

STATE OF CONNECTICUT PROCUREMENT NOTICE



Request for Proposals (RFP)

For

Functional Family Therapy Foster Care

RFP Number: **220222006**

Issued By:

Department of Children and Families

February 22, 2022

Amendment #1

**(See change in the number of copies
required for submission 11, Page 6)**

The Request for Proposal is available in electronic format on the State Contracting Portal by filtering by Organization for Department of Children & Families:

<https://portal.ct.gov/DAS/CTSource/BidBoard>

on the Department's website:

<https://portal.ct.gov/DCF/Contract-Management/Home>

or from the Agency's Official Contact:

Name: Stacie Albert
Address: 505 Hudson Street / Hartford, CT 06106
Phone: 860 999-2076
E-Mail: DCF.FISCALCONTRACTS@ct.gov

RESPONSES DUE NO LATER THAN: 3:00PM / April 14, 2022

The State of Connecticut and the Department of Children & Families is an Equal Opportunity/Affirmative Action Employer. The Agency reserves the right to reject any and all submissions or cancel this procurement at any time if deemed in the best interest of the State of Connecticut (State).

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I. GENERAL INFORMATION

■ A. INTRODUCTION

1. **RFP Name and Number.** RFP #220222006 / Functional Family Therapy Foster Care (FFT FC)
2. **RFP Summary.** The purpose of this request is to procure Functional Family Therapy-Foster Care (FFT FC), which is an evidenced based in-home clinical intervention. FFT FC will be the clinical model utilized by all Child Placing Agencies Therapeutic Foster Care Programs and will replace all currently contracted Therapeutic Foster Care, Therapeutic Foster Care- Medically Complex and Family and Community Ties programs.
3. **RFP Purpose.** The Department is seeking to procure 13 FFT FC Teams through this procurement, to correlate to each DCF Area Office. An Applicant may respond to more than one Area Office. The Department anticipates distribution of these providers throughout the State of Connecticut as follows. For purposes of this model, a 'Team' is defined as a Clinical Supervisor, Therapist, Family Support Specialist, Recruiter and per diem Psych/APRN, in the FTEs delineated in Section III of the RFP:

Area Office	# of Teams
Bridgeport	1
Norwalk	0.5
Milford	1
New Haven	1
Middletown	0.5
Norwich	1
Willimantic	1
Hartford	1
Manchester	1
Danbury	0.5
Torrington	1
Waterbury	1.5
Meriden	0.5
New Britain	1.5
Total	13

4. **Commodity Codes.** The services that the Agency wishes to procure through this RFP are as follows:

- 93140000: Community and Social Services

■ B. INSTRUCTIONS

1. **Official Contact.** The Agency has designated the individual below as the Official Contact for purposes of this RFP. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the Agency. Proposers, prospective proposers, and other interested parties are advised that any communication with any other Agency employee(s) (including appointed officials) or personnel under contract to the Agency about this RFP is strictly prohibited. Proposers or prospective proposers who violate this instruction may risk disqualification from further consideration.

Name: Stacie Albert
 Address: 505 Hudson Street / Hartford, CT 06106
 Phone: 860 999-2076
 E-Mail: DCF.FISCALCONTRACTS@ct.gov

Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

2. **Registering with State Contracting Portal.** Respondents must register with the State of CT contracting portal at <https://portal.ct.gov/DAS/CTSource/Registration> if not already registered. Respondents must submit

the following information pertaining to this application to this portal (on their supplier profile), which will be checked by the Agency contact.

- Secretary of State recognition (CT Business License)– Click on appropriate response
- Non-profit status, if applicable
- Notification to Bidders, Parts I-V (<https://portal.ct.gov/-/media/CHRO/NotificationtoBidderspdf.pdf>)
- Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>

3. RFP Information. The RFP, amendments to the RFP, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

- Agency's RFP Web Page
<https://portal.ct.gov/DCF/Contract-Management/Home>
- State Contracting Portal (go to CTsource bid board, filter by "Department of Children and Families"
<https://portal.ct.gov/DAS/CTSource/BidBoard>

It is strongly recommended that any proposer or prospective proposer interested in this procurement check the Bid Board for any solicitation changes. Interested proposers may receive additional e-mails from CTsource announcing addendums that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

4. Procurement Schedule. See below. Dates after the due date for proposals ("Proposals Due") are non-binding target dates only (*). The Agency may amend the schedule as needed. Any change to non-target dates will be made by means of an amendment to this RFP and will be posted on the State Contracting Portal and, if available, the Agency's RFP Web Page.

- RFP Planning Start Date: **January 1, 2020**
- RFP Released: **February 22, 2022**
- RFP Conference: **1:00PM / March 1, 2022 *VIRTUAL***
- Deadline for Questions: **3:00PM, March 14, 2022**
- Answers Released: **March 18, 2022**
- Letter of Intent Due: **3:00PM, April 1, 2022**
- Proposals Due: **3:00PM, April 14, 2022**
- (*) Proposer Selection: **June 1, 2022**
- (*) Start of Contract Negotiations: **June 15, 2022**
- (*) Start of Contract: **August 15, 2022**

5. Contract Awards. The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Agency. The Agency anticipates the following:

- Total Funding Available: **\$13,750,000**
- Number of Awards: Up to 14
- Per Contract Funding: **See table below**
- Contract Term: 1-3 years, at the discretion of the Department

Region	Area Office	Annual DCF Funding
Region 1	<i>Bridgeport</i>	\$1,082,139
	<i>Norwalk</i>	\$545,173
Region 2	<i>Milford</i>	\$1,082,139
	<i>New Haven</i>	\$1,392,039
Region 3	<i>Middletown</i>	\$334,519
	<i>Norwich</i>	\$871,486

	<i>Willimantic</i>	\$871,486
Region 4	<i>Hartford</i>	\$1,392,039
	<i>Manchester</i>	\$871,486
Region 5	<i>Danbury</i>	\$545,173
	<i>Torrington</i>	\$871,486
	<i>Waterbury</i>	\$1,953,625
Region 6	<i>Meriden</i>	\$334,519
	<i>New Britain</i>	\$1,602,692

- 6. Eligibility.** Private provider organizations (defined as nonstate entities that are either nonprofit or proprietary corporations or partnerships), CT State agencies, and municipalities are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

*Entities with a pending application for establishment as a private provider organization may respond to this procurement, but DCF reserves the right to reject any proposal that does not detail status of pending application and certify that such status will be granted by the start date of services indicated in Section 4, above. No contract shall be awarded to any entity not meeting this specification.

- 7. Minimum Qualifications of Proposers.** To qualify for a contract award, a proposer must have the following minimum qualifications:

- The agency must possess a current, valid Connecticut Business License, and must provide proof of such through the State procurement website (CTSource);
- Staff assigned to the program must be able to successfully pass DCF and State child and criminal background checks.
- The Contractor shall be required to maintain or obtain licensure as a Connecticut Child Placing Agency (CPA). The Contractor, their staff, sub-Contractors, 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. Failure to maintain licensure in good standing as a CPA in Connecticut will result in termination of this program.
- The Contractor will be required to ensure that it possesses all necessary licensure for any clinical interventions conducted under this service model, in accordance with state licensing entities as required by State of Connecticut Guidelines for Mental Health Practitioners

- 8. Letter of Intent.** A Letter of Intent (LOI) **is required** for this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact via e-mail by the deadline established in the Procurement Schedule. The subject line of the email must read, "**Name of Provider / Functional Family Therapy - Foster Care**" RFP / Letter of Intent". The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, e-mail address and DCF Region and Area Office being applied for. It is the sender's responsibility to confirm the Department's receipt of the LOI. **If applying for multiple Area Offices, 1 Letter of Intent may be submitted, but each specific Area Office being applied for must be indicated.** The Department will not accept proposals from any applicant for an Area Office for which a Letter of Intent was not submitted. Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.

- 9. Inquiry Procedures.** All questions regarding this RFP or the Agency's procurement process must be directed, in writing, electronically, (e-mail) to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Agency will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Agency may or may not respond to questions received after the deadline. If this RFP requires a Letter of Intent, the Agency reserves the right to answer

questions only from those who have submitted such a letter. The Agency may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such.

The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Agency will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Agency's RFP Web Page.

10. RFP Conference. An RFP conference will be held to answer questions from prospective proposers. Attendance at the conference is **non-mandatory**, but highly recommended. Copies of the RFP will not be available at the RFP Conference. Prospective proposers are asked to bring a copy of the RFP to the conference. At the conference, attendees will be provided an opportunity to submit questions, which the Department's representatives may (or may not) answer at the conference. Any oral answers given at the conference by the Department's representatives are tentative and not binding on the Department. All questions submitted will be answered in a written amendment to this RFP, which will serve as the Department's official response to questions asked at the conference. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the amendment on the date established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP Web Page.

- Date: **March 1, 2022**
- Time: **1:00PM**
- Virtual (Teams): [Click here to join the meeting](#)
- Call In: **860 840-2075 / Conference ID# 919407657#**

11. Proposal Due Date and Time. The Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be received by the Official Contact on or before the due date and time:

- Due Date: **April 14, 2022**
- Time: **3:00 PM**

The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee.

Faxed or e-mailed proposals, other than email submission of an electronic copy when submitted in conjunction with all other submission requirements, will not be evaluated. When hand-delivering proposals by courier or in person, allow extra time due to building security procedures. The Department will not accept a postmark date as the basis for meeting the submission due date and time. Proposals received after the due date and time may be accepted by the Department as a clerical function, but late proposals will not be evaluated. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

- one (1) original proposal;
- five (**Z**) conforming copies of the original proposal; and
- one (1) conforming electronic copy of the original proposal

The electronic copy of the proposal must be emailed to the Official Agency Contact for this procurement. The subject line of the email must read: **Name of Provider / Functional Family Therapy-Foster Care / Electronic Proposal Submission**. One attachment must be submitted inclusive of the entire proposal

in Portable Document Format (PDF) or similar file format and one attachment inclusive of the Budget and Narrative in Excel or similar file format. The following naming convention shall be used:

- Proposal: **Name of Provider / Functional Family Therapy-Foster Care**
- Budget: **Name of Provider / Functional Family Therapy-Foster Care**

12. Multiple Proposals. The submission of multiple proposals is an option with this procurement. The Department is requiring the submission of one (1) proposal per DCF Area Office. Proposals may not be submitted for one (1) Region, separate proposals are required for each Area Office to be served.

II. PURPOSE OF RFP AND SCOPE OF SERVICES

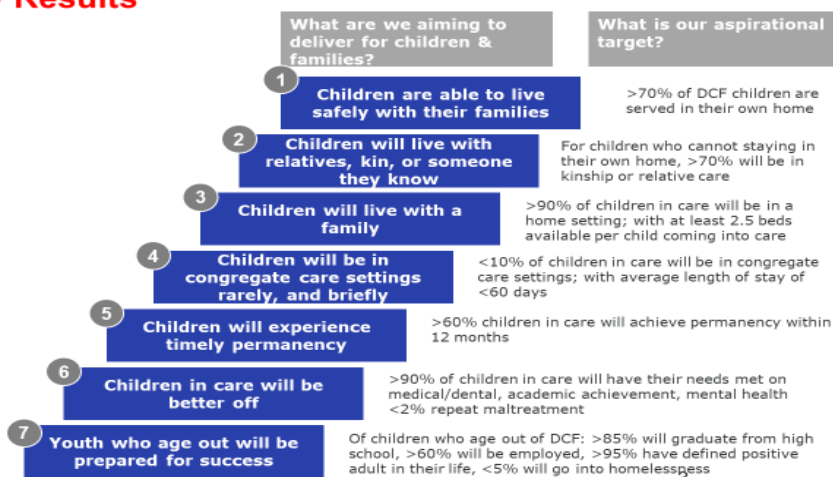
■ A. AGENCY OVERVIEW

The Department's mission is: "*Partnering with communities and empowering families to raise resilient children who thrive.*" The Department seeks to sharpen the safety lens through primary prevention across the child welfare system through 5 strategic goals:

- Keep children and youth safe, with focus on the most vulnerable populations
- Engage the workforce through an organizational culture of mutual support
- Connect systems and processes to achieve timely permanency
- Contribute to child and family wellbeing by enhancing assessments and interventions
- Eliminate racial and ethnic disparate outcomes within the Department

The mission and vision are grounded in a core set of beliefs that encompass the Department's vision for how to provide services to Connecticut's children and families. This philosophy and approach is reflected in the following graphic, inclusive of the Department's aspirational goals:

7 Key Results



The Department is aligning all of its efforts to these core set of 7 Key Performance Indicators to ensure that the best outcomes are reached for all children. These key indicators drive the Department's strategic goals for how to best meet the needs and serve Connecticut's children and families. The Department believes that children do best when living safely at home with their family of origin. When living at home with a parent is not reasonably safe, the best alternative is to live with relatives, kin, or someone who they know who can provide a safe and nurturing home. If no family member can provide a suitably safe home that meets the child's needs, the child should receive care and services in an appropriate foster home or a setting that is able to meet their needs, while concurrently working towards a timely permanency outcome. Foster care should only be used as a short-term intervention. The Department believes that when foster care is necessary, while in foster care, regular and ongoing contact with parents and siblings should be maintained. Congregate care, such as group homes and residential treatment centers, should not be used for most children. If absolutely required, children who need to be in congregate care settings should be placed there for as brief a time as possible and these settings should be designed to address specific treatment needs rather than serve as long term placement options. For older youth, treatment in congregate care is expected to be used in a targeted manner with extensive family involvement built into the treatment process. All youth are to exit the Department's care with legal and/or relational permanency.

The Department of Children and Families was instituted by the Connecticut General Assembly as the Department of Children and Youth Services in May, 1969. In 1974, child welfare services were transferred to the Department, with children's mental health services and a unified school district for children in the Department's care and custody added one year later and substance abuse services for children and youth 13 years after that (in 1988). The

Department's name (Children and Families) was officially changed through legislation in 1993, to reflect the Department's still-evolving mission of providing child-centered, family focused, community-based programs and services throughout Connecticut.

In 1987, the Department instituted a regional management model, strengthening community-based services through grants and child-centered social work practice. Fourteen Area Offices, comprising six Regions began managing grants and contracted services within assigned geographical locations, thus cementing the Department's partnerships with local, area community service providers. Since that time, the Department's contracted service milieu has grown to encompass approximately 80 contracted service types overseen by 100 community service agencies providing 350 individual programs to Connecticut's children and their families.

■ B. PROGRAM OVERVIEW

Therapeutic Foster Care (TFC) is a time limited, intensive coordinated clinical level of foster care provided to children (hereinafter 'child/ren' or 'youth') with complex trauma, serious emotional disturbances (SED), mental health disorders including substance use as diagnosed in the DSM 5. Licensed Therapists provide an in-home clinical level of treatment using the Functional Family Therapy-Foster Care (FFT FC) model, in collaboration with foster parents who are highly skilled and trained. Foster parents receive intensive clinical training and support from a Child Placing Agency (CPA), in order to help children, stabilize in placement, ameliorate their social emotional struggles and achieve permanency. CPA's and Foster Parents work in coordination with DCF and birth families in order to ensure a successful reunification. TFC also provides in-home intensive services post reunification.

FFT FC will be the clinical model utilized by all Connecticut Child Placing Agencies for their Therapeutic Foster Care Programs (TFC). This model will replace all prior TFC, TFC Medically Complex and Family and Community Ties programs previously operated under DCF contract. FFT FC is an evidenced based in-home clinical intervention with a relational focus on the family unit for DCF-involved children, ages 6 -17 years, with approval for youth receiving Services Post Majority by DCF. In addition to clinical treatment, FFT FC also offers corresponding case management services. Birth Families and Foster Families are the primary unit of intervention. FFT FC is built on the core FFT model; it is completed once with the foster family and again with the birth family when the youth is reunified. The Contractor and Foster Parents will receive initial training on the FFT FC Model from FFT FC Partners. The expected duration for FFT FC service provision is 6 to 9 months in placement with an additional 3-4 months of clinical treatment when the youth reunifies.

Based on model-developer data, 25% of the children completing the FFT FC program do not reunify. For this population, upon completion of the program, it will be the Department's expectation that the youth will remain in current placement with the FFT FC family, at current, then-promulgated stipend rates, but will transition from the FFT FC 'slot' into a TFC Case Management Support 'slot'. In the TFC Case Management Support 'slot', the FFT FC provider will continue to support the placement but will transition to a fee for service structure for such support, at a rate of \$17.74 per day, per child for the duration of the child's placement with the family. This rate will be paid separately via an issued rate letter for the duration of the child's remaining placement with the family. Any payment for TFC Support is not calculated in the funding allocations per DCF Area Office delineated in this RFP.

It is anticipated, based on historical use, that FFT FC capacity will be needed as follows:

Region	Area Office	# Slots*
Region 1	<i>Bridgeport</i>	48
	<i>Norwalk</i>	24
Region 2	<i>Milford</i>	48
	<i>New Haven</i>	60
Region 3	<i>Middletown</i>	12
	<i>Norwich</i>	36
	<i>Willimantic</i>	36
Region 4	<i>Hartford</i>	60
	<i>Manchester</i>	36

Region 5	<i>Danbury</i>	24
	<i>Torrington</i>	36
	<i>Waterbury</i>	84
Region 6	<i>Meriden</i>	12
	<i>New Britain</i>	72
* Slots defined as # family placements (single child or sibling group) per year		

■ C. SCOPE OF SERVICE DESCRIPTION

1. Organizational Requirements

- (a) Purpose / Mission / Philosophy: Briefly describe the purpose, mission and philosophy of the agency and the proposed program. This section should also describe how your program or agency will adhere to applicable state and federal laws, regulations and policies specific to the services to be provided. A Table of Organization for the applicant agency must be included as Attachment 1 of the proposal and must clearly identify where the proposed program will fall in the organizational structure of the agency.
- (b) Entity Type / Years of Operation: Please provide a brief history of the agency. Proposer must be or be in the process of becoming a private provider organization, state agency or unit of local government prior to submission of a proposal.
- If already a private provider organization, proof of such must be provided via the CTSource website (see Part 1, Section B.2 of this RFP).
 - If in the process of becoming a private provider organization, this section of the proposal must describe current status and anticipated receipt of such designation. No contract resulting from this RFP will be awarded to any entity not designated as a private provider organization, a CT State Agency or a Municipality.
- (c) Community Presence: Please describe the level of current presence your agency has in the proposed communities of service.
- (d) Administrative Office Location: Please provide the location of the agency's administrative offices.
- (e) Qualifications / Certification / Licensure: Please describe your agency's experience providing in-home evidenced based treatments to children and families in addition to the services described in this RFP and experience assuring quality assurance to ensure model fidelity being requested through this RFP. All applicants will be required to possess registration to do business in the State of Connecticut (through the Office of the Secretary of the State) and provide proof of business entity type. Proof of such must be provided through upload to the State's procurement website (CTSource). Applicants must also demonstrate that they possess, or will possess, appropriate licensure to provide clinical services to children and licensure as a Child Placement Agency through DCF. Such proof must be provided in the applicant's proposal as Attachment 2 and Attachment 3.
- If full licensure and/or status as a private provider organization has not yet been attained, the applicant's plan and timeline for securing such must be delineated in Work-Plan and Implementation Timeline section of their proposal.
- (f) Corrective Action: If the agency was under a Service Development Plan or a Corrective Action Plan for any DCF-funded program in the past two (2) years, proposals must identify the program, the primary problem(s), and how the problem(s) was (were) addressed.

2. Cultural & Linguistically Competent Care

The Department of Children & Families is committed to ensuring that its service providers deliver effective, equitable, understandable, trauma informed and respectful quality care. The services delivered must be responsive to diverse cultural health beliefs and practices, experiences of racism and/or other forms of oppression, preferred languages, health literacy, and other communication needs. Applicants must demonstrate throughout all their responses, that the children and families receiving services in their program are approached, engaged, and cared for in a culturally and linguistically competent manner, including but not

limited to: Cultural identity, racial and/or ethnic, religious/spiritual ascription, gender, physical capability, cognitive level, sexual orientation, and linguistic needs. Within a broad construction of culture, service provision must also be tailored to age, diagnosis, developmental level, geographical, economical, and educational needs. Detail your response according to the following:

(a) Culturally Diverse Communities:

1. Provide any data your agency has that demonstrates your knowledge of the dynamics and diversity within the community you are proposing to serve. Include supporting data about the race, ethnicity, culture and languages of the communities you are seeking to serve as Attachment 4.
2. Demonstrate your organization's experiences in serving diverse communities.
3. Describe any anticipated challenges your organization may encounter in the community you are proposing to serve and your organization's experience in meeting and overcoming similar challenges in other service communities (please use specific examples).

(b) Culturally Diverse Families:

Detail the strategies that your organization has utilized to successfully establish rapport and trust with families related to experiences of racism and other forms of oppression and how this influences and guides client engagement and treatment planning. Describe your agency's policies, practices, and data collection mechanisms. (Supporting data may be included as Attachment 5. For existing or previous Department-contracted providers, this would include PIE data, or similarly reported data that demonstrates the effectiveness of your organization's strategies.)

(c) Culturally Responsive and Diverse Organization:

1. Describe your agency's organizational structure and the level of diversity among the agency's managers, executives, and Board of Directors.
2. Provide a copy of your agency's Notification to Bidder's Package as Attachment 6. Utilizing your Workforce Analysis, please provide a narrative assessment of how your agency's staffing composition is reflective of the population in the community(ies) you are proposing to serve.
3. If your agency has developed and implemented a CLAS Plan (Culturally and Linguistically Appropriate Services), please describe what follow-up has occurred within your agency to further the Plan's implementation. Provide a copy of your agency's CLAS Plan as Attachment 7.

3. Service Requirements

Proposals should address each of the following areas. The use of sub-contractors is permitted for these services. If use of sub-contractors is proposed, proposals must identify which of the services below will be provided directly and which will be provided through subcontract.

- (a) Licensing Activities: Proposals must demonstrate how the applicant intends to meet all foster home recruitment and licensing activities for this model. Include any demonstration of past ability to maintain sufficient active homes to meet the level of need for Therapeutic Foster Care (if a current TFC provider), as well as any innovative or creative strategies to be employed to recruit and retain active homes under the new FFT FC model.

Minimally, the Contractor will be required to recruit a sufficient number of families to meet their contractually-defined capacity requirements, to include respite availability and emergency referrals. This shall include maintaining sufficient approved families to ensure availability of FFT FC clinical slots in deference to continued placement of a youth that does not reunify after completion of the FFT FC clinical model but remains with current family under TFC Case Management Support of the FFT FC provider.

The Contractor will also be required to approve foster homes pursuant to applicable DCF regulations, policies, contract language, state and federal law. The Contractor will engage in rigorous assessments, including but not limited to development of a thorough home study, using the format prescribed by DCF, and comprehensive criminal, child protection, sexual offender, motor vehicle and other background checks of all foster care applicants, their household members and youth ages 16 and older.

Foster home approvals shall be renewed biennially. In addition to reassessments and reviews related to possible license renewal the Contractor shall engage in continuous assessment, supervision of and clinical

support for the homes it approves. The Contractor must ensure the timely renewal of all homes in which foster children are placed and must ensure a home is fully licensed before a child is placed. The Contractor shall use the DCF identified mechanism(s) and form(s) (e.g., 720 form) for the submission and processing of TFC approved homes into the DCF-promulgated data management system (currently LINK). Failure to maintain full, non-lapsed, licensure of TFC homes in which a DCF foster child is placed may result in corrective actions, including potential termination of the program. The Contractor shall conduct quarterly walkthroughs to ensure compliance with licensing requirements. Documentation of such visits shall be maintained in the CARE4 software system.

- (b) Referral & Placement: Proposals should include your agency's capacity to respond to the following referral process, including timeframes delineated herein. Once a child is deemed eligible by DCF, the Universal Referral Form and the Trauma Screening Tool will be sent to the Contractor accompanied by any relevant clinical information. The Contractor will identify a placement within 2 business days of receiving the referral. A disclosure meeting and placement plan to take place within 3 business days of the match. Facilitation of placements are the responsibility of the contractor in coordination with Th Department.

Contractors will accept same day emergency referrals from DCF and ensure they have the required staffing and open foster homes to engage in immediate service provision.

- (c) Number and Type of Children / Families to be Served: Proposals must describe how their program will serve children placed in the foster care system, ages 6 -17 years, with approval of 17-18 year olds by DCF. Identified children will have significant impairment in their daily functioning due to unresolved complex trauma, serious emotional disturbances (SED), mental health disorders including substance use as diagnosed in the DSM 5.
- The Contractor shall be able to serve, and shall maintain capacity to serve, any child deemed by the Department to be appropriate for FFT FC. In addition to receiving FFT FC some youth who have acute Behavioral Health needs such as Autism Spectrum Disorder or Active Substance Use may require additional services by a separate provider to address the acuity of said needs. The FFT FC Family Support Specialist will coordinate such insurance-based treatment modalities in collaboration with the Department.
 - Children served in FFT FC are to be placed in close proximity to their birth family, unless contra-indicated.
 - In addition to the slot capacity delineated herein, providers must maintain the ability to manage children completing the clinical (FFT) portion of the program and not reunifying (estimated at 25%) in current placement. Such population will not be counted as a 'slot' against the provider's contracted capacity but will be maintained under the TFC Case Management Support component of the program at a rate of \$17.74 per day to the provider for the remainder of the child's placement in the home.
- (d) Length of Stay/Hours of Operation: Proposals must include hours of operation for the program and how length of stay expectations will be met.
- The expected duration for the FFT clinical service portion of the program is 9-12 months, with the first 6-9 months of therapeutic intervention being provided weekly while the youth resides in the TFC home. Upon the youth's return to the reunification resource, approximately 3-4 months of weekly in-home FFT FC intervention will be provided. While the minimum in-home requirement is weekly contact, FFT FC services will be provided on an as needed "dosage" to ensure that the child and parent receive the frequency of clinical intervention necessary to ensure stability and that clinical goals are met.
 - The expected duration for the TFC Case Management Support portion of the program is 2-4 years. During this timeframe, the provider will be expected to provide support with no clinical intervention until such time as the youth reunifies, achieves permanency or disrupts. These youths will not be counted towards the providers contracted capacity and the provider will be paid for such support separately through a fee-for-service arrangement.
 - The Contractor will be available to accept referrals during normal business hours, Monday-Friday / 9:00am-5:00pm, 52 weeks per year. The Contractor is expected to provide 24/7 availability for emergency situations. The Contractor is expected to offer flexible hours including evening and/or weekend hours to accommodate the needs of youth and families, both foster and birth. During holiday periods Contractors are expected to clearly communicate their coverage plan to families and DCF.

- (e) Intake: FFT FC requires utilization of a software system, Care4, which is accessible to both the Contractor and DCF. Proposals must describe the Applicant's experience with completing psychosocial assessments during an intake phase. Proposals must include the Applicant's proficiency in utilizing a software database to document relevant clinical information.
- (f) Clinical Measures: The proposal must describe the Applicant's experience implementing validated instruments and or psychometrically sound tools in accordance with state licensing entities as required by State of Connecticut Guidelines for Mental Health Practitioners.

The proposal must also describe the Applicant's experience utilizing the below tools and instruments, or similar clinical measures, completed with youth, foster or birth families.

- Symptoms and Functioning Severity Scale (SFSS)
- Youth & Caretaker Trauma exposure (ACS)
- Trauma Severity (CPSS)
- Family Functioning (COM)
- Caregiver Strain (CGSQ-SF)
- Alabama Parenting Questionnaire (APQ)
- Mental Health and SQ Screening (PHQ9, GAD-7, CRAFFT)

FFT FC requires weekly session impact scales completed with the foster family, birth family and youth. Contractor should describe their experience measuring progress, engagement, and impact of treatment from the perspective of the family and youth.

- (g) Development of Individual Service/Treatment Plans: Proposals must describe how Treatment Plans will be developed, the timelines for development and review, assessments utilized to inform the Plan and the extent of involvement by the child/family. Proposals must also describe how the Applicant will meet the expectation of completing a comprehensive treatment plan with individualized and measurable goals based upon the psychosocial assessment, validated tools and feedback from youth, foster and birth families.
- (h) FFT FC Treatment/Service Components: This treatment intervention provides services while a child is in foster care as well as upon reunification. The Applicant must describe their experience delivering evidence-based treatments to youth and families as well as how they will deliver the service components defined in the scope of service, attached as Appendix 4 of this RFP.
- Deliver FFT FC services, as prescribed by the FFT FC model developers with model fidelity. Each family will have an identified FFT FC Therapist and a Family Support Specialist. Minimally, each Therapist shall provide one (1) weekly session and each Family Support Specialist shall provide (1) weekly meeting to all assigned families during the 3 phases of FFT FC (Engagement, Motivation / Behavior Change and Generalization).
 - Upon completion of FFT FC intervention, the Therapist and Family Support Specialist will monitor progress of each family by utilizing their feedback from the Session Impact Scale. The dosage of treatment shall be flexible and tailored to the needs of the family (e.g. if crisis arises sessions are increased to meet the need). Minimally, at least biweekly sessions and meetings shall be held with each family upon completion of the 3 phases of FFT FC until reunification occurs.
 - Once reunification occurs, the 3 phases of FFT FC intervention begins again; Minimally, each Therapist shall provide one (1) weekly session and each Family Support Specialist shall provide (1) weekly meeting to all assigned families. The dosage of treatment shall be flexible and tailored to the needs of the family (e.g. if crisis arises sessions are increased to meet the need).
 - Utilize Care4 Software for all documentation including intake, clinical measures, youth and family session impact, treatment planning and discharge. The Contractor shall, at all times, remain current and compliant with entry of data into Care4.
 - Utilize a multidisciplinary team approach, which is a collaborative core team decision making process with ongoing risk and stability monitoring. The core team should consist of youth, birth family, FFT FC parents, FFT FC Therapist and the DCF Social Worker.
 - Train all foster parents in the FFT FC Model. This training shall consist of three (3) sessions totaling 6-9 hours.
- (i) Disruption: Proposals must demonstrate the Applicant's ability to manage the disruption of all placements in real time. The Contractor must be able to meet same day placement needs of children referred. In the

event that a child is unable to be maintained in their TFC home, the Contractor is expected to identify another suitable TFC home for that child as the need arises. Under no circumstances shall The Department be responsible for finding placement when children disrupt from a TFC approved home. The Contractor will make every effort to place children within proximity to their birth family.

In the event that a child disrupts from an FFT FC placement, a debriefing on the disruption must be held within 5 business days. The purpose of the debriefing is to explore the circumstances of the placement disruption and interventions needed to ensure future successful placements. As part of this process each team member should utilize an introspective strengths-based approach in order to explore and identify areas of growth and improvement. The disruption meeting should include all members of the child's multidisciplinary team.

- (j) **Respite**: Proposals must describe the Applicant's plan for addressing respite needs of its TFC homes. Respite is defined as a planned placement for a specific predetermined period of time. The Contractor shall ensure that planned, overnight respite care is extended to all foster parents; this pertains to TFC-identified children as well as their non-clinical siblings. Foster families are permitted 18 days of paid respite, per 12-month period. Those 18 days shall be paid by the Contractor directly to the respite provider at a maximum rate of \$55.55 per overnight. These costs are calculated into the per Area Office funding delineated in this RFP. The Contractor will be responsible for identifying, coordinating and paying the respite provider. At no time shall the Department be responsible for identifying respite providers. The Contractor will be responsible for identifying the respite provider. At no time is the Department expected to be responsible for identifying respite providers.

Respite providers shall be approved families meeting all licensing requirements. The Contractor and foster parents requesting respite are required to ensure receiving respite parents are aware of any co-occurring medical or behavioral health condition that may require additional consultation or training congruent with the child's needs.

Providers are not to use facilities, congregate settings, or unlicensed homes for respite placement. Under no circumstances shall the Department be responsible for finding respite placement.

The Contractor may approve temporary emergency placements in respite homes due to a pending SIU Investigation or foster parent emergency. Notification of such placements must occur within 24 hours to the CPS chain of command, if afterhours or a holiday, notification should be made to the Careline. The Contractor shall consult with the child's CPS team pending return to the foster home of origin. These placements should not exceed 30 days unless authorized by the CPS team chain of command up to and including the Office Director.

- (k) **TFC Case Management Support**: For the 25% of the children completing the FFT FC program who do not reunify and no longer need the EBT they will receive the following services: Once per month face to face visitation, assessment of needs with corresponding treatment plan and coordination of services. Families of these children will receive 14 days of paid respite to be coordinated and paid for by the child's DCF Social Worker. Documentation will be maintained by the Contractor in Care4.
- (l) **Foster Parent Efficacy**: The proposal must outline how the applicant will keep the family engaged in FFT FC service provision, anticipating discharge. Multiple emergency placements from the TFC foster home of origin may result in a corrective plan or contract termination.
- (m) **Eligibility and Exclusions**: Proposals must detail any exclusionary criteria that would preclude placement of any child in the applicant's program. The Contractor shall be able to serve any child deemed by the Department to be appropriate for FFT FC. Youth who have acute Behavioral Health needs such as Autism Spectrum Disorder or Active Substance Use may require additional services by a separate insurance-based provider to address the acuity of said needs. The FFT FC Family Support Specialist will coordinate such insurance-based treatment modalities in collaboration with the Department. Children who are actively suicidal or homicidal needing hospitalization are eligible for therapeutic foster care upon discharge.

4. Staffing Requirements

Applicants are to use the staffing model found below. This staffing model will be the required staffing structure for all programs implemented as a result of this RFP. An FFT FC 'Team' is defined as:

POSITION	FTE	Slot Ratio
Clinical Supervisor	1	1:6 Therapists
Therapist	4	1:12 Client Slots

Family Support Specialist	4	1:12 Client Slots
Recruiter	2	1:24 Client Slots
Psych/APRN	15 hrs. p/wk	15 hrs:48 Client Slots

Applicants are to use the staffing model found below. This staffing model will be the required staffing structure for all programs implemented as a result of this RFP.

AREA OFFICE	# Slots	# FTEs				# Hours p/Wk
		Clinical Supervisor	Therapist	Family Support Specialist	Recruiter	Psych/APRN
Bridgeport	48	1	4	4	2	15
Norwalk	24	0.5	2	2	1	8
Milford	48	1	4	4	2	15
New Haven	60	1.5	5	5	2.5	20
Middletown	12	0.5	1	1	0.5	8
Norwich	36	1	3	3	1.5	15
Willimantic	36	1	3	3	1.5	15
Hartford	60	1.5	5	5	2.5	20
Manchester	36	1	3	3	1.5	15
Danbury	24	0.5	2	2	1	8
Torrington	36	1	3	3	1.5	15
Waterbury	84	2	7	7	3.5	30
Meriden	12	0.5	1	1	0.5	8
New Britain	72	1.5	6	6	3	20

Proposals must describe the following:

- (a) **Staff Qualifications:** The staff categories to be assigned to the proposed program, including the extent to which they have or will have the appropriate training and experience to perform assigned duties. The proposal must describe the extent to which staff is or will be multi-lingual and multi-cultural. Minimally:

FFT FC Clinical Supervisor: Master's degree in Social Work, Marriage and Family Therapy, Psychology or related Behavioral Health field of study. Clinical Supervisors must be Licensed in their field of study (LMFT, LPC, LCSW) and have been licensed for at least 2 years. Prior direct experience providing clinical services to children and or families is required in addition to having previously provided clinical supervision. Preference should be given to candidates who have continuing education in the following topic areas:

- Family Systems Theory
- Cognitive-Behavioral Therapies
- Traumatic Stress Reactions
- Child development research
- Parental Substance Misuse
- Intimate Partner Violence
- Research on Adverse Childhood Experience
- Behavioral Health implications for children who have been exposed to chronic neglect and abuse

FFT FC Therapist: Master's degree in Social Work, Marriage and Family Therapy, Psychology or related Behavioral Health field of study. Therapist must be Licensed in their field of study (LMFT, LPCA, LMSW, LCSW). At least 1 year's experience providing clinical services to children and or families is preferred. Proposed Therapist should have the following knowledge base:

- In-home service provision
- Family Systems Theory
- Cognitive-Behavioral Therapies
- Trauma reactions and its impact on brain development
- Child development research and its application in treatment

- Managing emotional dysregulation due to complex trauma

FFT FC Family Support Specialist: Bachelor's Degree in Social Work, Sociology or Psychology required along with 2 years' experience in their field of study. FFT FC Family Specialists should have experience in providing case management services, coordinating systems of care, and working within complex family systems. Preferred candidates should have experience providing in home services.

Psychiatrist: There will be one 0.4 FTE Board Certified/Board Eligible Child and Adolescent psychiatrist or Advanced Practice Registered Nurse (APRN) covering each DCF Region that the Contractor is contracted to serve. The Psychiatrist/APRN will be responsible for medication management, consultation, diagnostic and assessment services, psychoeducational groups, and active participation in therapy sessions.

General Recruiter: The Contractor shall maintain at least one recruiter position. The Contractor may subcontract with another not for profit agency to purchase a recruiter position. An agreement outlining the terms of that arrangement must be signed by both parties however, DCF reserves the right to require a refinement of or other changes to that agreement if it is not found to support the express or implied terms of this contract effectively.

The recruiter shall be an individual with a foster care recruitment background and have a strong knowledge of the local community in which they will be recruiting. This position will be responsible for developing and implementing the Contractor's annual recruitment and retention plan. This position will also be responsible to provide pre-licensing training to prospective foster and adoptive parents. The general recruiter shall work closely with DCF and partner agencies to gain a full understanding of the social-emotional and permanency needs of the children and birth families who are to be served in TFC. An emphasis on the recruitment of parents to care for youth ages 6 to 17 should be of significant priority.

- (b) Staff Recruitment and Retention: Proposals must include the following:
- How Providers will ensure that all employment candidates receive a criminal record and DCF abuse/neglect background check;
 - A staff retention plan detailing measures taken to reduce staff turnover;
 - A description of how staff will be recruited and selected;
 - A description of how the staffing plan will be appropriate to the language, age, gender, sexual orientation, disability, and ethnic/racial/cultural factors of the target population; and
 - A description of how the program will continue to provide services that are timely, effective, and true to the model if sickness, training, vacancies, leaves of absence, etc. make regularly scheduled staff unavailable.
- (c) Staff Training: All FFT FC staff will receive model specific training. Additionally, Clinical Supervisors will receive advanced FFT FC training and weekly case consultation will be required with FFT FC Model Developers. Proposals must describe any additional training provided by the agency to its staff, the intensity and the frequency.

5. Work Plan & Implementation Timeline

Programs should be available by **August 15, 2022**. Proposals should clearly define the timelines and work processes leading up to availability of services. DCF with the assistance of FFT FC Partners will offer the necessary trainings for FFT FC.

Proposals must include a detailed start-up process and timeline, including a description of the following:

- The process for hiring, orienting and training staff;
- The process for transitioning existing clients of this level of care from an incumbent provider;
- All licensure activities; and
- The date when applicants will begin to accept referrals

6. Family Partnerships and Community Linkages

- (a) DCF Communication: Describe the agency's plan to collaborate and communicate with the referral sources, including both the DCF Area Offices and Central Office. The Contractor will maintain frequent contact for open DCF cases with the DCF assigned CPS and Clinical staff regarding each family's progress. Case reviews and consultation will occur between FFT FC staff and DCF as prescribed by

FFT FC model fidelity. The Contractor will be required to maintain documentation within the Care4 Software for each youth and family served.

Note: Preference will be given, through the scoring tool utilized by the Review and Evaluation Committee for this RFP, to current applicants with demonstrated positive history of communication and responsiveness to DCF, as measured at the Area Office level, through staff interaction.

- (b) Community Linkages: Describe the agency's effective mechanisms for fostering communication and coordination among families, service providers, and community supports during the treatment episode.

7. Performance Measures

Proposals must demonstrate the agency's success in achieving positive outcomes related to the outcomes listed in the attached Scope of Service.

8. Contract Management/Data Reporting

The Department will require awarded contractor(s) to submit child and family specific data, and administrative service and training data. Using the state's Results-based Accountability framework, the Department will assist contractors to provide information about the modality provided, quantity of service delivered, its consistency with Strengthening Families principles, and the effect of the services. The Department requires contractor(s) to use data to ensure the quality of their services, including identifying program challenges or barriers, identify potential best practices, and achievement of the program's goals, objectives and outcomes.

Child and family specific data will be collected from providers using electronic, web-based applications designed for the EBPs being implemented under this RFP, including CRA's EBTx system, and GAIN ABS. These data will be used by the model developers and the Department to monitor program outcomes and model fidelity.

The Contractor will also submit individual, client level data to the department's Program Information Exchange (PIE) and/or other system as directed by the department. Complete, timely and accurate data is essential for both the Provider and the Department to help support service provision, identify trends and measure important outcomes. While it is ideal to enter data regularly and as soon after the event as possible, the Department allows and expects that data be entered within 20 days following the end of each month. This timeframe allows Contractors to submit data on multiple events in batches or enter data manually (e.g. client-by-client). The Contractor will ensure that the data submitted under PIE and/or other systems conform with the applicable data specifications and picklists. Furthermore, the data must use the conventions and logic as determined by the department to ensure accurate, unduplicated client counts. These data, as set forth by DCF, will be sent to the department. For more information regarding PIE, go to the DCF website as follows: <https://portal.ct.gov/DCF/ORE/PIE>.

- (a) Quality Improvement Experience: Describe your agency's prior experience collecting and reporting data for program administration, continuous quality improvement (CQI), and for reporting on program progress. Describe how this experience positions your organization to meet the data and reporting requirements of this RFP. Each Provider is required to develop a quality assurance plan to ensure model fidelity.
- (b) Quality Assurance Resources: Describe the resources (i.e., human, fiscal, physical plant, technology) your agency dedicates to information management, continuous quality improvement, and data analytics.

9. Sub-Contractors

Proposals must disclose the proposed use of subcontractors to accomplish program services. If the proposed program includes the use of subcontractors, the relationship of the subcontractor to the applicant, a detailed description of the services to be provided by the subcontractor, the staffing to be allocated by the subcontractor and the costs of utilizing a subcontractor must be delineated in the proposal.

■ **D. BUDGET AND FINANCIAL OBLIGATIONS**

1. Financial Requirements

Proposers must submit cover letters from their auditor for the last three (3) annual audits of their agency and a copy of their most recent financial audit, included as Attachment 8. If the three (3) most recent audits are available via the Office of Policy and Management's EARS system, such must be noted in the proposal, and cover letters and the last audit should **not** be included in the proposal.

If less than three (3) audits were conducted, detail must be provided as to why, and any supporting documentation assuring the financial efficacy of the applicant agency should be included (i.e. an accountant prepared financial statement, a tax return, a profit and loss statement, etc.).

2. Budget Requirements

Proposals must contain an itemized annual budget on the budget form delineated in Section IV, of this RFP. All startup costs must be clearly identified as 1 line item in the budget.

A budget narrative must be provided, explaining all costs contained in the budget. All start-up costs must be listed separately and clearly detailed in the budget narrative.

All other funding, including agency financial support must be identified.

III. PROPOSAL SUBMISSION OVERVIEW

■ A. SUBMISSION FORMAT INFORMATION

1. **Required Outline.** All proposals must follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Proposers must complete and use the Cover Sheet form provided by the Department in Section IV– Forms.
3. **Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline.
4. **Attachments.** Attachments other than the required Appendices or Forms identified in the RFP are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
5. **Style Requirements.** Submitted proposals must conform to the following specifications:
 - Binding Type: Loose Leaf, Bound with a Binder Clip
 - Dividers: No Dividers
 - Paper Size: Standard Letter
 - Print Style: 2-sided
 - Page Limit: 20 Single-Sided (10 sheets of Paper, printed Double-Side) for Section IV.E (Main Proposal)
 - Font Size: 12
 - Font Type: Times New Roman
 - Margins: Normal
 - Line Spacing: 1.5
7. **Pagination.** The proposer’s name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.
8. **Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the proposer must appear in the upper left corner of the envelope or package. The RFP Name and Number must be clearly displayed on the envelope or package. Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the Agency as a clerical function, but it will not be evaluated. At the discretion of the Agency, such a proposal may be destroyed or retained for pick up by the submitters.
9. **Declaration of Confidential Information.** Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL prior to submission. In Section C of the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

- 10. Conflict of Interest- Disclosure Statement.** Proposers must include, in Section D of their proposal, a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Agency will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

■ B. EVALUATION OF PROPOSALS

- 1. Evaluation Process.** It is the intent of the Agency to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Agency will conform with its written procedures for POS and PSA procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85). Final funding allocation decisions will be determined during contract negotiation.
- 2. Evaluation Review Committee.** The Agency will designate a Review Committee to evaluate proposals submitted in response to this RFP. The Review Committee will be composed of individuals, Agency staff or other designees as deemed appropriate. The contents of all submitted proposals, including any confidential information, will be shared with the Review Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. The Review Committee shall evaluate all proposals that meet the Minimum Submission Requirements by score and rank ordered and make recommendations for awards. The Agency Head will make the final selection. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Review Committee may result in disqualification of the proposer.
- 3. Minimum Submission Requirements.** To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) meet the Eligibility and Qualification requirements to respond to the procurement, (4) follow the required Proposal Outline; and (5) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Agency will reject any proposal that deviates significantly from the requirements of this RFP.
- 4. Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Review Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The weights are disclosed below:

• Organizational Requirements	4 points
• Cultural & Linguistically Competent Care	15 points
• Service Requirements	27 points
• Staffing Plan	10 points
• Work Plan & Implementation Timeline	5 points
• Family Partnerships & Community Engagement	4 points
• Performance Measures	5 points
• Contract Management & Data Reporting	6 points
• Sub-Contractors	3 points
• Financial Profile	3 points
• Budget and Budget Narrative	15 points

- Appendices

3 points

Note: As part of its evaluation of the Staffing Plan, the Review Committee will review the proposer's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).

- 5. Proposer Selection.** Upon completing its evaluation of proposals, the Review Committee will submit the rankings of all proposals to the Commissioner or Agency Head. The final selection of a successful proposer is at the discretion of the Commissioner or Agency Head. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Agency. Such negotiations may, but will not automatically, result in a contract. Any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Agency's discretion, about the outcome of the evaluation and proposer selection process. The Agency reserves the right to decline to award contracts for activities in which the Commissioner or Agency Head considers there are not adequate respondents.
- 6. Debriefing.** Within ten (10) days of receiving notification from the Agency, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Agency to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Agency may schedule and hold the debriefing meeting within fifteen (15) days of the request. The Agency will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
- 7. Appeal Process.** Proposers may appeal any aspect the Agency's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Agency head. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Agency to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
- 8. Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Agency's contracting procedures, which may include approval by the Office of the Attorney General. Fully executed and approved contracts will be posted on State Contracting Portal and the Agency website.

IV. REQUIRED PROPOSAL SUBMISSION OUTLINE AND REQUIREMENTS

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- 8. Contract Management and Reporting**
- a. Quality Improvement Experience
- b. Quality Assurance Resources

- 9. Subcontractors**
- a. Legal Name of Agency, Address, FEIN
- b. Contact Person, Title, Phone, Fax, E-mail
- c. Services Currently Provided
- d. Services to Be Provided Under Subcontract
- e. Subcontractor Oversight
- f. Subcontract Cost and Term

- F. Cost Proposal**
- 1. Financial Profile**
- 2. Budget and Budget Narrative**

To access the Consolidated Budget Form, please go to:
<https://portal.ct.gov/DCF/Contract-Management/Home>

Scroll to the "RFP Forms" Section and access the "DCF RFP Budget POS" link

- G. Attachments**
- 1. Attachment #1 Table of Organization**
- 2. Attachment #2 Proof of Clinical Licensure**
- 3. Attachment #3 Proof of CPA Licensure**
- 4. Attachment #4 Culturally Diverse Communities**
- 5. Attachment #5 Culturally Diverse Families**
- 6. Attachment #6 Culturally Diverse Organizations (Notification to Bidders)**

To access the Notification to Bidders Package, please go to the following link:

<https://portal.ct.gov/-/media/CHRO/NotificationtoBidderspdf.pdf>

- 7. Attachment #7 Culturally Diverse Organizations (CLAS Plan) (if appl.)**
- 8. Attachment #8 Financial Profile (if req.)**

V. MANDATORY PROVISIONS

■ A. POS STANDARD CONTRACT, PARTS I AND II

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract" for POS:

Part I of the standard contract is maintained by the Department and will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting POS contract. A sample of Part I is available from the Department's Official Contact upon request.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at: http://www.ct.gov/opm/fin/standard_contract

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a proposer is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the proposer must inform the proposer's principals of the contents of the SEEC notice.

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected proposer (contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

■ B. ASSURANCES

By submitting a proposal in response to this RFP, a proposer implicitly gives the following assurances:

1. **Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
2. **State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Agency 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 proposer, contractor, or its agents or employees.
3. **Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.
4. **Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due

date and may be extended beyond that time by mutual agreement. At its sole discretion, the Agency may include the proposal, by reference or otherwise, into any contract with the successful proposer.

5. **Press Releases.** The proposer agrees to obtain prior written consent and approval of the Agency for press releases that relate in any manner to this RFP or any resultant contract.

■ **C. TERMS AND CONDITIONS**

By submitting a proposal in response to this RFP, a proposer implicitly agrees to comply with the following terms and conditions:

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor the Agency shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** The Agency is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Agency may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Agency, and at the proposer's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Agency. The Agency may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Agency. At its sole discretion, the Agency may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.
7. **Presentation of Supporting Evidence.** If requested by the Agency, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Agency may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Agency may also check or contact any reference provided by the proposer.
8. **RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Agency or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Agency and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Agency and, if required, by the Attorney General's Office.

■ **D. RIGHTS RESERVED TO THE STATE**

By submitting a proposal in response to this RFP, a proposer implicitly accepts that the following rights are reserved to the State:

- 1. Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Agency.
- 2. Amending or Canceling RFP.** The Agency reserves the right to amend or cancel this RFP on any date and at any time, if the Agency deems it to be necessary, appropriate, or otherwise in the best interests of the State.
- 3. No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Agency may reopen the procurement process, if it is determined to be in the best interests of the State.
- 4. Award and Rejection of Proposals.** The Agency reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Agency may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Agency reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.
- 5. Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
- 6. Contract Negotiation.** The Agency reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Agency further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Agency may seek Best and Final Offers (BFO) on cost from proposers. The Agency may set parameters on any BFOs received.
- 7. Clerical Errors in Award.** The Agency reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.
- 8. Key Personnel.** When the Agency is the sole funder of a purchased service, the Agency reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Agency also reserves the right to approve replacements for key personnel who have terminated employment. The Agency further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Agency.

■ **E. STATUTORY AND REGULATORY COMPLIANCE**

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

- 1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the

State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

- 2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.

- 3. Consulting Agreements, C.G.S. § 4a-81. Consulting Agreements Representation, C.G.S. § 4a-81.** Pursuant to C.G.S. §§ 4a-81 the successful contracting party shall certify that it has not entered into any consulting agreements in connection with this Contract, except for the agreements listed below. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information, or (C) any other similar activity related to such contracts. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of chapter 10 of the Connecticut General Statutes as of the date such contract is executed in accordance with the provisions of section 4a-81 of the Connecticut General Statutes. Such representation shall be sworn as true to the best knowledge and belief of the person signing the resulting contract and shall be subject to the penalties of false statement.

- 4. Campaign Contribution Restriction, C.G.S. § 9-612.** For all State contracts, defined in section 9-612 of the Connecticut General Statutes as 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 the resulting contract must represent that they have received the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice, as set forth in "Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations." Such notice is available at:

https://seec.ct.gov/Portal/data/forms/ContrForms/seec_form_11_notice_only.pdf

- 5. Gifts, C.G.S. § 4-252.** Pursuant to section 4-252 of the Connecticut General Statutes and Acting Governor Susan Bysiewicz's Executive Order No. 21-2, the Contractor, for itself and on behalf of all of its principals or key personnel who submitted a bid or proposal, represents:

(1) That no gifts were made by (A) the Contractor, (B) any principals and key personnel of the Contractor, who participate substantially in preparing bids, proposals or negotiating State contracts, or (C) any agent of the Contractor or principals and key personnel, who participates substantially in preparing bids, proposals or negotiating State contracts, to (i) any public official or State employee of the State agency or quasi- public agency soliciting bids or proposals for State contracts, who participates substantially in the preparation of bid solicitations or requests for proposals for State contracts or the negotiation or award of State contracts, or (ii) any public official or State employee of any other State agency, who has supervisory or appointing authority over such State agency or quasi-public agency;

(2) That no such principals and key personnel of the Contractor, or agent of the Contractor or of such principals and key personnel, knows of any action by the Contractor to circumvent such prohibition on

gifts by providing for any other principals and key personnel, official, employee or agent of the Contractor to provide a gift to any such public official or State employee; and

(3) That the Contractor is submitting bids or proposals without fraud or collusion with any person. Any bidder or proposer that does not agree to the representations required under this section shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified bidder or seek new bids or proposals.

- 6. Iran Energy Investment Certification C.G.S. § 4-252(a).** Pursuant to C.G.S. § 4-252(a), the successful contracting party shall certify the following: (a) that it has not made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, and has not increased or renewed such investment on or after said date. (b) If the Contractor makes a good faith effort to determine whether it has made an investment described in subsection (a) of this section it shall not be subject to the penalties of false statement pursuant to section 4-252a of the Connecticut General Statutes. A "good faith effort" for purposes of this subsection includes a determination that the Contractor is not on the list of persons who engage in certain investment activities in Iran created by the Department of General Services of the State of California pursuant to Division 2, Chapter 2.7 of the California Public Contract Code. Nothing in this subsection shall be construed to impair the ability of the State agency or quasi-public agency to pursue a breach of contract action for any violation of the provisions of the resulting contract.
- 7. Nondiscrimination Certification, C.G.S. § 4a-60 and 4a-60a.** If a bidder is awarded an opportunity to negotiate a contract, the proposer must provide the State agency with *written representation* in the resulting contract that certifies the bidder complies with the State's nondiscrimination agreements and warranties. This nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The authorized signatory of the contract shall demonstrate his or her understanding of this obligation by either (A) initialing the nondiscrimination affirmation provision in the body of the resulting contract, or (B) providing an affirmative response in the required online bid or response to a proposal question, if applicable, which asks if the contractor understands its obligations. If a bidder or vendor refuses to agree to this representation, such bidder or vendor shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked vendor or the next lowest responsible qualified bidder or seek new bids or proposals.
- 8. Access to Data for State Auditors.** The Contractor shall provide to OPM access to any data, as defined in C.G.S. § 4e-1, concerning the resulting contract that are in the possession or control of the Contractor upon demand and shall provide the data to OPM in a format prescribed by OPM [or the Client Agency] and the State Auditors of Public Accounts at no additional cost.

VI. APPENDIX

A. ABBREVIATIONS / ACRONYMS / DEFINITIONS

BFO	Best and Final Offer
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
OAG	Office of the Attorney General
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request for Proposal
SEEC	State Elections Enforcement Commission (CT)
U.S.	United States

- *contractor*: a private provider organization, CT State agency, or municipality that enters into a POS contract with the Agency as a result of this RFP
- *proposer*: a private provider organization, CT State agency, or municipality that has submitted a proposal to the Agency in response to this RFP. This term may be used interchangeably with respondent throughout the RFP.
- *prospective proposer*: a private provider organization, CT State agency, or municipality that may submit a proposal to the Agency in response to this RFP, but has not yet done so
- *subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Agency as a result of this RFP

B. **Appendix #1: Proposal Checklist**

To assist respondents in managing proposal planning and document collation processes, this document summarizes key dates and proposal requirements for this RFP. This document does not supersede what is stated in the RFP. It is the responsibility of each respondent to ensure that all required documents, forms, and attachments, are submitted in a timely manner.

C. **Appendix #2: Letter of Intent**

To be completed and submitted to the Official Agency Contact for this procurement by the due date delineated in this RFP.

D. **Appendix #3: Proposal Cover Sheet**

To be utilized as Page 1 of all proposals (as indicated in this RFP).

E. **Appendix #4: FFT FC Scope of Service**

For reference only

PROPOSAL CHECKLIST**Key Dates**

Procurement Timetable		
The Agency reserves the right to modify these dates at its sole discretion.		
Item	Action	Date
1	Bidders Conference	1:00PM / March 1, 2022
2	Question Submission Deadline	3:00 PM / March 14, 2022
3	Release of Answers	March 18, 2022
4	Letter of Intent Submission Deadline	3:00 PM / April 1, 2022
5	Proposal Submission Deadline	3:00 PM / April 14, 2022
6	Program Implementation Target Date	August 15, 2022

Registration with State Contracting Portal (if not already registered):

- ☐ Register at: <https://portal.ct.gov/DAS/CTSource/Registration>
- ☐ Submit Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>
- ☐ Submit Proof of Entity Status (if applicable)
- ☐ Submit Notification to Bidders package
- ☐ Submit Proof of Secretary of the State recognition (CT Business License)

Letter of Intent

- ☐ Submit by 4/1/22 (3:00PM)

Proposal Content Checklist

- ☐ **Cover Sheet** (using RFP Appendix #3)
- ☐ **Table of Contents** (using RFP Section IV (Table of Contents))
- ☐ **Declaration of Confidential Information**
- ☐ **Conflict of Interest Disclosure**
- ☐ **Main Proposal**
- ☐ **Budget**
- ☐ **Attachments**

Formatting Checklist

- ☐ Is the proposal formatted to fit 8 ½ x 11 (letter-sized) paper?
- ☐ Is the main body of the proposal within the page limit?
- ☐ Is the proposal in 12-point, Times New Roman font?
- ☐ Does the proposal format follow normal (1 inch) margins and 1 ½ line spacing?
- ☐ Does the proposer's name appear in the header of each page?
- ☐ Does the proposal include page numbers in the footer?
- ☐ Are confidential labels applied to sensitive information (if applicable)?

LETTER OF INTENT
(MANDATORY NON-BINDING)

Date: _____

Our agency is planning to apply for funding in response to the RFP entitled ***Functional Family Therapeutic Foster Care*** at the following location(s):

REGION 1

- ☐ Bridgeport
- ☐ Norwalk

REGION 2

- ☐ New Haven
- ☐ Milford

REGION 3

- ☐ Middletown
- ☐ Norwich
- ☐ Willimantic

REGION 4

- ☐ Hartford
- ☐ Manchester

REGION 5

- ☐ Waterbury
- ☐ Danbury
- ☐ Torrington

REGION 6

- ☐ New Britain
- ☐ Meriden

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

Mandatory Letter of Intent must be received by **3:00 p.m.** on **April 1, 2022** to **Stacie Albert (DCF.FISCALCONTRACTS@ct.gov)**.

PROPOSAL COVER SHEET***Functional Family Therapeutic Foster Care***
Request for Proposals**REGION 1**

- ☐ Bridgeport
- ☐ Norwalk

REGION 2

- ☐ New Haven
- ☐ Milford

REGION 3

- ☐ Middletown
- ☐ Norwich
- ☐ Willimantic

REGION 4

- ☐ Hartford
- ☐ Manchester

REGION 5

- ☐ Waterbury
- ☐ Danbury
- ☐ Torrington

REGION 6

- ☐ New Britain
- ☐ Meriden

**Name of
Agency:** _____**Address** _____**Application
Contact
Person:** _____**Contact
Person Phone
& Fax:** _____**Contact
Person Email
Address:** _____

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

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

Signature: _____ Date: _____

Name (Printed): _____ Title: _____

FUNCTIONAL FAMILY THERAPY FOSTER CARE**A. Description, Contract Capacity and Unit of Service**

Therapeutic Foster Care (TFC) is a time limited, intensive coordinated clinical level of foster care provided to children (hereinafter 'child/ren' or 'youth') assessed to have complex trauma, serious emotional disturbances (SED), mental health disorders including substance use. Licensed Therapists provide an in-home clinical level of treatment using the, Functional Family Therapy - Foster Care (FFT FC) model, in collaboration with foster parents who are highly skilled and trained. Foster parents receive intensive clinical training and support from a Child Placing Agency (CPA), in order to help children, stabilize in placement, ameliorate their social emotional struggles and achieve permanency. CPA's and Foster Parents work in coordination with DCF and birth families in order to ensure a successful reunification. TFC also provides in-home intensive services post permanency outcome- reunification, guardianship or adoption. The Contractor shall adhere to all aspects of FFT FC as designed by FFT FC Partners, model developers.

1. Service Description

Functional Family Therapy- Foster Care (FFT FC) is an evidenced based in-home clinical intervention with a relational focus on the family unit for DCF-involved children receiving clinical treatment within a Therapeutic Foster Care setting. In addition to clinical treatment, FFT FC also offers corresponding case management services. Birth Families and Foster Families are the primary unit of intervention. FFT FC is built on the core FFT model; it is completed once with the foster family and again with the birth family when the youth is reunified. The Contractor and Foster Parents will receive initial training on the FFT FC Model from FFT FC Partners. Upon completion of initial training both the Contractor and Foster Parents will receive ongoing clinical consultation and booster training for the first three years of implementation

Contractors will complete all clinical instruments and assessments as required by the FFT FC model to maintain model fidelity in the Care4 system. Care4 is a HIPPA compliant interactive web-based software system which *includes four domains*: Treatment Planning, Treatment Progress & Process, Model Fidelity and Outcomes Measurements. This will include a comprehensive psychosocial assessment and treatment plan with individualized and measurable goals.

FFT FC model-developers project approximately 25% of the children completing the FFT FC program will not reach permanency through reunification, Subsidized Transfer of Guardianship (STOG) or adoption. For this population, should the youth and foster family make a commitment to each other and decide to maintain the foster care placement the Department will transition these youth and foster families to a core level of support, at rates then promulgated by the DCF Rate Setting Unit, supported by the Contractor through the TFC Case Management component of this program.

2. Contract Capacity /Length of Service/ Dosage of Service

The provider shall maintain capacity to meet the needs of the Department for placement of DCF youth in TFC in the Contractor's designated service area, as defined in Part I, Section B.1 of this contract.

The expected duration for this service type is 9-12 months, with the first 6-9 months of therapeutic intervention being provided to the youth and FFT FC parents weekly in home. Upon the youth's return to the reunification and or permanency resource, approximately 3 to 4 months of weekly in-home FFT FC intervention will also be provided.

The minimum requirement is a weekly intervention with both the Therapist and Family Support Specialist. Services shall be provided on an as needed "dosage", meaning the child and parent will receive the services required to ensure clinical goals are met.

B. Service Delivery Requirements**1. Target Population**

The target population are children placed in the foster care system, ages 6 -17. Post majority clients may continue to be served through this program after their eighteenth birthday, as defined herein, with approval from DCF Central Office. All referrals shall be qualified through a Trauma Screening Tool and clinical consultation between the assigned Child Protective Services (CPS) Team, and the Regional Resource Group (RRG). Identified children have significant impairment in their daily functioning due to unresolved complex trauma, serious emotional disturbances (SED), mental health disorders and/or substance use as diagnosed in the DSM 5. In exceptional circumstances, children under the age of 6 shall require a clinical override approved by both the Central Office Behavioral Health Clinical Manager as well as the Regional Behavioral Health Clinical Manager. Children under the age of 6 shall only be accepted into FFT FC under extraordinary circumstances.

- i. The Contractor shall be able to serve any child deemed by the Department to be appropriate for FFT FC. Youth who have acute behavioral health needs such as Autism Spectrum Disorder or active substance use may require additional services by a separate provider to address the acuity of said needs. The FFT FC Family Support Specialist will coordinate such insurance-based treatment modalities in collaboration with the Department.
- ii. In the event that a child is actively suicidal or homicidal and requires hospitalization or residential treatment a determination must be made as to the necessity for a Dual Placement Plan (DPP). The DPP process should be followed per established protocol. The Contractor shall ensure their staff and foster family remain connected to the child during the dual placement period.
- iii. Children served in TFC are to be placed in close proximity to their birth family, unless contra-indicated.
- iv. For young adults 18 and older participating in Services Post Majority a determination should be made, in conjunction with the youth, family, Contractor and DCF as to the appropriateness of continued FFT FC intervention. As part of the determination consideration should be given to lifelong connections, normative experiences and how best to prepare for successful entry into young adulthood. See Section A.1. Service Description for additional details on service upon the limitations of FFT FC services for those who complete the FFT FC Service and do not reach permanency.

2. Referrals

Once a child is deemed eligible by DCF, the Universal Referral Form and the Trauma Screening Tool will be sent to the Contractor accompanied by any relevant clinical information by the Area Office Therapeutic Foster Care Liaison (TFCL). Contractors will accept and place same day emergency referrals from DCF ensuring they have the required foster families and staffing to engage in immediate service provision. For routine referrals the Contractor will identify a placement within 2 business days of receiving the referral. A disclosure meeting and placement plan to take place within 3 business days of the match. Facilitation of placements are the responsibility of the Contractor in coordination with The Department.

3. Operating Hours:

The Contractor will be available to accept referrals during normal business hours, Monday-Friday / 9:00am-5:00pm, 52 weeks per year. The Contractor shall respond 24/7 in emergency situations requiring crisis intervention. The Contractor shall offer flexible hours including evening and/or weekend hours to accommodate the needs of youth and families, both foster and birth. During holiday periods Contractors are expected to clearly communicate their coverage plan to families and DCF.

4. Staffing:

All FFT FC staff will receive model specific training from the FFT FC model developer. Additionally, Clinical Supervisors will receive advanced FFT FC training and weekly case consultation will be required with the FFT FC model developer. The Contractor will, at all times, be required to participate in and be in compliance with the training and model fidelity requirements of FFT FC. All staff shall offer flexible hours including evening and/or weekend hours to accommodate the needs of youth and families, both foster and birth.

The Contractor will be expected to maintain bi-lingual and culturally appropriate staffing commensurate with the demographics of the area(s) served. Contractor will provide sufficient staff resources to deliver all required components of this contract, as identified in Part I, Section B.2 and Part I, Section B.6. Minimally,

the Contractor shall maintain the number of FTEs required by the FFT FC model for the number of youth served, in the following job classes:

i. FFT FC Clinical Supervisor:

a. Qualifications: This position requires a Master's degree in Social Work, Marriage and Family Therapy, Psychology or related Behavioral Health field of study. Clinical Supervisors must be Licensed in their field of study (LMFT, LPC, LCSW) and have been licensed for at least 2 years. Prior direct experience providing clinical services to children and or families is required in addition to having previously provided clinical supervision. Preference shall be given to candidates who have continuing education in the following topic areas:

- Family Systems Theory;
- Cognitive-Behavioral Therapies;
- Traumatic stress reactions;
- Child development research;
- Parental substance use and misuse;
- Intimate Partner Violence;
- Knowledge of racial disparities within behavioral health services;
- Research on Adverse Childhood Experiences; and
- Behavioral Health implications for children who have been exposed to chronic neglect and abuse

b. Responsibilities:

- Provide supervision to FFT FC therapists ongoing and regularly to monitor for child/family safety, permanency, well-being and overall quality of clinical practice, which includes:
 - Motivation and accountability of the team, creation of clinicians' professional development plans;
 - Daily contact with individuals on the team and an expectation of immediate feedback to therapists;
 - Providing feedback, expertise and approvals on therapists' behavior change plans and other model adherent clinical interventions;
 - Facilitate weekly team peer consultation;
 - Participate in weekly consultation between team members and program Clinical Consultant until completion of Supervisor certification, at which time Supervisor facilitates all team consultation;
 - Ensure all team members attend and participate in consultations; track participation and cases reviewed;
 - Participate in one-on-one consultation with FFT FC Clinical Consultant once Supervisor certification is achieved;
 - Complete Care4 documentation as required;
 - Maintain accountability of team's adherence to the treatment model through supervision, training and clinical observation;
 - Maintain ongoing growth in competence in the integrated FFT FC model; Track outcomes to ensure ongoing development of team;
 - Monitor completion of all required child welfare documentation for content and timeliness within Care4;
 - Complete and monitor clinicians' completion, with model adherence, of progress notes within 2 business days;

- Complete and monitor clinicians' completion of treatment progress note reviews at the 14 day, 30 day, 60 day, and every 30 days thereafter interval;
- Complete and monitor clinicians' completion of pre-assessments, phase plans, session plans, session tapes and other documentation;
- Assist Therapist(s) in addressing risk factors that give rise to possible safety issues and/or out of home placement due to continued referral behavior;
- Review treatment reviews to ensure they are complete and timely;
- Review session notes to assess clinical skills and adherence to the model; work collaboratively with the consultant to address individual clinician's skill deficits;
- Complete FFT FC performance assessments for team members (completed by consultant until Supervisor Certification is achieved) and coordinate with DCF for annual agency performance measures;
- Participate in conferences with clinical staff;
- Ensure appropriate coverage of clinician's cases whenever there is an extended absence; and
- Conduct all duties as indicated in the Therapist job description but with a reduced case load

The role of the Therapist and Family Support Specialist are critical to the successful implementation of the FFT FC Model. Both the Therapist and Family Support Specialist are responsible for engaging the child, birth and foster family. As such both are responsible for engage the identified Permanency Parents (in most cases the birth family) immediately. This includes supervised visitation and early engagement around reunification.

ii. FFT FC Therapist:

a. Qualifications: This position requires a Master's degree in Social Work, Marriage and Family Therapy, Psychology or related Behavioral Health field of study. Therapist must be Licensed in their field of study (LMFT, LPCA, LCSW, LMSW). At least 1 year experience providing clinical services to children and or families. Preference shall be given to candidates that have the following knowledge base:

- Home Based therapy;
- Family Systems Theory;
- Cognitive-Behavioral Therapies;
- Trauma reactions and its impact on brain development;
- Managing emotional dysregulation due to complex trauma;
- Knowledge of racial disparities within behavioral health services;
- Child development research and its application in treatment; and

b. Responsibilities:

- Conduct initial assessments including review of referral information, identifying and engaging key participants, identifying protective and risks factors, and developing analysis of hierarchy and relational assessment within the family;
- Address clinical needs of clients through model adherent FFT FC interventions;
- Complete Care4 documentation as required;
- Schedule first session within 1 business day of assignment with child and foster family;
- Continually assess for levels of engagement of all key participants and collaborate with supervisor and stakeholders to overcome barriers to engagement;
- Maintain clear and concise model adherent documentation of session and collateral contacts that promote monthly supervisory review;

- Document all contact and collateral notes in Care4 database within 2 business days;
- Complete required documentation including treatment plans and FFT FC in Care4;
- Maintain Care4 by documenting regular collateral contacts throughout treatment with clients and stakeholders;
- Conduct on going both model-specific and Foster Care adherent risk assessments and interventions for every family including tailored safety planning, crisis management, and model adherent interventions that target decreasing risk and increasing protective factors;
- Keep stakeholders informed of elevated risks and attend clients' family court appearances and Administrative Case Reviews;
- Rotate on call services;
- Video tapes as required for FFT consultation and certification
- Participate in all model and agency training, peer and individual supervision, and staff meetings;
- Independently organize and maintain weekly schedule and keep supervisor aware of schedule; and
- Provide supervised visitation to birth families

iii. FFT FC Family Support Specialist:

- a. Qualifications: This position requires a Bachelor's degree in Social Work, Sociology or Psychology required along with 2 years' experience in their field of study. FFT FC Family Specialists should have experience in providing case management services, coordinating systems of care, working within complex family systems and have experience providing in-home services. Preference shall be given to candidates that have the following knowledge base:

- Child development;
- Trauma reactions and its impact on brain development; and
- Community services:
 - DCF Contracted Services
 - Care Coordination
 - Medicaid Funded Services
 - Faith Based and Grass roots organizations
 - Community based prosocial activities
 - Knowledge of racial disparities within behavioral health services

b. Responsibilities:

- Active member of the FFT FC team led by FFT FC Therapist;
- Provide home-based FFT FC treatment;
- Maintain accountability to adherence to evidence-based model;
- Demonstrate flexible, relentless and a strength-based relational approach when working with youth and families;
- Address clinical needs of clients through model adherent FFT FCFC interventions;
- Conduct initial assessments including review of referral information, identifying and engaging key participants, targeting risks and protective factors, and developing analysis of hierarchy and relational assessment within the family;
- Complete Care4 documentation as required;
- Schedule first session within 2 business days of referral with all key players as appropriate;
- Provide supervised visitation to birth families;

- Continually assess for levels of engagement of all key participants and collaborate with supervisor and stakeholders to overcome barriers to engagement;
- Maintain clear and concise model adherent documentation of session and collateral contacts that promote monthly supervisory review;
- Document all contact and collateral notes in databases: Care4 within 2 business days;
- Complete required documentation including treatment plans and FFT FC Phase Plans;
- Maintain Care4 by documenting regular collateral contacts throughout treatment with clients and stakeholders;
- Conduct on going both model-specific and Foster Care adherent risk assessments and interventions for every family including tailored safety planning, crisis management, and model adherent interventions that target decreasing risk and increasing protective factors;
- Keep stakeholders informed of elevated risks and attend clients' family court appearances and Administrative Care Reviews;
- Rotate on call services;
- Video tapes as required for FFT consultation and certification;
- Participate in all model and agency training, peer and individual supervision, and staff meetings;
- Independently organize and maintain weekly schedule and keep supervisor aware of schedule; and
- Identify and refer children and families (both birth and foster) to community-based resources

iv. Recruiter & Licensing Specialist:

a. Qualifications: The recruiter shall be an individual with a foster care recruitment background and have a strong knowledge of the local community in which they will be recruiting. The general recruiter shall work closely with DCF and partner agencies to gain a full understanding of the social-emotional and permanency needs of the children and birth families who are to be served in TFC.

b. Responsibilities:

- Recruit and retain of families to the program;
- Recruitment goals must meet contract capacity required for each area office, to ensure placement of all children referred by DCF
- Develop and implement a written child-specific recruitment plan, with monthly updates provided to the CPS team, for each child in the FFT FC program who does not have a permanency resource;
- Ensure cultural, linguistic, racial and ethnic diversity in recruited families to mirror the identity of the children served;
- Participate in multidisciplinary team meetings with both birth and foster families;
- Intensive search and engagement activities and application of extreme recruitment tools to identify potential resources (e.g., case mining, record reviews, family finding tools, Lexis Nexis as permitted by The Department);
- Actively recruit permanent resources for assigned children including individuals connected to the child, biological relatives, families seeking to adopt, and any other resources that may lead to permanency for the child;
- Facilitate public relations efforts to recruit and match potential families and children; inclusive of the Contractor's existing network of licensed families;

- Monitor successful recruitment efforts as well as stay up to date on recruitment campaigns locally and nationally including Wendy's Wonderful Kids;
 - Provide pre and post-licensing training to prospective foster and adoptive parents;
 - Cultivate and maintain relationships with a variety of community organizations, groups and entities (e.g., faith-based organizations, civic groups, grassroots organizations, hospitals and the community at large) to aid with the recruitment of a sufficient number of qualified and licensed homes to achieve the minimum annual contract capacity;
 - Develop and implement the Contractor's annual recruitment and retention plan, ensure recruitment and retention goals are met; and
 - Conduct all required licensing and reapproval processes for new and existing families
- v. Psychiatrist:
Each team must ensure availability of a per diem Board Certified/Board Eligible Child and Adolescent psychiatrist or Advanced Practice Registered Nurse (APRN). The Psychiatrist/APRN will be responsible for medication management, emergency consultation, diagnostic and assessment services and participation in therapy sessions as needed or requested.

5. TFC Service Components

- i. Expectations of Licensed Foster Parents: The Contractor shall ensure that its licensed cohort of foster families meets the daily medical, physical, social, emotional, educational, cultural and religious needs of children placed in their home. The Contractor shall ensure that the foster family is provided with dynamic supports and upholds each child's cultural identity, religious ascription, gender identification and linguistic needs. While Foster parents will be supported by a Child Placing Agency (CPA), as well as The Department of Children and Families, it is the Contractor's responsibility to ensure that its licensed cohort of foster parents act in the role of a caregiver, and as such, meet a child's normative needs without overreliance on paid professional help. The Contractor and Foster Parents will strive towards embodying the QPI (Quality Parenting Initiative) principles of excellent parenting and meaningful relationships. Foster parents will be expected to provide care typical of a parent-child relationship. Examples include but are not limited to:
- Ongoing communication and visitation with child's family of origin including but not limited to parents, siblings and extended family members;
 - Scheduling, transporting and attending all medical and dental appointments;
 - Participating in mental health treatment including but not limited to FFT FC;
 - Participating in educational meetings e.g. PPT's and parent teacher conferences;
 - Participating in Administrative Case Reviews and development of case plans;
 - Arranging before and after school activities;
 - Ensuring developmentally appropriate pro-social and recreational activities;
 - Arrange for transportation to and from activities and providing supportive participation in the activities; and
 - Administer all needed medications consistent with dosage expectation and in accordance with medication management training
- ii. Upon completion of FFT FC treatment intervention a determination will be made as to the need for continued TFC Case Management and or other community-based supports paid for through insurance or contract-based services. This determination will be made with the multidisciplinary team and the Department.
- iii. The Contractor will administer the Learning Inventory of Skills Training (LIST) curriculum to all youth ages 14 and older.

- iv. The Contractor will report to the appropriate DCF entity when Exceptional Circumstances including Significant Events and Critical Incidents involving their foster families, and/or the DCF children under their care occur.
- v. The Contractor shall ensure their full cooperation with any DCF investigations. The Contractor shall assess and document any identified regulatory concerns or violations, using the Assessment of Regulatory Compliance (ARC) form.
- vi. The Contractor shall develop an annual quality assurance plan submitted to the DCF Central Office Therapeutic Foster Care Division for review and approval. These plans shall detail the Contractor's compliance and success with FFT FC model fidelity.
- vii. Access to Ancillary Services: Any additional services recommended by the Contractor as necessary for a specific child/family shall be conveyed by the contractor to the child's DCF CPS Team. This shall include any services in DCF's contracted, Credentialed or WRAP service array. It is solely at the CPS Team's discretion, based on their determination of need to approve and facilitate, through internal DCF processes, such services. Any services put in place by the Contractor shall be paid for by the Contractor.

Failure of the Contractor to maintain a cohort of licensed foster families compliant with the requirements above shall result in corrective action, including, but not limited to, program termination.

viii. Licensure

a. CPA Licensure

The Contractor shall maintain licensure as a Connecticut Child Placing Agency (CPA). The Contractor, their staff, sub-Contractors, 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. Failure to maintain licensure in good standing as a CPA in Connecticut will result in termination of this program.

b. Foster Home Approval and Re-approval

The Contractor shall approve foster homes pursuant to applicable DCF regulations, policies, contract language, state and federal law. The Contractor will engage in rigorous assessments, including but not limited to development of a thorough home study, using the format prescribed by DCF, and comprehensive criminal, child protection, sexual offender, motor vehicle and other background checks of all foster care applicants, their household members and youth ages 16 and older.

Foster home approvals shall be renewed biennially by the Contractor. In addition to reassessments and reviews related to possible license renewal the Contractor shall engage in continuous assessment, supervision of and support for the homes it approves. The Contractor must ensure the timely renewal of all homes in which foster children are placed and must ensure a home is fully licensed before a child is placed. The Contractor shall use the DCF identified mechanism(s) and form(s) (e.g., 720 form) for the submission and processing of TFC approved homes into the DCF-promulgated data management system (currently LINK). Failure to maintain full, non-lapsed, licensure of TFC homes in which a DCF foster child is placed may result in corrective actions, including potential termination of the program. The Contractor shall conduct quarterly walkthroughs to ensure compliance with licensing requirements. Documentation of such visits shall be maintained in the CARE4 software system.

c. Respite Care

Respite is defined as a planned placement for a specific predetermined period of time. The Contractor shall ensure that planned, overnight respite care is extended to all foster parents; this pertains to TFC-identified children as well as their non-clinical siblings in placement together. A minimum of 24 hours prior to any respite placement The Contractor will notify the child's assigned CPS Team of all placement details. Foster families are permitted up to 18 days of paid respite, per 12-month period. Those 18 days shall be paid by the Contractor directly to the respite provider at a maximum rate of \$55.55 per overnight. The Contractor will be responsible for identifying, coordinating and paying the respite provider. At no time shall the Department be responsible for identifying respite providers. Providers are not to use facilities, congregate settings, or unlicensed homes for respite placement. Families receiving TFC Case Management are eligible for 14 days of respite per 12 month period.

Respite providers shall be approved families meeting all licensing requirements. The Contractor and foster parents requesting respite are required to ensure receiving respite parents are aware of any co-occurring medical or behavioral health condition that may require additional consultation or training congruent with the child's needs.

The Contractor may approve temporary emergency stay in respite homes due to a pending SIU Investigation or foster parent emergency. Notification of such arrangements must occur within 24 hours to the CPS chain of command, if afterhours or a holiday, notification shall be made to the Careline. The Contractor shall consult with the child's CPS team pending return to the foster home of origin. These temporary situations shall not exceed the length of investigation unless authorized by the CPS team chain of command up to and including the Office Director.

d. Foster Parent Training and Support Groups

All TFC Foster Parents will receive 30 training hours of the Department's approved pre licensing curriculum. The Contractor is required to ensure all Foster Parents receive mandated reporter training, are CPR certified and complete the DCF on-line Fostering Health training. In addition, Foster parents will receive 3 training sessions specific to providing FFT FC. Each session will be 2 to 3 hours in duration. The Contractor will provide a minimum of 2 hours of child specific training based on the child's clinical presentation within 30 days of the placement. The Contractor shall provide ongoing Psychoeducation to Foster Parents as the child's behavioral health needs evolve. The Contractor is responsible for tracking and monitoring all training hours completed. Lastly, The Contractor must ensure Foster Parents are knowledgeable as to the Reasonable and Prudent Parent Standard as referenced in: PL 113-183.

The Contractor shall provide Foster Families with 9 monthly support groups annually. 3 of the 9 must be specific to FFT FC skill building and model fidelity, the remaining 5 will provide an opportunity for mutual support and psychoeducational training. Foster Families are required to complete no less than twenty-eight (28) hours of post-licensing training per year, support groups and child specific training will count towards fulfillment of the 28 hours. The Contractor shall maintain documentation in CARE4 as to the number and topics of training hours completed.

Under exceptional circumstances, the prescribed pre-licensing training may be supplemented with individual training using the "Deciding Together" MAPP training curriculum that comports with the same number of required hours.

e. Matching

The Contractor shall ensure the recruitment of a sufficient number of culturally and linguistically diverse foster homes to enable the best possible matches between children and TFC families. Contractors will accept same day emergency referrals from DCF ensuring they have the required foster families and staffing to match and engage in placement and immediate service provision. The Contractor is responsible for obtaining and reviewing the Universal Referral Form, Trauma Screening Tool and psychosocial history, from the TFCL, necessary to ensure a successful match between a referred child and their TFC parent.

The Contractor shall match, and place referred children in an expeditious manner; ensuring the placement needs of children are met as they require it. For routine TFC referrals potential matches should be made within 2 business days of receiving a referral. The Contractor will share the Foster Family Profile, and at times the Foster Family Home Study upon request, to the DCF TFCL when a match is made. A disclosure meeting is to take place within 3 business day of the match.

The Contractor shall ensure that the needs, preferences, and wishes of the child to be served are taken into consideration when a match is being made. Best case practice consists of engaging the child, birth and foster family when making a match. The needs of children and a foster family's ability to meet such needs should take place during a disclosure meeting with all parties of the multidisciplinary team.

In some instances, children placed in DCF CORE Level Homes may be eligible for FFT FC Services, as outlined above (Service Delivery Requirements). Licensing, relicensing and regulatory oversight of these homes will remain with DCF, the Contractor will receive a reduced administrative rate to provide the FFT FC services. As such the homes will remain with DCF while The Contractor provides the in-home clinical services. Service delivery in CORE Level DCF homes are not to be reflected in the contract capacity for recruitment or licensed homes. DCF CORE Level parents will continue to receive the DCF stipend and receive all components of the FFT FC intervention. The DCF FASU Support Social Worker will be part of the multidisciplinary team.

f. Waivers

The Contractor shall be limited to placing only one TFC level child into each FFT FC home. The placement of siblings and kinship placements will be an exception to this requirement. Although a waiver is not formally required for kin placements, notification of the placement must be given to the TFCL and CPS chain of command assigned to all of the children placed in the home, within 24 business hours of placement. Prior to the occurrence of said placement the Contractor shall initiate a discussion with the area office CPS team to ensure that the needs of all children in the home are being met.

Any licensing or regulatory waivers should be requested utilizing the DCF- 009 waiver form. An application for a second placement shall follow the explicit instructions outlined in the Second Child Placement Waiver Protocol accompanied by the DCF-009.

g. Pre-Placement Visits and Placement

The Contractor shall ensure that pre-placement visits occur if a transition plan is needed. The preplacement transition plan will be developed with DCF, the Contractor, foster / birth parents and existing clinical providers. The Contractor will facilitate pre-placement visitation in accordance with the child's clinical needs unless it is an emergency placement.

Day visits (of at least 3 hours or more in duration) will be reimbursed at half of the foster parent's per diem rate and half of the per diem administrative rate.

The Contractor shall be reimbursed at the standard TFC per diem rate for each over-night pre-placement visit. Each overnight visit must be of (12) or more continuous hours. Foster Parents will also be reimbursed at the standard per diem rate for each overnight visit.

Foster Parents may be reimbursed for transportation costs for travel that exceeds a 25-mile radius with the written approval of the CPS Program Supervisor. The reimbursement rate will be set at the established government rate and paid by the Contractor.

h. Non-Clinical Sibling

A "non-clinical" placement includes siblings of a TFC eligible child or placement of a non-TFC eligible child related to the foster parent. The Contractor shall provide monthly face to face visitation, case management services and the development of a treatment plan for non-clinical siblings placed together. Non-clinical siblings will be included in FFT FC treatment as part of the family unit.

i. Kinship Placements.

In some instances, FFT FC parents may be called upon to provide foster care to a relative or fictive kin child. In such cases they may provide a core level of foster care at the DCF rates. This includes monthly face to face visitation, case management services and the development of a treatment plan for kinship placements. FFT FC services will only be provided should DCF assess the need for said child.

j. Placement Considerations and Disruptions

The Contractor shall accept all referrals made by The Department. The Contractor shall match, and place referred children in an expeditious manner; ensuring the placement needs of children are met as they require it. The Contractor must be able to meet same day placement needs of children referred. In the unlikely event that a child is unable to be maintained in their TFC home, the Contractor shall identify another suitable TFC home at the time of disruption. Under no circumstances shall The Department be responsible for finding placement when children disrupt from a TFC approved home. Multiple emergency placements from the TFC foster home of origin will require corrective action and could result in a corrective action plan and could result in the termination of the family's license. The Contractor will make every effort to place children within proximity to their birth family.

Any change in placement requires same day notification by contractor to the child's CPS chain of command as well as the TFC unit in Central Office. When more than one TFC child(ren) are placed in the same home a second child placement waiver is required beyond 72 hours of such placement.

In the unlikely event that a child disrupts from an FFT FC placement, a debriefing on the disruption must be held within 5 business days. The purpose of the debriefing is to explore the circumstances of the placement disruption and interventions needed to ensure future successful placements. As part of this process each team member should utilize an introspective strengths-based approach in order to explore and identify areas of growth and improvement. The disruption meeting should include all members of the child's multidisciplinary team.

k. Dual Placements and AWOL

During times of transition from hospitalization or residential treatment Dual Placement Plans (DPP) and AWOL Bed Holds may be utilized. DPP requires an agreement between DCF, the TFC agency and foster family that a child will return to said foster family. The roles and responsibilities must be clearly defined in the DPP AWOL Bed Hold Form for both the agency and foster family. It is the responsibility of the Contractor to provide written documentation when submitting DPP forms for payment. No payments will be made without corresponding documentation as outlined in the DPP. The DPP AWOL Process provides explicit instructions and should be followed. The Contractor is responsible for securing placement when youth are AWOL and return to care. Under no circumstances shall the Department be responsible for finding placement when a youth returns from AWOL.

- ix. Children and youth completing FFT FC treatment who do not reunify with a permanency resource shall be moved off of the Contractor's active slot caseload, as defined in Part I, Section B.1 of this contract, and shall be maintained in current placement with the FFT FC family and supported as described in this section (B.5) for the remainder of the Youth's placement with the family at a per diem rate promulgated by the DCF Rate Setting Unit.

6. FFT FC Service Components

For the duration of the FFT FC intervention, the Contractor will:

- i. Deliver FFT FC services, as prescribed by the FFT FC model developers and maintain model fidelity. Each family will have an identified FFT FC Therapist and a Family Support Specialist. Minimally, each Therapist shall provide one (1) weekly session and each Family Support Specialist shall provide (1) weekly meeting to all assigned families during the 3 phases of FFT FC (Engagement, Motivation / Behavior Change and Generalization). Supervised visitation will take place weekly with the child's reunification resource and is provided in addition to clinical FFT FC sessions.
- ii. Upon completion of FFT FC treatment, the Therapist and Family Support Specialist will monitor progress of each family by utilizing their feedback from the Session Impact Scale. The dosage of treatment shall be flexible and tailored to the needs of the family (e.g. if crisis arises sessions are increased to meet the need). Minimally, at least biweekly sessions and meetings shall be held with each family upon completion of the 3 phases of FFT FC until reunification occurs.
- iii. Once reunification occurs, the 3 phases of FFT FC intervention begin again; Minimally, each Therapist shall provide one (1) weekly session and each Family Support Specialist shall provide (1) weekly meeting to all assigned families.
- iv. Utilize Care4 Software for all documentation including intake, clinical measures, youth and family feedback, treatment planning and discharge. The Contractor shall, at all times, remain current and compliant with entry of data into Care4.
- v. Utilize a multidisciplinary team approach, which is a collaborative core team decision making process with ongoing risk and stability monitoring. The core team should consist of youth, birth family, FFT FC parents, FFT FC Therapist, FFT FC Family Support Specialist and the DCF Social Worker.
- vi. Train all foster parents in the FFT FC Model. This training shall consist of three (3) sessions totaling 6-9 hours.

7. Required Clinical Measures:

The Contractor will be required to utilize the following instruments contained within Care4. The Contractor will be required to ensure clinical measures are conducted in accordance with state licensing entities as

required by State of Connecticut Guidelines for Mental Health Practitioners. Measures include but are subject to change based on FFT FC model fidelity:

Within the first month of intake completed with caregivers and youth:

- FFT FC Intake Questionnaire
- Strengths and Difficulty Questionnaire (SDQ)
- Youth & Caretaker Trauma exposure (ACS) and Trauma Severity (CPSS)
- Family Functioning (COM)
- Caregiver Strain (CGSQ-SF)
- Youth and Caregiver mental health (PHQ 9, GAD 7)

Completed at the end of foster care placement and discharge, post reunification:

- FFT FC Discharge Questionnaire
- Youth & Caretaker Trauma Severity (CPSS)
- Strengths and Difficulty Questionnaire (SDQ)
- Family Functioning (COM)
- Caregiver Strain (CGSQ-SF)
- Satisfaction with services
- Youth and Caregiver mental health (PHQ 9, GAD 7)

Completed weekly after each session both while in Foster Care and upon reunification

- Session Impact Scale which measures progress, alliance, and impact from the perspective of the family

C. Data and Outcome Reporting Requirements

1. Reporting Requirements

The Contractor shall develop an annual quality assurance plan that details compliance with the following elements:

- i. Compliance and success with FFT FC model fidelity. If model fidelity does not meet FFT FC Partners identified benchmarks, strategies must be outlined in the plan to improve model adherence;
- ii. Detailed cultural and linguistic competency plan including Health Equity planning and compliance with CLAS standards;
- iii. Emergency Preparedness plan that communicates compliance with the agency's approved Continuity of Operations Plan (COOP);
- iv. Annual recruitment and retention goals, strategies and outcomes; and
- v. Satisfaction survey results for youth, foster families and birth families

The Contractor shall submit timely and accurate child specific, foster family, and administrative program data comporting with the processes and formats determined by the Department, including the Care4 reporting system, DCF's promulgated data collection system, and administrative data collection portal. Repeated tardy, missing, and/or inaccurate data submissions could result in a corrective action plan. Contractor shall engage and use data to ensure the quality of their services, including identifying post licensing program challenges or barriers, identify potential best practices, and achievement of the program's goals, objectives and outcomes.

The Contractor may also be required to submit other data and reports (e.g., fiscal reports, ad hoc program data). These shall be submitted to DCF within the timeframes and using the processes and formats determined by the Department.

This quality assurance plan is to be submitted to the DCF Central Office Therapeutic Foster Care Division for review by July 15th of the preceding state fiscal year (e.g., the SFY 2023 plan shall be submitted to Central Office by July 15, 2022).

2. Contract Compliance/Performance Measures:

The Contractor shall comply with the core outcome measures set forth below. Additional or modified indicators may be required over the course of contracting. Every effort should be made to report outcome measures by race and ethnicity. Performance measures and outcomes will include but may not be limited to the following:

3. Outcome Metrics**Foster Families**

- % of Foster Families of completing FFT FC Training
- % of Foster Families of completing 28 hours post licensing training
- % of Foster Families participating in 9 annual support groups
- % of Foster Families facilitating visitation with birth parents
- % of Foster Families participating in Multidisciplinary meetings
- % of Foster Families successfully completing the FFT FC Model
- % of Foster Families who receive weekly face to face contact during the 3 phases of FFT FC treatment-
Therapist
- % of Foster Families who receive weekly face to face contact during the 3 phases of FFT FC treatment-
Family Support Specialist
- % of positive foster family satisfaction

Birth Families:

- % of Birth Families participating in Multidisciplinary meetings
- % of Birth Families successfully completing FFT FC post reunification
- % of positive birth family satisfaction
- % of Birth Families who receive weekly face to face contact during the 3 phases of FFT FC treatment-
Therapist
- % of Birth Families who receive weekly face to face contact during the 3 phases of FFT FC treatment-
Family Support Specialist

Contractor:

- % of licensed homes by contracted capacity
- % achieving recruitment goals
- % achieving retention goals
- % conducting Quarterly walk-throughs
- % of respite homes as compared to total # of licensed homes
- % of homes on hold as compared to total # of licensed homes
- % of matches as compared to # of received referrals
- % of Session Impact Scale completed by Foster Families
- % of Session Impact Scale completed by Youth
- % of Session Impact Scale completed by Birth Families
- % of Treatment Plans completed within first 30 days
- % of Treatment Plans reviewed quarterly
- % of Disclosure meetings held within 3 business days of match
- % of weekly consultation calls with FFT FC Partners

Youth:

- % of children achieving permanency goal within 6 to 9 months reported by both race and ethnicity
- % of Youth who disrupt from contractors' network reported by both race and ethnicity
- % of Youth who receive weekly face to face contact during the 3 phases of FFT FC treatment-
Therapist
- % of Youth who receive weekly face to face contact during the 3 phases of FFT FC treatment- Family
Support Specialist

% of Children returning to birth parents reported by both race and ethnicity
% of Children returning to kin / fictive kin placement (including TOG) reported by both race and ethnicity
% of Children adopted reported by both race and ethnicity
% of Children with only 1 placement at time of discharge reported by both race and ethnicity
% of Children placed in higher level of care at time of discharge reported by both race and ethnicity
% of positive youth satisfaction
% of Children 14 and older completing the LIST Assessment