

STATE OF CONNECTICUT PROCUREMENT NOTICE

**Request for Applications
RFA Log # DPH20240901RFP
Combined RFA for Behavioral Health Workforce:
Child and Adolescent Psychiatrist Incentive Program
and
Pilot Program for Expanding Behavioral Health Resources in Pediatric Clinics**

Issued By: State of Connecticut Department of Public Health

The Connecticut Department of Public Health (DPH) Office of Public Health Workforce Development announces the availability of fiscal year 2024 funds to implement two behavioral health workforce initiatives. The Incentive Grants to Employers of Child and Adolescent Psychiatrists program (IGP) will fund current and prospective employers of Child and Adolescent Psychiatrists (CAPs) to recruit new CAPs and/or retain CAPs currently employed. Recipients of the funds will implement a recruitment and/or retention process for CAPs. The Pilot Program for Expanding Behavioral Health Resources in Pediatric Clinics (BHPP) provides a 50% match for salaries of new Social Workers or increased hours for Social Workers employed in, and paid by, private pediatric practices.

The total funds available for these two programs combined is \$4,500,000, funded through the Federal American Rescue Plan Act (ARPA). Specifically, \$2,000,000 is allocated for the IGP and \$2,500,000 is allocated for the BHPP. This is one-time funding for a period beginning approximately July 1, 2024, through June 30, 2026, subject to the availability of funds and satisfactory program performance. The Request for Applications is available in electronic format on the State Contracting Portal by filtering by Organization for "Department of Public Health" <https://portal.ct.gov/DAS/CTSource/BidBoard> or through the Department's Official Contact for this RFA below:

Margaret I. Gradie
Lead Planning Analyst
410 Capitol Avenue
Phone: 860-509-7385
E-Mail: DPH.BHWorkforce-RFPSubmissions@ct.gov

RESPONSES MUST BE RECEIVED NO LATER THAN

January 2, 2023 at 11:45 PM EST

The Department of Public Health is an Equal Opportunity/Affirmative Action Employer. The Agency reserves the right to reject any and all submissions or cancel this procurement at any time if deemed in the best interest of the State of Connecticut (State).

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I. GENERAL INFORMATION

■ A. INTRODUCTION

**Name: Combined RFA for Behavioral Health Workforce
Number: DPH20240901RFP.**

The Connecticut Department of Public Health (“DPH,” “Department” or “Agency”) Office of Public Health Workforce Development announces the availability of fiscal year 2024 funds to implement two behavioral health workforce initiatives. The Incentive Grants to Employers of Child and Adolescent Psychiatrists program (IGP), Component A of this RFA, will fund current and prospective employers of Child and Adolescent Psychiatrists (CAPs) to recruit new CAPs and/or retain CAPs currently employed. Recipients of the funds will implement a recruitment process and/or a retention process with the goal of hiring and retaining CAPs in the state. The Pilot Program for Expanding Behavioral Health Resources in Pediatric Clinics (BHPP), Component B of this RFA provides a 50% match for salaries of new Social Workers or increased hours for Social Workers employed in, and paid by, private pediatric practices. Recipients of the funds will employ behavioral health providers to support the addition of behavioral health services in the pediatric care setting.

This request for applications offers a total of up to \$4,500,000 of federal American Rescue Plan Act (ARPA) funds to support these activities, with \$2,000,000 allocated for the IGP (Component A) and \$2,500,000 for the BHPP (Component B). This is one-time funding for a period beginning approximately January 1, 2024, through June 30, 2026, subject to the availability of funds and satisfactory program performance.

Applicants should use this single RFA process to apply for either or both program Components.

Commodity Codes. The services that the DPH wishes to procure through this RFA are as follows:

- 85000000: Healthcare Services

■ B. INSTRUCTIONS

- 1. Official Contact.** DPH has designated the individual below as the Official Contact for purposes of this RFA. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the Agency. Applicants, prospective applicants, and other interested parties are advised that any communication with any other Agency employee(s) (including appointed officials) or personnel under contract with the Agency about this RFA is strictly prohibited. Applicants or prospective applicants who violate this instruction may risk disqualification from further consideration.

Name: Margaret I. Gradie, Ph.D.
Address: Department of Public Health
410 Capitol Avenue,
Hartford, CT 06134
Phone: (860) 509 - 7385
E-Mail: DPH.BHWorkforce-RFPSubmissions@ct.gov

Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

- 2. Registering with State Contracting Portal.** Respondents must register with the State of CT contracting portal at <https://portal.ct.gov/DAS/CTSource/Registration> if not already registered. Respondents shall submit the following information pertaining to this application to CTSource on the Attachment Tab within the solicitation response, which will be checked by the Agency contact.
- Secretary of State recognition – Click on appropriate response
 - Notification to Bidders, Parts I-V
<https://portal.ct.gov/-/media/CHRO/NotificationtoBidderspdf.pdf>
 - Campaign Contribution Certification (OPM Ethics Form 1):
<https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>
 - A report from license.ct.gov for all relevant licenses
- 3. RFA Information.** The RFA, Amendments to the RFA, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:
- [https://portal.ct.gov/dph/Request-For-Proposals/Request-for-Proposals/Request for Proposals \(ct.gov\)](https://portal.ct.gov/dph/Request-For-Proposals/Request-for-Proposals/Request%20for%20Proposals%20(ct.gov))
 - State Contracting Portal (go to CTSource bid board, filter by "Department of Public Health") <https://portal.ct.gov/DAS/CTSource/BidBoard>

It is strongly recommended that any applicant or prospective applicant interested in this procurement check the CT Source Bid Board for any solicitation changes. Interested applicants may receive additional e-mails from CTSource announcing addendums that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFA.

- 4. Procurement Schedule.** See below. Dates after the due date for applications ("Applications Due") are non-binding target dates only (*). The Department may amend the schedule as needed. Any change to non-target dates will be made by means of an amendment to this RFA and will be posted on the State Contracting Portal (CTSource) and, if available, the Agency's RFP Page.

RFA Activity	RFA Timeline
*RFA Release	November 8, 2023
Letter of Intent Due	November 22, 2023
Deadline for Questions	November 22, 2023
Answers Released	December 6, 2023
Applications Due	January 3, 2023
*Start of Contract	July 1, 2024

- 5. Contract Awards.** The award of any grant/contract pursuant to this RFA is dependent upon the availability of funding to the Agency. The Agency anticipates the following:

Component A (IGP)

- Total Funding Available: \$2,000,000
- Maximum Award Amount: \$190,000
- Number of Awards: 10 (or more dependent on award amounts)
- Contract Term: up to 2 years
- Funding Source: American Rescue Plan Act

Component B (BHPP)

- Total Funding Available: \$2,500,000
- Maximum Award Amount: \$250,000
- Number of Awards: 10 (or more dependent on award amounts)
- Contract Term: up to 2 years
- Funding Source: American Rescue Plan Act

- 6. Eligibility.** All Applicants for this RFA must be licensed providers of medical or mental health services in the state of Connecticut.

Component A (IGP): Eligible applicants for Component A (IGP) are any employer currently licensed to offer child and adolescent psychiatric services; any employer currently licensed to offer psychiatric services to adults and wishing to expand services to children and adolescents; OR any licensed health care services provider wishing to establish new child and adolescent psychiatric services.

Component B (BHPP): Eligible applicants for Component B (BHPP) are licensed providers of outpatient services to individuals who provide pediatric care AND who operate as a private practice, as both terms are defined herein. For the purposes of this RFA, providers of pediatric care are licensed Physicians and APRNs with a specialty in pediatrics, internal medicine, family medicine or other pediatric specialty, that treat patients falling under the definition of pediatric care as defined in the Appendix (Section VI. A.) to this RFA.

Organizations that meet eligibility requirements of both Components may apply for both programs through this single RFA. Collaborations between two or more eligible employers related to the consolidation or sharing of staff are eligible for funding. Collaborative applications will have to comply with the funding amounts and requirements outlined above and will be evaluated using the same criteria.

- 7. Minimum Qualifications of Applicants.** To qualify for a contract award, an applicant must have the following minimum qualifications:

- Applicants for Component A must be public, nonprofit, or private organizations with offices physically located in the state of Connecticut providing services in Connecticut. Applicants for Component B must be providers of pediatric care in private practices with offices physically located in the state of Connecticut providing services in Connecticut.
- Applications must be complete and comply with all requirements specified in the RFA.
- Applicants must be in good standing with the Department and have no longstanding, significant unresolved issues on current or prior contracts with the Department.

The Department is the sole judge in determining compliance with qualification standards.

- 8. Letter of Intent.** A Letter of Intent (LOI) is recommended but not required by this RFA. The LOI is non-binding and does not oblige the sender to submit an application. The LOI must be submitted to the Official Contact by e-mail at DPH.BHWorkforce-RFPQuestions@ct.gov by the deadline established in the Procurement Schedule in Section

I (B)(4). The LOI should include the RFA name and number in the subject line and must clearly identify the sender, including name, postal address, telephone number, and e-mail address. It is the sender's responsibility to confirm the Agency's receipt of the LOI.

9. Inquiry Procedures. All questions regarding this RFA or the Department's procurement process must be directed, in writing, electronically (by e-mail) to the Official Contact at DPH.BHWorkforce-RFPQuestions@ct.gov before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFA or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFA. If any answer to any question constitutes a material change to the RFA, the question and answer will be placed at the beginning of the amendment and duly noted as such.

The Agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Department will publish all amendments to this RFA on the State Contracting Portal and, if available, on the Department's RFP Web Page.

10. RFA Conference. All questions about this RFA will be answered through the Inquiry Procedures outlined in Section I (B)(9) above. An RFA Conference will not be held.

11. Application Due Date and Time. The Official Contact is the **only authorized recipient** of applications submitted in response to this RFA. Applications must be received by the Official Contact on or before the due date and time:

January 3, 2024

Applications received after the due date and time will be ineligible and will not be evaluated. The Agency will send an official letter alerting late respondents of ineligibility.

12. An acceptable submission must include the following:

- One (1) conforming electronic copy of the original application.

The original Application must carry original signatures. Unsigned applications will not be evaluated. The application must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee.

The electronic copy of the application must be emailed to the Official Contact for this procurement. The subject line of the email must read: Combined RFA for Behavioral Health. Please ensure the entire email submission is less than 25MB as this reflects the Agency's server limitations. Respondents should work to ensure there are no additional IT limitations from the provider side.

13. Multiple Applications. The submission of multiple applications is an option for this procurement. Respondents to this RFA may apply for either the IGP (Component A) or the BHPP (Component B) or both. Respondents with multiple sites must submit a separate application for each site at which they propose to implement either program.

II. PURPOSE OF RFA AND SCOPE OF SERVICES

■ A. AGENCY OVERVIEW

The Connecticut Department of Public Health is the state's leader in public health policy and advocacy. The Department is the center of a comprehensive network of public health services and is a partner to local health departments. The Department provides advocacy, training and certification, technical assistance and consultation, and specialty services such as risk assessment that are not available at the local level. The Department is also a source of accurate, up-to-date health information to the Governor, the Legislature, the Federal government, and local communities. This information is used to monitor the health status of Connecticut's residents, set health priorities, and evaluate the effectiveness of health initiatives. The Department is focused on health outcomes, maintaining a balance between assuring quality and administrative functions among personnel, facilities, and programs. The DPH is a leader on the national scene through direct input to Federal agencies and the United States Congress.

The mission of the Department is to protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy;
- Preventing disease, injury, and disability, and
- Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.

■ B. PROGRAM OVERVIEW

Recognizing the need for expanded behavioral health services for children in the state, the Connecticut General Assembly has allocated funds to support expansion of behavioral health resources in the state through two programs: Incentive Grants to Employers of Child and Adolescent Psychiatrists (IGP) and the Pilot Program for Expanding Behavioral Health Resources in Pediatric Clinics (BHPP). The goal is to provide support to organizations and practices within the state for the increased provision of child and adolescent behavioral health services.

Authorized by Section 38 of Public Act 22-47, the IGP provides incentive grants to employers of child and adolescent psychiatrists to recruit and hire new child and adolescent psychiatrists or retain child and adolescent psychiatrists who are already in their employ. The purpose of the IGP is to improve access to psychiatric services for children and adolescents through financial support for the recruitment and retention of Child and Adolescent Psychiatrists (CAPs).

The purpose of the BHPP is to provide private practices serving the pediatric population of Connecticut with one-time grant funding to expand access to behavioral healthcare for their patients. Established by Public Act 22-81 Section 17, the BHPP will provide such providers with a fifty percent (50%) match for costs associated with paying the salaries of licensed Social Workers to provide new or expanded counseling and other services within the scope of their license to children receiving primary health care in the practice.

The purpose of this combined RFA is to fund behavioral health workforce recruitment and retention efforts that meet the intent of the programs as described by the legislation. The RFA provides a single vehicle for organizations to apply for one or both programs. The RFA describes the scope of service for two components: Component A is the IGP, Component B is the BHPP.

Component A, the IGP, offers applicants a menu of supports and incentives from which they will be asked to create a recruitment and/or retention program for hiring or retaining a CAP. Applicants are encouraged to take advantage of these options to enhance their current hiring practices with evidence-based recruitment and retention practices. A Child and Adolescent Psychiatrist is defined as any physician who has completed at least three (3) years of approved residency training in medicine, neurology, and general psychiatry with adults, and two (2) years of additional specialized training in psychiatric work with children, adolescents, and their families in an accredited residency in child and adolescent psychiatry. ([What is Child and Adolescent Psychiatry? \(aacap.org\)](https://www.aacap.org)). Applicants requesting funding under Component A must be licensed by the appropriate agency to provide mental health services in the State of Connecticut.

Component B, the BHPP, offers applicants who are private providers of pediatric care financial support for employing a new licensed social worker in their practice, and/or increasing the availability of licensed social workers in those practices where they already exist. Applicants will be asked to describe their plans for, or current practice of, integrating behavioral health into their practice and their plans for expanding the availability of licensed social workers in their practice. Support to selected applications will be provided by a 50% match for the costs associated with paying the salary of a licensed social worker providing new or expanded counseling and other services to children receiving health care in the practice. A qualified professional is any provider of behavioral health services licensed under Chapter 383b of the General Statutes of Connecticut.

Background

The toll the COVID-19 pandemic has taken on children's mental health is a global concern. Even before the pandemic, the United States' Centers for Disease Control and Prevention (CDC) found that one (1) in five (5) children in the U.S. suffered from a mental disorder. The same CDC data showed that only 20% of those children received needed services, a significant lack of treatment. The pandemic has also exacerbated existing disparities in behavioral health services. Children with lower socioeconomic backgrounds are less likely to access care.

Connecticut's children are experiencing a lack of behavioral health services. Nearly every county in the state has received a federal designation as a Mental Health Provider Shortage Area (MHPSA). A recent Mental Health America report estimates that in Connecticut 42,000 youth (ages 6-21) experienced a Major Depressive Episode (MDE) in 2020. The number of youths in the state with a Substance Use Disorder (SUD) is estimated at 20,000. Yet, 16,000 children with a diagnosis of MDE received no care and Connecticut ranks in the bottom third of states for children with an MDE receiving consistent care, meaning that most children in Connecticut with a behavioral health diagnosis do not have a regular source for behavioral health treatment or follow up.

Children in Connecticut need access to behavioral health care, meaning more behavioral healthcare professionals are needed. They need consistent treatment, meaning they need to receive their behavioral health care in a context that facilitates follow-up care. And, children need appropriate treatment, meaning their care should be provided by the appropriate healthcare professional in a culturally appropriate manner. Increasing access to behavioral healthcare professionals who can provide consistent and appropriate care through workforce development initiatives is a high priority for the state. Two evidence-based means of improving the behavioral health workforce and improving access to care for children are the

recruitment of psychiatrists who specialize in the care of children and adolescents and the integration of behavioral healthcare into the health care setting.

A Child and Adolescent Psychiatrist is a physician who specializes in the diagnosis and the treatment of disorders of thinking, feeling and/or behavior affecting children, adolescents, and their families. Despite the increased ratio of child psychiatrists per 100,000 children in the United States over the past decade, there remains a dearth of child psychiatrists, particularly in parts of the United States with lower levels of income and education. Wait times for new appointments can be many months, and families may be required to travel long distances to obtain care. Lack of specialist psychiatric care contributes to the lack of consistent care for children in Connecticut.

A growing body of evidence suggests that integrating behavioral health services into pediatric care can reduce health disparities, improve outcomes, and increase both patient and provider satisfaction. A visit to a health care provider is often when behavioral health issues are first raised. About half of all pediatric care office visits involve behavioral or psychosocial concerns. However, pediatric providers feel that they don't have the training or time to adequately manage behavioral health needs. Integrated behavioral health strategies — systemic and physical structures where pediatricians and mental health specialists work together to care for children's holistic health and development are a solution. Collaborative teams, commonly inclusive of a social worker, screen for, assess, and treat behavioral health problems within traditional physical healthcare settings, addressing both the stigma of seeking mental health services and improving access to behavioral health services. The link between physical and behavioral health is well acknowledged, underscoring the imperative to address all components of an individual's well-being to improve "whole health." Encouraging the adoption of integrated behavioral health services can improve screening and diagnosis, increase access to care and improve the consistency of follow-up care.

The Association of American Medical Colleges (AAMC) projects that the United States will face a shortage of between 54,100 and 139,000 physicians by 2033. The nursing and allied professional workforce also face critical shortages. Recruiting and retaining highly qualified health care professionals is necessary in a highly competitive market. Connecticut can maintain or improve access to health care in the state by supporting best practices in recruitment and retention.

■ C. SCOPE OF SERVICE DESCRIPTION

The State of Connecticut is seeking to implement two behavioral health workforce initiatives through this RFA. Each component of the RFA is described below. Applicants may apply for one or both Components through this single application process.

- 1. Component A. Incentive Grant Program for Child and Adolescent Psychiatrists (IGP):** The IGP aims to improve access to psychiatric services for children and adolescents through support of recruitment and retention of psychiatrists specializing in Child and Adolescent Psychiatry (CAPs). Employers of CAPs can be reimbursed for the expenses associated with hiring new CAPs and retaining currently employed CAPs. Applications involving a collaboration between two or more eligible employers may also be eligible for IGP funds. The IGP offers a menu of options for recruitment and retention activities set forth below that will be reimbursed through the IGP. Applicants are asked to submit a recruitment and retention plan along with a timeline for implementing the plan. Applicants are encouraged to take advantage of these options to enhance their current hiring practices with evidence-based recruitment and

retention practices. The funding limits included in this RFA represent the reimbursement limits. Applicants may supplement these funding limits within their fiscal capacity.

a. Contract Awards: The total available funding for the IGP is \$2,000,000.

Collaborations between two or more eligible employers related to the consolidation or sharing of staff are eligible for funding. Collaborative applications will have to comply with the funding amounts and requirements outlined above and will be evaluated using the same criteria.

b. Eligible Applicants (Component A): Eligible applicants are any employer currently offering child and adolescent psychiatric services; any employer currently offering psychiatric services to adults and wishing to expand services to children and adolescents; OR any health care services provider wishing to establish new child and adolescent psychiatric services. Applicants must be licensed to provide mental health services in Connecticut by the appropriate state agency and they must have offices physically located in the State of Connecticut where these services will be provided.

c. Priority Categories: Priority will be given to providers of services to medically underserved populations as indicated by the Social Vulnerability Index of the service area or location in a Mental Health Provider Shortage Area (MHPSA) ranked on MHPSA score. Priority will be given to providers who participate in insurance programs, both private and public.

Employers not in a priority category may provide appropriate information to demonstrate need such as staff vacancies, retiring staff, extensive wait times for appointments, or other evidence to support need.

d. Eligible Costs: The IGP will reimburse employers for costs associated with activities related to the recruitment and retention of Child and Adolescent Psychiatrists as defined below:

- Signing bonuses
- Staff time reimbursement
- Ads and postings in specialist journals or job boards
- Services from an advertising and/or recruitment firm
- Recruitment firm retainer
- Interview expenses (including for spouse) such as air travel, mileage, hotel, meals or a special event
- Relocation expenses
- Training and Continuing Education Units (CEUs) costs
- Retention bonuses for existing employees

e. Non-eligible Costs: Non-Eligible Costs include but are not limited to costs for hiring faculty or an individual whose primary responsibility is teaching or research.

f. Limitations: The limitations on reimbursements for each category of spending are indicated below:

- Signing bonuses for new hires up to \$60,000
- Interview expenses (including spouse) up to \$10,000
- Relocation expenses up to \$15,000
- Retention bonus up to \$40,000
- Recruitment firm and advertising expenses up to \$30,000

- Training/CEU costs (including travel) up to \$15,000
- Reimbursement of staff time costs to support recruitment and retention activities up to \$20,000

Note: Employers may supplement the funding limitations from their own funds. For example, a larger signing bonus can be offered beyond the cap listed above, with any funds in excess of the cap provided directly by the employer.

- g. Disbursement of Funds:** Payments will be made on a reimbursement basis. DPH shall reimburse grantees after grantees have certified expenses incurred, with any necessary documentation as Determined by DPH. DPH will email forms for grantees to use to request reimbursement from the State of Connecticut after contracts have been fully executed in accordance with State law.

The Department of Public Health is acting as the manager of the funds and will not provide technical assistance for recruitment and retention practices.

- 2. Component B. Pilot Program for Expanding Behavioral Health Resources in Pediatric Clinics (BHPP):** Recognizing the need for expanded behavioral health services for children in the state, the Connecticut General Assembly has allocated funds to establish a pilot program for expanding behavioral health resource in pediatric clinics (BHPP). The BHPP will support providers of pediatric care in private practice to expand the integration of social workers to work in their practice. Specifically, the BHPP will provide such providers with a fifty percent (50%) match for costs associated with paying the salaries of licensed social workers to provide new or expanded (i.e., increased availability) counseling and other services within the scope of their license to children receiving primary health care in the practice. As detailed in Section IV, below, applicants will be asked to describe their plans for, or current practice of, integrating behavioral health into their practice and their plans for expanding the availability of licensed social workers in their practice, with a timeline of proposed activities to implement the plans.

- a. Contract Awards:** The available funding for the BHPP is \$2,500,000. Collaborations between two or more eligible employers related to the sharing of staff are eligible for funding. Collaborative applications will have to comply with the funding amounts and requirements outlined above and will be evaluated using the same criteria.
- b. Eligible Applicants (Component B):** Licensed providers of outpatient services to individuals who provide pediatric care AND who operate as a private practice, as both terms are defined below. Providers of pediatric care includes Physicians and APRNs with a specialty in pediatrics, internal medicine, family medicine or other pediatric specialty, that treat patients falling under the definition of pediatric care as defined in the Appendix (Section VI. A.) to this RFA.
- c. Priority Categories:** Priority will be given to providers of services to medically underserved populations as indicated by the Social Vulnerability Index of the service area or location in a Mental Health Provider Shortage Area (MHPSA) ranked on MHPSA score. Priority will be given to providers who participate in private and public insurance programs. Priority will be given to new hires of social workers.
- d. Eligible Costs:** The BHPP grant program will provide a 50% match for the costs associated with paying the salary of a qualified professional employed

by the practice to provide new or expanded availability of on-site counseling and other services to children receiving primary health care in a practice located within the state of Connecticut. A qualified professional is any provider of behavioral health services licensed under Chapter 383b of the Connecticut General Statutes. Funds provided through this program can be used for the following purposes:

- Support the salary of one or more qualified professionals to provide new or expanded services, as defined above.
 - Support the salary of one or more qualified professionals to provide new or expanded services, as defined above, shared between two or more private pediatric practices.
 - Support the salary costs of one or more contracted qualified professionals to provide new or expanded services, as defined above, to provide on-site services on a set regular schedule within the practice.
- e. Non-eligible Costs:** Non-Eligible Costs include but are not limited to the costs associated with the hiring or the employment of faculty or an individual whose primary responsibility is teaching or research.
- f. Limitations:** The limitation on salary reimbursement is \$50,000 for each Full-Time Equivalent staff (i.e., each 1.0 FTE). Individual practices may apply for support for up to 2 FTEs (i.e., \$100,000 maximum) and 2 or more practices sharing these services may apply for support for up to 5 FTEs (\$250,000 maximum). Applicant organizations are required to match at least the amount of salary support for which they are applying but may provide higher amounts (though without reimbursement beyond the limitations listed).
- g. Disbursement of Funds:** Payments will be made on a reimbursement basis. DPH shall reimburse grantees after grantees have certified expenses incurred, with any necessary documentation as determined by DPH. DPH will email forms for grantees to use to request reimbursement from the State of Connecticut after contracts have been fully executed in accordance with State law.

■ D. PERFORMANCE MEASURES

The following performance metrics highlight key priorities that will be analyzed with providers collaboratively during the life of the contract. This is not an exhaustive list, but rather an indication of significant performance metrics of interest to the DPH. The DPH looks forward to working with providers to define additional important performance metrics.

Component A (IGP): Success will be evaluated by the completion of the proposed work plan and hiring process, whether or not the applicant is successful in hiring a CAP within the timeframe of the program.

Successful applicants will be asked to report progress on the proposed work plan and hiring process on at least a semi-annual basis. Information will be sought on lessons learned, and improvements to hiring processes.

DPH will collect general, aggregated data on patients and patient services provided by CAPs hired and/or retained through this RFA to evaluate the impact of the funding on access to psychiatric care for children.

Component B (BHPP): Success will be evaluated by the completion of the proposed work plan. Successful applicants will be asked to report progress on the proposed work plan on a at least a semi-annual basis. Information will be sought on lessons learned, and improvements in delivery of integrated behavioral health.

DPH will collect general, aggregated data on patients and patient services to evaluate the impact of the funding on access to behavioral health services in the pediatric care setting.

■ E. CONTRACT MANAGEMENT/DATA REPORTING

As part of the State's commitment to becoming more outcomes-oriented, the DPH seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust service delivery and policy based on learning what works. Reliable and relevant data is necessary to ensure compliance, inform trends to be monitored, evaluate results and performance, and drive service improvements. As such, the DPH reserves the right to request/collect other key data and metrics from providers.

1. Contract Management: Successful applicants will be required to comply with contractual expectations set by DPH. This includes submission of at least semi-annual financial expenditure reports with backup documentation and programmatic reporting in collaboration with DPH staff.

2. Data Reporting:

The DPH will collect baseline data from the applicants on their service area, demographic profile of their workforce and demographic profile of the patient population as part of the application process. Successful applicants will be asked to submit annual reports on the demographic characteristics of patients, number of patients, and patient services provided as a result of this funding. Requested demographic information will include age, race/ethnicity, identified gender, primary language spoken in the household, and insurance coverage/provider for the patient population. Additional data required for ARPA reporting may be requested.

III. APPLICATION SUBMISSION OVERVIEW

■ A. SUBMISSION FORMAT INFORMATION

1. Required Outline. All applications must follow the required outline presented in Section IV – Application Outline. Applications that fail to follow the required outline will be deemed non-responsive and not evaluated.

2. Cover Sheet. The Cover Sheet is generated by the Application form included as an appendix to this RFA.

Contact Person is defined as the individual who can provide additional information about the application or who has immediate responsibility for the application. *Authorized Official* is defined as the individual empowered to submit a binding offer on behalf of the applicant to provide services in accordance with the terms and provisions described in this RFA and any amendments or attachments hereto.

- RFA Name or Number:
- Legal Name
- Is your organization headquartered in Connecticut (Yes/No)
- Street Address of Headquarters
- Town/City/State/Zip
- Site address where work will take place
- Town/City/State/Zip

- FEIN
 - Year organization was established
 - Fiscal Year Start (Month and Day)
 - Is this a collaboration? (Yes/No)
 - If Yes, are you the Lead Organization? (Yes/No)
 - Name of the collaborating organization
 - Contact Person Name (for this RFA)
 - Title
 - Phone Number
 - E-Mail Address
 - Authorizing Official (AO) Name
 - AO Title
 - AO Phone Number
 - AO Mailing Address
 - AO Signature
- 3. Table of Contents.** A Table of Contents will be generated by the application form. A separate table of contents is not required.
- 4. Executive Summary.** An Executive Summary is not required.
- 5. Attachments.** Attachments other than the required Application Form identified in the RFA are not permitted and will not be evaluated. Further, the required Application Form must not be altered or used to extend, enhance, or replace any component required by this RFA Failure to abide by these instructions will result in disqualification.
- 6. Style Requirements.** *THIS IS AN ELECTRONIC SUBMISSION.*
- 7. Declaration of Confidential Information.** Applicants are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If an applicant deems that certain information required by this RFA is confidential, the applicant must label such information as CONFIDENTIAL prior to submission. In subsection F of the application submission, the applicant must reference where the information labeled CONFIDENTIAL is located in the application. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the applicant must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the applicant that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).
- 8. Conflict of Interest - Disclosure Statement.** Applicants must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the applicant and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if an applicant tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Agency will determine whether any disclosed conflict of interest poses a substantial advantage to the applicant over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, an applicant must affirm such in the disclosure statement. *Example: "[name of applicant] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

■ B. EVALUATION OF Applications

- 1. Evaluation Process.** It is the intent of the Department of Public Health to conduct a comprehensive, fair, and impartial evaluation of applications received in response to this RFA.
- 2. Evaluation Review Committee.** The Department of Public Health (DPH) will designate an Agency Review Committee to evaluate applications submitted in response to this RFA. The Agency Review Committee will be composed of individuals, DPH staff or other designees as deemed appropriate. The contents of all submitted applications, including any confidential information, will be shared with the Agency Review Committee. Only applications found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Applications that fail to comply with all instructions will be rejected without further consideration. The Agency Review Committee shall evaluate all applications that meet the Minimum Submission Requirements by score and rank ordered and make recommendations for awards. Attempts by any applicant (or representative of any applicant) to contact or influence any member of the Agency Review Committee may result in disqualification of the applicant.
- 3. Minimum Submission Requirements.** To be eligible for evaluation, applications must (1) be received on or before the due date and time; (2) meet the Application Format requirements; (3) meet the Eligibility and Qualification requirements to respond to the procurement, (4) follow the required Application Outline; and (5) be complete. Applications that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department of Public Health will reject any application that deviates significantly from the requirements of this RFA.
- 4. Evaluation Criteria (and Weights).** Applications meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Agency Review Committee will use to evaluate the technical merits of the applications. Only the criteria listed below will be used to evaluate applications. The Department has set a minimum weighted score for applications to be eligible for funding through this RFA. Applications not meeting the minimum weighted score requirement will not be eligible for funding. Further detail regarding the criteria is provided in Section IV. D. below. The criteria are identified below:

Component A. Evaluation Criteria

TECHNICAL PROPOSAL
Organizational Profile
Recruitment Plan
Retention Plan
Implementation of CLAS
VALUE PROPOSAL
Budget and Budget Justification
Overall Quality of the Application

Component B. Evaluation Criteria

TECHNICAL PROPOSAL
Organizational Profile

Readiness to Implement/ BH Integration Plan
Retention Plan
Implementation of CLAS
VALUE PROPOSAL
Budget and Budget Justification
Overall Quality of the Application

Note: As part of its evaluation of the Staffing Plan, the Agency Review Committee will review the applicant's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).

- 5. Applicant Selection.** Upon completing its evaluation of applications, the Agency Review Committee will submit the rankings of all applications to the Commissioner of Public Health. The final selection of successful applicants is at the discretion of the Commissioner of Public Health. Any applicant selected will be so notified and awarded an opportunity to negotiate a contract with CT DPH. Such negotiations may, but will not automatically, result in a contract. Any resulting contract will be posted on the State Contracting Portal. All unsuccessful applicants will be notified by e-mail or U.S. mail, at the DPH's discretion, about the outcome of the evaluation and applicant selection process. CT DPH reserves the right to decline to award contracts for activities in which the Commissioner of Public Health considers there are not adequate respondents.
- 6. Debriefing.** Within ten (10) days of receiving notification from the Agency, unsuccessful applicants may contact the Official Contact and request information about the evaluation and applicant selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful applicants still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Agency to discuss the evaluation process and their applications. If held, the debriefing meeting will not include any comparisons of unsuccessful applications with other applications. The Agency may schedule and hold the debriefing meeting within fifteen (15) days of the request. The Agency will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
- 7. Appeal Process.** Applicants may appeal any aspect the Agency's competitive procurement, including the evaluation and applicant selection process. Any such appeal must be submitted to the Agency head. An applicant may file an appeal at any time after the application due date, but not later than thirty (30) days after an agency notifies unsuccessful applicants about the outcome of the evaluation and applicant selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Agency to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
- 8. Contract Execution.** Any contract developed and executed as a result of this RFA is subject to the Agency's contracting procedures, which may include approval by the Office of the Attorney General. Fully executed and approved contracts will be posted on State Contracting Portal (CTSource).

IV. APPLICATION SUBMISSION OUTLINE AND REQUIREMENTS

All information should be submitted through the Application Form appended to the RFA or downloaded from CTSource. The Outline below identifies by section all the information requested on the Application Form.

A. Cover Sheet

B. Table of Contents

C. Executive Summary

D. Main Application

E. Attachments (clearly referenced to summary and main application where applicable)

F. Declaration of Confidential Information

G. Conflict of Interest - Disclosure Statement

H. Statement of Assurances

A: Cover Sheet

The Respondent must use the application form which captures the following information:

- RFA Name or Number:
- Legal Name
- Is your organization headquartered in Connecticut (Yes/No)
- Street Address of Headquarters
- Town/City/State/Zip
- Site address where work will take place
- Town/City/State/Zip
- FEIN
- Year organization was established
- Fiscal Year Start (Month and Day)
- Is this a collaboration? (Yes/No)
- If Yes, are you the Lead Organization? (Yes/No)
- Name of the collaborating organization
- Contact Person Name (for this RFA)
- Title
- Phone Number
- E-Mail Address
- Authorizing Official (AO) Name
- AO Title
- AO Phone Number
- AO Mailing Address
- AO Signature

Legal Name is defined as the name of private provider organization, CT State agency, or municipality submitting the application. *Contact Person* is defined as the individual who can provide additional information about the application or who has immediate responsibility for the application. *Authorized Official* is defined as the individual empowered to submit a binding

offer on behalf of the applicant to provide services in accordance with the terms and provisions described in this RFA and any amendments or attachments hereto.

B: Table of Contents

A Table of Contents will be generated by the application form. A separate table of contents is not required.

C: Applicant Executive Summary

An Executive Summary is not required.

D: Main Application Submission Requirements to Submit a Responsive Application

*****Please note the maximum total response length for this section is determined by the space allocated in the application form.** The Agency Review Committee will not have access to answers longer than the allowed space. Complete the application form following the instructions. Please note that not all portions of the application form apply to both Components of the RFA. Those portions are indicated as "Component A Only" or "Component B Only."

4.1 Organizational Profile

- a. Description of Organization: Provide a brief description of your organization or practice and the services provided. Include an explanation of your organization's mission. Give a narrative description of the population served and the need for a behavioral health provider (for Component A, a Child and Adolescent Psychiatrist; for Component B a Social Worker). How will the addition of a behavioral health provider improve your practice or organization? Specific data elements on your patient population and services are requested elsewhere. Please limit your response to the space provided.
- b. Are you located in a Mental Health Provider Shortage Area (MHPSA)? (Yes/No)
([Find Shortage Areas by Address \(hrsa.gov\)](https://www.hrsa.gov/shortage))
- c. If you are located in a MHPSA, please provide the MHPSA ID number.
- d. If you are located in a MHPSA, please provide the MHPSA Score.
- e. Billing activity
 1. Total number of patients aged 18 and under (to be used as denominator in 2, 3, 4 and item f below)
 2. Percent of patients aged 18 and under for whom you bill Medicaid/Husky for part or all of their health care services.
 3. Percent of patients aged 18 and under for whom you bill private insurers for part or all of their health care services.
 4. Percent of patients aged 18 and under who pay completely out of pocket for health care services.
- f. Percent of patients aged 18 and under who have more than two behavioral health related diagnoses.
- g. For Component B: Is the application for a new social worker in your practice?
 - 1) Yes, this is a new full-time hire; 2) Yes, this is a new part time hire; 3) No, we are applying to increase the hours of an already existing position
 1. Please report the number of additional FTEs represented by this application
- h. Please report an approximate percentage of your patients who reside in each of the towns listed (i.e., your service area).

4.2 Recruitment and Retention Plans

- a. FOR COMPONENT A ONLY: Please provide a brief description of your recruitment plan. Your plan should include an assessment of the competition for providers and how that has impacted your plan. Please explain what combination of supports and incentives allowed in the RFA you have chosen and why. If requesting funding for signing bonuses, please explain the anticipated conditions for the granting the bonus to new hires. Conditions should be tailored to meet the legislative intent of the allocated funds. Please also indicate what, if any, steps you have taken to create an inclusive and equitable recruitment and interview process.
- b. FOR BOTH COMPONENTS A AND B: Please provide a brief description of your retention plan for current staff and/or staff you plan to hire using these funds. Your plan should describe your onboarding plan and any employee supports you have in place to foster retention. For example, in addition to any financial recruitment incentives (if applicable) include any plans to use benefits, work schedules and opportunities for professional growth to retain your behavioral health provider(s). If offering a retention bonus, please specify any conditions of the bonus. Applicants are encouraged to refer to the [ACU Comprehensive Workforce Plan](#) in forming their response.

4.3 Culturally and Linguistically Appropriate Services (CLAS)

- a. How does your organization incorporate cultural and linguistic competency concepts into the educational curriculum for new and existing staff?
- b. Does your organization offer communication and language assistance to patients? (e.g., We use certified medical translators; We use a medical translation service over the telephone; We use bilingual staff when appropriate; We rely on family members to translate; We do not provide health care services to non-English speakers, etc.)

4.4 FOR COMPONENT B ONLY: Integrated Behavioral Health (IBH) Plan

- a. Please describe your plan for integrating behavioral health services into your practice. Include a brief description of operational systems in place to support IBH, financial supports for IBH you have identified (beyond this funding opportunity), clinical workflows and processes for tracking patients and monitoring outcomes. Applicants are encouraged to utilize resources from the Agency for Healthcare Research and Quality (AHRQ) in forming their plan. [Integrating Behavioral Health & Primary Care | AHRQ Academy](#); [Implementing IBH Plan: Ambulatory Care Setting | The Academy \(ahrq.gov\)](#)
- b. What is your plan for prescribing medications for behavioral health diagnoses? Who will evaluate patients for medication needs, who will prescribe, and how will you ensure continuity of care for medications?

4.5 Timeline for implementation

- a. Please describe your two-year timeline for implementing your Recruitment and Retention Plan (Component A) or your Integrated Behavioral Health Plan and Retention Plan (Component B).

4.6 Budget and Budget Narrative

- a. Use the budget form in the application to submit your line-item budget.
- b. Provide a categorical description of costs and the basis for these costs using the space provided.

4.7 Baseline data

- a. Use the form in the application to provide the requested data.

E: Attachments

There are no attachments required for this submission.

F: Declaration of Confidential Information

If an applicant deems that certain information required by this RFA is confidential, the applicant must label such information as CONFIDENTIAL prior to submission. The applicant must reference where the information labeled CONFIDENTIAL is located in the application form. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the applicant must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the applicant that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

G: Conflict of Interest – Disclosure Statement

Applicants must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the applicant and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if an applicant tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. In the absence of any conflict of interest, an applicant must affirm such in the disclosure statement. *Example: "[name of applicant] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

H: Statement of Assurances

Complete the Statement of Assurances and electronically sign the application form.

V. MANDATORY PROVISIONS

■ A. POS STANDARD CONTRACT, PARTS I AND II

By submitting an application in response to this RFA, the applicant implicitly agrees to comply with the provisions of the State's "standard contract".

The standard contract is maintained by the DPH and will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting contract. A sample of the general terms and conditions is available from the DPH's Official Contact upon request.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the contract. Part II is available on OPM's website at: http://www.ct.gov/opm/fin/standard_contract

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If an applicant is awarded an opportunity to negotiate

a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the applicant must inform the applicant's principals of the contents of the SEEC notice.

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected applicant (contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

■ B. ASSURANCES

By submitting a application in response to this RFA, an applicant implicitly gives the following assurances:

- 1. Collusion.** The applicant represents and warrants that the applicant did not participate in any part of the RFA development process and had no knowledge of the specific contents of the RFA prior to its issuance. The applicant further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the applicant's application. The applicant also represents and warrants that the submitted application is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The applicant certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFA. The Agency may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the applicant, contractor, or its agents or employees.
- 3. Competitors.** The applicant assures that the submitted application is not made in connection with any competing organization or competitor submitting a separate application in response to this RFA. No attempt has been made, or will be made, by the applicant to induce any other organization or competitor to submit, or not submit, an application for the purpose of restricting competition. The applicant further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the applicant knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.
- 4. Validity of Application.** The applicant certifies that the application represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFA and any amendments or attachments hereto. The application shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Agency may include the application, by reference or otherwise, into any contract with the successful applicant.
- 5. Press Releases.** The applicant agrees to obtain prior written consent and approval of the Agency for press releases that relate in any manner to this RFA or any resultant contract.

■ C. TERMS AND CONDITIONS

By submitting an application in response to this RFA, an applicant implicitly agrees to comply with the following terms and conditions:

- 1. Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
- 2. Preparation Expenses.** Neither the State nor the Agency shall assume any liability for expenses incurred by an applicant in preparing, submitting, or clarifying any application submitted in response to this RFA.
- 3. Exclusion of Taxes.** The Agency is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Applicants are liable for any other applicable taxes.
- 4. Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
- 5. Changes to Application.** No additions or changes to the original application will be allowed after submission. While changes are not permitted, the Agency may request and authorize applicants to submit written clarification of their applications, in a manner or format prescribed by the Agency, and at the applicant's expense.
- 6. Supplemental Information.** Supplemental information will not be considered after the deadline submission of applications, unless specifically requested by the Agency. The Agency may ask an applicant to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a application. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Agency. At its sole discretion, the Agency may limit the number of applicants invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per applicant.
- 7. Presentation of Supporting Evidence.** If requested by the Agency, a applicant must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFA. The Agency may make onsite visits to an operational facility or facilities of an applicant to evaluate further the applicant's capability to perform the duties required by this RFA. At its discretion, the Agency may also check or contact any reference provided by the applicant.
- 8. RFA Is Not An Offer.** Neither this RFA nor any subsequent discussions shall give rise to any commitment on the part of the State or the Agency or confer any rights on any applicant unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the applicant and the Agency and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the applicant or for payment of services under the terms of the contract until the successful applicant is notified that the contract has been accepted and approved by the Agency and, if required, by the Attorney General's Office.

■ **D. RIGHTS RESERVED TO THE STATE**

By submitting an application in response to this RFA, an applicant implicitly accepts that the following rights are reserved to the State:

- 1. Timing Sequence.** The timing and sequence of events associated with this RFA shall ultimately be determined by the Agency.
- 2. Amending or Canceling RFA.** The Agency reserves the right to amend or cancel this RFA on any date and at any time, if the Agency deems it to be necessary, appropriate, or otherwise in the best interests of the State.

- 3. No Acceptable Applications.** In the event that no acceptable applications are submitted in response to this RFA, the Agency may reopen the procurement process, if it is determined to be in the best interests of the State.
- 4. Award and Rejection of Applications.** The Agency reserves the right to award in part, to reject any and all applications in whole or in part, for misrepresentation or if the application limits or modifies any of the terms, conditions, or specifications of this RFA. The Agency may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Agency reserves the right to reject the application of any applicant who submits an application after the submission date and time.
- 5. Sole Property of the State.** All applications submitted in response to this RFA are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFA shall be the sole property of the State, unless stated otherwise in this RFA or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
- 6. Contract Negotiation.** The Agency reserves the right to negotiate or contract for all or any portion of the services contained in this RFA. The Agency further reserves the right to contract with one or more applicant for such services. After reviewing the scored criteria, the Agency may seek Best and Final Offers (BFO) on cost from applicants. The Agency may set parameters on any BFOs received.
- 7. Clerical Errors in Award.** The Agency reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to an applicant and subsequently awarding the contract to another applicant. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial applicant is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the applicant.
- 8. Key Personnel.** When the Agency is the sole funder of a purchased service, the Agency reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Agency also reserves the right to approve replacements for key personnel who have terminated employment. The Agency further reserves the right to require the removal and replacement of any of the applicant's key personnel who do not perform adequately, regardless of whether they were previously approved by the Agency.

■ E. STATUTORY AND REGULATORY COMPLIANCE

By submitting an application in response to this RFA, the applicant implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

- 1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Applicants are generally advised not to include in their applications any confidential information. If the applicant indicates that certain documentation, as required by this RFA, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The applicant has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While an applicant may claim an exemption to the State's FOIA, the

final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

- 2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
- 3. Consulting Agreements, C.G.S. § 4a-81. Consulting Agreements Representation, C.G.S. § 4a-81.** Pursuant to C.G.S. §§ 4a-81 the successful contracting party shall certify that it has not entered into any consulting agreements in connection with this Contract, except for the agreements listed below. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information, or (C) any other similar activity related to such contracts. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of chapter 10 of the Connecticut General Statutes as of the date such contract is executed in accordance with the provisions of section 4a-81 of the Connecticut General Statutes. Such representation shall be sworn as true to the best knowledge and belief of the person signing the resulting contract and shall be subject to the penalties of false statement.
- 4. Campaign Contribution Restriction, C.G.S. § 9-612.** For all State contracts, defined in section 9-612 of the Connecticut General Statutes as having a value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to the resulting contract must represent that they have received the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice, as set forth in "Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations."

Such notice is available at:

https://seec.ct.gov/Portal/data/forms/ContrForms/seec_form_11_notice_only.pdf

- 5. Gifts, C.G.S. § 4-252.** Pursuant to section 4-252 of the Connecticut General Statutes and Acting Governor Susan Bysiewicz's Executive Order No. 21-2, the Contractor, for itself and on behalf of all of its principals or key personnel who submitted a bid or application, represents:

(1) That no gifts were made by (A) the Contractor, (B) any principals and key personnel of the Contractor, who participate substantially in preparing bids, applications or negotiating State contracts, or (C) any agent of the Contractor or principals and key personnel, who participates substantially in preparing bids, applications or negotiating State contracts, to (i) any public official or State employee of the State agency or quasi- public agency soliciting bids or applications for State contracts, who participates substantially in the preparation of bid solicitations or requests for applications for State contracts or the negotiation or award of State contracts, or (ii) any public official or State employee of any other State agency, who

has supervisory or appointing authority over such State agency or quasi-public agency;

(2) That no such principals and key personnel of the Contractor, or agent of the Contractor or of such principals and key personnel, knows of any action by the Contractor to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the Contractor to provide a gift to any such public official or State employee; and

(3) That the Contractor is submitting bids or applications without fraud or collusion with any person.

Any bidder or applicant that does not agree to the representations required under this section shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked applicant or the next lowest responsible qualified bidder or seek new bids or applications.

6. Iran Energy Investment Certification C.G.S. § 4-252(a). Pursuant to C.G.S. § 4-252(a), the successful contracting party shall certify the following: (a) that it has not made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, and has not increased or renewed such investment on or after said date. (b) If the Contractor makes a good faith effort to determine whether it has made an investment described in subsection (a) of this section it shall not be subject to the penalties of false statement pursuant to section 4-252a of the Connecticut General Statutes. A "good faith effort" for purposes of this subsection includes a determination that the Contractor is not on the list of persons who engage in certain investment activities in Iran created by the Department of General Services of the State of California pursuant to Division 2, Chapter 2.7 of the California Public Contract Code. Nothing in this subsection shall be construed to impair the ability of the State agency or quasi-public agency to pursue a breach of contract action for any violation of the provisions of the resulting contract.

7. Nondiscrimination Certification, C.G.S. § 4a-60 and 4a-60a. If a bidder is awarded an opportunity to negotiate a contract, the applicant must provide the State agency with written representation in the resulting contract that certifies the bidder complies with the State's nondiscrimination agreements and warranties. This nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The authorized signatory of the contract shall demonstrate his or her understanding of this obligation by either (A) initialing the nondiscrimination affirmation provision in the body of the resulting contract, or (B) providing an affirmative response in the required online bid or response to an application question, if applicable, which asks if the contractor understands its obligations. If a bidder or vendor refuses to agree to this representation, such bidder or vendor shall be rejected, and the State agency or quasi-public agency shall award the contract to the next highest ranked vendor or the next lowest responsible qualified bidder or seek new bids or applications.

8. Access to Data for State Auditors. The Contractor shall provide to OPM access to any data, as defined in C.G.S. § 4e-1, concerning the resulting contract that are in the possession or control of the Contractor upon demand and shall provide the data to OPM in a format prescribed by the Client Agency and the State Auditors of Public Accounts at no additional cost.

VI. APPENDIX

A. ABBREVIATIONS / ACRONYMS / DEFINITIONS

AHRQ	Agency for Healthcare Research and Quality
BFO	Best and Final Offer
BHPP	Pilot Program for Expanding Behavioral Health Resources in Pediatric Clinics
C.G.S.	Connecticut General Statutes
CDC	Centers for Disease Control and Prevention
CHRO	Commission on Human Rights and Opportunity (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
DHP	Department of Public Health (CT)
FOIA	Freedom of Information Act (CT)
IGP	Incentive Grants to Employers of Child and Adolescent Psychiatrists Program
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
MHPSA	Mental Health Provider Shortage Area
OAG	Office of the Attorney General
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
POS	Purchase of Service
P.A.	Public Act (CT)
RFA	Request for Applications
SEEC	State Elections Enforcement Commission (CT)
SVI	Social Vulnerability Index
U.S.	United States

- *contractor*: a private provider organization, CT State agency, or municipality that enters into a contract with the Agency as a result of this RFA
- *applicant*: a private provider organization, CT State agency, or municipality that has submitted an application to the Agency in response to this RFA. This term may be used interchangeably with respondent throughout the RFA.
- *prospective applicant*: a private provider organization, CT State agency, or municipality that may submit an application to the Agency in response to this RFA but has not yet done so.
- *subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a contract with the Agency as a result of this RFA.
- *child and adolescent psychiatrist*: defined as any physician who has completed at least three (3) years of approved residency training in medicine, neurology, and general psychiatry with adults, and two (2) years of additional specialized training in psychiatric work with children, adolescents, and their families in an accredited residency in child and adolescent psychiatry. Applicants requesting funding under Component A must be licensed by the appropriate agency to provide mental health services in the State of Connecticut.
- *Mental Health Provider Shortage Area (MHPSA)*: a geographic area, population, or facility with a shortage of mental health providers and services. The Health Resources and Services Administration (HRSA) and State Primary Care Offices

(PCOs) work together using public, private, and state-provided data to determine when such a shortage qualifies for designation as a HPSA. Shortage areas can be search by address here: [Find Shortage Areas by Address \(hrsa.gov\)](https://hrsa.gov)

- **MHPSA Score:** Mental Health Provider Shortage Areas are scored on a methodology that includes six (6) different variables. Mental health HPSAs can receive a score between 0-25. The score is included in the HPSA designation report that can be found at the " Find Shortage Areas by Address" link in the definition of MHPSA above. Details on scoring can be found at: [Scoring Shortage Designations | Bureau of Health Workforce \(hrsa.gov\)](https://hrsa.gov)
- *Private practice:* a practice setting that does not require a facility or institutional license under Chapter 368v and includes both solo and group practices.
- *pediatric care:* care from gestation through young adulthood, with an upper limit of age 21 which can be extended for existing patients who are in college and patients with special health care needs. ([Age Limit of Pediatrics | Pediatrics | AAP \(aap.org\)](https://aap.org))
- *qualified professional* (Component B): any provider of behavioral health services licensed under Chapter 383b of the General Statutes of Connecticut.

B. STATEMENT OF ASSURANCES

Department of Public Health

The undersigned Applicant affirms and declares that:

General

- a. This application is executed and signed with full knowledge and acceptance of the terms and conditions stated in the RFA.
- b. If awarded a contract under this RFA, the Applicant will expend the funds awarded only in accordance with the terms and conditions of the RFA and in furtherance of expanded behavioral health services for children as contemplated by Public Act 22-47 § 38 and Public Act 22-81 § 17.
- c. The Applicant will seek prior approval from the Agency before making any changes to the location of services.
- d. Neither the Applicant nor any official or member of its organization or practice has received any notice of debarment or suspension from contracting with the State of Connecticut or the Federal Government.
- e. Neither the Applicant nor any official or member of its organization or practice has received any notice of debarment or suspension from contracting with other states within the United States.

Legal Name of Organization:

Authorized Signatory

Date

C. ADDITIONAL RELEVANT FORMS

**State of Connecticut
Department of Public Health Combined
RFA for Behavioral Health Application
Form Rev. 10/19/2023**

Instructions: Complete the form following the instructions for each section. All questions are required for both Components A and B of the combined RFA, unless indicated as "Component A" or "Component B" only. Note: For collaborations involving two or more eligible providers, a separate Section D 4.1 Organizational Profile should be submitted for each organization that is part of the collaboration.

Section A. Cover Sheet

RFA No: DPH20240901RFP

Organization name - Legal name as it appears through the Secretary of State:
--

Is your organization headquartered in Connecticut? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
--

Address of the Headquarters of the Organization:		
Address1:	Address 2:	
City:	State:	Zip Code:

Site address - where work will take place: <i>(if different from headquarters)</i>		
Address1:	Address 2:	
City:	State:	Zip Code:

Federal ID (FEIN):

Year Organization Was Established:	Fiscal Year Start:
------------------------------------	--------------------

Is this a Collaboration? <i>(See Note above):</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
--

If Yes, are you the Lead Organization? <i>(If this is not a collaboration, please leave blank)</i> Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Name of the collaborating organization:

Contact Name for this RFP:	Title:
Contact Email:	Phone:

Authorizing Official: Name:	Title:
AO Email:	AO Phone:

Authorizing Official Mailing Address		
Address1:	Address 2:	
City:	State:	Zip Code:

Signature of Authorizing Official Date (mm/dd/yyyy)

SECTION D. Main Application Submission Requirements To Submit a Responsive Application

***Please note the maximum total response length for this section is determined by the space allocated in the application form. The Agency Review Committee will not have access to answers longer than the allowed space. Complete the application form following the instructions. Please note that not all portions of the application form apply to both Components of the RFA. Those portions are indicated as "Component A Only" or "Component B Only."

4.1 Organizational Profile

a. Description of Organization: Provide a brief description of your organization or practice and the services provided. Include an explanation of your organization's mission. Give a narrative description of the population served and the need for a behavioral health provider (for Component A a Child and Adolescent Psychiatrist; for Component B a Social Worker). How will the addition of a behavioral health provider improve your practice or organization? Specific data elements on your patient population and services are requested elsewhere. Please limit your response to the space provided. (Character limit 5700)

4.1 Organizational Profile (continued)

b. Are you located in a Mental Health Provider Shortage Area (MHPSA)?

[Find Shortage Areas by Address \(hrsa.gov\)](https://www.hrsa.gov)

c. If you are located in a MHPSA, please provide the MHPSA ID number.

d. If you are located in a MHPSA, please provide the MHPSA Score:

e. Billing Information:

1. Total number of patients aged 18 and under (to be used as denominator in questions 2, 3, 4 and item f below)
2. Percent of patients aged 18 and under for whom you bill Medicaid/Husky for part or all of their health care services.
3. Percent of patients aged 18 and under for whom you bill private insurers for part or all of their health care services.
4. Percent of patients aged 18 and under who pay completely out of pocket for their health care services.

f. Percent of patients aged 18 and under with more than two behavioral health related diagnoses.

g. For COMPONENT B only: Is the application for a new social worker in your practice?

1. Please report the number of additional FTEs represented by this application:

h. Please report the approximate percent of your patients who reside in each town in your service area. Entries should be in numbers between 0 and 100 with a maximum of 2 decimal places. Leave towns with no patients blank.

Andover	East Haven	Morris	Southbury
Ansonia	East Lyme	Naugatuck	Southington
Ashford	Easton	New Britain	South Windsor
Avon	East Windsor	New Canaan	Sprague
Barkhamsted	Ellington	New Fairfield	Stafford
Beacon Falls	Enfield	New Hartford	Stamford
Berlin	Essex	New Haven	Sterling
Bethany	Fairfield	Newington	Stonington
Bethel	Farmington	New London	Stratford
Bethlehem	Franklin	New Milford	Suffield
Bloomfield	Glastonbury	Newtown	Thomaston
Bolton	Goshen	Norfolk	Thompson
Bozrah	Granby	North Branford	Tolland
Branford	Greenwich	North Canaan	Torrington
Bridgeport	Griswold	North Haven	Trumbull
Bridgewater	Groton	No. Stonington	Union
Bristol	Guilford	Norwalk	Vernon
Brookfield	Haddam	Norwich	Voluntown
Brooklyn	Hamden	Old Lyme	Wallingford
Burlington	Hampton	Old Saybrook	Warren
Canaan	Hartford	Orange	Washington
Canterbury	Hartland	Oxford	Waterbury
Canton	Harwinton	Plainfield	Waterford
Chaplin	Hebron	Plainville	Watertown
Cheshire	Kent	Plymouth	Westbrook
Chester	Killingly	Pomfret	West Hartford
Clinton	Killingworth	Portland	West Haven
Colchester	Lebanon	Preston	Weston
Colebrook	Ledyard	Prospect	Westport
Columbia	Lisbon	Putnam	Wethersfield
Cornwall	Litchfield	Redding	Willington
Coventry	Lyme	Ridgefield	Wilton
Cromwell	Madison	Rocky Hill	Winchester
Danbury	Manchester	Roxbury	Windham
Darien	Mansfield	Salem	Windsor
Deep River	Marlborough	Salisbury	Windsor Locks
Derby	Meriden	Scotland	Wolcott
Durham	Middlebury	Seymour	Woodbridge
Eastford	Middlefield	Sharon	Woodbury
East Granby	Middletown	Shelton	Woodstock
East Haddam	Milford	Sherman	
East Hampton	Monroe	Simsbury	
East Hartford	Montville	Somers	

4.2 Recruitment and Retention Plans

a. FOR COMPONENT A ONLY: Please provide a brief description of your recruitment plan. Your plan should include an assessment of the competition for providers and how that has impacted your plan. Please explain what combination of supports and incentives allowed in the RFA you have chosen and why. If requesting funding for signing bonuses, please explain the anticipated conditions for the granting the bonus to new hires. Conditions should be tailored to meet the legislative intent of the allocated funds. Please also indicate what, if any, steps you have taken to create an inclusive and equitable recruitment and interview process. (Character limit 6,500)

4.2 Recruitment and Retention Plans (*continued*)

b. FOR BOTH COMPONENTS A AND B: Please provide a brief description of your retention plan for current staff and/or staff you plan to hire using these funds. Your plan should describe your on-boarding plan and any employee supports you have in place to foster retention. For example, in addition to any financial retention incentives (if applicable) include any plans to use benefits, work schedules and opportunities for professional growth to retain your behavioral health provider(s). If offering a retention bonus, please specify any conditions of the bonus. Applicants are encouraged to refer to the [ACU Comprehensive Workforce Plan](#) in forming their response. (Character limit 6,500)

SECTION D. Main Application*(continued)*

4.3 Culturally and Linguistically Appropriate Services (CLAS)

a. How does your organization incorporate cultural and linguistic competency concepts into the educational curriculum for new and existing staff? (Character limit 3,000)

b. Does your organization offer communication and language assistance to patients? Check all that apply

We have certified medical translators on staff

We use a medical translation service
(telephone or video)

We use bilingual staff when appropriate

We rely on family members to translate

We do not provide health care services to non-English speakers

SECTION D. Main Application*(continued)*

4.4 COMPONENT B ONLY Integrated Behavioral Health Plan

a. Please describe your plan for integrating behavioral health services into your practice. Include a brief description of operational systems in place to support IBH, financial supports for IBH you have identified (beyond this funding opportunity), clinical workflows, and processes for tracking patients and monitoring outcomes. Applicants are encouraged to utilize resources from the Agency for Healthcare Research and Quality (AHRQ) in forming their plan. [Integrating Behavioral Health & Primary Care | AHRQ Academy](#); [Implementing IBH Plan: Ambulatory Care Setting | The Academy \(ahrq.gov\)](#) (Character limit 6,700)

4.4 **COMPONENT B ONLY** Integrated Behavioral Health Plan (*continued*)

b. What is your plan for prescribing medications for behavioral health diagnoses? Who will evaluate patients for medication needs, who will prescribe, and how will you ensure continuity of care for medications? (Character limit 2,500)

4.5 Timeline for Implementation

Please describe your two-year timeline for implementing your Recruitment and Retention Plan (Component A) or your Integrated Behavioral Health Plan and Retention Plan (Component B). (Character limit 2,500)

D. Main Application (continued)

4.6 Budget and Budget Narrative

a. Use the budget form below to submit your line-item budget

COMPONENT A - Incentive Grant Program

Budget - Line Item	Year 1	Year 2
Signing bonuses		
Staff time reimbursement		
Ads and postings in specialist journals or job boards		
Services from an advertising and/or recruitment firm		
Recruitment firm retainer		
Interview expenses		
Relocation expenses		
Training and Continuing Education Units (CEUs) costs		
Retention bonuses for existing employees		
Total Year 1		Total Y2
Total Yrs 1 and 2		

COMPONENT B - Behavioral Health Pilot Program

Budget - Line Item	Year 1	Year 2
<u>Estimated cost of annual salary</u>		
Employee 1		
Employee 2		
Employee 3		
Employee 4		
Employee 5		
Total Yrs 1 and 2		

4.6 Budget and Budget Narrative

- b. Provide a categorical description of costs and the basis for these costs using the space below.

4.7 Baseline Data. Please report the requested baseline data regarding your patients and practice.

The CTDPH is collecting the following data from all applicants for the Combined RFA for Behavioral Health. The data will be used for reporting and evaluation purposes. Some data elements are required by the federal funding that supports this RFA.

Use the number indicated as the denominator for calculating percentages.

1. The total number of patients in your practice or facility:
 - a. Unable to report these data:

2. The number of patients in your practice or facility aged 18 and under:
 - a. Unable to report these data:

3. The percent of your patients aged 18 and under who are insured by HUSKY (use your answer to Q2 as the denominator): %
 - a. Unable to report these data:

4. The number of patients in your practice or facility between the ages of 3.00 and 18:
 - a. Unable to report these data:

5. The percent of patients between the ages of 3.00 and 18 with a behavioral health diagnosis (use your answer to Q4 as your denominator): %
 - a. Unable to report these data:

6. The percent of patients between the ages of 3.00 and 18 with a diagnosis of more than two mental health disorders (use your answer to Q4 as your denominator): %
 - a. Unable to report these data:

7. The number of children from 3.00 to 18 years of age seen for a pediatric well child visit during the last 12 months:
 - a. Unable to report these data:

8. The number of children reported in Question 7 who had a behavioral health screening tool administered as a component of that visit:
 - a. Unable to report these data:

9. The percent of children from 3.00 to 18 years of age seen for a pediatric well child visit in the last 12 months who had a behavioral health screening tool administered as a component of that visit (use your answers to Q7 and Q8 to calculate the percentage): %
 - a. Unable to report these data:

10. The percent of your patients for whom the primary language spoken at home is other than English (use your answer to Q1 above as the denominator): %
 - a. Unable to report these data:

4.7. Baseline data (continued)

11. Total number of staff in your practice or facility:

	Unknown	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than one race reported	
12. Percent of patients in your practice or facility by race (Use your answer to Q1 as the denominator)								%
13. Percent of your staff by race (Please use your EEOC Report for these numbers)								%

	Unknown	Hispanic, Latino/a or Spanish origin	Not Hispanic, Latino/a, or Spanish origin	
14. Percent of patients in your practice or facility by ethnicity: (Use your answer to Q1 as the denominator)				%
15. Percent of your staff by ethnicity: (Please use your EEOC Report for these numbers)				%

	Unknown	Male	Female	Other	
16. Percent of patients in your practice or facility by gender: (Use your answer to Q1 as the denominator)					%
17. Percent of your staff by gender: (Please use your EEOC Report for these numbers)					%

F: Declaration of Confidential Information

If an applicant deems that certain information required by this RFA is confidential, the applicant must label such information as CONFIDENTIAL prior to submission. The applicant must reference where the information labeled CONFIDENTIAL is located in the application form. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the applicant must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b). (Character Limit 2000)

G: Conflict of Interest – Disclosure Statement

Applicants must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the applicant and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a applicant tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. In the absence of any conflict of interest, an applicant must affirm such in the disclosure statement. *Example: “[name of applicant] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85.”* (Character limit 2000)

H. STATEMENT OF ASSURANCES

Department of Public

Health The undersigned Applicant affirms and declares that:

General

- a. This application is executed and signed with full knowledge and acceptance of the terms and conditions stated in the RFA.
- b. If awarded a contract under this RFA, the Applicant will expend the funds awarded only in accordance with the terms and conditions of the RFA and in furtherance of expanded behavioral health services for children as contemplated by Public Act 22-47 § 38 and Public Act 22-81 § 17.
- c. The Applicant will seek prior approval from the Agency before making any changes to the location of services.
- d. Neither the Applicant nor any official or member of its organization or practice has received any notice of debarment or suspension from contracting with the State of Connecticut or the Federal Government.
- e. Neither the Applicant nor any official or member of its organization or practice has received any notice of debarment or suspension from contracting with other states within the United States.

Legal Name of Organization:

Signature of Authorizing Official Name of Authorizing Official Date