

**Cognitive Behavioral Intervention for Trauma in Schools
(CBITS)
Request for Qualifications**



July 24, 2015

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

TABLE OF CONTENTS

Program Title	3
Overview	3
Schedule	4
Source of Funds	4
Amount and Terms of Award	4
Period of Award	4
Disposition of Proposals	5
Eligibility	5
Insurance	5
Technical Assistance/Bidder's Conference	5
Questions	6
Letter of Intent and Contact Person	6
Grant Application Deadline	6
Background	7
Community Connections and Supports	8
Scope of Work	8
Target Population and Referrals	9
Length of Service	9
Staffing Model	9
Training Requirements/Learning Community	10
Case Capacity	10
Service Provision Components	10
Statement of Work	11
Multi-Cultural and Linguistically Competent Care	11
Outcomes	11
Data Collection and Reporting	12
Preparing a Responsive Application	13
Application Questions and Elements	13
Application Instructions and Review Information	16
Instructions for Completion	16
Application Format	16
Appendices	16
Review Context	17
Review Procedure	17
Letter of Intent Form	18
Cover Sheet Form	19
Consulting Agreement Affidavit	20
General Proposal Notices and Requirements	21
SEEC Information	24
Exhibit A: DCF Administrative Contract Requirements	25

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

REQUEST FOR QUALIFICATIONS (RFQ)

PROGRAM TITLE: Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

OVERVIEW

Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is an evidenced based, cognitive behavioral therapy model designed to deliver skill based group interventions in a school setting. This model focuses on relieving symptoms of Post-Traumatic Stress Disorder (PTSD) and general anxiety among children and youth who have experienced trauma. This school based treatment model will enhance the schools' mental health service array to support and improve students learning potential and build student resiliency. CBITS is a three year state funded project.

In 2014, the Department funded one CBITS team in Bridgeport. This RFQ is seeking to expand CBITS to add 8 teams (up to 24 clinicians and clinical supervisors) to attain statewide coverage. This initiative will partner with Dr. Sharon Stephan, a master CBITS clinician from the University of Maryland and the Child Health and Development Institute of Connecticut (CHDI). To be eligible, the contractor must be a school based health center or have an out-posted clinician in a school.

This implementation opportunity is through a clinical learning community approach. Agencies selected will receive expert clinical training, consultation, technical assistance, data collection, analysis and quality improvement services at no cost. This is an opportunity for provider agencies that have strong partnerships to deliver clinical services in local schools to integrate the CBITS practice model into their service delivery array. The partnership with school districts to implement this research supported, evidence based practice will build provider capacity as well as improving educational and well-being outcomes for children.

PROCUREMENT SCHEDULE

RFQ Development	June 2015
RFQ Published	July 24, 2015
Non-Mandatory TA - Bidders Conference	August 4, 2015 1-3:00 p.m.
Deadline for Submission of Questions	August 5, 2015 by 3:00 p.m.
Questions and Answers Posted to Website	On or about August 12, 2015
Deadline for Receipt of a Mandatory Letter of Intent*	August 14, 2015 by 3:00 p.m.
Deadline for Receipt of Proposals	September 11, 2015 by 3:00 p.m.
Notification to provider of selection	October 2, 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 funding.

AMOUNT AND TERMS OF AWARD

The Department plans to fund at least 8 agencies across the state to implement CBITS within the below regions. They are:

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Bridgeport	Milford	Middletown	Hartford	Danbury	Meriden
Norwalk	New Haven	Norwich	Manchester	Torrington	New Britain
		Willimantic		Waterbury	

A separate application is required if applicants are responding to serve more than one region. Agencies may not apply for more than two CBITS teams.

The CBITS initiative has received funding from the state budget and the federal Mental Health Block Grant. The statewide funding level for this RFQ is \$382,500. The Department is seeking CBITS teams that consist of one Clinical Supervisor and minimum of two clinicians to a maximum of four clinicians per team. These teams will be formed of behavioral health clinicians currently employed by the applicant. The award will be in the form of a stipend to support the training, learning community participation and site specific, model developer consultation and support. The Department will distribute the funds based on the number of clinicians per provider team; the stipend for a team of 1 supervisor and 2 clinicians will be \$47,800.

PERIOD OF AWARD

The funding period will be determined in conjunction with the contractor (s) based upon the anticipated start of the service; a one 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 RFQ 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.

To be eligible, the contractor must be a school based health center or have an out-posted clinician in a school. The contractor must also develop a Memorandum of Agreement (MOA) in schools where CBITS is being implemented keeping in mind that CBITS is implemented during the student's academic day and requires strategic planning and coordination with school educators.

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.

TECHNICAL ASSISTANCE/BIDDERS CONFERENCE

A non-mandatory, Technical Assistance (TA)/Bidders Conference is scheduled for **August 4, 2015 starting promptly at 1:00 p.m. to 3:00 p.m.** at the following location:

CT Behavioral Health Partnership
500 Enterprise Drive, Rocky Hill, CT
Hartford Room on the 3rd Floor

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

QUESTIONS

Questions concerning this RFQ and its content must be received no later than 3 p.m., local time, on August 5, 2015 via e-mail directed to Stacie Albert, e-mail: stacie.albert@ct.gov. The Department will post responses to the DAS website: http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp on or about **August 12, 2015**.

Any form of ex parte contact regarding this RFQ or any proposal being prepared or being considered under this RFQ, 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 RFQ by such respondent(s). Any inquiries or requests regarding the RFQ must be submitted to the RFQ 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 considered 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., local time, on August 14, 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
stacie.albert@ct.gov
Fax: 860-730-8382

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), September 11, 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

Schools are a primary location to identify children and youth with mental or behavioral health problems for service provision. In line with the Department of Children and Families Strengthening Families Case Practice Model, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), is a school based group intervention aimed at relieving symptoms of Post-Traumatic Stress Disorder (PTSD) and general anxiety among children and youth who have experienced trauma. This initiative will contribute to the schools mental health service array to support and enhance students' learning potential and build student resiliency.

CBITS involves components of psycho-education, relaxation, social problem solving, cognitive restructuring and exposure and is delivered in school by mental health professionals supported by the learning community and ongoing in-person clinical training, consultation, and coaching.

The CBITS program design also includes preparation and readiness activities with the school educators and administrators, a student screening and assessment process, psycho-educational sessions with the child's parents/caregivers, and an educational session with teachers.

The aim for children and youth who participate in CBITS is to decrease the risk for mental and behavioral health problems as a result of trauma exposure and to promote healthy development and child well-being (children are healthy, safe, smart and strong). CBITS also involves adult caregivers and educators by increasing adult skills and competencies for trauma-informed support to children experiencing distress secondary to trauma. CBITS therefore builds protective factors for children and youth well-being at an individual student level, relationally with adult caregivers, and community-based within the school environment where children participate daily and interact with caring teachers.

To see additional information about the CBITS Model see the link below: (Please note, you must register to access the free CBITS website.)

<http://cbitsprogram.org/>

Also, please see the below link to view a CBITS webinar that was conducted by Dr. Sharon Stephan of the University of Maryland, Division of Psychiatry on June 22, 2015.

<https://csmh.adobeconnect.com/p7d6xic6og3/>

COMMUNITY CONNECTIONS AND SUPPORTS

The CBITS model is designed to build, strengthen and sustain existing collaborations and relationships between school educators and administrators, mental health providers and children’s caregivers. The Department is accepting applications from school based health centers or agencies that have out-posted clinicians in schools. The Contractor will also have knowledge of community resources and support that may be needed for children and families as it pertains to aftercare planning and referral to community based clinical services as needed.

SCOPE OF WORK

It is the Department’s expectation that the Contractor will execute CBITS through group and individual interventions that involves 10 group sessions, 2 to 3 individual sessions with student participants, and parent psycho-educational sessions. The Contractor will also participate in the statewide clinical learning community/training initiatives, follow specifics of the CBITS model, and comply with the terms and conditions set forth as required by the Department.

These terms and conditions will include but not be limited to: the requirements and measures for the scope of services, contract performance, quality assurance, reports, terms of payments and budget. CBITS also has a fidelity monitoring component for enhanced supervision by the model developer which will include audio taping. The Contractor will need an adequate microphone and recording system and appropriate releases from group participants. Additionally, the Child Health and Development Institute of CT (CHDI) has developed a secure database for the collection and reporting of selected metrics and measures in a Limited Data Set related to DCF contracted covered entities with delivery of evidence-based practices. A CHDI Data User Agreement (DUA) must be signed with CHDI who will be collecting and analyzing and evaluating data in their Evidence Based Practice Tracker (EBT).

The CBITS weekly group sessions will contain approximately 8 children and include exercises related to six cognitive-behavioral areas:

- ✓ education about common reactions to trauma,
- ✓ relaxation training,
- ✓ cognitive therapy (understanding the links between thoughts, feelings and behaviors, and identifying and challenging maladaptive thoughts),
- ✓ gradual exposure to trauma reminders,
- ✓ exposure to stress and trauma memory through drawing, writing, verbalization, and social problem solving.

Each participating clinician will deliver CBITS groups in school settings where children receive their educational services. Given schools are on a 10 month calendar (including holidays), each clinician is expected to conduct a minimum of 3 CBITS groups in a school year; one CBITS group immediately following the clinical training during the first half of the school year, and two groups in the second half of the school year. The supervising clinician is expected to conduct one CBITS group in the school year. CBITS groups may be delivered to schools open during the summer months and multiple groups can run concurrently.

It is expected that the clinicians will dedicate the first month of each semester to obtaining parental consents, strategic planning for school readiness, and screening and scoring individual student assessments. In the following 3 months of each school semester, the clinicians will execute the CBITS groups.

The Contractor will also schedule an educator and administrative faculty orientation, which involves the CBITS model and a discussion about trauma. There is the option for clinicians to hold the session with the student's teacher(s) to enhance students' educational achievement.

Target Population and Referrals:

The target population for CBITS are children and youth in a school setting, most commonly grades 4 through grade 12 (ages 9 to 18 years old) who are screened and determined to have elevated trauma symptoms that impact daily functioning and learning. The CBITS program is aimed at relieving symptoms of posttraumatic stress while strengthening resilience and the ability to cope for improved functioning and educational performance.

Target symptoms may include depression, anxiety, and a variety of other behavioral and mental health problems related to having experienced or witnessed traumatic events. These events may include: having been a victim of violence, exposed to violence, child maltreatment, natural or manmade disaster, or involved in an accident or fire. The group process through CBITS also promotes secondary gains such as building supportive, healthy social relationships.

All students referred will be screened for trauma exposure and program eligibility. Referrals to determine eligibility for CBITS can be made through a teacher, school social worker, a school based health center or outpatient clinician, a parent, or from DCF. The Contractor will collaborate with and engage the DCF social worker in case planning for all DCF involved children. It is expected that the majority of the students participating in CBITS will come from this screening process rather than solely from the clinician's assigned cases.

Length of Service

The length of service for the CBITS model includes 10 weeks of group time in addition to time for preparation and readiness to implement the program in the schools.

Staffing Model

The staffing model for CBITS will be as follows:

- Each provider agency will have a CBITS team that includes a minimum of 2 clinicians and a Clinical Supervisor. The clinical supervisor who will supervise the CBITS clinicians and will be trained in the CBITS model participating in the learning community. The clinical supervisor will conduct at least one CBITS group for direct experience and professional development.

- Agency Executives and Clinical Directors representing senior leadership will support the CBITS clinicians and the administrative structure for data reporting. Senior leadership will participate in all affinity calls related to implementation of the model, quality assurance and sustainability.
- All clinicians will be master's level and licensed or licensed eligible in the State of Connecticut to provide clinical services. Clinicians will also receive clinical supervision from a licensed clinician within their agency. The clinician will have a background in cognitive behavioral therapy, knowledge of trauma and impact of trauma on student functioning, group experience and some experience working with students and families.

Training Requirements/Learning Community

The agencies who are awarded the CBITS contract will begin training in the CBITS model through a learning community of clinicians and supervisors that will include the following:

- Participation in the initial 2 day CBITS training scheduled for early November 2015;
- Participation in six, half day CBITS learning community sessions that include senior leaders. In addition, over the course of the implementation period there will be six half day sessions with agency clinicians for more on-site support with implementation, clinical training and case discussion.
- Participation in on site, case specific clinical consultation and fidelity calls as well as receive supervision for CBITS groups via audio taping;
- Bi-weekly meetings that will include the clinicians and clinical supervisor regarding internal, systemic, data entry and delivery issues;

Case Capacity

One clinician will deliver the CBITS intervention model and complete 3 groups in the 10 month calendar year. The clinical supervisor will complete a minimum of one CBITS group. **A team of three will serve a minimum of 56 children per year.** CBITS can be delivered in school settings if the school is open during the summer for education sessions or as an additional service for the community.

Service Provision Components

The CBITS clinician must to be able to work within their agency system and partner with the community care system for children that require continued or alternate clinical services. Some children may be identified as benefitting from continued clinical services after group completion. Other children that have that have elevated trauma levels may be unable to participate in CBITS group due to attendance issues or significantly disruptive behaviors that interfere with group process.

Clinicians will work with each school where students will receive CBITS for preparation and readiness including teachers in-service, dissemination of information for the parents, parental/caregiver consent, screening and scoring for elevated trauma and individual interviews prior to group placement. Once the group starts clinicians will need to practice

CBITS model with fidelity and collect pre and post measurement for outcomes. Clinicians will need to obtain releases for audio taping for fidelity consultation with the model developer.

Statement of Work

The contractor must provide the staffing, office space, equipment, material, supports and resources necessary to meet the requirements for CBITS. The contractor must also work collaboratively and in an integrated manner with the school(s) that the CBITS program implemented in. This includes preparation and readiness, scheduling the groups, screening and assessment for the group participants, partnership with the teachers and school administrators and engagement with the parents of the student population. Additionally, schools must provide the appropriate space for the group work to take place.

Multi-Cultural and Linguistically Competent Care:

The selected contractor must have the ability to: a) provide culturally and linguistically competent training for their staff members; and b) assure multicultural competence in the implementation of services. Bi/multilingual and/or cross-cultural communication capabilities are required for service delivery. The preferred method of ensuring culturally and linguistically competent care is the hiring of a diverse professional staff, including persons who are bilingual or multilingual. Limited use of interpretive services is permitted, where no bilingual staff is available. Routine use of interpretive services by an awarded provider may result in a corrective action plan or other enforcement activities to remediate such issue.

Providers must support, respect, and uphold each individual child’s cultural identity, religious/spiritual ascription, gender, physical challenges, cognitive impairments, sexual orientation, and linguistic needs. Within a broad construction of culture, service provisions must also be tailored to the child’s age, diagnosis, developmental level, and educational needs.

Outcomes

Awarded contractors for the CBITS program will be required to provide the below outcome data:

Objective	Proposed Outcome	Timeframes
To treat both male and female children that have experienced a range of trauma in their lives.	Each clinician trained in CBITS will have provided services to a minimum of 24 children per school year.	During the academic school year and by contract year.
The children that enroll in the school based CBITS program will successfully complete the program. Children that require additional services will be referred.	80% of the children that start the group process will complete treatment. All children that are recommended for continued service will be referred.	Groups will run from September through January and from January through June. Data is evaluated periodically by school calendar Sept-Jan and Jan-

		June.
The parents/caregivers of the students participating in CBITS will be engaged in child specific parent education sessions.	Parental caregivers will be encouraged to participate either by phone or in person for the 2 sessions.	By each group process and how many parents attended the first and second sessions.
Parents will report improved wellbeing and functioning at home and school for each child in the program.	Survey by each parent for each child participant will reflect improved functioning.	At the end of each group.
Students' trauma and behavioral health/psychosocial symptoms will be reduced.	80% of the children that completed CBITS will have improved well-being.	At the end of each group children's increased wellbeing will be measured by the pre and post assessments used by the CBITS model.
The CBITS program is delivered with fidelity to the model.	The model components are implemented and data is entered timely.	At the end of each group by CBITS metrics and fidelity assessment.

Data Collection 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, its consistency with Strengthening Families principles and the effect of the services. The Department requires contractor(s) to use data to ensure the quality of their services, including identifying program challenges or barriers, identify 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 either be the Provider Information Exchange (PIE) or other Department sponsored application. The contractor will receive training regarding the use of the data collection system. For more information regarding PIE, go to the DCF website as follows:

<http://www.ct.gov/dcf/cwp/view.asp?a=3588&q=422310>

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.)
- Brief data and metrics for the clinicians trained in CBITS.

- Screening data which will be collected monthly on an Excel log by the DCF Program and Development and Oversight Coordinator which includes:
 - the identification of all student’s screened by child’s initials, grade and age
 - the results of the screening,
 - the students with elevated symptoms that enrolled in CBITS,
 - the students who were eligible for the group and did not enroll and why
 - of students who were not enrolled in CBITS and referrals made for other services
- Pre and post metrics for CBITS model
- Group attendance
- Episode Data (individual sessions with the child, parent/caregiver and teacher)
- Service Data (e.g. fidelity metrics)
- Group completion

Data User Agreements (DUA’s) will need to be authorized by each provider agency with the Child Health and Development Institute of Connecticut (CHDI) for their Evidence Based Tracker that is used to collect data for fidelity and outcomes.

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 RFQ 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 RFQ 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:

Qualifications (25):

1. Please provide an overview of your organization including mission, philosophy, and current range of services or activities provided. Describe how and why your organization structure and resources support implementation of CBITS.
2. What experience and commitment does your agency have working with children that have experienced adverse life events and have PTSD symptoms? What experience does your agency have with evidenced based models of treatment? What is your agency’s experience with evaluating model fidelity and managing quality assurance activities around implementing an evidence-based model?

3. Since schools are the primary location to identify and treat children for CBITS, describe your agency's partnership with educators and parents to support and improve the wellbeing of children in the school systems you deliver services to.
4. How will your agency implement CBITS, including staff selection, engaging families, screening students, and providing the groups? How the learning community process will be supported?

Staffing, Training and Supervision (15):

1. Provide an organizational chart that identifies the agency structure and governance as well as staff to be assigned to the contract project. Please submit resumes for key leadership positions and the plan for clinical supervision. Discuss the agency's plan to recruit and hire culturally and linguistically diverse staff and experience in evidence based, trauma focused treatments. How and what data does your agency collect for the regarding the cultural and language needs of clients in the school where clinical services are provided?
2. What experience does your agency have in participating in a learning community or learning collaborative? Please describe any evidence-based models you have implemented. Based on your experience, what are the factors that support or create barriers to sustaining evidence-based practices?
3. How will your agency partner with educators and parents to implement the CBITS model? What is your agency's approach and partnership with community providers and families and how will you build a strong collaboration in the delivery of CBITS?

Care Model and Service Delivery (30):

1. Describe your agency's initiatives to create a trauma informed practice. Outline your agency's approach to treating child trauma, including a discussion of child trauma and the developing brain, early childhood trauma, complex trauma, trauma informed systems and trauma in the child welfare system.
2. How will your agency engage and motivate caregivers to participate in the CBITS process and build resiliency for their children? How will your agency work with school administrators and teachers to increase competency for trauma informed support to children experiencing distress secondary to traumatic life events? Describe the areas of strength for this treatment model that will influence success for implementation and engagement.

3. CBITS is a cognitive–behavioral intervention that provides group and individual services to students. What do you anticipate will be the challenges of this model and what strategies will you employ to overcome them? What supports will the mental health providers need to run groups throughout the school year and possibly summer?
4. How will your agency deliver the specific components of the CBITS model and commit the resources necessary to support staff through the implementation period?
5. Please include a letter of endorsement from the school district where CBITS will be disseminated that indicates support for the planned trauma screening, number of CBITS groups required and other requirements (e.g. audiotaping, teacher orientation) in this RFQ.

Cultural Competency (15):

1. Detail how your agency will ensure culturally and linguistic competent service delivery and support for the children and their caregivers to be served by CBITS.
2. How does your agency partner with and incorporate representation of ethnic communities in planning and development for a culturally competent organization?
3. Please identify the racial, ethnic and cultural breakdown of your Board of Directors.
4. Please provide data on the race and ethnicity of the school population that you will be working with.
5. What diversity challenges does your agency face in its overall work? Does your agency have a racial equity lens and how does that lens have application to analyzing problems?

Quality Assurance and Data (15):

1. How does your agency solicit feedback from parents, youth, staff and partners to improve programming? Please submit satisfaction surveys you use.
2. Detail your agency's ability to fulfill data reporting requirements. What is your organization's data and information systems infrastructure? Please include in your response the software, personnel, hardware and networking capacities that will allow data collection that is accurate and reliable.
3. CBITS will require data with respect to the model fidelity, and measurable outcomes with a result based accountability focus that addresses how much of the service is provided, how well is the service provided, and is anyone better off from intervention. How does your agency approach quality assurance systems and outcomes? How many

full time staff do you dedicate to quality improvement? Who will be entering data specific to showing outcomes?

4. Please describe your agency's experience and challenges with program management and improvement, data reporting and your experience with RBA outcomes. The contractor may be required to use the Department's PIE as well as other reporting systems. Please describe how your agency will implement these reporting systems.

APPLICATION INSTRUCTIONS AND REVIEW INFORMATION
INSTRUCTIONS FOR COMPLETION

Submitted applications must conform to the following format requirements:

Page Limit	Up to a maximum of 24 pages, (excludes Cover Page, Table of Contents, 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. Appendices (see below)

Please ensure that all pages are numbered.

APPENDICES

The following appendices must be included with the proposal: Please put N/A if the appendix is non-applicable.

Appendix 1	Organizational Structure/Chart, including job descriptions and resumes
Appendix 2	Letters of Agreement
Appendix 3	Consulting Agreement Affidavit**
Appendix 4	Notification to Bidders Form** (Bidder's CHRO Compliance Package)
Appendix 5	Evidence of Nondiscrimination Form and Applicable Evidence material** (Bidder's CHRO Compliance Package)
Appendix 6	Employment Information Form** (Bidder's CHRO Compliance Package)

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 an evidence treatment base model that uses group therapy with a range of students and involves parents/caregivers and teachers.
- History of partnering with schools to meet psychosocial clinical needs of children.
- 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, rate, performance based criteria and reporting requirements. No financial obligation by the State can be incurred until a contract is fully executed.

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

Date: _____

Our agency is planning to apply for funding in response to the RFQ entitled Cognitive Behavioral Intervention for Trauma in Schools (CBITS) to serve the region(s) indicated below. (Check all that apply. **Applications** must be submitted separately for each region.)

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Bridgeport Norwalk Stamford	Milford New Haven	Middletown Norwich Willimantic	Hartford Manchester	Danbury Torrington Waterbury	Meriden New Britain

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 14, 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
Cognitive Behavioral Intervention for Trauma in Schools
Request for Proposals

Name of Agency: _____

Region(s) Applying
For: _____

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: _____

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

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.