

## Department of Children and Families Re-Procurement Plan for Purchase of Services (POS)

### 1. Purpose

The purpose of this plan is to structure the DCF human services procurement process to allow the Department to purchase quality and cost-effective services for clients from private providers in a standardized, open, transparent and fair manner.

#### Agency Background

DCF purchases a wide array of community-based services for abused or neglected children; children with mental health and substance abuse problems; and children committed to the agency by the juvenile justice system. A limited number of services are available to children not involved with the Department. The eighty-two (82) service types fall into these categories: Committed Delinquent Aftercare Services; Congregate Care Services; Family Support, Child Safety & Reunification Services; Foster Care and Adoption Support Services; Mental Health Services; Preparation for Adult Living; Prevention Services and Substance Abuse Services. The agency has recently undergone re-organization: in addition to an increased emphasis on regional office involvement in contract management, the former bureau structure has been consolidated into two Central Office Collaborative Management Teams: (1) Child and Adolescent Development and Prevention Services and (2) Clinical and Community Consultation and Support. Both of these teams focus on services that are provided to children and families in the community. Oversight of Congregate Care Services is the responsibility of a multi-disciplinary committee, Children In Placement, comprised of clinical and administrative representatives from central office and the six regional offices. The Children In Placement committee is chaired by Arnie Trasente, Supervising Psychologist and Tammy Sneed, Program Director

While Children in Placement focuses on examining efficacy and outcomes in congregate services, the Community-based Services Outcomes Workgroup was established in March 2011 to enhance and monitor standard client-based outcomes for all purchased services in order to improve system efficiency, accountability and outcomes for children and families. Chaired by Deputy Commissioner Elizabeth Graham, its members include representatives from Central Office and each of the DCF six regions. Leadership from each of the following DCF Divisions is also represented: Quality, Clinical and Community Consultation and Support, Child and Adolescent Development and Prevention, Academy for Family and Workforce Knowledge and Development, Legal and Fiscal Services. In addition to standardizing outcomes across some service categories, this group has recommended re-design of some particular service types through a process involving providers, parents and DCF staff.

In October 2011, a Continuum of Care Partnership was established by Commissioner Joette Katz to provide advice and input on major initiatives that impact the Department's services to children and families. This group, chaired by Deputy commissioner Janice

Gruendel and Chief of Quality Fernando Muniz, represents a broad private sector constituency, including private providers, children's advocacy groups, and legislators and meets with DCF senior leadership monthly to:

1. Identify the implications for the private sector related to current policy initiatives of the Department
2. Identify additional areas of service needed for the Department to achieve its goals for children and families
3. Identify joint training opportunities across the private sector and the DCF Academy for Workforce Knowledge and Development

### Contracting Structure

For SFY2012, DCF has consolidated three-year contracts with 143 service providers for 501 individual programs, meaning most contractors provide more than one service. The consolidated contract contains a Scope of Service document for each service but has only one budget document with a column for each service. If a provider successfully bids to provide a new service, its existing contract is amended, adding the new Scope of Service and a new column to the budget. The term of the new service runs concurrently with the term of their contract. The effect of the three-year contract is limited by the cyclical re-procurement process.

A consolidated contract allows DCF to easily view the allocation of funds across programs, in particular the use of one staff person in one or more programs. The expiration and renewal process every three years provides the opportunity to receive input on program quality from DCF staff that are most familiar with the providers' services and to ensure that all statutory requirements are met with current documents.

The consolidated contracts and complexity of funding mixes raise issues for providers when services are re-procured. Many providers work with two or more Teams and/or Regions within DCF; RFP's issued from two Teams in close time proximity can limit the number of appropriate responses received. Some programs are funded by one or more other State agencies, and both funding streams are required to run a financially viable program. In addition, some providers receive direct Federal and/or private funding to support services that are only partially funded by their DCF contracts. In these instances, providers must submit successful proposals to sustain both the DCF funding and the other state or outside funding.

## **2. Procurement Process**

The Central and Regional Administrators have responsibility for identifying the need for a new service or a redesign of an existing service. Oversight of the procurement process in DCF is the responsibility of the Division of Contract Management (DCM) within Fiscal Services at Central Office. As required by OPM, the Commissioner has designated an Agency Contact Person for all procurements; that role is assigned to the director of DCM. When a service need has been identified, the following steps occur:

<b>Step</b>	<b>Responsible Party</b>
1. evaluate the need for purchasing services vs. providing services within DCF programs or facilities	Administrator or designee (Program Director or Program Manager)
2. evaluate whether minor modifications to existing contracted services may be negotiated to address the need	Administrator or designee (Program Director or Program Manager)
3. seek input on program design from providers and other identified stakeholders	Contract Management
4. develop a logic model to identify expected service outcomes	Program Director or Program Manager
5. develop a Request For Proposals (RFP) or Request for Qualifications (RFQ) or Request for Information (RFI)	Program Director or Program Manager
6. insure that the RFP/RFQ/RFI document includes all necessary sections and meets technical requirements	Contract Management
7. advertise for contractors and assist in the dissemination of information to potential bidders	Contract Management
8. insure that all bids meet stated requirements and that no bids are considered from bidders who are prohibited through state or federal exclusion requirements	Contract Management
9. evaluate and score submitted proposals	Screening Committee
10. submit top three scoring contractors to the Commissioner	Contract Management
11. select a contractor	Commissioner
12. document the process for selecting and managing contractors	Screening Committee chairperson and Contract Management
13. monitor and evaluate contractor performance	Quality Improvement Staff/Program Lead

At any point in the process up through Step 11. "Selecting a Contractor," the Department may terminate or suspend the procurement process.

### **3. Planning Approach**

The Commissioner delegates the responsibility for the design and implementation of contracted services to the Team Administrators as well as to the Regional Office Administrators and their staff. These are the senior managers who oversee the eight primary service categories for which the Department contracts. Managers within these

areas assess service needs of children and families: identify or develop appropriate services to respond to those needs, and assist the contract division in developing the scopes of service that specify the expected services and its outcomes. Members of the DCF Office of Research and Evaluation, Program Review and Evaluation Unit and Fiscal staff also contribute to design and implementation work as necessary.

The Executive Leadership Team oversees the Department's re-procurement plan and process. The Department will continue to conduct procurements based on service types, as opposed to geographic areas. To develop the plan, the following information was compiled for all contracted service types:

- Team responsible
- Date of last bid
- Total amount of funding
- Total number of contractors for each service type.

Each Team was asked to confirm an estimated time for rebidding each service within the next one to seven years, with the understanding that recently bid services would fall at the end of that time period. The Team was also asked to suggest a frequency for re-procuring or to confirm that, in light of the factors above, the request to waive the requirement to bid should be maintained. The time table for re-bidding was revised with some adjustment to planned dates to avoid clustering the issuance of RFPs in a short period of time.

#### **4. Procurement Schedule**

See attached schedule.

#### **5. Planning Factors**

In addition to the procurement history and scope of a particular service types, the following list of factors was considered:

- Expected impact on clients currently receiving services
- Appropriateness of the current service model for the current population
- Licensing or CON Waiver implications
- Zoning/siting implications
- Bonding issues
- Service demand implications for other funded services
- Start-up costs that may exceed current funding available
- Implications for other state agencies
- Effect on multiple funding sources, e.g., federal grants, within DCF and/or other external funding garnered by providers, e.g., United Way, town allocations, etc.

#### **6. Communication Protocol**

As noted above, the Commissioner delegates the responsibility for the design and implementation of contracted services to the Central Office Team Administrators as well

as to the Regional Office Administrators and their staff. The DCM Director has overall responsibility for the procurement plan.

*Communications with Providers:*

This plan, the procurement timetable and any amendments, once approved by OPM are distributed to the Continuum of Care Partnership, provider trade associations, DCF constituent groups and will be posted and maintained on the agency Internet site. The Department sends an announcement of intent to re-procure an existing service to the current providers at least three (3) months prior to the planned posting date, as well as to stakeholders such as advisory groups, legislators, trade associations, CT BHP and other state agencies. The announcements include requests for input on program design and outcomes. The Department uses logic models as program design tools and may distribute early drafts of logic models as one method of soliciting provider input. For major programs with statewide impact, a Request for Information maybe posted on the DAS website at least six (6) months prior to the development of a Request for Proposals. Communication and provider participation strategies will be reviewed with input from the Continuum of Care committee.

*Appeal Process:*

The Department has an established appeal process by which any applicant may appeal the outcome of a competitive procurement process. The process is promulgated through the Department's OPM-Approved Agency Procurement Plan and is included in all RFPs for Purchase of Service contracts.

## **7. Implementation & Oversight**

The Division of Contract Management shall be responsible for ensuring that the statutory and regulatory requirements for the procurement process are met. This responsibility includes but is not limited to:

- preparing, disseminating and updating written procedures for conducting procurement;
- training program leads and other staff identified by the Administrators in the procedures;
- obtaining the necessary approval to issue bids;
- providing consultation during each procurement process regarding:
  - a. technical aspects of the development and review process;
  - b. ethical conduct; and
  - c. exclusionary criteria for bids;
- receiving the scoring documentation prepared by the Screening Committees and forwarding those results to the Commissioner after verifying the review process and scoring have been conducted according to statute and policy; and
- maintaining documentation required for each procurement.

To facilitate the participation of Central Office Team and Regional Office staff, the Contract Management unit has updated its RFP manual for Teams and Regional Office staff and provides template documents on the Intranet. Additional training is provided to managers as requested. The Teams will be asked to review the plan periodically and given the opportunity to request changes in bidding dates. If a planned bidding date is missed, the re-scheduling must take into account all the factors above as well as the other planned procurements. At the end of the first year of the plan and annually thereafter, Contract Management will conduct an audit of the procurements completed, noting any problems and recommending improvements to the process.

*Ethical Oversight:*

As all public officials and state employees must avoid both actual conflicts of interest and any appearance of impropriety in their official conduct, Screening Committee members and any other individuals who participate in the bid process must comply with the state's current ethics laws pertaining to state contracting. The Contract Management Unit, in conjunction with the Department's Office of Legal Affairs, is responsible for training all agency staff charged with procurement responsibilities related to Purchase of Service Agreements or Purchase of Service contracts. The training educates such staff on the procurement requirements and practices established by OPM's standards, the agency's written procedures, and state policies, statutes, and regulations.

Participation in the training is mandatory for any agency employee having responsibility for procuring goods, services or other assets through a purchase of service contract. Training topics include, but are not limited to, evaluating the agency's need for a contract, developing an outline of work, obtaining prior approvals from OPM, writing an RFP, soliciting proposals, evaluating proposals, contract execution, contract administration, contractor evaluation, and all ethics and confidentiality requirements.

*Outcome Monitoring:*

In response to the Administration's focus on family, two committees were formed in fall 2011: The Children in Placement Committee and the Community-based Services Outcome Committee. These committees, in conjunction with the two leadership team Administrators (CCCS and CADP), have responsibility for ensuring consistent service procurement and management systems across a number of critical domains: model development, fidelity management and utilization review; quality improvement and reporting; contract compliance; and communication strategies. In part, this is to be accomplished through the establishment or refinement of performance outcomes, criteria, measures and timelines to assess outcomes. The groups are to employ the RBA framework to all outcome evaluation and performance improvement plans. The related tasks developed by each group will be accomplished by divisions and individuals throughout the Department.

The 82 different services that the Department purchases through POS contracts with private community service providers are specified in the contracts in a *Scope of Services*. Beginning in 2008, contract unit staff began reviewing for accuracy the

language in the Scopes of Services with managers in the Central and Regional offices in describing the service the Department wishes to purchase and the outcomes expected from that service. Service types were prioritized according to size (number of providers and/or total funding) with a focus on those services that were not part of an ongoing outside evaluation. From 2010 to 2011, the number of service types with no outcomes has been reduced by more than 50% and the number of process only outcomes has been reduced by almost 80%, leaving 77% of the service types now having appropriate contract outcomes. The goal is to have outcomes in all service types by the end of SFY12.

## **8) Additional Considerations**

*Provider assistance with service design:* The Department's goal is to include existing service providers in the re-design of programs to the greatest extent possible. Various methods will be used to accomplish this goal, including issuing Requests for Information, convening ad hoc groups of providers of specific service types and working with the trade associations. For example, redesign projects are planned for three service types for SFY13 Q1 which will include both provider and family representatives in the processes. (See Communications with Providers, above.)

### Requests for Waivers

The Department intends to request waivers on re-bidding for programs that fit one or more of these criteria:

1. significant start-up or bonding funding has been invested;
2. barriers to entry into providing the service type are high:
  - a. the services provided are evidence-based and require certification by model developers prior to beginning service delivery;
  - b. specialized training for staff and supervisors is required and changing providers would halt services to families while training for new providers is completed;
3. establishing a program site in the community is opposed by the community or may delay service delivery if the provider is changed;
4. grant support represents a small percentage of the funding for service type that is primarily supported by Fee for Service payment;
5. service model is proprietary

The Department will monitor service quality and the level of need for any service for which a waiver is granted. Services will be put out for re-bid for specific areas as needed or if re-design is necessary to meet client needs.

<b>Service Type</b>	<b>Last Bid Date</b>	<b>SFY 13 \$ Amount</b>	<b>Number of Providers</b>	<b>Planned Re-bid date</b>	<b>Re-bid Cycle</b>	<b>Reason for Waiver</b>
Adopt a Social Worker	Unknown	\$ 261,791	1	Earmarked	NA	
Care Coordination	1/15/2008	\$ 4,130,000	9	SFY 2015 Q4	7 Years	
Citizens Review Panel	3/15/2001	\$ 36,828	1	SFY 2015 Q2	5 years	
CJTS Comm Reentry Pilot Project	not bid	\$ 428,000	1	Earmarked	NA	
Community Restitution Apprentice Focused Training (CRAFT)	not bid	\$ 90,000	1	Waiver granted	NA	Service model is proprietary
Community Support Team	not bid	\$ 168,495	1	Earmarked	NA	
Community Support for Families	9/16/2011	\$ 3,456,000	6	SFY 2017 Q2	5 years	
Community Transition Program	not bid	\$ 264,768	1	Earmarked	NA	
Community-based Life Skills	3/7/2008	\$ 975,100	10	Plan to transition to credentialed (FFS)service in SFY12	NA	
Crisis Stabilization Beds	9/15/2002	\$ 1,934,602	2	Waiver granted	NA	Significant start-up or bonding funding has been invested; barriers to entry into providing the service type are high.
Early Childhood Services	3/27/2008	\$ 320,512	2	SFY 2013 Q2	5 years	
Early Childhood Services-Child First	3/27/2008	\$ 3,821,170	7	Waiver granted	NA	Model is proprietary
Emergency Mobile Psych Services	8/29/2008	\$ 9,326,748	6	SFY 2016 Q1	7 years	
EMPS Performance Improvement Center	1/1/2009	\$ 490,000	1	SFY 2016 Q1	7 Years	



EMPS Statewide Call Center	3/1/2008	\$ 390,306	1	Cost to develop operate statewide call center is high: will request waiver	NA	Significant start-up funding has been invested; barriers to entry into providing the service type are high in that the technology required to track and distribute calls to providers statewide is highly specialized and expensive. Specialized training for staff and supervisors is required and changing providers would halt services to families while training for new providers is completed
Extended Day Treatment	9/15/00	\$ 6,809,135	14	SFY 2015 Q2	7 years	
Family Advocacy	3/15/01	\$ 867,300	1	SFY 2014 Q2	7 years	
Family Based Recovery	6/30/2006	\$ 1,638,119	5	SFY 2013 Q2	7 years	
Family Enrichment Services	9/12/2004	\$ 4,927,233	26	Waiver granted	5 years	Workgroup of providers, parents, and DCF staff are redefining the model to be closer to the needs of families and move closer to an evidence-based model; target fall 2012; reviewed with OPM prior to start.
Family Reunification Services (Reconnecting families)	8/15/08	\$ 2,883,618	10	Waiver granted	5 years	Workgroup of providers, parents, and DCF staff are redefining the model to be closer to the needs of families and move closer to an evidence-based model; target fall 2012; reviewed with OPM prior to start
Family Support	not bid	\$ 46,518	1	Earmarked	NA	
Farnham Neighborhood House	not bid	\$ 140,000	1	Earmarked	NA	
FAST (Foster & Adoptive Support Team)	9/2009	\$ 1,665,018	4	SFY 2014 Q1	5 years	
Foster and Adoptive Family Group Support	Unknown	\$ 9,135	2	Funding too low to require re-bid	NA	
Foster Care Clinics	12/15/2004	\$ 956,046	11	SFY 2013 Q1	7 years	
Foster Care Support - CAFAP	6/2009	\$ 2,002,248	1	SFY 2015 Q2	5 years	

Foster Family Support	Unknown	\$ 48,769		SFY 2013 Q1	5 years	
Foster Parent Support for Medically Complex	unknown	\$ 20,000	1	SFY2013 Q1	5 years	
Functional Family Therapy (FFT)	10/15/2005	\$ 1,772,785	4	SFY 2014 Q2	7 years	
High Risk Infant Program	Not bid	\$ 71,424	1	Waiver granted	NA	Only one viable provider (hospital) in nexus to York Correctional Center. Women in York receive their prenatal care and deliver their babies at this hospital (L&M)
IICAPS Consultation & Evaluation	2005	\$ 506,760	1	Waiver granted	NA	The current provider (Yale) developed this model which is in the final stages of becoming evidence based. No other provider can provide the specialized training and oversight of model fidelity
Integrated Family Violence Services	10/12/2007	\$ 930,000	6	SFY 2014 Q2	5 years	
Intensive Family Preservation	8/15/01 & 4/15/02	\$ 5,762,408	18	SFY 2015 Q2	5 years	Workgroup of providers, parents, and DCF staff are redefining the model to be closer to the needs of families and move closer to an evidence-based model; target fall 2012; reviewed with OPM prior to start
Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)	2005	\$ 577,436	11	Waiver granted	NA	Barriers to entry into providing the service type are high: specialized training for staff and supervisors is required and changing providers would halt services to families while training for new providers is completed; grant support represents a small percentage of the funding for service type that is primarily supported by Fee for Service payment
Joe Namath Football Camp	not bid	\$ 7,500	1	Waiver granted	NA	Service model continues to be proprietary
Juvenile Case Management Outreach, Tracking and Reunification	5/15/1991	\$ 1,137,980	5	SFY 2013 Q1	5 years	
Juvenile Criminal Diversion	unknown	\$ 318,055	7	Service re-design in process SFY13	5 years	We plan to re-bid this service when the DCF team responsible for this service type completes their needs assessment and re-design process

Juvenile Justice Intermediate Evaluations	4/26/2010	\$ 2,130,000	3	SFY 2015 Q4	5 years	
Juvenile Review Board	Fall 2006	\$ 650,000	4	Service re-design in process SFY13	5 years	We plan to re-bid this service when the DCF team responsible for this service type completes their needs assessment and re-design process
Juvenile Sexual Treatment	Unknown	\$ 311,343	1	Waiver granted	NA	If more funds were to become available for this type of treatment, DCF would put it out to bid. At this time, the service is unique in CT and removing funds from the current provider to allow another provider to develop the service would result in a period of time when no service was available. It is unlikely the service could be developed in a new site without some start-up funding.
MDFT Consultation and Evaluation	11/8/2004	\$ 777,086	1	Waiver granted	NA	The provider of this service is certified by the MDFT model developer to act as a training and program monitoring site
MDFT: Re-Entry and Family Treatment (RAFT)	Provider specified in Federal Grant	\$ 474,368	1	Ends in 2015	NA	
Mental health Consultation to Child Care	6/26/2005	\$ 2,247,995	1	SFY 2013 Q1	7 years	
MST - Families in Transition (FIT)	Not bid-only existing providers of MST were considered	\$ 778,519	1	Waiver granted	NA	Barriers to entry into providing the service type are high: the services provided are evidence-based and require certification by model developers prior to beginning service delivery; specialized training for staff and supervisors is required and changing providers would halt services to families while training for new providers is completed

MST - Transition Aged Youth (TAY)	Not bid-only existing provider of MST were considered	\$ 514,000	1	Waiver granted	NA	Barriers to entry into providing the service type are high: the services provided are evidence-based and require certification by model developers prior to beginning service delivery; specialized training for staff and supervisors is required and changing providers would halt services to families while training for new providers is completed
MST Building Stronger Families	2004	\$ 354,119	2	Waiver granted	NA	Barriers to entry into providing the service type are high: the services provided are evidence-based and require certification by model developers prior to beginning service delivery; specialized training for staff and supervisors is required and changing providers would halt services to families while training for new providers is completed
MST Consultation and Evaluation	11/8/2004	\$ 1,035,780	1	Waiver granted	NA	Barriers to entry into providing the service type are high: the services provided are evidence-based and require certification by model developers prior to beginning service delivery; specialized training for staff and supervisors is required and changing providers would halt services to families while training for new providers is completed
MST Problem Sexual Behavior	2003	\$ 542,650	1	Waiver granted	NA	Barriers to entry into providing the service type are high: the services provided are evidence-based and require certification by model developers prior to beginning service delivery; specialized training for staff and supervisors is required and changing providers would halt services to families while training for new providers is completed
Multidimensional Family Therapy (MDFT)	2003	\$10,871,417	8	Waiver granted	NA	Barriers to entry into providing the service type are high: the services provided are evidence-based and require certification by model developers prior to beginning service delivery; specialized training for staff and supervisors is required and changing providers would halt services to families while training for new providers is completed

Multidimensional Treatment Foster Care	7/24/05	\$ 983,000	1	Waiver granted	NA	Barriers to entry into providing the service type are high: the services provided are evidence-based and require certification by model developers prior to beginning service delivery; specialized training for staff and supervisors is required and changing providers would halt services to families while training for new providers is completed
Multidisciplinary Investigation Teams (MDT)	9/15/2001	\$ 851,887	15	SFY 2014 Q3	5 years	
Multisystemic Therapy (MST)	7/15/00 & 9/15/02	\$ 1,851,030	4	Waiver granted	NA	Barriers to entry into providing the service type are high: the services provided are evidence-based and require certification by model developers prior to beginning service delivery; specialized training for staff and supervisors is required and changing providers would halt services to families while training for new providers is completed
One on One Mentoring	6/15/06 & 12/15/06	\$ 405,528	6	Converting to FFS during FY12	NA	
Outpatient Adolescent Substance Abuse Treatment	1993	\$ 1,173,950	6	SFY 2013 Q2	7 Years	
Outpatient Psychiatric Clinics for Children	not bid	\$11,805,153	26	SFY 2014 Q2	7 Years	
Parent Aide	Unknown	\$ 34,871	1	Services will be included in Family Enrichment re-design	NA	Workgroup of providers, parents, and DCF staff are redefining the FES model to be closer to the needs of families and move closer to an evidence-based model; target fall 2012--Parent Aide programs will be rolled into this model
Parent Assessment and Clinical Education Services	Unknown	\$ 154,554	1	SFY 2015 Q2	5 years	
Parent Project	5/21/2010	\$ 168,000	4	Federal funding only ends in FY2012	NA	

Parenting Class	Unknown	\$ 8,881	1	Funding too low to require re-bid	NA	
PASS (Preparing Adolescents for Self-Sufficiency)	9/15/06 & 12/15/06	\$ 8,693,092	10	Waiver granted	NA	Locating a site for congregate care programs has become very challenging. Both the state and the providers have invested capital funds
Permancy Placement Services	not bid	\$ 1,307,670	12	Plan to convert to Credentialed Service	NA	
Physical and Sexual Abuse Evaluations	Unknown	\$ 817,827	2	Earmarked for CCMC and Yale	NA	
Positive Youth Development	Fall 2005	\$ 697,737	8	SFY 2015 Q2	7 Years	
Prison Transportation	3/15/2001	\$ 61,775	3	Plan to convert to Credentialed Service	NA	
Queen Esther Ministry	not bid	\$ 181,110	2	SFY 2013 Q1	5 years	
Residential (Adolescent) Substance Abuse Treatment	10/15/02	\$ 936,129	1	Waiver granted	NA	Locating a site for congregate care programs has become very challenging. Both the state and the providers have invested capital funds
Respite Care Services	Unknown	\$ 425,994	7	SFY 2014 Q3	5 years	
Safe Home	4/26/2010	\$15,371,006	11	Waiver granted	NA	This service was re-bid in 2009. DCF anticipates decreasing the number of sites for this service type over the next 2 years.
Short Term Assessment and Respite Homes	1/15/2006	\$10,310,300	4	Waiver granted	NA	Locating a site for congregate care programs has become very challenging. Both the state and the providers have invested capital funds
Sibling Connections Camp	3/1/2007	\$ 100,000	1	Waiver granted	NA	Requires licensed camp; only provider responded to bid
STEP-Juvenile Services Education Re-entry and Delinquency Prevention Program	3/4/2006	\$ 2,228,000	4	SFY 2013 Q1	7 Years	

Substance Abuse Prevention (Project SAFE)	Unknown	\$ 2,466,651	1	SFY 2015 Q1	7 Years	
Supportive Housing	5/15/2002	\$12,840,910	1	Waiver granted	NA	Unique state-wide program that includes federal funding and has specialized subcontracting arrangements
Supportive Work, Education and Transition Program	1/15/2006	\$ 2,064,555	3	Waiver granted	NA	Locating a site for congregate care programs has become very challenging. Both the state and the providers have invested capital funds
Therapeutic Child Care	Unknown	\$ 655,945	2	SFY 2015 Q1	5 years	
Therapeutic Foster Care and Service Area Lead Agency	6/15/2001	\$35,134,900	10	Waiver granted	NA	Service redesign completed July 2010; FFS and open to any willing provider who meets criteria: will request waiver
Therapeutic Foster Care Medically Complex	3/1/2001	\$ 2,745,150	7	Waiver granted	NA	Service redesign completed July 2010; FFS and open to any willing provider who meets criteria: will request waiver
Therapeutic Group Homes	3/15/2006	\$53,971,072	26	Waiver granted	NA	Locating a site for congregate care programs has become very challenging. Both the state and the providers have invested capital funds
Work-to Learn	10/1/2008	\$ 2,727,551	3	SFY 2015 Q2	5 years	
Y2K - Yes to Kids (Adoption)	10/1/1999	\$ 109,728	2	Converting to FFS during FY12	NA	