



## Department of Children and Families Service Re-procurement Plan

### **Purpose**

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

### **Current Structure and Contracting Process**

The Department of Children and Families contracts with community based human service providers for 90 different programs, referred to as services types. These programs' structures and standards are managed through Bureaus, including Behavioral Health and Medicine, Child Welfare, Adolescent and Transitional Services, Juvenile Services, and Prevention. The staffs of these bureaus have experience in the design and delivery of services to children and families and are knowledgeable regarding the populations' needs.

When needs are identified, requiring a new service or a re-design of an existing service type, the staff of the bureau of cognizance reviews the needs and existing resources. If the client needs can be met with small changes in existing contracted services, DCF will request OPM approval for amendments to those contracts. This process is used for minor program model changes or to add additional funds when available to increase capacity. When the plan is to amend existing contracts, the current providers are contacted to discuss the proposed changes.

If a significant change in program model or a new service is required, a competitive bidding process is conducted jointly by the responsible Bureau, the Contract Management Division and representatives from the DCF Area Offices. In this case, contact with providers regarding service design may be limited by the requirement of the competitive bidding process.

DCF currently has consolidated three-year contracts with 178 service providers for 601 individual programs, meaning most contractors provide more than one service type. The consolidated contract contains a Scope of Service document for each service but has only one budget document with a column for each service. If a provider successfully bids to provide a new service, their existing contract is amended, adding the new Scope of Service and a new column to the budget. The term of the new service runs concurrently with the term of their contract. For example, ABCD Agency is contracted for provide Outpatient Psychiatric Services, Emergency Mobile Psychiatric Services (EMPS), Extended Day Treatment and Positive Youth Development for the term of July 1, 2006 through June 30, 2009. In Fall 07 they are awarded the contract for Integrated Family Violence Services, which will be added to their contract from December 1, 2007 to June 30, 2009. In Spring 08, the EMPS program is put out to bid after a re-design

process. ABCD and all other EMPS providers are notified that the service re-design is taking place and that they will be notified individually ninety days in advance that their contract for the current service will end on a certain date. If ABCD is the successful bidder for the new service, their contract will be amended, removing the old model and adding that service through June 30, 2009. The effect of the three year contract is limited by the cyclical re-procurement process.

A consolidated contract allows DCF to easily view the allocation of funds across programs, in particular the use of one staff person in one or more programs. The expiration and renewal process every three years provides the opportunity to receive input on program quality from DCF staff that are most familiar with the agencies' services and to ensure that all statutory requirements are met with current documents, such as updated Affirmative Action plans, 990's, annual reports, etc.

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

### **Planning Process and Factors Considered**

The Department manages most of its service types through the Bureau structure. Services that are specific to the 14 area offices are managed through those offices. In 2005, the Commissioner convened a group to review the agency's resource allocation and to standardize basic resource requirements for area offices. This group, comprised of Bureau Chiefs, Deputy Commissioners, and Contract Management, identified nine major categories of service that should be available in each area. The distribution of current services and methods for assessing relative need were also reviewed. The functions of that group have been assumed by the Commissioner's Executive Management Team. The Team considers matching services to the level of need and the equity of service distribution across area offices, if new or re-designed services are to be procured.

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

- Bureau responsible
- Date of last bid, when known
- Total amount of funding
- Total number of contractors for each service type.

Each Bureau was provided this information to use a basis for developing a priority list of service types for re-bidding. In addition to that information, the following list of factors was considered:

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

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

### **Requests for Waivers**

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

- significant start-up or bonding funding has been invested
- siting the program in the community delayed service delivery and will likely do so again if the provider is changed
- the services provided are evidence based, requiring specialized training for staff and quality assurance from model developers
- grant support represents a small percentage of the funding for service type that is primarily supported by FFS payment

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

### **Oversight**

After the plan receives OPM approval, it will be maintained and updated through the Division of Contract Management with periodic review by the Department's Executive Management Team. The updated plan will be submitted to OPM annually or if a significant change in the plan is desired. All procurements conducted by the Department will adhere to the standards for procuring human services developed by OPM.

### **Additional considerations**

Provider assistance with service design The Department's goal is to include existing service providers in the re-design of programs to the greatest extent possible. Various methods will be used to accomplish this goal, including issuing Requests for Information, convening ad hoc groups of providers of specific service types and working with the trade associations. (See Communications with Providers, below)

Workload Issues: The increased frequency of procurements requires additional staff time from the Contract Management unit, the Bureaus with programmatic responsibility and the Area Offices. The Department has issued 97 RFPs over the last three years; of those, 68 were for human services contracts. Although many of the 66 re-procurements planned for the next 3 years may have occurred regardless of the re-procurement plan, volume will likely increase by at least 30%. Additional staffing or re-assignment of duties may be required.

The two Bureaus responsible for 80% of the contracted services, Child Welfare and Behavioral Health and Medicine, are each engaged in major program redesign efforts. Area Office Directors and Behavioral Health managers will also need to have input on service type re-design and procurement. Ensuring the best quality service definition may result in re-scheduling some planned re-procurement dates.

### **Communications with Providers**

This plan and the procurement timetable will be distributed to provider trade associations, DCF constituent groups and will be posted and maintained on the agency Internet site. The Department will send an announcement of intent to issue an RFP to existing service providers at least three 3 months prior to the planned posting date, as well as to stakeholders such as advisory groups, legislators, trade associations, CT BHP and other state agencies. The announcements will include requests for input on program design and outcomes. The Department uses logic models as program design tools and may distribute early drafts of logic models as one method of soliciting provider input. For major programs with statewide impact, a Request for Information will be posted on the DAS website at least 6 months prior to the development of a Request for Proposals. Communication and provider participation strategies will be reviewed with input from the Operations Work Group, which meets bi-monthly and includes representatives from three trade associations and DCF contract and fiscal staff.

### **Implementation**

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

**Department of Children and Families  
Human Services Re-Procurement Timetable**

Bureau	Service Type	Last Bid Date	Annual \$ Amount	# Providers	Planned RFP Date	Proposed Re-bid Cycle
ATS	Community Life Skills	03/07/2008	\$800,825	13	SFY 2013 Q2	5 years
ATS	One on One Mentoring	6/15/06 & 12/15/06	\$408,028	11	SFY 2011 Q2	5 years
ATS	PASS (Preparing Adolescents for Self-Sufficiency)	9/15/06 & 12/15/06	\$11,114,587	10	Due to siting and capital investment issues, do not re-bid unless model changes or provider quality issues	Request Waiver
ATS	Supportive Work, Education and Transition Program	1/15/06	\$2,752,740	4	Due to siting and capital investment issues, do not re-bid unless model changes or provider quality issues	Request Waiver
ATS	Work / Learn Youth Program	9/1/06	\$825,000	1	SFY 2009 Q3	5 years
ATS	Youth Employment and Training	not bid	\$1,987,551	2	SFY 2010 Q2	7 Years
BHM	Assessment and Treatment Intervention	Unknown	\$81,442	1	SFY 2012 Q2	7 Years
BHM	Bridgeport Care Coordination	01/15/2008	\$360,000	1	SFY 2015	7 Years
BHM	Case Management Services	Unknown	\$31,336	1	SFY 2011 Q1	7 Years
BHM	CASSP Fiduciary	2001	\$44,478	4	SFY 2011 Q3	7 Years
BHM	Coordination Services	8/15/01	\$23,147	1	SFY 2011 Q3	7 years
BHM	Crisis abilitation Beds	9/15/02	\$1,934,602	2	Due to siting and capital investment issues, do not re-bid unless model changes or provider quality issues	Request Waiver
BHM	Emergency Mobile Psych Services with Care Coordination	08/29/2008	\$11,753,778	11	SFY 2015	7 years
BHM	Enhanced Care Coordination	not bid	\$1,933,104	9	SFY 2010 Q2	7 Years
BHM	Extended Day Treatment	9/15/00	\$7,143,527	19	SFY 2010 Q2	7 years
BHM	Family Advocacy	3/15/01	\$1,059,338	1	SFY 2011 Q1	7 years
BHM	Family Support Team	4/15/04	\$7,548,558	7	SFY 2010 Q2	7 years

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Bureau	Service Type	Last Bid Date	Annual \$ Amount	# Providers	Planned RFP Date	Proposed Re-bid Cycle
BHM	Intensive Home Based Services: Family Based Recovery	6/30/06	\$1,638,119	5	SFY 2013 Q2	7 years
BHM	Intensive Home Based Services: Functional Family Therapy (FFT)	10/15/05	\$1,875,786	4	SFY 2012 Q2	7 years
BHM	Intensive Home Based Services: IICAPS	2005	\$1,199,654	13	Do not rebid -contractors must be certified to provide service	Request Waiver
BHM	Intensive Home Based Services: IICAPS Consultation & Evaluation	2002	\$506,760	1	Do not rebid model developer has proprietary rights	Request Waiver
BHM	Intensive Home Based Services: MDFT	2003	\$1,114,621	4	Do not rebid -contractors must be certified to provide service	Request Waiver
BHM	Intensive Home Based Services: MDFT Consultation and Evaluation	11/8/04	\$403,325	1	Do not rebid -contractor is licensed by model developer to train providers	Request Waiver
BHM	Intensive Home Based Services: MDFT Status Offending Girls	2005	\$929,060	2	Do not rebid -contractors must be certified to provide service	Request Waiver
BHM	Intensive Home Based Services: MST	7/15/00 & 9/15/02	\$3,863,042	4	Do not rebid -contractors must be certified to provide service	Request Waiver
BHM	Intensive Home Based Services: MST Building Stronger Families	2004	\$430,710	2	Do not rebid -contractors must be certified to provide service	Request Waiver
BHM	Intensive Home Based Services: MST Consultation and Evaluation	11/8/04	\$994,962	1	Do not rebid -contractor is licensed by model developer to train providers	Request Waiver
BHM	Intensive Home Based Services: MST Problem Sexual Behavior	2003	\$262,650	1	Do not rebid -contractors must be certified to provide service	Request Waiver
BHM	Juvenile Sexual Treatment	Unknown	\$211,443	1	SFY 2012 Q2	7 Years
BHM	Mental health Consultation to Child Care	2004	\$2,347,995	1	SFY 2011 Q1	7 years

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BHM	Outpatient Adolescent Substance Abuse Treatment	1993	\$1,420,319	6	SFY 2011 Q2	7 Years
BHM	Outpatient Psychiatric Clinics for Children	not bid	\$11,805,153	26	SFY 2012 Q2	7 Years
BHM	Outpatient Treatment Services for Problem Sexual Behaviors	Unknown	\$60,186	1	SFY 2012 Q3	7 Years
BHM	Physical and Sexual Abuse Evaluations	Unknown	\$817,827	2	Earmarked for CCMC and Yale	NA
BHM	Residential (Adolescent) Substance Abuse Treatment	10/15/02	\$713,129	1	Due to siting and capital investment issues, do not re-bid unless model changes or provider quality issues	Request Waiver
BHM	Residential Substance Abuse Treatment (Hogar Crea)	1996-2000	\$118,091	1	SFY 2009 Q2	7 Years
BHM	Residential Substance Abuse Treatment Center	Unknown	\$1,671,846	1	Due to siting and capital investment issues, do not re-bid unless model changes or provider quality issues	Request Waiver
BHM	Short Term Assessment and Respite Homes (AR)	1/15/06	\$10,310,300	4	Due to siting and capital investment issues, do not re-bid unless model changes or provider quality issues	Request Waiver
BHM	Short Term Residential	Unknown	\$1,373,334	1	Due to siting and capital investment issues, do not re-bid unless model changes or provider quality issues	Request Waiver
BHM	Specialized Community Living	8/14/06	\$697,123	1	Service is child specific	Request Waiver
BHM	Specialized Family Centered Service Plan	12/06/2006	\$ 388,000	1	Service is child specific	Request Waiver
BHM	Substance Abuse Prevention (Project SAFE)	Unknown	\$2,429,811	1	SFY 2009 Q2	7 Years

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Bureau	Service Type	Last Bid Date	Annual \$ Amount	# Providers	Planned RFP Date	Proposed Re-bid Cycle
BHM	Substance Abusing Families At Risk (SAFAR)	Unknown	\$134,047	3	SFY 2013 Q1	7 Years
BHM	Supportive Housing	5/15/02	\$7,010,910	1	SFY 2011 Q2	7 Years
BHM	Therapeutic Group Homes	3/15/06	\$52,717,097	47	Due to siting and capital investment issues, do not re-bid unless model changes or provider quality issues	Request Waiver
BHM	Therapeutic Mentoring	not bid	\$202,018	1	SFY 2012 Q1	7 Years
CW	Adopt a Social Worker	Unknown	\$261,791	1	SFY 2011 Q1	5 years
CW	Aftercare	Unknown	\$45,963	1	SFY 2010 Q1	5 years
CW	Citizens Review Panel	03/15/2001	\$36,828	1	SFY 2010 Q2	5 years
CW	Community Emergency Services	Unknown	\$301,924	4	SFY 2010 Q1	5 years
CW	Family Reunification (Reconnecting families)	8/15/08	\$2,883,618	10	SFY 2013 Q1	5 years
CW	FAST (Foster & Adoptive Support Team)	Unknown	\$1,748,498	5	SFY 2009 Q1	5 years
CW	Foster Care Clinics	12/15/04	\$923,650	12	SFY 2010 Q1	5 years
CW	Foster Care Support - CAFAP	not bid	\$2,002,248	1	SFY 2009 Q2	5 years
CW	Foster Family Support	Unknown	\$47,117	1	SFY 2011 Q1	5 years
CW	Foster Parent Support Medically FragileCare	Unknown	\$20,000	1	SFY 2011 Q1	5 years
CW	Integrated Family Violence Services	10/12/2007	\$930,000	11	SFY 2012 Q2	5 years
CW	Intensive Family Preservation	8/15/01 & 4/15/02	\$5,762,711	18	SFY 2010 Q2	5 years
CW	Intensive Safety Planning	6/15/06 & 8/25/06	\$1,469,940	12	SFY 2013 Q1	5 years
CW	Lifelong Family Ties Project	unknown	\$591,550	2	SFY 2010 Q2	5 years
CW	Multidisciplinary Investigation Teams (MIT)	09/15/2001	\$781,074	16	SFY 2012 Q3	5 years
CW	Parent Aide	Unknown	\$4,254,814	24	SFY 2009 Q2	5 years
CW	Parent Assessment and Clinical Education Services	Unknown	\$154,554	1	SFY 2009 Q2	5 years
CW	Parent Education Assessment Services	09/12/2004	\$886,954	9	SFY 2009 Q2	5 years

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CW	Permanency Diagnostic Centers	4/14/02	\$2,513,806	2	SFY 2010 Q2	5 years
CW	Prison Transportation	03/15/2001	\$61,775	3	SFY 2010 Q1	5 years
CW	Queen Esther Ministry	not bid	\$181,110	2	SFY 2009 Q2	5 years
CW	Respite Care Services	Unknown	\$517,908	7	SFY 2009 Q3	5 years
CW	Safe Home	1998	\$15,113,925	13	SFY 2010 Q1	Request Waiver after re-bid
CW	Social Coach	10/15/2000	\$133,213	1	SFY 2011 Q3	5 years
CW	Spanish Speaking Parenting Education	Unknown	\$44,046	1	SFY 2011 Q1	5 years
CW	Therapeutic Child Care	Unknown	\$1,477,563	10	SFY 2011 Q1	5 years
CW	Therapeutic Foster Care	06/15/2001	\$30,730,997	10	SFY 2009 Q2	5 years
CW	Therapeutic Foster Care Medically Complex	3/1/01	\$2,745,150	7	SFY 2010 Q2	5 years
CW	Treatment Foster Care	4/15/04	\$3,779,034	7	SFY 2009 Q2	5 years
CW	Y2K - Yes to Kids (Adoption)	10/1/99	\$109,728	2	SFY 2010 Q1	5 years
JS	CJTS Comm Reentry Pilot Project	not bid	\$428,000	1	Earmarked	NA
JS	Juvenile Case Management Outreach, Tracking and Reunification	5/15/91	\$2,937,979	5	SFY 2010 Q1	5 years
JS	Juvenile Justice Intermediate Evaluations (JJIE)	4/15/02	\$1,733,552	3	SFY 2009 Q3	5 years
JS	Juvenile Review Board	Fall 2006	\$400,000	2	SFY 2010 Q2	5 years
JS	Juvenile Services Education Re-entry and Delinquency Prevention Program	3/15/06	\$2,228,000	4	SFY 2011 Q1	7 Years
JS	Multidimensional Treatment Foster Care (Emily J)	7/24/05	\$1,590,460	1	Do not rebid -contractors must be certified to provide service	Request Waiver
JS	Outpatient Adolescent Substance Abuse Treatment-Emily J	2006	\$878,642	4	SFY 2011 Q2	7 Years
Prev	Early Childhood Services	3/27/2008	\$520,512	4	SFY 2013 Q2	5 years

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Prev	Juvenile Criminal Diversion	unknown	\$359,618	5	SFY 2010 Q2	5 years
Prev	Positive Youth Development	Fall 2005	\$691,787	8	SFY 2010 Q2	7 Years
Prev	Suicide Prevention	not bid	\$20,000	1	SFY 2009 Q2	5 years
<b>Bureau Names</b>						
ATS	Adolescent and Transitional Services		JS	Juvenile Services		
BHM	Behavioral Health and Medicine		Prev	Prevention and Early Intervention		
CW	Child Welfare					