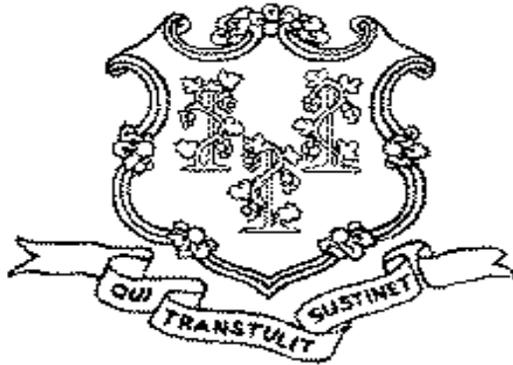


DEPARTMENT OF CHILDREN AND FAMILIES

*REQUEST FOR PROPOSAL*

for

**Intensive Home Based Services:**  
**Multisystemic Therapy - Building Stronger Families**



October 23, 2015

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**DEPARTMENT OF CHILDREN AND FAMILIES**

**REQUEST FOR PROPOSALS (RFP)**

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**Program Title:** Intensive Home Based Services: Multisystemic Therapy - Building Stronger Families (MST-BSF)

**OVERVIEW:**

MST-BSF, an evidence-based treatment model, provides intensive family- and community-based treatment for families that are active cases within the Department of Children and Families (DCF). The family's DCF involvement is due to the physical abuse and/or neglect of a child (age 6-17 years of age) in the family in the last 180 days plus the abuse of or dependence upon marijuana, cocaine, heroin, alcohol, or other substances by at least one caregiver in the family. The model is the integration of two empirically-supported treatments, Multisystemic Therapy for Child Abuse and Neglect (MST-CAN; Swenson, Schaeffer, Henggeler, Faldowski, & Mayhew, 2010) to address the child abuse / neglect and Reinforcement-Based Treatment (RBT; Tuten, Jones, Schaeffer, & Stitzer, 2012) to address the parental substance abuse.

A clinical team provides evidence-based treatments for all family members with the aim of preventing repeat maltreatment and out of home placement of the child, eliminating parental substance misuse, improving child and parent mental health functioning, and increasing natural social supports. Services are delivered intensively (i.e., at least 3 times/week) with clients in their homes and in other community settings. MST-BSF therapists maintain small caseloads (4 families) and provide family-systems, behaviorally, and cognitive-behaviorally based interventions to comprehensively address the individualized factors that contribute to child maltreatment and substance abuse, and that threaten the long-term sustainability of treatment gains in a given family. Common foci of interventions include: substance abuse; parent management practices; family communication and problem-solving; child and adult trauma symptomatology; depression; anxiety; anger management; abuse clarification; case management; and parental employment. Interventions are integrated using a structured analytical process and an ecological, strength-based approach. Weekly quality assurance protocols ensure treatment team adherence to the MST-BSF model.

**SCHEDULE**

RFP Development	September, 2015
RFP Published	Friday, 10/23/15
TA - Bidders Conference	Tuesday, 11/3/15 10am-12 pm - Value Options, Litchfield Room, 3 <sup>rd</sup> floor
Deadline for Submission of Questions	Wednesday, 11/4/15 at 3 pm
Questions and Answers Posted to Website	Tuesday, 11/10/15 at 3 pm

Deadline for Receipt of a Mandatory Letter of Intent*	Wednesday, 11/18/15 at 3 pm
Deadline for Receipt of Proposals	Friday, 12/11/15 at 3 pm
Anticipated Date of Contract Execution	Monday, 2/1/16

\* **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. It is expected that the contractor will seek third-party payment for any billable services provided.

**AMOUNT AND TERMS OF AWARD**

The Department plans to fund two MST- Building Stronger Families (MST-BSF) team in two DCF Area Offices that currently do not have a MST-BSF team, with a total annualized grant funding level for each team of \$435,000.

The regions that do not have a MST-BSF team and their Area Offices are outlined below:

Region 3	Region 4
Norwich Area Office	Manchester Area Office

**A separate application is required if applicants are responding to serve more than one region.**

**PERIOD OF AWARD**

The funding period will be determined in conjunction with the contractor (s) based upon the anticipated start of the service. A contract of up to three (3) years 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**

Subcontracting may not be used to ensure that services are available throughout the region.

**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 **Tuesday, 11/3/15, from 10 am to 12 pm** at the following location:

Value Options, Inc.  
Litchfield Room, 3<sup>rd</sup> Floor  
500 Enterprise Drive  
Rocky Hill, CT 06007

**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 **3:00 p.m., local time, on Wednesday, 11/4/15** via e-mail directed to Stacie Albert, e-mail: [stacie.albert@ct.gov](mailto:stacie.albert@ct.gov). The Department will post responses to questions posed at the TA and those submitted via email to the DAS website [http://www.biznet.ct.gov/SCP\\_Search/Default.aspx?Acclast=1](http://www.biznet.ct.gov/SCP_Search/Default.aspx?Acclast=1) on or about Tuesday, 11/10/15.

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 AND 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 **3:00 p.m., local time, on Wednesday, 11/18/15**. 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](mailto: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 on Friday, 12/11/15**, at the following DCF location (see also "Application Instructions" section):

Judi Jordan  
Division of 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**

Connecticut is one of ten states in the United States with the highest rates of past month illicit drug and marijuana use by men and women ages 18-25 and past month alcohol use by age groups 12-17, 18-25 and 26+ (SAMHSA 2008). As the Department of Children and Families (DCF) considers parental substance abuse a primary factor when making child placement decisions, it is not surprising that a significant number of children in Connecticut (CT) are at risk for out of home placements and disruption of their familial relationships as a result of the drug using behaviors of their caregivers.

Many substance-abusing women experience higher prevalence of risk factors than their non-substance-abusing peers on factors such as mental health disorders, trauma, victimization, criminality, unstable housing and unemployment. The accumulation of these risks impacts their ability to parent effectively and move towards recovery simultaneously (Nair, Schuler et al 2003). The struggle of some parents to manage multiple psychological and environmental stressors may decrease their ability to provide the protection, nurturing and stimulation needed by their children. The link between parental stress and child neglect and maltreatment is strong. The need to focus on the reciprocal interaction between substance abuse and child neglect makes it necessary to treat both issues concurrently (Donohue et al 2006).

In 2003, Connecticut DCF began work to increase services for families engaging in abuse or neglect of a child in the family plus parental substance abuse. DCF brought together faculty at the Medical University of South Carolina and Johns Hopkins University to develop the MST-BSF model that is comprised of two evidence-based treatments: Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) and Reinforcement-Based Therapy (RBT).

Just prior to 2003, the Family Services Research Center at the Medical University of South Carolina had completed a randomized effectiveness trial of Multisystemic Therapy for Child Abuse and Neglect (MST-CAN). Compared to families receiving Enhanced Outpatient Treatment, at 16 months post-referral, MST-CAN families had significantly fewer acts of physical and psychological parent-to-child aggression and greater improvements in neglectful parenting. In addition, MST-CAN parents showed greater improvements in psychiatric distress and in use of natural social supports. MST-CAN youth showed greater reductions in anxiety and PTSD symptoms and had significantly fewer out-of-home placements. Youth who were placed had significantly fewer placement changes. MST-CAN is cited as an evidence-based program by the California Evidence-Based Clearinghouse for Child Welfare

<http://www.cebc4cw.org/program/multisystemic-therapy-for-child-abuse-and-neglect/>) and as a promising program by the Office of Justice Programs.

At Johns Hopkins University, three randomized trials with heroin-dependent adults exiting detoxification facilities established the efficacy of RBT as delivered in an outpatient treatment setting. Research outcomes showed that RBT was superior to usual care in terms of treatment attendance, retention, and abstinence while in treatment; superior to standard outpatient services at increasing days abstinent, days worked, and income earned over a 6-month follow-up period; and superior to usual care in abstinence rates at 1 and 3 months post-enrollment. Participants who received RBT plus recovery housing were also significantly more likely to be abstinent at 6 months post-enrollment.

Connecticut DCF, in conjunction with the Annie E. Casey Foundation, brought these two evidence-based models together to provide an intensive home-based treatment model for families where 100% of parents were engaging in substance abuse and a child in the family had been the subject of physical abuse and/or neglect. The model was named MST-Building Stronger Families (MST-BSF).

A two-year pilot study was conducted to establish feasibility of the model and acceptability of the service to families and workers, and to evaluate clinical outcomes. The pilot study followed a two-faceted design. First, changes in parent and youth mental health functioning were measured pre- and post-treatment among families who received MST-BSF. Second, MST-BSF families were matched with families that received Comprehensive Community Treatment (CCT) in Connecticut to compare on reabuse rates and out-of-home placement. MST-BSF and CCT families were largely equivalent on all demographic and case background characteristics. Overall (N = 43), most mothers in the sample self-identified as being of White, Non-Hispanic racial/ethnic origin (79.1%), with 16.3% identifying as Hispanic and the remainder (4.7%) as Black, Non-Hispanic. The racial makeup of the sample was comparable to those of parents served by the New Britain DCF area office as a whole (i.e., in 2007, the caseload was 81.0% White, Non-Hispanic, 11.7% Hispanic, 2.2% Black, Non-Hispanic, and 5.1% Other). Child participants as a whole were about evenly split on gender (44.2% female) and mirrored the racial/ethnic proportions of their mothers (i.e., 65.1% White, Non-Hispanic, 14.0% Hispanic, 14.0% Biracial, 4.7% Black, Non-Hispanic, and 2.3% Other). The vast majority of mothers (90.7%) had experienced at least one substantiated maltreatment report prior to the incident resulting in referral, with an average of 2.60 prior incidents [SD = 2.57, range 0–13]. A sizeable portion (16.3%) of children had experienced a previous out-of-home placement (M = 0.44 placements, SD = 1.24, range 0–5).

Among families that received MST-BSF, parents showed significant decreases in alcohol use, drug use, depression, and psychological aggression towards the child at treatment completion. Youth showed significant decreases in anxiety. When the two matched groups were compared, twenty four months post-referral, MST-BSF parents were three

times less likely to have a substantiated new incident of abuse or neglect. Half as many youth in the MST-BSF condition were placed out of the home, and those placed spent significantly fewer days in out-of-home placement than did their treatment-as-usual counterparts. A large-scale randomized clinical trial of MST-BSF, funded by the National Institute on Drug Abuse (NIDA), currently is underway in DCF Region 6 (New Britain & Meriden Area Offices).

### **APPLICANT REQUIREMENTS**

In order to be considered for this RFP, MST-BSF applicants must provide clear documentation that they have the capacity to, and agree to, meet the following requirements (see question #2 in Application Questions and Element):

- a) The contractor will ensure the ability to maximize billing for third party insurance for the following services: outpatient group level of care (Social Club) and psychiatric services.
- b) The contractor must demonstrate the ability to provide services to children & to adults with substance abuse and/ or mental health problems,
- c) The contractor must demonstrate the ability to provide in-home services in their region.
- d) The contractor must have a willingness to provide services in all neighborhoods of the towns in the DCF Area Office that it proposes to serve in this application.
- e) The contractor must be willing to implement the MST-BSF model with fidelity. This involves a commitment to full participation in the quality assurance (QA) program and agreement to implement only evidence-based interventions designed in consultation with an MST-BSF expert as part of ongoing QA practices. In addition, the contractor must be willing to implement the model in full keeping with the MST-BSF license, issued through MST Services, Inc. ([mstservices.com](http://mstservices.com)).
- f) If your agency required a Corrective Action Plan (or similar action) for any DCF contract in the past two years, please identify the program, the primary problems, and how the problem(s) was (were) addressed.

### **SCOPE OF WORK**

MST-BSF is based on a social-ecological model in which children are viewed as embedded within various systems (e.g., family, parents, school) that they influence and that influence them. Accordingly, all members of the child's ecology are included in the treatment process, and clinical Interventions are provided to ecology members as warranted. The model emphasizes helping the parent eliminate barriers (e.g., mental health difficulties, abuse of substances) to safe and effective parenting. Rather than addressing only the reason for referral, MST-BSF seeks to eliminate the factors that create risk for repeat maltreatment, out-of-home placement of the child, and continued substance misuse to promote the long-term sustainability and generalizability (e.g., to other children in the household) of treatment gains. A great amount of attention is

given to implementing the model with fidelity, attaining desired clinical outcomes, and maximizing the likelihood of the sustainability of those outcomes.

Because MST-BSF is a strengths-based model, protective factors across these systems are given first consideration as they can be built upon and used as leverage for change. Likewise, when maltreatment occurs risk factors across these systems need to be assessed and those that are pertinent to a given family are targeted for change.

## **TARGET POPULATION**

The contractor will provide MST- BSF to families who meet the following Inclusionary & Exclusionary Criteria:

### **1. Inclusionary criteria**

- a. Families who come to the attention of the Department of Children and Families due to the physical abuse and/or neglect of the children in the family AND due to the abuse of or dependence upon drugs or alcohol by the caregivers in the family; these families may be those who are 'frequent users' of the DCF system and services.
- b. A new report of physical abuse and/or neglect in the last 180 days.
- c. Families with youth between the ages of 6 and 17.
- d. Families may be served where the youth is currently in foster care, will be reuniting with their family AND there is abuse of or dependence upon drugs or alcohol by the caregivers in the family.

### **2. Exclusionary criteria** (inappropriate referrals)

- a. Youth living independently, or youth for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends and other potential surrogate caregivers.
- b. Youth referred primarily due to concerns related to suicidal, homicidal, or psychotic behaviors.
- c. Families with youth who are juvenile sex offenders (sex offending in the absence of other delinquent or anti-social behavior).
- d. The youth referred has a developmental disability (e.g., autism) that is so severe it would limit his/her ability to participate in verbal interventions (e.g., in family therapy) (**Note:** it is acceptable for such youth to be living in the home of a family referred as long as at least one other child in the family meets the inclusionary / exclusionary criteria and is cited in the maltreatment report).
- e. Families with youth in foster care for whom the plan does not include reunification.
- f. Families wherein the primary abuse typology is sexual abuse.
- g. Families who are engaging in active partner violence in the absence of child abuse and neglect.

## **GENERAL COMPONENTS OF MST-BSF**

### **Access and Referrals**

The Contractor will accept referrals during normal business hours (i.e., 9:00 a.m. – 5:00 p.m.), Monday through Friday, 52 weeks per year. When a family is accepted for services, it is expected that the initial contact will be made with the family within 24 hours. The first session will occur in the family's home within two business days.

Access to MST-BSF will be provided only to families with DCF child protective services involvement at the time of referral. The DCF Area Office Director or their designee will make all DCF referrals. Prioritizing referrals to the MST-BSF program will be the responsibility of the DCF Area Office Director or their designee. **The contractor will not maintain a waitlist.**

### **Length of Service**

Length of service will be for an average of 6-9 months per family. The Contractor will formally review and document decision making regarding length of service every two months. Parents, the DCF social worker, and other providers as deemed appropriate will be invited to participate in these decisions. Services may be extended beyond this period with authorization from the DCF Area Office Clinical Manager or designee.

### **Staffing Model**

Each MST-BSF team consists of:

- 3 full-time master's level Clinicians
- 1 full-time bachelor's level Case Manager
- 1 full-time MST-BSF Clinical Supervisor
- 1 part-time (.1 or 4 hours / week) Psychiatrist or APRN

## **QUALIFICATIONS & ROLES OF THE TEAM MEMBERS**

Following are the qualifications and roles for each staff member. A hiring guide is available for each position and contractors are expected to follow this guide. In addition, the MST-BSF expert will participate in the hiring process.

### **Staffing qualifications and roles of the BSF team are as follows:**

#### **1. Supervisor:**

Clinical supervision will be provided by an individual with a minimum, a Master's degree in a human services field and no less than three (3) years of experience in the delivery of clinical services.

### **Job responsibilities include:**

- Conduct weekly group supervision for MST-BSF team to assure adherence to MST Principles and the MST Analytic Process a minimum of one hour per week.

- Conduct individual supervision as needed to target clinician competency needs and to remove individual barriers to effective implementation of MST-BSF treatment.
- Assure appropriate documentation of clinical effort to allow for peer and supervisory input, and to meet all reporting and communication needs of funding and referral sources.
- Provide supportive and corrective feedback to clinicians to promote client outcomes through interventions such as enacting role play and practice, attending field visits with therapists, acting as co-therapist in sessions, listening to audio tapes of clinicians' sessions, and providing feedback about clinicians' performance.
- Provide administrative support targeting systemic barriers to treatment success.
- Assure availability of clinical and administrative support to clinicians 24 hours/day, 7 days/week.
- Assure therapist accessibility to clients when needed at times most likely to promote engagement.
- Assure that clinicians achieve engagement with all key participants.
- Provide direct clinical training to assure clinician competency in all clinical areas relating to the implementation of MST-BSF interventions. This includes enacting role play and practice, attending field visits with therapists, acting as co-therapist in sessions, listening to audio tapes of clinicians' sessions, and providing feedback about clinicians' performance.
- Assure that all assessments are comprehensive, multisystemic, and provide adequate information to determine the causes and correlates of referral behaviors to direct effective treatment within the ecological context.
- Ensure that each clinician has a Clinician Development Plan that is reviewed monthly and revised quarterly.
- Work with the Family Services Research Center at the Medical University of South Carolina to ensure that all data for the adherence measure is collected.
- Build a relationship with community stakeholders (i.e., child protection services, Guardians ad Litem, judges, schools, etc.) to ensure that there is a continuous stream of referrals and that customer satisfaction is high.
- Collaborate with MST-BSF expert to provide feedback, resources, and training to all team members.
- Support weekly MST-BSF consultation through ensuring that clinicians' paperwork is submitted to the expert in a timely manner, participating in all consultations, and collaborating with the expert on feedback to team members.
- Facilitate delivery of the weekly Social Club recovery support group intervention.

## **2. Clinicians:**

MST-BSF clinicians will be Master's level behavioral health professionals who are either licensed or are actively working to meet the work experience and supervision requirements for licensure.

**Job responsibilities include:**

- Conduct MST-BSF assessment including review of referral information, identifying and engaging key participants, identifying systemic strengths and weaknesses, and developing an analysis of the fit of problem behaviors within the ecological context.
- Engage primary caregiver and other key participants in active change-oriented treatment by identifying and overcoming barriers to engagement.
- Implement a problem conceptualization, treatment planning, intervention implementation, outcome review and strategy revision procedure using the MST Analytic Process.
- Maintain clear and concise documentation of treatment efforts that promote peer and supervisory review and feedback, and that demonstrate compliance with the nine MST Principles and the MST Analytic Process.
- Collaborate with all relevant systems and key participants within each system to ensure their buy-in and cooperation throughout MST-BSF treatment.
- Provide direct clinical treatment using methods compatible with MST principles and practices that are part of the required treatments of this model.
- Participate in all MST-BSF training, supervision and consultation activities.
- Build a relationship with community stakeholders (i.e., child protection services, Guardians ad Litem, judges, schools, etc.) to ensure cooperation among service providers.
- Facilitate delivery of the weekly Social Club recovery support group intervention.

**3. Case Manager:**

The MST-BSF case manager must be a bachelor's prepared professional with previous experience working with families.

**Job responsibilities include:**

- Assist therapists in gathering information about resources for clients through a proactive stance of working to anticipate the need of clients and families.
- Engage primary caregiver and other key participants in active change-oriented treatment by identifying and overcoming barriers to engagement.
- Assist therapists in implementing problem conceptualization, treatment planning, intervention implementation, outcome review and strategy revision procedures using the MST Analytic Process.
- Maintain clear and concise documentation of treatment efforts that promote peer and supervisory review and feedback, and that demonstrate compliance with the nine MST Principles and the MST Analytic Process.
- Perform safety checks at the direction of the supervisor or therapist, respond to emergencies, and implement crisis plans.
- Obtain drug screens and/or breathalyzers for parents or youth who are abusing substances.
- Participate in all MST-BSF training, supervision and consultation activities.

- Build a relationship with community stakeholders (i.e., child protection services, Guardians ad Litem, judges, schools, etc.) to ensure cooperation among service providers.
- Assist clients in practical needs such as housing, budgeting, job attainment, and prosocial recreational activities.
- Assist the clinical team and parents with children's school adjustment.
- Develop a resource book for the team of activities and services available in the community that support the clinical interventions.
- Assist in MST-BSF adherence measure (i.e., ART) collection by connecting families with the interviewer.
- Be available to clinicians and engage in activities to support clinicians in their work with families.
- Assist the team in on-call rotation (if the crisis casework is qualified to do so).
- Deliver the weekly Social Club recovery support group intervention, with clinician and supervisor support.

#### **4. Psychiatrist:**

The part-time psychiatrist or APRN (under the supervision of a psychiatrist) provides consultation to the team on cases. The psychiatrist or APRN conducts evaluations and provides pharmacotherapy as needed to MST-BSF adult clients.

#### **Job responsibilities include:**

- Provides psychiatric evaluations of child and adult family members, as indicated.
- Has on-going interface with the MST-BSF treatment team concerning psychiatric and medical diagnoses that pertain to child and adult family members.
- Acts as a community liaison with outside physicians/psychiatrists concerning medical or psychiatric care of child and adult family members.
- Provides the team with emergency psychiatric evaluations of child and adult family members as needed in the office or community.
- Coordinates hospitalization of child and adult family members as needed.
- Has a close on-going collaboration with inpatient physicians and clinical team when MST-BSF child or adult family members are admitted to a psychiatric hospital. Works to develop and maintain a collaborative relationship with the physicians and staff of local psychiatric inpatient unit(s) and other residential treatment facilities as needed.
- Coordinates all psychopharmacological interventions with family members.
- Keeps thorough notes on the MST-BSF Psychiatric Consultation Worksheet so these can be included in the client's chart.
- Works with the MST-BSF supervisor to modify and implement safety protocols and documentation.
- Attends MST-BSF group supervision or phone consultation weekly.
- Works with the MST-BSF expert to develop and implement evidence-based psychiatric and psychopharmacologic treatment protocols.

### **Serving Non-English Speaking Families**

Because of the need for accurate communication between the MST-BSF team members and the families served, it is important that monolingual, non-English-speaking families have at least one member of the team who is bilingual for both that language (usually Spanish) and English. The languages in which the bilingual staff person must be fluent depends upon the needs of the target population served in that region. Use of a translator is not recommended for MST-BSF but should not prevent access to services by linguistically diverse families.

### **Caseload & Dosage of Services**

Each MST-BSF therapist will have a maximum caseload of 4 families. The team will have 12 slots, serving 21 families annually.

The frequency of sessions will be a minimum of 3 times per week during the 6-9 months of treatment. The number of sessions per week is based on the needs of the family. The MST-BSF team will also assume responsibility for coordinating the provision of services to the parent, index child, siblings, and other family members by outside community professionals if needed upon completion of MST-BSF treatment.

### **Operating Hours**

The MST-BSF team will work a flexible schedule in order to accommodate individual family needs/ schedules and to respond to crisis situations. The Contractor will offer flexibility in scheduled services that are available to the client families 24 hours per day / 7 days per week / 365 days per year. As such, services will be provided 52 weeks per year 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 and weekends, by contract staff on an on-call rotation basis as opposed to a nonspecific emergency call service. A member of the MST-BSF staff will oversee a two-hour recovery support group, Social Club, each week on Friday.

### **Assessment and Evaluation**

The Contractor will complete a comprehensive assessment for each family served through this contract that will result in the formulation of a multi-axial diagnosis and an Individual Service Plan (ISP).

A licensed clinical professional (or one working towards the license) will conduct the assessment.

The assessment will include a clinical integration of the adults and children in the families, including medical, psychosocial, education and treatment histories. The assessment will address the needs of the family within the context of the social community including the identification of any specialized needs. The assessment will include a comprehensive assessment of the family's strengths and needs and the

desired outcomes of all in the family and ecology. The desired outcomes will become the overarching goals for treatment.

In addition, the contractor will utilize the following standardized tools, in the versions as required by the model developer, to inform the evaluation and treatment plan: Trauma Assessment for Adults, Child Assessment of Stressful Events, Beck Depression Inventory, and Addiction Severity Index.

The ISP will be completed within 30 days of the initial intake interview. The ISP will be developed in partnership with the family, the child, and members of the ecology, including Child Protective Services. This plan will include the behavioral goals and set forth the interventions, services and supports that will address the issues and problems threatening the maintenance of the child in the home and/or community, or facilitate the transition of the child from out of home care, and/or will aid in improving the functioning of the child and family. This plan will be reviewed and revised as necessary to ensure the provision of services in support of affecting positive outcomes for the child and their family.

### **Overall Clinical Approach**

MST-BSF is a treatment model that follows a set of 9 principles and a structured analytic process for assessing drivers of referral behaviors (substance misuse and child maltreatment), prioritizing risk factors, and implementing evidence-based interventions that directly address these risk factors. Importantly, MST-BSF maintains a strength focus and commitment to ongoing engagement with families and stakeholders. Key to the safety of children are intensive and ongoing safety assessments and interventions. In this atmosphere of focus on family strengths, engagement, safety, and sustainability of progress, MST-BSF implements interventions that are research supported for specific problems, and stem from behavioral, cognitive-behavioral, and family systems perspectives. Improving parent management practices and minimizing family conflict are key foci of the model. In addition, many interventions are related to parent mental health difficulties. For example, it is very common for referred parents to have suffered from multiple traumatic events, and a full course of individual cognitive behavioral therapy is used to treat PTSD in such cases. All referred (target) parents receive a full course of RBT for substance abuse. RBT is an abstinence-based model that uses motivational interviewing to help engage and motivate parents and cognitive-behavioral techniques to reinforce abstinence and abstinence-supporting behaviors. Natural ecology members (e.g., grandparents, teachers, neighbors) are enlisted as supports to promote treatment goals, and case management interventions are provided to help parents attain drug-free housing, engage in recreational activities, and obtain employment. Critical to the model is a close and positive working relationship between the MST-BSF clinical team and DCF personnel.

## **MST-BSF COMPONENTS**

MST-BSF applies evidence-based interventions that are individualized to meet the referred family's clinical needs. Some of these interventions are conducted with all families and others only as warranted. The Contractor will implement the following service components specific to the Multisystemic Therapy- Building Stronger Families (MST-BSF) model:

### **A. Interventions Delivered to All MST-BSF Families**

All referred parents receive a full course of RBT for substance abuse, which involves thrice-weekly tests (urine and breathalyzer) for substance use, functional assessment of substance use and of any relapses, monetary vouchers for providing drug-free tests, motivational interviewing techniques, a feedback session, behavioral monitoring and reinforcement of sobriety-supporting behaviors (e.g., drug-free recreation, employment/job-seeking, AA/NA attendance), behavioral contracting, day planning, a weekly two-hour Social Club for peer support, and involvement of natural ecology members to support and reinforce abstinence. All families also complete a safety plan, based on a functional analysis of maltreatment incidents, that outlines what family members will do if they feel unsafe (defined by the family) or if the parent relapses. All families who complete treatment also participate in a clarification process to help the parent address cognitions about the maltreatment incident(s), accept responsibility for the maltreatment, and apologize to the child and family.

### **B. Interventions Incorporated as Warranted**

Other evidence-based interventions, incorporated as needed, include: coordination for detoxification services (to address physical dependence) and methadone/suboxone support (for opiate dependence); cognitive behavioral therapy (CBT) for deficits in parental or youth skills for managing anger, depression, or generalized anxiety symptoms; behavioral family therapy to address communication and problem-solving difficulties; behavioral parent training to address deficits in parent management practices; prolonged exposure therapy for parental PTSD symptoms; treatment strategies based on Trauma Focused Cognitive Behavioral Therapy (TF-CBT) for child PTSD symptoms; and evidence-based pharmacotherapy for children and adults.

### **C. Integration of Model Components in MST-BSF**

At intake, the purpose and implications of drug testing results during treatment are carefully explained to parents, namely, that testing is for clinical monitoring to ensure child safety (MST-CAN) and to develop interventions that help maintain sobriety (RBT). After the parent consents to MST-BSF treatment, urine and breathalyzer tests are provided, initial safety plans (MST-CAN) are developed (and, if the client tests positive for alcohol/drug use, implemented), and a baseline assessment of drug use is obtained (RBT). For clients who have a physical dependency on a drug (e.g., alcohol, opiates), a 5-7 day stay in an inpatient detoxification facility is recommended (RBT), and care arrangements are made for the children utilizing indigenous supports if possible (MST-CAN).

Next, family strengths and needs are assessed, and desired outcomes for treatment are obtained from multiple ecology members and stakeholders (e.g., caseworkers, teachers; MST). Detailed functional assessments are conducted for all drugs used (RBT) by the parent and regarding any physical abuse or neglect that has occurred (MST-CAN). After the desired outcomes (i.e., goals of treatment) are determined by the family, DCF caseworker, and others pertinent to the family, the case is applied to the structured analytical process (MST). For each target behavior, drivers of the problem are identified and interventions are developed to ameliorate the driver. Interventions to address substance abuse, maltreatment, and any other desired client outcomes are then delivered simultaneously (MST-CAN). For example, if it is determined that PTSD symptoms are a main driver of parental substance abuse, empirically supported treatment for PTSD is initiated while simultaneously conducting RBT interventions and strategies to assist with child behavior problems.

Throughout treatment, clients provide urine and breathalyzer tests and receive various types of positive reinforcement (e.g., a \$10 voucher, stickers on graphs; RBT) for negative drug and alcohol screens. Progress toward achieving job and recreational goals are graphed, discussed, and reinforced continuously as well, and motivational techniques are used to enhance client engagement in particular treatment components (RBT). Once a week, all MST-BSF clients who are able (i.e., not yet working, no child care responsibilities) attend a 2-hour Social Club (RBT) held at the provider agency. A clarification process (MST-CAN) that addresses both maltreatment and parental substance abuse is conducted when the parent has sustained sobriety and sobriety-supporting lifestyle changes for multiple weeks. Treatment is considered successfully completed when clients meet their overarching goals, child permanence in placement (whenever possible, remaining safely with the family) is obtained, and changes in target behaviors are maintained for several months (MST-CAN).

#### **D. Quality Assurance System**

An intensive and ongoing quality assurance protocol is implemented to enhance family outcomes by supporting therapist treatment fidelity. MST-BSF has very strict requirements for implementation so that it can be delivered with fidelity (i.e., the way it was conducted in research trials where outcomes were attained). Agencies interested in implementing MST-BSF must complete a site assessment with an MST-BSF program developer. To be a licensed program, they must complete goals and guidelines and a feasibility checklist and agree to the terms of MST-BSF implementation such as collaborative relationships, established referral criteria, established program clinical goals, a team structure, and an agreement to implement the program fidelity requirements. Importantly, there must be evidence of a working relationship and buy in from key stakeholders such as Child Protective Services. The “Goals and Guidelines” specific to each MST-BSF team will be developed by DCF, the MST-BSF provider, MST Services and the Medical University of South Carolina. The Contractor will comply with these “Goals and Guidelines.”

In addition to agreeing to implement the above noted treatments with fidelity, the contractor will implement inclusion of time of the psychiatrist (or APRN) that is dedicated to MST-BSF and quarterly investment check-ups with each family that includes the DCF caseworker, Requirements of the quality assurance process are discussed below.

**E. Administrative Aspects of BSF**

DCF requires that each contractor providing MST-BSF must comply with the model fidelity and quality assurance requirements outlined by MST Services. DCF currently funds MST Services to provide initial and on-going MST-BSF training, data collection and analysis, clinical case consultation, site visits, case record reviews, and credentialing, to ensure that each MST-BSF team is providing services with model fidelity.

**REQUIREMENTS OF MST-BSF QA:**

**Maintaining Treatment Fidelity: The MST-BSF Quality Assurance Process**

The purpose of the MST-BSF quality assurance program is to deliver MST-BSF with fidelity (as the procedures were in research trials) and prevent drift from the model protocols. The quality assurance program includes training and measures of model adherence.

**A. Training**

- Standard MST Model Training. Each member of the clinical team completes a five-day orientation to the Standard MST model to gain an understanding of how to conceptualize cases from a social ecological perspective and provide targeted interventions using a structured analytic process.
- MST-BSF Training. Next, each team member completes four days of training in MST-BSF, with two of those days focusing on interventions to address child abuse and neglect, and two days focused on RBT for adult substance misuse.
- Quarterly Booster Training. In addition to the initial trainings, quarterly booster trainings are held to address clinical issues and treatments that the team needs additional expertise on.
- Trauma Treatment for Children and Adults. Each team member and DCF caseworkers, if possible, completed two days of training on treatment of trauma for adults and two days of training on treatment of trauma for children. The treatments are from a cognitive behavioral perspective. These trainings are provided by the MST-BSF expert.

**B. Supervision**

- Once per week the supervisor of the team convenes a 1-2 hour group supervision session to discuss each case, crises that have occurred, success of current interventions, barriers to intervention success, and next steps.
- Each clinician may also participate in individual supervision with the MST-BSF supervisor on an as needed basis.

### **C. Consultation with an MST-BSF Expert**

Each team is assigned an MST-BSF expert whose role is to help the team maintain fidelity to the model. In addition to delivering the quarterly booster trainings, the expert oversees the following QA procedures:

- Weekly case update reports. The MST-BSF team completes a goals and progress report that is sent to the expert for review each week prior to telephone consultation.
- Supervisor development meeting. On a weekly basis prior to the supervision session with the team, the MST-BSF supervisor meets by telephone with the MST-BSF expert to review cases and to problem solve challenging issues.
- Team consultation meeting. On a weekly basis, following the supervision session, the MST-BSF expert meets by telephone with the MST-BSF team to review cases and problem solve particularly challenging issues.

### **D. Measuring adherence.**

As with Standard MST, MST-BSF utilizes two measures of adherence. The MST-BSF Therapist Adherence Measure (ART) is a Likert-format interview that is conducted with the parent by an independent interviewer who does not provide clinical services. The measure is scored to provide therapists feedback regarding whether the treatment is being delivered with fidelity. Therapists complete a Supervisor Adherence Measure (SAM) to rate the supervisor's adherence to the model. Adherence scores are discussed in consultation and during booster trainings.

### **Data Collection and Reporting**

- a. The Contractor will submit individual, client level data to the Department's Provider Information Exchange (PIE, formerly known as PSDCRS), or other system as required by the Department. The Contractor will ensure that the data submitted under PIE, or other system, are in conformance with the applicable data specifications and picklists. Furthermore, the data must use the conventions and logic as determined by the Department to ensure accurate, unduplicated client counts. These data will, as set forth by DCF, be sent to the Department and/or the Department's designated vendor(s) at an interval specified by DCF.
- b. The Contractor will provide verbal monthly updates of the family's progress to DCF child protective services staff, and updates (written or verbal) at the request of DCF.
- c. The Contractor will be required to submit data to MST Institute, consistent with the requirements of the MST-BSF quality assurance process.
- d. The Contractor will participate in a Program Implementation Review (PIR) every six months with the team's MST-BSF expert and MST Services.

### **Outcomes**

A workgroup of MST-BSF providers, MST Services staff, and DCF staff developed the following outcome measures done at the time of discharge and are based upon the availability of data.

The Contractor will work to ensure the following outcomes:

- a. Reduce substance abuse by caregivers for 85% of families participating in the program as evidenced by reduced number of positive UDS and decreased risk factors on the substance abuse screening interview and measured by the DCF intake coordinator (at baseline) and case manager (at discharge);
- b. Reduce parent-to-child violence of caregivers for 85% of families participating in the program as evidenced by reductions in DCF abuse reports and measured by MST-BSF Therapists and the DCF Caseworker;
- c. Reduce neglectful parenting by caregivers for 85% of families participating in the program as evidenced by reductions in DCF neglect reports and measured by MST-BSF Therapists and the DCF Caseworker;
- d. Improve child mental health functioning as evidenced by reductions in child and/or parent report of child symptoms and measured by MST-BSF Therapists;
- e. Prevent out-of-home placement for 80% of children in the project as evidenced by DCF data on out-of-home placements and measured by MST-BSF data in the DCF PIE;
- f. Team served 21 families annually (in PIE); and
- g. Families achieved all or most of their treatment goals (in PIE).

**NOTE:**

In some cases, during treatment it will become clear that the permanency plan for the child or children will preclude residing with the biological caregiver. In these cases, the team will work with the child, ecology, and DCF to determine the most appropriate and least restrictive permanency plan and assure that significant work is done towards transition and sustainability to that permanent setting.

**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. The responses will provide the basis on which applications are scored.

### **Organizational Overview (15 Points Overall)**

1. Provide a description of your agency's qualifications, training, background and experience including examples of how your agency supports families within the region that you expect to serve. This should include your agency's particular experience working with children aged 6 - 17 years, and services for adults, parents, and families challenged by substance abuse, mental illness and psychosocial stressors. Additionally, describe how your agency's philosophy, values and vision ensure families receive and are connected to appropriate prevention/intervention and support services.
2. Describe your agency's ability to meet the six (6) Applicant Requirements for this RFP, (as listed on page 10):
  - a) The contractor will ensure the ability to maximize billing for third party insurance for the following services: outpatient group level of care (Social Club) and psychiatric services.
  - b) The contractor must demonstrate the ability to provide services to children & to adults with substance abuse and/ or mental health problems,
  - c) The contractor must demonstrate the ability to provide in-home services in their region.
  - d) The contractor must have a willingness to provide services in all neighborhoods of the towns in the DCF Area Office that it proposes to serve in this application.
  - e) The contractor must be willing to implement the MST-BSF model with fidelity. This involves a commitment to full participation in the quality assurance (QA) program and agreement to implement only evidence-based interventions designed in consultation with an MST-BSF expert as part of ongoing QA practices. In addition, the contractor must be willing to implement the model in full keeping with the MST-BSF license, issued through MST Services, Inc. (mstservices.com).
  - f) If your agency required a Corrective Action Plan (or similar action) for any DCF contract in the past two years, please identify the program, the primary problems, and how the problem(s) was (were) addressed.

### **Cultural & Linguistically Competent Care (15 Points)**

3. Provide a detailed description of your agency's knowledge, expertise and understanding of diversity (including, but not limited to: racial, ethnic, gender and gender identity, sexual orientation, culture, linguistic, immigrant, disabilities, and religion) as it relates to the provision of services.

Detail your response according to the following:

- a. Describe your organization's experience successfully serving diverse communities. Include any data your agency has that reveals the ability to effectively serve and achieve positive outcomes for children and families of multiple diverse groups.
- b. Detail how your program/service will effectively meet the needs of the community/communities you propose to service through this application. Include any supporting data about the race, ethnicity, and languages of the communities in the catchment that you are seeking to serve. Supporting data may be included in the Appendices)
- c. Describe the policies, practices, and data collection mechanisms your organization utilizes to support quality programming for multiple diverse groups. Please include any policies and/or practice guides in the Appendices.
- d. Describe your plan and current activities to recruit and retain a diverse staff, including those who are bicultural and bilingual, for this program/service and across all levels of your organization. Please include a description of what progress your organization made to increase the diversity of the workforce in the past three years.
- e. Describe your organization's racial & social equity lens as it relates to how your organization trains, supervises, and facilitates dialogue internally amongst all levels of staff.
- f. Describe how your organization works to establish rapport and trust with families related to experiences of racism and how this influences and guides client engagement and treatment planning?
- g. Describe any challenges that your organization may face with respect to ensuring equity for a diverse group of clients and how your organization plans to overcome such issues.

### **Program Specific (40 Points)**

4. Identify the proposed program location, and describe how MST-BSF staff will have access to it or other agency sites in the DCF region to be served. Describe how this location is an asset to implementing your MST-BSF programming design.

5. Outline the agency's capacity and plan to work with the MST-BSF model and the quality assurance entity provided by MST Services.
6. Outline a plan for how your agency will implement MST-BSF's safety planning and protocols, 24/7 coverage, and crisis coverage for the children and adults being served, consistent with the MST-BSF model.
7. Describe how your agency will implement and sustain a successful outpatient group (Social Club) at a licensed outpatient site, so that third party reimbursement can be collected. Include how your agency will address barriers for families attending this weekly group in the region to be served, including location of the group, engagement, transportation, etc.
8. Describe the agency's plan for the supports and services identified in the service description. Please include information on the agency's plan to provide timely access of the adult clients to a psychiatrist (or an APRN working under the supervision of a psychiatrist) for consultation, assessment, and evaluation as needed.
9. Describe your agency's plan to achieve the outcomes stated within this RFP, including action steps and timeline for successful implementation of this service after the contract is executed. Assume a February 1, 2016, start date and provide specific dates when action steps will be completed.

**Staffing and Staff Development (10 Points)**

10. Describe your agency's plan to recruit, train, support, and retain staff in this program to work collaboratively with DCF staff to implement this model. Include the job description for the following staff positions: supervisor, therapists, crisis case worker.
11. Outline your proposed supervisory structure for MST-BSF including a plan for supervision of program staff consistent with the MST-BSF model and with the quality assurance component.

**Family Participation and Community Linkages (5 Points)**

12. Describe the agency's plan to collaborate and communicate with the referring and involved DCF Area Office concerning management of the shared risk of working with MST-BSF families, including effective mechanisms for fostering communication and coordination among families, service providers, and community supports.

**Data Management and Quality Improvement (10 Points)**

13. Describe your agency's prior success in achieving the outcomes stated within this RFP. Please be specific and identify data to support your achievement of similar outcomes and/or evidence of the impact of services in the areas of parental substance abuse and child maltreatment. Include data regarding family satisfaction and program evaluations from the last two years if available.

14. Identify the resources your agency dedicates to quality improvement, including FTE's, program evaluation efforts, data entry protocols occur and which staff actually enters the data into the data systems. Describe your systems 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.

15. Describe how your agency does or will integrate the other data systems (GAIN and MST Institute) with your current data system to ensure timeliness in data submissions, data quality, and an unduplicated count of clients.

**Fiscal Management (5 Points)**

16. Using the Consolidated Budget Form identified in the RFP, prepare an annualized program budget for 1 year using the state FY. 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.

17. Describe any agency contribution of revenue or in-kind contributions to this program.

**APPLICATION INSTRUCTIONS and REVIEW INFORMATION**

**INSTRUCTIONS FOR COMPLETION**

Submitted applications must conform to the following format requirements:

Page Limit	Up to a maximum of <b>36 single sided (excludes</b> 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.**

**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	Letters of Agreement
Appendix 2	Consulting Agreement Affidavit**
Appendix 3	Notification to Bidders Form** (Bidder’s CHRO Compliance Package)
Appendix 4	Evidence of Nondiscrimination Form and Applicable Evidence material** (Bidder’s CHRO Compliance Package)
Appendix 5	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.**

The department has the right to reject submitted applications that do not conform to these requirements.

**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 consumer. Scoring criteria will include but not be limited to the applicant's:

- History and success with implementing similar services;
- history and success of partnering with both traditional and non-traditional community services and institutions that support youth;
- 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 the lowest cost. 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, contracts 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 that adequately funds the staff and related services to support the applicant's design to meet the RFP service requirements. 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](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 **Multisystemic Therapy – Building Stronger Families** to serve the region(s) indicated below. (Check all that apply. **Applications** must be submitted separately for each region.)

Region 3	Region 4
Norwich Area Office	Manchester Area Office

LEAD AGENCY NAME:
FEIN:
AGENCY ADDRESS: (street, city ,state, zip)
AGENCY CONTACT:
POSITION/TITLE:
TELEPHONE NUMBER:
FAX NUMBER:
EMAIL ADDRESS:
PARTNER AGENCIES LEGAL NAME(s)( if applicable)

Mandatory Letter of Intent must be received by **3:00 p.m., local time, on November 18, 2015**, to the following person:

Stacie Albert  
 Department of Children and Families  
 505 Hudson Street  
 Hartford, CT 06106  
 email: [Stacie.Albert@ct.gov](mailto:Stacie.Albert@ct.gov) Fax: 860-560-7084

**COVER SHEET**  
**Multisystemic Therapy – Building Stronger Families**  
**Request for Proposals**

Region applying for: \_\_\_\_\_

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: \_\_\_\_\_



**STATE OF CONNECTICUT  
CONSULTING AGREEMENT AFFIDAVIT**

Affidavit to accompany a State contract for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b)

**INSTRUCTIONS:**

**If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b) (1):** Complete all sections of the form. If the bidder or vendor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or vendor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b) (1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

**AFFIDAVIT:** [Number of Affidavits Sworn and Subscribed On This Day: \_\_\_\_\_ ]

I, the undersigned, hereby swear that I am the chief official of the bidder or vendor awarded a contract, as described in Connecticut General Statutes § 4a-81(a), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below:**

_____		_____	
Consultant's Name and Title		Name of Firm (if applicable)	
_____	_____	_____	_____
Start Date	End Date	Cost	
Description of Services Provided: _____			
_____			
_____			

Is the consultant a former State employee or former public official?  YES  NO

If YES: \_\_\_\_\_  
Name of Former State Agency Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

_____	_____	_____
Printed Name of Bidder or Vendor	Signature of Chief Official or Individual	Date
_____		_____
Printed Name (of above)		Awarding State Agency

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Commissioner of the Superior Court  
or Notary Public

## 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 RFP will be evaluated and scored. A responsive proposal must comply with all instructions listed in this RFP. Responsive proposals shall remain valid for possible award by the Department for a period of up to 12 months after the RFP's closing date.

### B. Contract Execution

The pursuant contract developed as a result of this RFP 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 RFP. 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 RFP 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 RFP is to be sole property of the Department unless stated otherwise in the RFP or contract.
- 3) **Timing Sequence:** Timing and sequence of events resulting from this RFP 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 RFP, 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 RFP.

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 RFP, and is in all respects fair and without collusion or fraud. It is further implied that the applicant did not participate in the RFP development process, had no knowledge of the specific contents of the RFP 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 RFP 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](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](http://www.ct.gov/seec). Click on the link to “State Contractor Contribution Ban.”

**EXHIBIT A**  
**EXHIBIT A: Contract Provisions**

**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 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 Partner 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.
  
  - C. Failure to submit the required data by the method specified in the Scope(s) of Service included in this contract may result in the suspension of payment until compliance is achieved.

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, and 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 background checks for any convictions and by obtaining verified children's protective services history 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 (for congregate care programs only)
16. **Approval for Programmatic Changes:** The Contractor must request and receive written approval from the Administrator within 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 providers 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 provider'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 ship:** The Contractor agrees to comply with procedures instituted by the Connecticut Behavioral Health ship (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 May 15th. 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 less than or equal to 20%, whichever is more, of each line item.
  2. Individual salary variances within Department-funded program cost centers up to 15%.
  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 have 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 providers shall submit Single Cost reports in accordance with the regulations of Connecticut state agencies Section 17a-17-1 through 17a-17-16.

**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.