Therapeutic Foster Care Services
Statewide Program

REQUEST FOR QUALIFICATIONS

July 10, 2009

State of Connecticut
Department of Children and Families
Office of Foster Care Services
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1.00 PROCUREMENT OVERVIEW

1.01 PROGRAM TITLE: Therapeutic Foster Care Services- Statewide Program

1.02 PROCUREMENT SCHEDULE
The following table summarizes activities and associated dates for this procurement. These activities and dates are detailed in the relevant RFQ sections below:

<table>
<thead>
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<th>Activity</th>
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<tr>
<td>RFQ Planning and Development</td>
<td>April 2007-August 2008 + June 2009</td>
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<td>RFQ Published</td>
<td>July 10, 2009</td>
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<td>Non-Mandatory TA/Bidders Conference</td>
<td>July 31, 2009</td>
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<td>Deadline for Submission of Questions</td>
<td>August 4, 2009</td>
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<td>Deadline for Receipt of Required Letter of Intent</td>
<td>August 10, 2009</td>
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<td>Questions and Answers Posted to Website</td>
<td>On or about August 4, 2009</td>
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<td>Deadline for Receipt of Preliminary Licensing Material</td>
<td>August 17, 2009</td>
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<td>Deadline for Receipt of Proposals</td>
<td>September 4, 2009</td>
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<tr>
<td>Anticipated Date of Contract Execution</td>
<td>November 15, 2009</td>
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1.03 SERVICE OVERVIEW
The Department of Children and Families (DCF/Department) is seeking applications from agencies interested in providing a statewide Therapeutic Foster Care (TFC) program to children with serious and complex mental and behavioral health needs, particularly those children and youth who are discharging from select congregate care settings. This procurement is expected to result in the identification of, and subsequent development of a contract with a provider who is qualified to recruit, train, retain, and support foster parents from across Connecticut who will provide specialized, intensive care to children with serious behavioral health needs within a family and community setting.

This service is viewed to be a level of care on the Department's clinical continuum. Therefore, in addition to ensuring that children are placed in a loving family setting, the awarded provider will be required to ensure that children receiving TFC achieve core outcomes, including but not limited to, averting disruption, placement stability, behavioral improvements, and attainment of permanency goals (e.g., reunification, adoption, kinship placement, independent living). These outcomes are expected to occur within a context that sees the child/youth first and foremost as a child/youth. Therefore, implementation of TFC services within a normalizing framework that supports "the child being a child" is an essential value.
1.04 SOURCE OF FUNDS
The state-wide TFC program will be funded by board and care 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 funds.

1.05 AMOUNT AND TERMS OF AWARD
A total of $5,329,000, to provide up 100 slots, will be available to fund these Therapeutic Foster Care service. No startup funds are available.

1.06 PERIOD OF AWARD
The selected contractor may enter into a contract for a period of up to three (3) years beginning on or about October 30, 2009. Ongoing funding will be contingent upon the performance of the awarded contractor and the continued availability of board and care funds.

1.07 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. The Department reserves the right to contract for all or any portion of the scope of work contained within this RFQ if it is determined that contracting for a portion or all of the work will best meet the needs of the Department.

Through this RFQ, the Department is seeking to identify a provider who is qualified to provide a statewide, therapeutic level foster care service for Connecticut children. While the Department will be entering into contracts for these TFC services with one (1) provider agency, entities that meet a minimum scoring threshold may be maintained on a list for up to two years for possible use and contract as a TFC provider.

1.08 ELIGIBILITY
The successful Applicant will be an organization in good standing with the State of Connecticut and any other state in which they currently provide or have provided service. This shall mean that the Applicant and proposed subcontractors are not currently and have not been subject to a Connecticut or another state agency's licensing restriction, nor may the Applicant have had a program terminated within the last three (3) years due to quality of care or other agency performance issues. A current investigation of Medicaid fraud or a judgment involving Medicaid fraud within the past five (5) years also excludes a provider from participation. Proposals from applicants who appear on the United States General Services Administration Excluded Parties List will not be considered.

Eligible entities include agencies, faith-based organizations, and educational institutions that can demonstrate experience providing foster care, adoption, and/or other child welfare services, and are currently licensed as a Child Placing Agency (CPA) in Connecticut, or have met the basic eligibility requirements in order to be considered for licensure as CPA in Connecticut. Applicant agencies that are not currently licensed as a CPA in Connecticut must complete the following:

1. Submit the Connecticut Child Placing Agency Licensing Contact Information sheet (Appendix B)

2. Provide the following documents:
   a. list of the managerial and supervisory staff who will oversee the TFC program;

   b. Resumes of the managerial and supervisory staff who will oversee the TFC program; and

   c. List of the relevant training for each of the managerial and supervisory staff who will oversee the TFC program.
3. Consonant with Connecticut Regulations 17a-150-51 through 17a-150-121, the staff lists and resumes must demonstrate the requisite qualifications and training required for licensure as a CPA in the State.

4. Send the preliminary licensing material to the DCF RFQ Lead (see section 1.16 of this RFQ) no later than 4.00 PM (local time), August 17, 2009.

The preliminary licensing materials will be assessed by August 24, 2009, as a means to determine whether the interested entity meets the minimum requirements necessary to become a Connecticut licensed CPA. The Department will not review any applicants in response to this RFQ from entities that are not currently a CPAs in good standing or entities that are not currently Connecticut licensed CPAs and that have failed to submit or do not meet the preliminary licensing requirements.

Applicants should know that a determination that they meet the preliminary requirements for licensure as a CPA neither relieves them from completing full licensure as a Connecticut CPA should they be awarded a TFC contract nor guarantees that they will become successfully licensed.

Next, out of state entities meeting the aforementioned qualifications are eligible and welcome to apply for this service. Such entities, however, will be expected to have a physical, "brick and mortar" presence in Connecticut within 75 days of being notified of their right to negotiate for a TFC contract emanating from this procurement. Out of state applicants must set forth their promise, plan and timeline to have such a presence in the state within their TFC RFQ submission.

1.09 SPECIAL CONSIDERATION
Subcontracts with other agencies, organizations and entities, particularly non-traditional, grass-roots or other community providers, are permitted and encouraged. Additional points will be awarded to responses that demonstrate a formal linkage (i.e., contractual) with other programs, services and entities that are viewed to enhance the provision of a TFC program with statewide responsibility and better ensure care that it is child and family centered, culturally and linguistically competent, and will aid in the achievement of the articulated goals and outcomes for this program (e.g., placement stability, functional improvements, educational achievement, recruitment and retention of diverse foster homes, permanency).

1.10 INSURANCE
The Respondent 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 "save 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 applicant, sub-applicant 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.

1.11 APPLICATION DEADLINE
The person below must receive one (1) original and ten (10) copies of each Respondent’s application(s) no later than 3 p.m. (local time) on September 4, 2009 at the following DCF location (see also “Application Instructions” section):

Judith Jordan

1 A copy of the CPA Licensing and Responsibilities Regulations can be accessed on the DCF website: http://www.ct.gov/dcf/owp/view.asp?a=2639&Q=328888 See also Appendix E: Web Resources.
Each copy must be complete, collated, and ready for reviewers. Please note that faxed and electronic versions (e.g., emailed) of the application will not be accepted. Also, no applications will be accepted or considered for review after the due date and the time stated above.

1.12 TECHNICAL ASSISTANCE / BIDDERS CONFERENCE
A non-mandatory, Technical Assistance (TA) / Bidders Conference is scheduled for **10 am -12pm on July 31, 2009** at the following location:

Lee Auditorium²
Merrit Hall
Connecticut Valley Hospital
Middletown, Connecticut

Although attendance at the TA meeting is not mandatory, please RSVP for the Technical Assistance meeting by calling, faxing, or e-mailing the RFQ contact lead below.

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

1.13 MANDATORY LETTER OF INTENT
A non-binding Letter of Intent **is required**. No TFC 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 person noted on the Letter of Intent form no later than **August 10, 2009 at 4:00 PM**. Fax and e-mailed copies of the Letter of Intent will be accepted.

Please notify the DCF contact person identified on the Letter of Intent form 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.

1.14 QUESTIONS
Questions concerning this RFQ will be answered at the above-mentioned Technical Assistance Meeting/Bidders’ Conference. Answers to questions about this RFQ will be responded to only at the Technical Assistance meeting and through the prescribed electronic “Questions and Answer” method and period. Subsequent questions following the TA regarding this RFQ and its content must be received via email by **August 4, 2009 at 4:00 PM** and directed to Susan Smith (susan.smith@ct.gov). The Department will post responses to these questions on The Department of Administrative Services (DAS) website [http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp](http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp) on or about August 10, 2009.

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

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² Directions to Merrit Hall are provided in Appendix J
1.15 DCF RFQ LEAD
The emailed questions regarding this procurement and the Letter of Intent are to be sent to the following RFQ lead person:

Susan R. Smith
Office of Foster Care Services
Department of Children and Families
505 Hudson Street
Hartford, CT 06106
(p) 860.550.6695 (f) 860.723.7236
(e) susan.smith@ct.gov

2.00 RFQ CONTEXT

2.01 RFQ DEVELOPMENT PROCESS
Through a Request For Information (RFI) process during the spring of 2008, the Department solicited broad feedback from key stakeholders regarding the redesign of TFC. This RFI set forth the Department's current thinking with respect to re-conceptualizing and enhancing the provision of therapeutic foster care services. Specific questions and items for input were also identified within the RFI to aid in the receipt of responses. A copy of this RFI can be obtained on the DCF Office of Foster Care Services (OFCS) website.³

The Department received twenty-four (24) responses to the RFI. The majority of the respondents were from current Connecticut Child Placing Agencies or organizations that provided TFC in other communities. One response was received a private individual. Another was submitted by a current foster parent licensed through a CPA.

The Department also contracted with the University of Connecticut's (UConn) Pappanikou Center for the purpose of supporting input from foster families and providers regarding the redesign of the state's therapeutic level foster care system. UConn was engaged to facilitate a number of foster parent forums, a youth forum, and a provider forum as a means to allow those stakeholders to share their thoughts and ideas regarding how Connecticut's TFC services could be improved. The UConn report, based upon the feedback from these forums, can be obtained on the OFCS website.

A workgroup consisting of staff from DCF’s Area Offices and Central Office Bureaus was convened to review all the RFI submissions and identify key recommendations, issues, enhancements, and service innovations that should be considered in reconstructing Connecticut's TFC service system. A foster parent workgroup was also convened and tasked with the same charge. They reviewed all the RFI responses and provided OFCS with written and oral feedback regarding those submissions. The information from both workgroups was used to guide the development of the TFC service model articulated within this RFQ.

A TFC RFQ, which included a statewide component, was released on January 2, 2009. That procurement was suspended, allowing existing TFC providers to submit a comprehensive plan articulating how they would ensure that the core elements of a redesigned TFC service would be provided.

³ http://www.ct.gov/dcf/lib/dcf/foster_care/pdf/fostercare_rfifinal.pdf See also Web Resources (Appendix E)
This past May, the Department decided to continue to partner with the current TFC providers to revise therapeutic foster care services in Connecticut. The Department will be moving forward with new contracts with the existing therapeutic foster care providers for two levels of service: TFC and TFC-Enhanced⁴.

This current procurement will be a component of the TFC level, providing statewide, rather than Area Office specific, programming for children discharging from select congregate care facilities who are ready for care in a family setting.

2.02 BACKGROUND
Over the course of the past three years, the Department has engaged in a variety of ongoing program and quality assurance improvements to its foster care services. DCF has sought to better ensure that children requiring placement outside of their biological family are cared for in a manner that not only supports their safety and well-being, but prompts placement stability, clinical improvements and permanency consonant with children’s individual needs. Under a redesigned therapeutic foster care system, DCF seeks to ensure effective, child specific, strengths-based, family centered and culturally competent care that results in sustainable, positive outcomes for children and their families.

Therapeutic Foster Care is an intensive, structured level of care provided within a safe and nurturing family environment. Highly trained foster parents serve as the lead team member in supporting children with serious mental and behavioral health needs achieve individualized goals and outcomes based upon a comprehensive care plan. Children and their foster parents are supported by care managers who are employed by a TFC provider agency to ensure the timely development and ongoing management of that multifocal care plan.

Some form of TFC appears to be provided in most states across the country. While the name by which this service goes may vary (e.g., specialized foster care, professional foster parenting, treatment foster care, etc.) these care models are very similar with respect to the populations served, the values, underlying philosophies and the intended outcomes.

DCF currently contracts for a variety of therapeutic⁵, behavioral health levels of foster care. They include:

- Therapeutic Foster Care
- Specialized Therapeutic Foster Care
- Treatment Foster Care
- Professional Parent Foster Care

⁴ TFC-Enhanced is to serve children with intensive mental and behavioral health care needs. This level of service will be replacing Connecticut’s current Professional Parent Foster Care system.

⁵ The Department also funds Multidimensional Therapeutic Foster Care and medically complex foster care through private foster care providers. These services, however, are not specifically being procured for under this RFQ.
Similar to a number of other states, the Department will be seeking to serve through it state-wide TFC program children who have highly complex and challenging mental and behavioral health needs. This service will be expected to support the Department’s goal, as clinically appropriate, to more expeditiously step children down into family settings from select congregate levels of care (e.g., shelter and assessment type settings). Thus, a provider awarded through this procurement will be expected to recruit, train, support, and retain qualified foster parents who are very able to meet the intensive supervision, service, and care demands of the children and youth who will be referred to this service, particularly those who are latent and adolescent age.

3.0 SCOPE OF WORK

3.01 SERVICE TYPE and AREA
The Department is seeking to contract with one (1) agency for the provision of therapeutic levels of foster care primarily to serve children who are being discharged from Safe Homes, Permanency Diagnostic Centers (PDC), and Short Term Assessment and Respite (STAR) homes. While the TFC referrals will generally be directly received from one of the 14 DCF Area Offices, the awarded agency will be expected to forge and maintain positive and collaborative relationships with all of the Safe Homes, PDCs and STAR facilities in the state. Next, this procurement does not specifically address private provider funded medically complex foster care. Respondents should also note that children within that care population (e.g., co-occurring medical and mental health needs) will be expected to be served by the successful Applicant.

3.02 TARGET POPULATION

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6 Texas (Appendix 6340-A: Definition of Service Levels) indicates that children who meet their specialized service levels that includes a family treatment setting present with behaviors such as "unpredictable nonviolent, anti-social acts; frequent or unpredictable physical aggression marked withdrawal or isolation; major self-injurious actions, including recent suicide attempts, difficulties that present a significant risk of harm to self or others, abuse of alcohol, drugs or other conscious-altering substances that result in serve impairment or primary diagnosis of substance abuse of dependency. . ." (see additional state definitions on the bottom of the next page). South Carolina (Medicaid Bulletin: Revised Therapeutic Foster Care Standard) provides TFC to Level III children who are defined as displaying behaviors and problems such as "agression towards animals, others, and/or self; sexual acting out; delinquent behaviors; destruction of property; substance abuse, personality disorder; and/or suicidal behaviors or ideation. Maine’s LOC 05 -Treatment Care - Severe Needs ( speaks to children presenting with issues such as "severe developmental delays, a risk to self or others including deliberate aggression toward others, inability to maintain control in spite of close supervision, chronic/serious medical condition, and poor/no response to mental health treatment."

7 This service provides short-term congregate care for children, primarily ages three (3) to twelve (12), who have experienced a removal from their home due to abuse, neglect or other significant risk factors. The focus of this service is to assist in the stabilization of each child, to avoid multiple initial placements that often accompany emergency removal and to complete a multidisciplinary exam in order to assist with treatment planning. This service shall accommodate sibling groups.

8 This service provides immediate, overnight care for children who have experienced multiple placements and have significant mental health and/or medical and high-risk behavior management needs. Clinical assessment, high levels of structure and supervision and care coordination related to family reunification or other permanent placement is provided.

9 This is a temporary congregate care program that provides short-term care, evaluation and a range of clinical and nursing services to children, ages eleven (11) through seventeen (17), removed from their homes due to abuse, neglect or other high-risk circumstances.

10 A listing of the Safe Homes, PDCs and STAR Homes can be found in Appendix G.
Children, ages 6-17, with serious emotional disturbance and complex behavioral health care needs who have been placed in a Safe Home, PDC or STAR Home, and who are at risk\(^{11}\) of placement in a more restrictive placement setting will be targeted for TFC services. These will be children who have multiple system involvement and require services from multiple providers. They may have experienced numerous placement failures due to a serious diagnosis and/or behavioral issues that require treatment. Their mental, behavioral, or emotional disorders will have resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, and/or community activities.

Children referred to this level of care will be expected to have a DSM-IV Axis I primary diagnosis and/or be identified by a licensed mental health practitioner as having serious and persistent emotional and/or behavioral problems that require treatment and care within a TFC structure. The target population will include children who present with challenging issues and behaviors. These presentations include, but are not limited to:

- Impaired reality testing
- Labiality
- Hyperactivity
- Cognitive limitations
- Anti-social communication
- Trauma history
- Substance use/abuse
- Aggression towards self or others
- Poor personal hygiene.
- History of Fire-sitting
- History of Suicidality
- Maladaptive behavior
- Criminal behavior
- Running away
- Impulsivity
- Difficulty relating to peers and others
- Attachment formation challenges
- Sexualized behaviors (e.g., reactivity, acting out, promiscuity, etc.)

Agencies may also expect to place and serve adolescents who are pregnant and/or parenting young children.

Youth over the age of 17 may, if determined appropriate and necessary by the Department, remain in TFC through age 23 if still in school or in a work program. Children ages 3-5 may be referred for TFC, but, in addition to meeting the TFC criteria noted above, will require a placement recommendation from a licensed clinician who is unaffiliated with any of the child placing agencies or their subcontractors, and approval by the DCF Director of Foster Care or his designee(s). Children under three are not within the target population for this service. They may, however, be placed in a TFC home with a sibling aged 3 or older who requires this intensive level of care.

3.03 LENGTH OF SERVICE
Children's length of stay in TFC will be based upon their individual needs, clinical progress, and permanency goals. The Department does, however, expect that the TFC provider, in partnership with a child's DCF social worker; the child, foster parents; birth family; and other core service providers will develop a care plan

\(^{11}\) "At risk" is defined to include, but is not necessarily limited to, a child's diagnosis; disruptive behaviors in home, school and/or community-settings; suicidal or homicidal thoughts; self mutilation; sexual acting out; running away; substance use; and/or challenges with activities of daily living due to behavior.
that aggressively seeks to support the child’s receipt of and/or timely transition into the most normative and least restrictive permanent care setting possible. The Department does not support children being cared for in long term foster care as a permanency goal. Therefore, care within TFC is intended to be time-limited, concluding with reunification or adoption.

3.04 REFERRALS
Referrals for TFC will be generated from and/or vetted through DCF’s area office (i.e., referrals generated through facilities such as Safe Homes, PDCs and STARs must be authorized by a child’s DCF worker). TFC liaisons employed though DCF’s foster care units will gate-keep all referrals to this service. All referrals for TFC will be required to be assessed using the Child and Adolescents Needs and Strengths (CANS) instrument. While the assessment tool will weigh heavily in determining whether a child is appropriate for therapeutic level foster care, exceptional admissions to the service may be made at the discretion of the Director of OFCS or his designee(s).

Finally, local Area Office TFC referral generation and discussion meetings will be held. These meetings (e.g., managed service system or network meetings) may include participation from other community providers as a means to aid with comprehensive, child specific planning. The awarded TFC provider will be required to attend such Area Office convened meetings. Specialized meetings that include representation from the Area Office and the Safer Home, PDC and STAR providers may also be held. The awarded provider will be required to attend those meetings.

3.05 REJECTIONS and EJECTIONS
As noted earlier, the Department is interested in developing a TFC model that creates local accountability. The selected agency will be charged with recruiting, training, and supporting a sufficient and diverse pool of foster homes that are well able to care for children with very challenging mental, emotional, development, cognitive, and/or behavioral presentations. Children referred to TFC will have been assessed and determined to be appropriate for care within a family and community setting by the Department and/or another clinical entity. Therefore, it is the Department's expectation that the awarded provider will be able to match and place referred children in a timely manner. While there will be occasions when a TFC provider is unable to accommodate a referred child, the Department expects this to be an exception. High numbers of referral rejection by a given provider will require corrective actions, and could result in loss of contracted capacity or contract termination.

Next, the Department expects that though effective matching, comprehensive training, individualized care planning and wraparound support, children placed in TFC will have stable placements. In the event that a child is unable to be maintained in a foster home, the provider agency will be required to identify another placement for that child. Should a TFC provider exhaust all possible placement resources within their pool of available foster homes and require the Department to assist with finding an alternative placement, no less than 30 days notice must be given to DCF. As placement stability is a core value of the TFC service, the Department will be monitoring the number and frequency of disruptions. High numbers of disrupted placements will require corrective actions, and could result in loss of contracted capacity or contract termination.

3.06 MATCHING and CHILD SPECIFIC RECRUITMENT
Key to the provision of therapeutic foster care will be the promotion of children's emotional, social, cultural, spiritual, intellectual and physical growth. Recruitment of a diverse pool of foster families will be essential to effect the best possible matches. The process of matching will also be critical in order to ensure a good fit between the child and their foster parent(s). It will be essential that the foster family has the preparation, ability, strengths and skills congruent with the needs of the children to be placed in their home.
The TFC provider must ensure that the needs, preferences, and wishes of the individual children to be served are taken into considerations when a match decision is being made. Meeting, engaging, discussing and surveying of the individual child and birth families, as appropriate, to aid the match to the most effective placement resource must occur. Similarly, the TFC provider must actively engage foster parents in the match process. Foster families should have an opportunity to dialogue about and have their informational needs addressed by or through the TFC provider agency to ensure a successful match. The TFC provider will be required, as requested by the local DCF area office, to share home studies and other relevant information that may assist with successful match making.

The Department is interested in ensuring that children from the SAFE Homes, PDCs and STAR homes have expeditious access, as needed, to therapeutic foster homes. Therefore, the TFC provider must identify and communicate to the Department the availability of a match within ten (10) business days from the date in which a referral is made.

The awarded provider will also need to engage in child specific recruitment, particularly for children and youth who need to be discharged from congregate care settings. As the Department will be referring children with highly specialized clinical and other care needs, the TFC provider can expect that despite a diverse pool of foster families, they will be required to outreach to find a home that is or can be tailored to the particular needs of a given child. In such instances, the TFC provider will be expected to identify a child specific match within 90 days of the request from the Department. Child specific Permanency Placement Services Program (PPSP) contracts may, at the discretion of the Department, be entered into with the TFC provider to compensate the agency for extraordinary, children specific recruitment campaigns.

3.07 PRE-PLACEMENT VISITS
As part of the matching process and as a means to support an effective and stable transition into a family setting, it will be important to ensure that pre-placement visits occur. The TFC provider will be expected to facilitate the following types and numbers of pre-placement events for all children accepted into this service:

a. One or more Informal meeting(s) (e.g., casual meeting as part of a group event, activity, etc.)
b. At least 3 day visits (i.e., 3 hours or more in duration)
c. At least 1 over night stay

Where appropriate and in agreement with permanency goals, children's birth families are to be integrated into pre-placement visitations as a means to establish their meaningful involvement at the inception of placement into therapeutic foster care programming.

3.08 WAIVERS
TFC families will be serving children with complex and highly challenging mental and behavioral health issues. Consonant with the Foster Family-Based Treatment Association's standards, Connecticut's TFC providers are limited to placing only one child who is identified as requiring a therapeutic level of care into each foster home. DCF wants to make certain that therapeutic foster care programs and foster parents are able to fully focus on achieving each child's comprehensive goals. The placement of siblings, however, will be an exception to this requirement.

The TFC agency will be permitted to apply for waivers to allow an additional non-related, therapeutic foster care level child to be matched to a home with a current placement. The Department expects, however, that the application for such waivers will be infrequent; reserving such request for additional placement into experienced foster homes that have a demonstrated history of successful placements and requisite skills
and training to ensure high level outcomes for all children in or to be placed into the home. Waivers that would result in more than two (2) non-related TFC level children being placed in the same home will not be granted.

3.09 CARE MODEL and DOMAINS
This service is a comprehensive, therapeutic, family based program that is expected to integrate the behavioral, psychological, and psychosocial interventions and supports a child needs to succeed in the community using a wraparound/Systems of Care approach. Children served in TFC will be expected to be placed in homes in or near their community, unless contra-indicated. This is intended to allow children, if possible, to attend their home school and maintain relationships, as appropriate, with their social network(s). Placing children close to their school, social network and family is intended to make it possible for services to be delivered in the child’s own environment and involve that child’s significant, familiar persons and institutions.

TFC programs will further be expected to be implemented in a manner that supports children’s mastery of the skills necessary to ensure, to the greatest extent possible, their growth into happy, self-sufficient and productive adults. This service must prioritize and better enable children's permanency goal (e.g., reunified with their biological parents, adoption, placed with a relative, or transitioned into independent living.) The successful Applicant will be expected to prepare children for reunification with their family of origin, adoption or transition into independent living, and work with the family of origin, the adoptive family or an independent living program to ensure permanency for the child.

This service and individualized, child specific care planning and implementation will be informed by the following core domains:

1. Mental/Behavioral health
2. Social-Emotional
3. Health
4. Recreational, Cultural and Spiritual
5. Permanency and Life Long Family Ties
6. Educational/Vocational/Career
7. Life Skills/Daily Living

The provider’s treatment planning and support will be expected to address all of these components in a strength-based, outcome oriented manner, congruent with the child’s age, development level, cultural and gender needs and other individual factors. Input from the foster children, and birth family as appropriate, is expected to be sought as a means to ensure their desires and wishes are considered in treatment and care plan development and delivery.

Care provision will also need to be delivered in a manner consonant with the child’s routine and expected needs. Moreover, goals, activities, services, implementation steps, outcome measurements, time-frames and responsible person(s) will need to be attached to each domain as a means to guide holistic and integrated care for children served in these therapeutic foster care programs. A robust service array for each child will also need to be created within the construct of the above domains. It will be expected that all children receive a broad range of community-based programming and wraparound services that aid in their increased positive skill development and improved functioning. The per diem rate for this service has been developed to facilitate TFC’s purchase of supports that address the identified core domains, consonant with children’s identified needs. (See also sections 3.10 CHIEF SERVICES CONSTELLATION and 6.02 RATES)
3.10 CHIEF SERVICES CONSTELLATION

a. Recruitment and Retention
The recruitment and retention of a culturally and linguistically diverse pool of qualified, licensed foster families is needed to ensure the success of this program. The TFC agency will be expected to recruit and maintain a pool of foster homes sufficient to meet the service capacity levels that will be articulated in their contracts. The awarded TFC agency will need to develop and implement an annual recruitment and retention plan. That plan will need to be reviewed and approved by OFCS. The plan will need to be data driven and articulate the activities, resources, and persons responsible for achieving the established recruitment and retention goals.

b. Training
Highly skilled and well trained TFC staff and foster parents are critical to achieving the goals of this service. Extensive pre-service/pre-licensing and ongoing training is a required element. The provider will be expected to ensure that their staff and foster parents receive a broad array of training. This training is to be dynamic. It should be informed by the presentation of the children served or to be served, and keep pace with the evolving needs of the foster parents and staff that the TFC agency employs. (See also 3.14 TRAINING)

c. Foster Home Licensing
An agency awarded through this procurement will be required to license foster homes pursuant to DCF regulations and applicable policies12. The TFC provider will be expected to engage in rigorous assessments, including a thorough home study; and comprehensive criminal, child protection and motor vehicle background checks of all foster care applicants, their household members ages 16 and older, and substitute care givers. Pursuant to current DCF practice, foster homes' licenses are to be renewed biennially. In addition to reassessments and reviews related to possible license renewal, the TFC agency is expected to engage in continuous assessment, supervision of and support for the homes they license. Extensive documentation of the routine support extended to licensed foster families, and any necessary interventions, will need to be maintained by the TFC agency.

d. Foster Parent Support
The TFC agency must provide support to and advocacy, as appropriate, for the foster parents that they license. Twenty-four (24) hour support is to be extended to foster parents through their TFC agency. Additional resources for foster parents in the form of support groups and/or peer supports/buddies are expected to be provided. Currently, many Connecticut TFC Care Managers serve a dual function: care coordination for the foster child (ren) in the home and support person for the foster family. This dual role can on occasion become conflictual, particularly when regulatory or child protective service issues arise. The TFC provider will be expected to articulate how they will ensure that the needs and interest of foster children are always maintained and prioritized, yet still provide foster homes with high levels of support.

e. Care Planning and Management:
Children placed in TFC will be expected to have a comprehensive, holistic, individualized care plan developed and implemented. Such plan should be created through a team approach that includes the child, foster family, birth family, as appropriate, and other providers. Foster parents are expected to be key participants in the care plan development, review process and implementation. Foster children, congruent with their age and developmental level, are also to be engaged in the development, review and modification of their care plan.

A child's care plan will, at a minimum, address the core domains set forth above. The plan is to be concrete and measurable, and serve as a tool for communicating the means by which identified outcomes will be achieve. An initial care plan must be developed within 10 days of a child being placed into TFC. A subsequent ongoing care plan must be completed within 30 days of a child's placement. That plan is to be reviewed and updated on at least a quarterly basis. These plans are to be developed through a teaming concept that includes the TFC foster parent(s) as a key contributor, architect and implementation agent; the child's TFC Care Manager; the child/youth; DCF; birth families, as appropriate, and other relevant service providers/entities/persons (e.g., clinician, mentor, coach, school, faith institution, etc.). The TFC provider will be expected to engage the child/youth, DCF, and foster family to determine the persons and entities who are significant to the child's life and who might be integral to the development, review, and implementation of the child's/youth's care plan. Copies of the child's plans must be sent to their DCF social worker.

Discharge planning should also commence with the development of the care plan. As the establishment of permanency for children is a priority for this service, the TFC provider will be expected to partner with the Department in achieving permanency. While there is not a fixed length of stay for children in TFC, DCF expects that this service will be treated, to the extent possible, as a clinical service that is being implemented to result in functional improvements for the children served. This functional improvement is first and foremost meant to positively impact the child's successful growth into adulthood. Secondarily, it is meant to better aid in the child's achievement of permanency, within a family (e.g., reunification or adoption).

Next, pursuant with the new federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (H.R. 6893)\textsuperscript{13}, the TFC provider may be expected to develop or assist DCF with the creation of personal transition plans for youth aging out of foster care. These plans must be written 90 days before a youth exits from DCF care. These plans must address items including, but not necessarily limited to housing, health, education, mentoring, ongoing support, workforce, and employment.

\textbf{f. Independent living skill building}

The Department is committed to ensuring that all children in DCF care are well prepared to transition into adulthood. Therefore, it is expected that the TFC provider will ensure that children in their programs, regardless of their age, are incorporated into the daily living of their foster homes and are guided in gaining essential life skills. Children in TFC are to be assigned age and developmentally appropriate chores, and provided with an allowance consonant with their age.

The areas of daily living that are to be addressed include, but are not necessarily limited to:

- Food preparation and management
- Nutrition
- Job skills
- Health, safety and well-being
- Housekeeping
- Personal hygiene, grooming and care
- Money management
- Access community resources
- Service system navigation
- Self advocacy

\textsuperscript{13} This legislation can be viewed on the web as follows: \url{http://www.govtrack.us/congress/billtext.xpd?bill=h110-6893}
Children's independent living goals are to be monitored at least quarterly as part of the expected care plan review interval.

For youth ages 15 and older, the TFC provider shall be expected to assist with such youth receiving formal life skills training through a DCF funded Community-Based Life Skills (CBLS) provider or through use of the Ansell Casey Life Skills Curriculum (ACLS). The Department has approved the ACLS curriculum for use with DCF involved children, and can train staff at the provider's agency, at no cost, to instruct through this curriculum. Should an agency wish to use another CBLS curriculum in conjunction with their program, that must be submitted to DCF for review and approval before it may be utilized.

While a child's DCF worker is ultimately responsible for making a referral to DCF funded CBLS services, the TFC provider will be expected to assist to their fullest capacity with children on their caseload being linked with such program, as appropriate, and to ensure that TFC level children are receiving needed life skill instruction within the foster home setting.

The link to the listing of DCF funded CBLS providers is as follows:

Opportunities for children in TFC to apply acquired independent living skills in safe, supportive and normative environments/setting must be provided. Children's care plans should set forth the means by which this will be accomplished. The Individual Life Skills Program (ILSP) form should also be completed in conjunction with the care plan review for all children ages 8 and older. A sample of the ILSP form can be obtained as follows:

**g. Behavioral and Crisis Management:**

Children placed in TFC will require guidance, modeling, discipline, and redirection that are consistent with and appropriate to their age and development level. The TFC provider will be expected to identify techniques and tools that foster parents can utilize to appropriately manage foster children's behavior, and prevent and/or de-escalate a crisis.

Behavioral management plans and crisis plans are to be developed for each child served in TFC. They are to be developed in collaboration with a child's clinician. These plans are to be extensive, well articulating the tips, techniques, steps and interventions that may be proactively used to address the presenting or emerging issue. Such plans are to be written at a basic literacy level to ensure that they are easily understood during points of high stress. They should also be written in the preferred language of the foster family.

Next, the TFC provider will be expected to provide telephonic and/or face to face support (e.g., going out to the home, going to the emergency room, etc.) during times of crisis. While children placed in TFC are within the target population to receive Emergency Mobile Psychiatric Services (EMPS) from DCF funded community providers, the TFC agency will be expected to support their foster families and foster children during a crisis. If EMPS is required, the TFC provider will be expected to be in communication with that service to ensure that the child and family are connected to needed supports and those supports become integrated into the care plan.

**h. Respite Care**

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Information about the Casey Life Skills tools can be accessed as follows: http://www.caseylifeskills.org/
The TFC provider will be expected to ensure that overnight respite care is accorded to their foster parents. Foster families are to be permitted at least 18 days of respite per 12 month period. The TFC agency will be responsible for identifying an appropriate substitute care giving home when either planned or emergency respite is needed. A respite plan is to be developed for each child concomitant with the creation of their care plan and crisis plan. This respite plan is required to ensure that children’s respite care needs have been formulated well in advance and articulate appropriate substitute care-giving options.

Respite, both planned and emergency, is to occur within a family setting. TFC foster parents must be willing to serve as a respite resource for other TFC foster parents. The TFC provider may not use facilities, congregate settings, or TFC personnel's homes for respite placement. In highly exceptional cases (e.g., child's need for skilled and complex medical interventions/care), such a setting may be used, but will require authorization from the DCF Director of Foster Care Services or his designee at least 10 business days in advance of the requested planned respite placement date. If a child’s needs suggest a skilled facility might be needed in the case of emergency respite, that should be discussed with OFCS and that exception included as part of the child’s approved respite plan. The provider will, however, be required to assure appropriate payment authorization has been obtained before any facility placement may occur. Authorization by the state’s Medicaid Behavioral Health Administrative Services Organization, Value Option, may be required in order for such facility placement to be permitted.

Finally, while family-based respite placements may generally occur without formal approval by the Department, the TFC provider should discuss such arrangements with the child’s DCF worker. At a minimum, the child’s DCF social worker and/or DCF Hotline, in the case of after hours or holidays, must be informed of a child’s placement into a respite setting. When a respite placement is expected to extend beyond thirty (30) days, a waiver must be submitted to OFCS setting forth the reason for the prolonged respite and the TFC agency’s proposed plans regarding the child’s ongoing placement.

i. Wraparound
As both an approach and concrete services, the TFC provider will be expected to provide wraparound for the children in their care. As children in TFC will require a variety of supports and services to maintain their successful care in the community, the provider will be expected to identify or assist with the identification and management of needed programming and resources. Guided by the key care domains, the TFC provider is to ensure that children are connected to local behavioral health, rehabilitative, social, recreational, and educational service and activities that are most needed for them to attain functional improvements and facilitate positive outcomes. (See also 3.15 Community Linkages and Key Relationships)

The TFC rate has been developed to support the child placing agency's purchase of child specific services and interventions based upon the individualized care plan. These wraparound services are to be those that are not reimbursable through the child's insurance and/or obtainable through Department funded community-services contracts. Services envisioned to be wrapped around the child include, but are not limited to, after-school programming; structured, therapeutic summer activities; 1:1 care support, and behavioral management. The TFC provider will be required to purchase services such as therapeutic support and behavioral management using only persons and agencies that are listed on the DCF Credentialing Services roster managed by Advanced Behavioral Health (ABH), Inc. That information can be reviewed on the ABH website as follows: http://abhct.com/resources_DcfCredentialing.asp

3.11 CULTURAL COMPETENCY

Persons part of the foster family household (e.g., relatives), even if on the ABH roster, may not be compensated for providing any of the credential services for any foster child(ren) in their home unless authorized by OFCS.
Children placed in TFC must be cared for in a culturally and linguistically competent manner. Care must support, respect and uphold each individual child’s cultural identity, religious/spiritual ascription, gender, physical challenges, cognitive impairments, sexual orientation, and linguistic needs. Within a broad construction of culture, service provision must also be tailored to the child’s age, diagnosis, developmental level, and educational needs. The TFC provider and their foster parents will be required to provide opportunities for children in their care to experience and maintain traditions, including having access to food and activities that are integral to their culture and heritage. In addition, foster parents and TFC staff must be knowledgeable about and attentive to the daily and routine hair and skin care needs of racially diverse children and youth.

Staff must also have the ability to provide services to all eligible participants, regardless of English language limitations. While the successful Applicant must provide for languages common to the community/communities to be served, it may be necessary to make special arrangements for interpretive services to communicate with those speaking less frequently encountered languages. Related, the TFC provider must ensure that program brochures and core forms/materials are linguistically competent. In addition to attention to literacy levels, program materials, include TFC services’ web presence, are to be available in the languages common to the populations to be served (e.g., Spanish).

3.12 STAFFING
The therapeutic foster care agency must ensure that they have a culturally and linguistically diverse staffing constellation that is reflective of the community they are to serve. TFC staffing must demonstrate:

- Experience providing direct services to diverse populations;
- Multi-lingual capabilities that are relevant to the communities, children and families to be served; and
- Knowledge of the cultural, linguistic or experiential backgrounds of the communities, children and families to be served

In addition, TFC staff must have the expertise and skills necessary to license, train, coach, supervise, and support foster parents in their care-giving role for foster children.

a. Care Manager
Children placed into TFC will be assigned a Care Manager. This person will be a TFC employee who serves as the coordinator, broker, and manager of TFC children’s care and services. They will convene and facilitate team meetings for the purpose of developing, monitoring and updating children’s comprehensive care plans.

Care Managers must possess at least a bachelors’ degree in a human services field (e.g., social work, psychology, counseling, child welfare, etc.). They are to have experience providing services to children and/or families who present with serious mental health issues, substance use problems, cognitive limitation, and/or child welfare involvement.

These positions will maintain caseloads, including non-clinical siblings, which do not exceed 14 children. If the Care Manager’s caseload is comprised wholly of children identified as requiring TFC, that caseload should not exceed 9 children.

Care Managers are to fulfill duties including, but not necessarily limited to:
• Care planning, coordination, implementation and monitoring
• Referral and linkage to community-based supports
• Foster family support, guidance, and supervision
• Oversee and coordinate health care services
• Therapeutic engagement and intervention
• Develop and monitor of service contracts/agreements16
• Home safety assessments and monitoring
• Respite and emergency care planning and placement
• Foster child and foster family advocacy
• Support and maintain relationships between children and their families of origin
• Arrange for and/or transport children to appointments and activities, as needed.
• Safety, behavioral, and crisis planning and management
• Implementation and monitoring of family specific corrective actions
• Child specific training (i.e., provide and/or connect families to such training)
• Attend DCF Administrative Case Review (ACR) meetings
• Educate foster parents about available resources and supports related to adoption (e.g., subsidies, tuition, adoption assistance, tax credit, etc.)
• Discharge planning and implementation
• Aftercare support

In addition, weekly face to face contact with the children on their caseload must occur. Care Managers must regularly meet separately with each child on their caseload, ensuring that there are opportunities for the child to speak privately with them. Case narratives documenting these contacts must be maintained in the child’s case file.

Contact with foster families must also occur weekly. At least two of the weekly contacts must be in person. One of those face to face contacts must occur within the licensed foster home. During these home visits, care managers will be expected to engage in walkthroughs ensuring the ongoing safety of the premises and observing whether there are any new household members or frequent visitors who require background checks. Documentation regarding these weekly contacts is to be maintained in the foster family’s provider file.

Finally, Care Managers must contact relevant service providers (i.e., the child’s DCF social worker, clinician, mentor, school, etc.) at least one time a month. Appropriate releases are to be obtained to support this activity. Care Managers’ communications with service providers are to be thoroughly documented and maintained in the child’s or foster parent’s care file, as appropriate.

b. Care Manager Supervisor
The TFC Care Manager Supervisor(s) must have at least a master’s degree in social work or a closely related field (i.e., marriage and family therapy, counseling or psychology). Persons in this position will have direct behavioral health/mental health experience, proven knowledge of case management, family systems, organizing and coordinating meetings, and exceptional clinical, organizational, communication, and problem solving skills. They must also possess supervisory experience in foster care.

16 An example of a service contract is an agreement that is drawn up with a foster parent or household member to set forth expectations (e.g., Jane will not be left alone with or in the care of John S. until/unless clear background checks have been received)
The supervisor(s) will provide support and consultation to the program Care Managers. Documentation regarding child and foster family specific weekly supervision will be maintained in the child and/or family’s file. These positions will be expected to:

- Oversee the licensing and training of foster parents;
- Monitor matches;
- Review and sign-off on all treatment and care plans; and
- Engage in direct outreach and support to the foster families as needed to ensure high level program outcomes.

They will be expected to oversee all aspects of care and service provision within and through TFC, including ensuring that children’s needs and foster family support occurs in an effective and non-conflictual way. Finally, the Program Supervisors must coordinate and provide back-up to ensure the availability and provision of 24 hour, on-call support.

c. Program Director
The Program Director shall oversee the agency’s TFC program. The person holding this position must meet the education, training and employment experience consonant with Section 17a-150-58 of the Connecticut Child Placing Agency Licensing and Responsibilities regulations. The Care Manager Supervisor shall report to the Program Director. This managerial position shall ensure the effectiveness of the TFC program. The Program Director shall review and sign-off on all foster homes licenses. In instances where there is a critical incident, DCF Hotline/protective services referral or regulatory/policy compliance issue that involves a foster family, the Program Director shall take a lead role in assessing such matter and developing any needed corrective actions steps that must be undertaken. The Program Director will further be responsible for ensuring the timely and proper achievement of any follow-up activities that may emanate from a critical event, investigation or compliance compliant.

c. Recruiter
A full time equivalent (1 FTE) Recruiter position is to be part of each TFC provider’s staffing constellation. The Recruiter should be an individual with a recruitment background, but must have a strong knowledge of the local community in which they will be recruiting. This position will also be expected to work closely with DCF Area Office foster care staff to gain a full understanding of the social-emotional behavioral needs of the children who are to be served in TFC.

The Recruiter will need to openly and honestly orient potential applicants to the challenges, demands, benefits, and rewards of being a TFC parent. While younger children may be placed in TFC, the Recruiter must inform potential foster parents of the DCF’s need for homes that are able to care for latency age children and adolescents, including parenting teens. The awarded agency is welcome to subcontract with diverse community organizations for the provision of the minimally required recruitment hours, and/or other related home-finding and retention activities. As available DCF data demonstrates that the majority of the children who received therapeutic level foster care during SFY 2007 were African American/Black, Hispanic, or Multiracial, it is important that recruitment efforts occur in a culturally competent manner, informed by the therapeutic foster care population demographics. Applications evidencing meaningful, formal, contractual partnerships with local, grass root and/or faith-based organizations, for example, as a means to support a viable plan for the recruitment and retention of diverse homes would be viewed favorably.

d. Training, Licensing and other Activities
The TFC provider must identify a staffing constellation that ensures the timely training, assessment/evaluation, licensure and other support of foster parents. Applicants must detail how those activities will be provided. The use of subcontractors for the provision of training and other related activities
is permitted and encouraged if it can be demonstrated that such arrangements will enhance the quality of services. (see also 3.14 Training)

c. Clinical Care
It is the Department’s preference that children receive individual therapy separate from their TFC program. While there may be some advantages to incorporating such service within the TFC program structure, the Department thinks this arrangement can create conflicts that may ultimately negatively impact effective care and clinical choice for children and their families. The Department also envisions TFC to occur in or near the child’s community of origin. Therefore, as a means to support continuity of care upon a child’s transition from TFC, it is desired that children will be connected to clinical care that can be sustained.

If, however, Applicants are proposing a model that would entail a child’s receipt of individual therapy or other clinical services from the TFC provider’s agency, they must detail how they will ensure that a child’s Care Manager will be able to effectively advocate for the child and/or foster families’ needs within their own agency. Persons identified as clinicians for TFC children must be licensed or licensable, and/or supervised by a licensed mental health practitioner.

3.13 FOSTER PARENT EXPECTATIONS
In addition to ensuring that children are served in a loving, family setting, foster families are viewed as key partners in devising and implementing the care plan for the foster children in their home. Foster parents are to have significant input into treatment planning based upon their knowledge and observations of the child in their natural settings. Therapeutic foster parents will be expected to implement in-home treatment strategies that support children’s increased behavior management, self-regulation, interpersonal skill development, social competence, problem solving and acquisition of independent living skills. Furthermore, therapeutic foster parents will need to have an integral role in assisting with the achievement of children’s permanency goals.

Foster parents will be expected to help children develop social support networks and build healthy, meaningful relationships with caring individuals. They will provide children with a normative experience, embracing their daily care needs in a manner identical to that of any other child who is a member of their family. In support of this, all therapeutic level foster families will:

- Provide appropriate care, nurturing, and affection
- Establish trusting relationships with the children in their care and, as needed, their birth families
- Model and teach pro-social behavior and healthy daily living, self care skills
- Model family roles and decision making
- Celebrate and acknowledge the child’s achievements
- Support opportunities for the child to pursue his or her talents, hobbies, or interests
- Support educational stability
- Advocate on behalf of the child(ren) in their care
- Arrange for and attend medical, mental health, dental appointments and children’s other necessary appointments
- Transport children to needed appointments and community activities
- Administer all needed medications consistent with dosage expectations
- Ensure the child’s access to age and developmentally appropriate social, recreational and summer camp opportunities, including systemically setting aside money from the per diem to ensure funds are available
- Participate in therapeutic foster care treatment team meetings, ACRs, and other meetings related to the child’s care provision (e.g., education, mental health, etc.)
• Provide a structured environment
• Engage in consistent, age appropriate (non-physical) discipline and limit setting
• Implement therapeutic supports and approaches
• Cooperate with announced and unannounced home visits by DCF and the TFC provider
• Respect and support children’s cultural, spiritual, and linguistic needs, including attending to the hair and skin care needs of racially diverse children
• Reinforce the child's progress
• Participate in school functions and recreational activities related to the child
• Become involved with a child’s family of origin, serving as a role model and support system.
• Cultivate healthy relationships between the child and their birth family or other significant ties.
• Systematic documentation (e.g., daily logs) of child’s behavior, progress and areas of challenge

The TFC provider will need to develop materials (e.g., manuals, handbooks, guidelines, agreements, etc.) that comprehensively outline the role, rights, and responsibilities of their licensed foster families.

3.14 TRAINING
Extensive and robust training of TFC staff and foster parents must occur. The TFC agency will be required to develop an annual training plan, outlining the training that will provided to their staff and their foster parents over the course of the year. This plan will need to be reviewed by the Department. The Department encourages and welcomes TFC agencies to collaborate regarding training, if possible, as a means to maximize resources and cost effectively extend the breadth of training provided to staff and foster families.

a. staff
Direct care TFC staff will need to complete rigorous pre-service training before they are assigned a caseload. Ongoing training informed by the needs of the foster children served or to be served and those of the TFC families is also to be provided to the direct care staff, including persons who are responsible for any assessment of foster care applicants. Through the combination of pre and in-service training, TFC staff are to receive instruction on the topic areas below. This is not an exhaustive list. The TFC provider should and may provide additional professional development opportunities as they deem necessary:

• DCF organizational structure
• Child Placing Agency regulations
• Mandated reporting
• Overview of children's mental health
• Sexual abuse prevention and intervention
• Cultural and linguistic competence and culturally responsive care
• Dynamic assessment and evaluation
• Ansell Casey Life Skills Curriculum
• Crisis prevention, de-escalation, and intervention
• Trauma informed care
• Philosophy and characteristics of a Systems of Care/Wraparound Approach
• Overview of community services
• Grief, loss and separation issues for children in foster care
• Significance and value of birth families to children placed and supporting their inclusion
• Meeting facilitation
• Mediation skills
• Staff's role in minimizing multiple placements
• Significance of relationship building and connections
• Family Systems Approach

b. foster parents
Foster parents must receive intensive preparation and training in order to meet the specialized and complex needs of the children to be served in their home. They must receive at least 37 hours of training before a child is placed into their home. Thirty (30) of these hours will come from the provision of Parent's Resource for Information, Development and Education (PRIDE) curriculum or another curriculum approved by the Department. The additional seven (7) hours of training is to ensure that each foster family is imparted with the enhanced skills and knowledge needed to meet the clinical and therapeutic needs of the children that will be placed in their care.

TFC families will be required to complete at least twenty eight (28) of post-licensing training per year. At least 80% of those TFC training hours are to pertain to enhancing the clinical knowledge, skills and expertise of the foster families. At least 12 of those hours must be training specific to the clinical presentation and/or diagnosis of the individual child (ren) in the home.

In combination with pre and post licensing training, foster parents should receive instruction and professional development in areas including, but not limited to the following:

• DCF organizational structure and chain of command
• Special needs of children in therapeutic foster care (sexual abuse issues, understanding emotional disturbance, medication management, educational and vocational needs)
• Attachment issues
• Problem solving
• Navigating the service system
• Advocacy
• Basics of mediation
• The family's role in the treatment team
• Working with and supporting birth families
• Overview of children's mental and behavioral health (including substance use)
• Separation and loss issues
• Philosophy and characteristics of a Systems of Care/Wraparound Approach
• Childhood and adolescent development (including sexuality)
• Crisis prevention, de-escalation, and intervention
• Unconditional care
• Behavioral management

This post-licensing training standard will be required of all current and incoming therapeutic foster parents effective January 1, 2010. The TFC agency will be expected to maintain documents detailing each licensed families satisfactory completion of all training requirements.

3.15 COMMUNITY LINKAGES and KEY RELATIONSHIPS
This service is to be predicated upon a Systems of Care approach. Consonant with the Systems of Care, partnership with a breadth of community services is a central feature. The Department is interested in therapeutic foster care programming that seamlessly integrates a broad array of community based services, including faith-based and non-traditional supports, which can be wrapped around the child and their family.
This linkage is desired to ensure that children in therapeutic level foster care have expeditious access to a variety of needed and appropriate services (e.g., outpatient/child guidance clinics, enhanced care clinics, extended day treatment, mentoring, recreation, medication management, education, etc.). In addition, because a wraparound philosophy recognizes that a child and their family’s care needs are dynamic, the establishment of broad collaborations and partnerships is viewed to be critical to the effectiveness of the therapeutic foster care system.

Care Managers and foster parents will be required to establish and maintain a collaborative relationship with the various service providers that are a part of the child's treatment/care team. This shall include no less than monthly phone, face to face, or email contacts with the child's DCF social worker, the child's clinician, school and other key providers. Such contacts should include communication about the observations, interventions, progress, goals, plans, and ongoing safety and well being of the children that they mutually serve.

The TFC agency will need to work in collaboration with other providers, including DCF Area Offices, Community Collaboratives, Systems of Care, Managed Service Systems and various formal and informal community-based services in order to ensure the success of this program. Establishment and use of broad linkages, including with faith-based organizations and informal and non-traditional resources, will be expected to accomplish the goals and objectives of this service, including general, targeted and child specific recruitment outcomes.

Finally, the TFC provider must cooperate with the quality assurance and oversight activities that will occur in conjunction their contracts and the ongoing licensing of their agency. The TFC provider will be expected to cooperate with the State's oversight and management activities such as, but not limited to, case reviews, site visits, record reviews, audits, and licensing reviews.

3.16 BIRTH FAMILY and SIGNIFICANT CONNECTIONS

The TFC provider and their foster families will be expected to assist children with maintaining, or re-establishing meaningfully connections with significant people in their lives. Placement of siblings within the same TFC home, unless counter-indicated, is a priority for the Department. When joint placement is not possible, the TFC provider and the foster family may need to assist with visitations and other appropriate ongoing interactions between siblings. Similarly, as clinically appropriate, and congruent with protective service stipulations, TFC staff and foster families will be expected to assist with children's visitation with their birth parents, other relatives, and friends. In addition to supporting face to face interactions between TFC children and their significant connections, the TFC provider and their foster families must, as appropriate, encourage and support regular contacts such as phone calls, letter writing, emailing, and card exchanges.

As indicated in earlier sections, a point of emphasis is the meaningful inclusion of the child's birth family in the TFC service. The TFC provider and foster families will be expected to encourage, facilitate and support birth families’ participation, as appropriate, in key aspects of the service. Children's families of origin should be incorporated into activities such as pre-placement visits, treatment/care plan development and implementation, care management meetings, community-program site visits (e.g., when selecting services for a child), school events, celebrations, and discharge planning and implementation.

The TFC agency and their foster parents will also be expected, as appropriate, to collaborate with and provide direct support to children's birth parents or other relatives. This is may take the form of modeling, coaching or being a "mentor" to the birth families so that they may develop needed skills and techniques, and maintain connections to resources/services necessary to support a successful and sustainable reunification.
3.17 DISCHARGE and AFTERCARE

a. Discharge Planning
Discharge planning is to occur coterminous with the development of the care plan. This is expected to ensure that the care needs of the child are developed and implemented in a manner that supports the identified permanency and other related goal(s). In order to ensure a child's coordinated and successful transition following their placement in therapeutic foster care, discharge planning is to minimally address:

a. expected duration of treatment/placement
b. major treatment recommendations that are likely to facilitate a successful discharge
c. most viable and beneficial post-treatment placement for the child

Early discharge planning is also required to support needed persons (i.e., birth family, kinship, etc.) in becoming active participants in the transition plan's creation and implementation from the onset based upon the discharge and permanency goals (e.g., reunification with birth family, open adoption).

b. Aftercare
The TFC provider are expected to provide a comprehensive aftercare component that supports a child's transition into and stabilization within their biological or an adoptive home. After-care is to be flexible and tailored to the needs of the child and family to be served. Core after services will, however, include the following:

- care management
- assessment
- referrals
- service linkages
- behavioral management strategies
- crisis support

Aftercare services may be provided to a family for up to 6 months. The TFC agency may include a child's foster parent as part of the after-care support team as a means to assist with continuity of care. In the aftercare phase, therapeutic foster parents could continue to serve as a coach and model to encourage, empower and support the birth or adoptive family. They may also serve as a respite resource to the biological or adoptive family.

The therapeutic foster care agency will also be expected to provide an aftercare component that includes foster parents in order to facilitate transition to reunification through continuity of supports and services, and transfer of skills and strategies to the biological family as a means to successfully maintain children in their homes. Aftercare services would also be similarly used to support children who are transitioning from therapeutic foster care to an adoptive home. The Department may enter into PPSP contracts with the TFC provider to support aftercare services.

4.00 LICENSURE
The awarded agency will be required to obtain and/or maintain licensure as a Connecticut Child Placing Agency. The Department cannot contract for TFC with an entity that fails to obtain or maintain such licensure. The TFC provider agency, their staff, subcontractors, and agents must comply with all federal, state and local statutes, regulations, codes, ordinances, certifications and/or licenses applicable to a fully executed TFC contract and program.

17 Programs and Standards for Treatment Foster Care, Foster Family-based Treatment Association (1995)
18 These contracts provide specialized permanency planning services, including pre and post adoption placement planning and finalization services, and reunification services with biological parents.
5.00 QUALITY ASSURANCE

5.01 QUALITY MANAGEMENT
Accountability and service fidelity are critical to efficacious therapeutic foster care programming. The underpinning of which is continuous quality management and improvement. The therapeutic foster care provider will be required to routinely assess and monitor the delivery of their services. This activity is to be guided by a comprehensive quality assurance plan. The TFC agency will be required to develop an annual quality assurance plan. This plan is to serve as a tool to detail the TFC provider's strategies, intended actions, and methods to monitor the quality and outcomes of their service. They should also inform systematic, ongoing improvement to TFC programming.

5.02 DATA COLLECTION and REPORTING
In support of quality assurance, the Department will require the TFC provider to submit child specific, foster family, and administrative program data. The Department expects that the TFC provider will robustly engage and use data to ensure the quality of their services, including identifying program challenges or barriers, identify potential best practices, and achievement of the program's goals, objectives and outcomes.

The child specific data for this service will be collected using an electronic, web-based application. The Department has just launched a new information system application that will support the collection of data across DCF's mandates. The TFC segment of the Program and Services Data Collection and Reporting System (PSDCRS) has been developed to support the submission of foster child specific and limited foster family related data. These data includes, but are not limited to the following:

- Demographic Information (e.g., name, date of birth, gender, race, ethnicity, DCF status, prior placement setting, placement date, foster family);
- Clinical and Diagnostic Information (e.g., diagnosis, presenting problems, scores from standardized clinical tools);
- Activity Occurrence (e.g., select case management information);
- Episode Data (face to face contacts, home visits, walkthrough);
- Service Data (e.g., community services received); and
- Transition/Discharge Information (e.g., reason for discharge; transition/discharge placement setting, reason for any transition/discharge delays; level of improvement for targeted behaviors);

Subsequent iterations of PSDCRS are expected to support the submission of more comprehensive home finding data, including a web-based TFC referral. The awarded Applicant will be required to submit program data using PSDCRS. The awarded agency will receive training regarding the use of PSDCRS. Information regarding this data system, including all the TFC related elements that are currently collected, can be found on the DCF website as follows: http://www.ct.gov/dcf/cwp/view.asp?a=3588&q=422310

The awarded provider will also be required to submit other data and reports (e.g., administrative data, fiscal reports, ad hoc program data, etc.). The Department will work with the successful Applicant in determining the format and frequency for regular and ad hoc data submissions.

5.03 PERFORMANCE INDICATORS

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19 A copy of the administrative data variables that the Department current collects can be found in Appendix

20 A link to information about PSDCRS is as follows: http://www.ct.gov/dcf/cwp/view.asp?a=3588&q=422310

21 See Appendix I for monthly administrative data reporting requirements
Below are the core outcome measures for the TFC service. Other indicators may be required at the time of award and over the course of contracting. For example, the Department is considering the use of the Ohio Scales or another assessment tool to monitor children's functional improvement. Performance measures and indicators pertaining to such an instrument would be developed and included as part of TFC provider's contract expectations.

Next, in addition to the indicators listed below, the Department will expect that the TFC program is actively supporting and fostering DCF’s goals to place siblings together, preserve or re-establish life long ties for children and achieving permanency for children in their care.

<table>
<thead>
<tr>
<th>Index</th>
<th>Indicator</th>
<th>Attainment Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>Increased stability of placement (disruption reduction)</td>
<td>90%</td>
</tr>
<tr>
<td>Child</td>
<td>Reduced emergency department contact</td>
<td>75%</td>
</tr>
<tr>
<td>Child</td>
<td>Reduced hospitalizations</td>
<td>75%</td>
</tr>
<tr>
<td>Child</td>
<td>Improved school attendance/educational stability</td>
<td>85%</td>
</tr>
<tr>
<td>Child</td>
<td>Improved school performance</td>
<td>75%</td>
</tr>
<tr>
<td>Child</td>
<td>Reduced juvenile justice involvement</td>
<td>85%</td>
</tr>
<tr>
<td>Child</td>
<td>Satisfaction with foster care placement</td>
<td>75%</td>
</tr>
<tr>
<td>Child</td>
<td>Satisfaction with care management services</td>
<td>85%</td>
</tr>
<tr>
<td>Foster Families</td>
<td>Post Licensing Training Completion</td>
<td>100%</td>
</tr>
<tr>
<td>Foster Families</td>
<td>Participation in Care Plan Development</td>
<td>100%</td>
</tr>
<tr>
<td>Foster Families</td>
<td>Participation in Care Plan Quarterly Reviews</td>
<td>100%</td>
</tr>
<tr>
<td>Foster Families</td>
<td>ACR Attendance</td>
<td>85%</td>
</tr>
<tr>
<td>Foster Families</td>
<td>Satisfaction with TFC agency</td>
<td>90%</td>
</tr>
<tr>
<td>Provider Agency</td>
<td>ACR attendance</td>
<td>80%</td>
</tr>
<tr>
<td>Provider Agency</td>
<td>Local placement</td>
<td>75%</td>
</tr>
<tr>
<td>Provider Agency</td>
<td>Achievement of recruitment goals</td>
<td>within 90%</td>
</tr>
<tr>
<td>Provider Agency</td>
<td>Achievement of retention goals</td>
<td>within 90%</td>
</tr>
<tr>
<td>Provider Agency</td>
<td>Match timeliness</td>
<td>95%</td>
</tr>
<tr>
<td>Provider Agency</td>
<td>Homes on hold &gt; 2months</td>
<td>10%²³</td>
</tr>
<tr>
<td>Provider Agency</td>
<td>Referral Acceptance</td>
<td>90%</td>
</tr>
<tr>
<td>Provider Agency</td>
<td>Homes without placements &gt;2 months</td>
<td>10%²⁴</td>
</tr>
<tr>
<td>Provider Agency</td>
<td>Placements requiring a waiver ( &gt;1 TFC child in the home)</td>
<td>10%</td>
</tr>
<tr>
<td>Provider Agency</td>
<td>Face to face contacts with the child</td>
<td>95%</td>
</tr>
<tr>
<td>Provider Agency</td>
<td>Face to face contacts with the foster parent</td>
<td>90%</td>
</tr>
<tr>
<td>Provider Agency</td>
<td>Weekly contact with foster parent</td>
<td>95%</td>
</tr>
<tr>
<td>Provider Agency</td>
<td>Monthly walkthroughs</td>
<td>100%</td>
</tr>
</tbody>
</table>

5.04 SERVICE SATISFACTION
The TFC provider must be attentive to the needs of the children and families that they serve. As part of their ongoing quality assurance efforts, the provider will be expected to engage in a variety of activities that facilitate the receipt of information concerning children and families' satisfaction with the TFC program. At a minimum, the TFC provider will be required to administer an annual, age appropriate, satisfaction survey to children in their program. An annual survey to obtain feedback and service improvement input from

²² Unless contra-indicated
²³ Maximum percentage of the total number of licensed homes that have been on hold for more than two consecutive months during the fiscal year.
²⁴ Maximum percentage of the total number of licensed homes that have been without a placement for more than two consecutive months during the fiscal year.
licensed TFC families must also be administered. The Department will work with the successful Applicant(s) with respect to the tools and/or measures that will need to be used.

5.05 POLICY AND PROCEDURES
Policy and procedures are important to the successful operationalization of the TFC program. Prior to program implementation, the TFC provider will be expected to develop, and may be requested to submit to the Department for review, a comprehensive policy and procedure manual.

6.00 FISCAL

6.01 REVENUE MAXIMIZATION:
At present, Connecticut's TFC program is funded through broad and care dollars. Other states, however, have structured their TFC programs so that many of the therapeutic and clinical services they provide are billable under Medicaid. The Department continues to explore the feasibility of Medicaid billing for some portions of the TFC service. The awarded entity may be required in the future to bill for select TFC services through Connecticut's Medicaid system. The TFC contract will be constructed to include language that will require the provider to bill for any service components that may be or become reimbursable under the state's Medicaid, behavioral health carve out, the Connecticut Behavioral Health Partnership (CTBHP). Thus, Applicants should set forth in their proposal willingness and ability to transition to such a reimbursement method.

6.02 RATES
a. Therapeutic Foster Rates
The total per diem rate for the statewide TFC service is $146

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Per Diem</th>
<th>Maximum Agency Per Diem</th>
<th>Minimum Foster Parent Per Diem</th>
<th>Minimum Child Wraparound Per Diem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Foster Care</td>
<td>$146</td>
<td>$73.00</td>
<td>$52.00&lt;sup&gt;25&lt;/sup&gt;</td>
<td>$10</td>
</tr>
</tbody>
</table>

These rates have been structured to support greater flexibility with respect to providing children with individualized wraparound services and to compensate foster parents more consonant with a "difficulty of care" concept. Floor and ceiling funding amounts have been identified for each rate. This is to provide guidance and ensure that children, foster parents, and the awarded agency are provided with a requisite level of funding to achieve the goals of this service. These ranges also allow the TFC agency to increase compensation for experienced foster parents and/or those who are supporting successful outcomes for the foster child (ren) in their care, and/or set an increased wraparound funding level for a given child. (see also Wraparound Services below)

This rate also has been devised to compensate the provider of a state-wide TFC program for the additional travel and administrative costs that they will incur as they will be licensing and supporting homes that are located throughout the state. Moreover, it is expected that the awarded provider will adjust foster families' rates and/or compensate them accordingly, taking into consideration any additional costs families may incur due to geography. (e.g., Bridgeport licensed family needing to travel to monthly training in Middletown).

<sup>25</sup> Current Connecticut TFC providers are considering to extend their families a minimum per diem of $55.00
NOTE: Preference will be given to Applicants that outline a viable plan to maximize children's receipt of individualized services, as well as compensation for foster parents that recognizes, supports, and promotes their pivotal role as a key and lead member a child's care team.

b. Wraparound Services
Part of the dollars within the TFC per diem rate are to be used to purchase child specific community-based services. These are to be services and supports that are necessary to achieve the goals set forth in the child's care plan. Wraparound dollars from the per diem may be used to fund services including, but not necessarily limited to: summer camp, structured recreational programming, 1:1 care support, behavioral management services, etc. These flexible, wraparound dollars should not be used to purchase services that are readily obtainable through Medicaid or are already DCF funded contracts. The TFC provider must make reasonable efforts to obtain and use needed services through those and, if available, other existing resources.

The TFC provider will be required to maintain documentation, including receipts, related to the purchase of wraparound services. It will, however, be at the agency's discretion to determine whether they or their foster parents will be responsible for directly administering these funds. (e.g., wraparound rate added to a foster family's per diem and the family systematically sets aside dollars to purchase needed services or the agency reserves and holds the wraparound funds). Regardless of the agency's decided method and process for ensuring the child specific use of these wraparound dollars, the Department will require that the TFC agency fastidiously monitor the use of these funds.

For any services that are currently or may in the future become covered by DCF's Credentialing Resources, the TFC agency may only purchase such supports from providers that have an executed provider agreement with the Department. A roster of these credentialed providers can be viewed on the ABH, Inc. website.26 Currently, the services covered under DCF's Credentialing Resources are as follows:

- Assessment
- Behavior Management
- Temporary Care Services
- Supervised Visitation
- Therapeutic Support Staff
- Support Staff

c. Documentation
As noted above, the TFC provider will be expected to maintain financial records detailing the purchase of wraparound services for the children in their programs and to evidence the per diem rates for all the foster families that they supports. The provider may be required to submit quarterly logs to OFCS detailing the use of these funds for each child. Reviews of this financial information will, however, take place during case reviews and site visits. Randomized reviews of this information by the Department may also occur during the course of each fiscal year.

d. Children with Non-Clinical Needs
The administrative/care management per diem rate for children served in the TFC program but who are not within the target population, will be $16.78. The regular foster care per diem rate, consonant to the child's age, will also be given to the foster family to cover board and care expenses.

26 http://abhct.com/resources_DcfCredentialing.asp
At least eight (8) hours of case management, per month, will be expected to be provided to each non-clinical child. A basic care plan will need to be developed and monitored for each child served in the program. The TFC provider must ensure that these children are linked to activities in the community and that their routine care, safety, health and well-being needs are being attended to. Care managers for these children must provide or arrange for their transportation to medical appointments and community services/activities. Similar to the TFC identified children in the home, the TFC provider will be responsible for identifying a respite placement resource when such a need arises. At least two face to face visits with the child should occur per month.

Next, this rate is also expected to allow that child to participate in child and family activities that the TFC agency may host during the course of the year (e.g., holiday parties, picnics, recreation events, amusement park trips, etc.) and to receive presents/gifts to mark significant events/occasions (e.g., birthday, holiday, graduation, etc.).

Finally, no administrative rate will be paid for children who do not meet the criteria for TFC, yet are placed with a relative who happens to be licensed by a TFC agency. Such placements will be treated the same as a regular DCF relative placement and a dual license will be approved by the Department. The child's relative in such cases will receive the regular DCF foster care. The care management for such children will be done by their DCF social worker.

d. Children Currently in TFC
The above identified TFC rate and structures will only be applied to children who meet the eligibility criteria for TFC. The rates for children who are currently placed in TFC will not be adjusted to the new level unless they are assessed to be within the target population.

Children currently in TFC who are determined by the assessment to meet the criteria for this program will be covered by the new rate and structure. The rates for children who are determined not to be among the TFC target population will not be increased to the new per diem levels. The rate for current children determined not to have met the TFC level will remain unchanged for at least 3 months. Thereafter, the Department may seek to apply a lower rate, particularly in instances where the child deemed ineligible for TFC has been placed with a sibling who does meet the criteria for this program.

6.00 PREPARING A RESPONSIVE PROPOSAL
6.01 RFQ SUBMISSION
A variety of questions and submission requirements have been included in the RFP. The Respondent must review the RFP in total to ensure that required questions and response elements are adequately and sufficiently addressed based upon the context of the services to be awarded.

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.

6.02 QUESTIONS FOR RESPONSE
This section lists all the review questions and criteria which Applicants must respond in their submission. It is strongly encouraged that these questions are answered within the context of the information contained in the RFQ. There is often additional detail within the RFQ that explicates the breadth and depth of information that a successful Applicant needs to provide.
All proposals submitted as application for this RFQ will be reviewed competitively based on the agency’s response to the questions below. Applicants should comprehensively and thoroughly answer all the questions below in their submission. The respondent should clearly note any exception in their organization's capacity, ability and/or willingness to deliver any aspect of the services and requirements outlined herein.

1. **Agency Qualifications**
   
   a. Provide an overview of the organization, including years in operation, mission, philosophy, vision, and the current range of services and/or activities provided.

   b. Describe the agency’s experience providing therapeutic foster care, behavioral health programming and/or other related services for children and families involved in the child welfare system.

   c. Describe the agency’s knowledge of and experience with System of Care values and principles. Detail how they have been incorporated into your organization’s service delivery approach and how they are/would be embodied in the delivery of TFC.

   d. Describe how/why your organizational structure and resources support implementation of a high quality, statewide therapeutic foster care service. Agencies who are presently providing TFC in the state of Connecticut need to detail how they will ensure that their current program and the statewide program will be adequately resourced to support the effectiveness of both services.

   e. Detail the agency’s experience, ability, and plan to obtain and/or maintain licensure as a Child Placing Agency in Connecticut.

   f. Provide a clear and realistic plan for implementation of this service, including target dates for hiring and training staff and other key milestones. For agencies that do not currently have programming in Connecticut, please detail your organization’s plan, including timeframes, to have a physical, “brick and mortar” presence in the state. That plan must set forth the date by which the organization will have a site in Connecticut.

2. **Recruitment and Retention**
   
   a. Describe the organization’s experience with recruiting and retaining a sufficient pool of foster families. The Applicant’s response is to address the agency’s ability to recruit and retain a culturally and linguistically diverse pool of foster families, across Connecticut, who will care for children with challenging and demanding behaviors and needs. Applicants should also speak to ensuring that the pool of families will be prepared to provide care to adolescents, including those who may be pregnant or parenting. In addition, respondents should set forth the means by which they will recruit and retain same sex and LGBTQI-affirming families. The response should also address the manner in which the Applicant will ensure that the recruitment efforts are data driven and will result in a sufficient pool of families to meet the demographics and needs of the children and youth who may be discharged from the Safe Homes, PDCs and STAR Homes.

   b. Outline the agency’s experience and ability to engage in targeted and child specific recruitment. Applicants should include concrete examples of how they have or will engage in targeted and child specific recruitment, particularly for children who are awaiting discharge from congregate care settings.
c. Provide a proposed statewide recruitment and retention plan. Detail the activities, strategies, innovations and specific key partners that will be used to ensure that there is a sufficient pool of qualified foster homes across the state.

d. The Department is looking at recruitment of foster families in a holistic, collaborative and integrated manner. We are seeking to move away from viewing foster families recruited by the Department as "DCF foster homes" and those by the private agencies as "TFC foster homes." Instead, the Department wants recruiters across entities to support potential foster families being connected to the agency or provider who may best meet their needs, even if that means referring a family to another agency (e.g., to DCF or to another TFC provider). Thus, the Applicant should set forth their agency's comfort and willingness to recruit foster families across the continuum (e.g., a family who might be directed to DCF, ones who might be best as a TFC home or those who should be referred to a TFC-Enhanced agency) and readily directing families to the foster care entity that would be the best fit for them. If the Applicant has any reservations about "collaborative" recruitment, those concerns should be articulated.

3. Training
a. Set forth the amount and types of pre and in-service training that will be provided to staff. Articulate why such training is sufficient and how it will support the provision of quality care.

b. Detail the types of clinical training that will be provided to TFC foster parents pre and post license. Include how child specific training will be identified and provided. Articulate how the pre and post licensing training will support the provision of quality care for the children in TFC homes. For agencies that are proposing to use a pre-licensing curriculum other than PRIDE, the applicant must describe the training that they would like to use and articulate how such curriculum is comparable to PRIDE.

c. Discuss the Applicant's plan to provide all needed training. The Applicant's description should set forth how their staff, foster parents and community partners would be involved with the delivery of training. Any specific resources that the Applicant will commit to training should be described.

d. Outline the mechanisms that will be used to ensure that staff's and foster parents' training requirements are completed, competency achieved, and that training is informed by the needs of the children served/to be served, foster families and TFC staff. This should clearly demonstrate how geography and other factors will not be a barrier, given the statewide nature of this service.

4. Licensing of Families
a. Detail the agency's process to screen and assess persons interested in becoming foster parents. The Applicant should set forth the staff positions that are charged with that function. Any tools or instruments that would be used as part of that process should be discussed.

b. Discuss the agency's licensing process. This should include the agency's home study development practices. The Applicant's response should also address the organization's practices and policy with respect to personal interviews, references, home inspections, and background checks related to supporting licensure.

c. Outline the agency's licensing renewal process. The Applicant should detail their ability and plan to ensure that foster families' do not lapse and are renewed in a timely manner.
d. Complete Vignette #1 - Mock Licensing Application. A copy of that vignette can be found in Appendix C of this RFQ. Applicants are to address the areas in which they would obtain more information from the foster parents or other collateral contacts. For each area based upon your review of mock licensing application requiring additional detail, indicate ways in which you will attempt to obtain more information to conduct a thorough assessment.

5. Matching and Pre-Placement Visits
   a. Discuss the Applicant’s approach to ensuring appropriate, successful and sustainable matches. The Applicant’s response should include how the child, the DCF social worker, the prospective foster family, the family of origin (as appropriate) and relevant providers will be involved in the matching process.
   
   b. Detail the agency’s plan to make matches within 10 business days from the receipt of a referral.
   
   c. Describe how the agency will ensure that pre-placement visits, individualized to the needs of the child and prospective foster family will occur. Applicants should also describe how the child’s family of origin, as appropriate, will be incorporated in the pre-placement process.

6. Care Model and Service Delivery
   a. Outline the agency’s approach to providing therapeutic foster care. The Applicant should discuss any care models and curriculum that they will use to support the provision of quality care.
   
   b. Describe how the agency will ensure that foster parents and birth families, as appropriate are partners in the provision of TFC.
   
   c. Detail how the organization will provide the services and supports listed below. The Applicant should set forth its approach for doing so, including any specific models, interventions and curriculum that will be used to ensure that these services are delivered in a safe and quality manner and will result in positive outcomes for children and families:

      i. Care planning and management
      ii. Behavioral and crisis management
      iii. Independent living skill building
      iv. Sibling and birth family visitations and contacts
      v. Wraparound services
      vi. Clinical care
      vii. Respite
      viii. Foster parent support
      ix. Permanency
      x. Discharge planning
      xi. Aftercare programming

   The agency should identify any sub-contracts, Memorandums of Understanding, Memorandums of Agreements, and/or third party arrangements, and organizations that will be involved in fulfilling the proposal requirements. The Applicant should provide detailed information for each of these entities including their roles, functions and deliverables.

   d. Discuss the agency’s philosophy, values, and approach with respect to achieving permanency for children in TFC. The Applicant should provide a concrete example of how the agency has or would facilitate permanency for a child in this level of care.
7. **Staffing**
   a. Provide an organizational chart that identifies the larger agency structure and governance, as well as the staff that will be assigned to the program. Resumes for staff that have been identified for TFC program positions are to be submitted.

   b. Outline the proposed staffing structure and full time equivalents. The Applicant should also briefly describe the direct, recruitment, supervisory, quality assurance and managerial positions that will be assigned to the TFC service. The supervision plan for all core positions should be discussed.

   c. Discuss the agency’s plan to recruit, train and retain TFC program staff, including those who are culturally and linguistically diverse and competent

8. **Cultural Competency**
   a. Detail how the agency will ensure culturally and linguistically competent care and support for the children and families served or to be served by their program. Please articulate how families’ cultural and/or spiritual observations will be balanced with children’s needs and practices. The applicant should also include in their response how their agency and foster families will respect and meet the care needs of lesbian, gay, bi-sexual, questioning, transgendered and intersex youth.

   b. Describe how culturally and linguistically competent care will be infused into the service approach and daily programming. Applicants should detail how multi-cultural competence will be included in treatment/care planning, foster parent support, discharge planning, and staff supervision. The agency must set forth how they will ensure that the skin and hair care needs of racially diverse children are welled attended to.

   c. Discuss internal quality improvement processes the agency will utilize to evaluate the cultural and linguistic competence of the services that will be provided. The Applicant should articulate how cultural competence will inform the analysis and review of program data.

9. **Quality Assurance and Data**
   a. Outline how the agency will ensure the ongoing safety and quality of the foster homes that they license.

   b. Detail the Applicant’s ability to fulfill data-reporting requirements. Provide a description of your organization's data and information systems infrastructure. The response should set forth the software, personnel, hardware and networking capabilities that will allow them to meet this requirement and ensure data accuracy, integrity and reliability.

   c. Describe the organization’s quality improvement processes, including identification of and response to problems in service delivery, service outcomes and client complaints/satisfaction. Detail your system for monitoring and evaluating services. Set forth how data and information are utilized to assess, monitor, and improve the delivery of services. Also, include how the agency uses and will use data in conjunction with staff supervision.

   d. Discuss how the agency plans to achieve the outcomes and indicators set forth in this RFQ.

   e. Complete Vignette # 2- Mock Non-Accepted Child Abuse & Neglect Hotline Report. A copy of that vignette can be viewed in Appendix D of this RFQ. The Applicant is to respond to the following questions concerning the vignette:
1. Document what steps your program would take to determine whether or not a regulatory violation (physical discipline) occurred.
2. How would your program determine if this is a pattern of behavior by the foster father and/or mother?
3. Document your program's response if it is determined that foster parent did not physically discipline the foster child.
4. Document your program's response if it is determined that foster parent did physically discipline the foster child.

10. Fiscal and Revenue Maximization
    a. Demonstrate that the agency has sufficient resources and capacity to leverage other resources to benefit their statewide TFC program (e.g., insurance, in-kind, philanthropy, etc.).
    b. Demonstrate that the agency engages in sound fiscal management processes, has fiscal stability, and has the ability to manage public contracts and grants.
    c. Discuss the agency’s plan to ensure that if funding of TFC is transitioned to Medicaid billing they would be able to seek reimbursement for services in such manner.
    d. Discuss the mechanisms and processes that will be used to determine the appropriate rate level above the “floor” per diem for foster parents.
    f. Outline the Applicant’s plan to ensure the purchase of wraparound services congruent with children’s needs. Detail how the agency will increase wraparound per diem rates above the required minimum in a manner that is child specific. The agency’s response should also articulate how they will monitor that wraparound services funds are being appropriately and properly used.

6.04 APPLICATION INSTRUCTIONS AND REVIEW INFORMATION:
   a. Application Format:

Submitted applications must conform to the following format requirements:

<table>
<thead>
<tr>
<th>Page Limit</th>
<th>55 (Excludes Cover Page, Table of Contents, and Appendices)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission Format</td>
<td>Submit clipped copies (no binders, please)</td>
</tr>
<tr>
<td>Font Size</td>
<td>12 pt</td>
</tr>
<tr>
<td>Font Type</td>
<td>Times New Roman</td>
</tr>
<tr>
<td>Paper Size</td>
<td>8.5 inch x 11 inch (portrait)</td>
</tr>
<tr>
<td>Margins</td>
<td>1 inch all sides</td>
</tr>
<tr>
<td>Line Spacing</td>
<td>Double</td>
</tr>
</tbody>
</table>

The Respondent will include in their application packet the following, in the order identified below:

1. Cover Sheet
2. Table of Contents
3. Application Questions
4. Appendices (see below)
b. APPENDICES:
The following appendices are to be included with the proposal:

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1</td>
<td>Organizational Structure/Chart</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>Staff Resumes</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>Recruitment and Retention Plan (may not exceed 2 pages)</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>Vignette # 1 (may not exceed 5 pages) and Vignette # 2 (may not exceed 3 pages)</td>
</tr>
<tr>
<td>Appendix 5</td>
<td>Letters of Agreement/Memoranda of Understanding*</td>
</tr>
<tr>
<td>Appendix 6</td>
<td>Board of Directors (annotated with race/ethnicity, gender and town of residence)</td>
</tr>
<tr>
<td>Appendix 7</td>
<td>Subcontractor Profile Form(s)</td>
</tr>
<tr>
<td>Appendix 8</td>
<td>Current certificates of accreditation and licensure</td>
</tr>
<tr>
<td>Appendix 9</td>
<td>CHRO compliance packet: Notification to Bidders Form**</td>
</tr>
<tr>
<td>Appendix 10</td>
<td>CHRO compliance packet: Evidence of Non-Discrimination form**</td>
</tr>
<tr>
<td>Appendix 11</td>
<td>CHRO compliance packet: Employee Information Form**</td>
</tr>
<tr>
<td>Appendix 12</td>
<td>Consulting Agreement Affidavit**</td>
</tr>
</tbody>
</table>

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.

* Letters of Agreements are defined as documents setting forth the concrete service(s) (e.g., Staff, Training, Space, etc.) which an agency, organization or individual will be providing for the proposed program. Letters of Support are not to be included. Point deductions may occur for the inclusion of Letters of Support or their being embedded within a Letter of Agreement.

**Submissions lacking these properly executed forms, materials and affidavits will not be reviewed.

c. REVIEW CONTEXT:
The review of the applications will be standardized, including but not limited to the following elements:

1. The Applicant has complied with all application deadlines, as described in RFQ. The Applicant has also complied with the application format and utilization of DCF application materials, as described in the RFQ and/or at the Technical Assistance/ Bidders’ Conference.

2. The Applicant demonstrates the ability to provide high quality therapeutic foster care services.

3. The Applicant agency structure is sufficient to support the provision of therapeutic foster care in the designated service area(s) and otherwise meets all organizational qualifications.

4. The Applicant’s proposal clearly and competently addresses how the organization will provide the services described in the RFQ, including but not limited to satisfactorily answering all the questions within this guidance.

5. The Applicant’s proposal demonstrates the ability to provide therapeutic foster care in a manner that is culturally and linguistically competent.

6. The Applicant’s proposal demonstrates the appropriate relationships with foster parents, DCF, foster children, birth families, key service providers, community collaborations, and others necessary for the effective provision of therapeutic foster care services.
7. The Applicant has demonstrated fiscal stability, sound fiscal management practices and sufficient resources, and revenue maximization ability consistent with the requirements promulgated in the RFQ.

d. REVIEW PROCEDURES:
The Review Team will review each application to determine whether or not the responses meet the criteria specified in the RFQ. The Department is under no obligation to award the contract to the applications with the highest scores or, for example, the proposals offering to provide the service at a lower amount than other Applicants. The review panel will use numerical point measures as a guide, but these measures are not binding on the review panel. The recommendations of the review panel are based on a wide range of considerations and are not limited to point weight score or the relative costs of the proposals. The goal of the Department is to procure the highest quality services in the most fiscally responsible way.

Following the final selection, a contract will be negotiated and developed with the Applicant that details the therapeutic foster care model structure, services, rate, performance based criteria and reporting requirements. No financial obligation by the State can be incurred until a contract is fully executed.
APPENDIX A

LETTER OF INTENT (LOI)
(MANDATORY and NON-BINDING)

Date: ________________

Please be advised that our agency is planning to apply for funding in response to the:

Therapeutic Foster Care- Statewide Program
Request For Qualifications

<table>
<thead>
<tr>
<th>AGENCY NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGENCY ADDRESS:</td>
</tr>
<tr>
<td>AGENCY CONTACT:</td>
</tr>
<tr>
<td>POSITION/TITLE:</td>
</tr>
<tr>
<td>TELEPHONE NUMBER:</td>
</tr>
<tr>
<td>FAX NUMBER:</td>
</tr>
<tr>
<td>EMAIL ADDRESS:</td>
</tr>
</tbody>
</table>

Please submit this LOI to the following person no later than **August 4, 2009, at 4:00pm**:

Susan Smith  
Department of Children and Families  
505 Hudson Street  
Hartford, CT 06106  
Email: susan.smith@ct.gov  
Phone: 860.550.6695  
Fax: 860.723.7236

Page 40 of 90
APPENDIX B

PRELIMINARY LICENSING CONTACT INFORMATION

Please attach this form as the sheet for the materials that the agency is submitting to demonstrate the minimum staffing and training requirements needed to become a Connecticut licensed child placing agency. The preliminary licensing materials must be received by the DCF RFQ Lead by 4:00 PM (local time), August 17, 2009.

Date: ___________________________________________________________

<table>
<thead>
<tr>
<th>Agency Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
</tr>
<tr>
<td>Contact Person:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

Please ensure that the following items have been attached to support the review of your licensing qualification:

- [ ] List of the managerial and supervisory staff who will oversee the TFC program
- [ ] Resumes of the managerial and supervisory staff who will oversee the TFC program
- [ ] List of the relevant training for each managerial and supervisory staff who will over the TFC program

This document and the associated preliminary licensing material are to be mailed to the following DCF RFQ lead:

Susan R. Smith  
Office of Foster Care Services  
Department of Children and Families  
505 Hudson Street  
Hartford, CT 06106
APPENDIX C

VIGNETTE #1

Alice and John G. contacted your program at the end of November 2008. They indicated that they are interested in providing foster care. Your staff conducted a precursory screen over the phone. A packet of information, including an application, was sent to their home and a follow-up home visit was scheduled for 12/15/08.

During the home visit on 12/15/08, Mr. and Mrs. G. indicate that they have reviewed all of the materials and completed the application (attached- see below). They give you a tour of the home and ask you to sit at their kitchen table. You begin reviewing the application with Alice and John.

While it is understood that a full assessment, which will include obtaining information/feedback from other individuals, will occur, in reviewing the application, what are the areas in which you should obtain more information from either the foster parents or other collateral contacts? For each area requiring additional information, indicate ways in which you will attempt to obtain more information to conduct a thorough assessment.
**VIGNETTE #1- LICENSING APPLICATION**

**FASU-047**  
**ABC Program**  
Page 1 of 12

11/08 (Rev.)

application for foster care  
(Attach additional pages if necessary)

<table>
<thead>
<tr>
<th>PARENT 1</th>
<th>Parent 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME: LAST, FIRST NAME, MIDDLE (PLEASE PRINT)</td>
<td>NAME: LAST, FIRST NAME, MIDDLE (PLEASE PRINT)</td>
</tr>
<tr>
<td>G, ALICE, MARIE</td>
<td>G, JOHN, MICHAEL</td>
</tr>
<tr>
<td>MAIDEN NAME, IF APPLICABLE S</td>
<td>AKA, IF APPLICABLE N/A</td>
</tr>
<tr>
<td></td>
<td>MAIDEN NAME, IF APPLICABLE N/A</td>
</tr>
<tr>
<td></td>
<td>AKA, IF APPLICABLE N/A</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>DATE OF BIRTH</td>
</tr>
<tr>
<td>11/4/71</td>
<td>3/6/69</td>
</tr>
<tr>
<td>RACE</td>
<td>RACE</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Caucasian</td>
</tr>
<tr>
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<td>RELIGION</td>
</tr>
<tr>
<td>Catholic</td>
<td>Catholic</td>
</tr>
<tr>
<td>BIRTH PLACE</td>
<td>BIRTH PLACE</td>
</tr>
<tr>
<td>Hartford, CT</td>
<td>Bridgeport, CT</td>
</tr>
<tr>
<td>SOCIAL SECURITY#</td>
<td>SOCIAL SECURITY#</td>
</tr>
<tr>
<td>XXXXXXXX</td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td>DRIVERS LICENSE #</td>
<td>DRIVERS LICENSE #</td>
</tr>
<tr>
<td>XXXXXXXX</td>
<td>XXXXXXXX</td>
</tr>
<tr>
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<td>LANGUAGE</td>
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<tr>
<td>English</td>
<td>English</td>
</tr>
<tr>
<td>MILITARY SERVICE: N/A Duty status Type of discharge</td>
<td>MILITARY SERVICE: N/A Duty status Type of discharge</td>
</tr>
<tr>
<td>HOME TELEPHONE</td>
<td>WORK TELEPHONE</td>
</tr>
<tr>
<td>XXXXXXXX</td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td>HOME TELEPHONE</td>
<td>WORK TELEPHONE</td>
</tr>
<tr>
<td>XXXXXXXX</td>
<td>XXXXXXXX</td>
</tr>
<tr>
<td>CURRENT ADDRESS: STREET/CITY/STATE/ZIP</td>
<td>CURRENT ADDRESS: STREET/CITY/STATE/ZIP</td>
</tr>
<tr>
<td>1492 Columbus Boulevard, Glastonbury, CT</td>
<td></td>
</tr>
</tbody>
</table>

PREVIOUS ADDRESSES

<table>
<thead>
<tr>
<th>LIST PREVIOUS ADDRESSES IN THE LAST FIVE YEARS:</th>
<th>LIST PREVIOUS ADDRESSES IN THE LAST FIVE YEARS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1929 Wall Street, Jefferson, Alabama 5555</td>
<td>1929 Wall Street, Jefferson, Alabama 5555</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## CURRENT MARRIAGE, RELATIONSHIP OR CIVIL UNION

<table>
<thead>
<tr>
<th>DATE AND PLACE OF CURRENT MARRIAGE/CIVIL UNION</th>
<th>DATE STARTED LIVING TOGETHER (IF NOT MARRIED OR IN CIVIL UNION)</th>
<th>SEPARATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/24/2000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIVORCED</td>
<td>DIVORCE PENDING</td>
<td>OTHER</td>
</tr>
<tr>
<td>CIVIL UNION</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] NOT CURRENTLY MARRIED, IN A RELATIONSHIP OR IN A CIVIL UNION

## PREVIOUS MARRIAGE(S), RELATIONSHIP(S) OR CIVIL UNIONS

<table>
<thead>
<tr>
<th>Parent 1</th>
<th>Parent 2</th>
</tr>
</thead>
<tbody>
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<td>NAME OF PREVIOUS</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>START DATE:</td>
<td>START DATE:</td>
</tr>
<tr>
<td>SPOUSE:</td>
<td>SPOUSE:</td>
</tr>
<tr>
<td>END DATE:</td>
<td>END DATE:</td>
</tr>
<tr>
<td>PARTNER:</td>
<td>PARTNER:</td>
</tr>
<tr>
<td>REASON (circle)</td>
<td>REASON (circle)</td>
</tr>
<tr>
<td>Divorce</td>
<td>Divorce</td>
</tr>
<tr>
<td>Separation</td>
<td>Separation</td>
</tr>
<tr>
<td>Death</td>
<td>Death</td>
</tr>
</tbody>
</table>

| NAME OF PREVIOUS | NAME OF PREVIOUS |
| START DATE: | START DATE: |
| SPOUSE: | SPOUSE: |
| END DATE: | END DATE: |
| PARTNER: | PARTNER: |
| REASON (circle) | REASON (circle) |
| Divorce | Divorce |
| Separation | Separation |
| Death | Death |

## EMPLOYMENT INFORMATION

<table>
<thead>
<tr>
<th>PARENT 1</th>
<th>PARENT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF EMPLOYER</td>
<td>NAME OF EMPLOYER</td>
</tr>
<tr>
<td>Wethersfield Public Schools</td>
<td>Enfield Public Schools</td>
</tr>
<tr>
<td>START DATE OF EMPLOYMENT</td>
<td>START DATE OF EMPLOYMENT</td>
</tr>
<tr>
<td>11/04</td>
<td>9/04</td>
</tr>
<tr>
<td>POSITION</td>
<td>POSITION</td>
</tr>
<tr>
<td>Teacher</td>
<td>Teacher</td>
</tr>
<tr>
<td>PHONE</td>
<td>PHONE</td>
</tr>
<tr>
<td>XXXXXX</td>
<td>XXXXXX</td>
</tr>
<tr>
<td>WORKING HOURS</td>
<td>WORKING HOURS</td>
</tr>
<tr>
<td>7:00 am-4:00 pm</td>
<td>7:00 am-4:00 pm</td>
</tr>
<tr>
<td>NAME OF EMPLOYER (SECOND JOB)</td>
<td>NAME OF EMPLOYER (SECOND JOB)</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>START DATE OF EMPLOYMENT</td>
<td>START DATE OF EMPLOYMENT</td>
</tr>
<tr>
<td>POSITION</td>
<td>POSITION</td>
</tr>
<tr>
<td>PHONE</td>
<td>PHONE</td>
</tr>
<tr>
<td>WORKING HOURS</td>
<td>WORKING HOURS</td>
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### EDUCATION

<table>
<thead>
<tr>
<th>PARENT 1</th>
<th>PARENT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGHEST GRADE COMPLETED (including college):</strong> Undergrad (BS)</td>
<td><strong>HIGHEST GRADE COMPLETED (including college):</strong> Undergrad (BS)</td>
</tr>
<tr>
<td>NAMES OF SCHOOL AND COLLEGE: Connecticut State College</td>
<td>NAMES OF SCHOOL AND COLLEGE: Connecticut State College</td>
</tr>
</tbody>
</table>

If appropriate, area of study:

If appropriate, area of study:

### EMERGENCY – In case of emergency, list TWO persons who can be contacted:

<table>
<thead>
<tr>
<th>1</th>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 Honor Lane, Wethersfield, CT</td>
<td>Home Telephone Number:</td>
<td>Work Telephone Number:</td>
</tr>
<tr>
<td></td>
<td>XXXXXXX</td>
<td>XXXXXXX</td>
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</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>87 Bay Street, Hamden, CT</td>
<td>Home Telephone Number:</td>
<td>Work Telephone Number:</td>
</tr>
<tr>
<td></td>
<td>XXXXXXX</td>
<td>XXXXXXX</td>
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</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>51 West Street, Glastonbury, CT</td>
<td>Home Telephone Number:</td>
<td>Work Telephone Number:</td>
</tr>
<tr>
<td></td>
<td>XXXXXXX</td>
<td>XXXXXXX</td>
</tr>
</tbody>
</table>

### OTHER ADULT MEMBERS OF HOUSEHOLD

<table>
<thead>
<tr>
<th>Name (first, middle, maiden, last, AKA)</th>
<th>Date of Birth</th>
<th>Relationship to Applicant</th>
<th>Student/Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephanie A.</td>
<td>3/5/46</td>
<td>Mother</td>
<td>Retired</td>
</tr>
</tbody>
</table>
### CHILDREN LIVING IN HOUSEHOLD

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jason G.</td>
<td>7/3/1999</td>
<td>Harris Elementary</td>
<td>4th</td>
</tr>
</tbody>
</table>

### CHILDREN NOT LIVING WITH YOU (INCLUDING ADULT CHILDREN)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Frequent Visitors

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Where Do They Live Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HOW DID YOU HEAR ABOUT FOSTER CARE OR ADOPTION? (CHECK ALL THAT APPLY)

- [ ] Newspaper
- [ ] Phone Book
- [ ] Radio
- [ ] Television
- [ ] Adoptive Parent
- [ ] School Flyer
- [ ] Foster Parent
- [ ] Church
- [ ] Internet
- [x] Other (Specify): teaching

Have you or anyone regularly residing in your home, or any substitute caregiver previously applied, or been licensed, for foster care or adoption by this Department or any other state or private agency?

(If yes, specify when, where, and the resulting action):  
[ ] yes  [x] No

Are you or have you been a licensed day care, adoption, or any other out of home care provider by this agency or any other agency?

(If yes, specify when and where):  
[ ] yes  [x] No
Have you discussed foster care or adoption with every family member?  ⭕ Yes  ☐ No

How do your family members feel about foster care or adoption?

My mother is supportive and our son is looking forward to companionship.

Why do you want to be a foster or adoptive parent?

Being teachers, we are aware of the large numbers of children in foster care. We feel that we could provide a safe, loving home to a child.

Have you or any other family member experienced any major life changes in the past year, for instance, death of a family member, marriage, divorce, birth of a child, adoption of a child, major illness, job loss or significant financial crisis?  ⭕ Yes  ☐ No

(if yes, please explain)

My father passed away 9 months ago. My mother began living with us about 6 months ago.

Type of home you live in:  ⭕ Single Family  ☐ Apartment  ☐ Mobile Home  ☐ Townhouse/Condo
Do you own or rent your home?  ● Own  □ Rent

Was your home built before 1978?  □ Yes  ● No

Is your home lead-free?  ● Yes  □ No  □ Unsure

If you rent, Please give the name and address of the landlord. Notification will be made to him/her of your interest in receiving a child (or children) in your home.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice and John G.</td>
<td>1492 Columbus Boulevard, Glastonbury, CT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many rooms?</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many bedrooms?</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where would a foster or adoptive child(ren) sleep?</th>
<th>Own room</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>On what floor would your foster child sleep?</th>
<th>2nd floor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Do you have a pool, Jacuzzi, hot tub or body of water on your property?</th>
<th>□ Yes  ● No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Have they been inspected by local town inspectors/officials?</th>
<th>□ Yes  □ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is your water supply public or from a well?</th>
<th>□ Public  ● Well</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Do you have an auxiliary heating system?</th>
<th>● Yes  □ No</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>If yes Describe:</th>
<th>Wood  Coal  Other:</th>
</tr>
</thead>
</table>

**Firearms/Weapons**

Are there any firearms or dangerous weapons such as, but not limited to, rifles, assault weapons, shot guns, hand guns, swords, machete, cross bow, and/or hunting traps on the property?  ● Yes  □ No
My husband has a hand gun registered to him. We keep it in our bedroom closet.

<table>
<thead>
<tr>
<th>(If yes, please explain)</th>
<th></th>
</tr>
</thead>
</table>

Does anyone in the home, or who regularly visits the home, own or use a firearm or dangerous weapon such as rifles, assault weapons, shot guns, hand guns, swords, machete, cross bow, hunting traps?

- Yes
- No (If yes, please explain):  

See above

<table>
<thead>
<tr>
<th>Pet Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>List the kinds of pets in your home:</td>
</tr>
<tr>
<td>1 cat</td>
</tr>
<tr>
<td>Do all cats and dogs have current vaccinations?</td>
</tr>
<tr>
<td>☒ Yes ☐ No ☐ N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pet Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>How are pets supervised?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Do any pets exhibit aggressive behaviors?</td>
</tr>
<tr>
<td>☐ Yes ☒ No (if yes, explain)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pet Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your pet a rescue/adoptive animal</td>
</tr>
<tr>
<td>☒ Yes ☐ No ☐ N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pet Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had any involvement with police/animal control officer due to roaming/agression/other?</td>
</tr>
<tr>
<td>☐ Yes ☒ No ☐ N/A</td>
</tr>
</tbody>
</table>
Has your pet ever bitten anyone?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☒</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name and phone number of veterinarian?  

| Steven Katz; 860-555-5555 |

---

**About you and your household members**

Has either applicant or anyone regularly residing in your home ever been arrested?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has either applicant or anyone regularly residing in your home ever been convicted of a crime?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have answered yes to any of the above 2 questions, please provide details:

<table>
<thead>
<tr>
<th>Name of Member</th>
<th>Charge/State/City</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice Gentry</td>
<td>New Britain, CT</td>
<td>4/93</td>
<td>Dropped</td>
</tr>
<tr>
<td>John Gentry</td>
<td>New Britain, CT</td>
<td>4/93</td>
<td>Dropped</td>
</tr>
</tbody>
</table>

---

Has either applicant or anyone regularly residing in your home ever been:

<table>
<thead>
<tr>
<th>Charged or convicted of injury or risk of injury to a minor or other similar offense against a minor;</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charged or convicted of impairing the morals of a minor or other similar offense against a minor;</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charged or convicted of a violent crime against a person or other similar offense;</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charged or convicted of the possession, use or sale of controlled substances within the past five (5) years; or</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charged or convicted of illegal use of a firearm or other similar offense?</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes to any, please explain what happened and when:
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you/they awaiting trial for any charges?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Have you ever had a minor removed from your/their care or custody for reason of child abuse or neglect; ever had an allegation of child abuse or neglect substantiated; or have a current child abuse or neglect allegation pending for any reason, through any court (city, county, state, country)?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Have you ever had an allegation of abuse or neglect made against you regarding a child or elderly person in any (city, county, state, country)?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Have you ever had an allegation of abuse or neglect made against you regarding a child or elderly person in any (city, county, state, country)?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Have you ever requested voluntary services from child protection services in any (city, county, state, country)?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Have you ever received services from DCF or any other state/private child protective agency (including but not limited to any child protection investigations (pending or past), Voluntary Services, removal of a child from your care, etc.).</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Have you ever been involved with proceedings in a probate court with regards to a child's custody/guardianship?</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

If yes to any, please explain what happened and when:
**Ever had any motor vehicle violations including but not limited to speeding, DWI?**  
[ ] Yes  [ ] No

If yes, please explain what happened when and where:

<table>
<thead>
<tr>
<th>Speeding tickets: @2004 and 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Britain, CT</td>
</tr>
</tbody>
</table>

**Have you, your parents, your children or other household members experienced domestic violence including but not limited to acts of aggression, hearing or seeing violence in the home, threats of coercive control or controlling behaviors from a significant other/spouse/family member, hitting, slapping, shoving, pushing, pulling hair, gouging eyes, kicking, sexually assaulting, spitting etc., or threatened with a weapon?**

[ ] Yes  [ ] No  

(If yes, when?)

<table>
<thead>
<tr>
<th>City/State/Country where occurred?</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Britain, CT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Were the police involved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes  [ ] No</td>
</tr>
</tbody>
</table>

Please explain and include those who were involved:

John and I met in college. At the beginning of our relationship, we were out drinking with friends one night. I thought John was flirting with another girl, so I began yelling at both of them. John tried to hold me away from the other girl. I was struggling with him to let go. Someone in the bar called the police. We were both arrested for Breach of Peace.
The charges were dismissed when we went to Court.

Have you ever received psychological and/or psychiatric services either in-patient or out-patient for any period of time, at any time in your life? (this includes depression, anxiety, etc.). If so, please describe below.

No

Are you currently taking any medications? If so list:

<table>
<thead>
<tr>
<th>Medication/Dosage</th>
<th>Purpose Prescribed</th>
<th>Prescribing Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synthroid</td>
<td>Hypothyroid</td>
<td>Dr. Main</td>
</tr>
</tbody>
</table>

Have you ever experienced an issue with illegal drugs/alcohol or prescription medication at any time in your life as defined by:

- Use of illegal drugs
- Having received intervention for substance abuse
- Use of medication other than as prescribed?
- Experienced black outs/grey outs as a result of drinking

If so, please explain what happened and when:
REFERENCES

Please list the names of three (3) people who can provide references for you and your family. These must be people who have known you and your family for at least two (2) years. Only one reference can be a relative. Only one reference can be a person who knows just one family or household member. The other references must know your entire family and/or have seen you (and your partner, if appropriate) interact with children.

If you have a school age child, one reference must be from your child’s teacher or another community professional such as a pediatrician or member of the clergy who knows you and your child.

Please include the relationship of these people to you and your family; for example, sister, church friend, child’s teacher, pediatrician, neighbor. Thank you.
<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jeffrey G.</td>
<td>XXXXX</td>
<td>XXXX</td>
<td>XX</td>
<td>XXXXX</td>
</tr>
<tr>
<td></td>
<td>Relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Janice L.</td>
<td>XXXXX</td>
<td>XXXX</td>
<td>XXXXX</td>
<td>XXXXX</td>
</tr>
<tr>
<td></td>
<td>Relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Remy S.</td>
<td>XXXXX</td>
<td>XXXX</td>
<td>XX</td>
<td>XXXXX</td>
</tr>
<tr>
<td></td>
<td>Relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Jeffrey G.**
  - Street Address: XXXXX
  - City: XXXX
  - State: XX
  - Zip: XXXXX
  - Relationship: Brother-in-law

- **Janice L.**
  - Street Address: XXXXX
  - City: XXXX
  - State: XXXXX
  - Zip: XXXXX
  - Relationship: sister

- **Remy S.**
  - Street Address: XXXXX
  - City: XXXX
  - State: XX
  - Zip: XXXXX
  - Relationship: Family friend
FINANCIAL STATEMENT

(Please provide verification of your income, such as any pay stubs or your most recent Federal Income Tax statement, and documentation verifying the monthly expenses listed below)

SOURCE OF INCOME: EMPLOYMENT, UNEMPLOYMENT, SOCIAL SECURITY, ETC.

**Parent 1**  
Salary Amount: $42,000  
Source: Employment  
Other Income Sources: Amount: 

**Parent 2**  
Salary Amount: $45,000  
Source: Employment  
Other Income Sources: Amount: 

**Monthly Expenses:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly rent or mortgage</td>
<td>$2100.00</td>
</tr>
<tr>
<td>Estimated utilities</td>
<td>$600.00</td>
</tr>
<tr>
<td>Charge accounts</td>
<td>$400.00</td>
</tr>
<tr>
<td>Loans (car payments, etc.)</td>
<td>$950.00</td>
</tr>
<tr>
<td>Child Support (if applicable)</td>
<td>$N/A</td>
</tr>
<tr>
<td>Alimony (if applicable)</td>
<td>$N/A</td>
</tr>
<tr>
<td>Estimated monthly groceries</td>
<td>$600.00</td>
</tr>
<tr>
<td>All monthly insurance fees (including medical insurance)</td>
<td>$180.00</td>
</tr>
<tr>
<td>Other expenses</td>
<td>$N/A</td>
</tr>
<tr>
<td><strong>TOTAL MONTHLY EXPENSES</strong></td>
<td><strong>$4900.00</strong></td>
</tr>
</tbody>
</table>

I/We understand that a foster child’s board and care check will arrive up to six (6) weeks after placement. I/We can support the child during that time period.  

☑ Yes  ☐ No

**FAMILY PHYSICIANS**

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>K. DOCTOR, MD</td>
<td>1 MAIN DRIVE, GLASTONBURY, CT</td>
</tr>
</tbody>
</table>

Page 56 of 90
Directions for reaching your home:

Route 2. Exit 8. Left off exit. Right onto Columbus Blvd. #1492 is on the left.

I hereby apply to be licensed for:  □ Foster Care   □ Respite care

At this time, I am able to provide care for children age:   □ 3 to 5 years   □ 6 to 12   □ 13 to 18
0-3 ✓

□ Boy    □ Girl    □ Either Sex    □ Siblings    □ Legal Risk Adoption

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Parent 1</th>
<th>Parent 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>I/we have received a copy and explanation of DCF licensing regulations. I/We understand their content and agree to abide by them.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I/We will promptly notify the ABC Program of any change in my/our personal or family circumstances that might affect my/our licensing status, including, but not limited to, moving, death, marriage, birth, employment, health, or number of persons living in my/our home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I/We understand that any false statement which I/we make on this application or on any other application material will be grounds to deny or revoke a license.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARENT 1</td>
<td>Alice G.</td>
<td>Date 12/15/08</td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
<td>---------------</td>
</tr>
<tr>
<td>PARENT 2</td>
<td>John G.</td>
<td>Date 12/15/08</td>
</tr>
</tbody>
</table>
Appendix D

VIgnette #2
Mock Non-Accepted Child Abuse & Neglect Hotline Report

Rebecca and Stewart L. have been approved by your program to provide therapeutic foster care since November of 2002. Your program received notification that the attached report *(see below)* was made to DCF's Child Abuse Hotline. The report was not accepted for investigation due to insufficient information and a likely foster care regulatory violation. Your program has been asked to conduct an assessment regarding the allegation.

1. Document what steps your program would take to determine whether or not a regulatory violation (physical discipline) occurred.

2. How would your program determine if this is a pattern of behavior by the foster father and/or mother?

3. Document your program's response if it is determined that foster father did not physically discipline the foster child.

4. Document your program's response if it is determined that foster father did physically discipline child.
Vignette # 2- Mock Non-Accepted Child Abuse & Neglect Hotline Report

Report taken by Social Worker, B. Kelly
Friday, 12/5/08, @ 12:40pm
Alleged Perpetrator: Foster Father, Stewart L.
Alleged victim(s) and age: JR, age 8 [foster child]
Allegation(s): physical abuse

Link/DCF History: Case # XXXX. 2 unsubstantiated reports of physical abuse in 2004 and 2006.
Police case #: unknown/ N/A

Caller is S. Jones, Treatment Worker of the Manchester DCF Office, who does not wish to remain anonymous.

On 12/3/08, therapist, Sandra B, informed DCF Social Work Supervisor (SWS), Karen P. that JR disclosed that his foster father pulled his pants down to spank him on or about 11/26-11/30- it was the weekend in which he had visited with his biological mother. The date of the specific incident is unknown. There were no known marks or bruises. Caller believes JR likely disclosed the alleged incident to foster mother first and then to his therapist who informed the DCF SWS of the allegations. Caller states she has previously spoken with the foster parents and the TFC program about not utilizing physical discipline.

Additionally, caller reports that JR was physically abused by his biological mother in the past. Visits with biological mother are supervised by DCF. JR has been placed with the L family for about 1 year.

Caller saw JR today and asked him about the statement he made to his therapist. JR admitted that foster father "spanked me and he raised his hand." Caller asked JR if foster father hit him. He said yes then no. JR became upset and locked himself in his room.

Mental Illness: JR is diagnosed with PTSD and ADHD; he is prescribed psychotropic medications by Dr. Gibson
Parenting ability: See above: Caller is not aware of any additional specifics regarding the parenting ability.
Condition of the home: appropriate.
Community services: JR attends the Camp Center for Individual therapy and Private Therapeutic Horseback Riding.

This report was reviewed by Hotline Supervisor, Eric G. and is not accepted due to regulatory issues.
APPENDIX E
WEB RESOURCES


Policy and Regulations Regarding Foster Care: http://www.ct.gov/dcf/cwp/view.asp?a=2561&q=318062


Casey Life Skills: http://www.caseylifeskills.org/

DCF Credentialing: http://abhct.com/resources_DcfCredentialing.asp


Connecticut Behavioral Health Partnership (CTBHP): http://www.ctbhp.com

Foster Family-Based Treatment Association: http://www.ffta.org/

Systems of Care: http://systemsofcare.samhsa.gov/
## APPENDIX F

### DCF Area Offices and Towns

<table>
<thead>
<tr>
<th>Bridgeport</th>
<th>Danbury</th>
<th>Hartford</th>
<th>Manchester</th>
<th>Meriden</th>
<th>Middletown</th>
<th>Milford</th>
<th>New Britain Metro</th>
<th>Nor-Stam</th>
<th>Norwich</th>
<th>Torrington</th>
<th>Waterbury</th>
<th>Willimantic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridgeport</td>
<td>Bethel</td>
<td>Bloomfield</td>
<td>Andover</td>
<td>Meriden</td>
<td>Chester</td>
<td>Ansonia</td>
<td>Avon</td>
<td>New Haven</td>
<td>Norwalk</td>
<td>Bozrah</td>
<td>Barkhamsted</td>
<td>Beacon Falls</td>
</tr>
<tr>
<td>Easton</td>
<td>Bridgewater</td>
<td>Hartford</td>
<td>Bolton</td>
<td>Wallingford</td>
<td>Clinton</td>
<td>Bethany</td>
<td>Berlin</td>
<td>Weston</td>
<td>Colchester</td>
<td>Bethlehem</td>
<td>Cheshire</td>
<td>Bro...</td>
</tr>
<tr>
<td>Fairfield</td>
<td>Brookfield</td>
<td>West Hartford</td>
<td>East Granby</td>
<td>Cromwell</td>
<td>Branford</td>
<td>Bristol</td>
<td>Westport</td>
<td>East Lyme</td>
<td>Canaan</td>
<td>Middlebury</td>
<td>Canterbury</td>
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<tr>
<td>Monroe</td>
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<td>Windsor</td>
<td>East Hartford</td>
<td>Deep River</td>
<td>Derby</td>
<td>Burlington</td>
<td>Wilton</td>
<td>Franklin</td>
<td>Colebrook</td>
<td>Naugatuck</td>
<td>Chaplin</td>
<td></td>
</tr>
<tr>
<td>Stratford</td>
<td>New Fairfield</td>
<td>East Windsor</td>
<td>Durham</td>
<td>East Haven</td>
<td>Canton</td>
<td>Darien</td>
<td>Griswold</td>
<td>Cornw...</td>
<td>Oxford</td>
<td>Columbia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trumbull</td>
<td>New Milford</td>
<td>Ellington</td>
<td>East Haddam</td>
<td>Guilford</td>
<td>Farmington</td>
<td>Greenwich</td>
<td>Groton</td>
<td>Goshen</td>
<td>Prospect</td>
<td>Coventry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newtown</td>
<td>Enfield</td>
<td>East Hampton</td>
<td>Hamden</td>
<td>New Britain</td>
<td>New Canaan</td>
<td>Lebanon</td>
<td>Hartland</td>
<td>Southbury</td>
<td>Eastford</td>
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<tr>
<td>Redding</td>
<td>Glastonbury</td>
<td>Essex</td>
<td>Madison</td>
<td>Newington</td>
<td>Stamford</td>
<td>Ledyard</td>
<td>Harwinton</td>
<td>Waterbury</td>
<td>Hampton</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ridgefield</td>
<td>Granby</td>
<td>Haddam</td>
<td>Milford</td>
<td>Plainville</td>
<td>Lisbon</td>
<td>Kent</td>
<td>Wolcott</td>
<td>Killingly</td>
<td></td>
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</tr>
<tr>
<td>Sherman</td>
<td>Hebron</td>
<td>Killingworth</td>
<td>Orange</td>
<td>Plymouth</td>
<td>Montville</td>
<td>Litchfield</td>
<td>Woodbury</td>
<td>Mansfield</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manchester</td>
<td>Lyme</td>
<td>Seymour</td>
<td>Rocky Hill</td>
<td>New London</td>
<td>Morris</td>
<td>Plainfield</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Marlborough</td>
<td>Middlefield</td>
<td>Shelton</td>
<td>Simsbury</td>
<td>N. Stonington</td>
<td>New Hartford</td>
<td>Pomfret</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Somers</td>
<td>Middletown</td>
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## APPENDIX G

### SAFE Home, PDC and STAR Home Listing

<table>
<thead>
<tr>
<th>Parent Agency</th>
<th>Safe Home Name</th>
<th>Location</th>
<th>Area Offices Served With allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys’ &amp; Girls Village</td>
<td>Safe Haven</td>
<td>Milford</td>
<td>Bridgeport (8), Milford (5) and Metro New Haven (3)</td>
</tr>
<tr>
<td>Children’s Center</td>
<td>Kid’s Cottage</td>
<td>Hamden</td>
<td>Milford (6) and Metro New Haven (7)</td>
</tr>
<tr>
<td>Community Heath Resources</td>
<td>Safe Home (formerly North Central Counseling Safe Home)</td>
<td>Enfield</td>
<td>Manchester (7) and Willimantic (1)</td>
</tr>
<tr>
<td>Community Solutions, Inc.</td>
<td>South Windsor Safe Home</td>
<td>South Windsor</td>
<td>Hartford (4) and Manchester (8)</td>
</tr>
<tr>
<td>Family &amp; Children’s Aid</td>
<td>Shelton Safe Home</td>
<td>Shelton</td>
<td>Bridgeport (9) and Greater New Haven (3)</td>
</tr>
<tr>
<td>Family &amp; Children’s Aid</td>
<td>Danbury Safe Home (Starshine Home)</td>
<td>Danbury</td>
<td>Danbury (5), Norwalk/Stamford (1), and Torrington (2)</td>
</tr>
<tr>
<td>Family Services Association of Waterbury</td>
<td>Chapman House</td>
<td>Waterbury</td>
<td>Meriden (1), Waterbury (6) and Torrington (1)</td>
</tr>
<tr>
<td>Kids in Crisis</td>
<td>Kids in Crisis Nursery</td>
<td>Cos Cob</td>
<td>Norwalk/Stamford (5)</td>
</tr>
<tr>
<td>Klingberg Family Centers</td>
<td>Safe Home (formerly Elizabeth Webster House)</td>
<td>New Britain</td>
<td>Hartford (5), Meriden (1) and New Britain (10)</td>
</tr>
<tr>
<td>Rushford Center</td>
<td>Safe Harbors (Camp Street)</td>
<td>Meriden</td>
<td>Metro New Haven (6), Meriden (6) and Middletown (6)</td>
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<tr>
<td>Rushford Center</td>
<td>Safe Harbors (Parker North)</td>
<td>Meriden</td>
<td>Metro New Haven (see above), Meriden (see above) and Middletown (see above)</td>
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<tr>
<td>Village for Families and Children</td>
<td>Brainard Safe Home</td>
<td>Hartford</td>
<td>Hartford (16)</td>
</tr>
<tr>
<td>Waterbury Youth Services</td>
<td>Rainbow House</td>
<td>Waterbury</td>
<td>Waterbury (9) and Torrington (1)</td>
</tr>
<tr>
<td>Waterford Country School</td>
<td>Grube Safe Home Olynciw Safe Home</td>
<td>Quaker Hill</td>
<td>Metro New Haven (2), Norwich (15) and Willimantic (3)</td>
</tr>
<tr>
<td>Waterford Country School</td>
<td>Windham Safe Home</td>
<td>North Windham</td>
<td>Willimantic (8)</td>
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<tr>
<td>Wheeler Clinic</td>
<td>Safe Home</td>
<td>Plainville</td>
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### PDC Homes

<table>
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<tr>
<th>Parent Agency</th>
<th>PDC Home Name</th>
<th>Location</th>
<th>Area Offices Served With allocations</th>
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</thead>
<tbody>
<tr>
<td>The Village for Families and Children</td>
<td>Sankofa House</td>
<td>Hartford</td>
<td>Hartford (3), Manchester (2), Meriden (shares 1 with Middletown), Middletown (shares 1 with Meriden), New Britain (1), Norwich (1) and Willimantic (1)</td>
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<tr>
<td>Family and Children’s Aid</td>
<td>PDC</td>
<td>Danbury</td>
<td>Bridgeport (2), Greater New Haven (2), Metro New Haven (2), Danbury (1), Norwalk/Stamford (1), New Britain (1), Torrington (1), and Waterbury (2)</td>
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### STAR HOMES

<table>
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<tr>
<th>Program Name</th>
<th>Area Offices Served</th>
<th>Gender Served</th>
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<tbody>
<tr>
<td>The Bridge Family Center</td>
<td>Hartford</td>
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</tr>
<tr>
<td>The Bridge Family Center</td>
<td>Manchester</td>
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<td>The Bridge Family Center</td>
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<tr>
<td>The Bridge Family Center</td>
<td>Meriden</td>
<td>Female</td>
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<td>The Bridge Family Center</td>
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<td>The Bridge Family Center</td>
<td>Danbury</td>
<td>Male</td>
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<td>The Bridge Family Center</td>
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<td>The Bridge Family Center</td>
<td>Torrington</td>
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<td>The Bridge Family Center</td>
<td>Danbury</td>
<td>Female</td>
</tr>
<tr>
<td>The Bridge Family Center</td>
<td>Waterbury &amp; Torrington</td>
<td>Female</td>
</tr>
<tr>
<td>Community Residences Inc. (CRI)</td>
<td>Hartford</td>
<td>Male</td>
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<tr>
<td>Community Residences Inc. (CRI)</td>
<td>Manchester</td>
<td>Male</td>
</tr>
<tr>
<td>Community Residences Inc. (CRI)</td>
<td>Middletown</td>
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<tr>
<td>Community Residences Inc. (CRI)</td>
<td>Meriden</td>
<td>Male</td>
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<tr>
<td>Community Residences Inc. (CRI)</td>
<td>New Britain</td>
<td>Male</td>
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</table>

Page 64 of 90
<table>
<thead>
<tr>
<th>Community Residences Inc. (CRI)</th>
<th>Metro New Haven Greater New Haven</th>
<th>Female</th>
</tr>
</thead>
</table>
| 100 Troiano Road
Hamden, CT 06518             |                                   |        |

| Community Residences Inc. (CRI) | Bridgeport
Stamford/Norwalk | Males |
|-------------------------------|------------------|-------|
| 1015 Warner Hill Road
Stratford, CT 06614           |                  |       |

| Kids In Crisis (KIC) Adolescent House
One Salem Street
Cos Cob, CT 06807 | Bridgeport
Stamford/Norwalk | Co-Ed |
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</table>
Private Provider Foster Care Contract Services
Administrative Program Data

Provider Organization Name: XYZ Service Agency

Provider LINK ID\(^{27}\): 00000125

Service Type: Please Choose a Service Type (e.g., therapeutic foster care)

Submission Period: (Month and Year)

Contracted Bed Capacity:

Number of Respite Homes:

Number of Homes Available/Active For Placement:

Total Number of Approved Homes:

Number of Homes Approved during the Month:

Number of Re-Approved Homes within the Month:

Number of Homes Closed during the Month:

Number of Homes with Placements:

Number of Homes with more than 1 Foster Child:

Number of Homes with Foster Children Sibling Groups:

Number of Foster Homes on Hold:

Number of homes on hold for Hotline Call/Investigation reason:

Number of homes on hold for Significant Life Change reason:

Number of homes on hold for Non-Compliance reason:

\(^{27}\) All TFC providers are assigned an agency specific LINK ID
Number of homes on hold for **Voluntary** reason:  
Number of homes on hold for **Other** reason:  

**Notes:** (Include examples of the "Other" reasons that the homes are on hold)

---

**Number of In-Service Trainings for Foster Families Held during the Month:**

Number of Foster Families Attending (duplicated count):  
Number of Unduplicated Foster Families Attending:  

**Recruitment Activities During the Month:**

Number of Open House Events:  
Number of Literature/Material Distributions:  
Number of Events using a Recruitment Booth:  
Number of Advertisements in Media: Radio TV Newspaper Faith-Based  
Number of Other Events: (Specify Event Types):

**Notes:** (Include any salient information about your recruitment activities)
APPENDIX I

PRIVATE PROVIDER QUESTION and ANSWERS

The below is the response the Department provided to questions that the existing Connecticut TFC providers submitted regarding the redesign of the system. This information is intended to better support a fair, unbiased and competitive procurement process.

1) Who will administer the CANS - clinician, DCF ARG? Will the provider be given a copy at referral? (RFQ p.14 section 3.04 Referrals)

ARG staff will complete and/or review the CANS for all TFC referents. The CANS tool if viewed to be an appropriate or needed document to support the match for a child will be shared with providers.

2) Will the CANS be re-administered on a regular basis and if so, what is the expected timeline, twice a year, annually, etc?

The Department would be using the Ohio Scales as the ongoing assessment tool. The administration interval would be every six months.

3) What will be the appeal process for providers disagreeing with a level of care determination?

Providers will be asked to have discussions with the local area offices to strategize about how children determined appropriate for TFC can be served. Should the area office and local providers be unable to coalesce on resolution, the area office and the provider may forward the referral to the DCF Director of Foster Care or his designee(s) for review.

4) Why would Therapeutic Foster Care, and under what circumstances would Therapeutic Foster Care, be servicing non clinical children? (RFQ pg. 33 e)

Children in TFC would be expected to be placed, as appropriate, with their siblings. These siblings, as currently, may be non-clinical. Similarly, the infants of teens in the TFC program would be viewed to be non-clinical.

5) What is the documentation & staffing expectations for kids once they qualify for a lower level of care?

Children identified as being "non-clinical" who are under the care of a private provider must, at a minimum, have a basic service plan and will require no less than 8 hours of care management per month.

6) Does DCF have any estimate on how many kids may become “sub-therapeutic?”

Jurisdictions such as Philadelphia identified a 25% reduction in the number of children who were identified as not needing or being eligible for a TFC level of care upon their institution of a standardized assessment
tool. DCF is estimating a conservative 5%-10% of the current utilization as children who might be termed non-clinical (i.e., children who would not be eligible for TFC).

7) Does the $10.00 float pin to a family, or can it be pooled?

*The rate is child specific and is not to be pooled.*

8) Does the $10.00 float to a child, or can it be pooled?

*The rate is child specific and is not to be pooled.*

9) What role does MSS play in the future of referrals?

*Area Offices will continue to determine the mechanism by which referrals are presented to TFC providers. Some area offices use the MSS as the means by which referrals are discussed. Others use “network” meetings. This discretion will continue to be accorded to the Area Offices. Providers will need to attend the meeting type that has been identified by the Area Office(s) for which they will serve.*

10) If agency places pregnant adolescents or those teens parenting young children is this considered 2 therapeutic placements? Payment rate? (RFQ pg. 13)

*Congruent with the current TFC contracts, the infant of a parenting teen would not be considered a therapeutic placement. As set forth in the RFQ, the teen would receive the TFC rate and the infant would receive the DCF regular foster care rate plus the administrative rate.*

19) What about children who are teens who do not want to be adopted? Will their wishes respected? (RFQ pg. 14 sec 3.03)

*The wishes of teens will be respected. Adoption work with the youth should, however, continue. Foster families and providers should continue to support such teens in knowing that adoption may be an option for them should that at a later point be something that they desire.*

20) Is this the same rate of pay to the agencies and the foster parents? (RFQ pg. 29 Aftercare Services)

*Aftercare beyond the components set forth in the RFQ, will be hourly based not per diem based. It will not exceed the hourly rate for PPSP.*

21) If each agency develops their own plan, does this mean there will be no standardized measure? (RFQ pg. 29 Quality assurances 5.01)

*Each agency specific quality assurance plan would need to address DCF identified standard elements.*

22) How would this satisfaction survey differ from what we do now? (RFQ pg. 31 5.04)

*It is not understood that every agency currently has or uses a satisfaction survey for their foster homes and for foster children. Standardized tools, processes, and timeframes would be used across agencies to ensure comparability.*
23) “TFC families will be required to complete at least 28 hours of post-licensing training per year” – With two parent families, is this per family or per each parent? (RFQ p.26, foster parents)

The primary caregiver will be expected to complete at least 28 hours of post-licensing training per year. The second parent will need to complete no less than 10 hours.

24) Question pertaining to RFQ p.30 Performance Indicators:

- Overall question for each indicator- When is the cohort being measured; quarterly, annually? - Annually

- Educational stability – timeline? Ongoing? At case closure? - Measured annually or from beginning of new fiscal year to point of discharge.

- Improved school performance – Will the comparison be based on their individual growth/achievement, i.e. baseline and then follow up data? - This would be based on the child’s individual school achievement

- Satisfaction surveys – Is the Department considering a specific tool/process to obtain this information? - See question #22.

- What will be the mechanism for quality assurance? Will there be review of data by providers before final reports are issued so providers can review and determine if there are errors? The notification and ability to check for errors was a key point mentioned by several providers; I would additionally ask for the process to be articulated.

Providers will have the opportunity to review their data before the reports are finalized. The process flow for PSDCRS is still in development. Generally speaking, the system will have validations and data type parameters that will aid with data entry error reduction. The final mechanism(s), including “warnings,” error notifications and data correction processes are technical components that are being developed by the PSDCRS vendor 29.

- What will be the quantitative data quality requirements? The final question is applicable to all measures- are we measuring entry cohorts, point in time, exit cohort. And will there be baseline comparison data particularly around the educational outcomes? Will kids be compared against their own outcomes or against the aggregate?

The measurement will be point in time. Children will be compared against their own outcomes. For example, using educational improvement, 75% of the children served, measured against their own baseline, for a given data interval would need to have demonstrated improvement (i.e., stay the same or better) in their school performance.

29 The Program and Services Data Collection and Reporting System (PSDCRS) is now live. Information about can be obtained from the DCF website: http://www.ct.gov/dcf/cwp/view.asp?a=3588&q=422310
• Are there expectations of who enters data? Does it have to be direct service staff?

  *That is at the discretion of each agency.*

• Will agencies have access to unencrypted data from our sites and statewide?

  *The new data system will allow agencies to run reports on their own program’s data. Raw data, however, will not be available at the initial phase.*

• When and with what frequency will the Department share reports with providers?

  *It is anticipated that quarterly comprehensive reports will be shared. It should also be noted that the new data system (PSDCRS) will allow providers to run reports their own program reports.*

• How will providers receive feedback if there are data entry problems?

  *Generally speaking, the system will have validations and data type parameters that will aid with data entry error reduction. The final mechanism(s), including “warnings,” error notifications and data correction processes are technical components that are being developed by the PSDCRS vendor.*

• Prior to final reports, will our data be shared and reviewed with us in advance of a final draft?

  *Providers will have the opportunity to review their data before the reports are finalized.*
APPENDIX J

BIDDERS CONFERENCE DIRECTIONS

Lee Auditorium, Merritt Hall,
Connecticut Valley Hospital
Middletown, CT

From Hartford:

Take I-91 S to Exit 22 – Rt. 9 South (left lane exit)
Take Rt. 9 S to Exit 12 – Silver Street
** Go LEFT on Silver St. for one block
Take 1st LEFT onto Eastern Drive
Pass entrance to Rt 9 and bear RIGHT into Merritt Hall parking lot

From New Haven:

Take I-91 to Exit 18 – I-691 and Rt. 66 East
I-691 becomes Rt 66 – to Middletown
Continue straight thru Middletown on Rt 66 (Washington St.) to end at stop light - Rt. 9 junction
Go RIGHT on Rt. 9 S to Exit 12 – Silver St.
Proceed as ** (above)

From Waterbury:

Take I-84 E to Exit 27 – I-691 E
Take I-691 E to Rt. 66 and proceed as from New Haven (above)

From Groton/New London:

Take I-95 S to Exit 69 – Rt. 9 N
Take Rt. 9 N to Exit 12 - Bow Lane
At stop sign at end of ramp, go straight onto Eastern Drive
At next stop sign proceed straight, then bear RIGHT into Merritt Hall parking lot
# SUBCONTRACTOR PROFILE

*(COMPLETE FOR EACH SUBCONTRACTOR)*

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<th>Legal Name of Agency:</th>
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<td>Amount of Subcontract:</td>
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## BRIEF DESCRIPTION OF THE SERVICES PROVIDED BY THE AGENCY


## DESCRIPTION OF THE SERVICES TO BE PROVIDED RELATED TO THE SERVICE/PROGRAM


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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 therefrom. 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 Statues 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.

Guidance for completing the Evidence of Nondiscrimination Form can also be found on the DCF Contract
Management website.


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.opm.state.ct.us/finance/pos_project/contract.htm
NOTICE TO EXECUTIVE BRANCH STATE CONTRACTORS AND PROSPECTIVE STATE CONTRACTORS
OF CAMPAIGN CONTRIBUTION AND SOLICITATION BAN

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

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

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

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

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

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

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

Contract Consequences
Contributions made or solicited in violation of the above prohibitions may result, in the case of a state contractor, in the contract being voided.
Contributions made or solicited in violation of the above prohibitions, in the case of a prospective state contractor, shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.
The State will not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

Additional information and the entire text of P.A. 07-1 may be found on the website of the State Elections Enforcement Commission, www.ct.gov/seec. Click on the link to “State Contractor Contribution Ban.”
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: _1___ ]

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

Awarding State Agency) Printed Name (of above)

Sworn and subscribed before me on this ________ day of ____________, 200__.

Commissioner of the Superior Court or Notary Public
EXHIBIT A
DEPARTMENT OF CHILDREN AND FAMILIES
D. Department Specific Provisions

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

1. **Quality Assurance:** The Contractor shall comply with all pertinent provisions of local, state, and federal laws and regulations applicable to the Contractor's program. The Contractor shall develop, implement and maintain a written quality improvement plan that at minimum includes steps to prevent, identify and/or correct problems that affect the services provided under this contract. The performance of each Contractor shall be reviewed and evaluated periodically by persons designated by the Department of Children and Families. Such reviews and evaluations may be performed by examination of quality improvement plans, documents and reports, by site visits to funded facilities administered by the Contractor, or by a combination of both.

2. **Notification of Changes in Key Personnel:** Contractor shall immediately notify the Director, Division of Contract Management of the Department in writing whenever the Contractor intends to make or undergo changes in key personnel, i.e., Chief Executive Officer, Chief Fiscal Officer, Medical Director, and program directors 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:** Any Contractor who receives any federal funds through the Department must comply with the following:

   **A.** This certification and agreement is a material representation of fact, upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction, imposed by 31 U.S.C. Section 1352. Contractor certifies and agrees that:

   1. None of the funds appropriated by any Act may be expended by the recipient of a federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any federal action described in paragraph (2) of this subsection.

   2. The prohibition in paragraph (1) of this subsection applies with respect to the following federal actions:

      1. The awarding of any federal contract;
      2. The making of any federal grant;
3. The making of any federal loan;
4. The entering into of any cooperative agreement;

The extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

Any person who makes an expenditure prohibited by subsection (a) of this section shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such expenditure.

3. 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.

6. Community Mental Health Services Block Grant The Contractor who receives Community Mental Health Services (CMHS) Block Grant funds 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, or (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.

7. 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.

8. Annual Audit: No later than six months after the close of the Contractor’s fiscal year, the Contractor shall provide to the Department a complete annual financial audit acceptable to the Department for all program funds, whether state awarded or not. Such audit shall include audit recommendations. The annual audited financial statements must provide information about income and expenses for each program regardless of funding source, and identify Department
funds for each program. The Department reserves the right to receive a copy of any audit for related parties under common control. Where the Contractor’s fiscal year end does not coincide with the state fiscal year end (June 30), the annual audited financial statements must include a statement that shows the breakdown of expenditures for each Department-funded program or service type, for the Contractor’s fiscal year. This schedule of expenditures by contract year must be filed at the same time as the audit report. Additional audits may be performed by the Department (in accordance with Conn. Gen. Stat. Sec. 4-234) as it deems necessary. The Contractor shall provide all financial records upon request or within a timeframe acceptable to the Department. Failure to comply may, at the Department’s discretion, result in penalties to the Contractor including, but not limited to, reduced funding, delay in payments, and license enforcement action.

9. **Third Party Beneficiary:** This Agreement is not intended to create, nor shall it be deemed to create, any third party beneficiary rights in recipients.

10. **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.

11. **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. The Contractor may be required to participate in individual and/or group technical assistance from DCF’s Office of Multicultural Affairs and/or Office of Affirmative Action to promote and support diversity of its staff. 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.

12. **Board Composition:** The Contractor agrees to ensure that the Board of Directors shall include community, family, and professional participation and, whenever possible, the participation of people who use the services of the organization. The Contractor further commits to maintaining or creating through its appointments a Board of Director whose composition will reflect the racial and ethnic background of the children and families to be served by this contract. The Contractor shall provide the Department with a list of current Board Members, indicating gender, race, ethnicity, town of residence, role and title on the board and the term expiration date of each member.

13. **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.

14. **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.

15. **Pre-Employment Screening:** All candidates for employment, including volunteers and interns, shall be screened for criminal record history, protective services history and shall have a recent physical examination including tuberculosis screening. The results of these screenings shall be filed confidentially in the individual's personnel record. The procedures pertaining to a criminal history and child protection history are as follows:

A. The Contractor shall:

1. Screen all potential hires, volunteers and or interns by obtaining verified criminal records and children’s protective history background checks for any convictions of child abuse or neglect substantiations, which shall be filed confidentially in the individual’s personnel record.
2. Conduct such protective services checks of employees every two (2) years.
3. Have written criteria approved by DCF for the hiring and or maintaining the employment of individuals with prior criminal record and/or protective service histories.

B. The Contractor shall not knowingly hire, utilize, or continue to employ or utilize an employee, intern or volunteer who, within five (5) years of the date of the employment application:

1. Has been convicted of the possession, use, or sale of controlled substances unless both the Contractor and the Department determine that he/she has been successfully rehabilitated;
2. Has had a minor removed from their care because of child abuse or neglect.

C. The Contractor shall not hire, utilize, or continue to employ or utilize an employee, intern or volunteer who:

1. Has been convicted of an assault or crime against a person or similar offense;
2. Has been convicted of risk of injury to a minor or similar offense;
3. Has been convicted of impairing the morals of a child or similar offense;
4. Has had a substantiation of physical or sexual abuse;

D. If any employee, intern or volunteer has been arrested for any of the crimes articulated in Section B or C, or has had a substantiation of physical or sexual abuse that is the subject of a pending substantiation hearing, or is the subject of pending investigation alleging physical or sexual abuse, the Contractor shall remove that person from direct service responsibility pending the outcome of the investigation.

16. **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:

- Blood born pathogens (universal precautions)
• CPR
• Effective communication and limit setting
• Crisis management/Behavioral interventions
• Mandated reporting
• Medication Administration

17. **Approval for Programmatic Changes:** The Contractor must request and receive written approval from the Bureau of the Department that oversees the contracted service prior to implementing changes in the program model, target population or program capacity. Such changes may also require a contract amendment be executed prior to implementation.

18. **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.

19. **Emergency Safety Interventions (ESI):** The Contractor agrees to develop and institute policy, consistent with state and federal requirements, regarding the utilization of emergency safety interventions. The following core elements will be addressed:
   • Vision statement
   • Therapeutic philosophy
   • Integration of ESI within the therapeutic milieu
   • Training curriculum to be utilized
   • Training including competency review
   • Authorization to institute an emergency safety intervention
   • Impact of medical condition; safety assessment
   • Post-intervention process/debriefing
   • Notification
   • Internal quality improvement process

   Consistent with Public Act No. 99-210, the Contractor will record each instance of the use of physical restraint or seclusion and the nature of the emergency that necessitated its use. This information will be provided to the Department on a monthly basis.

20. **Investigations:** The Contractor agrees to cooperate fully with any protective services investigation involving children, youth or staff members. The Contractor will develop and implement policy addressing administrative leave procedures for staff identified in a protective services or criminal investigation.
21. **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.

22. **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.

23. **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 Specific Teams for children involved in their programs.

24. **Connecticut Behavioral Health Partnership:** The Contractor agrees to comply with procedures instituted by the Connecticut Behavioral Health Partnership for authorization and registration of client services.

25. **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.

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.

B. 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.

If so required by Section E., Paragraph 5 C. below, the Contractor shall submit to the Department final year end budget revision requests for the period March 1 through June 30 no later than September 30. The Contractor shall comply with Department requirements as to the form and content of these submissions.

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

4. Payments
   A. 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.

   B. 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.

   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).

   C. 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.
D. 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.

E. When the Department’s review of the Contractor’s financial reports or on-site examination of the Contractor’s financial records indicates that under expenditure or under utilization of contract funds are likely to occur by the end of the state fiscal year, the Department may alter the payment schedule for the balance of the fiscal year upon thirty (30) days’ written notification to the Contractor. Payment adjustments may be made for the following:
1. utilization;
2. receipt and approval of required reports within the time frames established by the Department;
3. actual expenditures reflecting a reduction in projected total annual expenditures; or
4. offset of any unallowable expenditures or unexpended funds owed from a prior award or a previously terminated contract.

5. Annual Budget Variance:
A. The Contractor shall adhere to the approved budget allocated to each service component, included as part of this agreement. In the event that the Contractor and/or subcontractors receive(s) additional funding equal to or greater than 10% of the value of this contract from any source other than those indicated in this contract, the Contractor shall notify the Department of such funding and its use within ten (10) business days after receiving notice of such funding.

B. The following annual variances from the approved budget are allowable without prior Department approval:
1. Line item expenses within Department-funded program cost centers up to 5% of each line item or $5,000, whichever is greater;
2. Individual salary variances within Department-funded program cost centers up to 10% or $3,500, whichever is greater.
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) includes an opinion letter from an independent Certified
Public Accountant acknowledging the reasonableness of the requested amount; (4) clearly
explains why the Contractor has not fully expended payments made by the Department
under this contract; (5) details the purposes for which the Contractor proposes to use the
requested unexpended federal funds; and (6) is accompanied by written documentation that
the request to carry forward such funds is authorized by the Contractor’s governing
authority. 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
D. If the Department is the only source of public grant funding for a program and that program generates additional revenue above the amount of approved allowable expenses, the Contractor may exhaust the Department’s funding first before spending the other program revenue. At the end of the fiscal year, the Contractor may retain any surplus funds remaining after all the Department’s funding has been expended in the 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. The Contractor may request that a portion of unrestricted operating income which is in excess of funds paid under this contract be designated for a special or future use within the next fiscal year provided that such request: (1) is made to the Department in writing in advance of such use; (2) specifies the amount being requested and substantiates that said portion is not required to meet current operating expenses; (3) is accompanied by written documentation that the request for such designation is authorized by the Contractor’s governing authority; and (4) details the purposes for which the Contractor proposes to use the requested amount. At the sole discretion of, and only upon specific prior written approval from, the Department, funds so designated shall not be deemed unexpended funds and shall not be subject to section A of this provision. In such case, the Contractor must submit a reconciliation of unexpended funds to show the approved exception. This reconciliation must be submitted with the Contractor's Single Audit or annual audited financial statements, as applicable.

F. Absent specific prior written approval from the Department under paragraph(s) 6C, 6D, or 6E 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. 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. Contractor shall obtain three (3) competitive bids with the purchase to be made from the lowest qualified bidder.

C. 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.

3. **Payments**: The Department agrees to pay the Contractor according to the terms of compensation and payment stated in the Scope of Service documents of this contract. 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.