

Sarno, Pamela

From: Irma I. Camacho <icamacho@cfguidance.org>
Sent: Friday, May 23, 2014 8:38 AM
To: Sarno, Pamela
Subject: FW: Response for RFI 04-1405
Attachments: Untitled46.jpg; Untitled47.jpg; CSSD Visitation RFI 2014.rtf

From: Irma I. Camacho
Sent: Thursday, May 22, 2014 3:30 PM
To: pamela.sarno@jud.ct.gov
Cc: Hyacintha Bernard; philguzman@cfguidance.org; William Gargano
Subject: Response for RFI 04-1405

Hi Ms. Sarno! Here is our response for RFI 04-1405. Let me know that you received it and if you require anything else. Have a great holiday!



JUDICIAL BRANCH
 OFFICE OF THE CHIEF COURT ADMINISTRATOR
 MATERIALS MANAGEMENT - PURCHASING SERVICES
 90 WASHINGTON STREET, 4th FLOOR
 HARTFORD, CT 06106
 (860) 706-5200 FAX: (860) 706-5099

REQUEST FOR INTEREST
INSTRUCTIONS

Interested parties shall submit the information requested in this Request for Interest (RFI) within the timeframe established below. All information received as a result of this RFI shall remain the property of the Judicial Branch of the State of Connecticut. We reserve the right to reject in whole or in part, any or all responses submitted. This RFI is strictly a solicitation of information and will not result in a contract with the Judicial Branch.

Issued by (Agency): Judicial Branch - Purchasing Services	Return Response Attention of: Pamela Sarno	RFI Number: 04-1405
Agency Address & Telephone: 90 Washington Street, Hartford, CT 06106 - (860) 706-5200		Date Issued: 05/19/2014
Responses to be submitted: Via U.S. Mail (Address above), Facsimile (860-706-5099) or Email: Pamela.Sarno@jud.ct.gov prior to: 2:30 p.m. on Tuesday, June 17, 2014		Date Response Required: 06/17/2014
Signed for Agency: 	Title: Buyer	Services Required: July 1, 2014

ITEM/CATEGORY:
SUPERVISED VISITATION
Statewide

- Request for Interest:
- Delivery Locations:
- Standards and Specifications (attached)
- Attachments 1 & 2
- Deadline for Written Questions: Tuesday, June 3, 2014 at 4:00 p.m. (See Page 3)

Company Name THE CHILD AND FAMILY GUIDANCE CENTER
An Equal Opportunity/Affirmative Action Employer

Pamela Sarno
Buyer Specialist, Judicial Branch
Materials Management Unit
90 Washington Street, 4th Floor
Hartford, CT 06106

Dear Ms. Sarno,

The Child and Family Guidance Center (CFGC) was established in 1925 with the mission to provide community based behavioral health services to children and their families. To this end the agency has developed a vast array of services to address issues of child welfare, mental health, substance abuse and juvenile justice. Our program services span from prevention to mobile crisis services. Although our primary focus is children under the age of 18, the agency is licensed as an adult mental health clinic and a substance abuse clinic. Two years ago the agency changed its name from the Child Guidance Center of Greater Bridgeport to the Child and Family Guidance Center to emphasize the importance of the role of the family and parents in raising children.

As it relates to this specific proposal, The Child and Family Guidance Center has vast experience working in the area of family reunification and supervised visitation. In 2000 the agency developed a family reunification program for DCF children and their families. The program was modified in 2006 into the Reconnecting Families program that helps reunite parents with their children who have been removed due to abuse or neglect. The outpatient clinic also treats many parents and children who have strained relationship with one another.

In 2006, seeing a need of divorced parents wanting to have a relationship with their children, the agency developed a Visitation Center to help non-custodial parents visit their children. Some divorce situations are contentious, resulting in restrain orders or accusations of parental impropriety. The need in the community was for a neutral and safe place for supervised parent/child visits. Our Bridgeport Clinic was a perfect setting. We have 6 different rooms, each equipped with one-way mirrors and 4 rooms are equipped with audio/visual recording that families could use for secure visits. A security guard on premise provides a safe and protected environment. Lastly, we are also located across the street from the Court House.

Thus, the Child and Family Guidance Center has extensive experience and currently has a CSSD contract, in providing supervised visitations and transitions in parenting services. This proposal would allow the agency to serve CSSD families. If selected as the provider, CFGC agrees to accept each of the terms and conditions contained in the RFP. All contact and correspondence should be directed to Irma Camacho or me at the address below.

Sincerely,


L. Philip Guzman, Ph.D.
President/CEO

180 Fairfield Ave
Bridgeport, CT 06604
203-394-6529 (office) 203-384-8835 (fax)

Pamela Sarno
Buyer Specialist, Judicial Branch
Materials Management Unit
90 Washington Street, 4th Floor
Hartford, CT 06106

Dear Ms. Sarno,

The Child and Family Guidance Center (CFGC) was established in 1925 with the mission to provide community based behavioral health services to children and their families. To this end the agency has developed a vast array of services to address issues of child welfare, mental health, substance abuse and juvenile justice. Our program services span from prevention to mobile crisis services. Although our primary focus is children under the age of 18, the agency is licensed as an adult mental health clinic and a substance abuse clinic. Two years ago the agency changed its name from the Child Guidance Center of Greater Bridgeport to the Child and Family Guidance Center to emphasize the importance of the role of the family and parents in raising children.

As it relates to this specific proposal, The Child and Family Guidance Center has vast experience working in the area of family reunification and supervised visitation. In 2000 the agency developed a family reunification program for DCF children and their families. The program was modified in 2006 into the Reconnecting Families program that helps reunite parents with their children who have been removed due to abuse or neglect. The outpatient clinic also treats many parents and children who have strained relationship with one another.

In 2006, seeing a need of divorced parents wanting to have a relationship with their children, the agency developed a Visitation Center to help non-custodial parents visit their children. Some divorce situations are contentious, resulting in restrain orders or accusations of parental impropriety. The need in the community was for a neutral and safe place for supervised parent/child visits. Our Bridgeport Clinic was a perfect setting. We have 6 different rooms, each equipped with one-way mirrors and 4 rooms are equipped with audio/visual recording that families could use for secure visits. A security guard on premise provides a safe and protected environment. Lastly, we are also located across the street from the Court House.

Thus, the Child and Family Guidance Center has extensive experience and currently has a CSSD contract, in providing supervised visitations and transitions in parenting services. This proposal would allow the agency to serve CSSD families. If selected as the provider, CFGC agrees to accept each of the terms and conditions contained in the RFP. All contact and correspondence should be directed to Irma Camacho or me at the address below.

Sincerely,

L. Philip Guzmán, Ph.D.
President/CEO

180 Fairfield Ave
Bridgeport, CT 06604
203-394-6529 (office) 203-384-8835 (fax)

1. Describe in detail the expertise of your agency, and the proposed staff who will conduct the service, providing secure Supervised Visitation. Include the length of time your agency has provided secure Supervised Visitation Services, the communities you serve, and how your agency/center comports with the Supervised Visitation Network (SVN) – Standards for Supervised Visitation practice (Attachment 2).

The Child and Family Guidance Center (CFGC) has been working in the Greater Bridgeport area since its inception in 1925 when it opened its first mental health clinic. Although we are located in the Greater Bridgeport area some of our services cover all of Fairfield County. The agency is a licensed Children's Psychiatric Outpatient Clinic as well as an Adult Mental Health Clinic and a Substance Abuse Clinic. Recently, the CT Behavioral Partnership designated the agency as an Enhanced Care Clinic for behavioral health services.

Over the course of 89 years the agency has developed a vast array of services for children ranging in ages from infancy to early adulthood as well as their families. The agency is a multi-service agency consisting of four divisional units: **a) Family Support Services Unit** which offers Multi-systemic Therapy, Functional Family Therapy, Nurturing Family Network, Family Enrichment Services, , Intensive Family Preservation, Reconnecting Families; Visitation Center, and Strategic Intervention for High Risk Youth **b) Outpatient Behavioral Health Unit** which consists of three outpatient mental health clinics located in Bridgeport, Stratford, and Fairfield, outpatient Substance Abuse services for adolescents, Family Based Recovery program for substance abuse pregnant women, a Juvenile Justice Intermediate Evaluation program that evaluated youth via a court order; and Hispanic Family Outreach Services **c) Crisis and Care Coordination Unit** which offers Emergency Mobile Crisis services 24/7 to all of Fairfield County, Care Coordination services for children with serious mental health problems, and community support for families that assist families with minor child neglect issues; and **d) Prevention Unit** which consists of the Parenting Academy, the Federally funded Foster Grandparent Program that recruits and trains 70 grandparents to work with young children in schools and community agencies. All agency services are offered in English and Spanish.

As it relates to this RFI, the agency has operated a Visitation Center since 2006. The program receives referrals from the court as well as from private attorneys. The Visitation Center offers not only Supervised Visitations but also Therapeutic Visitations that is identical to Transitions in Parenting services where a therapist meets with both the non-custodial parent and the child/children to work on their strained relationship. The Center also provides Monitor Exchange so that parents can avoid interactions with one another. The Visitation Center offers extremely flexible services designed to meet the scheduling needs of the family. Staffing of the Visitation Center comes from

existing staff of the agency. Currently, the Visitation Center is under the Family Support Services Unit that is headed by Irma Camacho, LMFT. Ms. Camacho, is a Latina with 23 years of experience, and has administrative oversight of the Visitation Center which operates the Supervised Visitation and Transition in parenting services. The Program Director of the Visitation Center is Hyacintha Bernard. Ms. Bernard has a master's degree. Ms. Bernard is from the West Indies and speaks Spanish. She is currently also the Program Director for the Intensive Family Preservation, the Reconnecting Families programs and has over 16 years' experience working with families disrupted by abuse and domestic violence.

Currently, visitation staff has been trained according to the Supervised Visitation Network Practice Standards to be visitation case managers, or mental health therapists. All staff that is contracted for the Visitation Center receives extensive training on how to conduct, observe, and monitor visitations, as per the Supervised Visitation Network Standards. Therapist selected for the therapeutic visitations are not only trained but must have clinical experience in the area of family reunification.

Should the referrals for supervised visitation and/or transitions in parenting services dramatically increase; additional staff from within the agency are recruited and trained, as needed, to respond to requests for services. CFGC has 45 masters or higher degree clinical staff and 35 bachelor case managers. Using staff within the agency provides easy access to highly experienced and qualified staff. It also allows the agency to minimize cost (overhead) by paying only for services rendered. This increases the viability and longevity of the program since the agency can respond rapidly and easily to any request for service at any given time.

2. Describe in detail your agencies qualifications, skills, knowledge, training, and cultural competency specific to providing services to families in need of supervised visitation.

Because effective child-rearing philosophies and practices vary greatly between cultures, the Supervised Visitation staff does not view all families with the same "lens". Some ethnic groups hold that children should be seen and not heard, while others are more child-centered. Some cultures view children as property of their parents, while others believe that children belong to the entire community. The CFGC philosophy is to keep in mind that to work with culturally diverse families, you must understand the role of each family member; their socioeconomic status; their level of acculturation, (how many years have they resided in the US); their perception of emotional stress and problems; their natural support system and how they traditionally seek help; and the

cultural dissonance that may exist within the family (teenagers valuing American values versus the traditional ethnic values of their parents). An example is eye contact. In some cultures it is not considered respectful to look directly in another person's eyes, while in other cultures it is considered a sign of respect to do so. Some parents encourage their children to look them in the eyes, while others consider it disrespectful for a child to engage in eye contact with a parent or older adult.

CFGC has taken several measures to overcome many of the obstacles usually found in providing culturally competent care to families where there is child abuse and/or neglect. To begin with, linguistic and cultural factors are assessed at the time of any initial referral to the program so as to minimize any obstacle for the family's participation in the service.

Secondly, CFGC has consistently made a concerted effort to hire professional and paraprofessional staff who reflects the ethnic and racial composition of Bridgeport. This is important because current literature on cultural competency stresses the importance of staff mirroring the background of clients. CFGC primarily serves an inner city, ethnic minority population. As a result, of the 120 employees, the agency is comprised of 64% ethnic minorities (43% Hispanic; 23% Black and 1% Asian).

Third, language is often found as an obstacle to culturally competent care. As supported by the literature on cultural competency, to achieve positive outcomes it is crucial to hire and retain a staff that speaks the language and reflect the culture of the clients. The agency's ability to communicate in languages other than English is known. In fact, currently, every program within the agency has the ability to provide services also in Spanish. In addition, CFGC has staff that speaks other languages, such as Portuguese, Russian, Polish, Creole, and French.

Finally, CFGC periodically offers cultural training to all staff so that they can understand how culture impacts behavior. This would enable staff to recognize how to assess appropriately, by being respectfully inquisitive of differences, as well as taking into consideration the myriad of cultural values of the family and how to intervene effectively to use those cultural values to introduce new strategies to improve the family situation and functioning. CFGC, as an agency, also seeks via trainings to continue its development as a culturally competent organization.

- 3. Clearly describe in detail the nature of the secure Supervised Visitation Services provided and attach the written policy, procedures, and rules. Include the specific policies and procedures that address: 1) safety and security for all participants, 2) situations where there is a risk of violent**

behavior, highly conflicted interactions, or situations involving family violence, and 3) reasons for termination.

The CFGC currently has in place written policies and procedures that seek to provide safety for all participants. All visitation parents go through a metal detector wand procedure in a private room prior to beginning any services. Safety drills are practiced on a quarterly basis. Information gathered after a drill is presented to the Management Team who determines if recommendations required a change in the safety protocol. The agency takes client and staff safety very seriously and developed written safety protocol for staff to follow for various situations that could occur at the agency. The following are safety policies as cited in the Agency Operating Policies and Procedures Manual:

1. When you anticipate meeting with an aggressive or angry client, or an acutely suicidal individual:

- Decide whether the client can safely be seen in the office, or whether the client must be interviewed in a secure location such as a hospital ER or police station: e.g., if an adolescent is reported to be carrying a weapon or currently behaving in a highly dangerous manner (to self or other), an invitation to meet in the office would probably not be safe. A very angry, threatening parent might also need to be seen under more secure conditions.
- If you are meeting in the office, let the Security Guard, Receptionist, and other staff whose offices are close to yours know that you are concerned about the meeting.
- Do not sit in the office in such a way that your possible exit from the room is blocked.
- Do not have your office door locked from the inside. If the situation begins to escalate, attempt first to deescalate the situation verbally, if possible, e.g., by listening to the client's views, by indicating understanding of the person's feelings, by proposing a means of solving the problem, by suggesting that one of two or more angry individuals be seen in a separate location, by summoning another therapist to assist in calming individuals. It may be helpful to do the following: avoid sudden movements, negotiate with the client, and ask the client permission for something (e.g., to change the arrangement of the room, to ask one person to leave the room, to seek consultation with another person).
- Obtain in advance from the first-floor receptionist one of the six panic alarm devices. Sign out the device in the book and carry the device in your pocket or on its chain around your neck. Let the receptionist know what office or conference room you will be meeting in. If you feel threatened or if the situation seems to be getting out of control, squeeze the device from each side. This will sound an alarm with the receptionist, and also automatically summon the police. The receptionist will then issue a broadcast message (Code Blue Office ###, Code Blue Office ###). All available staff will go to

the indicated location to attempt to assist in controlling the situation. (See Office Emergencies below).

2. If you are meeting with a client, and the situation unexpectedly begins to escalate or become dangerous in some way:

- Try to stay calm and avoid sudden movements. Focus on maintaining slow even breathing.
- Acknowledge the client's upset, and indicate understanding of their feelings or of the difficulties that they are facing.
- Suggest to the client that you and he/she work together to solve the problem in a calm way, e.g., by separating individuals who are angry at one another, by bringing in another professional as a consultant, by allowing the client to walk around outside until they are calmer, by deferring the meeting to another day.
- Ask permission to make changes in the situation, or ask the client's ideas for deescalating the situation.
- Express confidence in the client's ability to solve the problem without violence.
- Plan a strategy as to how you might leave the office, how you might place an object in between yourself and the client, or how you might alert others to your situation, if these actions become necessary.

3. Office Emergencies

Office emergencies may include such events as the following: a staff member or client suffering a medical emergency, an individual presenting in the building with a weapon or with an expressed intention to cause serious harm to others, a child attempting to flee the building without adult supervision, an individual escalating his or her behavior to the point that it appears that serious harm to self or other may result. (Fire and other Disaster issues are covered elsewhere in the Manual). If you become aware of any such situation, immediately initiate a broadcast message by dialing 60 and making one of the following announcements:

- For medical emergency: **"Code RED, Office ###. Code RED, Office ###"**. It may also be appropriate to dial 911 to obtain EMS services.
- For behavioral escalation: **"Code Blue, Office ###. Code Blue, Office ###"**. The police may also need to be summoned.
- For armed or acutely dangerous individual: **"Code Yellow, Office ###. Code Yellow, Office ###"**. The police **must** also be summoned.
- For fleeing child: **"Code Orange, Exit Doors. Code Orange, Exit Doors."**

- For “All Clear” (i.e., emergency resolved or adequately addressed – no need for further staff intervention or protective measures): **Code Green, All Clear. Code Green, All Clear.**

4. When these codes are announced, staff should proceed as follows:

- **Code RED.** All staff proceeds to indicated area. If you have medical training, immediately identify yourself and take charge of the situation. If there is no such individual, those with CPR or first aid training should identify themselves and take charge. If no one from either category is present, the first director on the scene takes charge, or if there is no director, the first capable individual takes charge. Once there is adequate staff present, the “in charge” individual should delegate someone to advise unnecessary staff to return to their duties. First Aid kits, including protective gloves, are located in the kitchen area at both the Bridgeport and Stratford offices, and in the administrative office in Fairfield. Additional first aid kits, including CPR supplies, are located in the offices of Irma Camacho on the third floor and Jill Edgar on the first floor.
- **Code Blue.** All staff proceeds to indicated area. First director on the scene takes charge, or if there is no director, first capable individual on the scene takes charge. “In Charge” individual decides when there is sufficient staff to manage a situation, and directs unnecessary staff to return to their duties. Staff with training or special competence in management of aggressive individuals should identify themselves as such. Only one individual should be talking to an escalated individual; this may be the staff person who summoned assistance, or it may be the “in charge” person or the person delegated by the “in charge” person. Interventions should be at the lowest level consistent with protection of safety of staff and clients. Level one involves attempting to deescalate the situation verbally or by separating angry individuals in different locations. Level two involves avoiding physical aggression by, e.g., blocking or avoiding blows, escaping from holds or grips, blocking individuals from those they are trying to harm by surrounding them, separating fighting individuals, blocking access of an agitated individual to a source of danger (e.g., window), removing a dangerous object from an individual, allowing an agitated adult to leave the premises. Level three involves restraining a dangerously aggressive or self-destructive individual; this should only be done if there is sufficient staff with sufficient competency to do so safely. When restraining an individual, pay attention to the following:
 - Use your weight rather than contests of strength to impede movement.
 - Work as a team with one designated leader.
 - Do not use revenge or infliction of pain in restraining an individual.
 - One person should keep talking to the out-of-control individual to attempt to restore control.

- Grip a person's clothing, if possible, rather than flesh.
 - Grip a person's arms or legs between the joints, not on the joints.
 - Do not place any weight or pressure on the back or chest. Constantly monitor the individual's respiration and circulation.
 - When the individual is calm, slowly and carefully begin to release him/her, continuing to talk to the individual in a calming manner.
 - **Code Yellow.** Armed or very dangerous person believed to be on the premises. If you are the person who called the Code Yellow, you should immediately also call 911 and summon the police (assuming you are calling from a safe location). If a staff member is in a lockable office, remain there and secure the door. If you are outside your office, seek to protect any clients in the area, and if possible proceed with them to a room which can be locked from the inside. Remain secure until an "all clear" is announced.
 - **Code Orange Exit Doors.** All staff should proceed to the nearest exit, including front and rear doors and stairwells. On the first floor, staff near the front entrance would block the doors to the waiting room, from the waiting room to the vestibule, and from the vestibule to the street; staff nearer the rear of the building would block both of the exit doors to the rear parking lot. Staff on the second floor would block the exit from the second floor waiting room, and the exit to the stairwell. Any child seen attempting to exit the doors should be blocked from doing so (or restrained if verbal means and/or blocking are insufficient to prevent the child from exiting). When the child is secure, notify the receptionist, who will in turn notify the parent/guardian and the staff member who initiated the Code as to the whereabouts of the child. If during a Code Orange Exit Doors, you see a child leaving the building, you may follow the child, if it is safe to do so, but only after advising another staff to let others know what you are doing and where you are going. When the child is secure, the all clear should be sounded. During a Code Orange, the first director on the scene is in charge, or if there is no director, the first capable individual on the scene.
 - **Code Green, All Clear.** When the Director or other individual in charge of an emergency scene concludes that the crisis has been resolved, or that there is sufficient staff to handle the situation, he/she should call a Code Green, All Clear. Staff (except those directly involved in managing the crisis) may resume normal activities.
5. **If you are in the vicinity of a child or adult who has a weapon or object which could be utilized as a weapon:**

- If the situation is relatively non-dangerous (e.g., a small child carrying a stick), and there are sufficient staff, it may be reasonable to avoid injury, and if appropriate, restrain the individual and remove the object.
- With a more dangerous individual (e.g., teenager or adult with a knife or gun), if possible, leave the scene and call the police and a Code Yellow broadcast message.
- If it is not possible to leave the scene safely, maintain as much distance as possible.
- Acknowledge the presence of the weapon, and ask the individual to point it away from you or to put it down at their side.
- Negotiate. Let the individual know what you are going to do and always ask permission to do it. Attempt to win small sequential victories by getting them to keep saying yes to your requests (e.g., to allow small children in the vicinity to leave the area).
- Don't demand. Always be respectful when addressing the individual. Don't make demands like, "Let me have it", etc. Negotiate skillfully; reasoning each request you have of the individual. Always explain why you are requesting something. Help the individual find a peaceful way out of the situation.
- Encourage others who arrive on the scene in the middle of this process to let you continue to negotiate.
- Communicate confidence. Be aware of your breathing and body language. Don't let the situation seem hopeless for the individual. Let them know that you believe that they can deal with the situation without the weapon. Let them know that as long as no one gets hurt there is still hope.
- Don't ask the individual to give you the weapon. Even if they want to hand it to you, don't take it. You'll be taking the most dangerous part of the weapon (sharp, pointed, nozzle of the spray can, etc.). Instead, ask them to put it down and move away from it. Place yourself between the weapon and the individual and secure the weapon out of sight.
- Staff is trained on how to respond to each code in order to best protect staff and clients on a quarterly basis. These security measures are helpful so that all interactions between the batterer, the victim, and their children that occur at the site are in a controlled and safe environment for all parties.

These safety procedures plus the fact that the agency has security guards on site during the operating hours of the agency provides a sense of protection for those coming for services at CFGC.

4. Please describe in detail the formal screening (verified criminal record, motor vehicle record check and DCF abuse and neglect information) utilized for all employees, including administrators, managers, supervisors and staff as a part of the hiring process and continued employment.

THE CHILD AND FAMILY GUIDANCE CENTER

PROCEDURES REGARDING
NEWLY HIRED
STAFF/CONTRACT WORKERS/STUDENTS

All employees/contract workers/students/volunteers must have a DCF
And State Police background check prior to working at the agency.

AT THE TIME OF OFFERING A JOB:

When offering a job position, the Program Director MUST inform the new hire that the offer is contingent on a clear State Police, DCF background check as well as a Social Security background check for those professionals who have previously billed for services. In addition, the new hire's date of birth in order which process the State Police background check is also collected. Program Director informs the Executive Secretary of all new employees/contract workers/students/volunteers; and gives her the new hire's date of birth so she can immediately process the State Police check.

The Executive Secretary prepares a New Employee Orientation Packet that contains the following:

- Personal Data Form
- CT General Statues regarding Confidentiality and Access to Records
- Child Abuse and Mandatory Reporting
- Personnel Policy
- Agency Operating Policies and Procedures
- Program Manual that the staff is assigned
- Computer Policy Manual
- Whistleblower Policy
- CFGC Disaster plan
- List of CFGC Programs and Services

(Staff are instructed that they may also obtain agency policies and procedures via the agency's website— www.cfguidance.org/agency.)

Program Directors secure the Orientation Packet from the Executive Secretary prior to the start date of the new employee/contract worker/student/volunteer.

For all those working in licensed programs (DCF & DPH/or that do client billing), a letter of hire is prepared by the Program Director after consultation with the CEO. The letter of hire includes:

- New Employee Form (Demographic information)
- Releases to secure DCF background checks (which should be returned by mail)
- The requirement to have contagious disease physical exam (to be returned by first day of work).
- Proof of educational degree and copies of license must also be requested.

The above information is returned to the Program Director who in then turns it over to the Executive Secretary who will process the background checks with DCF and also initiate a Social Security checks.

All Program Directors also complete Anasazi computer enrollment form which, when completed, will be given to the Information Technology Person in order to register the new hire onto the electronic medical record system.

5) Describe the physical layout of the secured Supervised Visitation Center/Agency. Provide detail regarding the features your agency/center employs to protect the safety and security of participants including, but not limited to, the building premises or other arrangements that keep parents separate. Provide a detailed floor plan in the response, copy of lease agreement if applicable, and any other programs/services co-located in the building.

CFGC is located in downtown Bridgeport at 180 Fairfield Avenue, Bridgeport. The agency is located on a main bus route and easily accessible by public transportation. CFGC has its own secured parking lot on site, with 66 designated parking spots. Please refer to page 2 for a listing of programs available at CFGC.

The first floor of the agency has four rooms with one-way mirrors that are connected to a private observation room. This allows for parents to visit their children without staff having to be in the same room. Each room – a **play therapy room** with age appropriate toys and games, a **family therapy room** resembling a living room, an **art therapy room**, and an **individual therapy office** – is equipped with cameras and audio/visual recording devices. The third floor has 2 rooms with one-way mirrors that are also connected to a private observation room. These rooms are used by our current supervised visitation and reunification programs. The waiting area is comfortable and emphasizes a family-like environment. Age-appropriate toys, reading materials, and activities are available in all areas where children and families interact including visitation rooms and waiting areas. Educational materials and information about community resources and support services are readily available. Restrooms are easily accessible and handicapped equipped. The clients are shown the visitation rooms to reassure their concerns around safety. If during the intake it is found that there are safety concerns or other important visitation issues, the Case Manager advises the Program

Director who ensures that all safety precautions and particular visitation requirements (such as both parents not seeing each other) are addressed.

The case manager schedules a date within 7 days for the visitation to take place and coordinates what other services are needed, such as security, bilingual services, etc. CFGC has on staff three security guards who are available to assist in the event of a safety issue or concern. Prior to the start time of the visit the case manager will make sure the room is ready to accept the visit. Attention will be paid to the child's age and specific needs which may require extra child-proofing or ensuring that there are age appropriate toys and games in the room. If the court requests that the visit be taped, the case manager will prepare the equipment so that taping will begin the moment the family enters the room. The visiting parent will be asked to come to the visiting site 15 minutes prior to the scheduled visitation so as to avoid any contact with the custodial parent. The case manager will greet the visiting parent and escort him/her to the visitation room. When the child arrives, the case manager will greet the custodial parent and reassure him/her of the safety of the facility. The Case Manager will observe the visit from the observation hallway at all times. If for any reason the monitor feels there is a safety issue they will follow the safety guidelines and stop the visit immediately. During the visit, the case manager will complete the visitation observation form and make any necessary annotations. Five minutes before the end of the visit, the case manager will tell the clients to straighten the room to its original state. Upon completion of the visit the case manager will escort the child or children to the custodial parent, while the non-custodial parent waits in the visitation room. The non-custodial parent leaves the facility after the child/children have left with the custodial parent.

They have also been informed about legal remedies, such as orders for protection. The programs will require participants to share orders for protection with staff and these orders will be placed in the family's case file. The security staff will also be given an opportunity to review the orders. The staff will pay strict attention to the confidentiality of program participants. No information about addresses, living arrangement, and means of transportation, telephone number and children's school will be released. It will be understood by staff that all safety protocols will be closely adhered to (staggered arrivals/departures, close supervision, security personnel when needed, etc.). CFGC also has in place emergency codes corresponding to different crisis issues (Code Red – medical emergency, Code Yellow – armed or dangerous person on the premises, Code Blue – behavioral escalation, and Code Green – all clear) that staff can state via broadcast overhead on our

intercom system. Staff is trained on how to respond to each code in order to best protect staff and clients on a quarterly basis. These security measures are helpful so that all interactions between the batterer, the victim, and their children that occur at the site are in a controlled and safe environment for all parties.

These safety procedures plus the fact that the agency has security guards on site during the operating hours of the agency provides a sense of protection for those coming for services at CFGC.

6) Specify the staff training required prior to individuals being assigned to a secure supervised Visitation caseload. In addition, outline the continuing training and education associated with your secure Supervised Visitation agency/center.

As a member of the national Supervised Visitation Network (SVN), CFGC adheres to their Standards and Best Practices. CFGC has been training staff according to the SVN standards since 2006. In addition, Ms. Bernard, Program Director of our Visitation Center, attends the New York Chapter of SVN quarterly meetings. The training of Visitation staff is two parts – theoretical and applied.

According to SVN, staff that provides direct service to a client must complete 24 hours of training covering:

- SVN Standards and Code of Ethics;
- CFGC policies and procedures;
- safety for all participants;
- mandatory child abuse reporting;
- professional boundaries;
- conflict of interest;
- confidentiality, and maintain neutrality;
- basic stages of child development;
- effects of separation and divorce on children and families;
- grief and loss associated with parental separation and removal from the home due to child abuse and neglect;
- cultural sensitivity and diversity;
- family violence, including domestic violence and the effects of domestic violence on children;
- child abuse and neglect, including child sexual abuse;
- substance abuse;

- provisions of services to parents and children with mental health and developmental issues or other physical or emotional impairment;
- parent introduction/re-introduction;
- parenting skills;
- assertiveness training and conflict resolution;
- how and when to intervene during visits or exchanges to maintain the safety of all participants;
- observation of parent/child interactions;
- preparation of factual observation notes and reports; and
- relevant laws regarding child custody and visitation and child protection. In addition to the theoretical training above, Visitation staff will receive applied training in conducting an actual supervised visit. The process of this training is as follows:
 - direct observation of parent/child contact performed by a trained visit supervisor (shadowing);
 - co-supervision of the visit by the trainee with a trained visit supervisor; and
 - direct observation by a trained visit supervisor while the trainee independently supervises the visit (reverse shadowing).

As a Director of a visitation program, Ms. Bernard completed an additional 16 hours of Training for Provider Management, as stated in the SVN Practice Standards. This training included: receiving referrals; conducting intake and orientation; including preparing children; record keeping and confidentiality; establishing a visitation contract with clients; setting fees; setting conditions (rules) for receiving services; setting up the physical space or location for safe visits/exchanges; collaborating with the court, child protective agencies, and other referring sources; referring clients to other services; training and supervising staff, including volunteers and interns; reporting to the court or other referring sources; testifying in court; suspending and/or terminating services; and managing and reviewing cases. In addition he received training in providing supportive supervision such as: intervention to promote change; parenting skills; and behaviors that facilitate positive attachment, separation and reconnection.

7. Please provide an affirmative statement confirming the following: 1) You or your agency has protocols for safety and security, which at a minimum, meet those outlined in the Supervised Visitation Network – Standards of Supervision Practice and 2) The specific written protocols for safety and security to be shared with prospective clients prior to service initiation.

I, Dr. Phil Guzman, affirm that: 1) The Child and Family Guidance Center has protocols for safety and security, which at a minimum, meet those outlined in the Supervised Visitation Network –

Standards of Supervision Practice and 2) The Child and Family Guidance Center has specific written protocols for safety and security that are shared with prospective clients prior to service initiation.

8. Please provide the following information:

Agency Name: The Child and Family Guidance Center

Contact Name: Irma Camacho LMFT, Unit Director of Family Supportive Services

Business Address: 180 Fairfield Avenue, Bridgeport, CT 06604

Telephone Number: 203-394-6529

Fax Number: 203-610-6131

Email Address: irmacamacho@cfguidance.org

Website Address: www.cfguidance.org

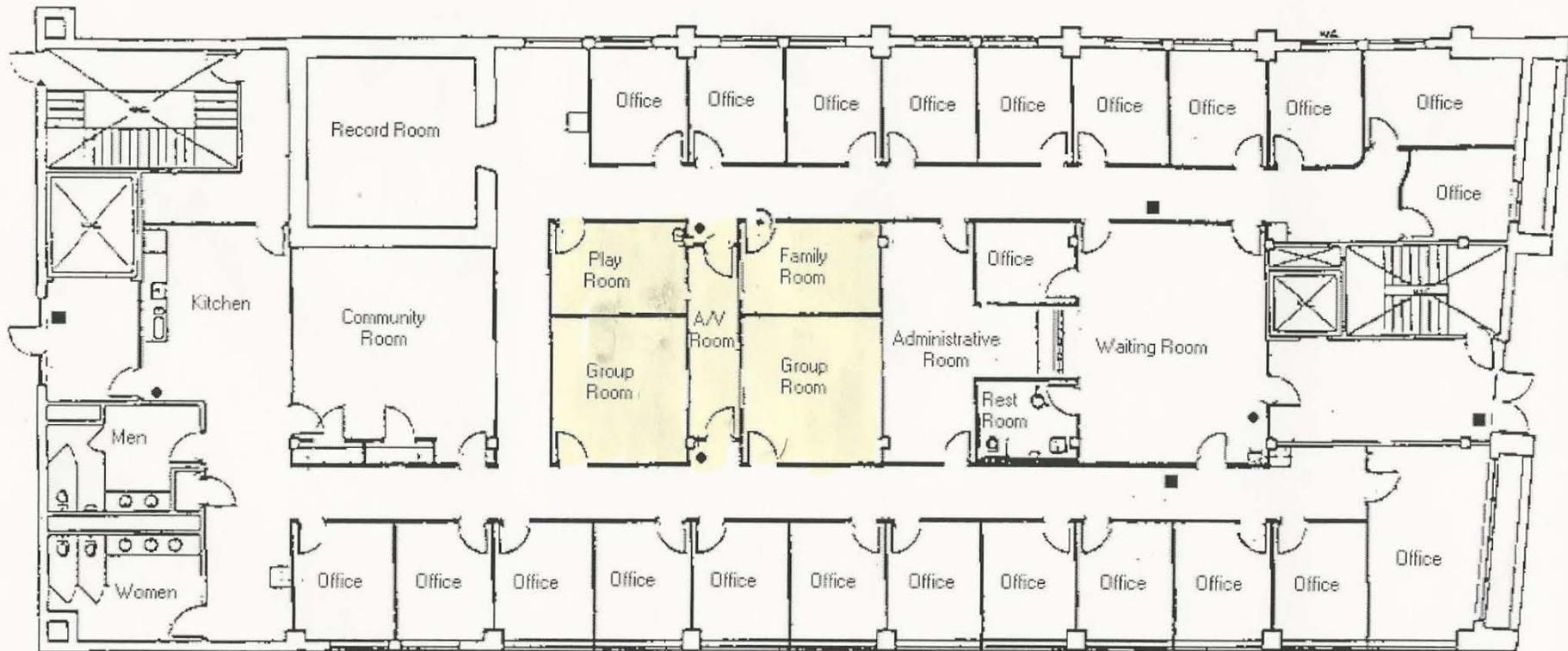
Hours of Operation: Monday 8am – 6pm; Tuesday through Thursday 8am – 8pm; Friday 8am – 5pm; Saturday 9am – 1pm.

Fees: Intake Processing Fee \$50. Supervised Visitation \$50/hour. Therapeutic Supervised Visitation \$100/hour. Other services are available. Please call for details.

Service Location: 180 Fairfield Avenue, Bridgeport, CT 06604

CHILD GUIDANCE CENTER OF GREATER BRIDGEPORT

EMERGENCY EVACUATION



IN CASE OF FIRE DO THE FOLLOWING:

- R = rescue anyone in need
- A = sound the alarm and call 911
- C = confine the fire by closing doors
- E = extinguish the fire, if possible

■ FIRE ALARM

● FIRE EXTINGUISHER

— VISITATION ROOMS