



State of Delaware

DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES

REQUEST FOR PROPOSALS #CYF 17-06

**Request for Proposals
For Professional Services
Bid under Title 29 Chapter 69 Section 6981**

DESCRIPTION

Division of Family Services

Plan of Safe Care Coordinator Services

BIDDERS' CONFERENCE: No Bidders' Conference will be held
PROPOSALS DUE: TUESDAY JANUARY 23, 2018 BY 2:00 PM ET

The RFP schedule is as follows:

Submit all questions to H. Ryan Bolles, DSCYF Procurement Administrator, at herbert.bolles@state.de.us by the close of business **January 16, 2018** to ensure a response prior to the proposal due date.

None **NO** bidder's conference will be held regarding this RFP.

**Tuesday,
January 23,
2018
- by 2:00 PM
ET**

Independent Contractor Proposals shall be submitted as follows:

Please submit 1 original proposal marked "ORIGINAL". Please submit 5 copies or your proposal marked "COPY". Please submit **1 electronic copy of your proposal on CD, DVD or flash drive.**

Proposals **must be delivered by 2:00PM ET on Tuesday, January 23, 2018.**

Proposals arriving after 2:00pm ET will not be accepted.

Express Courier or hand deliver the sealed bids as follows:

State of Delaware
Ryan Bolles, Grants and Contracts
1825 Faulkland Road
Wilmington, DE 19805

**PROPOSAL
DELIVERY:**

Although it is not recommended to ship by the US Postal Service, if this is your preferred delivery method, please address as follows:

State of Delaware
Ryan Bolles, Grants & Contracts
1825 Faulkland Road
Wilmington, DE 19805

The proposing firm bears the risk of delays in delivery. The contents of any proposal shall not be disclosed to competing entities during the negotiation process.

As soon as possible The Department will work diligently to complete the proposal review and selection process in an expeditious fashion. Bidders should plan to be available to respond to questions from the review panel by telephone or in person, if necessary. However, proposals are expected to be able to stand alone based upon the written information submitted.

As soon as possible Decisions are expected to be made and awards announced as soon as possible. Initial notification to all bidders will be announced by email.

PLAN OF SAFE CARE COORDINATOR REQUEST FOR PROPOSAL

The State of Delaware's Department of Services for Children, Youth & Their Families' (DSCYF), Division of Family Services (DFS) is seeking proposals from qualified agencies to provide a service statewide that is being called a *Plan of Safe Care Coordinator Program* as described in the following pages to infants and families. It is anticipated that the contractual agreement with the successful bidder will begin in early 2018 through June 2018 with renewal contingent upon satisfactory performance and availability of funds. DSCYF intends to award a single contract statewide, if possible, to ensure parity of services and supervision statewide.

Introduction

The Department of Services for Children, Youth and Their Families (DSCYF) was statutorily created in July 1983 for the purpose of consolidating children's services within a single State agency to reduce fragmentation and duplication of services and to increase the accountability for delivery and administration of the services. The first agency transferred to the new Department was the Division of Child Protective Services, now known as the Division of Family Services (DFS).

DFS has two offices: (1) Office of Children's Services (OCS) and (2) Office of Child Care Licensing (OCCL). OCS is mandated to receive and investigate reports of child abuse, neglect, and dependency. Ensuring the safety of children is a priority. When necessary, appropriate treatment services are provided to change the behaviors and conditions which cause abuse and neglect and to promote the well-being of children. Services may include in-home services, placement, family reunification, or other permanency options including adoption, guardianship, and independent living. OCCL regulates in-home, out-of-home, residential, and group care facilities, conducts criminal background checks on potential providers, investigates concerns about child care centers, and provides training for providers. It is the goal of OCCL to ensure the health and safety of all children receiving child care services.

In addition to DFS, the following Divisions are also located within DSCYF: Division of Prevention and Behavioral Health Services, Division of Youth Rehabilitative Services, and the Division of Management Support Services. Overall, DSCYF is charged with providing services for abused, neglected, dependent, delinquent, me mentally ill, and emotionally disturbed children and youth (29 Del.C. § 9001(b)).

Request for Proposals Background

The federal *Child Abuse Prevention and Treatment Act* (CAPTA) was enacted in 1974 and required states receiving CAPTA funds to adhere to specific requirements for the reporting and investigation of child abuse and neglect. Section 106(b)(2)(B)(ii) of CAPTA requires States to have:

policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting

from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to—establish a definition under Federal law of what constitutes child abuse or neglect; or require prosecution for any illegal action.

In 2016, Public Law 114–198 known as the “Comprehensive Addiction and Recovery Act of 2016” (CARA) modified CAPTA Section 106(b)(2)(B)(iii) of the State plan requiring:

the development of a plan of safe care for the infant born with and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through— addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver;

CARA also included infants affected by legal substances in addition to illegal substances.

During 2016, statistics compiled by the Office of the Investigation Coordinator, through data sharing by DFS, indicated that DFS received a total of 431 reports regarding substance-exposed infants from statewide hospitals. Of those, 311 reports were screened in for DFS investigation, 113 reports were screened out, and 7 reports were screened out to active DFS Treatment cases. Of the 113 screened out cases, 103 (91%) of the reports showed that the mother/infant tested positive for one substance. It is not known how many infants in these reports were affected or showed withdrawal symptoms. This program will begin by focusing on this population of infants and family caregivers when the hospital determines the infant has been affected by the substance. (See [Attachment X](#))

While it is clear that some families require a formal multi-disciplinary investigative response that may involve forensic interviews and concurrent criminal investigation, evidence-based research shows other families benefit more utilizing an approach that is focused on family engagement, collaboration, and voluntary services. Typically, the latter families do not come to the attention of child protective services due to serious child abuse or neglect allegations or reports that children are at risk of imminent harm. Consequently, in the 1990s, an approach was developed called differential response. Both Federal and State statutes permit this approach. Section 106(a)(4) the CAPTA Reauthorization Act of 2010 added specific language to enhance the general child protective services system in this regard “by developing, improving, and implementing risk and safety assessment tools and protocols *including the use of differential response.*” Title 16 § 901 of the *Delaware Code* requires the “child protection system to seek and promote the safety of children who are the subject of such reports of abuse or neglect by conducting investigations or family assessments and providing necessary services.”

Service Goals

1. Ensure that infants affected by substance abuse at delivery are discharged safely
2. Identify maternal, paternal, and infant needs and risks factors
3. Identify appropriate interventions to mitigate the risks and connect family members to the service providers
4. Monitor service delivery to ensure interventions to family members are coordinated

Award Period and Level of Funding

The award period will be three years contingent on the availability of funds, satisfactory performance, and the number of infants and families served. Two additional one year extensions are possible pending satisfactory performance and availability of funds. The initial award period is expected to begin early 2018 - June 2018. The expected level of funding for a full State fiscal year (12 months) will be \$285,000. The contract will be cost reimbursable initially (invoiced against an approved budget) with commitment to move to unit cost methodology (invoiced by units of service provided). Successful bidders must accept full payment by conventional check and/or other electronic means and/or procurement (credit) card at the State's option, without imposing any additional fees, costs or conditions.

Description of Services Being Solicited

There are three key program expectations: assess, coordinate, and monitor. The bidder should detail how these expectations will be met.

General Expectations

Services are to be provided to infants and their families statewide. The target population is infants exhibiting withdrawal symptoms after the mothers or infants test positive for marijuana at delivery. Since this is a new and evolving program, an additional population, such as infants exhibiting Fetal Alcohol Spectrum Disorder, may also be referred. It is the responsibility of the hospital to determine medically whether the infant is affected. When the hospital determines an infant is affected, the hospital will make a verbal notification to the Division of Family Services (DFS) Report Line (1.800.292.9582). The hospital's notification should occur no less than twenty-four (24) hours prior to the infant's discharge. After documenting the notification in the DFS database in the same manner as a screened out report, DFS Report Line staff will provide an electronic copy of the hospital notification to the successful bidder. It is expected one bidder Plan of Safe Care Coordinator will be assigned per family. It is anticipated that the contract will require four Plan of Safe Care Coordinators and a half Plan of Safe Care Supervisor.

Families will not be referred to the Plan of Safe Care Coordinator Program once a traditional DFS investigation or a multi-disciplinary response has begun. Families will not be referred to Plan of Safe Care Coordinator Program if they have a substantial history with DFS or current/prior history with one or more Divisions in the Department of Services for Children, Youth, and Their Families

(DFS, the Division of Prevention and Behavioral Health Services, and the Division of Youth Rehabilitative Services) indicating the family's issues may place the infant at a higher risk.

Assessment and monitoring services provided to the infant and family must include home visits. The bidder should explain how a contact schedule will be developed.

The infant's family caregivers are to be educated about safe sleeping practices and these practices are to be assessed ongoing.

It is expected that Plan of Safe Care Coordinator services will be provided for no more than ninety (90) days, but short-term extensions may be made. Infants and families requiring in-depth services or needing coordination/oversight services for a longer period of time should be referred back to DFS.

In addition to routine meetings with DFS, Plan for Safe Care Coordinator staff are expected to attend relevant statewide meetings such as the Child Protection Accountability Commission (CPAC) Substance Exposed Infant (SEI) Subcommittee.

Since this is a new and evolving program, it is anticipated adjustments may be warranted and a flexible approach to service delivery is required.

Assessment

1. The service provider should respond within twenty-four (24) hours to the statewide hospital that made the notification to begin the safety assessment process and to develop a State of Delaware Plan of Safe Care (**Attachment Y**) for the infant and family prior to the infant's discharge.
2. The assessment will include:
 - Identification to the caregivers a list of potential service providers for the infant and family caregivers (e.g. pediatrician, home visiting nurse, substance use disorder treatment center, Child Development Watch, etc.)
 - Identification of the needs, risks, and interventions for the infant and family
 - SDM® **Safety** Assessment to include the infant and any children residing in the home prior to discharge of the infant from the hospital (If one of more safety threats are identified, a report will be made to the Child Abuse Report Line (1.800.292.9582).
 - Within 45 calendar days, complete an SDM® **Risk** Assessment
 - Additional SDM® **Safety** Assessments are to be completed post hospital discharge per DFS policy.
 - An SDM® **Safety** Assessment is required within forty-eight (48) hours of case closure.
 - The bidder should propose other assessments that may be appropriate.

Coordination

1. Determine who should be the participants in developing the Plan of Safe Care for the infant and family caregivers.
2. Determine who should be involved in providing services to the infant and family caregivers on an ongoing basis.
3. Ensure appropriate referrals to meet the needs of the infants and caregivers are made.
4. Establish frequencies of contact with the service providers.
5. Identify the family's support network that will assist maintaining the safety of the infant and other children after the case is closed.

Monitoring

1. Identify how often the Plan of Safe Care will be reviewed to include discussion about progress, complicating factors, and additional identified needs.
2. Evaluate the effectiveness of the services provided.
3. Determine when the Plan of Safe Care is no longer needed to address the needs and mitigate risk, even when some services may continue. Bidders should describe how this determination will be made and what the process will be for ending coordination with service providers and the family.

Required Outcome Measures

The Plan of Safe Care Coordinator Program will be evaluated utilizing process and impact data analysis that is produced by the provider and DFS on a quarterly basis. Baseline data performance and goals will be established after implementation of services.

Process Data:

1. Timeliness of initial contact with the infant and family
2. Timeliness of the initial SDM® **Safety** Assessment
3. Number and percent (of total number of infants referred) of Plans of Safe Care developed before the infant's hospital discharge
4. Number of contacts with the infant and family throughout the service period and the location of the contacts
5. Numbers and types of service referrals made for the infant
 - Number of successful engagements
 - Number of unsuccessful engagements and reasons
6. Numbers and types of service referrals made for family caregivers
 - Number of successful engagements
 - Number of unsuccessful engagements and reasons
7. Number and percent (of total number of infants referred) of infants who receive timely well child exams
8. Number and percent (of total number of infants referred) who receive timely early intervention services (e.g., Child Development Watch)
9. Timeliness of the completion of the SDM® **Risk** Assessment

Impact Data:

DFS will count:

1. The number of Plan of Safe Care Coordinator families who were subsequently referred for abuse/neglect allegations while the family was active with the Plan of Safe Care Coordinator
2. The numbers of infants who remained safely in their homes while the case was active with the Plan of Safe Care Coordinator
3. The number of reports alleging abuse/neglect to the infant within 12 months after case closure
4. The number of substantiated abuse/neglect reports involving a Plan of Safe Care family while active with the Plan of Safe Care Coordinator
5. The number of substantiated abuse/neglect reports involving a Plan of Safe Care family within 12 months of case closure
6. The number of infants with a Plan of Safe Care whose custody was awarded to DFS and entered out-of-home care.
7. Client satisfaction – With the consent of the parents/caregivers, the service provider will survey them in a manner that will be convenient to the family (e.g., electronically in – person via tablet, by email, by phone or by mail with return postage) to determine the level of satisfaction with coordination services and services by others.

Statistical Reporting:

1. Numbers and types of substances utilized by family caregivers
2. Number of fetal alcohol syndrome disorder infants

Plan of Safe Care Coordinator Program Personnel Requirements

- The Plan of Safe Care Coordinator and Supervisor must have a Bachelor’s degree in a behavioral science.
- The Plan of Safe Care Coordinator will be required to pass a criminal background and DFS Child Protection Registry checks and the results shall indicate these individuals are not prohibited from working with children. Upon a conditional offer, the Plan of Safe Care Coordinator must undergo pre-employment drug testing as part of the hiring process.
- The Plan of Safe Care Coordinator will be required to attend SDM®, DFS Core training, mandatory reporter training, and Stewards of Children at no cost to the service provider.
- All staff is expected to meet the educational standards equivalent to what is required by the Council on Accreditation (COA).

Minimum Requirements for Proposed Narrative

1. The proposal shall be written in Size 12 font and not exceed **twenty-five pages**, excluding appendices. The total number of pages shall not exceed **thirty-five**.
2. Describe in detail how the agency will fulfill all services described in the Description of Services Being Solicited. Also,

- Describe your philosophy of service delivery
 - Provide an explanation for your practice model along with the plan for implementation.
 - Describe the timeframes for offering assessment, coordination, and monitoring services.
 - What is your knowledge of community resources in Delaware and/or this region?
3. Identify how the agency will disperse the four Plan of Safe Care Coordinators across the state. Delineate the number of families that will receive services during the period of service delivery.
 4. Describe the methods that will be used to obtain the desired outcome measures. What is your internal quality assurance process/plan?
 5. Describe the service provider's method for maintaining and retaining program data (e.g., computer and hard copy data) so that it is not accessible to others in your organization without a need to know. Please review the "Non-Public Data Security" section on page 26 of the current version of the DSCYF Operating Guidelines found here: http://kids.delaware.gov/mss/mss_contracts.shtml
 6. Describe how the service provider plans to maintain records to ensure confidentiality of the hospital staff who notified DFS and information about families known to DFS.
 7. Provide information about the bidder's experience with this population and similar services that have been provided by the service provider and relevant data or outcome measures.
 8. Describe the education, work experience, and salary requirements of your proposed Plan of Safe Care Coordinator staff. Propose salaries on the Salary Detail Form provided with the DSCYF Budget Form where this RFP is posted.
 9. Describe the plan for supervision of the four Plan of Safe Care Coordinators across the state.
 10. Describe the service provider's administrative, fiscal, and supervisory/clinical infrastructure that will support the proposal.
 11. Bidders are expected to submit a completed DSCYF Budget Form, Narrative, and Salary Detail Form. The Budget and Salary Detail Forms are available in Excel format where this RFP is posted. The Budget Narrative is freeform narrative which explains assumptions and calculations for each cost on the budget. This spreadsheet has multiple tabs for convenience. Bidders shall submit two separate budgets. One budget shall be a six month budget. The second budget shall be a 12 month budget (State Fiscal Year 2019).
 - If the bidder can bring other services to these families not funded by this awarded contract (in-kind), the bidder should explain the types of available services, the referral process, and how the services will be tracked and funded.
 - Bidders should also include \$6,500 in their 12-month budget and \$3,250 in their 6-month budget for flex funds for hard services, such as rental assistance, utility assistance, food, formula, etc. to support the infant and family on a case by case basis as deemed appropriate.

3. Bidders must also include in their proposal the following items available as indicated:
- Bidder Fact Sheet found below and online with this RFP in MS Word for easy editing
 - Employing Delawareans Form found below and online with this RFP in MS Word for easy editing
 - Signed “Assurances” document found below
 - Signed “Certifications, Representation, and Acknowledgements” document found below
 - Copy of bidder’s current Commercial Liability insurance certification

Optional Proposal Information

Bidders are invited to develop a name for this program with or without an acronym.

Criteria for Proposal Evaluation

Proposals will be reviewed with a goal of a single bidder being recommended for award based on the following criteria:

- | | |
|---|-------|
| 1. Compliance with program requirements as specified in the RFP | (25%) |
| 2. Organizational capacity and ability to provide the required services | (10%) |
| 3. Service delivery/program methods | (25%) |
| 4. Program monitoring and evaluation | (10%) |
| 5. Budget efficacy, competitiveness, and reasonableness | (20%) |
| 6. Experience, demonstrated ability and reputation | (10%) |

APPENDIX A – Bidder Forms and Instructions

Submission Instructions

Failure to follow Departmental procedures may disqualify a bidder's organization.

I. FORMAT

Proposals shall be printed on 8 1/2" x 11" paper. Pages shall be numbered. Page limits are identified above. To be considered all proposals must be submitted in writing and respond to the items outlined in this RFP. Videos will not be presented to the panel. Binders, color graphics and extensive attachments are unnecessary. Double-side copying is strongly encouraged.

To be considered, bidders must submit a complete response to this RFP. An official authorized to bind the bidder to the proposal must sign proposal documents. The successful bidder must be in compliance with all licensing requirements of the State of Delaware at time of contract execution.

Bidders may be called, only at the discretion of the Department, for an interview concerning their proposal. The State reserves the right to reject any non-responsive or non-conforming proposals.

II. QUESTIONS

All questions regarding this request should be directed to H. Ryan Bolles at Herbert.Bolles@State.DE.US or 302-633-2701. Questions will be forwarded to the appropriate DSCYF program administrators. Updates and answers to significant content questions will be posted on the State's solicitation web site www.bids.delaware.gov **It is the bidder's responsibility to check the website for updates to this RFP.**

III. ETHICS LAW RESTRICTIONS

Neither the Contractor, including its parent company and its subsidiaries, nor any subcontractor, including its parent company and subsidiaries, may engage, directly or indirectly, any person who, while employed by the State of Delaware during two years immediately preceding the date any Contract entered into as a result of this request for proposals, gave an opinion, conducted an investigation, was directly involved in, or whom otherwise was directly and materially responsible for said service described herein in this request for proposal in the course of official duties as a state employee, officer or official. The Department shall determine, at its sole discretion, whether a person was directly and materially responsible for said program, project, or contract or any other program, project, or contract related to the service described in any contract entered into as a result of this request for proposals.

IV. PROPOSALS BECOME STATE PROPERTY

All proposals become the property of the State of Delaware and will not be returned to the contractor. Proposals to the State may be reviewed and evaluated by any person other than competing vendors at the discretion of the State. The State has the right to use any or all ideas presented in reply to this RFP. Selection or rejection of the proposal does not affect this right.

V. RFP AND FINAL CONTRACT

The contents of the RFP may be incorporated into the final contract and become binding upon the successful bidder. If the bidder is unwilling to comply with the requirements, terms, and conditions of the RFP, objections must be clearly stated in the proposal. Objections will be considered and may be subject to negotiation at the discretion of the State.

VI. PROPOSAL AND FINAL CONTRACT

The content of each proposal will be considered binding on the bidder and subject to subsequent contract confirmation if selected. The content of the successful proposal may be included by reference in any resulting contract. All prices, terms, and conditions contained in the proposal shall remain fixed and valid for ninety (90) days after the proposal due date. Contract negotiations will include price re-verification if the price guarantee period has expired.

VII. MODIFICATIONS TO PROPOSALS

Any changes, amendments or modifications to a proposal must be made in writing, submitted in the same manner as the original response and conspicuously labeled as a change, amendment or modification to a previously submitted proposal. Changes, amendments or modifications to proposals shall not be accepted or considered after the hour and date specified as the deadline for submission of proposals.

VIII. COST OF PROPOSAL PREPARATION

All costs of proposal preparation will be borne by the bidding contractor. All necessary permits, licenses, insurance policies, etc., required by local, state or federal laws shall be provided by the contractor at his/her own expense.

IX. EVALUATION REQUIREMENTS AND PROCESS

The Proposal Review Committee shall determine the firms that meet the minimum requirements pursuant to selection criteria of the RFP and procedures established in 29 Del. C. §§ 6981, 6982. The Committee may interview at least one of the qualified firms. The Committee may negotiate with one or more firms during the same period and may, at its discretion, terminate negotiations with any or all firms. The Committee shall make a recommendation regarding the award to the contracting Division Director of this RFP, who shall have final authority, subject to the provisions of this RFP and 29 Del. C. § 6982 to award a contract to the successful firm in the best interests of the State of Delaware. The Proposal Review Committee reserves the right to award to one or more than one firm, in accordance to 29 Del. C. § 6986.

The Proposal Review Committee shall assign up to the maximum percentage of points as stated previously in this RFP. All assignments of points shall be at the sole discretion of the Proposal Review Committee.

The Proposal Review Committee reserves the right to:

- Select for contract or for negotiations, a proposal other than that with the lowest costs.
- Accept/Reject any and all proposals received in response to this RFP or to make no award or issue a new RFP.
- Waive or modify any information, irregularity, or inconsistency in proposals received.
- Request modification to proposals from any or all contractors during the review and negotiation.
- Negotiate any aspect of the proposal with any firm and negotiate with more than one firm at the same time. The Department reserves the right to contract with more than one vendor.

All proposals shall be evaluated using the same criteria and scoring process. Bidders may be scheduled to make oral presentations in support of their written proposals. However, proposals are expected to stand on their own merits as written. The Review Panel will assess the strength and clarity of any oral presentation and combine the evaluations of both written and oral presentations (when applicable) in determining the overall evaluation of the proposal and in making recommendations. A summary of the Panel's recommendations will be available for review upon request.

X. REJECTION OF PROPOSALS

DSCYF reserves the right to reject any/all proposals received in response to this RFP. Any information obtained will be used in determining suitability of proposed support.

Any proposal called "not accepted" will mean that another proposal was deemed more advantageous or that all proposals were not accepted. Respondents whose proposals were not accepted will be notified as soon as a selection is made, or if it is decided, that all proposals are not accepted.

Any proposal failing to respond to all requirements may be eliminated from consideration and declared not accepted.

The proposal must conform to the requirements as stated in the RFP. The State specifically reserves the right to waive any informalities or irregularities in the proposal format.

XI. RESERVED RIGHTS OF THE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

- Notwithstanding anything to the contrary, the Department reserves the right to:
- Reject any and all proposals received in response to this RFP
- Select for contract or for negotiations a proposal other than that with the lowest costs
- Waive or modify any information, irregularities, or inconsistencies in proposals received
- Consider a late modification of a proposal if the proposal itself was submitted on time; and, if the modifications make the terms of the proposal more favorable to the Department, accept such proposal as modified
- Negotiate as to any aspect of the proposal with any proposer and negotiate with more than one proposer at the same time
- If negotiations fail to result in an agreement within a reasonable period of time, terminate negotiations and select the next most responsive proposer, prepare and release a new RFP, or take such other action as the Department may deem appropriate
- Negotiate a renewal of the contract resulting from this RFP with appropriate modifications.

XII. STANDARDS FOR SUBCONTRACTORS

The prime contract with the contractor will bind sub or co-contractors to the terms, specifications, and standards of this RFP, resulting prime contracts, and any subsequent proposals and contracts. All such terms, specifications, and standards shall preserve and protect the rights of the Department under this RFP with respect to the services to be performed by the sub or co-contractor. Nothing in the RFP shall create any contractual relation between any sub or co-contractor and the Department of Services for Children, Youth and Their Families.

All sub or co-contractors must be identified in the Contractor's proposal. The proposal's work plan must also state which tasks the sub or co-contractor will perform. Approval of all sub and/or co-contractors must be received from the Department prior to the contract negotiation.

The prime bidder will be the State's primary contractor.

XIII. CONTRACT TERMINATION CONDITIONS

The State may terminate the contract resulting from this RFP at any time that the Contractor fails to carry out its provisions or to make substantial progress under the terms specified in this request and the resulting proposal.

The State shall provide the Contractor with 15 days notice of conditions which would warrant termination. If after such notice the Contractor fails to remedy the conditions contained in the notice, the State shall issue the Contractor an order to stop work immediately and deliver all work and work in progress to the State. The State shall be obligated only for those services rendered and accepted prior to the date of notice of termination.

With the mutual agreement of both parties, upon receipt and acceptance of not less than 30 days written notice, the contract may be terminated on an agreed date prior to the end of the contract period without penalty to either party.

Notwithstanding any other provisions of this contract, if funds anticipated for the continued fulfillment of this contract are at any time not forthcoming or insufficient, through the failure of the State of Delaware to appropriate funds or through discontinuance of appropriations from any source, the State of Delaware shall have the right to terminate this contract without penalty by giving not less than 30 days written notice documenting the lack of funding.

XIV. NON-APPROPRIATION

In the event that the State fails to appropriate the specific funds necessary to continue the contractual agreement, in whole or in part, the agreement shall be terminated as to any obligation of the State requiring the expenditure of money for which no specific appropriation is available, at the end of the last fiscal year for which no appropriation is available or upon the exhaustion of funds.

XV. FORMAL CONTRACT AND PURCHASE ORDER

The successful firm shall promptly execute a contract incorporating the terms of this RFP within twenty (20) days after the award of the contract. No bidder is to begin any service prior to approval of a State of Delaware Purchase Order by the Secretary of the Department of Finance. The Purchase Order shall serve as the authorization to proceed in accordance with the bid specifications, any special instructions and the Contract terms and conditions.

XVI. INDEMNIFICATION

By submitting a proposal, the proposing firm agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the State of Delaware, DSCYF, its agents, and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorney's fees, arising out of the firm, its agents and employees' performance of work or services in connection with the contract, regardless of whether such suits, actions, claims or liabilities are based upon acts or failures to act attributable, in whole or in part, to the State, its employees or agents.

XII. LICENSES AND PERMITS

In performance of this contract, the firm is required to comply with all applicable federal, state and local laws, ordinances, codes, and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful firm. The firm shall be properly licensed and authorized to transact business in the State of Delaware as defined in Delaware Code Title 30, Sec. 2502.

XIII. INSURANCE

Bidder recognizes that it is operating as an independent contractor and that it is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of the bidder's

negligent performance under any resulting contract, and particularly without limiting the foregoing, caused by, resulting from, or arising out of any act of omission on the part of the bidder in its negligent performance under any resulting contract.

The bidder shall maintain at its own cost for the term of any resulting contract and all extensions such insurance as will protect against claims under Worker’s Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this contract. The vendor is an independent contractor and is not an employee of the Department of Services for Children, Youth and Their Families.

During the term of any resulting contract, the successful bidder will, at its own expense, also carry insurance minimum limits as follows:

a.	Commercial General Liability	\$1,000,000 per occurrence / \$3,000,000 aggregate
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And at least one of the following, as outlined below:

b.	Medical or Professional Liability	\$1,000,000 per occurrence / \$3,000,000 aggregate
c.	Misc. Errors and Omissions	\$1,000,000 per occurrence / \$3,000,000 aggregate
d.	Product Liability	\$1,000,000 per occurrence / \$3,000,000 aggregate

The successful bidder must carry (a) and at least one of (b), (c), or (d) above, depending on the type of Service or Product being delivered.

If the contractual service requires the transportation of DSCYF clients or staff, the successful bidder shall, in addition to the above coverages, secure at its own expense the following coverage:

a.	Automotive Liability (Bodily Injury)	\$1,000,000 per occurrence / \$3,000,000 aggregate
b.	Automotive Property Damage (to others)	\$25,000

The bidder shall provide a Certificate of Insurance (COI) as proof that the bidder has the required insurance. The COI shall be provided prior to DSCYF prior to any work being completed by the awarded bidders(s).

The Department of Services for Children, Youth & Their Families shall be named as an additional insured.

Should any of the above described policies be cancelled before expiration date thereof, notice will be delivered in accordance with the policy provision.

XIX. NON-DISCRIMINATION

In performing the services subject to this RFP, the firm agrees that it will not discriminate against any employee or applicant for employment because of race, creed, color, sex or national origin. The successful firm shall comply with all federal and state laws, regulations and policies pertaining to the prevention of discriminatory employment practice. Failure to perform under this provision constitutes a material breach of contract.

XX. COVENANT AGAINST CONTINGENT FEES

The successful firm warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement of understanding for a commission or percentage, brokerage or

contingent fee excepting bona-fide employees and/or bona-fide established commercial or selling agencies maintained by the bidder for the purpose of securing business. For breach or violation of this warranty, the State shall have the right to annul the contract without liability or at its discretion and/or to deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

XXI. CONTRACT DOCUMENTS

The RFP, the Purchase Order, and the executed Contract between the State and the successful firm shall constitute the Contract between the State and the firm. In the event there is any discrepancy between any of these contract documents, the following order of documents governs so that the former prevails over the latter: Contract, Contract Amendments, RFP, Purchase Order and Vendor Proposal. No other documents shall be considered. These documents contain the entire agreement between the State and the firm.

XXII. APPLICABLE LAW

The Laws of the State of Delaware shall apply, except where Federal law has precedence. The successful firm consents to jurisdiction and venue in the State of Delaware.

XXIII. SCOPE OF AGREEMENT

If the scope of any provision of this Contract is too broad in any respect whatsoever to permit enforcement to its full extent, then such provision shall be enforced to the maximum extent permitted by law, and the parties hereto consent and agree that such scope may be judicially modified accordingly and that the whole of such provisions of the contract shall not thereby fail, but the scope of such provisions shall be curtailed only to the extent necessary to conform to the law.

PLEASE SIGN THIS AND SUBMIT WITH THE PROPOSAL

ASSURANCES

The bidder represents and certifies as a part of this offer that:

The organization will complete or provide any information necessary for enrollment in Medicaid requested by the Department, concerning, but not limited to, such areas as licensure and accreditation, Medicaid rates paid by other states for services provided by the organization, the usual and customary charges for medical services, and/or past sanctioning by the Centers for Medicare and Medicaid Services (CMS).

The organization will maintain records, documents, and other required evidence to adequately reflect the service under contract.

The organization agrees to maintain or to make available at a location within the State, such records as are necessary or deemed necessary by the Department to fully disclose and substantiate the nature and extent of items and services rendered to the Department clients, including all records necessary to verify the usual and customary charges for such items and services. Organizations that show cause may be exempted from maintaining records or from making such records available within the State.

The organization understands that all records shall be made available at once and without notice to authorized federal and state representatives, including but not limited to Delaware's Medicaid Fraud Control Unit, for the purpose of conducting audits to substantiate claims, costs, etc., and to determine compliance with federal and state regulations and statutes.

The organization shall retain medical, financial, and other supporting records relating to each claim for not less than five (5) years after the claim is submitted.

The organization will maintain accurate accounts, books, documents, and other evidentiary, accounting, and fiscal records in accordance with established methods of accounting.

In the event that the Contract with the organization is terminated, the organization's records shall remain subject to the Department's regulations.

The organization will physically secure and safeguard all sensitive and confidential information related to the service given. This includes service activities and case record materials.

The organization shall comply with the requirements for client confidentiality in accordance with 42 U.S.C. 290 and/or 290 cc-3.

The organization will cooperate with designated program monitors, consultants, or auditors from the Department of Services for Children, Youth and Their Families or the Criminal Justice Council in connection with reviewing the services offered under contract.

The organization will comply with all applicable State and Federal licensing, certification, and accreditation standards, including the Department's Generic Program Standards, and it will submit documentation of annual renewals of applicable licenses/certifications at whatever point they are renewed during the contract year.

The organization will not let subcontracts without prior approval from the contracting Division.

The organization will attempt to obtain all supplies and materials at the lowest practicable cost and to contain its total cost where possible by competitive bidding whenever feasible.

The organization will, upon signature of the contract, provide written assurance to the Department from its corporate counsel that the organization is qualified to do business in Delaware.

The organization agrees to comply with all requirements and provisions of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Federal Equal Employment Opportunity and Non-Discrimination regulations, and any other federal, state, or local anti-discriminatory act, law, statute, regulation, or policy along with all amendments and revisions of these laws, in the performance of the contract. It will not discriminate against any bidder or employee or service recipient because of race, creed or religion, age, sex, color, national or ethnic origin, handicap, or any other discriminatory basis or criteria.

The organization shall comply with: the Uniform Alcoholism and Intoxication Treatment Act (16 Del.C., Chapter 22 as amended; Licensing of Drug Abuse Prevention, Control, Treatment, and Education Programs (16 Del.C., Chapter 48 as amended); Drug Free Work Place Act of 1988.

The organization shall comply, when applicable, with the Methadone Regulations (21 CFR, Part III), which prohibit use of methadone for children and youth.

The organization will establish a system through which clients receiving the service under contract may present grievances. Clients will be advised of their appeal rights by the organization.

The organization agrees that it is operating as an independent contractor and as such, it agrees to save and hold harmless the State from any liability which may arise as a result of the organization's negligence.

The organization will abide by the policies and procedures of the Department and will comply with all of the terms, conditions, and requirements as set forth in the contract. The organization understands that failure to comply with any of the terms, conditions, and provisions of the contract may result in delay, reduction, or denial of payment or in sanctions against the organization. The organization also understands that penalties may be imposed for failure to observe the terms of Section 1909, Title XIX of the Social Security Act.

Name of Organization's Authorized Administrator

Signature of Authorized Administrator

Date

PLEASE SIGN THIS FORM AND SUBMIT WITH THE PROPOSAL

CERTIFICATION, REPRESENTATION, AND ACKNOWLEDGEMENTS

By signing below, bidder certifies that:

- They are an established vendor in the services being procured
- They have the ability to fulfill all requirements specified for development within this RFP
- They have neither directly nor indirectly entered into an agreement, participated in any collusion, nor otherwise taken any action in restraint of free competitive bidding in connection with this proposal
- They are accurately representing their type of business and affiliations
- They are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency

The following conditions are understood and agreed to:

- No charges, other than those negotiated into a final contract are to be levied upon the State as a result of a contract.
- The State will have exclusive ownership of all products of this contract unless mutually agreed to in writing at the time a binding contract is executed.

Name of Organization's Authorized Administrator

Signature of Authorized Administrator

Date

PLEASE COMPLETE AND SUBMIT WITH THE PROPOSAL

RFP Title: CYF 16-06 Plan of Safe Care Coordinator Services

Bidder Name:	
--------------	--

EMPLOYING DELAWAREANS REPORT

As required by House Bill # 410 (Bond Bill) of the 146th General Assembly and under Section 30, No bid for any public works or professional services contract shall be responsive unless the prospective bidder discloses its reasonable, good-faith determination of:

1.	Number of employees reasonable anticipated to be employed on the project:	
2.	Number and percentage of such employees who are bona fide legal residents of Delaware:	
3.	Percentage of such employees who are bona fide legal residents of Delaware:	
4.	Total number of employees of the bidder:	
5.	Total percentage of employees who are bona fide resident of Delaware:	
If subcontractors are to be used:		
1.	Number of employees who are residents of Delaware:	
2.	Percentage of employees who are residents of Delaware:	

“Bona fide legal resident of this State” shall mean any resident who has established residence of at least 90 days in the State.

Appendix X

Chart 1

2016 BIRTH COUNTY AND SUBSTANCE

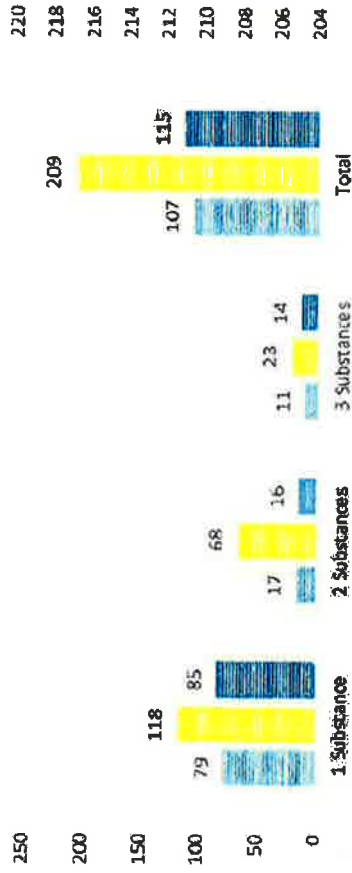


Chart 2

2016 BIRTH GENDER



Chart 3

2016 BIRTH MOTHER RACE/ETHNICITY

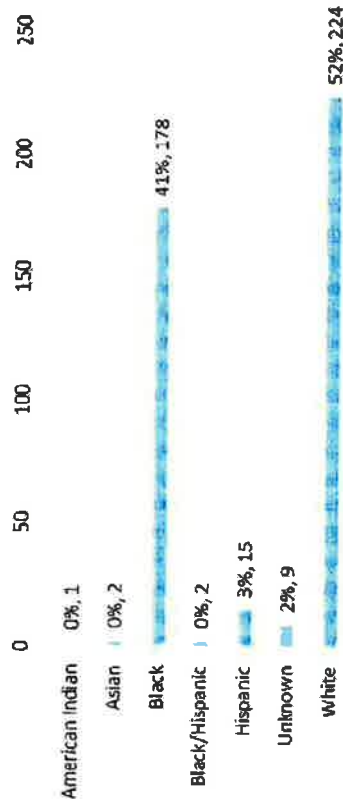


Chart 4

2016 BIRTH HOSPITAL

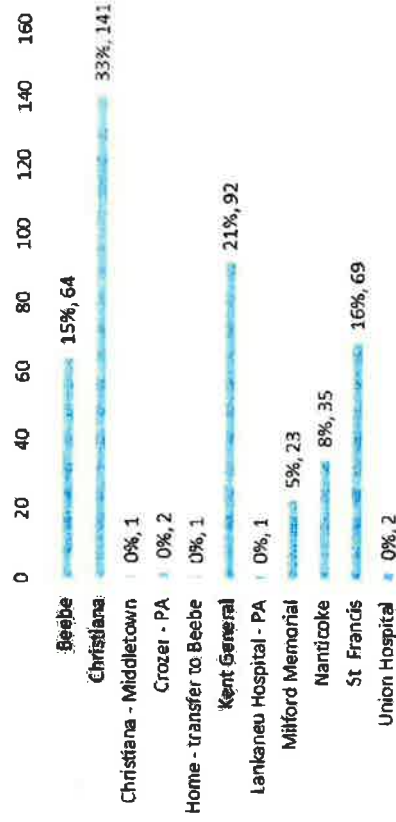


Chart 5

2016 SCREENED IN BY DFS

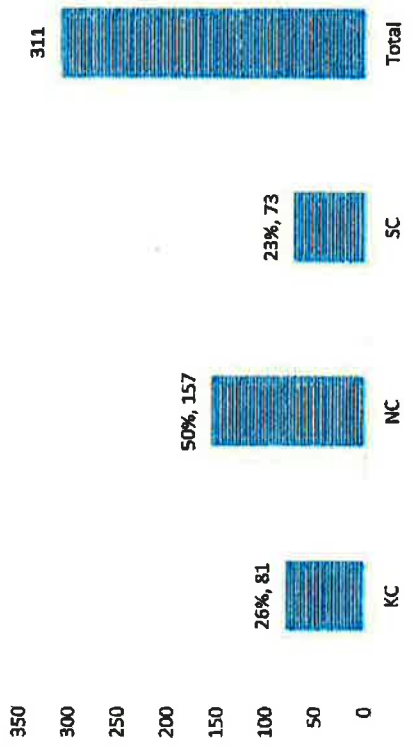


Chart 7

Chart 6

PLACEMENTS OF SCREENED IN CASES

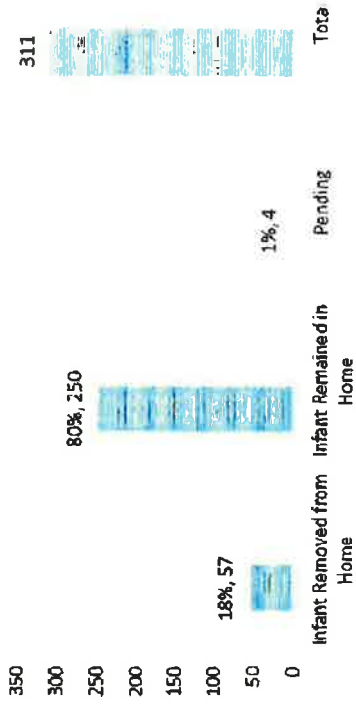
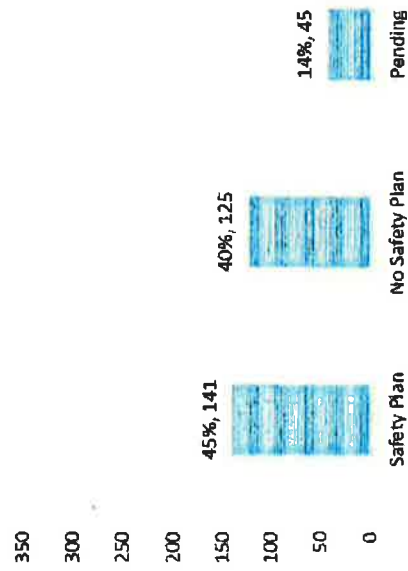


Chart 8

SAFETY PLANS



SCREENED IN CASES & NUMBER OF SUBSTANCES

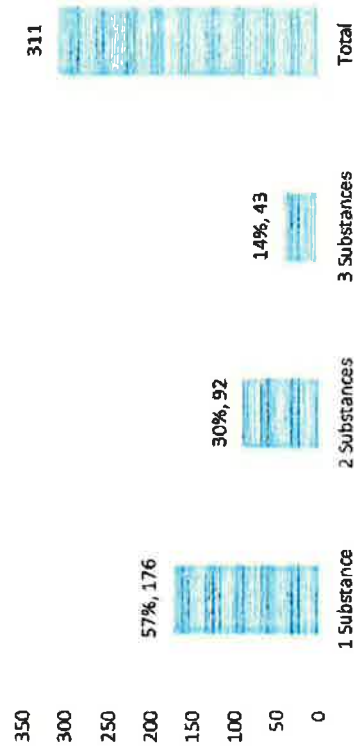


Chart 9

SCREENED OUT CASES BY DFS

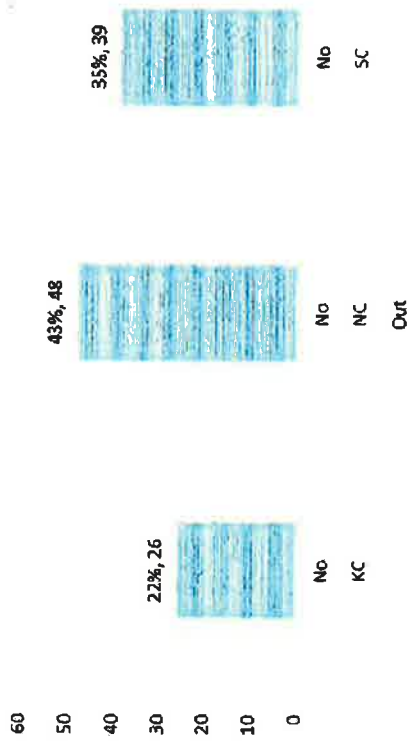


Chart 10

SCREENED OUT CASES & NUMBER OF SUBSTANCES



Chart 11

SCREENED OUT TO ACTIVE CASES

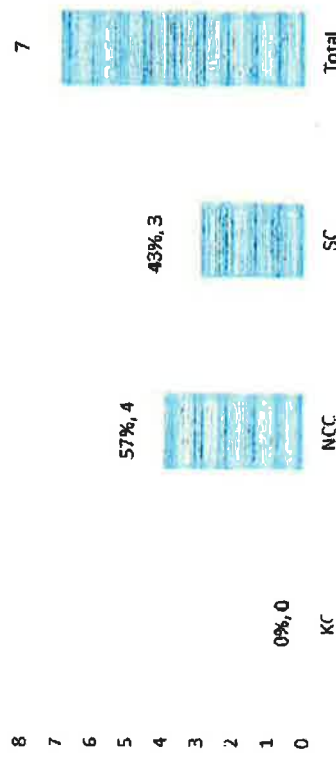
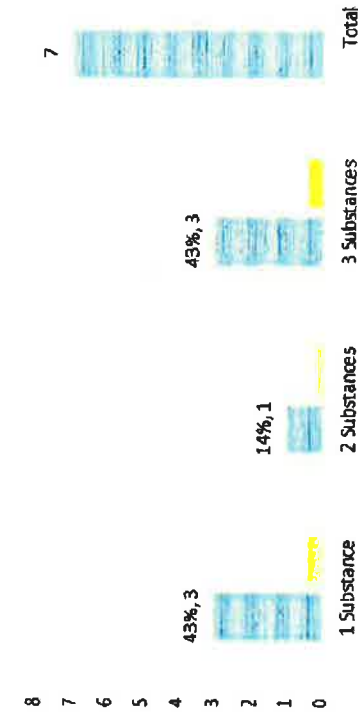


Chart 12

SCREENED OUT CASES & NUMBER OF SUBSTANCES



Attachment Y



STATE OF DELAWARE
PLAN OF SAFE CARE

For Infants with Prenatal Substance Exposure and their Families

A. FAMILY INFORMATION

INFANT

Infant's Full Name: _____ DATE: _____

Gender: _____

PARENT(S)

Mother's Full Name: _____

DOB: _____

DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact/Cell Number: _____

Father's Full Name: _____

DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact/Cell Number: _____

SECONDARY CAREGIVER(S) (if one parent is not involved):

Name

DOB

Relationship to Parent

SUPPORT PERSON(S)

Name

DOB

Relationship to Parent

SIBLING(S)

Name

DOB

Resides with? (Name/address/City/State/Zip)

B. PLAN OF SAFE CARE COORDINATOR

POSC Coordinator's Name: _____

Phone: _____

Email: _____

Fax: _____

POSC Coordinator's Supervisor's Name: _____

Phone: _____

Email: _____

Fax: _____

POSC Coordinator's Agency Name: _____

C. IDENTIFIED PROVIDERS FOR INFANT AND FAMILY CARE (To be completed by POSC Coordinator)

Child Welfare Worker Name: _____
Phone: _____ Next Appointment Date: _____

Infant's Pediatrician Name: _____
Phone: _____ Next Appointment Date: _____

Infant's Specialist Physician Name: _____
Phone: _____ Next Appointment Date: _____

Infant's MCO Coordinator: _____
Phone: _____ Next Appointment Date: _____

Home Visiting Nurse Agency and Provider Name: _____
Phone: _____ Next Appointment Date: _____

Mother's PCP/OB/GYN Name: _____
Phone: _____ Next Appointment Date: _____

Mother's SUD Treatment Provider Name: _____
Phone: _____ Next Appointment Date: _____

Father's SUD Treatment Provider Name: _____
Phone: _____ Next Appointment Date: _____

Mother's Mental Health Treatment Provider Name: _____
Phone: _____ Next Appointment Date: _____

Father's Mental Health Treatment Provider Name: _____
Phone: _____ Next Appointment Date: _____

Peer Recovery Coach Name: _____

Phone: _____ Next Appointment Date: _____

Other: _____

Phone: _____ Next Appointment Date: _____

D. IDENTIFIED NEEDS, RISKS AND INTERVENTIONS FOR THE FAMILY (To be completed by POSC Coordinator)

1. INFANT RISKS/NEEDS **Referrals/Information Provided at Hospital Discharge**

Check all that apply:

___ Exposure/Withdrawal Symptoms Describe: _____

Agency Referred to: _____

Date Referred: _____

Agency Contact Person and #: _____

Education Provided? _____

Strengths/Concerns: _____

Other Medical Conditions Describe: _____

Agency Referred to: _____

Date Referred: _____

Agency Contact Person and #: _____

Special Medical Equipment needed? _____

Education Provided? _____

Strengths/Concerns: _____

Developmental Needs

Describe: _____
Agency Referred to: _____
Date Referred: _____
Agency Contact Person and #: _____
Education Provided? _____
Strengths/Concerns: _____

Other Infant Needs/Risks

Describe: _____
Agency Referred to: _____
Date Referred: _____
Agency Contact Person and #: _____
Education Provided? _____
Strengths/Concerns: _____

2. MATERNAL RISKS/NEEDS

Referrals/Information Provided at Hospital Discharge

Check all that apply:

Substance Use/Abuse

Describe:

Currently Engaged in Treatment? If so, name of Current Provider:

If not, Agency Referred to:

Date Referred:

Agency Contact Person and Phone:

Education Provided?

Strengths/Concerns:

Alcohol Use/Abuse

Describe:

Currently Engaged in Treatment? If so, name of Current Provider:

If not, Agency Referred to:

Date Referred:

Agency Contact Person and Phone:

Education Provided?

Strengths/Concerns:

Mental/Behavioral Health Needs

Describe:

Currently Engaged in Treatment? If so, name of Current Provider:

If not, Agency Referred to:

Date Referred:

Agency Contact Person and Phone:

Education Provided? _____
Strengths/Concerns: _____

Attachment/Bonding/Responsive to Infant/Parenting Skills

Describe: _____
Agency Referred to: _____
Date Referred: _____
Agency Contact Person and #: _____
Education Provided? _____
Strengths/Concerns: _____

Family Planning Needs

Describe: _____
Agency Referred to: _____
Date Referred: _____
Agency Contact Person and #: _____
Education Provided? _____

Basic Needs Housing/Food/Transportation

Describe: _____
Agency Referred to: _____
Date Referred: _____
Agency Contact Person and #: _____
Education Provided? _____

Domestic Violence Concern

Describe: _____
Agency Referred to: _____
Date Referred: _____
Agency Contact Person and #: _____
Education Provided? _____

Household Criminal Activity

Describe: _____
Agency Referred to: _____
Date Referred: _____
Agency Contact Person and #: _____
Education Provided? _____

Other

Describe: _____
Agency Referred to: _____
Date Referred: _____
Agency Contact Person and #: _____
Education Provided? _____

3. PATERNAL/SECONDARY CAREGIVER RISKS/NEEDS

Referrals/Information Provided at Hospital Discharge

Check all that apply:

Substance Use/Abuse

Describe:

Currently Engaged in Treatment? If so, name of Current Provider:

If not, Agency Referred to:

Date Referred:

Agency Contact Person and Phone:

Education Provided?

Strengths/Concerns:

Alcohol Use/Abuse

Describe:

Currently Engaged in Treatment? If so, name of Current Provider:

If not, Agency Referred to:

Date Referred:

Agency Contact Person and Phone:

Education Provided?

Strengths/Concerns:

Mental/Behavioral Health Needs

Describe:

Currently Engaged in Treatment? If so, name of Current Provider:

If not, Agency Referred to:

Date Referred:

Agency Contact Person and Phone:

Education Provided? _____
Strengths/Concerns: _____

Attachment/Bonding/Responsive to Infant/Parenting Skills

Describe: _____
Agency Referred to: _____
Date Referred: _____
Agency Contact Person and #: _____
Education Provided? _____
Strengths/Concerns: _____

Family Planning Needs

Describe: _____
Agency Referred to: _____
Date Referred: _____
Agency Contact Person and #: _____
Education Provided? _____

Basic Needs Housing/Food/Transportation

Describe: _____
Agency Referred to: _____
Date Referred: _____
Agency Contact Person and #: _____
Education Provided? _____

Domestic Violence Concern

Describe: _____
Agency Referred to: _____
Date Referred: _____
Agency Contact Person and #: _____
Education Provided? _____

Household Criminal Activity

Describe: _____
Agency Referred to: _____
Date Referred: _____
Agency Contact Person and #: _____
Education Provided? _____

Other

Describe: _____
Agency Referred to: _____
Date Referred: _____
Agency Contact Person and #: _____
Education Provided? _____

E. OTHER SUPPORT SERVICES FOR FAMILY (To be completed by POSC Coordinator)

TYPE OF SERVICE

Referrals Provided at Hospital Discharge

Check all that apply:

___ Home Visiting Nursing Program

Date Referred: _____

Agency Referred to: _____

Agency Contact Name and #: _____

Education Provided? _____

___ WIC

Date Referred: _____

Agency Referred to: _____

Agency Contact Name and #: _____

Education Provided? _____

___ Employment/Training

Date Referred: _____

Agency Referred to: _____

Agency Contact Name and #: _____

Education Provided? _____

___ Financial Assistance

Date Referred: _____

Agency Referred to: _____

Agency Contact Name and #: _____

Education Provided? _____

____ Parenting Class

Date Referred: _____

Agency Referred to: _____

Agency Contact Name and #: _____

Education Provided? _____

____ Other

Date Referred: _____

Agency Referred to: _____

Agency Contact Name and #: _____

Education Provided? _____

____ Hospital Education Provided to Mother/Father or other Caregivers (check all that apply):

- ____ Safe Sleeping _____ Newborn Safety
- ____ SIDS _____ NAS Withdrawal Symptoms and Management
- ____ Abusive Head Trauma _____ Family Planning
- ____ Infant Feeding _____ Other: _____

G. DISCHARGE AND FOLLOW UP

Date of Discharge: _____

Infant Discharged to whom: _____

Discharge destination (address): _____

DFS Child Safety Agreement in addition to POSC? _____

If yes, provide details: _____

Explain Frequency of Contact by Plan of Safe Care Coordinator and other providers with Family (ie. weekly):

Date of Next Multidisciplinary Meeting to Review POSC: _____

Plan of Safe Care Progress/Struggles/Additional Needs: _____

Plan of Safe Care Coordinator (POSC Coordinator) _____ hereby confirms that the Division of Family Services has been notified of the infant's birth, this Plan of Safe Care has been prepared for the infant and family and a copy of the Plan has been provided to the "Identified Providers for Family Care."

A signature indicates that the Plan of Safe Care has been reviewed and discussed with the parents/caregivers and other plan participants and that the team is in agreement with the Plan. The parents or other caregiver(s) hereby consent to the sharing of the Plan and other pertinent information with the plan participants. The plan participants hereby agree to regularly communicate and share information to ensure that timely referrals for services are made by the POSC Coordinator and that the appropriate services are delivered to the parents and infant. The plan participants hereby agree to ensure confidentiality of the information received through the Plan and agree to only share information with the plan participants and family providers.

Plan of Safe Care Coordinator: _____ Date _____

Supervisor: _____ Date _____

Parent Signature: _____ Date _____

Parent Signature: _____ Date _____

Other Caregiver: _____ Date _____

Other Support Person: _____ Date _____

Other plan participant: _____ Date _____

Other plan participant: _____ Date _____

FAMILY ASSESSMENT
FOR DEVELOPMENT OF PLAN OF SAFE CARE

*Plan of Safe Care Coordinators, or other providers preparing all or portions of the Plan, may choose to use this assessment, or their own tools to gather information about family functioning. The assessment information should be used to develop the goals of the Plan of Safe Care. The completed assessment should be attached to and made part of the Plan of Safe Care at time of discharge.

A. INFANT'S NEEDS

1. PRENATAL SUBSTANCE EXPOSURE: _____ YES _____ NO

Date(s) of testing: _____

Results of testing: _____

Referral made by OB/GYN for substance use treatment for mother? _____ YES _____ NO

If yes, date of referral: _____ Agency name/contact #: _____

2. LABOR AND DELIVERY

Infant Urine or Meconium Drug Test: _____ YES _____ NO

If yes, result: _____ Positive _____ Negative

Type of Positive Substance(s): _____

Withdrawal symptoms? _____ YES _____ NO

If yes, describe: _____

Medication treatment needed? _____ YES _____ NO Comments: _____

Fetal Alcohol Spectrum Disorder? _____ YES _____ NO Comments: _____

Premature (less than 37 weeks): _____ YES _____ NO Comments: _____

Other Medical conditions? _____ YES _____ NO Comments: _____

Other: _____

3. ATTACHMENT AND BONDING

____ Normal behavior/interaction with infant Comments: _____
____ Regular visits and calls while in hospital Comments: _____
____ Co-Sleeping with infant in hospital Comments: _____
____ Infant supplies obtained Comments: _____
____ Crib/safe sleeping arrangements Comments: _____
____ Other strengths or concerns Comments: _____

B. MOTHER'S NEEDS

1. PRENATAL CARE:

____ YES ____ NO

IF YES: OB/Gyn Provider Name: _____

Contact number: _____

Date when prenatal care began: _____

Regular visits: ____ YES ____ NO

If no, explain: _____

Prenatal Drug Testing Conducted: ____ YES ____ NO

Dates of Testing: _____

Results of Testing: _____

Valid Medical Prescription? : ____ YES ____ NO

If yes, please list substance, for what condition and prescribing provider name:

1. Substance: _____ Condition: _____ Provider: _____

Verified Valid: ____ YES ____ NO Comments: _____

2. Substance: _____ Condition: _____ Provider: _____

Verified Valid: ____ YES ____ NO Comments: _____

Indicate other substances of concern during pregnancy per maternal self-report: _____

2. MATERNAL SUBSTANCE USE

Maternal Urine Drug Test at Labor/Delivery: _____ YES _____ NO

If yes, result: _____ Positive _____ Negative

Name(s) and Type(s) of Positive Substances?: _____

Valid Medical Prescription for Positive Substance(s)? _____

If yes, please list substance, for what condition and prescribing provider:

Substance: _____ Condition: _____ Provider: _____

Verified Valid: _____ YES _____ NO Comments: _____

Substance: _____ Condition: _____ Provider: _____

Verified Valid: _____ YES _____ NO Comments: _____

Substance: _____ Condition: _____ Provider: _____

Verified Valid: _____ YES _____ NO Comments: _____

Substance: _____ Condition: _____ Provider: _____

Verified Valid: _____ YES _____ NO Comments: _____

Maternal history of substance use disorder? _____ YES _____ NO Comments: _____

Mother actively engaged in substance use treatment? _____ YES _____ NO

If yes, what agency/clinic? _____ Counselor name/contact #: _____

Date treatment began: _____

Verified compliant with treatment (ie. regular attendance, no positive illicit drugs)? _____

Comments/Strengths/Concerns: _____

Mother actively engaged in Medication Assisted Treatment? YES NO

If yes, what agency/clinic? Counselor name/contact #:

Verified compliant with MAT (ie. regular attendance, no positive illicit drugs)?

Comments/Strengths/Concerns:

Maternal history of *prior* substance use treatment? If yes, list date(s) and provider(s):

Successfully completed treatment or discharged non-compliant?

Prior Infant(s) born with prenatal substance exposure? YES NO

If yes, date(s) of prior SEI birth(s):

Substance(s):

3. MATERNAL ADVERSE CHILDHOOD EXPERIENCES (ACEs) (Optional): See attached optional screening tool to determine mother's ACE score in order to provide appropriate trauma-focused services.

C. PATERNAL OR OTHER CAREGIVER SUBSTANCE USE

Paternal (or other caregiver) current substance use or abuse disorder? YES NO

If yes, type of substance:

Paternal (or other caregiver) actively engaged in substance use treatment?

If yes, what agency/clinic? Counselor name/contact #:

In treatment since?

Verified compliant with treatment (ie. regular attendance, no positive illicit drugs)?

Paternal (or other caregiver) history of *prior* substance use treatment? If yes, list date(s) and provider(s):

Successfully completed treatment or discharged non-compliant?

Adverse Childhood Experiences (ACEs): See attached optional screening tool to determine father's ACE score in order to provide appropriate trauma-focused services.

D. PRIOR HISTORY OF DFS INVOLVEMENT WITH MOTHER, FATHER OR OTHER CAREGIVERS

- ___ No DFS history
- ___ DFS case is currently ACTIVE
- ___ Prior DFS history of abuse or neglect allegations
- ___ Prior DFS history of children removed from the home
- ___ Prior DFS substantiation of abuse or neglect
- ___ Infant's siblings currently placed out of the home
- ___ Infant's siblings in DFS custody
- ___ Prior termination of parental rights

Comments for Check marks above : _____
