Massachusetts Department of Social Services

Planning and Program Development Division

Domestic Violence Services

Request for Responses

Overview and Vision Document

March 2006

Submitted 03/07/07

DESCRIPTION AND PURPOSE OF PROCUREMENT:

This RFR is issued by the Massachusetts Department of Social Services to invite interested organizations to participate in the enhancement of a continuum of services for individuals and families who are victims of domestic violence. In partnership with the Department's staff and the Commonwealth's families and communities, the organizations selected will provide one or more of the following services: Community Based Programs, Residential Programs, and a Statewide Hotline. Programs will be part of local community, regional, and a statewide network dedicated to assisting individuals and families to be safe, stable and connected within supportive communities. In addition, DSS will fund Technical Assistance under this RFR. Technical Assistance will assist the Department and selected organizations in the delivery, development and enhancement of services throughout the procurement cycle.

MAIN RFR DESCRIPTION

A. INTRODUCTION

1. Background

Domestic violence is a "pattern of coercive control that one person exercises over another. Battering is purposeful behaviors intentionally used to maintain power and control over others".[1] Domestic violence is truly an epidemic. According to the United States Bureau of Justice Statistics, family violence accounted for 11% of all reported and unreported violence between 1998-2002, which roughly resulted in 3.5 million violent crimes committed against family members .[2] 49% of those crimes were against spouses and 11% involved children victimized by a parent.[3] Females accounted for 84% of spouse abuse victims and 86% of victims abused at the hands of a boyfriend or girlfriend.[4] In 2000 alone, 1247 women and 440 men were killed by an intimate partner.[5] Further, in 2002 females were 81% of all persons killed by their spouses.[6] Closer to home, it is estimated that in fiscal year 2005 more than 35,000 individuals were provided services by Massachusetts state funded domestic violence agencies, with more than 5,000 of those provided residential assistance.[7]

Domestic violence and child maltreatment often occur within the same family. The Children's Defense Fund reports that both child maltreatment and domestic violence

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[1] Schechter, S., *Women and Male Violence,* 1982, Boston: South End Press
[2] Durose, Matthew. U.S. Department of Justice, Office of Justice Programs, Bureau of Statistics, "Family Violence Statistics". (June 2005)
[3] Id.
[4] Id.
[5] Rennison, Callie Marie. U.S. Department of Justice, Bureau of Statistics, "Intimate Partner Violence, 1993-2001." (February 2003)
[6] Durose, Matthew. U.S. Department of Justice, Office of Justice Programs, Bureau of Statistics, "Family Violence Statistics". (June 2005)
[7] Massachusetts Department of Social Services

occur in an estimated 30-60% of families where there is some form of family violence.[8] Some experts argue that domestic violence is the single major precursor to child abuse and neglect fatalities in this country, of which five are estimated to occur every day.[9] Whether or not children are direct victims, the harmful impact of family violence on human development, as well as the cyclical nature of the problem, is well documented. Children who witness violence at home are at risk of suffering numerous emotional and behavioral disturbances, ranging from nightmares and self-blame to post traumatic stress disorder. Many experience anxiety, depression, and other emotional problems, as well as lower verbal, cognitive, and motor abilities. Children of women who are battered have high rates of poor school performance, truancy, absenteeism, and difficulty concentrating. A comparison of delinquent and non-delinquent youths found that a history of family violence or abuse is the single most significant difference between the two groups. Male children who witness violence are at an increased risk of becoming perpetrators; growing up in a violent home is the strongest predictor of becoming a batterer in the teen and adult years.[10]

The Massachusetts Department of Social Services estimates that approximately 60% of its open protective cases involve child abuse or neglect and domestic violence. This estimate mirrors studies conducted over the past decade. A landmark Massachusetts' study of court records found that an estimated 43,000 Massachusetts' children are exposed to reported acts of domestic violence each year.[11]

In 1994, the Department of Social Services issued the first request for proposals to fund a statewide network of comprehensive services for battered women and their children. Six years later, in 2000, the Department re-bid these services with the goal of expanding and enhancing the network of support available for victims of domestic violence and their children. The current RFR represents the third time that services for victims of domestic violence have been competitively bid and builds on the knowledge gained about how to best provide services to address this complex and devastating problem. The budget for these important programs has not kept pace with the need. As a result, this RFR is designed to give flexibility to providers in addressing the needs of the families they serve in a manner intending to maximize current funding.

During the past decade, we have collectively learned a great deal about how to best assist families victimized by domestic violence. Hotline, crisis intervention, emergency shelter and residential living services have undoubtedly helped many women and their children move on to establish safe and productive lives. Yet, numbers of women are turned away due to lack of space in shelters, and others remain isolated and at-risk because they are

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[8] Edleson, J.L. "The Overlap Between Child Maltreatment and Woman Battering," *Violence Against Women, 5*, no. 2 (February 1999): 134-154.

[9] U.S. Advisory Board on Child Abuse and Neglect, *A Nation's Shame: Fatal Child Abuse and Neglect in the United States: Fifth Report*, Washington, DC: U.S. Department of Health and Human Services, April 1995.

[10] E. Peled, P.G. Jaffe and J.L. Edleson, Editors, *Ending the Cycle of Domestic Violence: Community Responses to Children of Battered Women*, Thousand Oaks, CA: Sage Publications, 1995

[11] Cochran, et al, 1995, *Tragedies of Domestic Violence – a qualitative analysis of civil restraining orders in Massachusetts*; report of the Office of the Commissioner of Probation of the Massachusetts Trial Court.

hesitant or afraid to leave their home and/or their jobs, take their children to a shelter, and essentially move into a completely unknown future. They want to be served in their own communities with as little disruption as possible to themselves and their children. And, given the multiple issues they face in escaping a domestic violence situation, they need to have a variety of services locally available and easily accessible.

The challenge during the next several years is to build a comprehensive network of community-based support services that will address the multiple needs of families affected by domestic violence. To meet this challenge, the Massachusetts Department of Social Services is re-bidding domestic violence services across the Commonwealth through the release of this Request for Responses (RFR).

2. Listening and Learning Tour

As a preliminary step to the development of this RFR, the Department of Social Services worked in partnership with the Department of Public Health, the Massachusetts Office of Victim Assistance, the Executive Office of Public Safety and the Department of Transitional Assistance. The purpose of these activities was to assess current domestic violence services and to learn more about local community needs. The information gathered through this process provided guidance to the Department as the RFR was developed and decisions were made about the continuum of services that will be funded to meet the needs of families affected by domestic violence.

The Listening and Learning Tour included four separate activities aimed at gathering perspectives and opinions from a broad range of informants across the Commonwealth.

- Focus Groups: Observational visits were made to a variety of Domestic Violence and Sexual Assault programs. During these visits Focus Groups were conducted with program participants and staff. In addition, discussions were held with community-based providers and community members, some of who identified themselves as current or former recipients of domestic violence and/or sexual assault services. Over 1000 people participated in these focus groups.

- WIC Surveys: Women at twelve Women Infant and Children program sites were invited to complete a voluntary and anonymous survey about what kind of help is most important when someone is threatened or hurt in a relationship; and, who they would talk to if they or someone they knew were threatened. 333 WIC recipients completed the survey.

- Planning and Design Group: A diverse and multidisciplinary advisory group of current providers and other domestic violence professionals made recommendations regarding definitions, program design, collaboration, and intake and assessment forms to be implemented statewide.

- Reflection and Planning Days: Two day long sessions were held to give 200 workers in the fields of child welfare, domestic violence and sexual assault an opportunity to review and comment upon preliminary information from the above activities.

After conducting the Listening and Learning Tour, results were summarized and used to identify major concerns and needs that this RFR attempts to address. Following are the themes most consistently heard during focus groups, through surveys, and in discussion with service providers:

- There is a strong interconnection between poverty, violence, substance abuse and mental health;
- In order to maintain safety, individuals and families often require assistance for their basic needs in addition to supportive services. A comprehensive safety plan should involve as many different community agencies and institutions (both formal and informal) as necessary;
- Mothers who have been victims of domestic violence are often keenly aware of its impact on their children and engage in numerous efforts to seek help;
- Most individuals and families want to receive help in their own communities and remain in their own homes;
- Accessing formal help and maintaining safety and stability is best achieved by individuals who are supported in the context of informal, nonjudgmental, helping relationships;
- Reluctance to utilize services can often be traced to policies and procedures regarding access that are difficult for many reasons, but quite often are a result of language or cultural barriers; and
- Safety and privacy related to the sharing of information are paramount; different ways in which privacy is respected should be communicated and demonstrated to participants, while not becoming a barrier to effective service delivery.

Detailed results from Learning and Listening Tour activities are posted as part of the closed RFI at the Comm-PASS website.

3. Vision Statement

This RFR builds on a long-standing practice of partnering with providers in the design of services. The Listening and Learning Tour provided tremendous insight into the needs and priorities of victims and their children. Individuals from across the state shared many stories with important lessons for us all.

We heard that individuals and families usually do better and get better not just with a service or resource, but also in the context of respectful, nurturing relationships. The resounding message was the importance of belonging -- within extended families, as parents with children, with partners, among friends and co-workers, within schools, community centers, churches, and neighborhoods. We heard that those who had nurturing relationships, who had connections with informal as well as formal supports, were the individuals who displayed

the most hope and strength. It was this hope and strength that was the theme of their story, rather than the incredible struggles, challenges, and pain that they had experienced.

The individuals who told their stories of isolation, of seeking help alone, of sadness and disconnection, were left unforgettably vulnerable. We learned of the small but growing community of same sex married couples and couples with children who need acceptance and supportive relationships. These stories lead us to revitalize our mission, to examine whom we help, who we lose contact with and who cannot find access to the help we offer. Our services may be life saving, but it's the real life connection with others that sustains individuals and helps them grow. It is our collective responsibility to reach out widely and offer help, to be grounded within communities and to work in local, regional and statewide partnerships. Such major changes require taking risks.

We also heard that staff from programs and state agencies (including funders) do better and get better at service provision, design and development when involved in similarly supportive collegial relationships. The partnership between DSS and the network of providers may, at times, be difficult. We can, however, engage in respectful dialogues that will lead to greater trust and growth. This will ultimately benefit individuals, families, programs and state agencies. DSS is committed to providing a venue to lessen the isolation under which staff frequently labor, and to creating an opportunity for all of us to share our lessons learned.

This RFR is part of a movement to advance the collective wisdom critical to helping individuals and families be safe, heal, and find a sense of belonging and security. The challenge is how to act on this knowledge, enhance and refine structures and systems to better meet those needs, especially during budget neutral times.

Confidentiality of site has, historically, been one of the weightiest issues of the battered women's movement. DSS recognizes that, over time, a policy of absolute secrecy about the location of shelters has saved countless lives. This program model, developed close to thirty years ago, was essential in meeting the needs of women living in a culture that was blind to domestic violence. For many women, this model is still crucial. However, the Department has learned through a decade of experience, as well as feedback from individuals and focus groups, that restrictions of shelters prevent many at-risk women from entering and/or staying in shelter. Too often, women are faced with trading economic stability for physical safety. Over the past thirty years, largely due to the efforts of the battered women's movement, the public is far more aware of the problem of domestic violence. Site confidentiality policies in the current network of battered women's shelters have also evolved in varying ways. Many agencies, other than shelters, have begun helping victims of domestic violence and their children.

Each year, knowledge about how violence and overwhelming trauma affects body and mind increases dramatically. What was once viewed as either an "addiction" or "domestic violence" or "mental health" problem requiring specialized services, is now understood to be a complex array of intertwined issues. Increasingly, the incidence and connection of these problems among battered women is being recognized. Substance abusing women and those

with mental health issues are not the exception to be served, but the very population most in need of domestic violence services.

In line with our guiding principle of continuous learning, the Department proposes with this RFR to support a framework for further program evolution that will make it possible to serve more victims and their children. This framework emphasizes several important new opportunities for creative program design and enhancement of domestic violence services. While retaining traditional polices and procedures for responding to individuals and families facing immediate risk and ensure their confidentiality through relocation, less restrictive policies and procedures are needed to assist others who can remain in their communities and maintain natural support systems, jobs, and needed services. The Department is seeking programs that are responsive to the individual needs of each person seeking help.

It is only by recognizing and holistically addressing the physical, psychological, and relational impact of trauma, that we can hope to provide services that foster healing and growth. The Department is seeking programs that effectively accommodate and assist individuals who are struggling with mental health issues, alcohol and/or illegal drug use. This requires educating staff and volunteers about trauma, mental illness, and common manifestations of substance abuse so that anxiety and physical agitation is not misunderstood as dangerous behavior.

While providing safety and advocacy to individuals and families who have been victimized remains paramount, our efforts to address domestic violence must include the potential benefits to children and families when fathers are held accountable for violence, stop the behavior, and demonstrate capacity for healthy involvement in their children's lives. The Department is looking for programs that are working to ensure fathers have opportunity to address and change violent patterns of behavior. Such activities may start with internal conversations within the program, with community agencies that work with fathers (including DSS), and/or with responsible fatherhood programs.

Our ultimate goal is to ensure more individuals and families receive services and advocacy in their own community, connected to and nurtured by both formal and informal networks of support. Services funded through this RFR are meant to connect to and complement other services and resources in a given community. DSS expects that multiple agencies will work together to serve a family that is struggling with domestic violence in order to meet multiple needs and that agencies will seek partnerships that expand their capacity to serve minority communities. Addressing family needs requires support of those victims who wish to stay in their homes and maintain relationships; ensuring that they have safety plans, and connecting all family members, including abusive partners, to needed resources. In working together, service providers will not only enhance the health and well being of a given family, but in the end, the community as a whole.

Strong linkages between domestic violence programs and area DSS staff are critical in successfully serving individuals and families affected by domestic violence. Decisions about when to involve DSS for protective services are frequently faced by domestic violence programs. In addition, many families using domestic violence services are already DSS involved and need assistance with visitation and reunification planning. To ensure

consistency in working with families and achieving the very best outcomes possible, DSS and domestic violence programs must communicate and plan together regularly. Over the course of this procurement it is expected that programs and DSS area offices will take steps to improve their working relationships and approaches in helping families.

The evolutionary nature of a multi-year initiative like this one creates opportunities to push aggressively for the changes we believe are necessary, knowing that we will accomplish them incrementally in partnership with the provider network. We hope that this RFR will be part of an ongoing process to spark creativity and imagination in applications, as well as in the implementation process to follow. Successful bidders will view this RFR as part of the process of building coordinated networks, and use their application as a first step in establishing community partnerships, breaking isolation, and enhancing services for families. Bidders will be evaluated on and held accountable to, not just what services they provide, but their peer relationships, community partnerships, their honest assessment of strengths and needs, and their willingness to work with DSS and Family Networks.

B. GUIDING PRINCIPLES FOR DOMESTIC VIOLENCE PROGRAMS

The following principles were developed to guide how services are delivered, provide uniform standards for providers, and promote a shared commitment to those standards. Specifically related to services for victims of domestic violence and their families, these principles reflect DSS core practice values: child-driven, family-centered, community-focused, strength-based, and committed to cultural diversity and continuous learning. DSS expects that programs funded by this RFR will strive to operate in accordance with these guiding principles**.** Bidders should honestly assess how effectively their services currently reflect each principle, identify areas in need of improvement, and commit to strategic goals for improvement.

Principle 1: Cultural Competence/ Responsive to Diverse Populations

Throughout this RFR there is discussion of cultural competence – in the continuum of services, community collaboration, and continuous quality improvement sections. One example of such culturally competent work is offering empowerment and leadership opportunities for women of color. We cannot overemphasize the importance of this core value in helping victims of domestic violence. We have all benefited from the work of those practicing inclusive multicultural work, and, we've suffered when we see work that has not been responsive to the needs of those belonging to diverse communities - racial, ethnic, sexual preference and religious, or others. The leadership and staff at all levels of DSS are undergoing a process of cultural competence capacity building and are committed to providing time, resources and technical assistance to help programs improve services to diverse populations.

Cultural competence is important in the delivery of domestic violence services because a person's culture can affect the kinds of services needed; as well as the optimal place, time, and method of delivering services and supports. Addressing issues of culture, race, class, and ethnic background increases the likelihood of a positive intervention. Through working to understand the unique cultural needs of each family, the importance of respect, dignity, non-discrimination,

and self-determination are conveyed to all participants. Being willing and able to understand the needs of each unique family seeking services will improve both the families' willingness to participate and the system's capacity to provide effective services.

Cultural competence extends to the community and involves working in conjunction with natural, informal support and helping networks within culturally diverse communities (e.g. neighborhood, civic and advocacy associations; local/neighborhood merchants and alliance groups; ethnic, social, and religious organizations; and spiritual leaders and healers). Community members are full partners in decision-making thus ensuring that communities help determine their own needs. Community engagement should result in the reciprocal transfer of knowledge and skills among all collaborators and partners.

Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum. Cultural competence requires that organizations:

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- Show capacity to: 1) value diversity, 2) conduct self-assessment, 3) manage the dynamics of difference, 4) acquire and institutionalize cultural knowledge and 5) adapt to diversity and the cultural contexts of the communities they serve.
- Incorporate the above in all aspects of policy-making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

Principle 2: Accessibility/Availability

Accessibility means that people who need domestic violence services can find them easily and not encounter unnecessary barriers in taking advantage of what is offered. DSS wants to ensure funded programs are visible, reachable, and understood by people in the communities and regions in which they are located. Community-based programs need to create an inviting atmosphere that welcomes all families, addresses the needs of children, and accommodates work schedules and special needs. DSS seeks programs that are accessible to the physically disabled, respectful and mindful of those who are cognitively limited or have limited literacy skills, and generally make it easy for families already enduring high levels of stress to get the support they need, when they need it.

Principle 3: Community Engagement and Collaboration

To understand and be responsive to the needs of families, programs must recognize and honor the critical role that the parents and other family members play in decision-making and service planning. Bidders need to involve and work in partnership with consumers in order to better understand their needs and the ways in which services can become more effective. And, they need to connect with and become part of the community in which those families live.

No one organization can address the multiple needs of families who are experiencing the complex problems associated with domestic violence. By working together, in partnership with consumers, service providers can create a dynamic system of care that is quick to respond in effective and sensitive ways to the needs that each family presents. Creating such a system of support requires effort, constant feedback from consumers, mutual accountability, and true collaboration. This means working with other community agencies that are essential in developing a comprehensive system of care for families affected by domestic violence. These agencies include: local police, courts, responsible fatherhood initiatives, and DSS area offices; as well as housing agencies, mental health and health centers, child care providers, substance abuse programs, cultural and faith based organizations. Such collaborations are essential for effectively addressing accessibility issues, cultural competence, and gaps in services.

DSS expects that programs funded through this RFR will take a leadership role in developing effective systems of care, honoring the voice of families, being actively involved in the community, identifying what is working, what needs improving; and working with other providers and consumers to make improvements when necessary, starting with changes that need to happen within their own organizations.

Principle 4: Partners in a Statewide Network

The complexity of the problem we are addressing and the difficulty of organizing a comprehensive and effective response can take a toll on even the most committed professionals and organizations. As noted earlier, we have learned that support is essential not only for the families served, but also for those who serve them. By sharing ideas, experiences, resources, problems, and solutions, we can overcome the inevitable barriers and discouragement that come with the ambitious effort we have undertaken.

To enhance statewide collaboration in preventing and effectively intervening in domestic violence, DSS will convene statewide meetings of domestic service providers. Through these meetings, providers will get better acquainted, become familiar with each others programs, build on the assets each partner brings, avoid duplication of effort, and strengthen regional responses to domestic violence. These efforts will also include regional learning forums, designed to review service delivery and advance our collective learning and promote promising practices. DSS requires that all programs funded through this RFR will consistently participate in this statewide network.

Principle 5: Privacy and Confidentiality

A common theme heard throughout the Listening and Learning Tour was the need to respect the consumer’s privacy and confidentiality while providing access to safety and to user-friendly services. Many individuals talked about their fear that confidentiality can sometimes become a barrier to accessing, coordinating, and providing services. Although increasing access through more user-friendly services is a primary goal of this RFR, individuals seeking services should always be able to trust that their personal information remains confidential and is made available, with their permission, only to those people most

closely tied to their family's service provision. Helping individuals maintain privacy and confidentiality continues to remain a priority for safety and the process to achieve this should be undertaken with the individual. Programs should not use confidentiality in any way that would compromise the collaboration and joint planning between the individual and other helpers in her/his life.

DSS is committed to ensuring that access to services does not come at the cost of safety. Program participants should dictate privacy and safety standards, not by the staffs who serve them.

Principle 6: Evaluation and Cost-Effectiveness

Over the 10 year procurement cycle, DSS will assist providers in devising innovative strategies for achieving the desired outcomes of safety and stability for individuals and families served. The bidder's continuum of services, including outreach, prevention, advocacy and intervention, is the process used to achieve these outcomes. Bidders should design and price applications with a focus on achieving safety and stability for program participants; allowing the service continuum to constantly evolve in order to better adapt to individual needs and changing environments. DSS encourages disciplined innovation, promotes emerging and promising practices, and requires careful attention to how successfully the service continuum achieves safety and stability of participating families.

In evaluating performance, DSS will focus on both the process used and the outcomes achieved. There is tremendous collective expertise in the domestic violence community about what works best in achieving safety and stability for families who are experiencing domestic violence. DSS is committed to maintaining a diverse network of providers of all sizes, each making unique and important contributions to our collective knowledge and skill. That expertise informed this RFR and will continue to develop through local, regional, and statewide networks, as well as through the Department's performance management and contract monitoring activities.

Program design and pricing, as well as service system financing, should be based on best value purchasing, defined as purchasing the right service, at the right time, for the right outcome, at the right price. This approach provides a foundation for cost-effective service delivery, recognizing that:

- The type, level, and amount of services purchased is determined by the strengths, needs and desired outcomes for an individual and family.
- Rates should reflect a rational, clear analysis leading to a price that represents true value and allows successful achievement of identified outcomes.

Proactively identifying and addressing structural constraints in program design and pricing will help ensure quality and allow the service system to maintain its integrity as it evolves. For any financing strategy to be successful, it must be guided by regular review of accurate data that describes expenditures, utilization of services, and achievement of outcomes.

C. POLICIES AND PROCEDURES

1. Introduction

Policies and procedures will reflect the guiding principles of this RFR and promote strength-based, inclusive, and accessible service provision. As previously emphasized, the goal of this RFR is not to fund standardized or homogenized programs; instead DSS encourages creative approaches to service provision, with policies and procedures that adhere to the law but remain user friendly and understandable to program participants. To ensure that core values are upheld, DSS requires an affirmative commitment to the following basic standards of practice by every program receiving DSS domestic violence funds.

2. Required Policies and Procedures

a) Physical Sites and Location

Sites must be Americans with Disabilities Act (ADA) compliant; or provide a plan for achieving full compliance within 1-3 years and have an interim plan for providing services at a physically accessible alternate site. An ADA officer must be designated and made known to staff and participants. Sites must be located in safe areas that are not isolated and have physical features that maximize safety (such as adequate outdoor lighting, nearby parking and unobstructed visibility).

b) Safety and Security

On-site and off-site protocols for safety and security must be in place and available to staff and program participants, and posted at all locations; examples: emergency preparedness, fire and evacuation, disaster plans, unwanted/violent/threatening ‘visitors’, weapons, illegal drugs. At minimum, all program staff and volunteers must receive an orientation to and a written copy of all safety and security policies upon hire and intake. The procedures will be reviewed annually and are subject to DSS approval.

c) Program Intake

Programs must adopt and use the DSS Intake and Assessment Forms (in the forms section) for screening participants and determining service needs. These forms may be modified by DSS over the life of the contract. Any modifications or additions to these forms will be subject to committee review and may not be implemented unless approved by DSS in writing. In addition, all bidders must submit intake policies and procedures that:

- Do not discriminate in the delivery of services against any person who otherwise meets the eligibility criteria for services (*Commonwealth Terms and Conditions for Human and Social Services*).
- Clearly define reasons for accepting or denying individuals for service, as well as procedures for linking individuals who are not accepted to other appropriate services.

- Ensure that reasons for denial and alternative referrals are communicated in writing within 24 hours to an individual who is denied service.
- Ensure that collateral contacts are made to other professionals and/or friends/family supporting or involved with the referred individual.
- (Residential Programs): Ensure that children (biological and custodial) of both genders up to 18 years of age are accepted when accompanying a parent. Unless otherwise licensed, residential programs are not required to accept unaccompanied minors.
- (Residential Programs): Specify that giving up a car, quitting a job, discontinuing school etc. will not be automatic requirements for individuals who are sheltered locally, but will be negotiated safety-plan factors in the assessment process.
- Ensure that teen parents who are victims of domestic violence are assisted in collaboration with teen living programs.
- Ensure that individuals with a physical disability and or health condition are accepted and that mobility or an inability to perform tasks is not used to deny entry into a program.
- Clearly define how programs will, directly or in collaboration with partner agencies, accommodate the range of individuals and families who seek services; including, large families, extended families, trans-gendered individuals, and disabled persons accompanied by personal care attendants.
- Define the programs process for screening same sex abusive partners.

d) Language Capacity

All written policies, procedures, notices, public information and program materials must be available in the two most common languages spoken in the bidder's service area; and, additional translation must be provided when needed or requested. This includes large print and Braille and American Sign Language (ASL) capacity or direct access to trained interpreters to assist the deaf and hard of hearing population. A bidder's language capacity may not be used to turn away, not accept, or terminate an individual from services, regardless of staff's ability to speak or translate a language.

All bidders must submit policies and procedures that:

- Specify how they will assist callers with other language needs in providing information and referral.
- Ensure acceptance of non-English speaking individuals when there is an opening and specify how these situations will be handled (residential programs only).

e) Substance Abuse and Mental Health Issues

Community programs, emergency shelter and residential housing programs are not permitted to directly test for alcohol and/or drugs; nor are they allowed to consider drug-testing information as a condition for acceptance for services. In addition, requiring complete abstinence from alcohol may not be used as a condition for acceptance into residential housing programs. Programs must accept individuals on methadone maintenance and individuals with a mental health condition and/or a history of mental illness, except in instances where they pose an **immediate** risk to self or others. Programs must discuss their

protocols for assessing mental health risks (suicide, violence, abrupt stopping of drug/alcohol use), as well as when and how psychiatric and/or medical assistance will be accessed.

Bidders must submit policies and procedures clearly defining how they will accommodate and directly assist (including the provision of emergency shelter) individuals who voluntarily disclose recent alcohol, illegal drug use, and/or prescription drug abuse. Residential policies and procedures should reflect the understanding that most individuals who have recently used alcohol and/or drugs can be safely sheltered and do not require medical detoxification services (exceptions may include those with evidence of a serious physical dependence on alcohol and/or those who disclose dependence on certain benzodiazapene drugs). The anxiety and physical agitation experienced by some individuals when they stop using alcohol and/or drugs should not be misunderstood as dangerous behavior and bidders should discuss how they will directly help and/or obtain help for individuals in these situations while continuing to shelter them.

Policies and procedures that specify consultation with substance abuse and/or mental health programs in order to accommodate and assist individuals in the above situations are preferred.

f) Recruitment, Hiring and Retention

Per the *Commonwealth Terms and Conditions for Human Social Services*, contractors shall not discriminate in the hiring of any bidder for employment nor shall any qualified employee be demoted, discharged or otherwise subject to discrimination in the tenure, position, promotional opportunities, wages, benefits or terms and conditions of their employment because of race, color, national origin, ancestry, age, sex, religion, disability, status as a Vietnam Era Veteran, sexual orientation or for exercising any rights or benefits afforded by law.

Contractors shall comply with all federal and state laws, rules and regulations promoting fair employment practices or prohibiting employment discrimination and unfair labor practices. Personnel policies must comply with all legal requirements (such as Title VII; applicable Massachusetts General Laws, including M.G.c. 151B; ADA; minimum wage; OSHA) and support recruitment, professional development and retention of quality staff and volunteers.

All personnel policies and procedures must be posted and made available to staff and volunteers when they begin their role and during professional reviews. Personnel patterns, agency policies, and compensation must demonstrate a commitment to diversity. Where possible, staff should reflect the diverse social, economic, linguistic/cultural and racial composition of residents of their service area. Bidders must demonstrate efforts to achieve balanced staffing patterns that work toward inclusion of the community, expertise of survivors, professional needs of the organization (administrative, fiscal, clinical), and address the liability inherent in direct service work.

Programs will notify DSS within 30 calendar days of staffing changes and provide job postings and resumes of newly hired program staff, and an updated organizational chart with

changes to staffing patterns. Any staffing changes that result in a budget change must be approved by DSS prior to implementation.

g) Pre-Service Training, Professional Development and Supervision

Bidders must ensure all new program staff and volunteers receive effective training and orientation prior to serving participants, and that regular supervision and ongoing professional development are provided to all staff and volunteers. During contract negotiations, DSS will have final approval of proposed staffing and supervision plans. All bidders must submit personnel policies and procedures that include:

- 25 hours of pre-service training in the areas of domestic violence, child witness to violence, and trauma for all staff and volunteers prior to working with individuals and families. Bidders must submit training outlines and a plan for how this training will be delivered
- Weekly, ongoing administrative and direct service supervision of all staff and volunteers
- Availability of a Master's level clinician to all staff and volunteers on a regular basis
- DSS encourages bidders to refer to the DPH training standards set forth in their FY06 Sexual Assault Prevention and Services RFR, available on the Comm-PASS website

h) Information Sharing, Confidentiality, and Record-keeping

Fears about the risk of exposure can influence an individual's willingness to seek help and create yet another barrier to service. Although confidentiality can never be a guaranteed absolute, each program must make every effort to protect personal information and limit information collected to only what is essential for providing quality service. Bidders must demonstrate their knowledge of laws related to information sharing and privacy rights by describing their practices around record keeping, answering document requests, subpoena responses, program participant waivers, and database usage. All bidders must submit policies and procedures that:

- Comply with requirements concerning confidentiality/privilege provided by M.G.L. c.233 §20K and any other related state and/or federal privacy laws.

- Allow for an individual to share information and continue services with another agency. Provide intake and assessment forms and other documentation when requested by the program participant. Acknowledge that confidentiality and the power to waive it rests with the individual seeking services and ensures that clients are informed verbally and whenever possible in writing about their rights and any limitations related to confidentiality. Provide opportunity for participants to view, copy, share, and take with them any files relevant to their tenure with a program; and, ensure the client's informed voluntary consent is obtained prior to sharing of information, unless excepted by mandated reporting or by court order. Allow participants to request that information be changed if it is inaccurate or incomplete.

- Require staff to keep notes that are brief, objective, and relevant to the service being provided with only as much identifying information as minimally required by law and needed to provide services; and, do not include victim quotes, psychological diagnoses, legal conclusions, personal judgments, opinions, or counselor interpretation. Ensure that staff and volunteers communicate no personal information about program participants via email.

- Mandate that records be kept in secure, locked locations; and in larger agencies, with separate case files for Domestic Violence. Ensure that records are maintained for seven years.

- Specify procedures for responding to document requests and subpoenas. Explain how the program will safely assist individuals and families with DSS required visitations, court-ordered visitations, DTA and/or DSS service plans.

- Ensure compliance with mandated reporting requirements for abuse and neglect (minor, elder, adults with disabilities or within health care facilities) and situations of clear and imminent threat of homicide or suicide.

- Ensure posting of these policies in areas accessible to program participants and staff and provide to program participants at intake and at any other time requested.

i) Grievance Policy

All bidders must submit grievance policies and procedures that:

- Allow staff and program participants to communicate concerns in a fair, fast, and objective manner that does not jeopardize their status with a program or subject them to fear of punishment or termination.

- Provide access to an appeal process if the outcome of an initial complaint is not satisfactory with additional review by the executive director and, if needed, the Board of Directors.

- Ensure individuals are informed of their right to contact DSS, Massachusetts Commission Against Discrimination, other state agencies that fund the program, Equal Employment Opportunity Commission, etc.

Programs must be willing to accept technical assistance or corrective action steps in the event that DSS deems it is necessary to effectively resolve grievance issues.

j) Termination

Bidders are required to have termination policies and procedures. These policies must be submitted with the proposal and:

- Ensure that termination or dismissal of an individual or family from a program is done only upon successful service completion, at the participant's request or with their consent; or in the most egregious cases of: immediate danger to self, immediate danger to others, active on-site drug and/or alcohol use, commission of a criminal act, or a child's safety is in question. In these situations, programs must make reasonable efforts to address the concern(s) prior to proceeding with termination.

- Ensure that termination or dismissal from a residential program does not take place without securing a safe secondary placement, unless by request of a program participant; and that no program participant is rendered homeless, even for a short period of time, by termination or dismissal.

k) Other Policies and Procedures (Residential programs only)
Bidders must also submit statements that illustrate their compliance with applicable fair housing laws and cooperation with local schools regarding the McKinney Vento Act.

D. CONTINUOUS QUALITY IMPROVEMENT

DSS is seeking bidders that share its commitment to Continuous Quality Improvement (CQI). The CQI process will include providers, program participants, community representatives, and funders. The goal is to improve our ability to help victims of domestic violence and their families by: deepening understanding of the impact of services; strengthening community responses (both prevention and intervention); demonstrating best case practice; identifying unmet and/or emerging needs; and informing program development.

A bidder's existing CQI process, specifically developed for DSS funded contracts, or for larger agency efforts, will be recognized and acknowledged as evidence of a commitment to the value of improving services. Programs with innovative CQI efforts are encouraged to share their ideas with peers and the larger network of providers. Pending available funding during the procurement cycle, DSS may choose to pilot particularly effective CQI designs and evidence based and/or best-case practices.

Components of the Domestic Violence Network's Continuous Quality Improvement process are described below and include: Performance Management and Measurement; Reporting; Evaluation; Contract Monitoring; and Program Improvement.

1. Performance Measurement and Management

All funded programs will be required to participate in data collection and performance measurement activities. Performance measurement is the use of information to analyze the success of a program, a provider agency, or the statewide continuum itself, and compare what actually happened to what was planned. A variety of methods, both quantitative and qualitative, are used in measuring performance, e.g. data collection, expenditure reports, "point in time" service recipient evaluations. Performance measurement asks: Are appropriate activities being undertaken to achieve desired goals? Is progress being made

toward those goals? Are there problem areas that need improvement? Are there successful efforts that can serve as a model for others?

Based on the results of measurement findings, performance **management** is the action taken to:

- Set program or continuum goals;
- Allocate and prioritize resources;
- Adapt programs when appropriate; and
- Compile reports for funders.

2. Reporting

Having accurate data is an integral component of our collective work. Data must be respectfully collected and easily reportable. Successful bidders will be required to submit monthly data electronically and provide supporting documentation with their monthly bill. **Any program with a residential component must participate in the daily bed-availability update.**

Based on data received from programs in the Domestic Violence network, DSS will generate quarterly summary reports. These reports will include the demographics of service recipients and what services were delivered. In addition, DSS will produce yearly reports on the delivery, cost and utilization of regional and statewide services.

DSS will also require summary information contained in the draft intake and assessment tools, utilization from service delivery reports, and potential other performance measures, to be determined. Specific reporting requirements will be determined and will be coordinated with EOHHS virtual gateway initiatives. All bidders must have personal computers with internet access. Hardware and software should meet current compatibility specifications set by the IT division of EOHHS. Bidders must have the capacity to make necessary updates to ensure ongoing and future compatibility with these specifications. For details please refer to www.mass.gov/ITD.

3. Evaluation

Although it is hoped that CQI data will include feedback from participants who stay in touch with programs, DSS will no longer require routine three-month and six- month follow up contacts. Instead, “point in time” surveys are being considered. These consumer perception surveys would be routinely administered by staff in a variety of forums to collect feedback on direct services, working relationships, and agency administration. Funded programs must be willing to participate in such surveys periodically.

DSS will also conduct test calls, surveys, and focus groups in an effort to better understand the needs of programs and individuals/families and to enhance working relationships with program staff and is seeking bidders that will engage in creative efforts to involve the community in these activities. DSS funded programs will receive regular feedback from

these reviews. In addition, funded programs may be asked to participate in local DSS Area Office quality service reviews when cases involve domestic violence.

Through an annual review of performance measurement, reports, and "point in time" surveys, DSS will analyze the quality of services and assist providers in identifying positive outcomes, as well as areas for program improvement/development, gaps in services, and potential for expanded services. Shared lessons learned will inform development of services and may be used in updating policies, procedures and practices.

4. Contract Monitoring

Separate and distinct from performance management, the purpose of contract monitoring is to ensure compliance with the terms and conditions of the legal contract between DSS and the provider. It involves standardized site visits, periodic review of policy/procedure compliance, assessment of how programs respond to complaints, as well as quarterly updates on service capacity and organizational structure. Programs must allow for site visits to **all** of their DSS funded sites (both residential and non-residential) by a DSS designated representative or staff person (with the understanding that DSS will abide by safety and security parameters).

While DSS is ultimately responsible for contract compliance, a partnership between the Department, service providers, and communities will best ensure a statewide continuum that is open, accessible, and mutually accountable.

5. Program Improvement: Problem Solving and Conflict Resolution

Important elements of CQI accountability are policies and mechanisms to receive and respond to feedback from program participants, community members, staff persons and funders. This includes the capacity and willingness to identify problems, conflicts and/or performance issues. It is crucial that individuals receiving services, and those denied service, have a mechanism to voice their feedback without negative consequences. DSS remains committed to fostering a climate of partnership in response to grievances, working with programs in order to resolve problems and conflicts, and utilizing the CQI process to strengthen programs as needed.

F. ORGANIZATIONAL CAPACITY

DSS is committed to funding programs with sound organizational capacity and financial management systems. Bidders should describe their mission, overall operating budget, and other programs within the organization. Bidders should also include any corrective action plans if applicable.

DSS anticipates establishing a web-based information system as the primary reporting method for the information and data required to be submitted to DSS under this RFR. All bidders must have personal computers with internet access. Hardware and software should meet current compatibility specifications set by the IT division of EOHHS. Bidders must have the capacity to

make necessary updates to ensure ongoing and future compatibility with these specifications. For details please refer to www.mass.gov/ITD

DSS may utilize a system that has been implemented by EOHHS called the Enterprise Invoice Management/Enterprise Service Management (EIM/ESM) Virtual Gateway business service. EIM/ESM is a web-based electronic billing, service delivery reporting and data collection application. EIM/ESM will be accessible by end users with web browsers such as Internet Explorer (6.0 or above), and a broadband Internet connection that is capable of high-speed data transmission, such as a Local Area Network (LAN), a cable modem, or DSL. If DSS chooses to use EIM/ESM as its data reporting system under this Agreement, Bidders will be required to submit invoices, and contract or other information to DSS through EIM/ESM, and will be required to comply with all applicable EOHHS policies and procedures related to such service. Bidders will be required to execute any and all confidentiality and/or end user agreements in connection with obtaining an end user account for EIM/ESM. This is the same system that DPH anticipates its providers of Rape Crisis Services will be utilizing for data collection, service delivery reporting and electronic billing. The Department will provide the necessary training for users.

Other Information Sharing

The DSS is committed to the safety of the families and children it serves, its staff and provider staff. In support of this commitment the DSS will be promulgating regulations that will permit the DSS to share information from its Central Registry of Abuse and Neglect Reports with its contracted providers under this procurement when the information would bear adversely on the person's ability to care for children, or pose an unacceptable risk of harm to the persons served by the program. This may include information on provider's employees, or other individuals under the control of the provider who are providing services to families and children served by DSS.

Successful bidders may also be required to obtain the consent of their employees, interns, volunteers, etc., prior to the person's conducting work under this procurement for DSS to check its Central Registry of Abuse and Neglect Reports to determine if the potential employee, intern, volunteer, etc has any background with DSS that would bear adversely on a person's ability to care for children, or pose an unacceptable risk of harm to the persons served by the program. This requirement may be phased in beginning with those programs licensed by the Department of Early Education and Care.