program's philosophy, values and vision ensure families receive and are connected to appropriate prevention/intervention and support services. Please identify all corrective plans (and outcomes) over the past two years that are related to health or safety or service delivery and how you addressed these issues. If there have not been any, please clearly state that fact in this section. **Total Points: 10**

2. Provide a detailed description of your program's knowledge and expertise regarding the development of cultural, gender-responsive and linguistic competency as it relates to the provision of services. Describe your plan and current activities regarding the recruitment and retention of bicultural and bilingual staff. Include specific information on training and education provided to staff to improve cultural competency. **Total Points: 10**

Program Overview

3. Describe your program's experience, practice, approach and outcomes regarding intimate partner violence services for all family members impacted by IPV. Describe your organizations capacity to provide the services outlined in this RFP. What do you foresee as being some of the challenges in servicing all family members impacted by IPV? What strategies would you employ to address these challenges? Describe your recommended approach to assessing families' levels of risk for IPV. Identify any assessment tools that you may use and include in the appendix. Include how this assessment process would be linked to the development and maintenance of family safety planning and overall case planning. **Total Points: 10**

Community Connectedness

4. What partnerships (formal and informal) will be used to ensure effective delivery of care and support positive outcomes within the community for the target population? Describe how these partnerships will ensure connections to the community, including local and grassroots, social and concrete supports. Why and how will these partnerships support successful outcomes for the children and families to be served? **Total Points: 15**

Implementation Plan

5. Describe your program's plan to implement this service within specific timeframes. Assume a November 1, 2015 contract execution date, with first referrals to be received no later than November 15, 2015. Delineate all the necessary activities, including but not limited to hiring, and training staff, acquiring office space and any other tasks that would need to be completed prior to begin working with clients. **Total Points 10**

Best Practices and Quality Assurance

6. Describe how your program has used data from family satisfaction surveys, program evaluations, and/or other tools to improve the quality of services to families? If other tools or

methods were used, please identify. In an appendix, include available data regarding family satisfaction surveys and program evaluations from the last three years. Identify the resources your program dedicates to quality improvement, including full time employees and program evaluation efforts. Describe your system(s) for monitoring and evaluating services including efforts at incorporating best practices, gathering, aggregating and reviewing client specific and program data and efforts to improve practice based on that data review. **Total Points: 15**

Required Program Model – Fathers for Change

7. Why and how is your agency positioned to successfully implement Fathers for Change and effectuate positive outcomes for persons served? What partnerships (formal and Informal) will be used to ensure effective delivery of care and support positive outcomes within the community for the Fathers or Change target population? Describe how your agency will implement Fathers for Change including preparation, ongoing planning and coordination. Include any intentions to sub-contract with another provider. Describe your agencies available resources to implement Fathers for Change including program space, technology and resources specific to families with co-occurring IPV and substance use.

Total Points: 20

Fiscal Management

8. Utilizing the Consolidated Budget Form identified in the RFP, prepare an annualized program budget for 1 year using the state fiscal year. Use the Budget Narrative to clarify and provide backup detail for proposed expenditures. The Budget and Budget Narrative should clearly relate to the program outcomes. Additionally, please describe your agency’s plan for maximizing 3rd party reimbursement for all eligible services provided at your DCF contracted IPV-FAIR program.

Total Points: 10

APPLICATION INSTRUCTIONS and REVIEW INFORMATION

INSTRUCTIONS FOR COMPLETION

Submitted applications must conform to the following format requirements

Page Limit	Up to a maximum of 36 pages, (excludes Cover Page, Table of Contents, Application Budget, Application Budget Narrative, and Appendices)
Font Size	12 pt
Font Type	Times New Roman
Paper Dimensions	8.5 x 11
Margins	1 inch all sides
Line Spacing	Double

1 original plus 8 copies of the full application must be submitted per region.

APPLICATION FORMAT

Note: Applications should be packaged with the information in the order as follows:

1. Cover Sheet
2. Table of Contents
3. Application Questions
4. Application Budget
5. Application Budget Narrative
6. Appendices (see below)

Please ensure that all pages are numbered.

APPENDICES

The following appendices must be included with the proposal:

Appendix 1	Organizational Structure/Chart, including job descriptions and resumes
Appendix 2	Letters of Agreement
Appendix 3	If applicable, Subcontracting Plan detailing justification for subcontracting and delineating the roles of the contractor versus the subcontractor
Appendix 4	Subcontractor Profile Form(s)
Appendix 5	Consulting Agreement Affidavit**
Appendix 6	Notification to Bidders Form** (Bidder's CHRO Compliance Package)
Appendix 7	Evidence of Nondiscrimination Form and Applicable Evidence material** (Bidder's CHRO Compliance Package)
Appendix 8	Employment Information Form** (Bidder's CHRO Compliance Package)
Appendix 9	Program evaluation and family satisfaction
Appendix 10	Assessment tools
Appendix 11	Data – Family Satisfaction Survey and Program Evaluations

Please note: Attachments other than those appendices defined above, are not permitted. In addition, these appendices are not to be used to extend or replace any required section of the application.

****Note: Submissions lacking these properly executed affidavit/forms will not be reviewed.**

REVIEW CONTEXT

The review of the applications will be standardized, and applications for each region will be reviewed by a regional screening committee including at least one parent. Scoring criteria will include but not be limited to the applicant's:

- History and success with implementing intimate partner violence services
- History and success of partnering with both traditional and non-traditional community services and institutions that support families
- History and success providing culturally competent gender-responsive services
- History of compliance with financial and data reporting requirements over the past two years (for current contractors with the Department)

REVIEW PROCEDURE

The Department is under no obligation to award the contract to the applications with the highest scores or, for example, the proposals offering to provide the service at a lower amount than other applicants. The Screening Committees may use numerical point measures as a guide, but these measures are not binding on the Commissioner. The goal of the Department is to procure the highest quality services in the most fiscally responsible way.

Following the final selection, a contract will be negotiated and developed with the applicant(s) that details the program structure, services, budget, rate, performance based criteria and reporting requirements. No financial obligation by the State can be incurred until a contract is fully executed.

BUDGET & BUDGET NARRATIVE

Applicants are to submit a balanced and cost-effective budget within the stated parameters for staffing and funding. Applicants' submissions must be presented on the forms available on the DCF website and should reflect one year of operating expense and income. There will be no start-up funding for this project. The budget narrative should describe how the figures presented are derived.

http://www.ct.gov/dcf/lib/dcf/contract_management/xls/dcf_rfp_budget.xls

**LETTER OF INTENT
(MANDATORY NON-BINDING)**

Date: _____

Our agency is planning to apply for funding in response to the RFP entitled Intimate Partner Violence Services to serve the geographic area(s) indicated below. (Check all that apply. **Applications** must be submitted separately for each geographic area.)

Region 1	Region 5
Bridgeport Norwalk	Torrington Danbury

AGENCY NAME:
FEIN:
AGENCY ADDRESS: (street, city ,state, zip)
AGENCY CONTACT:
POSITION/TITLE:
TELEPHONE NUMBER:
FAX NUMBER:
EMAIL ADDRESS:

Mandatory Letter of Intent must be received by 3:00 p.m. on **August 10, 2015** to the following person:

Stacie Albert
Department of Children and Families
505 Hudson Street
Hartford, CT 06106
Email: stacie.albert@ct.gov; Fax: 860-560-7084

COVER SHEET
Intimate Partner Violence Services
Request for Proposals

Indicate Region applying for:

Region 1	Region 5
Bridgeport Norwalk	Torrington Danbury

Name of Agency: _____

Address: _____

Application Contact
Person: _____

Contact Person Phone &
Fax: _____

Contact Person Email
Address: _____

This application must be signed by the applicant's executive director or other individual with executive oversight for agency services delivered in Connecticut

By submitting this application, I attest that all the information included within the application is true.

Signature: _____ Date: _____

Name (Printed) _____

Title: _____

SUBCONTRACTOR PROFILE

(COMPLETE FOR EACH SUBCONTRACTOR -Use additional pages as needed)

Legal Name of Agency:	
FEIN :	
Agency Contact Person:	
Title:	
Address:	
Phone:	Fax:
Email:	
Amount of Subcontract:	

Brief description the subcontractor agency

Description of services to be provided related to the service/program

Justification of the use of subcontractor to meet program goals and outcomes

GENERAL PROPOSAL NOTICES AND REQUIREMENTS

A. Evaluation and Selection

It is the intent of the Department to conduct a comprehensive, fair and impartial evaluation of proposals received in response to this procurement. Only proposals found to be responsive to the RFQ will be evaluated and scored. A responsive proposal must comply with all instructions listed in this RFQ. Responsive proposals shall remain valid for possible award by the Department for a period of up to 12 months after the RFQ's closing date.

B. Contract Execution

The pursuant contract developed as a result of this RFQ is subject to Department contracting procedures, which includes approval by the Office of the Attorney General. Please note that contracts are executory and that no financial commitments can be made until, and unless, the contracts are approved by the Attorney General.

C. Applicant Debriefing

The Department will notify all applicants of any award issued by it as a result of this RFQ. Unsuccessful applicants may, within thirty (30) days of the signing of the resultant contract, request a meeting for debriefing and discussion of their proposal by contacting the DCF Contact Person. Debriefing will not include any comparisons of unsuccessful proposals with other proposals.

D. Conditions

Any prospective applicants must be willing to adhere to the following conditions and must positively state them in the proposals:

- 1) **Conformance with Statutes:** Any contract awarded as a result of this RFQ must be in full conformance with statutory requirements of State of Connecticut and the Federal Government.
- 2) **Ownership of Subsequent Products:** Any product, whether acceptable or unacceptable, developed under a contract awarded, as a result of this RFQ is to be sole property of the Department unless stated otherwise in the RFQ or contract.
- 3) **Timing Sequence:** Timing and sequence of events resulting from this RFQ will ultimately be determined by the Department.
- 4) **Oral Agreement:** Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by a written agreement.
- 5) **Amending or Canceling Requests:** The Department reserves the right to amend or cancel this RFQ, prior to the due date and time, if it is in the best interest of the Department and the State.
- 6) **Rejection for Default or Misrepresentation:** The Department reserves the right to reject the proposal of any applicant in default of any prior contract or for misrepresentation.
- 7) **Department's Clerical Errors in Award:** The Department reserves the right to correct inaccurate awards resulting from its clerical errors.
- 8) **Rejection of Qualified Proposals:** Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFQ.
- 9) **Applicant Presentation of Supporting Evidence:** An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the proposal.

10) **Changes to Proposal:** No additions or changes to the original proposal will be allowed after submittal. While changes are not permitted, clarification at the request of the agency may be required at the applicant's expense.

11) **Collusion:** By responding, the applicant implicitly states that they are submitting a separate response to the RFQ, and is in all respects fair and without collusion or fraud. It is further implied that the applicant did not participate in the RFQ development process, had no knowledge of the specific contents of the RFQ prior to its issuance, and that no employee of the Department participated directly or indirectly in the applicant's proposal preparation.

E. Proposal Preparation Expense

The State of Connecticut and the Department assume no liability for payment of expenses incurred by applicants in preparing and submitting proposals in response to this solicitation.

F. Incurring Costs

The Department is not liable for any costs incurred by the applicant prior to the effective date of a contract.

G. Freedom of Information

Due regard will be given to the protection of proprietary information contained in all proposals received. However, applicants should be aware that all materials associated with this RFQ are subject to the terms of the Freedom of Information Act, the Privacy Act, and all rules, regulations and interpretations resulting there from. It will not be sufficient for applicants to merely state generally that the proposal is proprietary in nature and not therefore subject to release to third parties. Those particular pages or sections, which an applicant believes to be proprietary, must be specifically identified as such. Convincing explanation and rationale sufficient to justify each exception from release consistent with Section 1-210 of the Connecticut General Statutes must accompany the proposal. The rationale and explanation must be stated in terms of the prospective harm to the competitive position of the Applicant that would result if the identified material were to be released and the reasons why the materials are legally exempt from release pursuant to the above-cited statute. In any case, the narrative portion of the proposal may not be exempt from release. Between the applicant and the Department, the final administrative authority to release or exempt any or all material so identified rests with the Department.

H. Gratuities and Gifts

The applicant warrants that no state appropriated funds have been paid or will be paid by or on behalf of the applicant to contract with or retain any company or person, other than bona fide employees working solely for the applicant, to influence or attempt to influence an officer or employee of any state agency in connection with the awarding, extension, continuation, renewal, amendment, or modification of this agreement, or to pay or agree to pay any company or person, other than bona fide employees working solely for the applicant, any fee, commission, percentage, brokerage fee, gift or any other consideration contingent upon or resulting from the award or making of this Agreement.

By submitting a response for selection and/or award consideration to this procurement, the applicant certifies that no elected or appointed official or employee of the State of Connecticut has or will benefit financially or materially from this contract. The Department may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the applicant/contractor or its agents or employees.

In general, no one doing business with or seeking business from a state or quasi-public agency may give a gift to an official or employee of that agency. Connecticut's gift ban is strict, but has some exceptions. For example, under the Ethics Code, you may give: (1) food and drink up to \$50 per person per year, if the person paying, or his or her representative, is in attendance; and (2) tangible gifts up to \$10 per item up to \$50 per person per year. Also exempt are certain items such as informational materials or plaques costing less than \$100. For a complete list of the Code's gift exceptions, consult Conn. Gen. Stat. § 1-79(e) or contact the Office of State Ethics.

Gifts for “major life events,” including a wedding or the birth of a child, which were previously exempt from the gift ban, are now subject to the strict gift limits outlined above if the gifts are provided by any individual or entity doing business with or seeking business from the state.

I. Disclosure of Consulting Agreements

A consulting agreement affidavit must accompany submissions for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Section 51 of Public Act 05-287. All such **submissions** must be accompanied by an affidavit in which the applicant discloses any agreement retaining the services of a consultant to assist in the applicant's participation in the procurement process. For additional information regarding the types of consulting agreements that must be disclosed in the affidavit and the required content and form of the affidavit, please see the attached “Consulting Agreement Affidavit.”

J. Campaign Contribution(s)

With regard to a State contract as defined in P.A. 07-1 having a value in a calendar year of \$50,000 or more or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to this submission in response to the State's solicitation expressly acknowledges receipt of the State Elections Enforcement Commission's notice advising prospective state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice. [SEEC Form 11]”

K. Bidder's Commission on Human Rights and Opportunities (CHRO) Compliance Package

The Bidder's CHRO Compliance Package sets forth certain obligations on State agencies, as well as contractors doing business with the State of Connecticut to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons. As required by Connecticut General Statute § 4a-60, the following forms, and applicable evidencing material, must accompany bids or proposals:

1. Notification to Bidders Form;
2. Evidence of Nondiscrimination Form and applicable evidencing material; and
3. Employment Information Form.

The CHRO Package should be accessed from the DCF Internet site

[http://www.ct.gov/dcf/LIB/dcf/contract_management/pdf/Bidders CHRO Compliance Package.pdf](http://www.ct.gov/dcf/LIB/dcf/contract_management/pdf/Bidders_CHRO_Compliance_Package.pdf)

Administrative Expectations

Please see Exhibit A to view the terms and conditions for DCF funded contractors. Standard State of Connecticut contract requirements are available at the following Office of Policy and Management website:
http://www.ct.gov/opm/lib/opm/finance/pos_project/standardcontract2009.doc

SEEC FORM 11

NOTICE TO EXECUTIVE BRANCH STATE CONTRACTORS AND PROSPECTIVE STATE CONTRACTORS OF CAMPAIGN CONTRIBUTION AND SOLICITATION BAN

This notice is provided under the authority of Connecticut General Statutes 9-612(g)(2), as amended by P.A. 07-1, and is for the purpose of informing state contractors and prospective state contractors of the following law (italicized words are defined below):

Campaign Contribution and Solicitation Ban

No *state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor*, with regard to a *state contract or state contract solicitation* with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall make a contribution to, or *solicit* contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee;

In addition, no holder or principal of a holder of a valid prequalification certificate, shall make a contribution to, or solicit contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of State senator or State representative, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

Duty to Inform

State contractors and prospective state contractors are required to inform their principals of the above prohibitions, as applicable, and the possible penalties and other consequences of any violation thereof.

Penalties for Violations

Contributions or solicitations of contributions made in violation of the above prohibitions may result in the following civil and criminal penalties:

Civil penalties--\$2000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences of their violations may also be subject to civil penalties of \$2000 or twice the amount of the prohibited contributions made by their principals.

Criminal penalties—Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than 5 years, or \$5000 in fines, or both.

Contract Consequences

Contributions made or solicited in violation of the above prohibitions may result, in the case of a state contractor, in the contract being voided.

Contributions made or solicited in violation of the above prohibitions, in the case of a prospective state contractor, shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

The State will not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

Additional information and the entire text of P.A 07-1 may be found on the website of the State Elections Enforcement Commission, www.ct.gov/seec. Click on the link to "State Contractor Contribution Ban."

EXHIBIT A

DEPARTMENT OF CHILDREN AND FAMILIES

D. Department Specific Provisions

The provisions listed below apply to all programs set forth in this contract.

1. **Quality Assurance:** The Contractor shall comply with all pertinent provisions of local, state, and federal laws and regulations applicable to the Contractor's program. The Contractor shall develop, implement and maintain a written quality improvement plan that at minimum includes steps to prevent, identify and/or correct problems that affect the services provided under this contract. The performance of each Contractor shall be reviewed and evaluated periodically by persons designated by the Department of Children and Families. Such reviews and evaluations may be performed by examination of quality improvement plans, documents and reports, by site visits to funded facilities administered by the Contractor, or by a combination of both.
2. **Notification of Changes in Key Personnel:** Contractor shall immediately notify the Director, Division of Contract Management of the Department in writing whenever the Contractor intends to make or undergo changes in key personnel, i.e., Chief Executive Officer, Chief Fiscal Officer, Medical Director, and program directors/team leaders of Department funded programs.
3. **Treatment Planning Conference and Administrative Case Review:** The Contractor will actively participate in the Department Treatment Planning Conference (TPC) and Administrative Case Review (ACR) process.
4. **Financial Penalties for Failure to Participate in Treatment Planning Conference (TPC) or Administrative Case Review (ACR):** The Department may impose a financial penalty on the Contractor if the Contractor, following receipt of DCF notification, fails to participate in the Department's Treatment Planning Conference or Administrative Case Review Process. Participation may include the following activities: submission, prior to the ACR, of a written treatment plan summary; telephonic consultation/participation during the ACR; direct participation at the ACR. Such penalties shall not exceed \$1,000. per occurrence and may, at the discretion of the Department, be withheld from payments to the Contractor. The Contractor will be notified in writing of the Department's intent to impose this fine and may appeal the imposition of the fine. The Contractor must document that notice of the conference date was inadequate to allow participation.
5. **Federal Fund Requirements**
 - A. Funds that support this contract may be provided by various Federal agencies, including but not limited to sub-agencies of the US Department of Health and Human Services (HHS), through grants, block grants, cooperative agreements and grants-in aid. Contractors receiving Federal funds agree to comply with requirements listed below and those specific to funded service types. Relevant information about federal requirements for each grant may be found in the Catalog of Federal Domestic Assistance (CFDA) at <http://www.cfda.gov>, under a number that is assigned to that grant. The CFDA numbers corresponding to Federal awards are listed on the contract funding sheet, page 3 of this contract. In addition these requirements apply to all HHS funded programs:
 1. No part of any award contained in this document shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature, except in presentation to the Congress or any State legislature itself.

2. No part of any award contained in this document shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.
3. Funding is subject to the availability of Federal funds, and that matching funds, (if applicable), is verifiable, progress of the grant is documented and acceptable.
4. By law, none of the funds awarded can be used to pay the salary of an individual at a rate in excess of the Executive Level I, which is \$181,100 annually.
5. "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations (42 CFR 2) are applicable to any information about alcohol and other drug abuse patients obtained by a "program" (42 CFR 2.11), if the program is federally assisted in any manner (42 CFR 2.12b). Accordingly, all project patient records are confidential and may be disclosed and used only in accordance with (42 CFR 2). The grantee is responsible for assuring compliance with these regulations and principles, including responsibility for assuring the security and confidentiality of all electronically transmitted patient material.
6. The Contractor must maintain records that adequately identify the source and application of funds provided for financially assisted activities. These records must contain information pertaining to awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income. The Contractor should expect that the Federal agency that is the source of the funds, or its designee, may conduct a financial compliance audit and onsite program review annually on grants with significant amounts of Federal funding.
7. The Contractor must comply with all federal regulations that relate to the provision of services, accounting, and auditing of the federal award(s) used to fund this agreement including but not limited to, compliance with OMB Circular A-133, OMB Circular A-87, and any other Federal regulations relating to this program.
8. The Contractor agrees to complete and submit to the Department its State Single Audit, and the Federal Single Audit if in receipt of more than \$500K of federal funds.
9. Per 45 CFR 92.34 any copyrighted or copyrightable works developed under this cooperative agreement/grant shall be subject to a royalty free, nonexclusive and irrevocable license to the government to reproduce, publish, or otherwise use them and to authorize others to do so for Federal Government purposes. Income earned from any copyrightable work developed under this grant must be used a program income.
10. To the greatest extent practicable, all equipment and products purchased with funds made available under this award should be American made.
11. None of the Federal funds provided under this award shall be used to carry out any program for distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
12. Pursuant to P.L. 101-166, Title V, Section 511, 103 Stat 1189 (1989), issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, all grantees receiving federal funds (including, but not limited to, State and local governments) shall clearly state:
 - (1) the percentage of the total costs of the program or project which will be financed with federal money, (2) the dollar amount of federal funds for the project or program, and (3) the

percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources. If federal block grant funding is appropriated to this contract, the Department assumes no liability for payment unless the terms of this contract are in accordance with a legislatively approved block grant plan, as provided by Conn. Gen. Stat. § 4-28b.

- B. If Federal funds provided under this award originate from the Community Mental Health Services (CMHS) Block Grant (CFDA 93.958) funds, the Contractor shall not expend such funds on the following:
 - 1. inpatient hospital services
 - 2. cash payments to intended recipients
 - 3. purchase or improvement of land, purchase, construction or improvement of any building or other facility, purchase of major medical equipment,
 - 4. satisfaction of any non-Federal funds expenditure requirement
 - 5. provision of financial assistance to any entity other than a public or non-profit private entity.
 - C. If Federal funds provided under this award originate from the Social Services Block Grant (CFDA 93.667) or Temporary Assistance for Needy Families (TANF) Block Grant (CFDA 93.558) funds, the Contractor may be required to complete eligibility forms for each program participant at intake. If required, the Department will supply the appropriate forms. The data collected must be reported quarterly as directed by the Department and the completed eligibility forms must be retained for at least three (3) years.
 - D. All information contained in 5. A.-C. must be included in subcontracts for service provision funded through Federal funds.
- 6. Specified Reports:** The Contractor shall report information to the Department using the specific service type, applicable level of care and standard data set as specified by the Department. The Contractor shall report service data in the service taxonomy format(s) as required by the Department.
- A. The Contractor further agrees to provide any other reports concerning contracted services that the Department may reasonably require. When such other reports are deemed regular (more frequently than on a quarterly basis) and are not explicitly stated above, the Department will notify the Contractor in writing at least thirty (30) days prior to the initial submission date. This notification will minimally include the required data for the report, as well as the required date of submission.
 - B. Required reports will be used for purposes including, but not limited to, determination of the Contractor's compliance with program performance standards, provision of cumulative reports and statistical information pursuant to Conn. Gen. Stat. 17a-55, and such other routine information as may be required by the Department.
- 7. Third Party Beneficiary:** This Agreement is not intended to create, nor shall it be deemed to create, any third party beneficiary rights in recipients.
- 8. Grievance Procedures:** The Contractor shall develop and maintain a formal grievance procedure, acceptable to the Department, in order to address the complaints of persons requesting or receiving services under this contract.
- 9. Cultural Competence**
- A. The Contractor shall administer, manage and deliver a culturally responsive and competent program. This shall, at a minimum, be evidenced by equity and parity in access to services, consumer

satisfaction, and outcomes for clients served, regardless of race, ethnicity, language, religion, gender, sexual orientation, economic status and/or disability. Policies, practices and quality improvement activities shall be informed by the needs and demographics of the community served or to be served by the program. The Contractor shall include access, consumer satisfaction and outcomes as elements of its program review and monitoring.

- B. The Contractor shall recruit, hire and retain a professional and paraprofessional staff that is culturally and linguistically diverse. Staff development to support cross-cultural competency shall occur both pre- and in-service. Furthermore, as a means to facilitate culturally competent service delivery, issues of diversity and multiculturalism shall be included in treatment/service planning, discharge planning, case reviews, grand rounds, analysis and review of program data, and staff supervision.
10. The Contractor shall administer, manage and deliver gender-responsive programs. Staff development in gender-responsive services shall occur both pre- and in-service. **Gender-responsive programs** intentionally incorporate research on male/female socialization, psychological, cognitive and physical development, strengths and risks to affect and guide all aspects of program design, processes and services.
 11. **Board Composition:** The Contractor agrees to ensure that the Board of Directors shall include community, family, and professional participation and, whenever possible, the participation of people who use the services of the organization. The Contractor further commits to maintaining or creating through its appointments a Board of Director whose composition will reflect the racial and ethnic background of the children and families to be served by this contract. The Contractor shall provide the Department with a list of current Board Members, indicating gender, race, ethnicity, town of residence, role and title on the board and the term expiration date of each member.
 12. **Licensing Compliance:** As applicable, the Contractor will ensure that the Contractor and their subcontractors(s) are licensed by the Department of Children and Families and are not subject to licensing restrictions.
 13. **Program Closure and Transition:** In the event the Contractor closes, reduces services or relocates any program funded under this contract, or if for any reason, the fiduciary responsibility of the Contractor changes, or if the Department does not offer funding for the subsequent fiscal year, the Department and the Contractor shall negotiate and resolve the following issues: the time lines for closure of the program, closure of admissions and the transfer or discharge of clients remaining in the program at the time of closure; the amount of any final payments due the Contractor or refunds due the Department; the transfer or storage of all program records pursuant to the requirements of the Federal Confidentiality Regulations, 42 CFR Part 2; the disposition of property and equipment in which the Department has a financial interest pursuant to the requirements of Regulations of Connecticut State Agencies, including Bond Fund Award liens and obligations; notification to clients of the closure, their options for transfer to other programs and the Contractor's obligations to facilitate such transfer; and such other issues as are pertinent to the specific situation.
 14. **Pre-Employment Screening:** All candidates for employment, including volunteers and interns, shall be screened for criminal record history, protective services history and shall have a recent physical examination including tuberculosis screening. The results of these screenings shall be filed confidentially in the individual's personnel record. The procedures pertaining to a criminal history and child protection history are as follows:
 - A. The Contractor shall:

1. Screen all potential hires, volunteers and or interns by obtaining verified criminal records and children's protective history background checks for any convictions of child abuse or neglect substantiations, which shall be filed confidentially in the individual's personnel record.
 2. Conduct such protective services checks of employees every two (2) years.
 3. Have written criteria approved by DCF for the hiring and or maintaining the employment of individuals with prior criminal record and/or protective service histories.
- B. The Contractor shall not knowingly hire, utilize, or continue to employ or utilize an employee, intern or volunteer who, within five (5) years of the date of the employment application:
1. Has been convicted of the possession, use, or sale of controlled substances unless both the Contractor and the Department determine that he/she has been successfully rehabilitated;
 2. Has had a minor removed from their care because of child abuse or neglect.
- C. The Contractor shall not hire, utilize, or continue to employ or utilize an employee, intern or volunteer who:
1. Has been convicted of an assault or crime against a person or similar offense;
 2. Has been convicted of risk of injury to a minor or similar offense;
 3. Has been convicted of impairing the morals of a child or similar offense;
 4. Has had a substantiation of physical or sexual abuse;
- D. If any employee, intern or volunteer has been arrested for any of the crimes articulated in Section B or C, or has had a substantiation of physical or sexual abuse that is the subject of a pending substantiation hearing, or is the subject of pending investigation alleging physical or sexual abuse, the Contractor shall remove that person from direct service responsibility pending the outcome of the investigation.
- 15. Pre-Service Training:** The Contractor agrees to provide the following training to all direct service employees prior to providing autonomous direct service to children and youth served through this contract:
- (1) Blood born pathogens (universal precautions)
 - (2) CPR
 - (3) Mandated reporting
 - (4) Medication Administration
- 16. Approval for Programmatic Changes:** The Contractor must request and receive written approval from the Bureau of the Department that oversees the contracted service prior to implementing changes in the program model, target population or program capacity. Such changes may also require a contract amendment be executed prior to implementation.
- 17. Notifications:** The Contractor agrees to develop and institute written protocols to assure the timely notification of police, emergency medical services, family members, DCF, Hotline staff, and other community contractors as appropriate in the event of an emergency, injury, significant event or critical incident.
- 18. Use of Physical Restraint or Seclusion:** When required by statute or Department regulations, the Contractor agrees to develop and implement policy consistent with C.G.S. 46a 150-154 regarding the use and reporting of physical restraint and seclusion.

19. **Investigations:** The Contractor agrees to cooperate fully with any protective services investigation arising from the delivery of services covered by this contract. The Contractor will develop and implement policy addressing administrative leave procedures for staff identified in a protective services or criminal investigation.
20. **Access to Premises:** The Commissioner or designee shall have access to the premises and all documents and records related to the services identified in the contract, at any reasonable time as deemed necessary. In addition, the Commissioner or designee shall be permitted to review the records of and speak to any child or youth receiving the services identified in this contract. In cases of suspected abuse or neglect or emergency conditions affecting the health, safety or well being of any child or youth, the Department shall have unrestricted access at any time. Facility inspectors operating within the scope of their licensing functions shall have unrestricted access at any time.
21. **Court Appearances:** The Contractor agrees to make available appropriate personnel to appear in court for the purpose of testifying to facts surrounding a client or contractor's involvement in services covered by this contract. When necessary, the Contractor will provide a written summary in preparation for a juvenile court hearing.
22. **Community Collaboratives and Managed Service System:** The Contractor agrees to full and active participation in the Local System of Care/Community Collaborative(s) and Managed Service System(s) operating within the geographic area for this service. If this Contractor provides services in a geographic area with multiple Community Collaboratives and Managed Service Systems, the Contractor will at minimum assure that all Collaboratives and Managed Service Systems within their catchment area are fully aware of this Contractor's status as a part of the network of available services. When requested by the family and Care Coordinator, the Contractor will participate on the Child and Family Teams for children involved in their programs.
23. **Connecticut Behavioral Health Partnership:** The Contractor agrees to comply with procedures instituted by the Connecticut Behavioral Health Partnership (CTBHP) for authorization and registration of client services. In addition, the contractor agrees to abide by decisions of the Oversight Council of the CTBHP regarding policies, practice or payment methodology for programs included in the CTBHP.
24. **Sovereign Immunity.** The Parties acknowledge and agree that nothing in this Agreement shall be construed as a modification, compromise or waiver by the State of any rights or defenses of sovereign immunity, which it may have had, now has or will have with respect to all matters arising out of this Agreement. To the extent that this provision conflicts with any other provision, this provision shall govern.

SECTION E: The following section pertains only to service components funded under this contract through state financial assistance which are not designated as Fee for Service components as defined in Section F:

1. Contracted funds may not be expended prior to the starting date of the contract or beyond the ending date of the contract. The Contractor agrees to follow the State of Connecticut Office of Policy and Management Cost Standards in the preparation of all budgets and reports to the Department. Department grant funding may only be spent on items that are allowable under the standards; however, an item that is allowable based on the standards may be disallowed in the initial or revised budgets or reports if it is deemed not appropriate for the program to which it is assigned.
2. **Fiscal Reports:**
 - A. Interim Fiscal Report: The Contractor shall annually submit an interim fiscal report no later than

March 31 for contracts written on a state fiscal year and on June 30 for contracts written on a federal fiscal year. The interim fiscal report shall be in the form prescribed by the Department, shall be prepared on an accrual basis and shall report the actual income and expenditures for each funded program for the period July 1 through February 28 (or February 29 during leap year) for contracts written on a state fiscal year. For contracts written on a federal fiscal year, the reporting period is October 1 through May 31. Such reports shall identify staff by name and position.

- B. If so required by Paragraph 5 C below, the Contractor shall submit to the Department budget revision requests for variances identified through the interim fiscal report no later than March 31 for contracts written on a state fiscal year and no later than June 30 for contracts written on a federal fiscal year. The Contractor shall comply with Department requirements as to the form and content of these submissions.
- C. Annual Financial Report: The Contractor shall submit an annual financial report no later than September 30 for contracts written on a state fiscal year and no later than December 31 for contracts written on a federal fiscal year. The annual financial report shall be in the form prescribed by the Department and shall report the actual income and expenditures for each Department-funded program for the period July 1 through June 30 for contracts written on a state fiscal year and for the period October 1 through September 30 for contracts written on a federal fiscal year. The annual financial report shall agree with the Contractor's internal financial records and the Schedule of Expenditures included in the Single Audit submission or to the annual audited financial statements, as applicable.
- D. If so required by Section E., Paragraph 5 C. below, the Contractor shall submit to the Department final year end budget revision requests for the period March 1 through June 30 no later than September 30. The Contractor shall comply with Department requirements as to the form and content of these submissions.

- 3. **Sub-contracts.** The Contractor shall submit for approval any and all subcontract agreements with each budget submission for all DCF programs.

4. **Payments**

The amount of this contract, \$_____, represents the maximum amount payable by the Department to the Contractor for providing the services described in Scope of Service documents of this contract. The Contractor agrees to abide by the attached consolidated budget, unless otherwise granted written permission for variance as allowed by the terms of this contract.

- A. Initial Payment. An initial contract payment of state funds representing three months in the amount of one-fourth (1/4) of the total annual state funded contract amount will be authorized by the Department after the start of the state fiscal year contingent upon the availability of funding to the Department and contingent upon the full execution of this agreement.
 - 1. An initial contract payment of federal funds representing three months in the amount of one-fourth (1/4) of the total annual federal funded contract amount will be authorized by the Department after the start of the state fiscal year contingent upon the full execution of this contract and receipt of federal monies by the Department in compliance with the federal Cash Management Improvement Act (CMIA), 31 U.S.C. § 6501 et. Seq. of (1990).
- B. Subsequent payments: In the second and third quarters of the state fiscal year, payments, each representing three months in the amount of one-fourth (1/4) of the total contract amount, will be authorized by the Department contingent upon the availability of funding. Either of these payments may, at the Department's discretion, be withheld in whole or in part pending receipt of the Annual Financial Report.

- C. Final Payment. The final payment representing three months in the amount of one-fourth (1/4) of the total contract amount will be made following receipt and review of the Interim Fiscal Report and contingent upon funds availability. This payment may, at the Department's discretion, be withheld in whole or in part pending receipt of the Interim Financial Report.
- D. When the Department's review of the Contractor's financial reports or on-site examination of the Contractor's financial records indicates that under expenditure or under utilization of contract funds are likely to occur by the end of the state fiscal year, the Department may alter the payment schedule for the balance of the fiscal year upon thirty (30) days' written notification to the Contractor. Payment adjustments may be made for the following:
 - 1. utilization;
 - 2. receipt and approval of required reports within the time frames established by the Department;
 - 3. actual expenditures reflecting a reduction in projected total annual expenditures; or
 - 4. offset of any unallowable expenditures or unexpended funds owed from a prior award or a previously terminated contract.

5. Annual Budget Variance:

- A. The Contractor shall adhere to the approved budget allocated to each service component, included as part of this agreement. In the event that the Contractor and/or subcontractors receive(s) additional funding equal to or greater than 10% of the value of this contract from any source other than those indicated in this contract, the Contractor shall notify the Department of such funding and its use within ten (10) business days after receiving notice of such funding.
- B. The following annual variances from the approved budget are allowable without prior Department approval:
 - 1. Line item expenses within Department-funded program cost centers up to 5% of each line item or \$5,000, whichever is greater;
 - 2. Individual salary variances within Department-funded program cost centers up to 10% or \$3,500, whichever is greater.
 - 3. These variances may be added or subtracted from the approved budgeted amounts and included in the budgeted amount columns of the Interim and Year-End reports.
- C. The Contractor may request approval from the Department to exceed the above-stated limits for variances, provided that request is submitted on the appropriate Budget Revision forms, with the eight month financial report for requests concerning the first eight months of the budget period and with the year end report for requests concerning the last four months of the budget period.
- D. Variances that exceed the allowable limits specified herein and that do not have a Department-approved budget revision will be treated as disallowed expenses and may, at the Department's discretion, be required to be returned to the Department.
- E. The Contractor may assign unused funds received in the fiscal year for one program to another program when both programs are funded from the same State Special Identification Number (SID) in the same fiscal year. The Contractor must submit a budget revision for each program to effect this change.

6. Unexpended Funds:

- A. Whenever the Department determines from its review of the Contractor's audited annual financial statements and program operations that the total paid under this contract, together with applicable

program income from other sources, exceeds the total allowable expenses of the program, such excess income shall be deemed by the Department to be unexpended funds. If the Contractor is not required to submit audited annual financial statements, the Department may utilize the final annual financial report to determine the existence and amount of unexpended funds.

- B. Unexpended funds shall be identified by and returned to the Department in the following manner: Funds paid to the Contractor shall be identified by the Department's "Special Identification Number" (SID). The payments made by the Department shall be compared to the expenses reported by the Contractor, by SID as noted on the "Schedule of Expenditures of Financial Assistance" and/or "Schedule of Expenditures of Federal Financial Assistance" or other similar schedule(s) as required by the Federal and State Single Audit acts. If the Contractor is not required to file Single Audit Reports, the Department may utilize the Contractor's final Annual Financial Report to determine any unexpended funds. If payments made by the Department exceed the expenses reported, the Department may recoup such payments by (a) offsetting a future contract payment by the amount of the unexpended funds calculated by the Department or (b) requesting payment from the Contractor by check or other means as determined by the Department. If requested to return unexpended funds by check, the Contractor shall return to the Department the amount of unexpended funds subject to recoupment not later than thirty (30) days after receipt of written notice from the Department that such amount is due. The Department may recoup from future contract payments an amount equal to any such unexpended funds subject to recoupment that remain unpaid more than sixty (60) days after receipt of said written notice. The Department may, at its discretion, implement a repayment or recoupment plan that spreads out the repayment or recoupment over a timeframe mutually agreeable to the Contractor and the Department.
- C. The Contractor may request permission from the Department to carry forward unexpended federal funds from one fiscal year to a subsequent fiscal year provided that such request: (1) is made to the Department in writing; (2) specifies the amount of unexpended federal funds requested and identifies the fiscal year from which and to which the Contractor is seeking permission to carry forward;; (3) clearly explains why the Contractor has not fully expended payments made by the Department under this contract; (4) details the purposes for which the Contractor proposes to use the requested unexpended federal funds. Carry forward requests for Federal funds must be received by the Department no later than September 1. Upon determination by the Department that the Contractor has performed in accordance with the terms and conditions of the contract, and that the amount and proposed use of the unexpended funds for which a carry forward is being requested are appropriate, the Department may approve a request to carry forward unexpended federal funds and will notify the Contractor in writing of such approval. Unexpended federal funds thus approved for carry forward shall not be subject to section A of this provision provided that the Contractor expends such funds by the end of the fiscal year immediately following the fiscal year in which the unexpended federal funds were originally accrued.

Contractor shall not use unexpended federal funds approved for carry forward for any purpose other than the one for which the Department has granted specific prior written approval.

- D. If the Department is the only source of public grant funding for a program and that program generates additional revenue above the amount of approved allowable expenses, the Contractor may exhaust the Department's funding first before spending the other program revenue. At the end of the fiscal year, the Contractor may retain any surplus funds remaining after all the Department's funding has been expended in any revenue generating program. If total program expenses are less than the Department's funding received for that program, the Contractor must return the difference between the expenses and the Department's funding to the Department unless approval has been received under 6C.

- E. Absent specific prior written approval from the Department under paragraph(s) 6C or 6D. of this provision, the Contractor shall not expend, transfer or otherwise use funds deemed by the Department to be unexpended funds and all such funds shall be subject to paragraph 6B of this provision.
- 7. **Capital Expenditures:** Contractor shall not use funds allotted by the Department under this contract for capital expenditures. This restriction shall not be interpreted to prevent routine maintenance, but no such funds shall be used for construction or renovation of buildings.
- 8. **Equipment:** Equipment is defined as machinery, tools, furniture, vehicles, and other personal property with a normal useful life of more than one year and a value of \$5,000 or more. Equipment to be purchased for the program with Department funds must be identified. The following provisions apply to equipment purchases made in full or in part with Department funds:
 - A. The Contractor shall obtain the prior approval of the Department either through the contract application budget or a budget revision. Each piece of equipment to be purchased and its costs must be clearly itemized.
 - B. The Contractor shall obtain three (3) competitive bids with the purchase to be made from the lowest qualified bidder.
 - C. The Contractor shall maintain an inventory of all equipment purchased with Department funds, using a form and format acceptable to the Department.
 - D. As part of its annual audit statement, Contractor shall submit verification by the auditor of the continued possession of all equipment purchased with Department funds.
 - E. Any item of equipment purchased with Department funds shall not be discarded or sold or removed from the inventory without the prior written approval of the Department.
 - F. If Department funding to the Contractor is terminated or not renewed, the Department will determine the manner of the disposition of all equipment purchased in full or in part with Department funds by: (1) permitting the Contractor to retain and use the property; (2) allowing the Contractor to sell the equipment and return the proceeds to the Department, minus an agreed upon amount to compensate for the costs of selling the property; or (3) returning the equipment to the Department.

SECTION F: The following section pertains only to service components funded under this contract on a fee for service or per diem basis

- 1. **Reporting Requirements:** The Contractor shall supply all applicable reports required by the Department.
- 2. **Fiscal Reports:** Residential contractors shall submit Single Cost reports in accordance with the regulations of Connecticut state agencies Section 17a-17-1 through 17a-17-16.
- 3. **Payments:** The Department agrees to pay the Contractor according to the terms of compensation and payment stated in published rate schedule or the most recent rate letter issued by the Department. The Department may, at its discretion, withhold payments pending receipt and approval of required reports within the time frames established by the Department or to offset of any unallowable expenditures or unexpended funds owed from a prior award or a previously terminated contract.