

**Differential Response System Planning  
Request for Quotations  
May 22, 2009  
Questions and Answers**

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1. Page 5 of the RFQ seems to indicate that applicants may identify Hubs for the local DRS through this RFQ process. Is this RFQ the mechanism through which Hub agencies are being identified/chosen?

**No, a separate RFP is anticipated along with formal contracting subsequent to the completion of the work outlined in the RFQ.**

2. If Hubs are identified and accepted through this RFQ process, will they be subject to another application/contracting process after the closure of this planning process in order to maintain their Hub status? How will they be funded in the future?

**See above**

3. If Hubs are identified in this RFQ, should the budget reflect just the costs of their participation in the planning process, the annual cost for being a Hub, or both?

**See above**

4. Is the winning bidder in this RFQ process prohibited from bidding on other DRS services that may be RFP'd in the future?

**No**

5. Will there be funding to access services once planning ends and DRS implementation begins?

**At the time of this writing, the state budget for the next fiscal year has not been enacted. The Department is committed to implementing DRS, but the speed and scope of implementation will be determined based on the availability of resources.**

6. What is the role of the Casey Family Program in the Differential Response System planning process and rollout?

**Casey Family Programs is assisting the Department on a number of strategic initiatives, including the implementation of DRS. In particular, in relation to this RFQ, they are providing funding in partial support of an award and will participate in the planning process with expertise as appropriate.**

7. Please clarify the DCF area offices in each service area. Are Middletown and Meriden part of the New Haven Service Area or do they comprise the Central Service Area?

**In the Description of Regions, the Area Offices are listed per region. Meriden and Middletown are part of the New Haven Service Area (Region 4). Unfortunately, there was an error in the RFQ in describing the regions.**

8. Please clarify what the Department is expecting. For example, are references being requested or documentation of past experience leading similar planning processes? If consultants are being used to facilitate the regional planning processes do you want the name and vitae of the individual/company? Also, since this is a planning grant, should suggestions related to planning and coordinated be included in the RFQ?

**All applicants will be evaluated against the Review Criteria outlined on Page 6 of the RFQ which provides the bidder qualifications and review point system.**

9. Please describe the access and technical support that the successful respondent to the RFQ will have to DCF in the implementation of the contract?

**To be determined during the contract process and provided as necessary to be successful in the planning process.**

10. Will DCF Central Staff attend and participate in the development of the HUBs? If yes, how is this to be coordinated?

**DCF staff will be part of the planning process. Contact information will be provided during the contract process and as necessary to be successful in the planning process.**

11. Will Area Office DCF Staff attend and participate in the development of the HUBs? If yes, how is this to be coordinated?

**See answer to question 10**

12. What is the maximum amount of money available for this RFQ?

**No maximum amount is provided. We are looking for quotes.**

13. Please identify the names of entities submitting questions for this RFQ?

**Connecticut Council of Family Service Agencies  
Wheeler Clinic  
Connecticut Community Action Agencies**

14. Can an entity be the HUB in more than one Region?

**We have not ruled this out.**

15. Please clarify what municipalities are included in Region VI?

**This was an error--there are only 5 regions proposed. Region VI was listed by mistake.**

16. Please clarify the role of the Area Offices in DRS implementation?

**Please see the Link to materials provided on the DCF website.**

17. Please delineate the role of the Area Offices and Central Office in the implementation of DRS?

**Please see the Link to materials provided on the DCF website.**

18. Please provide a DRS decision tree/flow chart once a call is received by the Care Line?

**Please see the Link to materials provided on the DCF website.**

19. What is the timeframe from when the planning process will be completed to when the plan will be implemented?

**Not relevant to this RFQ**

20. Will families engaged in DRS receive preferential treatment/jump waiting lists for needed services funded by DCF or other State partners - [DSS, DOL etc]?

**No preferential treatment.**

21. What would trigger a DRS family to resume services from the DRS HUB once the case was closed?

**Not relevant to this RFQ**

22. What is considered a successful Outcome at the time of case closure?

**Risk factors are addressed and needs related to those risks are met.**

23. What is the expected length of service for a family in DRS?

**Depends on the needs of the family. DCF involvement is not expected beyond 90 days.**

24. What are billable or grant funded activities related to DRS?

**DCF will provide to the successful applicant a listing of anticipated services, their funding sources and utilization levels. However, it is anticipated that this planning process will inform service development further.**

25. How will the budgets for the HUB be negotiated? [As part of the scope of work for the Regional DRS by the successful bidder or by DCF?]

**HUB costs will be set pursuant to a subsequent RFP process and detailed in the contract scope of work with any successful bidder. However, we fully anticipate that information garnered in this planning process will inform the pricing and modeling of the HUBs. Several components mandated as part of the "blueprints" to be delivered pursuant to the RFQ directly relate to the HUB operations, functions, staffing and resources (please see pages 6 and 7 regarding the Comprehensive Plan components).**

26. What is the funding level for each HUB?

**See answer to #25**

27. Will there be flexible service dollars for the HUB to purchase services for the family?

**This will be later determined through a subsequent RFP process for the HUBS, but flex funding is anticipated to be a critical element for case success under DRS.**

28. What implication and/or liability will the HUB have for a DRS family who meets the statutory requirements of abuse and neglect, that is not recorded in the Central Registry, and subsequent harm comes to the child or the parent is hired by a public or private entity who is prohibited from hiring someone who is listed in the Central Registry [i.e. childcare center]?

**Not relevant to this RFQ.**

# The Connecticut Department of Children & Families Differential Response System Request for Quotations (RFQ)

## Anticipated Timeline

RFQ Posted:	May 22, 2009
Questions due:	June 2, 2009
Answers posted:	June 9, 2009
Quotes due date:	July 2, 2009
Award announced:	July 17, 2009
Contract executed:	August 14, 2009
Draft Plan due:	December 15, 2009
Final Plan due:	February 1, 2010

## RFQ Purpose

The Department of Children & Families (DCF/Department) is seeking quotations from individuals, organizations and groups for the cost to develop and coordinate a planning process in each of six regions in the state to produce a plan for each region to implement a local Differential Response System (DRS). One applicant will be selected.

## Description of the Six Regions

For the purposes of this RFQ, the state has been divided into six regions.

### 1. Greater Hartford Service Area

DCF Area Offices: Hartford, Manchester, & New Britain

Towns:

Andover	East Windsor	New Britain	Suffield
Avon	Ellington	Newington	Tolland
Berlin	Enfield	Plainville	Vernon
Bloomfield	Farmington	Plymouth	West Hartford
Bolton	Glastonbury	Rocky Hill	Wethersfield
Bristol	Granby	Simsbury	Windsor
Burlington	Hartford	Somers	Windsor Locks
Canton	Hebron	South Windsor	
East Granby	Manchester	Southington	
East Hartford	Marlborough	Stafford	

### 2. Eastern Connecticut Service Area

DCF Area Offices: Norwich & Willimantic

Towns:

Ashford	Chaplin	East Lyme	Groton
Bozrah	Colchester	Eastford	Hampton
Brooklyn	Columbia	Franklin	Killingly
Canterbury	Coventry	Griswold	Lebanon

Ledyard	Norwich	Scotland	Voluntown
Lisbon	Plainfield	Sprague	Waterford
Mansfield	Pomfret	Sterling	Willington
Montville	Preston	Stonington	Windham
N. Stonington	Putnam	Thompson	Woodstock
New London	Salem	Union	

### 3. Western Service Area

Area Offices: Danbury, Torrington & Waterbury

Towns:

Beacon Falls	New Fairfield	Ridgefield	Warren
Bethel	New Milford	Roxbury	Washington
Bridgewater	Newtown	Salisbury	Waterbury
Brookfield	Norfolk	Sharon	Watertown
Cheshire	North Canaan	Sherman	Winchester
Danbury	Oxford	Southbury	Wolcott
Middlebury	Prospect	Thomaston	Woodbury
Naugatuck	Redding	Torrington	

### 4. New Haven Service Area

Area Offices: Meriden, Middletown, Milford & New Haven

Towns:

Ansonia	East Hampton	Middlefield	Portland
Bethany	East Haven	Middletown	Seymour
Branford	Essex	Milford	Shelton
Chester	Guilford	New Haven	Wallingford
Clinton	Haddam	North Branford	West Haven
Cromwell	Hamden	North Haven	Westbrook
Deep River	Killingworth	Northford	Woodbridge
Derby	Lyme	Old Lyme	
Durham	Madison	Old Saybrook	
East Haddam	Meriden	Orange	

### 5. Southwestern Service Area

Area Offices: Bridgeport, Norwalk & Stamford

Towns:

Bridgeport	Greenwich	Stamford	Westport
Darien	Monroe	Stratford	Wilton
Easton	New Canaan	Trumbull	
Fairfield	Norwalk	Weston	

### 6. Central Service Area

Area Offices: Meriden & Middletown

Towns:

## Description of Differential Response

### 1. Background

Differential Response is an approach to ensuring child safety by expanding the ability of child welfare agencies to respond to reports of abuse and neglect. It focuses on a broader set of available responses for working with families at the first signs of difficulty, including innovative partnerships with community based organizations, both traditional and non-traditional, that can help support families who are in need. Also called "dual track", "multiple track" or "alternative response", this approach appreciates the variation in the nature of reports and therefore the value of responding differentially.

Nationally, Differential Response approaches have not focused on cases *screened out*, or not accepted, for a child protection investigation; rather, they have focused on responding differently to accepted reports of child maltreatment. This is the direction that Connecticut wishes to pursue as well. With Differential Response, social workers and community members work with families to engage them in solutions and to provide focused services, so that there is the best possible opportunity to make needed improvements.

**Core principles of a Differential Response** approach or practice include:

- Children are safer and families are stronger when communities work together.
- Identifying family issues and stepping in early leads to better results than waiting until a family is experiencing real crisis.
- Families can more successfully resolve issues when they are viewed as part of the solution and where they voluntarily engage in problem solving and the identification of services and supports needed.
- Families who receive timely and individualized supports and services are better supported, strengthened and are therefore less likely to come to the repeat attention of a child welfare agency.

Approximately 30 jurisdictions have adopted a differential response approach. Minnesota's initiatives represent some of the earliest work in this area and can be traced back to 1995.

### 2. Comparison: Traditional Investigation and Differential Response

The following table provides a summary of the key distinctions, following the acceptance of a report of suspected child maltreatment, between a traditional child welfare investigation and a differential response approach.

Issue	Traditional Child Welfare Investigation	Differential Response (DR) Approach
Primary Focus	To understand what happened to the child in the incident being reported, who was responsible and what steps need to be taken to assure the child's safety.	To understand a wider set of underlying conditions and factors that could jeopardize a child's safety as well as areas of family functioning that need support or strengthening.
Type of	Without DR alternative: All accepted	

Report or Incident	reports.  With DR alternative: Generally reserved for more serious reports.	Generally targets low risk reports.
Purpose	To determine findings related to allegations in the report and to identify perpetrators and victims.	To engage parents and the extended family network along with community partners in a more collaborative and less adversarial approach. To discuss and recognize strengths, areas of concern and participate in services and supports to strengthen families and address their needs.
Substantiation	A determination regarding substantiation of the allegations contained in the report is a key objective.	A determination of substantiation for allegations of abuse or neglect is not made; perpetrators and victims are not identified.
Central Registry	Based on the findings, perpetrator names are entered in the Central Registry.	No alleged perpetrator therefore names are not entered into a state's Central Registry.
Services	If a case is opened for ongoing services following the investigation phase, a treatment plan is developed and services are provided. When there is court involvement, families can be court ordered to participate in services.	Family members identify areas of concern, needs and services however participation in service delivery is voluntary.
Areas of Commonality	Both approaches continue to include a focus on child safety, the promotion of <i>permanency</i> within the family whenever possible, the impact of culture, responsibility of the child welfare agency to make decisions related to placement and court involvement, the value and necessity of community services and the need to respond to changing family circumstances that either promote or challenge child safety.	

The Department of Children and Families (DCF) issued a Request for Information (RFI) on August 1, 2008 seeking information and feedback regarding the design and potential statewide implementation of a differential response (DRS) approach to working with families following receipt of a report of abuse or neglect. Through this RFI process, the Department was interested in continuing a public dialogue in order to further illuminate the implications of DRS for families, communities, service delivery, and for child welfare practice. More specifically, the RFI sought comment and insight, among other items, on what model of DRS will be the right fit for Connecticut. Responders endorsed the following model or "pathway" for DRS:

**Community Partner/Team Response Model.**

- **Report:** made to Hotline.
- **Hotline determination:** Statutory definition and/or other state established criteria for accepting a report is met. Safety and risk concerns are low to moderate.



- **Pathway selected:** Report accepted for a differential response track. Referred to Area Office.
- **Area Office determination:** conducts safety review and confirms Pathway. Area Office contacts community partner provider(s).
- **Family Conference:** Joint Child Welfare and provider family conference conducted.
- **Intervention:** Family Strengthening Services (Assessment) initiated.
- **Determination:** No determination regarding allegations in the report is made.

All parties submitting a quotation are strongly encouraged to go to the Department's website <http://www.ct.gov/dcf/> which will include the DRS RFI Summary, DRS Focus Group Proposal, DRS Narrative, DRS Outcomes, DRS PowerPoint presentation, DRS - Assessment - Workflow with timeframes, DRS Summary of Distinctions, DRS Logic model and DRS Status of Work.

### 3. Key Points or Underlying Philosophy

- The primary goal is serving low risk families who come to the attention of the child welfare system in a strengths-based, solution focused, and culturally competent manner. The process must be family-driven aimed at assessing needs, without compromising child safety.
- Families eligible for DRS will be those who meet statutory requirements of abuse and neglect.
- DRS services will be provided at the family's discretion following a determination that all children in the home are safe.
- DRS services will best be delivered through a collaborative partnership including Families, DCF, and Community providers.
- Although initially guiding the safety and needs assessment processes, the Department's role diminishes as linkage to services and community supports aimed at addressing identified needs occurs.
- Cases will be handed over to the community as soon as possible.
- DCF will close cases as soon as families are deemed safe and receiving all needed services.
- Families need a comprehensive, coordinated network of community services.
- Communities must work together to ensure a seamless, coordinated system of services for families.
- A clearly established central access point for services (Hub) is the ideal.

### 4. Description of Service Coordination

The Department fully supports the ideal of one central access point for services (Hub) in each region. A Hub is a central broker or gatekeeper of services and information for DRS families referred by DCF. Therefore, a Hub must gain a full knowledge of available resources through research, surveys or some other mechanism for identifying what's available locally. All plans developed with this funding shall include a description of how a Hub or central broker of services and information for DRS families would be developed or identified. If there is an existing community entity in the region capable of serving as a Hub, a complete description of that organization must be contained in the bid including:

- Organizational structure
- Community connections

- Capacity to serve as a Hub

The Hub must be intimately connected with the community and have full community support for serving in this capacity. The Hub will report progress to DCF at regular intervals and following an official DCF case closure. In large geographical areas, more than one Hub, or other means of achieving greater client access, may be necessary to adequately serve everyone in that area.

In the event that a family needs services following a case closure, families should not have to return to DCF to regain DRS services. There should be a mechanism in place that allows these families to return directly to the Hub for additional services.

## **Deliverables**

### **1. Coordination**

The Contractor will be responsible for forming six planning groups (one in each of the six identified regions), coordinating the planning process in each region and developing a plan for implementing DRS in each region. Therefore the successful applicant must demonstrate the ability to manage a highly collaborative planning process with a multi-disciplinary group of key community entities. The Contractor may be an individual, organization or group.

### **2. Planning Groups**

- Planning Groups shall be formed, one per region, for the purpose of developing a comprehensive plan for implementing DRS in the region.
- Groups shall be composed of all representatives of the community including but not limited to parents, schools, police, employment agencies, social services, community based organizations, local health departments, local housing authorities and youth service bureaus. In addition to these entities, coordination shall include the Departments of Children & Families, Social Services, Mental Health & Addiction Services and Labor and consideration shall be given to their infrastructure.
- All members of the Planning Groups must be identified and engaged within two weeks of an executed contract with the successful applicant.
- Groups may grow from an existing coalition but must include the entities as described above and the sole purpose of the group for the six month grant period will be solely to develop a plan. New members may be recruited to meet the requirements for the composition of the Group.
- The roles and responsibilities for each member of the Group must be clearly articulated and understood by all members of the group.
- Planning Groups must include at least two representatives of DCF families.

### **3. Comprehensive Plan for DRS**

Each plan will include a description of a proposed site for the Hub and must show that it is in an appropriate and family friendly space. Examples of types of services include:

- What will be the ongoing process and infrastructure for planning, collaboration and decision making,
- How will the referral process work, including how decisions will be made about which children and families will be accepted into the hub,
- Methods and manner of serving DRS families referred by DCF,

- Types of services to be provided/coordinated by the Hub,
- Details of available resources in the identified geographical area,
- Who will oversee the Hub,
- Who will make decisions about what,
- How families will access services and supports from the community's array\*,
- Capacity to collaborate with and serve families independent of ongoing child welfare services
- How information will be shared with others in the hub and with DCF,
- How information and data will be documented, stored and protected,
- How members of the Collaborative and the Hub staff will participate in training,
- Details of staffing requirements for the Hub,
- What types of services would be most appropriate and how will it be assured that they are culturally and linguistically appropriate for the unique populations in the identified region, and
- How data on demographics and community challenges and strengths will be analyzed.

**\* Consideration must be given to assuring families ability to reasonably access services given cultural needs and geographical barriers. Plans will be judged on adequacy of achieving this aspect of the plan.**

### Questions regarding RFQ

Interested parties may submit questions to the program contact by email until **3 p.m. June 2, 2009**. Answers to all questions received by the deadline will be posted on the DAS website by **June 9, 2009**.

### Contact Information

Brian Mattiello  
 Director of Strategic Initiatives and Organizational Development  
 Department of Children & Families  
 505 Hudson Street  
 Hartford, CT 06106  
 brian.mattiello@ct.gov

### Quote Deadline

All sealed bids must be received by the Department of Children & Families by **noon on July 2, 2009**. Bids must include a budget and an outline of work from with a timeline. For the successful applicant, the final product of the planning process will be one plan or blueprint for implementing DRS in each of six identified region. Applicants should include one (1) original and six (6) copies Bids should be addressed to:

Judith Jordan, Director Grants Development and Contract Management  
 Department of Children & Families  
 505 Hudson Street  
 Hartford, CT 06106  
 860-550-6545

**No electronic or faxed bids will be accepted**

## **Budget**

A combination of State and Casey Family Programs dollars will be available for a six month planning period. Funds will be allocated quarterly. No more than 50% of the total shall be allocated in any one quarter. The successful applicant must provide a reasonable and well thought out quote for the services outlined in this RFQ, including a detailed budget. Funding will be contingent upon performance of the awarded applicant and the continued appropriation and availability of funds to the Department.

## **Information and Support**

Vital to the success of this effort, is an understanding of the community. Information on a variety of services is available on the CT United Way Infoline's website, including descriptions of services, service locations and contact information. <http://www.211ct.org/> Additional information on DCF contracted service providers may be given to the successful applicant as needed and requested. Initial and ongoing trainings will be provided in an effort to support a parallel process within DCF along with promoting interagency transparency via DCF facilitated trainings being open to the community.

### **Differential Response Web Sites and Links**

<http://www.iarstl.org/papers/ARFinalEvaluationReport.pdf>

[http://www.americanhumane.org/site/PageServer?pagename=pc\\_initiatives\\_differential](http://www.americanhumane.org/site/PageServer?pagename=pc_initiatives_differential)

<http://www.americanhumane.org/assets/docs/protecting-children/PC-AR-MO-MN-VA.pdf>

<http://www.americanhumane.org/assets/docs/protecting-children/PC-DR-overview-models.pdf>

<http://aspe.hhs.gov/hsp/05/child-maltreat-resp/>

[http://www.americanhumane.org/assets/docs/protecting-children/PC-AR-families-connections\\_ui.pdf](http://www.americanhumane.org/assets/docs/protecting-children/PC-AR-families-connections_ui.pdf)