

Program Specifications: Congregate Setting for Adolescent Females with Highly Aggressive Behaviors and Concurrent Psychiatric Disorders

Licensure Category: Child caring facility

Summary Statement of Expectations

DCF is seeking proposals to provide fee-for-service congregate care treatment in a safe and responsive setting for adolescent females with highly aggressive behaviors and concurrent psychiatric disorders. To the greatest extent possible, all youth in residence will be engaged in community experiences based on the individual's strengths, talents and interests. Each youngster admitted will participate in service planning, delivery and progress assessment as well as in discharge planning. No program funded under specifications may unilaterally reject or eject a child from the program.

A six-eight bed setting is envisioned for female youth who present with complex behavioral, developmental, and mental health needs and require gender-specific, trauma-focused clinical intervention. Youth referred may or may not carry a juvenile justice commitment to the Department of Children and Families. Adjudicated sex offenders will not constitute a referral population for this program.

The program will exemplify all components of the department's Strengthening Families Practice Model, including: (a) demonstrable family engagement; (b) utilization of family assessment information; (c) purposeful visits with the youngsters' birth and/or extended family or other significant adults with whom a meaningful and permanent relationship is expected, and (d) family teaming according to departmental parameters.

The program will utilize a treatment program that is evidence-based or anchored in promising practices, individualized and integrated with residents' educational plans and experiences. The program will pay particular attention to the educational levels, needs and accomplishments of youngsters accepted for service and will maintain an explicit linkage with the Local Education Agency, assisted by DCF Unified School District personnel.

It is anticipated that youth served in this program will return home, or will transfer to a lower level of care within the DCF system or to another level of service in the adult systems (e.g., Department of Mental Health and Addiction Services, Department of Developmental Services). To this end, providers will be expected to develop and maintain relationships with various state agencies and community providers to improve the continuity and quality of care delivered to the youth.

Applicants that currently have a facility available to house the program will be given preference.

Target Population

All females referred for service will have some level of emotional and/or psychiatric disturbance, a high degree of behavioral disturbance (including, but not limited to, significant aggressive behavior), and some degree of trauma history. It is also anticipated that some of the referred youth may have mild cognitive limitations and challenges.

All youngsters accepted for admission will also have strengths, assets and interests that will be identified as part of the referral and admission process. Youngsters referred be between the ages of 13 and 18 and may come from any of the department's six regions.

Referral Process

Level of care will be determined through the Connecticut Behavioral Health Partnership (CT-BHP). Potential referrals will be identified by the CT BHP and the DCF regions.

Anticipated Length of Stay and Discharge Planning

Length of service will be individualized within a target length of stay of six and eight months, based on clinical progress and family involvement. The Department recognizes that a flexible approach to length of stay will be necessary to accommodate individualized treatment goals and to facilitate a carefully planned transition, with family involvement, to a less restrictive level of care for each youngster.

Discharge planning will begin at admission. Progress toward discharge will be reviewed bi-weekly with the DCF referring region. The participation of family members and other adults identified by each youngster as important in her life, will be sought, welcomed and supported throughout the period in which the youngster is resident at the facility.

Program Model

The program model will utilize a comprehensive approach to all aspects of youth functioning and behavior in a gender- and culturally-responsive manner. The program will identify the strengths and interests of residents and will function to improve adolescent health, well-being and accomplishment. The program will also actively include each resident in the process of ongoing assessment, residential and community treatment and activities, and planning for discharge.

The agreed-upon treatment framework will explicitly address trauma issues and specific behavioral problems including aggression and other high risk behaviors. The treatment framework may include individual, group and family therapy (where appropriate) and will be integrated with residents' educational plans. Evidence-based models and practice, such Dialectic Behavior Therapy (DBT) and Attachment Regulation and Competency (ARC) are preferred. However, DCF will consider proposals that suggest alternative evidenced-based or promising practice models. The treatment approach will be jointly agreed upon prior to finalization of the provider contract.

The program model will also identify and actively integrate activities that build upon the unique strengths, talents and interests of each resident. These may include, but not be limited to music, athletics, writing, drama, arts, computer literacy, outdoor skills, horticulture, community volunteerism and career exploration.

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Services in Connecticut and actively participate in the Girls' Provider Network. These guidelines can be accessed at http://www.ct.gov/dcf/lib/dcf/juvenile_services/pdf/programguidelines_final_copy.pdf

Minimal program expectations, informed by a comprehensive global assessment of the youth, include:

- Intensive, structured, trauma-informed individualized programming, 7 days a week
- Client specific intervention to address aggressive behaviors
- Therapeutic supports and approaches to enhance normalized activity
- Coordinated care management, behavioral planning, assistance with daily living skills
- Psychiatric services and medication management
- Family readiness work with both the resident youth and the birth or foster family
- Comprehensive transition planning psychological evaluations, and

Each resident admitted to the program must also have an individualized crisis intervention plan developed within thirty days of admission. The Department recommends that an initial plan be developed within 72 hours. The plan must identify triggers for dysregulated behavior and identify DCF approved interventions that are specific to each resident's issues. All efforts to avoid police calls and unnecessary visits to the Emergency Department must be made.

Providers will be required to state that they will meet all requirements for participation in the Private Non-Medical Institutions (PNMI) program.

Assessment

Providers should detail their initial and ongoing assessment process. Providers should outline their specific assessment tools, the level of involvement of clients in developing assessment and progress, and information to be gathered from collateral sources.

Complete information on the demographic, familial, clinical, education and behavioral history of each adolescent referred will be provided by the Department at referral. Upon review of this information, any additional assessment required to guide development of individualized treatment plans will be completed. These may include information on the psychological, medical, education, socio-emotional, spiritual, specialized clinical and legal needs of the child and will build upon those assessments previously completed.

All assessment will be strength and resiliency-based and include a review of previous placement and treatment histories, and pre-dispositional materials, including any clinically focused assessments that are available. Intergenerational family history will be included, as appropriate, along with an understanding of youngsters' prior community involvement.

Individualizing the Delivery of Services, Supports and Experiences

Engagement with each youngster admitted will be highly individualized. Individual plans and activities will be based upon the needs, personality, skills, and the personal desires and goals of each youth. Residents of this program will be fully involved in development of services, supports and experiences available to them.

Daily activities, services, and supports will be guided by an individualized treatment plan for each resident that identifies youth strengths, assets and capabilities to overcome identified challenges. The ideal program will incorporate expressive experiences (e.g., art, music, writing, etc.) within each treatment plan. Treatment goals will be the result of collaboration between team members, DCF and program staff, family members, and youth.

Each resident will participate in development of daily and weekly schedules. This schedule will change as treatment, behavior, educational and activity goals are met. The schedule will be accessible to each resident, all staff and other key individuals involved with the adolescent while in residence. The daily schedule will be included in an evolving portfolio for each youth and will be reviewed as part of bi-weekly progress meetings.

The provider will offer a predictable, consistent, engaging, supportive, and structured environment that promotes growth and enhances stability, and supports the physical and emotional safety of all residents. The educational needs of each resident must be addressed by the program in collaboration with the Local Educational Authority (as appropriate) or, for those who have completed their education, involvement in a meaningful vocational activity at least 20 hours per week is required. Technical assistance will be available from the DCF Unified School District #2.

The daily and weekly schedule will include time for personal care, leisure/quiet time, involvement in activities such as shopping, meals and meal planning, vocational, social skill work, activities of daily living skills training, and individualized schedules for appropriate and positive youth identified activities. The development of friendships and meaningful activities with family and other supportive adults will be encouraged and facilitated.

Service Elements

The program will provide access to an array of services, as follows:

- Crisis management (including individualized crisis plan for each resident)
- Care coordination
- Clinical services (individual therapy, group counseling, family therapy, creative/expressive therapies, medication management, etc)
- Health and medical services
- Access to educational services (e.g., special and regular education, educational assessment, Ansell Casey Life Skills Training, etc.)
- Supportive services, including mentoring, vocational and recreational activities, and parenting education.

Family members will be welcomed and encouraged to participate in planning and treatment process, including ongoing assessments and purposeful visits as appropriate to each resident and consistent with the permanency plan. 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 these barriers will be explored. Explicit attention will be directed assuring that a family has the supports necessary to successfully reintegrate a resident back into the home and/or to maintain a purposeful relationship if independent or supervised living is planned.

In addition to clinical services, the program will be expected to provide or routinely access a range of services that include: vocational/career guidance and linkages, health (medical, dental, vision) nutrition,

and wellness promotion, independent living skills development, social support and skill development/enhancement, opportunities for friendships, personal enrichment, recreation, and mentoring.

Staff Skills and Training

Providers must articulate the strategies they will use to recruit and retain staff for this program, including those who are culturally and linguistically diverse and competent.

Staff members who spend the most time with the youth have the greatest opportunity to effect healthy growth opportunities and development. The successful applicant will employ staff who guide, mentor, support, and teach young residents by setting positive examples in all domains of the therapeutic and living environment. All staff will engage in respectful behaviors with residents, other staff and families. Staff employed by the program should genuinely like to work with adolescent girls.

The successful applicant will demonstrate that all staff members delivering services as part of the program are competent in the following areas:

- Relational and trauma-informed practice including the use of approved models such as Dialectic Behavior Therapy (DBT) and Attachment Regulation and Competency (ARC)
- The DCF Strengthening Families Practice Model
- Reunification and permanency
- Knowledge of adolescent brain development, including executive functioning
- Asset-based positive youth development strategies
- Effective strategies for working with educational and community agencies.
- Adolescent female development/gender responsive programming

Providers must specify how they will assess the competencies of all potential employees in the requisite areas as opposed to simply focusing on paper requirements. That is, providers will need to give thoughtful consideration of the knowledge set, skill set, and personality style(s) best suited to work with *traumatized girls*, particularly girls with complex behavior problems.

The program will develop an ongoing schedule of trainings designed to assure high levels of overall staff knowledge and competence. Staff members will have individual professional development plans for staff who require additional support to demonstrate competence and/or to acquire additional knowledge and skills to improve their understanding of adolescent development and behaviors.

Technical assistance will be available from the DCF Academy for Family and Workforce Knowledge and the DCF Congregate Care unit.

Staffing Model

Staffing for this program must be articulated by the provider. The applicant must detail the staffing ratios and number of positions needed to provide the required services as well as the training and educational expectations of each position.

The respondent will provide to DCF plans to recruit and retain professional and paraprofessional staff who are culturally and linguistically competent and diverse. Staff must have the ability to provide services to all eligible participants, regardless of English language limitations. While the successful respondent 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.

Applicants must detail the supervisory model for the program and include a plan for supervision of all program staff. The successful applicant will specify how it will utilize the staff in a collaborative, community model to create and maintain a therapeutic milieu.

Outcomes

The Contractor will provide quality improvement data to the Department in a format approved by DCF. These data will include but will not be limited to the following:

- Resident demographic Information (e.g., name, date of birth, gender, ethnicity/national origin, town of origin, DCF status, prior placement setting, admission date);
- Clinical and Diagnostic Information (e.g., DSM-IV TR, anticipated length of stay, targeted behaviors)
- Treatment Progress Data (e.g., participation in Administrative Case Reviews, critical incidents, participation in positive youth development activities), and will require monthly treatment update reports through the submission of Monthly Treatment and Planning Progress Reports (MTPPR) to the CT Behavioral Health Partnership, the Department's Administrative Services Organization vendor
- Data on school attendance and performance
- Data on special talents, interests and accomplishments of individual residents
- Data on level of improvement for targeted behaviors
- Data on notable events while in placement including restraints, seclusions, AWOLs, arrests, suicide attempts, emergency services, incidents, and hospitalizations)
- Data on programmatic information (e.g., number of approved/evidenced based groups per week, number of regularly scheduled individual sessions per week, average number of hours per week of family treatment, percentage of children and families receiving services in their primary language, etc.).
- Data on youth's satisfaction with his/her experience in the program
- Data on family engagement related to each resident
- Discharge Information (e.g. reason for discharge, discharge placement setting, reason for any discharge delays)
- Client specific outcomes-- including, but not limited to the following: At least 75% of youth will be discharged to a lower level of care or a family based setting; at least 95% of youth in the program will earn educational credit while in the program; 100% of youth of the age of 15 will have a vocational plan; at least 75% of youth served will report a high level of satisfaction with the service; at least 75% of families of youth in the program will report a high level of satisfaction with the service

Cost proposals

Applicants must propose a daily rate and provide appropriate documentation at how that number is derived. Included in the documentation should be the individual salaries for all professional

staff, the salaries by group for shift-based staff and supervisors and salaries for other non-exempt staff in areas such as food preparation, maintenance, grounds keepers, transportation etc. Applicants may include local property taxes and depreciation as appropriate and should specify whether the proposed program location is owned or leased. The allocation plan for general and administrative costs must be specified. No start up funds will be available for this program.

Proposal Submission

Proposals must be submitted by 3 p.m. October 1, 2012. Proposals should be submitted in triplicate to Linda Dixon, Central Office Congregate Care Unit, 9th Floor, 505 Hudson Street, Hartford, Connecticut 06106. Electronic or faxed proposals will not be accepted.