QUESTIONS FROM BIDDERS CONFERENCE and WRITTEN INQUIRIES
LEVEL II – THERAPEUTIC GROUP HOMES

Department of Children and Families (DCF/Department)
Request For Qualifications (RFQ)

The MR is for up to 4 beds and the non-MR is for 5 to 6 beds.

Question 1: In June of 2005, DCF notified certain providers that they had been placed on a list of agencies that would be eligible to develop group home services for DCF youth because they had received a favorable score on their proposals submitted last spring. This list would remain active until June 30, 2006. Is that list still active? If so, will that list be given priority consideration over the new provider pool DCF hopes to generate from this RFQ with consideration given to cohort group, proposal score and regional location?

Answer 1: The list is only active through this fiscal year. While that provider list is not given priority, the performance of current therapeutic group home providers is taken into consideration. As far as a provider in the previous pool being given the priority over the new pool, the answer is no.

Question 2: The budget for a 6-bed non MR group home is $950,000, yet the sample budget page is $911,857. The other two group home sample budgets line up with RFQ. Am I missing something?

Answer 2: The correct 6-bed non-MR budget is $950,000; $911,857 is incorrect. The corrected budget is attached below.

Question 3: The RFQ states that the budget totals should not be exceeded, but other line items may be changed as long as all items are covered. Are there line items that cannot vary from the sample budget?

Answer 3: These total budgets are firm; but you can shift most line items within the budget. Two items cannot be shifted; for the G & A, 9% is a fixed percentage. The other line is the mortgage or the rent line; it cannot exceed $35,000. You can move other lines around. The staffing pattern is fixed; the positions and the Full Time Equivalents (FTEs) are outlined in the RFQ.

Question 4: The RFQ requires that both the clinician and the director be licensed. There has been some flexibility in the past allowing one of these positions to be license eligible. Will this flexibility be afforded again?

Answer 4: These are Private Non Medical Institutions (PNMI) reimbursable homes. As a clarification, not only must the positions be licensed, they have to be PNMI licensed positions. On case-by-case bases, the Department has given some latitude to the second position, but it needs to be by request only and they have to be at least master's level clinical degree.

Question 5: There can be some extensive legal fees associated with opening therapeutic group homes? Can those fees be included in the start up budget?

Answer 5: The Department has allowed minimal costs if they are reasonable.

Question 6: Is there a form to use for Appendix 9 Client Encounter Data?

Answer 6: No there is no form; we are asking that you do the best you can in providing this information.

Question 7: How is the $35,000 line item for rent handled if the organization has a mortgage on the building or owns it out right?

Answer 7: $35,000 is the amount allowed to pay either rent or mortgage interest and depreciation expenses. If the building is already owned by the agency, a portion of this amount may be claimed as depreciation.

Question 8: For a current DCF Level I group home provider seeking to convert to a Level II, will the facility be grandfathered in for the purpose of health and safety codes or does the facility need to upgrade, for example: installing a sprinkler system to comply with regulations passed on January 1, 2006 with therapeutic group homes?

Answer 8: DCF will require sprinklers in all homes, conversions and new builds. All homes will be subject to local regulations.

Question 9: Can you shift line items except the 9% that is fixed and the rent cannot exceed 35K?

Answer 9: Yes. Also, as noted earlier, staffing positions are fixed although the payment levels are not.

Question 10: If the agency owns the building, can it rent to itself?

Answer 10: The Department will have to look at related party transactions.

Question 11: Can an agency submit a proposal for fewer than 5 beds for non-MR youth?

Answer 11: No.

Question 12: Can clinical services be billed separately by the agency?

Answer 12: No. These homes are PNMI reimbursable and there is no billing to be done by the agency.

Question 13: On the letter of intent, do you have to include number of cohorts?

Answer 13: It is preferable to include the type of cohorts, but we will not reject letters of intent if you do not include the number(s).

Question 14: Does the start-up money include money for sprinklers?

Answer 14: Start-up monies are not defined as being for sprinklers, but it may occur that some portion is utilized for this cost.

Question 15: Does the page limit apply for conversion from Level I to Level II?

Answer 15: We will allow up to five additional pages exclusively for Level I homes to respond to the conversion questions. These additional pages may <u>not</u> be used for any other questions.

Question 16: When will the qualified list be developed?

Answer 16: The qualifying list will be developed by around the end of the fiscal year.

Question 17: Do you have a sense on how many Therapeutic Group Homes you are going to fund? Where are the kids coming from?

Answer 17: It is hard to give an exact number without a current legislative appropriation for SFY 06-07. We have the list of youth from the Area Offices that were projected a year and a half ago; when and where those projected builds occur is yet to be determined.

Question 18: We have interest in opening a group home; is there flexibility in the cohort?

Answer 18: You need to respond to the clinical question for each cohort that you wish to be considered for.

Question 19: If you apply for different cohorts in the RFQ, what additional questions must be answered?

Answer 19: There are only two clinical questions that have to be answered additionally; those are specified.

Question 20: What are the budget amounts?

Answer 20: The budget amounts are $850,000 for a 4-bed MR home, $903,688 for a 5-bed non-MR home, and $950,000 for a 6-bed non-MR home. Any response that is 1% higher or more than the stated DCF funding level is not responsive and will not be considered to review or award.

Question 21: Can cohorts be mixed?

Answer 21: No. Please respond to the cohorts as defined.

Question 22: How integrated will this be into the system of care?

Answer 22: It varies on a case-by-case basis.

Question 23: Are other State agencies going forward with group homes?

Answer 23: There will be a discussion in a few weeks on Level I group homes and a plan for their enhancement. We cannot speak to the intentions of agencies other than DCF.

Question 24: Are there statutory changes related to zoning issues?

Answer 24: There is no change in the exemption for up to 6-bed homes. Providers still need to work with local authorities around related issues.

Question 25: As far as the school system goes, will you still try to have only one no-nexus child in a home?

Answer 25: We have an informal guideline to place no more than one no-nexus child initially in a home and we will try to maintain that.

Question 26: Are the homes to be licensed by Department of Mental Retardation (DMR) or DCF?

Answer 26: DCF.
Question 27: What communities have issues with no-nexus children? Is there any way to post a list of communities that had problems with no nexus children?

Answer 27: Department of Mental Health and Addiction Services, DMR and DCF run Group homes; we don't have access to that information.

Question 28: Will you make sure that a child isn't placed in the home until the educational planning is completed?

Answer 28: Staffing allows for limited first shift staffing since children are supposed to be in school during the day; thus it is ideal if the educational plan is in place before the child moves. One of the things we are struggling with, however, is that there are some towns that will not do a Pupil Placement Team (PPT) until a child is placed in a home.

Question 29: How long is the qualification list good for?

Answer 29: The list is good through June 2008.

Question 30: Questions 6 and 11 don't appear to be included?

Answer 30: These questions are in the RFQ.

Question 31: What is the reimbursement for land cost settlement?

Answer 31: There's no inclusion for land. We are waiting for new rules on cost settlement that are in the legislature.

Question 32: Is there a new law about sprinklers and for how many beds?

Answer 32: There is a federal law as of January 1, 2006 regarding sprinklers and DCF is requiring that the group homes have sprinkler systems.

Question 33: Is the 9% the indirect cost totally on providers?

Answer 33: The fiscal model for these therapeutic group homes was based on a 9% administrative cost. It may change at some point, but we do not have that information at this time.

Question 34: Is it reasonable to assume that we submit these proposals with the 9% and if that 9% changes, we will be allowed to redo those budgets with a higher rate if it stays within the dollars that are in the budget?

Answer 34: Yes. Proposals submitted with G& A above 9% will, however, not be reviewed.

Question 35: Given the fact that there is going to be a requirement on the sprinkler at this point, is there any motivation on the Department's side to look at increasing the cap on the depreciation or rent to be able to accommodate the additional expense? We are looking at between $15,000 to $25,000 to do a sprinkler system. The rent/mortgage payments were already tight.

Answer 35: At this point, the limit is $35,000. You can take sprinkler costs from start-up money or run it into the mortgage cost. We will review it for discussion, however.

Question 36: What is the start-up budget?

Answer 36: $91,590.

Question 37: Can we use funds from other sources?

Answer 37: Yes. DCF funds, however, must not exceed the maximum funding level.

Question 38: What is the cost line settlement?

Answer 38: Each line in the budget is reviewed in the end of year report and there are allowed variances. The allowed variances per line for non-salary items is $5,000 or 5%, which ever is greater, and salaries are 10% or $1,500 which ever is greater.

Question 39: What is the process for budget revisions?

Answer 39: Both fiscal/contracts and program representatives at DCF Central Office must approve it.

Question 40: Where is the budget template?

Answer 40: The budget template, which sets forth the sample budget, is in the RFQ, in a Portable Document Format (.PDF). It is not available in a Word or Excel format.

Question 41: Is it possible that the Administrative Services Organization (ASO) will determine that a child needs to step down to a lower level of care and there is no placement available?

Answer 41: Were such an event to occur the ASO would authorize a continued stay at the higher level until such time as a transfer to the lower level could be effectuated.

Question 42: Can we obtain additional clinicians or do we have to have them employed already?

Answer 42: Clinicians must have the experience, degree and license requirements whether current or new employees.

Question 43: In the RFQ, service categories #1-#18 were labeled as Non-MR, and #19-#22 were labeled as Non-MR, as well. Could you please specify which homes are for the MR?

Answer 43: 1-8 or 1-18 are non-MR; 19-22 are MR.

Question 44: Where will the children from the level 2 group homes go when they leave our program? Would the goal be for them to transition back into the home or would they progress into level 1.5 or level 1-group homes? Would there be an anticipated length of stay, and if so, what might that be? What if a youth has completed the criteria to leave a level 2 group home but there are no slots in a lower level group home or things fall apart in the home they are slotted to transition back into?

Answer 44: Youth may transition to adult services: a same-level group home (but older cohort), lower level group home, independent living or home setting. Length of stay is individualized. Youth will remain in the home if there is no lower level placement available except when they have aged out; at that point, adult services are expected to pick them up.

Question 45: Along with the clinical services a behavioral modification system would be implemented. Should any such mod/level system be written in such a way to allow a resident to "graduate" from the program or should it be open ended to allow for varying lengths of stay?

Answer 45: In general, most homes are not using behavioral modification system except in very individualized situations. Most programs focus on relational models including but not limited to restorative justice.

Question 46: If there is not a definite commitment to a length of stay what would be the criteria for moving on to the next phase of treatment or placement?

Answer 46: This needs to be highly individualized.

Question 47: Is the grant a flat rate, or fee for services based on bed utilization?

Answer 47: Currently, these are fully grant funded. There is cost justification at the end of fiscal year.

Question 48: The Policy and Procedure section initially says policies and procedures "not as part of the application material", but at the end of the policy list is it says "submit a copy of policies and procedures, table of contents, and samples of…." What is desired/not desired?

Answer 48: The residential policies and procedures should be submitted as appendices, not as part of the body of the application.

Question 49: Question 15 also seems as if there would be great variability in response dependent on the cohort. Are we to answer this question broadly for all of the cohorts?

Answer 49: You should answer the question specifically for the first cohort to which you are responding. It is recommended that several sentences be added regarding best practice strategy and identified treatment model to the section allowed for the additional questions on additional cohorts.

Question 50: Where/how would you like the additional 6 pages per cohort placed and identified (i.e., at the end of the 40 pages?)

Answer 50: The six pages should be attached to the body and clearly by cohort.

Question 51: Could you identify the correct Appendix name and number as they vary within the Instructions for Completion (for example, client encounter data, policies and procedures, and architectural plans)?

Answer 51: The following appendices must be included with the proposal: (SEE ALSO QUESTION 54)

Appendix 1	Letters of Agreement/Memorandum of Agreements and Understanding*
Appendix 2	Resumes & Job Descriptions
Appendix 3	Organizational Structure/Chart
Appendix 4	Board of Directors (annotated with race/ethnicity, gender and town of residence)
Appendix 5	Subcontractor Profile Form(s)
Appendix 6	Current certificates of accreditation or licensure
Appendix 7	Certificate of Incorporation
Appendix 8	Client Encounter Data, Census information and community demographics
Appendix 9	Policies and Procedures
Appendix 10	Floor plans and/or Architectural plans (optional)
Appendix 11	Gift Affidavit
Appendix 12	Consulting Agreement Affidavit
Appendix 13	Campaign Contribution Affidavit
Appendix 14	CHRO Notification to Bidders Form
Appendix 15	CHRO Evidence of Nondiscrimination Form and supporting material(s).
Appendix 16	CHRO Employment Information Form

Question 52: Where should we place and how should we label (i.e. as Appendices?) the Notification to Bidders, the Employee information and the Evidence of Nondiscrimination Materials?

Answer 52: Appendices should be at the end and labeled in any way that is clear to the reader.

Question 53: We are interested in knowing if, given the anticipated statewide guideline for G & A at 18%, if DCF would consider RFQ responses with G & A rates higher than 9% but within the 18% guideline.

Answer 53: Responses will not be considered at a G & A higher than 9%.

Question 54: What Affidavits and Commission of Human Rights and Opportunities (CHRO) Forms are required to be submitted with an Application?

Answer 54: Applicants are required to submit the following three (3) Affidavits:

- Gift Affidavit,
- Consulting Agreement Affidavit, and
- Campaign Contribution Affidavit

In addition, Applicants must complete the Bidders CHRO Compliance Package. It can be found on the DCF Contract Management Homepage: http://www.state.ct.us/dcf/Contracts/Default.htm This document contains the following three (3) forms that are required to be included with a respondent's submission:

- Notification to Bidders Form
- Evidence of Nondiscrimination Form, and
- Employment Information Form

The Evidence of Nondiscrimination Form also requires the submission of supporting material. That additional information, as applicable, must be included with an Applicant's submission. A guidance to aid in the completion of the Evidence of Nondiscrimination Form can also be found on the DCF Contract Management WebPage.

Applications that do not include these Affidavits, CHRO Forms and evidencing material, will not be reviewed or considered for award. They should be included as Appendices.

6-bed NON-MR Budget*
*Staffing positions, FTEs, & funding are the same as the 5-bed home.

Consulting/Contractual Services	$8,000	$667	**Monthly**
Food & Food Supplies	$31,208	$14	**PP PD**
Office Supplies/Postage	$3,800	$317	**Monthly**
Housekeeping Supplies	$2,600	$217	**Monthly**
Advertising (Employment)	$2,000	$167	**Monthly**
Clothing/Laundry & Dry Cleaning	$4,200	$350	**Monthly**
Personal Needs	$4,187	$13	**PP PW**
Allowance	$4,986	$16	**PP PW**

Recreation	$4,786	$15	**PP PW**
Travel	$3,500	$292	**Monthly**
Vehicle Expenses	$9,500	$792	**Monthly**
Maintenance & Repairs	$8,000	$667	**Monthly**
Training	$13,000	$1,083	**Monthly**
Medical Supplies	$1,440	$120	**Monthly**
Conferences/Mtgs	$1,800	$150	**Monthly**
Dues/Memberships - **(For Children Only)**	$1,440	$120	**Monthly**
License/Permits/Fees	$500	$42	**Monthly**
Interest			
Discretionary	$26,313	$2,193	**Monthly**
TOTAL OTHER EXPENSES	**$226,296**		
Total Expenses	**$871,560**		
Indirect Expenses	**$78,440**	**9.00%**	
Less Other Restricted Income (School Lunch)			
Less Allocation Distribution SCAR Calculation			
Net Expenses	**$950,000**		
Days of Care Using 95% Utilization	**0.00**		
Calculated Per diem rate based @ 6.00	**$434**		

GROUP HOMES:

LEVEL II – THERAPEUTIC

REQUEST FOR QUALIFICATION

March 31, 2006

State of Connecticut
Department of Children and Families

TABLE OF CONTENTS

STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES
505 Hudson Street
Hartford, CT 06106

REQUEST FOR QUALIFICATIONS (RFQ)

PROGRAM TITLE

Group Homes: Level II (Therapeutic) [two categories: non-Mental Retardation (non-MR) and Mental Retardation (MR)]

OVERVIEW

The Department of Children and Families (DCF/Department) is seeking to pre-qualify providers in anticipation of potential funding for community-based Therapeutic Group Homes for youth, including youth who may have required psychiatric hospitalizations, are at increased risk for psychiatric hospitalizations, or require clinical services of different intensities in a small structured setting. There are many different cohorts of youth to which the applicant may respond and applicants can request to serve a variety of different cohorts through this proposal process. An overarching service model has been created that will be utilized for all homes. The resulting staffing model and budgets (non-MR and MR) have been proffered by the Department and are included within this RFQ (please see respective sections). Applicants will need to address their ability to work within the established model, staffing and budget parameters and congruence with these will be considered in the selection process.

There are twenty-two categories of youth for which an applicant can respond (please see page 9): 18 non-MR and four MR. Applicants must apply for all categories of youth, in which they are interested in serving. There will be no retroactive eligibility determination for categories for which application has not been made; at the sole discretion of DCF, a provider may be asked to serve a specific cohort for which an application has not been made. Providers who wish to respond for eligibility for more than one cohort group will need to provide one complete set of documents plus: respond separately to questions for each cohort group to which application is being made. If application is being made for cohorts in both the non-MR and MR categories, budgets and budget narrative will be required for each category. Although funds have already been approved for some homes, it is possible that additional homes will be approved for funding. Providers who respond to this RFQ may be selected to begin negotiations on implementing a group home from July 1, 2006 through June 30, 2008. Thus, the Department is attempting to identify a pool of providers for all categories of youth that may be needed. Providers will be selected in an on-going as-needed basis.

SOURCE OF FUNDS

The services contained within this RFQ would be funded by state dollars contingent upon the availability of funds appropriated to be awarded to DCF based upon a competitive application process. At the time of issuance of the RFQ, several Level II – Therapeutic Group Homes (TGH) have been approved for funding. The Department anticipates that funding for additional homes may become available; however, funding is dependent upon appropriations available to the Department.

PROCUREMENT SCHEDULE

RFQ Published	March 31, 2006
Technical Assistance (TA))/Bidder's Conference	April 18, 2006
Deadline for Receipt of Letter of Intent	April 21, 2006, 3 p.m.
Deadline for Submission of Additional Questions	April 21, 2006, 3 p.m.
Questions and Answers Posted to Website	On or about April 28, 2006
Deadline for Receipt of Proposals	May 12, 2006 at 3:00 p.m. e.d.t.

LEVEL II – THERAPEUTIC GROUP HOMES

PURPOSE and GOALS

- Over the past decade or more, DCF and its provider partners have been struggling with an increasingly troubled population of children and adolescents. While there is an awareness by most that the majority of the children and adolescents involved with the Department have significant histories of trauma, this has not yet translated into a working framework of how best to meet the needs of these traumatized youth. Thus, the behavioral dyscontrol and affective instability these youth demonstrate often results in negative outcomes such as injuries to the child/adolescent; injuries to providers; disrupted placements; involvement with the legal system; negative self-identification; inexact or partialized diagnostic framing and resulting treatment; and lack of attention to the core underlying issues. It is incumbent upon the Department, provider partners, and our community systems to develop a framework for understanding these youth in the context of their trauma histories with concrete treatment approaches to better meet their multiple needs.

- A system of community-based Level II - Therapeutic Group Homes is one step in attempting to meet the needs of these youth. The Blue Ribbon Commission recommended "developing a continuum of services" that would provide community based alternatives to hospital and residential care. Therapeutic Group homes are one component of the service array envisioned by the Blue Ribbon Commission. These group homes will expand and enhance the continuum of care, allowing for greater flexibility to meet the needs of youth in their communities, whether their symptoms become more acute and they need a more structured facility or they become more stable and are able to transition to increasingly natural settings.

- Level II - Therapeutic Group Homes are community-based programs intended to serve children and youth who may have required psychiatric hospitalizations, are at increased risk for psychiatric hospitalization, or require intense clinical services in a small structured setting. A Level II – Therapeutic Group Home is a structured home-like setting with staffing, clinical services and therapeutic support and guidance offered 24/7. It provides an intensive clinical treatment program in a home-like environment that creates a physically, emotionally, and psychologically safe milieu for children or adolescents with complex behavioral health care needs. A community-based Level II – Therapeutic Group Home should be indistinguishable from other homes in the neighborhood.

PERIOD OF AWARD

The funding period will be determined in conjunction with the awarded applicant(s) based upon the anticipated start of the service. It is expected that at least a 12-month contract would be executed. Continued funding will be contingent upon performance of the awarded RFQ applicant and the continued appropriation and availability of funds to the Department.

AMOUNT AND TERMS OF AWARD

Funding for this program will be through grant funds. These funding levels have been designated based on the number of beds in the home and the MR status of youths served:

Cohort	Beds	Funding Level
Non MR	5	$903,688
Non MR	6	$950,000
MR	4	$802,497

The exact funding for each home will depend on the point during the fiscal year the home becomes operational; legislative actions that impact funding, and, occasionally individual circumstances regarding a specific population, property or need, may change the funding as well.

DISPOSITION OF PROPOSALS

The Department reserves the right to reject any and all proposals, or portions thereof, received as a result of this request, or to negotiate separately any service in any manner necessary to serve the best interests of the Department. The Department reserves the right to contract for all or any portion of the scope of work contained within this RFQ if it is determined that contracting for a portion or all of the work will best meet the needs of the Department.

SPECIAL REQUIREMENTS

The following special requirement shall apply to children receiving care through the services outlined in this RFQ: Children who speak a language other than, or in addition to, English shall be allowed to communicate in that language and shall be provided with adequate opportunities to participate in cultural, religious and educational activities in and/or from their ethnic community. Providers will assure that children and their families will have agency-provided access to services in their preferred language.

ELIGIBILITY

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

CONVERSION OF CURRENT PROVIDERS

Current DCF Level I group home providers (except maternity homes) may respond to this RFQ to convert to the proscribed Level II Therapeutic program model. Current Level I providers would be competing with all other applicants relative to scoring. In addition, the Department reserves the right to limit the number of conversions in order to meet its system of care requirements. The ultimate selection of providers for the funded homes is a function of cohort, geography, and provider score. Current Level I providers are only eligible to convert to serve adolescent cohorts. Level I providers seeking to convert must submit a plan as to how they envision transition from their current

level of care to the Level II model, including but not limited to: Licensed Bed Capacity (LBC), budget, transition (or maintenance) of current youth served, variation in program, transition (or maintenance) of current staff. Because the Department is committed to maintaining a number of group home beds at the non-therapeutic level of care (e.g., 1.5) only a finite number of Level One Group Home providers will be identified to convert to Level 2; those providers who are not permitted to convert to Level 2 will be given an opportunity to convert to Level 1.5 through a subsequent application process.

INSURANCE

The contractor will carry insurance (liability, fidelity bonding or surety bonding and/or other) during the term of this contract according to the nature of the work to be performed to "save harmless" the State of Connecticut from any claims, suits or demands that may be asserted against it by reason of any act or omission of the contractor, subcontractor or employees in providing services hereunder, including but not limited to any claims or demands for malpractice. Certificates of such insurance shall be filed with the Department prior to the performance of services.

AFFIRMATIVE ACTION

All awarded agencies will be required to submit an affirmative action plan prior to the execution of a contract. It is not necessary for Applicants to submit an affirmative action plan at the time of the response. As part of the contract preparation process, the successful applicant will be expected to submit information related to compliance with non-discrimination requirements and any other required state and federal regulations.

GRANT APPLICATION DEADLINE

The contact person (see below) must receive one (1) original and ten (10) copies each for the non-MR and MR categories if an applicant is applying to both. The copies must be received by May 12, 2006 no later than 3 p.m. eastern daylight time at the following DCF location (See also "Application Instructions" section):

Elizabeth D'Amico, LCSW
DCF – Behavioral Health, Medicine and Education (BHME)
505 Hudson Street
Hartford, CT 06106

Each copy must be complete, collated, and ready for reviewers. Please clip submissions; do not utilize binders please. Please note that faxed and electronic versions of the responses will not be accepted. Also, no responses will be accepted for review after the due date and the time stated above.

TECHNICAL ASSISTANCE/BIDDERS CONFERENCE

A non-mandatory Technical Assistance/Bidders Conference is scheduled for:

April 18, 2006
1:00 p.m. – 3:00 p.m.
Lee Auditorium, Merritt Hall
Connecticut Valley Hospital, Middletown, CT
.

NOTE: Copies of the RFQ will not be available at the Technical Assistance (TA) meeting. Applicants are asked to bring a copy of the RFQ with them to the TA for reference.

LETTER OF INTENT & CONTACT PERSON

A non-binding Letter of Intent is required; no application for funding will be accepted from any bidder who has failed to submit a Letter of Intent within the specified time frame. Letters of Intent should be directed to and received by the contact person noted below by 3 p.m., eastern daylight time, on April 21, 2006. Faxed copies or emailed copies of the Letter of Intent will be accepted.

Elizabeth D'Amico
Department of Children and Families
505 Hudson Street
Hartford, CT 06106
Phone: 860-550-6535 Fax: 860-566-8022 email: Liz.D'Amico@po.state.ct.us

QUESTIONS

Questions concerning this RFQ that proposed Applicants would like to have answered at the above-mentioned Technical Assistance meeting/ Bidders' Conference must be directed by email to Elizabeth D'Amico at Liz.D'Amico@po.state.ct.us no later than April 13, 2006. Answers to questions about this RFQ will be responded to only at the Technical Assistance Meeting and through the prescribed electronic "Question and Answer" method and period. Subsequent questions regarding the RFQ and its content must be received by 3 p.m., April 21, 2006 via email directed to Ms. D'Amico following the technical meeting. The Department will post responses to these questions on its website (www.state.ct.us/dcf) approximately April 28, 2006.

BACKGROUND

Most of the youth that will populate these homes will come from in- and out-of-state residential programs, state residential facilities, hospitals, safe homes, and permanency diagnostic centers. The group homes within this service array are designed to enhance the existing set of treatment options that will provide Connecticut's most vulnerable youth with stability within the context of a permanent environment that is community based, least restrictive and responsive to clinical and cultural needs. While these youth manifest a number of symptom constellations, their commonality tends to be trauma—if "only" the trauma of disrupted attachments. Therefore it is critical that the underlying model for these group homes be trauma-informed. Additionally, there will be variations in the models for different cohorts, just as there needs to be variations in individual youths' treatment plans.

The proposed Level II - Therapeutic Group Homes being developed by the Department serve a wide range of youth. All youth who reside in these homes will be identified by the Department consistent with a no-unilateral reject—no unilateral eject contract requirement. For design purposes, the youth have been placed into several cohorts (please see service categories, next page). Within each of the cohorts associated with Level II – Therapeutic Group Homes

it should be assumed that all of the youth have some level of emotional and/or psychiatric disturbance and some degree of trauma history, whether or not they manifest a frank Posttraumatic Stress Disorder. In other words, these cohorts are by no means "pure." A youth is assigned to a particular cohort by virtue of his or her predominant feature.

For youth in each service category, it is critical that the youth's needs be viewed individually. Attention needs to be paid to each youth's transition from his/her current program to the Level II – Therapeutic Group Home; that is, attending to attachment issues, change in treatment philosophy, education changes, etc. In addition, each group home should establish a formal, effective and responsive system to facilitate smooth, timely transitions for youth to (and from) more structured facilities.

SERVICE CATEGORIES

Service Categories	Level/Type of Home	Applicable Sample Budget
#1 Adolescent Males (14-21): psychosexual behavior problems	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#2 Adolescent Females (14-21): psychosexual behavior problems	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#3 Adolescent Males (14-21): problem behavior	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#4 Adolescent Females (14-21): problem behavior	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#5 Adolescent Males (14-21): psychiatric issues	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#6 Adolescent Females (14-21): psychiatric issues	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#7 Adolescent Males (14-21): Developmental Disabilities (non-MR)	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#8 Adolescent Females (14-21): Developmental Disabilities (non-MR)	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#9 Latency Males (10-13): psychosexual behavior problems	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#10 Latency Females (10-13): psychosexual behavior problems	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#11 Latency Males (10-13): problem behavior	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#12 Latency Females (10-13): problem behavior	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#13 Latency Males (10-13): psychiatric issues	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#14 Latency Females (10-13): psychiatric issues	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#15 Latency Males (10-13): developmental disabilities (non-MR)	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#16 Latency Females (10-13): developmental disabilities (non-MR)	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#17 Pre-latency Males (5-9): all categories	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#18 Pre-latency Females (5-9): all categories	Level II – Therapeutic Group Home	Level II – TGH – Non-MR
#19 Adolescent Males (14-21): Mentally Retarded	Level II – Therapeutic Group Home	*Level II – TGH - MR*
#20 Adolescent Females (14-21): Mentally Retarded	Level II – Therapeutic Group Home	*Level II – TGH - MR*
#21 Latency Males (10-13): Mentally Retarded	Level II – Therapeutic Group Home	*Level II – TGH - MR*
#22 Latency Females (10-13): Mentally Retarded	Level II – Therapeutic Group Home	*Level II – TGH - MR*

LEVEL II – THERAPEUTIC GROUP HOMES

1-18: Non-MR

Populations # 1, 2, 9, 10: (adolescent & latency, male & female, psychosexual behavior problems)

These cohorts will include youth for whom the primary (although not exclusive) reason for referral to a LEVEL II - TGH is a history of psychosexual behavior problem, with or without adjudication. Some of these youth already will have been to a treatment locus where they will have been exposed to a "sexual offender" curriculum. Their completion of such a curriculum (generally a cognitive-behavioral model) should not be interpreted as the lack of need for attention to psychosexual behavior problems. These symptoms may or may not be a current focus of treatment. A careful assessment by the provider at time of admission to the LEVEL II - TGH will be required to determine treatment goals. Thus, youth may have current symptoms, a recent history, or behavior that is long past.

Program Description for # 1 , 2, 9, 10: (adolescent & latency, male & female, psychosexual behavior problems)

As will be the case in all of the LEVEL II - TGHs, the treatment focus will need to be highly individualized. The model for these homes should be a program model that includes a number of elements: individual and/or group treatment addressing problem sexual behavior within the context of other emotional and psychiatric issues. This will vary significantly depending on the constellation of the group home at any point in time. Initially, when most youth are

coming from Residential Treatment Centers, the primary focus may be on such areas as relapse prevention, reunification (in those cases where this is appropriate), community integration, fantasy management, trigger management, etc. There may be some youth for whom there are few active psychosexual issues aside from addressing normative sexuality. These topics may be addressed in small groups and/or individual treatment but need to be formally integrated into a treatment program within the provider agency. Family treatment also will be a critical component. (Great care will need to be taken to ensure that contact does not occur between a youth and an extra-familial victim until both parties have achieved readiness for this step). Family treatment may or may not be in preparation for a return home.

It is not the intent of the Department that these LEVEL II - TGHs become small-scale residential juvenile sex offender treatment programs. Rather, these settings are meant as sophisticated clinical settings where treatment can be individualized and youths' issues can be addressed in their entirety.

For youth that are being referred directly from the community, (i.e., with prior residential treatment) it will be critical that the program be more equipped to assess and treat youth from the initial stages of inappropriate sexual behavior identification. This is not to suggest that a particular treatment curriculum should be used but rather that staff need to have adequate and appropriate training in psychiatric issues, psychosexual behavior assessment and treatment, and trauma assessment and treatment.

The programs will provide an array of clinical (individual, group, behavioral plans, family therapy, medication management, occupational therapy, etc.); medical (well child care, dental services, specialized healthcare services, etc.); educational (special and regular education services, educational assessment, educational advocacy, etc.); and supportive services (mentoring, vocational and recreational services, parent psychoeducation, etc.). All daily activities, services, and supports will be guided by an individualized treatment plan that will identify areas of strength to be built upon and the skills or capacities needed to overcome identified deficits. School, program activities, medical care, therapy, medication management, and support services will all be integrated and managed through a care coordinator/primary licensed clinician.

Populations # 3, 4, 11, 12: (adolescent & latency, male & female, problem behavior)

These cohorts will include youth for whom the primary (although not exclusive reason) for LEVEL II - TGH treatment is a presentation of significant behavioral symptoms constituting such diagnoses as conduct disorder, oppositional defiant disorder, intermittent explosive disorder, and impulse control disorder. Although it is projected that most of these youth have underlying trauma disorders as well as some level of psychiatric disorders, the predominant symptoms that prevent them from residing at a lesser level of care are related to behavioral dyscontrol.

Program Description # 3, 4, 11, 12: (adolescent & latency, male & female, problem behavior)

The primary purpose of the treatment in these group homes is to decrease these behaviors through assisting the youth in learning to modulate their affect and behavior. It is anticipated that a relatively sophisticated behavioral approach will be necessary as part of the treatment methodology in order to shift entrenched patterns of behavior.

The programs will provide an array of clinical (individual, group, behavioral plans, family therapy, medication management, occupational therapy, etc.); medical (well child care, dental services, specialized healthcare services, etc.); educational (special and regular education services, educational assessment, educational advocacy, etc.); and supportive services (mentoring, vocational and recreational services, parent psychoeducation, etc.). All daily activities, services, and supports will be guided by an individualized treatment plan that will identify areas of strength to be built upon and the skills or capacities needed to overcome identified deficits. School, program activities, medical care, therapy, medication management, and support services will all be integrated and managed through a care coordinator/primary licensed clinician.

Populations # 5, 6, 13, 14: (adolescent & latency, male & female, psychiatric issues)

These cohorts will include youth for whom the primary (although not exclusive reason) for referral to LEVEL II - TGH is one or more major psychiatric illnesses (severe affective disorder and/or affective liability; psychotic disorder or symptoms; severe posttraumatic stress disorder, etc.) as opposed to behavioral disorders or symptoms (conduct disorder, oppositional defiant disorder, disruptive behavior disorder, Not Otherwise Specified, OS, etc.) although behavioral disorders may be co-occurring. Homes serving this population will need to have particular expertise in the management of major mental illness (schizophrenia; schizoaffective disorder; bipolar disorder; major depressive disorder, etc.). It is likely that these youth will demonstrate parasuicidal behavior of various forms, frequent suicidal ideation, dissociative and/or psychotic symptomology.

Program Description # 5, 6, 13, 14: (adolescent & latency, male & female, psychiatric issues)

A primary purpose of the treatment program will be to further stabilize psychiatric symptoms and facilitate a transition to a lower level of care: a home setting, supervised living, independent living, or the Department of Mental Health and Addiction Services supported living programs. A strong emphasis on vocational, adaptive living skills, and independent living skills is critical. Given that these adolescents may have periodic short hospitalizations, the providers will need to have expertise in transitioning youth from hospital level care and providing proactive services toward preventing admissions.

The programs will provide an array of clinical (individual, group, behavioral plans, family therapy, medication management, occupational therapy, etc.); medical (well child care, dental services, specialized healthcare services, etc.); educational (special and regular education services, educational assessment, educational advocacy, etc.); and supportive services (mentoring, vocational and recreational services, parent psychoeducation, etc.). All daily activities, services, and supports will be guided by an individualized treatment plan that will identify areas of strength to be built upon and the skills or capacities needed to overcome identified deficits. School, program activities, medical care, therapy, medication management, and support services will all be integrated and managed through a care coordinator/primary licensed clinician.

Populations # 7, 8, 15, 16: (adolescent & latency, male & female, developmental disabilities non-MR)

These cohorts will include youth for whom the primary (although not exclusive) reason for LEVEL II - TGH is a diagnosis of or presentation consistent with a significant developmental disability without mental retardation. These are youth who may have a diagnosis on the Pervasive Diagnostic Disorder spectrum, some level of acquired or traumatic brain injury, severe learning disabilities, congenital or chromosomal disorders resulting in developmental delays, or any combination of the aforementioned. A careful assessment by the provider at the time of admission to the LEVEL II – TGH will be required to determine treatment goals.

Program Description # 7, 8, 15, 16: (adolescent & latency, male & female, developmental disabilities non-MR)

As will be the case in all of the LEVEL II - TGHs, the treatment focus will need to be highly individualized. The primary purpose of treatment in these homes will often be to help these youth integrate with their peers and adults in a community setting through modulation of behavior and increased ability to relate to others. The model for these homes should be a program model that includes an array of clinical services (individual, group—for those who can tolerate it--, behavioral plans, family treatment, medication management, occupational therapy [if in an Individualized Educational Plan], etc.); medical (well child care, dental services, specialized healthcare services, etc.); educational (special and regular education services, educational assessment, educational advocacy, etc.); and supportive services (mentoring, vocational and recreational services, parent psychoeducation, etc.). All daily activities, services, and supports will be guided by an individualized treatment plan that will identify areas of strength to be built upon and the skills or capacities to overcome identified deficits. School, program activities, medical care, therapy, medication management, and support services all will be integrated and managed through a care coordinator/primary licensed clinician.

Populations #17, 18: (pre-latency , male & female, all categories)

These cohorts will include children ages 5 through 9 of all diagnostic categories. A careful assessment by the provider at the time of admission to the LEVEL II – Therapeutic Group Homes will be required to determine treatment goals. These children will generally have severe psychiatric disturbances including histories of high levels of aggression, self-abusive behaviors, and multiple hospitalizations. Most will have experienced significant trauma and multiple unsuccessful placements. Most will require psychiatric medications and a significant number will demonstrate sexually reactive, and oppositional/defiant behavior. Mild to moderate cognitive impairments and developmental delays are likely.

Program Description #17, 18: (pre-latency, male & female, all categories)

The treatment provided must be highly individualized, trauma informed, and able to effectively serve children with severe symptoms including those with major mental illness. A primary goal of the treatment program will be to assist these children in internalizing the core adaptive, interpersonal, and impulse control skills necessary to function in a home or foster-home setting. The Therapeutic Group Home provider will be required to link these youth with permanent or long term family supports, natural supports and/or visitation resources. The provider will also need to have expertise in transitioning youth from hospital level care providing enhanced services during the first 90 days of treatment to prevent early re-hospitalization.

Homes for Youth with Mental Retardation

19-22: MR

Populations # 19, 20, 21, 22: (adolescent & latency, male & female, MR)

These cohorts will include youth for whom the primary (although not exclusive) reason for LEVEL II - TGH is a diagnosis of or presentation consistent with a serious developmental disability with mental retardation (e.g., autism) or mental retardation with behavioral and/or psychiatric difficulties. These are youth who are committed to the Department and who will generally also meet eligibility requirements for the Department of Mental Retardation. A careful assessment by the provider at the time of admission to the LEVEL II - TGH will be required to determine treatment goals.

Program Description # 19, 20, 21, 22: (adolescent & latency, male & female, MR)

As will be the case in all of the LEVEL II - TGHs, the treatment focus will need to be highly individualized.

The primary purpose of treatment in these homes will often be to help these youth integrate with their peers and adults in a community setting through modulation of behavior and increased ability to relate to others. The model for these homes should be a program model that includes an array of clinical services (individual, group-for those who can tolerate it--, behavioral plans, family treatment, medication management, occupational therapy [if in an IEP], etc.); medical (well child care, dental services, specialized healthcare services, etc.); educational (special and regular education services, educational assessment, educational advocacy, etc.); and supportive services (mentoring, vocational and recreational services, parent psychoeducation, etc.). All daily activities, services, and supports will be guided by an individualized treatment plan that will identify areas of strength to be built upon and the skills or capacities to overcome identified deficits. School, program activities, medical care, therapy, medication management, and support services all will be integrated and managed through a care coordinator/primary licensed clinician. It is anticipated that these homes will be licensed by the Department of Children and Families and providers will be expected to comply with the policies and procedures of DMR, as well as DCF. It is a goal that for the purposes of such settings the two Departments will 1) reduce duplicative requirements and, 2) eliminate, whenever possible, conflicting policy demands. However, it is anticipated that this will take some time to be achieved.

These homes are to be programmed for no more than four youth. Alternative size homes and budgets will be considered.

Trauma-Informed Model Requirements

All programs will engage in initial training of all staff in an acceptable relational and/or trauma-informed program, as well as continue on a regular basis with ongoing consultation with consultants from that training initiative (either established by the training philosophy or established in consultation with DCF BHME and Program Review staff). Significant funding has been ear marked for this purpose to ensure that this initial training and ongoing consultation remains imbedded in all programs. These models ensure that the clinical work with youth is integrated throughout all levels of staff. This training must take place within the first six months of operation. The Department must approve the specific model. Regardless of the model used, no program shall unilaterally eject a child from the program.

STAFFING PLAN REQUIREMENTS - NON-MR HOMES

Clinical/Program Director: The Clinical Program Director is responsible for the coordination, implementation, and operation of the program. This individual is on call 24 hours a day/7 days per week. The Director manages the daily operations of the program and interfaces with community agencies including, but not limited to, DCF; schools; after-school programs; legal representatives; cultural agencies; religious and spiritual agencies; as well as families in coordinating the treatment plan for the youth. The Director will be in close daily communication with each youth's clinician, the Registered Nurse (RN), psychiatrist, and residential staff to gather information regarding improvements or setbacks in the youth's condition.

The Director will coordinate intakes and assist in clinical assessments as needed. He/she will be responsible for all hiring in the program and will work with the program supervisor to ensure that there is adequate staffing in the home at all times. They will conduct regular individual and group supervision of *all staff* and maintain all quality assurance of the program.

The Director will be a Connecticut licensed clinician with a Master's degree in Social Work or Marriage and Family Therapy, or a Ph.D. in Psychology or Psy.D. They will have a minimum of five years' experience working with disturbed children/adolescents and have experience in administrative management and staff supervision. They should have some experience in working with the particular cohort of the home being undertaken. It is anticipated that the Clinical Program Director will carry a caseload of one-two cases.

Licensed Clinician/Care Coordinator: The staffing plan will allow for a ratio of 1 clinician to approximately four youth. This role is responsible for individual, group, and family treatment as well as case management services. This role is critical to the homes and will need to have the clinical expertise specific to the particular cohort being served. These individuals will need to have significant experience in working with the given population and cannot be expected to "train up" to the population after hiring. It is anticipated that they may need to be recruited at a higher salary range than is typical for comparable agency clinicians.

The clinical care and case management will be covered by 1 Full Time Equivalent (FTE) licensed clinician plus the Clinical Program Director, who will carry a half-time caseload.

The clinician will have Connecticut licensure and hold a Master's Degree in Social Work or Marriage and Family Therapy, or a Ph.D. in Psychology or Psy.D. He/she will have experience working with youth and their families, including those who are culturally and linguistically diverse, as well as good communication and record-keeping skills. Clinicians should not work regular first shift hours, as they will be insufficiently available to both youth and families. It is expected that clinicians will work a split shift to ensure optimal exposure to both youth (who are in school mornings) and families for meetings which would not occur during morning hours.

Psychiatrist Hours: The Level II - TGHs will provide four (4) hours of psychiatric time per week for a five-bed home and five hours for a six bed home (via a psychiatrist as opposed to an APRN). The child psychiatrist will be

responsible for the psychiatric treatment of the residents. He/she will provide a timely initial psychiatric assessment and continuous on-site assessment and medication management thereafter. He/she will attend weekly meetings with clinical staff and be on call 24 hours a day/7 days a week.

The psychiatrist must have a current MD license, completion of residency in child psychiatry, and documented, extensive experience in treating children and adolescents.

Nurse: Nursing services will be provided through a .5 FTE RN. (Alternative comparable models will be considered by program oversight as long as the desired services and appropriate hours are covered.) Staff must be trained and certified in medication administration through DCF. The nurse will be responsible for the medical and health related management of the youth, including reviewing all medical history and coordinating all medical appointments. He/she will monitor responses to medication, vital signs, and blood work. They will work closely with the child psychiatrist and will attend all clinical and treatment meetings for each resident. The schedule of the nurse should be such that he/she is on duty when the children are present in the home in order to monitor their status and progress.

The RN will supervise all DCF medication certified staff and oversee the safe administration of medications in the LEVEL II - TGH. He/she will complete all necessary paperwork and reports related to this. He/she will conduct health-related groups for the youth and provide ongoing health related education for the staff and residents.

The RN will have a nursing degree and current license as a registered nurse. He/she will have a minimum of two years' experience working with youth, ideally with working with adolescents.

Residential Supervisors: Staffing will allow for two FTEs who will flex hours and days: e.g., Sunday to Wednesday and Wednesday to Saturday. For example, weekday hours should be, e.g., noon to 11:00 p.m. and weekend hours should be 9:00 a.m. to 8:00 p.m.

The residential supervisors will work closely with and report to the program director. They are responsible for overseeing the overall daily operations of the home and for supervising the childcare workers. Their tasks will include but will not necessarily be limited to such things as: reviewing daily activity schedules; supervising implementation of such schedules; ensuring implementation of policies and procedures; monitoring interactions among staff and youth; reporting daily to the program director regarding operation of the home; assisting direct care staff as often as necessary to maintain ratio or to provide specific services; step in to assist in crises; monitor behavioral reward system established by program director. A bachelor's degree in a human services field is preferred with at least two years experience working with children and youth presenting with significant behavioral health issues.

Childcare workers: The staffing ratios will allow for one direct care staff on when youth are in school, as many as three on when they are home and not at school, and two on at overnight while youth are sleeping (staff are awake staff). The childcare workers will have at least an associate's degree (bachelor's preferred) and a minimum of one year's experience working with disturbed children or adolescents.

STAFFING PLAN REQUIREMENTS – MR HOMES

As these homes are designed for not more than four youth with mental retardation and behavioral health issues, the staff and budget requirements are somewhat different than those for the homes designed for five to six youth who do not have mental retardation. (See budget for details of staffing requirements.) This stet model has a single, combined clinical program director position. Due to Private Non-Medical Institutions (PNMI) requirements, this Clinical/ Program Director position must be one of the licensed (at least Masters prepared for this model) professionals acceptable to the Department of Social Services (DSS) (i.e., Ph.D. or Psy.D., LCSW, or LMFT).

LINKAGES AND CONTACTS

Strong and effective linkages with a full continuum of programs and services will be critical to the success of Therapeutic Group Homes. Without the linkage to community services and supports, the creation of new beds will do little more than shift the problem of overstays in residential treatment centers to Therapeutic Group Homes. Because of the importance of these linkages, proposals that integrate or link the therapeutic group home to a community based continuum of care operating within a Managed Service System will be given priority in the selection process.

ACCESS AND REFERRAL PROCESSING

Applicants can anticipate admissions to this program through the Department of Children and Families in the Area Office where the group home is located and the Central Placement Team. Applicants must agree to a no unilateral reject-no unilateral eject contract requiring for referred children/youth who meet the criteria established for program eligibility established above. Applicants must detail their plans to transition children/youth into the Group Home setting.

LENGTH OF SERVICE

Length-of-stay will VARY MARKEDLY DEPENDING ON THE INDIVIDUAL NEEDS OF THE CHILD OR ADOLESCENT. It is expected that planning be done of a highly individualized nature. The Department, however, recognizes that a flexible approach to length of stay may be necessary to accommodate the treatment goals and to facilitate planful transitions to a less restrictive level of care; accordingly, the Department will approve modification to this length of service on a case-specific basis.

OPERATING HOURS

Group Homes will be in operation 24 hours a day, 7 days a week.

SERVICE ELEMENTS

All Group Home providers will be expected to provide a range of services that include but are not limited to:

- Educational and academic support, guidance and assistance
- Vocational/career guidance and linkages
- Health (medical, mental, dental and vision), nutrition and wellness promotion
- Advocacy resources
- Independent Living Skills Development, including cooking, shopping and money management
- Hygiene and Grooming
- Social support and skill development/enhancement
- Friendships
- Social rehabilitation
- Personal enrichment
- Information and knowledge acquisition
- Recreation
- Physical Activities
- Mentoring (peer and adult)

Applicants should address each of the above components, setting forth how they will provide and integrate these elements into the daily therapeutic milieu. Applicants must describe how they will ensure that children's cultural and linguistic needs will be addressed within the aforementioned service elements. This includes providing opportunities for the children to experience and maintain traditions, food and activities that are integral to their culture and heritage.

In addition, the successful applicant will be attentive to the daily and routine hair and skin care needs of racially diverse children and youth. Applicants' budgets must demonstrate a nexus with these service components.

TRANSPORTATION

The program will actively assist the children and youth, in a manner that is age and developmentally appropriate, in learning how to use methods of public and mass transportation. The program will also have a means for providing group transportation to youth on occasions such as group outings; and will provide individual transportation on occasions such as meetings, visitations, evening school activities, etc., when public transportation is unavailable or would be unsafe. The Applicant will detail their plan to ensure and/or provide safe transportation for children/youth served in the program. Plans for assisting families, as appropriate and necessary, with transportation to support their active involvement in the program must also be provided.

MODEL OF CARE

The applicant must propose a best practice strategy for serving the targeted population, including defining the proposed approaches, intensity and frequency of the identified treatment model(s), and rationale for selecting said model(s). Evidence of the approaches' effectiveness (e.g., literature/research citations) for the target population is to be included. The successful applicant will demonstrate the ability to serve children and youth within the target population who have experienced physical abuse, sexual abuse, neglect, loss, separation, and significant trauma. As indicated earlier, a model that is predicated upon a principle of no unilateral reject – no unilateral eject must be provided.

CLINICAL SERVICES

The successful applicant for a Therapeutic Group Home cohort will articulate a clinical model that is comprehensive, age and developmentally appropriate treatment to the target population. Clinical services shall be provided in a manner that is trauma sensitive, and gender specific, focused upon producing positive outcomes for the children and youth served.

Each child/youth entering the Therapeutic Group Home must undergo a comprehensive, multidimensional assessment within 30 days of admission. This assessment will cover the psychological, medical, education, socio-emotional and legal needs of the child. It will be strength and resiliency-based and include a review of previous placement and treatment histories, pre-dispositional materials, including any clinically focused assessment. Therapeutic Group Home providers may be required to use standardized assessment tools to evaluate and collect baseline clinical data on each child/youth entering the program.

In addition, ongoing assessment, thorough routine and regular observation of the child/youth shall occur. These assessments shall assist with the development of an individualized treatment and behavioral management plan. Minimum clinical service expectations, as informed by a comprehensive global assessment of the child/youth, are as follows:

- Intensive, structured daily programming, 7 days a week
- Therapeutic supports and approaches to enhance normalized activity
- Substance Abuse treatment/counseling
- Coordinated care management
- Assistance with daily living skills
- Psychiatric evaluations
- Medication management
- Behavior Management and modification
- Trauma informed treatment

- Psychological testing, as needed
- Psycho-educational interventions
- On-going health assessment and progress do orientation by R.N.
- Implementation of medical treatments as ordered by licensed practitioner
- Access to physical examinations per American Academy of Pediatrics guidelines
- Comprehensive transition planning
- Client specific interventions

SERVICE SATISFACTION

A child or youth's wishes, interests, goals, freedom and autonomy should be respected and cultivated. Therapeutic Group Homes will be attentive to the needs of the children and families served. Applicants shall detail a mechanism to collect and formally address substantive issues that may be revealed and to measure both client and family satisfaction with the program. As part of their ongoing Quality Assurance efforts, providers will be expected to administer to the children/youth served, an age appropriate satisfaction survey. The Department will work with the successful applicant(s) with respect to the tools and/or measures that will need to be used.

GOALS

The Group Home is focused on providing the identified children/youth with a mix of supportive and clinical interventions within a home-type environment that will promote their successful transition home, foster care or transitional living with additional therapeutic support (i.e., Family Support Team, Care Coordination, Extended Day Treatment). The Department is seeking programming that integrates the psychological, medical, emotional, spiritual physical, and educational needs of the children/youth served into a comfortable, pleasant, safe, trauma informed, developmentally appropriate and culturally competent treatment environment.

Proposed objectives and outcomes for this service are identified below. Additional objectives and outcomes may be required at the time of contracting.

OBJECTIVES AND PROPOSED PERFORMANCE MEASURES AND OUTCOMES

OBJECTIVES	PROPOSED OUTCOMES
A. Children/youth served will benefit from a comprehensive treatment approach that supports increased stable functioning in the community.	A1. 100% of the children/youth served will be maintained and subsequently successfully discharged from the Group Home.
B. Children/youth served will benefit from a comprehensive approach that will foster increased adaptive functioning.	B1. 85% of children/youth served will present with increased pro-social behavior and interactions as evidenced by results on instrument administered quarterly.
	B2. 100% of children/youth served will increase social integration in the community (i.e., employment, volunteer activities, involvement in recreational activities) as measured by completion of related treatment plan goals.
	B3. 100% of children/youth served will achieve educational and/or vocational success as

	measured by school attendance records, progress notes and report cards.
	B4. 100% of children/youth served will be connected to a permanent/long tern family or natural support as measured by treatment planning attendance sheets, visitor logs, completion of treatment goals and discharge plan content.
C. Children/youth served will be successfully discharged into an equal or less restrictive or transitional level of care.	C1. 100% of adolescents served will be transitioned home, to a foster home setting, or to a Transitional living program, or will be maintained in the Group Home through the end of their Individualized Education Plan.
	C2. 100% of children served will be discharged to a home, to a foster home setting, or to an adolescent therapeutic group home.
	C3. 100% of youth served will be planfully transitioned to a family or transitioned to an appropriate level of care through DMR or Department of Mental Health and Addiction Services, DCF's Independent Living Program.
	C4. 80% of children/youth will demonstrate placement stability following discharge as evidenced by 6-month follow-up interview with client and satisfaction survey results.
	C5. 0% of children/youth will be unilaterally ejected from Group Home without DCF's concurrence as evidenced by discharge data.
D. Children/youth will have enhanced opportunity to realize their full potential	D1. 100% of youth served will be connected to a sustainable, positive hobby, interest and normative, community-based activity as evidenced by completion of treatment plan goals and content of discharge plan.
	D2. 100% of children/youth served will be tied to a permanent/long term family or natural support as measured by treatment planning attendance sheets, visitor logs, completion of treatment goals and discharge plan content.

FAMILY INVOLVEMENT

Family participation in all aspects of treatment as appropriate will be strongly encouraged. For the well being of the child, if there are clinical or legal considerations that would impact family participation, all efforts to understand and overcome any barriers will be explored. The applicant will describe how they will facilitate meaningful family involvement in the treatment plan development and care approach for the children/youth to be served.

MULTI-CULTURALLY AND LINGUISTICALY COMPETENT CARE

As with family participation, a point of emphasis for the Therapeutic Group Homes is the ability to provide culturally and linguistically competent services. Applicants must describe how they will ensure that children's cultural and linguistic needs will be addressed within the service model. This includes providing opportunities for the children to experience and maintain traditions, food and activities that are integral to their culture and heritage. In addition, the successful applicant will be attentive to the daily and routine hair and skin care needs of racially diverse children and youth. Applicants' budgets must demonstrate a nexus with these service aspects.

Applicants are to describe how they will infuse cultural and linguistic competency into the service approach and daily programming. Applicants should detail how multi-cultural competence will be included in treatment/service planning, discharge planning, case reviews, analysis and review of program data, and staff supervision. Applicants must set forth how they will meet the linguistic needs of children and families that may be served by the program. Please describe your organization's efforts and achievements in providing culturally and linguistically competent care and your experience in successfully providing services to a diverse population. Describe any internal quality improvement process you may utilize to evaluate the cultural competence of services that you provide.

VISITATION

On an individual basis, informed by clinical judgment and the child's/youth's treatment plan and protective service stipulations, children/youth involved in the program will have visitation with family, friends, and others to enhance community connections and, whenever possible reunification goals. Applicants will submit their proposed plan and structure to support visitation during the course of emergency triage and care.

PRE-EMPLOYMENT SCREENING

The Contractor shall screen all potential hires by obtaining verified criminal records and screening children's protective service histories for any convictions and for child abuse or neglect substantiations.

STAFFING MODEL

The successful candidate(s) must set forth a plan to recruit and retain professional and para-professional staff that are culturally and linguistically competent and diverse (see also section: Multi-culturally and Linguistically Competent Care). Assessment, crisis intervention, and active treatment services will be available daily for children and youth. Staff must have the ability to provide services to all eligible participants, regardless of English language limitations. While the successful applicant must provide for the most common languages, it may be necessary to make special arrangements for interpretive services to communicate with those speaking less frequently encountered languages.

Therapeutic Group Home staff must demonstrate the following:

- Experience providing direct services to diverse populations
- Multi-lingual capabilities (relevant to community served)
- Shared cultural, linguistic or experiential backgrounds

Describe your current policy and process to recruit, hire and retain staff that represents the cultural and linguistic needs of the populations that you serve.

STAFF SUPERVISION

Applicants must detail the supervisory structure of the program and include a plan for direct and clinical supervision of program staff.

PRE & IN-SERVICE TRAINING

Applicant must detail a plan to provide pre-service training to all direct service employees, interns or volunteers during their orientation period and prior to the provision of any direct service. This plan should set forth the types and topics of training that staff will receive on a pre-service basis.

Applicants must also set forth the types and frequency of in-service training that will be provided to the Therapeutic Group Homes staff.

DATA REPORTING

Group Home providers will be expected to submit ad hoc and monthly data, and restraint and seclusion data to the Department or its designated Administrative Services Organization. These data may include, but will not necessarily be limited to the following:

- Demographic Information (e.g., name, date of birth, gender, race, ethnicity, town of origin, DCF status, prior placement setting, and admission date);
- Clinical and Diagnostic Information (e.g., diagnosis, anticipated length of stay, targeted behavior, level of functioning, scores from standardized clinical tools, etc.);
- Utilization Data (number served, referral source, average length of stay in Therapeutic Group Homes for those admitted and those not admitted, readmission rates, etc.)
- Treatment Progress Data (e.g., degree of resolution of presenting problems, level of stability/improvement obtained, Improvement on Global Assessment of Functioning and/or other Standardized Scale);
- Transition/Discharge Information (e.g., reason for discharge; transition/discharge placement setting, reason for any transition/discharge delays; level of improvement for targeted behaviors);
- Fiscal data (include Medicaid reimbursement)
- Incident reports; and
- Restraints and seclusions

Much of the data reporting will likely occur through an electronic/computerized format. The Department will work with the successful applicant(s) in determining the format and frequency for regular and ad hoc data submissions.

SITING

Level II – Therapeutic Group Homes must be located in residential communities. It is the expectation of the Department that these homes will be indistinguishable from other homes in community neighborhoods. Although applicants do not have to have sites secured at time of response, preference will be given to those applicants who have a site, with next priority given to those who adequately describe a plan to procure a site (through rental or purchase). If an applicant receives an award off of this RFQ and is unable to procure a site within 90 days of initial negotiations, the Department reserves the right to cancel the award, and award the contract to another Applicant.

LICENSURE & CERTIFICATE OF NEED

Prospective contractor, employees and agents must comply with all federal, state and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable to fully executed Therapeutic Group Homes contract and contract related service(s). Licenses may be issued by DCF and/or DMR, depending on the particular cohort of the home.

REVENUE MAXIMIZATION

The Department anticipates claiming PNMI reimbursement on amounts paid to the group homes. It is expected that the group homes comply with PNMI standards.

BUDGET & BUDGET NARRATIVE

As noted above, this RFQ utilized established models and staffing. The Department has developed sample model budgets for Therapeutic Group Homes (non-MR and MR) that should be used by Applicants as starting points. A Therapeutic Group Home budget is provided for five and six bed homes for the non-MR homes. A Therapeutic Group Home budget is provided for four-bed homes for the MR homes; any proposal for fewer than four beds must be modified accordingly. Applicants may provide smaller models and budgets with justification. Thus, there are three budgets attached: two for Level II – Therapeutic Group Homes that serve non-MR youth with significant psychiatric and/or behavioral issues and one for Level II – Therapeutic Group Homes that serve Mentally Retarded youth with significant psychiatric and/or behavioral health issues. The Model budgets outline exactly what the Department is seeking to purchase; proposals with budgets that significantly exceed the available dollars in the model promulgated will be competitively disadvantaged in the selection process, and proposals that significantly alter the Model may be viewed as non-responsive. We recommend that:

- The number and type of staff not be changed; if changes are proposed, the scope and rationale for specific changes must be clearly articulated and justified;
- The salary amounts may be changed;
- The budget totals should not be exceeded; if exceeded, the scope and rationale for specific changes must be clearly articulated and justified;
- Other line items may be changed as long as all items are covered

Applicants are expected to submit sample budget to display how they will meet the parameters of the model budgets and staffing requirements. Applicants who submit budgets within or below the promulgated parameters will be given priority in the selection process insofar as cost-effectiveness is of considerable importance to the Department. Applicants' submissions must detail the following elements:

1. Proposed, reasonable capital requests necessary to support the provision of this service. DCF will also consider use of funds from this RFQ to assist with the purchase of technology needed to support the provision of the proposed service/program. The budget narrative must detail your agency's request to use DCF funds for capital and technology purchases. In particular, the Budget Narrative must include a

breakdown of costs, and number and types of technological related items to be purchased. (e.g., computers, software, printers, PDAs).

2. An annualized program-operating budget, as detailed by your budget narrative, based on DCF funding, projected third party payments and other funding and in-kind contributions. The budget narrative should clearly set forth expenses and income sources above and other than that from DCF.

POLICY AND PROCEDURE

Policy and Procedures (P&P) are likely to drive the successful operationalization of the Therapeutic Group Homes. Prior to program implementation (but not as part of the application materials) each Group Home will be expected to develop and submit for review, a policy and procedure manual that includes but is not limited to the following:

- Registration Process
- Process of Medical Clearance
- Admission Process, including permission to treat and releases
- Medical Records, HIPAA Guidelines
- Security Policy, including Searches
- Management of Psychiatric Emergencies, including Agitated and Suicidal Patients
- Restraint and Seclusion Processes
- Levels of Observation
- Management of Clothing and Valuables
- Child Abuse and Neglect Evaluation and Reporting
- Phone Calls and Visitors
- Infection Disease Clearance and Management of Infectious Diseases
- Medical Care of residents
- Discharge Process
- Aftercare
- Medical Record Retention and Storage
- Quality Assurance and Critical Incident Review
- Statistical Records and Reports
- Patient Rights
- Patient Complaints
- Patient, Family, Stakeholder Satisfaction

As part of the application, please submit a copy of policies and procedures, table of contents and samples of the three (3) Policies that are identified above in bold and underlined type. No individual policy should be longer than three pages.

APPLICATION QUESTIONS
Applicants must address the following:

PREPARING A RESPONSIVE APPLICATION

Applicants will note that a variety of questions and submission requirements have been included through the RFQ. These questions and submission requirements are repeated below. Applicants must review the RFQ in total to ensure that these required questions and response elements are adequately and sufficiently addressed based upon the context of the respective service(s) and sections within this guidance. Further, some sub-sections with the RFQ do not articulate a specific question to be answered. Instead, they might include information about how a particular process will occur (e.g., referrals, length of service, hours of operation, etc.) In such instances, Applicants, at a minimum, shall note their willingness to comport with those expectations. It is encouraged, however, that Applicants will elucidate on any plans and/or structures they will implement to ensure compliance with any such expectations.

Applicants should carefully read and familiarize themselves with the section titled "APPLICATION INSTRUCTIONS and REVIEW INFORMATION'. This section details the format and the appendices requirements. The Department has the right to reject submitted applications that do not conform to these requirements.

APPLICATION QUESTIONS

The section immediately below lists all the questions to which Applicants must respond in their submission. It is strongly encouraged that these questions are answered within the context of the information contained in each sub-heading from which it has been taken. There is often additional detail with the sub-heading sections that explicates the breadth and depth of information that a successful Applicant will provide.

Applicants must address the following questions and provide the following information within their submission. Applicants should review these questions and requests within the context of the corresponding sections within the RFQ to better ensure that the submitted answers and information fully address the components of this guidance.

1. Provide an overview of your organization including years in operation, mission, philosophy, vision, experience providing emergency psychiatric services, activities to support DCF and Connecticut Community KidCare objectives, current range of services the organization provides and the resources that would be brought to Therapeutic Group Homes.
2. Describe the organization's history of providing service to low income and vulnerable populations.
3. Describe the organization's approach to providing out-of-home services to children, youth, and their families. Provide an example of how the organization has provided the service.
4. Provide evidence of your organization's experience in providing behavioral health service to children and adolescents and their families, representing the full age range and levels of problem severity.
5. Describe your organizations experience in working with the range of community providers described in the LINKAGE section of the RFQ.
6. Provide an organizational chart and identify key managers by name and attach resumes of identified managers. (Appendices 2 and 3)
7. Please list the cohort groups you are applying for eligibility to serve.
8. *Please describe your organization's experience in serving the particular population groups for which you are applying for eligibility to serve.
9. Please identify the proposed location of the Therapeutic Group Home (if known) and include any drawings, floor plans, or other detailed descriptions of the space. Please identify your plan to procure property and ensure that it meets RFQ goals.

10. Please describe the organization's membership status in the local Managed Service System and record of collaboration with local systems of care, the Managed Service System, DCF, community providers, and other involved parties.
11. Describe the organization's plan for meeting the linkage and contact requirements outlined in the RFQ. Please be sure to indicate how the Provider will guarantee access to the services and contacts within the required time frames. Also, provide copies of any Memoranda of Agreement or subcontracts you intend to utilize in delivering the Group Homes. (See the LINKAGES and CONTACTS section for a list of the required memoranda).
12. Please describe how the Group Home(s) you are proposing will be integrated with or linked with an established continuum of services within a system of care and describe how movement between constituent levels of care and elements of the service system will be managed for youth in the group home(s).
13. Applicants must detail their plans to transition children/youth into the Group Home setting.
14. *Applicants must detail how they will provide and/or contract for the supports and services identified in the CLINICAL SERVICES section. Applicant's proposal must articulate a clinical and therapeutic approach that is specific to the gender, age, and profile of the target population to be served. Applicants must address how they will meet the specific needs of the children/youth as it pertains to the issues presented in the CLINICAL SERVICES section.
15. The applicant must propose a best practice strategy for serving the targeted population, including defining the proposed approaches, intensity and frequency of the identified treatment model(s), and rationale for selecting said model(s). Evidence of the approaches' effectiveness (e.g., literature/research citations) for the target population is to be included. The successful applicant will demonstrate the ability to serve children and youth within the target population who have experienced physical abuse, sexual abuse, neglect, loss, separation, and significant trauma. A model that is predicated upon a principle of no unilateral reject – no unilateral eject must be provided.
16. Provide a plan for how the organization will provide and integrate all of the service elements described in the RFQ.
17. The Applicant will detail their plan to ensure and/or provide safe transportation for children/youth served in the program. Plans for assisting families, as appropriate and necessary, with transportation to support their active involvement in the program must also be provided.
18. Please describe your organization's plan for family involvement in the delivery of service including the proposed role and context for family involvement. In particular, the applicant will describe how they will facilitate meaningful family involvement in the treatment plan development and care approach for the children/youth to be served**.**
19. Describe how the organization will handle family and "other" visitation while children and adolescents are being served in the Therapeutic Group Homes.
20. Describe your current policy and process to recruit, hire and retain staff (both professional and paraprofessional) that represents the cultural and linguistic needs of the populations that you serve.
21. Applicants must detail the supervisory structure of the program and include a plan for direct and clinical supervision of program staff.
22. Describe how you will infuse cultural and linguistic competency into the service approach and daily programming. Applicants should detail how multi-cultural competence will be included in treatment/service planning, discharge planning, case reviews, analysis and review of program data, and staff supervision. Please describe your organization's efforts and achievements in providing culturally and linguistically competent care and your experience in successfully providing services to a diverse population.
23. Applicants must set forth how they will meet the linguistic needs of children and families that may be served by the program.
24. Please describe any current quality assurance process used to evaluate/improve the level of cultural and linguistic competence of your service delivery.
25. Describe any internal quality improvement process you may utilize to evaluate the cultural competence of services that you are seeking to provide.

26. Please identify the racial/ethnic, gender and town of residence breakdown of your board of directors. (Appendix 4)
27. Describe the organizations plan for pre-service and ongoing in-service training for all group home staff and volunteers, including all training required prior to staff being authorized to provide direct care. Be specific regarding the duration, intensity and frequency of training requirements.
28. Describe your information systems infrastructure, including the hardware, operating system and software that the organization has. Be sure to document that the organization is running, at a minimum, the Windows 98 Operating System and that they have the capacity for word processing, spreadsheet creation, and database development and data analysis.
29. Provide a description of how the organization will meet all DCF data submission requirements including the ability to provide accurate, timely, and complete computerized records of unduplicated counts of children and youth served.
30. Describe your method of collecting and utilizing client and family satisfaction data for performance improvement. Indicate, how, when and with what tools or methods client satisfaction will be assessed.
31. Provide evidence of sound fiscal management processes, fiscal stability, and the ability to manage public contracts, public grants, and third party reimbursement systems.
32. Describe any existing or proposed policy and procedure relevant to the Therapeutic Group Homes. Provide samples of the three policies and procedures identified in bold and underline type. (See also Section: POLICY and PROCEDURE) (Appendix 10)
33. If your agency has been or is involved in the development of any Level II Therapeutic Group Homes, please identify any delays in opening with specifics as to the timeframe and reasons for same.
34. If your agency has been or is involved in the development of any Level II Therapeutic Group Homes, please include your occupancy level since receiving a license for the full planned complement of beds. If occupancy is less than 85%, please describe reasons and plans to address issues preventing full occupancy

Question for Providers Proposing Conversion from Level I Group Homes

35. Please identify your plan of conversion (LBC, budget, program, transition and/or maintenance of staff, transition and/or maintenance of youth, site issues, etc).

*Questions requiring response when additional cohorts beyond one (1) are being applied for.

APPLICATION INSTRUCTIONS and REVIEW INFORMATION

INSTRUCTIONS FOR COMPLETION

Submitted applications must conform to the following format requirements:

Page Limit	40 (excludes Cover Page, Table of Contents, Application Budget, Application Budget Narrative, and Appendices)
For EACH additional cohort applied for after the first, the applicant may add up to 6 additional pages per cohort to respond to questions #8 and #14, and provide a budget and budget narrative: this is the only required documentation for each additional cohort.	6 Page limit for each additional cohort to answer questions 8 and 14. In addition, a separate budget and budget narrative must be submitted for each cohort for which application is being made.
Client Encounter Data, census and demographic information (Appendix 9)	1 page limit
Policies and Procedures (Appendix 10)	15 page limit
Font Size	12 pt
Paper Dimensions	8.5 x 11
Margins	1 inch all sides
Line Spacing	Double

1 original plus 10 copies for each of the different cost/budget categories for which an agency is applying must be submitted, regardless of the number of cohorts. For example, if an agency were applying for three cohorts under Level II – Therapeutic Group Homes, non-MR and two cohorts under Level II – Therapeutic Group Homes-MR, the Applicant must submit 1 original plus 10 copies for the Level II Non-MR home and 1 original plus 10 copies for the Level II MR home. The controlling element with respect to the number of application copies needed is the different budget categories (i.e., Level II -Non MR, Level II-MR) and not the number of cohorts within a given budget category.

APPLICATION FORMAT

Note: Applications should be packaged with the information in the order as follows: (not in binders, please)

1. Cover Sheet
2. Table of Contents
3. Application Questions
4. Application Budget (for each cohort category – MR and non-MR being applied for).
5. Application Budget Narrative (for each cohort category – MR and non-MR being applied for)
6. Appendices (see below)

Please ensure that all pages are numbered.

APPENDICES

The following appendices must be included with the proposal:

Appendix 1	Letters of Agreement/Memorandum of Agreements and Understanding*
Appendix 2	Resumes & Job Descriptions
Appendix 3	Organizational Structure/Chart
Appendix 4	Board of Directors (annotated with race/ethnicity, gender and town of residence)
Appendix 5	Subcontractor Profile Form(s)
Appendix 6	Current certificates of accreditation or licensure

Appendix 7	Certificate of Incorporation
Appendix 8	Client Encounter Data, Census information and community demographics
Appendix 9	Policies and Procedures
Appendix 10	Floor plans and/or Architectural plans (optional)
Appendix 11	Gift Affidavit**
Appendix 12	Consulting Agreement Affidavit**
Appendix 13	Campaign Contribution Affidavit**

Please note: Attachments other than those appendices defined above, are not permitted. In addition, these appendices are not to be used to extend or replace any required section of the application.

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

**Submissions lacking these three, properly executed, affidavits will not be reviewed.

REVIEW CONTEXT

The review of the applications will be standardized, but not limited to the following elements

A. All application deadlines, as described in RFQ, have been met. Application format and utilization of DCF application materials, as described in RFQ and/or at the Technical Assistance/ Bidders Conference, has been adhered.

B. The applicant demonstrates the ability to provide effective care to children and families in a clinically necessary and appropriate, strength-based, family-focused, and culturally competent manner.

C. The proposal clearly and satisfactorily addresses how the applicant will provide the services described in the RFQ.

D. The applicant has clearly and satisfactorily described how all the service management requirements listed in the RFQ will be addressed.

E. The applicant has submitted realistic and cost effective budgets that includes accurate listing of all program-funding sources, as stipulated in the RFQ. Although the sample budgets can be exceeded, as outlined on page 22 above, preference will be given to applicants who can demonstrate a quality and cost effective budget consistent with the programmatic and budgetary model promulgated.

F. Applicant's agency structure is sufficient to support the proposed program by providing adequate administrative support and supervision.

G. Applicant can demonstrate the organization's ability to develop and maintain staff who are culturally and linguistically reflective of the population(s) to be served.

H. Applicant can demonstrate an ability to work effectively with DCF, other state agencies, Community Collaboratives, schools and other traditional and non-traditional community providers.

REVIEW PROCEDURE

The Department is under no obligation to award the contract to the applications with the highest scores or, for example, the proposals offering to provide the service at a lower amount than other applicants. The review panel may use numerical point measures as a guide, but these measures are not binding on the review panel. The recommendations of the review panel are based on a wide range of considerations and are not limited to point weight score or the relative costs of the proposals. The goal of the Department is to procure the highest quality services in the most fiscally responsible way.

Following the final selection, a contract will be negotiated and developed with the applicant(s) that details the program structure, services, budget, rate, performance based criteria and reporting requirements. No financial obligation by the State can be incurred until a contract is fully executed.

GENERAL PROPOSAL NOTICES AND REQUIREMENTS

A. Evaluation and Selection

It is the intent of the Department to conduct a comprehensive, fair and impartial evaluation of proposals received in response to this procurement. Only proposals found to be responsive to the RFQ will be evaluated and scored. A responsive proposal must comply with all instructions listed in this RFQ. Responsive proposals shall remain valid for possible award by the Department for a period of up to 12 months after the RFQ's closing date.

B. Contract Execution

The pursuant contract developed as a result of this RFQ is subject to Department contracting procedures, which includes approval by the Office of the Attorney General. Please note that contracts are executory and that no financial commitments can be made until, and unless, the contracts are approved by the Attorney General.

C. Applicant Debriefing

The Department will notify all applicants of any award issued by it as a result of this RFQ. Unsuccessful applicants may, within thirty (30) days of the signing of the resultant contract, request a meeting for debriefing and discussion of their proposal by contacting the DCF Contact Person. Debriefing will not include any comparisons of unsuccessful proposals with other proposals.

D. Conditions

Any prospective applicants must be willing to adhere to the following conditions and must positively state them in the proposals:

1) Conformance with Statutes: Any contract awarded as a result of this RFQ must be in full conformance with statutory requirements of State of Connecticut and the Federal Government.

2) Ownership of Subsequent Products: Any product, whether acceptable or unacceptable, developed under a contract awarded, as a result of this RFQ is to be sole property of the Department unless stated otherwise in the RFQ or contract.

3) Timing Sequence: Timing and sequence of events resulting from this RFQ will ultimately be determined by the Department.

4) Oral Agreement: Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by a written agreement.

5) Amending or Canceling Requests: The Department reserves the right to amend or cancel this RFQ, prior to the due date and time, if it is in the best interest of the Department and the State.

6) Rejection for Default or Misrepresentation: The Department reserves the right to reject the proposal of any applicant in default of any prior contract or for misrepresentation.

7) Department's Clerical Errors in Award: The Department reserves the right to correct inaccurate awards resulting from its clerical errors.

8) Rejection of Qualified Proposals: Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFQ.

9) Applicant Presentation of Supporting Evidence: An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the proposal.
10) Changes to Proposal: No additions or changes to the original proposal will be allowed after submittal. While changes are not permitted, clarification at the request of the agency may be required at the applicant's expense.

11) Collusion: By responding, the applicant implicitly states that they are submitting a separate response to the RFQ, and is in all respects fair and without collusion or fraud. It is further implied that the applicant did not participate in the RFQ development process, had no knowledge of the specific contents of the RFQ prior to its issuance, and that no employee of the Department participated directly or indirectly in the applicant's proposal preparation.

E. Proposal Preparation Expense
The State of Connecticut and the Department assume no liability for payment of expenses incurred by applicants in preparing and submitting proposals in response to this solicitation.

F. Incurring Costs
The Department is not liable for any costs incurred by the applicant prior to the effective date of a contract.

G. Freedom of Information
Due regard will be given to the protection of proprietary information contained in all proposals received. However, applicants should be aware that all materials associated with this RFQ are subject to the terms of the Freedom of Information Act, the Privacy Act, and all rules, regulations and interpretations resulting there from. It will not be sufficient for applicants to merely state generally that the proposal is proprietary in nature and not therefore subject to release to third parties. Those particular pages or sections, which an applicant believes to be proprietary, must be specifically identified as such. Convincing explanation and rationale sufficient to justify each exception from release consistent with Section 1-210 of the Connecticut General Statues must accompany the proposal. The rationale and explanation must be stated in terms of the prospective harm to the competitive position of the Applicant that would result if the identified material were to be released and the reasons why the materials are legally exempt from release pursuant to the above-cited statute. In any case, the narrative portion of the proposal may not be exempt from release. Between the applicant and the Department, the final administrative authority to release or exempt any or all material so identified rests with the Department.

H. Gift Affidavit
A gift affidavit must accompany bids or proposals for state procurements with a value of $50,000 or more in a calendar or fiscal year and licensing arrangements with a cost to the State greater than $500,000 in a calendar or fiscal year, pursuant to Conn. Gen. Stat. §§ 4-250 and 251, and Governor M. Jodi Rell's Executive Order No. 7B, para. 10.

Proposals meeting the aforementioned criteria must include an affidavit in which the applicant attests that during the two-year period immediately preceding the submission of the proposal neither the applicant nor any principals or key personnel of the submitting firm or corporation, who participated directly, extensively and substantially in the preparation of the bid or proposal, nor any agent of the above, gave any gift, as defined in Conn. Gen. Stat. § 1-79(e)(12), to (1) any public official or state employee of the state agency or quasi-public agency soliciting the bids or proposals who participated directly, extensively, and substantially in the preparation of the bid solicitation or preparation of request for proposal or (2) to any public official or state employee who has supervisory or appointing authority over the state agency or quasi-public agency soliciting the bid or proposal.

Any contract arising from this procurement may be terminated by the Department if it is determined that gifts prohibited by CGS Sec. 1-79(e) were either offered to or received by any of the aforementioned officials or employees from the applicant, the applicant's agent or the applicant's employee(s).

I. Disclosure of Consulting Agreements

A consulting agreement affidavit must accompany submissions for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Section 51 of Public Act 05-287. All such submissions must be accompanied by an affidavit in which the applicant discloses any agreement retaining the services of a consultant to assist in the applicant's participation in the procurement process. For additional information regarding the types of consulting agreements that must be disclosed in the affidavit and the required content and form of the affidavit, please see the attached “Consulting Agreement Affidavit."

J. Disclosure of Campaign Contribution(s)

A campaign contribution affidavit is to accompany bids or proposals for Large State Contracts (having a total cost to the State of more than $500,000), pursuant to Governor M. Jodi Rell’s Executive Order No. 1, para 8. and Conn. Gen. Stat. § 4-250. All proposals or bids pertaining to a Large State Contract must be accompanied by an affidavit in which the applicant attests that neither the applicant nor any principals or key personnel of the submitting firm or corporation, who participated directly, extensively and substantially in the preparation of the bid or proposal, nor any agent of the above, gave a political contribution to a candidate for public office or the General Assembly during the two-year period immediately preceding the submission of the proposal, as defined in Conn. Gen. Stat. §9-333b.

BUDGET FORMS

Please complete an annualized budget using the budget template provided, one for each of the different cost cohorts for which the applicant is applying (i.e., Level II – Therapeutic Group Homes, non-MR all types; Level II – Therapeutic Group Homes – MR. Applicants must also submit a corresponding budget narrative to clearly and articulate and justify any changes from the staffing model and any exceeding of the budget totals or market variations from the samples. It may be that those providers responding to several cohorts within one category may elect to provide the same budget and narrative for each of the cohorts within the same category (e.g., all within Level II – Therapeutic Group Home, Non-Mentally Retarded).

It is expected that approximately 70% of the total costs will be devoted to salaries plus fringe and the remainder to other expenses including indirect expenses.

SAMPLE BUDGETS

	Therapeutic Group Homes - Level II Licensed Capacity		Non MR 5 beds	Non MR 6 beds	MR 4 beds	
	STAFF:	FTE			FTE	
1	Clinical/Program Director	1	$62,400	$62,400	1.0	$62,400
2	Licensed Clinician/Care Coordinator	1	$50,003	$50,003		
3	Nurse	0.5	$29,000	$29,000	0.5	$29,000
4	Residential Supervisors	2	$64,480	$64,480	2.0	$64,480
5	Child Care Workers	10.8	$314,496	$314,496	9.1	$264,992
6						
7						
8	TOTAL SALARIES		$520,379	$520,379		$453,112
9						
10	FRINGE BENEFITS		$124,891	$124,891		$108,747
11						
12	OTHER EXPENSES:					
13	Rent		$35,000	$35,000		$35,000
14	Heat, Light, & Water		$7,750	$7,750		$7,750
15	Telephone		$5,986	$5,986		$5,986
16	Insurance		$12,300	$12,300		$12,300
17	Professional Fees		$1,500	$1,500		$1,500
18	Psychiatric/Psychological Svcs		$24,999	$24,999		$17,250
19	Behaviorist 8 hrs/week MR only					$46,000
20	Consulting/Contractual Services		$8,000	$8,000		$8,000
21	Food & Food Supplies		$26,000	$31,208		$20,805
22	Office Supplies/Postage		$3,800	$3,800		$3,800
23	Housekeeping Supplies		$2,600	$2,600		$2,600
24	Advertising(Employment)		$2,000	$2,000		$2,000
25	Clothing/Laundry & Dry Cleaning		$3,500	$3,500		$3,500
26	Personal Needs		$3,500	$4,187		$2,791
27	Allowance		$4,167	$4,986		$3,324
28	Recreation		$4,000	$4,786		$3,191
29	Travel		$3,500	$3,500		$3,500
30	Vehicle Expenses		$9,500	$9,500		$9,500
31	Maintenance & Repairs		$8,000	$8,000		$8,000
32	Training		$13,000	$13,000		$13,000
33	Medical Supplies		$1,200	$1,200		$1,200
34	Conferences/Mtgs		$1,800	$1,800		$1,800
35	Dues/Memberships - (For Children Only)		$1,200	$1,200		$1,200
36	License/Permits/Fees		$500	$500		$500
37	Interest					
38						
39	Total Other Expenses		$183,802	$191,302		$214,497

40	TOTAL DIRECT EXPENSES	$829,072	$836,566	$736,236
41	Indirect Expenses Rate=9%	$74,616	$75,291	$66,261
42	TOTAL EXPENSES	$903,688	$911,857	$802,497
43	Calculated Per diem rate	$495	$416	$550

Budget Template (to be completed and submitted with application for each cohort)
Please refer to sample budget for suggested expense levels

	Therapeutic Group Homes - Level II - Proposed Cohort _____	Proposed BUDGET	COMMENTS
	Proposed Capacity _____		
	Staffing Ratio - weekdays (mon-fri) Staffing Ratio - weekends (sat-sun) Child Care FTE (includes 15% relief staff)		
	STAFF:		FTE's
1	Clinical/Program Director		1.00
2	Licensed Clinician/Care Coordinator		1.00
3	Nurse		0.50
4	Residential Supervisors		2.00
5	Child Care Workers		10.80
18			
19	TOTAL SALARIES		
20			
21	FRINGE BENEFITS		
22			
23	OTHER EXPENSES:		
24	Rent		
25	Heat, Light, & Water		
26	Telephone		
27	Insurance		
28	Professional Fees		
29	Psychiatric/Psychological Svcs		
30	Consulting/Contractual Services		
31	Food & Food Supplies		
32	Office Supplies/Postage		
33	Housekeeping Supplies		
34	Advertising(Employment)		
35	Clothing/Laundry & Dry Cleaning		
36	Personal Needs		
37	Allowance		
38	Recreation		
39	Travel		
40	Vehicle Expenses		

41	Maintenance & Repairs		
42	Training		
43	Medical Supplies		
44	Conferences/Mtgs		
45	Dues/Memberships - (For Children Only)		
46	License/Permits/Fees		
47	Interest		
48			
49	TOTAL OTHER EXPENSES		
50	Total Expenses		
51	Indirect Expenses		9.00%
54	Net Expenses		
55	Calculated Per diem rate based @ 5.00		

SUBCONTRACT OR PROFILE

(COMPLETE FOR EACH SUBCONTRACTOR)

Legal Name of Agency:	
Agency Contact Person:	
Title:	
Address:	
Phone:	Fax:
Email:	
Amount of Subcontract:	
BRIEF DESCRIPTION OF SERVICES PROVIDED BY THE AGENCY	
DESCRIPTION OF SERVICES TO BE PROVIDED RELATED TO THE SERVICE/PROGRAM	

COVER SHEET

Group Homes:

Level II – Therapeutic Group Homes

Request for Qualification

Name of Agency: _____

Address _____

Application Contact Person: _____

Contact Person Phone & Fax: _____

Contact Person Email Address: _____

Please specify the cohort groups for which you are applying on the attached page:

COVER SHEET

NAME OF AGENCY: _____

Service Categories Non-MR: Cohorts 1-18 are 5-6 bed homes	Check Categories Applying for	Proposed Location(s) of Site(s)
#1 Adolescent Males (14-21): psychosexual		
#2 Adolescent Females (14-21): psychosexual behavior problems		
#3 Adolescent Males (14-21): problem behavior		
#4 Adolescent Females (14-21): problem behavior		
#5 Adolescent Males (14-21): psychiatric issues		
#6 Adolescent Females (14-21): psychiatric issues		
#7 Adolescent Males (14-21): Developmental Disabilities (non-MR)		
#8 Adolescent Females (14-21): Developmental Disabilities (non-MR)		
#9 Latency Males (10-13): psychosexual behavior problems		
#10 Latency Females (10-13): psychosexual behavior problems		
#11 Latency Males (10-13): problem behavior		
#12 Latency Females (10-13): problem behavior		
#13 Latency Males (10-13): psychiatric issues		
#14 Latency Females (10-13): psychiatric issues		
#15 Latency Males (10-13): developmental disabilities (non-MR)		
#16 Latency Females (10-13): developmental disabilities (non-MR)		
#17 Pre-latency Males (5-9): all categories		
#18 Pre-latency Females (5-9): all categories		
Service Categories Non-MR: Cohorts 19-22 are 4 bed homes	Check Categories Applying for	Proposed Location(s) of Site(s)
#19 Adolescent Males (14-21): Mentally Retarded		
#20 Adolescent Females (14-21): Mentally Retarded		
#21 Latency Males (10-13): Mentally Retarded		
#22 Latency Females (10-13): Mentally Retarded		

LETTER OF INTENT
(MANDATORY NON-BINDING)

Date: _____

This is to advise you that our agency is planning to apply for funding in response to the RFQ entitled Group Homes: Level II – Therapeutic Group Homes. We intend to apply for the following number of cohorts:

AGENCY NAME:
AGENCY ADDRESS:
AGENCY CONTACT:
POSITION/TITLE:
TELEPHONE NUMBER:
FAX NUMBER:
EMAIL ADDRESS:

Letter of Intent must be received by 3pm on April 21, 2006, to the following person:

Elizabeth D'Amico
Department of Children and Families
505 Hudson Street
Hartford, CT 06106
Fax: 860.566.8022
E-mail: Liz.D'Amico@po.state.ct.us

STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT
Policies and Guidelines

Gift Affidavit
(Bid or Proposal)

Gift affidavit to accompany bids or proposals for state procurements with a value of $50,000 or more in a calendar or fiscal year and licensing arrangements with a cost to the State greater than $500,000 in a calendar or fiscal year, pursuant Conn. Gen. Stat. §§ 4-250 and 251, and Governor M. Jodi Rell's Executive Order No. 7B, para. 10.

I, Type/Print Name, Title and Name of Firm or Corporation, hereby swear that during the two-year period preceding the submission of this bid or proposal that neither myself nor any principals or key personnel of the submitting firm or corporation who participated directly, extensively and substantially in the preparation of this bid or proposal nor any agent of the above gave a gift, as defined in Conn. Gen. Stat. § 1-79(e), including a life event gift as defined in Conn. Gen. Stat. § 1-79(e)(12), to (1) any public official or state employee of the state agency or quasi-public agency soliciting the bids or proposals who participated directly, extensively, and substantially in the preparation of the bid solicitation or preparation of request for proposal or (2) to any public official or state employee who has supervisory or appointing authority over the state agency or quasi-public agency soliciting the bid or proposal, except the gifts listed below:

Name of Benefactor	Name of recipient	Gift Description	Value	Date of Gift
List information here				

Further, neither I nor any principals or key personnel of the submitting firm or corporation who participated directly, extensively and substantially in the preparation of this bid or proposal know of any action to circumvent this gift affidavit.

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

Signature Date

Sworn and subscribed before me on this day of , 200

Commissioner of the Superior Court
Notary Public

STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT
Policies and Guidelines
Consulting Agreement Affidavit

Consulting agreement affidavit to accompany state contracts for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Section 51 of Public Act 05-287.

This affidavit is required if a bidder or vendor has entered into any consulting agreements whereby the duties of the consultant include communications concerning business of such state agency, whether or not direct contact with a state agency, state or public official or state employee was expected or made. Pursuant to Section 51 of P.A. 05-287, "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 contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of chapter 10 of the general statutes as of the date such affidavit is submitted in accordance with the provisions of this section.*

I, Type/Print Name, Title and Name of Firm or Corporation, hereby swear that I am the chief official of the bidder or vendor of the Contract or authorized to execute such Contract. I further swear that I have not entered into any consulting agreement in connection with such contract, except the agreements listed below:

Contractor's Name, Title and Firm or Corporation:

Terms of Consulting Agreement (Date of Execution, Amount, Expiration Date):

Brief Description of Services Provided (Purpose, Scope, Activities, and Outcomes):

☐ Yes ☐ No Is the Consultant a former state employee or public official?

If yes, provide the following information about the former state employee or public official:
- Former Agency:
- Date Such Employment Terminated:

Attach additional sheets if necessary. This affidavit must be amended if Contractor enters into any new consulting agreements during the term of this Contract

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

_____ _____
Signature Date

Sworn and subscribed before me on this _____ day of _____, 200___

_____
Commissioner of the Superior Court
Notary Public

STATE OF CONNECTICUT

OFFICE OF POLICY AND MANAGEMENT
Policies and Guidelines

Campaign Contribution Affidavit
(Bid or Proposal)

Campaign contribution affidavit to accompany bids or proposals for Large State Contracts (having a total cost to the State of more than $500,000), pursuant to Governor M. Jodi Rell's Executive Order No. 1, para 8. and Conn. Gen. Stat. § 4-250

I, Type/Print Name, Title and Name of Firm or Corporation, hereby swear that during the two-year period preceding the submission of this bid or proposal, neither I nor any principals or key personnel of the submitting firm or corporation who participated directly, extensively and substantially in the preparation of this bid or proposal nor any agent of the above gave a contribution to a candidate for statewide public office or the General Assembly, as defined in Conn. Gen. Stat. §9-333b, except as listed below:

Contributor	Recipient	Amount/Value	Date of Contribution	Contribution Description
List information here				

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

_____ _____
Signature Date

Sworn and subscribed before me on this _____ day of _____, 200__

_____
Commissioner of the Superior Court
Notary Public