**PROCUREMENT NOTICE**

**State of Connecticut**

**Department of Children and Families**

**LEGAL NOTICE**

The State of Connecticut, Department of Children and Families is seeking proposals for a **Substance Screening, Treatment, and Recovery for Youth** program.

The Connecticut Department of Children and Families (DCF), in collaboration with the Department of Mental Health and Addiction Services (DMHAS) is accepting applications for the provision of Substance Screening, Treatment, and Recovery for Youth (SSTRY) program a comprehensive evidence-based substance use services for adolescents and transitional age youth age 12-24 years inclusive. This program will deliver evidence-based screening, assessment, treatment, and recovery supports using three approaches: Screening, Brief Intervention and Referral to Treatment (SBIRT), the Global Appraisal of Individual Needs (GAIN), and Community Reinforcement Approach – Assertive Continuing Care (CRA-ACC).

The purpose of the program is to increase the identification of youth with substance use problems who could benefit from treatment, provide comprehensive treatment planning consistent with the six American Society of Addiction Medicine (ASAM) dimensions, and deliver evidence-based outpatient substance use treatment and recovery services. All selected providers will be required to implement these three approaches in a variety of settings. Screening may be completed in an outpatient clinic or in other community settings. The GAIN assessment and CRA treatment services must be delivered in an outpatient clinic setting. ACC provides home visits and case management services to youth following a course of CRA. DCF will select ***up to three providers*** to deliver the SSTRY program within pre-selected priority areas across the state. The total areas served will depend upon the availability of funding.

The Request for Proposals is available in electronic format on the CT Source Contracting Portal at:

https://portal.ct.gov/DAS/CTSource/CTSource

on the Department's website at:

https://portal.ct.gov/DCF

or from the Department's Official Contact:


| | |
|---|---|
| Name: | Stacie Albert |
| Address: | 505 Hudson Street / Hartford, CT 06106 |
| Phone: | 860 999-2076 |
| E-Mail: | Stacie.Albert@ct.gov |


A printed copy of the RFP can be obtained from the Official Contact upon request.

Deadline for submission of proposals is **August 20, 2021 at 3:00 PM**.

## TABLE OF CONTENTS

# I. GENERAL INFORMATION

## A. INTRODUCTION

1. **RFP Name or Number.** RFP **#210625002 / Substance Screening, Treatment and Recovery for Youth (SSTRY) program**.

2. **Summary.** The purpose of the program is to provide evidence-based screening, assessment and outpatient substance use treatment and recovery services to adolescents and transitional age youth, ages 12-24 years inclusive. This program will deliver evidence based screening, assessment, treatment, and recovery services using three approaches: Screening, Brief Intervention and Referral to Treatment (SBIRT), the Global Appraisal of Individual Needs (GAIN), and Community Reinforcement Approach – Assertive Continuing Care (CRA-ACC). The purpose of the program is to increase the identification of youth with substance use problems who could benefit from treatment, provide comprehensive treatment planning consistent with the six American Society of Addiction Medicine (ASAM) dimensions, and deliver evidence-based outpatient substance use treatment and recovery services. DCF will select ***up to three providers*** to deliver this program within pre-selected priority areas across the state. The total areas served being dependent upon the availability of funding.

3. **Synopsis.** The Department envisions having three (3) teams to provide SBIRT, GAIN, and CRA-ACC. Selected providers will be expected to enter into a contractual arrangement with DCF to provide services in accordance with the needs of the Department.

4. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:

   - 93140000: Community and Social Services

## B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

| | |
|---|---|
| BFO | Best and Final Offer |
| C.G.S. | Connecticut General Statutes |
| CHRO | Commission on Human Rights and Opportunity (CT) |
| CT | Connecticut |
| DAS | Department of Administrative Services (CT) |
| DCF | Department of Children and Families |
| FOIA | Freedom of Information Act (CT) |
| FTE | Full Time Equivalent |
| FY | State Fiscal Year (July 1-June 30) |
| IRS | Internal Revenue Service (US) |
| LOI | Letter of Intent |
| NIMH | National Institute of Mental Health |
| 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) |
| QPC | Quality Parenting Center |
| SEEC | State Elections Enforcement Commission (CT) |
| SFIT | Short-Term Family Integrated Treatment Program |
| TGH | Therapeutic Group Home |
| U.S. | United States |

- *contractor:* a private provider organization, CT State agency, or municipality that enters into a POS contract with the Department as a result of this RFP

- *proposer:* a private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP

- *prospective proposer:* a private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP, 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 POS contract with the Department as a result of this RFP

## C. INSTRUCTIONS

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

   Name: Stacie Albert
   Address: 505 Hudson Street / Hartford, CT 06106
   Phone: 860 999-2076
   E-Mail: Stacie.Albert@ct.gov

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

2. **RFP Information.** The RFP, amendments to the RFP, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

   - Department's RFP Web Page
     https://portal.ct.gov/DCF

   - State Contracting Portal
     https://portal.ct.gov/DAS/CTSource/CTSource

   It is strongly recommended that any proposer or prospective proposer interested in this procurement subscribe to receive e-mail alerts from the State Contracting Portal. Subscribers will receive a daily e-mail announcing procurements and 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 RFP.

   Printed copies of all documents are also available from the Official Contact upon request.

3. **Contract Awards.** The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Department. The Department anticipates the following:

   - Total Funding Available: **$945,000 (annually)**
   - Number of Awards: **Up to 3**
   - Per Contract Funding: **Up to $315,000 (annually)**
   - Contract Term: **1-3 Years, at the discretion of the Department**

Each team has identified priority areas where the Department expects the majority of referrals to come from. While an agency specific site is not required, proposals should describe how to deliver SSTRY in order to meet the needs of the youth within the priority areas. Each team will conduct 100 SBIRTs annually in addition to the CRA-ACC model. Capacity is shown in the table below.

| | DCF Area Offices | Priority Areas | Annual SBIRT Capacity | | CRA/ACC DAILY Caseload per FTE | CRA/ACC ANNUAL Capacity per FTE | | CRA/ACC Annual TEAM Capacity |
|---|---|---|---|---|---|---|---|---|
| **Team A** | Bridgeport<br>Norwalk<br>Danbury<br>Waterbury<br>Torrington | Bridgeport<br>Norwalk<br>Stratford<br>Waterbury | 100 | | 15 | 45 | | 90 |
| **Team B** | New Haven<br>Milford<br>Meriden<br>Middletown<br>Norwich | New Haven<br>Meriden<br>Middletown<br>Norwich | 100 | | 15 | 45 | | 90 |
| **Team C** | Hartford<br>Manchester<br>New Britain<br>Willimantic | Hartford<br>Enfield<br>Manchester<br>New Britain | 100 | | 15 | 45 | | 90 |

4. **Eligibility.** Private provider organizations (defined as nonstate entities that are either nonprofit or proprietary corporations or partnerships), CT State agencies, and municipalities are the only entities eligible to submit proposals in response to this RFP.

   A current investigation of Medicaid fraud or a judgment involving Medicaid fraud within the past five (5) years shall exclude an entity from participation in this procurement. Proposals from applicants who appear on the United States General Services Administration Excluded Parties List or the State Debarred Contractors List will not be considered. Consideration will be taken for applicants whose agency has required one or more corrective action plans in the past two years. Such applicants are not ineligible, but the history may be a scoring factor depending on circumstances surrounding the corrective action.

5. **Minimum Qualifications of Proposers.** To qualify for a contract award, a proposer must have the following minimum qualifications:

   - The agency must possess a current, valid Connecticut Business License, and must provide proof of such with submission of the proposal;
   - Have a minimum of two years experience (as of the due date of the application) providing relevant services in the DCF areas(s) in which services are to be provided under this RFP. Relevant experience is defined by this RFP as having experience providing services similar to those described in this RFP based on service type (i.e., substance use treatment), population (youth and/or transitional age youth), and demonstrated experience implementing evidence-based practices for the population of focus.
   - Comply with all local and state licensing, accreditation, and certification requirements related to the provision of substance use services including CRA-ACC services for adolescents and transitional age youth as of the due date of the application.
   - Demonstrate experience and proficiency collecting and reporting program performance and monitoring data required by contract. These data include but are not limited to reporting to the department numbers of unique clients served, their demographic characteristics, results of standardized measures (e.g., GAIN, OHIO Scales, etc.), presenting problems, length of stay, and discharge status.
   - Attest to their ability to obtain Medicaid and other third-party revenue for the provision of SBIRTs and CRA-ACC or similar clinical substance use services.
   - Demonstrate use and proficiency of a certified electronic health record (EHR) technology. The Affordable Care Act (ACA) and the Health Information Technology for Economic and Clinical Health

(HITECH) Act place strong emphasis on the widespread adoption and implementation of EHR. A certified EHR is a system that has been tested and certified by an approved Office of National Coordinator's (ONC) certifying body.

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

- RFP Planning Start Date: **April 5, 2021**
- RFP Released: **June 25, 2021**
- RFP Conference: **9:00 AM / July 13, 2021**
- Deadline for Questions: **3:00 PM / July 19, 2021**
- Answers Released: **July 23, 2021**
- Letter of Intent Due: **3:00 PM / August 3, 2021**
- Proposals Due: **3:00 PM / August 20, 2021**
- (*) Proposer Selection: **September 1, 2021**
- (*) Start of Contract Negotiations: **September 15, 2021**
- (*) Start of Contract: **October 1, 2021**

7. **Letter of Intent.** A Letter of Intent (LOI) **is required** for this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact via e-mail by the deadline established in the Procurement Schedule. The subject line of the email must read, "**Substance Screening, Treatment, and Recovery for Youth"** RFP / Letter of Intent". The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, e-mail address and DCF being applied for. It is the sender's responsibility to confirm the Department's receipt of the LOI. **If applying for multiple locations, 1 Letter of Intent may be submitted, but each specific Team (A, B and/or C) being applied for must be indicated.** The Department will not accept proposals from any applicant for any Team for which a Letter of Intent was not submitted. Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.

8. **Inquiry Procedures.** All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact 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, except at the RFP Conference, during which questions will be accepted and answered verbally, recorded, and included with the final release of Questions and Answers. 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 RFP 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 RFP. If any answer to any question constitutes a material change to the RFP, 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 any and all amendments to this RFP on the State Contracting Portal and, on the Department's RFP Web Page.

9. **RFP Conference.** An RFP conference will be held to answer questions from prospective proposers. Attendance at the conference is **non-mandatory**, but highly recommended. Copies of the RFP will not be available at the RFP Conference. Prospective proposers are asked to bring a copy of the RFP to the conference. At the conference, attendees will be provided an opportunity to submit questions, which the Department's representatives may (or may not) answer at the conference. Any oral answers given at the conference by the Department's representatives are tentative and not binding on the Department. All

questions submitted will be answered in a written amendment to this RFP, which will serve as the Department's official response to questions asked at the conference. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the amendment on the date established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP Web Page.

- Date: **July 13, 2021**
- Time: **9:00 AM**
- Virtual (Teams): Click here to join the meeting (control + click)
- Call In: **860 840-2075 / Conference ID: 725 509 198#**

10. **Proposal Due Date and Time.** The Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be received by the Official Contact on or before the due date and time:

- Due Date: **August 20, 2021**
- Time: **3:00 PM**

The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee.

Faxed or e-mailed proposals, other than email submission of an electronic copy when submitted in conjunction with all other submission requirements, will not be evaluated. When hand-delivering proposals by courier or in person, allow extra time due to building security procedures. The Department will not accept a postmark date as the basis for meeting the submission due date and time. Proposals received after the due date and time may be accepted by the Department as a clerical function, but late proposals will not be evaluated. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

- one (1) original proposal;
- five (5) conforming copies of the original proposal; and
- one (1) conforming electronic copy of the original proposal)

The electronic copy of the proposal must be emailed to the Official Agency Contact for this procurement. The subject line of the email must read: **Name of Provider / Substance Screening, Treatment, and Recovery for Youth RFP Electronic Proposal Submission / Team <<INSERT>>**. One attachment must be submitted inclusive of the entire proposal in Portable Document Format (PDF) or similar file format (Sections A-E and H of the Proposal Outline detailed in Section IV of this RFP) and one attachment inclusive of the Budget and Narrative in Excel or similar file format (Section G of the Proposal Outline detailed in Section IV of this RFP). The following naming convention shall be used:

- Proposal: **Name of Provider / SSTRY Proposal / Team <<INSERT>>**
- Budget: **Name of Provider / SSTRY Budget / Team <<INSERT>>**

11. **Multiple Proposals.** The submission of multiple proposals in response to this RFP **is** permitted. The Department is requiring the submission of one (1) proposal per Team. If multiple proposals are submitted, a separate email submission of each is required.

12. **Declaration of Confidential Information.** Proposers 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 a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL. In Section C of the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the proposer 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).

13. **Conflict of Interest-Disclosure Statement.** Proposers 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 proposer 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 proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer 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, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] 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."*

## D. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in Section IV– Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.

2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Proposers must complete and use the Cover Sheet form provided by the Department in Section IV.I – Forms.

3. **Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline. (See Section IV.)

4. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.

5. **Style Requirements.** Submitted proposals must conform to the following specifications:

- Binding Type: Loose Leaf, Bound with a Binder Clip
- Dividers: No Dividers
- Paper Size: Standard Letter
- Print Style: 2-sided
- Page Limit: 20 Single-Sided (10 sheets of Paper, printed Double-Side) for Section IV.F (Main Proposal)
- Font Size: 12
- Font Type: Times New Roman
- Margins: Normal
- Line Spacing: 1.5

6. **Pagination.** The proposer's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.

## E. EVALUATION OF PROPOSALS

1. **Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Department will conform with its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).

2. **Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Screening Committee may result in disqualification of the proposer.

3. **Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.

4. **Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The weights are disclosed below.

| | |
|---|---|
| • Organizational Requirements | 5 points |
| • Cultural & Linguistically Competent Care | 15 points |
| • Service Requirements | 25 points |
| • Staffing Requirements | 10 points |
| • Work Plan and Outreach | 10 points |
| • Partnerships and Community Engagement | 20 points |
| • Data and Technology Requirements | 5 points |
| • Financial Requirements | 2 points |
| • Budget and Budget Narrative | 8 points |

5. **Proposer Selection.** Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department head. The final selection of a successful proposer is at the discretion of the Department head. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and proposer selection process.

6. **Debriefing.** Within ten (10) days of receiving notification from the Department, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposer 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 proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the

evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.

7. **Appeal Process.** Proposers may appeal any aspect the Department's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Department head. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer 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 Department 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 RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

## II. MANDATORY PROVISIONS

### A. POS STANDARD CONTRACT, PARTS I AND II

*By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract" for POS:*

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

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS 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 a proposer 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 proposer must inform the proposer'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 proposer (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 proposal in response to this RFP, a proposer implicitly gives the following assurances:*

1. **Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.

2. **State Officials and Employees.** The proposer 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 RFP. The Department 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 proposer, contractor, or its agents or employees.

3. **Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer 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 proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

4. **Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal 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 Department may include the proposal, by reference or otherwise, into any contract with the successful proposer.

5. **Press Releases.** The proposer agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

## C. TERMS AND CONDITIONS

*By submitting a proposal in response to this RFP, a proposer 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 Department shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.

3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers 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 Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the proposer's expense.

6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.

7. **Presentation of Supporting Evidence.** If requested by the Department, a proposer 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 RFP. The Department may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the proposer.

8. **RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Department 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 proposer or for payment of services under the terms of the contract until the

successful proposer is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

## D. RIGHTS RESERVED TO THE STATE

*By submitting a proposal in response to this RFP, a proposer implicitly accepts that the following rights are reserved to the State:*

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.

2. **Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.

3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.

4. **Award and Rejection of Proposals.** The Department reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.

5. **Sole Property of the State.** All proposals submitted in response to this RFP 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 RFP shall be the sole property of the State, unless stated otherwise in this RFP 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 Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from proposers. The Department may set parameters on any BFOs received.

7. **Clerical Errors in Award.** The Department 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 a proposer and subsequently awarding the contract to another proposer. 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 proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.

8. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

## E. STATUTORY AND REGULATORY COMPLIANCE

*By submitting a proposal in response to this RFP, the proposer 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). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, 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 proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer 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 insure 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.** Proposals for State contracts with a value of $50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "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 contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.

4. **Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of $50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.

5. **Nondiscrimination Certification , C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with *written representation* or *documentation* that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A 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 nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms

IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

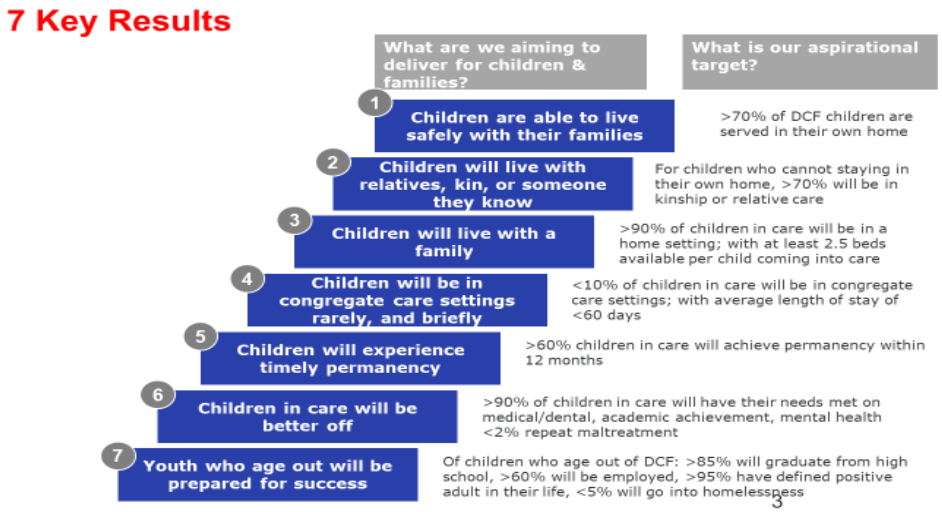
## III. PROGRAM INFORMATION

### A. DEPARTMENT OVERVIEW

The Department's mission is: "*Partnering with communities and empowering families to raise resilient children who thrive*." The Department seeks to sharpen the safety lens through primary prevention across the child welfare system through 5 strategic goals:

- Keep children and youth safe, with focus on the most vulnerable populations
- Engage the workforce through an organizational culture of mutual support
- Connect systems and processes to achieve timely permanency
- Contribute to child and family wellbeing by enhancing assessments and interventions
- Eliminate racial and ethnic disparate outcomes within the Department

The mission and vision are grounded in a core set of beliefs that encompass the Department's vision for how to provide services to Connecticut's children and families. This philosophy and approach is reflected in the following graphic, inclusive of the Department's aspirational goals:




The Department is aligning all of its efforts to these core set of 7 Key Performance Indicators to ensure that the best outcomes are reached for all children. These key indicators drive the Department's strategic goals for how to best meet the needs and serve Connecticut's children and families. The Department believes that children do best when living safely at home with their family of origin. When living at home with a parent is not reasonably safe, the best alternative is to live with relatives, kin, or someone who they know who can provide a safe and nurturing home. If no family member can provide a suitably safe home that meets the child's needs, the child should receive care and services in an appropriate foster home or a setting that is able to meet their needs, while concurrently working towards a timely permanency outcome. Foster care should only be used as a short-term intervention. The Department believes that when foster care is necessary, while in foster care, regular and ongoing contact with parents and siblings should be maintained. Congregate care, such as group homes and residential treatment centers, should not be used for most children. If absolutely required, children who need to be in congregate care settings should be placed there for a brief a time as possible and these settings should be designed to address specific treatment needs rather than serve as long term placement options. For older youth, treatment in congregate care is expected to be used in a targeted manner with extensive family involvement built into the treatment process. All youth are to exit the Department's care with legal and/or relational permanency.

The Department of Children and Families was instituted by the Connecticut General Assembly as the Department of Children and Youth Services in May 1969. In 1974, child welfare services were transferred to the Department, with children's mental health services and a unified school district for children in the Department's care and custody added one year later and substance abuse services for children and youth 13 years after that (in 1988). The Department's name (Children and Families) was officially changed through legislation in 1993, to reflect the

Department's still-evolving mission of providing child-centered, family focused, community-based programs and services throughout Connecticut.

In 1987, the Department instituted a regional management model, strengthening community-based services through grants and child-centered social work practice. Fourteen Area Offices, comprising six Regions began managing grants and contracted services within assigned geographical locations, thus cementing the Department's partnerships with local, area community service providers. Since that time, the Department's contracted service milieu has grown to encompass approximately 80 contracted service types overseen by 100 community service agencies providing 350 individual programs to Connecticut's children and their families.

Given the Department's mandates of child welfare and children's behavioral health services to the state of CT and in collaboration with DMHAS, SSTRY will address the substance use needs of adolescents and young adults, including DCF involved young parents/caregivers.

## B. PROGRAM OVERVIEW

Beginning in the mid 1990s, and spanning over two decades, the Department funded six clinic-based outpatient Adolescent Substance Abuse Treatment (ASAT) Programs covering four (4) of the six (6) current DCF regions. These ASAT programs provided outpatient and/or intensive outpatient services to approximately 500 adolescents ages 12-17 years annually who were using or had a substance use disorder related to alcohol and/or other drugs. These ASAT programs did not have a designated model to structure their programs, however each of the providers developed its own approach to serve the youth in their region. Although some of these programs used components that were evidence-based practices (EBP) (e.g., cognitive behavioral therapy, motivational interviewing, Seven Challenges), they lacked the support of ongoing training, coaching, quality assurance, and oversight by the model developers or local experts to ensure high quality services are being delivered. During this period, DCF was making significant investments in infrastructure and policy to support the implementation and dissemination of EBPs for treating adolescent substance use through intensive in-home services and implementation of the evidence-based GAIN assessment. These investments included strong collaborations with model developers to ensure that a high-quality service system is developed and sustained.

In 2012, the relative effectiveness of the ASAT program was reviewed using program data from DCF's Program and Services Data Collection and Reporting System (PSDCRS), now known as the Provider Information Exchange (PIE). These data reveal that clients who received the ASAT services were less likely to stay in treatment and achieve treatment goals compared to clients receiving evidence-based substance use treatment services like Multi-Systemic Therapy (MST) and Multidimensional Family Therapy (MDFT).

To align these clinic-based services with the Department's strategic plan to address adolescent substance use with proven approaches, in 2013, DCF implemented Adolescent Community Reinforcement with Assertive Continuing Care (ACRA-ACC) for adolescents ages 12-17 years inclusive. ACRA/ACC aimed to improve the outcomes of youth by expanding the use of evidence-based substance use treatment services to the outpatient level of care. Since then, new information about adolescent brain development, substance use treatment and recovery has informed the state's thinking about best-fit services. Nationally, and in CT, low rates of identification of substance use problems among youth persist, resulting in delays in youth accessing care early. Also, the state has seen significant changes in the treatment needs of youth and their families, and shifts in the mix of financial support available for these services.

Research on brain development challenges the notion that adolescence, the period of brain maturity, stops at age 18 but rather extends into a person's early 20's. DCF sees this procurement as an opportunity to align CT's publicly-funded adolescent substance use system with current scientific knowledge about brain development that lengthens the period defined as adolescence up to age 24, and addiction research that shows early identification and linkages to evidence-based approaches and continuing care recovery approaches like CRA-ACC result in better treatment outcomes. While DCF's mandate only includes services to individuals through the age of 18, recognizing this research, DMHAS has partnered with DCF on implementation of this model for adolescents through the age of 24.

**DESCRIPTION OF THE MODELS**

Screening, Brief Intervention and Referral to Treatment (SBIRT)

SBIRT is an evidence-based public health approach to identifying risky alcohol and other substance use and when appropriate using motivational interviewing to build a client's readiness to accept a referral to treatment. For SSTRY, SBIRT will increase identification of both substance use and mental health problems that are likely to benefit from treatment in some part of the behavioral health treatment system. Risky substance use and emerging mental health problems often go undetected. The goal of SBIRT is to identify substance use and mental health problems and to intervene earlier with care. SBIRT will be conducted using a validated screening tool such as the GAIN Short Screener (GAIN-SS) tool which includes screeners for internalizing and externalizing mental health conditions, and substance use problems that are indicators of treatment need. This tool can be used on any youth age 12 year and older.

SBIRT can be provided in a variety of settings and it may be reimbursed by Medicaid and other third-party payers. SBIRT does not have to be delivered by a physician or other clinical staff. Clinical, non-clinical, and paraprofessional staff who receive the proper training to administer the screening tool, deliver motivational interviewing and tailored feedback or brief advice, and to make referrals can effectively conduct SBIRT.

SBIRT is a well-studied approach. General information about SBIRT can be found at these and other websites:

SAMHSA SBIRT website
CT Medicaid SBIRT FAQ
Adolescent SBIRT Learner's Guide

The above materials are for reference only and do not constitute requirements under this RFP unless explicitly noted. The Department will issue a Practice Guide on how SBIRT will be implemented in the SSTRY program.

Community Reinforcement Approach (CRA) - Assertive Continuing Care (ACC) Service Models

CRA was developed and tested with adults (Azrin et al., 1982; Hunt & Azrin, 1973; Smith et al., 1998; Meyers et al., 2011). It has since been adapted and tested for adolescents (A-CRA). This RFP seeks to implement components of both A-CRA and CRA to deliver services to adolescents age 12-17, and transitional age youth ages 18-24 inclusive. This approach will be referred to as CRA throughout this RFP. Clients will be referred to as youth throughout this RFP.

CRA is a behavioral therapy that seeks to use social, recreational, familial, school, or vocational reinforcers and skill training so that non-substance using behaviors are rewarded and can replace substance use behavior (Meyers & Smith, 1995). It uses a positive, non-confrontational approach, while emphasizing engagement in positive social activity, positive peer relationships, and improved family relationships. The intervention consists of 21 procedures that may be drawn upon as needed and is typically delivered over a period of three to four months. Therapists draw upon the menu of procedures based on individualized youth needs and goals. There are three types of CRA sessions: youth alone, parents/caregivers alone, and youth and parents/caregivers or significant others together. Therapists conduct one session weekly during the four (4) month CRA phase, although, depending on need, an occasional second session may be scheduled to accommodate a family or parent/caregiver session. Four sessions are designed specifically for parent/caregivers. Urine drug screens (UDS) are conducted with youth as indicated, at minimum once per month.

ACC is designed to follow a primary episode of treatment to help sustain recovery. ACC uses CRA procedures to structure sessions; however, more emphasis is placed on helping youth follow-through with needed education/GED services, juvenile justice compliance, accessing healthcare, or other needed services or social/recreational opportunities in the community. ACC and case management services are delivered in the home and community and are seamless from the CRA phase of treatment. Case management activities with youth are included to increase recovery support through linkage and transportation services to assist them in participating in recovery-enhancing activities (SMART Recovery groups involvement, job finding, pro-social/recreational activities, school, etc.). Responding to NIDA recommendations that longer retention (> 90 days) results in better treatment outcomes, during this phase of treatment ACC Recovery Support Specialists continue to meet weekly with youth and/or their caregivers/parents for another 4 month period. Thus, selected providers will deliver four (4) months of outpatient CRA followed by four (4) months of community based ACC. This sequencing takes advantage of the

CRA procedures incorporated within ACC and has the advantage of facilitating retention for youth and families by switching to home, school, or other community visits and adding case management services to assist with accessing other services (e.g., GED, medical). Treatment retention has proven to be a significant challenge (OAS, 2005) for therapists, thus ACC provides a means to increase retention by reducing barriers to ongoing clinic-based treatment participation and reinforce the skills learned during the initial phase of treatment in the youth's natural environment.

The goals of individual sessions with youth are to:

- **Promote abstinence from marijuana, other drugs, and alcohol.** CRA-ACC helps promote abstinence by working with youth to modify the conditions that promote substance use. To reach this goal, therapists use a procedure called the functional analysis of substance use that helps youth identify (1) the antecedents to marijuana, other drug, and alcohol use, (2) the actual marijuana- or other drug-using behavior, and (3) the positive and negative consequences of their use. Additional CRA procedures directly used to assist with abstinence/reduction goals include: sobriety sampling; several specific relapse prevention procedures, and several of the social skill building procedures in CRA.

- **Promote positive social activity.** CRA-ACC assumes that youth can be more successful at terminating substance use behavior if they learn how to increase their involvement in positive, reinforcing activities/behaviors. A procedure called the functional analysis of pro-social behavior helps youth identify pro-social activities they enjoy or would enjoy and helps them see the benefits of being involved in these activities. Therapists then encourage and help youth to spend more time in these activities. Specific CRA procedures used include "accessing pro-social activities" and "systematic encouragement" to help youth engage in new activities or needed services.

- **Promote positive peer relationships.** This goal parallels the goal on positive social activity. Youth who are using substances often center activities with friends around substance use. With this goal, CRA-ACC therapists help youth identify attributes of "healthy" friendships and help them learn how to find and make new friends, how to deal with negativity, and how to ask for support.

- **Promote improved relationships with family.** Adolescence is a stressful time in the relationship between caregivers and the adolescent children in their care and young adults. This situation is probably even more stressful in families in which the youth uses substances. Any distrust that parents/caregivers have for the youth is reinforced by the youth's involvement in substance use. CRA-ACC seeks to improve communication among family members to enhance relationships.

The goals of sessions with the caregivers are to:

- **Motivate their participation in the treatment process.** It is possible that some caregivers may be reluctant to participate in a youth's treatment process. They may feel that the youth has "messed up" and the role of the treatment process is to "fix" him or her. The CRA-ACC therapist's role is to help parents/caregivers understand that they have an important role in helping their youth overcome a problem and to motivate the caregivers to participate in the therapy process.

- **Promote the youth's abstinence from marijuana, other drugs, and alcohol.** CRA-ACC procedures teach family members behavioral skills aimed at discouraging youth's drug use. The goal is to help parents/caregivers understand how their behavior impacts the youth's substance use so that the parents/caregivers will be motivated to change their own behavior such as communication or mutual problem solving style to promote the youth's abstinence.

- **Provide information to the caregivers about effective parenting practices.** The information is based on the research of Catalano (1998), Hops (1998), and Bry (1998) and includes measures to keep the youth from relapsing. These important parenting practices are:
  - Be a role model by refraining from using drugs or alcohol in front of the youth in their care. This is the single most important parenting practice for parents/caregivers.
  - Increase positive communication with the youth in their care.
  - Monitor youths' activities, including knowing where they are and whom they are with.
  - Become involved in youths' life outside the home by encouraging and promoting pro-social activities.
  - Teach and practice positive communication and problem-solving skills in the family. Improving communication and problem-solving skills within the family promotes a more positive relationship

between youths and caregivers and helps create a familial environment that is more conducive to recovery.

The goals of working with the community are to:

- **Improve a youth's environment.** Youth may be interacting with several different systems, such as schools, employment, and juvenile/criminal justice. The therapist's role is to serve as the youth's advocate in these settings. There may be times when the therapist directly interacts with school personnel or helps teach the caregivers skills so that they can advocate at school for the youth in their care. If the youth is on probation, the therapist can work with him or her and the probation officer to encourage fulfillment of the probation requirements.

Training and Certification: In addition to its well-established record of clinical effectiveness with youth and their family, CRA-ACC was selected because it has a well-tested process of simultaneous training, certification, and train-the-trainer which supports sustainability of the intervention. It includes an initial two-and-a-half-day training, online courses for treating co-occurring mental health problems with supplementary material, and the use of a website for uploading digital recordings of therapy sessions. The recordings are reviewed by intervention experts who have been trained to rate CRA procedures and provide written feedback to therapists and supervisors through the secure website dedicated to this purpose. Additionally, coaching calls provide expert consultation to answer questions and review procedures until a local supervisor is trained. The supervisor certification process fosters sustainability at the agency level.

Addressing Health Disparities with CRA-ACC: In addition to English, materials are available in several different languages (Dutch, French, Portuguese, and Spanish). Since the approach is based on individualized reinforcers and needs, it is flexible to address differences based on demographics, including but not limited to language and literacy, sexual identity, and disability. Research has demonstrated equality of clinical benefit for youth across gender and race/ethnicity (Godley et al., 2011). CRA-ACC has been implemented in organizations serving diverse urban youth, suburban youth, youth located along the borders with Mexico, and in rural areas. In rural areas, many youths were seen in school-based programs. In all sites, therapists and supervisors have been able to achieve certification in the model. Likewise, in those sites that have collected outcome data, these data have demonstrated improvement.

CRA-ACC Effectiveness: The effectiveness of CRA and ACC is supported by several randomized clinical trials. In the multi-site Cannabis Youth Treatment study, A-CRA was shown to be one of the most cost-effective interventions for reducing adolescent substance use (Dennis et al., 2004). Since then numerous studies have proven its effectiveness with a variety of subpopulations among adolescents and young adults. Populations which have been reflected in A-CRA studies include the homeless (Slesnick, Prestopnik, Meyers, & Glassman, 2007; Smith, Meyers, & Delaney, 1998), young adults and transition aged youth (Slesnick et al., 2007; CSAT's AAFT-3 Transition Age Youth Initiative), samples with high percentages of Hispanic and African Americans, and representation from Asian, and Native American youth. A-CRA has been found to be more effective than treatment as usual for homeless and street living youth (Slesnick et al., 2007). Analysis of data from over 2,000 adolescents across 33 sites nationwide revealed that A-CRA/ACC was equally well-implemented across gender and racial groups and had equally effective substance use outcomes across racial groups and treatment gains were also equivalent for males and females (Godley, Hedges, & Hunter, 2011). When delivered through Assertive Continuing Care, A-CRA has also been found to be effective after residential and outpatient treatment (Godley et al., 2002; 2007; Godley et al., 2010; Godley et al., 2013). A-CRA has also been shown to be effective in helping adolescents reduce juvenile justice involvement and emotional problems related to co-occurring mental health problems. Moreover, adolescents with externalizing disorders (e.g., conduct disorder) or the combination of externalizing and internalizing disorders had significantly greater improvement in both substance use and emotional problems than youth with substance use disorders and no co-occurring disorder (Godley et al., 2013).

CRA for Transitional Age Youth: Since 2009 A-CRA has been adapted and successfully used to treat over 1,500 transitional age youth (age 18-24) and research has shown that the effectiveness is comparable and sometimes more dramatic (greater than 65% improvement from intake) than A-CRA for adolescents.

For additional information on the model, please visit the website: www.chestnut.org/ebtx.

## C. MAIN PROPOSAL COMPONENTS

### 1. Organizational Requirements (5 points)

(a) Purpose / Mission / Philosophy: Briefly describe the purpose, mission and philosophy of the agency and the proposed program. This section should also describe how your program or agency will adhere to applicable state and federal laws, regulations and policies specific to the services to be provided. A Table of Organization for the applicant agency must be included as Appendix 4 of the proposal and must clearly identify where the proposed program will fall in the organizational structure of the agency.

(b) Entity Type / Years of Operation: Please provide a brief history of the agency and the proposed program.

(c) Community Presence: Please describe the level of current presence your agency has in the proposed communities of service.

(d) Location of Proposed Services: Proposers are not required to obtain possession of physical space or licensure prior to submission of a proposal, although preference will be given to proposals indicating possession of space and licensure compliance. Preference will also be given to proposals that identify locations where youth are already present. Proposals must include appropriate letters of support or letters of agreement related to the physical location(s) of the CRA service, if applicable. The Department will require retention of space and proof of licensure compliance for all sites, in accordance with local regulations, prior to contract execution, submitted as Appendix 5. If locations and licensure are not secured at the time of proposal submission, the proposer must affirm that both will be obtained by October 1, 2021. The Department reserves the right to terminate any negotiations or subsequent contracts if the proposer fails to obtain space or licensure.

SBIRTs must be delivered at a location convenient to the youth. CRA must be delivered at a licensed site within the priority areas. Locations may include places where youth are already located and not necessarily at a full-time clinic. ACC will be delivered at home or community-based settings. In person sessions are preferred, especially early in CRA and in ACC. However, some virtual is always acceptable and it is much preferable to having missed appointments or never meeting with youth. Virtual sessions may be offered as approved by the model and as indicated in the SSTRY Practice Guide.

(e) Qualifications / Certification / Licensure: Please describe your agency's experience providing in-home evidenced based practices to children and families in addition to the services described in this RFP and experience assuring quality assurance to ensure model fidelity being requested through this RFP. All applicants will be required to possess registration to do business in the State of Connecticut (through the Office of the Secretary of the State) and provide proof of such. Proof of such must be provided in the applicant's proposal as Appendix 6. Applicants must also demonstrate that they possess appropriate licensure to provide clinical services to children and young adults. Such licensure must be provided in the applicant's proposal as Appendix 7.

(f) Corrective Action: If the agency was under a Service Development Plan or a Corrective Action Plan for any DCF-funded program in the past two (2) years, proposals must identify the program, the primary problem(s), and how the problem(s) was (were) addressed.

### 2. Cultural & Linguistically Competent Care (15 points)

The Department of Children & Families is committed to ensuring that its service providers deliver effective, equitable, understandable, trauma informed and respectful quality care. The services delivered must be responsive to diverse cultural health beliefs and practices, experiences of racism and/or other forms of oppression, preferred languages, health literacy, and other communication needs. Applicants must demonstrate throughout all their responses, that the children and families receiving services in their program are approached, engaged and cared for in a culturally and linguistically competent manner,

including but not limited to: Cultural identity, racial and/or ethnic, religious/spiritual ascription, gender, physical capability, cognitive level, sexual orientation, and linguistic needs. Within a broad construct of culture, service provision must also be tailored to age, diagnosis, developmental level, geographical, economical, and educational needs. Please ensure that proposals detail the following:

(a) Culturally Diverse Communities:
1. Provide any data your agency has that demonstrates your knowledge of the dynamics and diversity within the community you are proposing to serve. Include supporting data about the race, ethnicity, culture and languages of the communities you are seeking to serve as Appendix 8 to the proposal.
2. Demonstrate your organization's experiences in serving diverse communities.
3. Describe any anticipated challenges your organization may encounter in the community you are proposing to serve and your organization's experience in meeting and overcoming similar challenges in other service communities (please use specific examples).

(b) Culturally Diverse Families: Detail the strategies that your organization has utilized to successfully establish rapport and trust with families related to experiences of racism and other forms of oppression and how this influences and guides client engagement and treatment planning. Describe your agency's policies, practices, and data collection mechanisms. (Supporting data may be included as Appendix 9. For existing or previous Department-contracted providers, this would include PIE data, or similarly reported data that demonstrates the effectiveness of your organization's strategies.)

(c) Culturally Responsive and Diverse Organization:
1. Describe your agency's organizational structure and the level of diversity among the agency's managers, executives and Board of Directors. Please include a Workforce Analysis as Appendix 10.
2. Utilizing your Workforce Analysis, please provide a narrative assessment of how your agency's staffing composition is reflective of the population in the community(ies) you are proposing to serve.
3. If your agency has developed and implemented a CLAS Plan (Culturally and Linguistically Appropriate Services), please describe what follow-up has occurred within your agency to further the Plan's implementation. Provide a copy of your agency's CLAS Plan as Appendix 11.

**3. Service Requirements (25 points)**

Proposals should address each of the following areas. The use of sub-contractors is not permitted for these services.

(a) Target Population and Access: Proposals must describe how the applicant intends to meet the target population defined by DCF.
1. SBIRT: SBIRTs will be available to youth between the ages of 12-24 years inclusive with indicators of substance use where there is not a clear indication treatment is needed. The Contractor will give primary access to youth from the priority areas. Contractors must have capacity to provide SBIRT in the youth's primary language through certified interpreters as appropriate.

2. CRA-ACC: CRA-ACC will be available to youth between the ages of 12-24 years inclusive with a primary substance use diagnosis or are at risk of a substance use disorder with or without co-occurring mental health disorder, and who meet the current American Society of Addiction Medicine (ASAM) criteria for an Outpatient level of care. The Contractor will give primary access to DCF-involved and community-based youth from the priority areas defined herein, who meet clinical criteria consistent with CRA. Contractors must have capacity to provide CRA-ACC in the youth/family's primary language through certified interpreters as appropriate. Contractors must also engage in assertive outreach, which is, meeting with youth in convenient locations for the youth, or reaching out to them when they've missed appointments (virtual or in-person). Assertive outreach can be via phone, social media, or going to their home, school, or other location to meet with them. The purpose of assertive outreach is to prevent youth in service from dropping out by re-engaging them.

(b) Referral & Admission Process: Proposals must describe the referral and intake process for each client, including timeframes for first contact, initial assessment and first appointment. The Contractor must

be available to accept referrals Monday-Friday, 52 weeks per year. Minimally, the Department expects initial face to face contact with each youth within 7 days of referral.

(c) Length of Service & Caseload: Proposals must describe how the applicant intends to meet the target length of stay and capacities defined by DCF. It is the Department's expectation that approximately 100 youth will receive SBIRTs annually.

Length of service for *CRA phase* will be determined using the current ASAM criteria for treatment at an outpatient level of care. On average, CRA is expected to last **four (4) months per youth**. The length of service for the *ACC phase* will last **four (4) months per youth**.

The required caseload is 15 youth and their families per full-time CRA therapist and 15 youth and their families per full-time Recovery Support Specialist delivering ACC as they transition from CRA.

(d) Hours of Operation: Proposals must demonstrate flexibility of staffing to meet the needs of the population to be served. Minimally, referrals must be accepted Monday-Friday between the hours of 8:00AM and 5:00PM. Service provision must be *congruent with the models. This will require flexible scheduling to meet family needs and should* ***include regular evening and/or weekend availability***.

Proposals must also detail how applicants intend ensure provision of individual crisis plans for after hour emergencies.

(e) Evidence-Based Services: Proposals must describe the applicant agency's prior success implementing evidence-based services aimed at screening for substance use using valid and reliable tools, and providing substance use and co-occurring treatment, and/or recovery supports for adolescents and/or transitional age youth. Describe how this success positions your organization to achieve the goals of this RFP to increase identification of substance use problems with or without co-occurring mental health and provide evidence-based treatment and continuing care to youth. Use specific examples and data to support your claims.

(f) Treatment/Service Modalities: Proposals must describe the applicant agency's prior success specifically achieving the goals and services defined below. These goals include:

1. evidence-based screening for youth to identify substance use and co-occurring problems;
2. outreach to families to increase awareness of your services;
3. engaging/enrolling youth and young adults in treatment services;
4. successful discharge/treatment completion; and
5. implementing evidence-based treatment and recovery services including recruiting, hiring, training, and retaining qualified and diverse staff to deliver the program.

Please be specific about the approaches and programs used and use data to support your claims. Include data from at least the last 2 years. Service expectations include:

- **Service Management:** The Contractor will be expected to attend the quarterly SSTRY provider administrative meetings and other meetings with DCF and the quality assurance provider, as scheduled.

- **Evaluation and Assessment Services:** All youth referred for CRA-ACC services will receive a comprehensive evaluation using at least the Global Appraisal of Individual Needs (GAIN) or other tool(s) as required by DCF, and which utilize current ASAM criteria to inform the development of a multi-axial diagnosis and individualized treatment plan.

  Parts of the comprehensive evaluation, like the GAIN, may be completed by a non-licensed staff. However, only a licensed clinical professional will formulate the diagnosis and individualized treatment plan based on the comprehensive evaluation.

  The assessment should evaluate all six dimensions of ASAM criteria B to support integration of medical, psychosocial, educational and treatment histories into an initial comprehensive treatment plan. The assessment also should be comprehensive enough to address the needs of the youth within the context of the family and social community. This includes assessing youth for trauma, suicidality, depression, anxiety, as well as strengths such as education or family that

can be helpful in the treatment plan. If necessary, the Contractor will assist the family and/or DCF when referral to a specialized service is indicated.

As part of the initial assessment of youth age 12 years and older, the Contractor will use the department's designated Global Appraisal of Individual Needs (GAIN) tool for each youth at the start of services, submit the data to the GAIN-ABS web-based system, and **use the resulting reports to inform treatment planning**. The Contractor will use the department's designated GAIN tool again at the time of discharge from CRA and at the time of discharge from ACC, submit the data to the GAIN ABS web-based system, and **use the resulting reports to inform discharge planning**. The GAIN must be conducted by a staff member who is trained in GAIN administration following a DCF-approved process.

- **SBIRT Treatment Model Approach:** SBIRT is a public health approach to screening and early intervention for people with or who are at risk of substance use disorders. Research shows that SBIRT results can be very accurate under the following circumstances:
  - **Interviewer characteristics:** non-threatening, empathetic, sensitive, objective and professional
  - **Patient characteristics:** understands rationale for questions and how they relate to their health status and parenting abilities, understands limits of confidentiality, is not intoxicated
  - **Screening tool characteristics:** Clear, evidence-based

SBIRT identifies a person's substance use service needs, provides brief feedback or interventions using motivational interviewing, and offers referrals to treatment when indicated. SBIRT:

1. Screens for substance treatment needs using a validated screening tool.
2. Includes instant urine drug testing.
3. Provides brief intervention to build commitment to change through motivational interviewing.
   a. Weigh pros/cons of behavior considering youth's goals and values, and child welfare involvement
   b. Describe risks associated with use
   c. Provide feedback about substance use limits
   d. Support change by helping the parent/caregiver develop action plans
4. Refers to licensed substance use treatment provider as indicated.
5. Provides a report on SBIRT findings and action steps taken to the youth and referral source with an appropriate release of information.

The Contractor will schedule a brief 30-minute appointment with the youth to conduct the SBIRT as follows:

1. **Screening:** Screening is the first step of the SBIRT process and determines the severity of treatment need (i.e. low, moderate, high need) of a person's substance use. The Contractor will utilize the Global Appraisal of Individual Needs Short Screener (GAIN-SS) tool to screen for treatment needs in the areas of substance use and mental health.

   Screening does not diagnose a substance use disorder. However, the results of the screening are used to provide feedback to the youth about their use and determine whether the next step is a brief intervention or referral for substance use treatment. This process often sets in motion the youth's reflection on their substance use behavior.

2. **Toxicology:** The SBIRT process includes a 12-panel instant drug urine screen. The urine screen will not be observed for youth under the age of 18 and may not be observed for youth 18 and older, but several controls are in place to limit adulteration including a temperature strip and a validity test to test the sample for contaminants. Reasons urine screens may not be observed include: Recovery Support Specialist is of a different gender than the youth or bathroom is not private. Contractors will follow their agency standards in determining whether a urine sample can be observed or not.

   The urine drug screen tests for the presence of the following substances (or their metabolites) in the sample provided: amphetamines, barbiturates, benzodiazepine, buprenorphine, cocaine, marijuana, MDMA, methadone, methamphetamines, opiates, oxycodone, and PCP. Toxicology results will not be confirmed through a laboratory, so all results should be treated as "presumptive" results. When a youth contests a positive screen, he/she will be referred to a substance use provider for a comprehensive evaluation and screening confirmation.

   The Contractor will have policies and procedures in place that ensure that all sample collection processes are conducted safely, facilitated with sensitivity to the youth, and ensure

sample integrity. Universal precautions are utilized. These policies and practices must include the following:

* Staff training
* Verification of youth identity
* Type of test used
* Policies to reduce sample adulteration or substitution
* Disposal of samples after testing is concluded
* Sample collection procedures
* Sample chain of custody
* Secure storage of test kits and equipment
* Documentation and sharing of results
* Universal precautions

3. **Brief Intervention:** Brief intervention is a low-intensity, short duration discussion for those who screen positive on the GAIN-SS tool or urine toxicology. It is conducted immediately following the screening. This conversation is intended to build commitment to change using motivational interviewing techniques. Some of the actions include:

   - Assess needs
   - Advise to discontinue use
   - Reduce use and risky behaviors
   - Develop an action plan including a focus on barriers such as:
     - Transportation
     - Schedule
     - Child care
     - Insurance
   - Discuss referral to treatment

   When the screening results are negative, the youth will be given positive feedback and a message to prevent future use.

4. **Referral to Treatment:** The Contractor will refer the youth directly to a treatment provider when the screening results are positive AND the youth has agreed to engage in substance use evaluation and/or treatment. CRA-ACC will be offered, if appropriate. The youth will also be given a choice of local substance use providers if preferred by the youth. The SBIRT provider will obtain a release of information from the youth to make the referral to the selected substance use provider. Before the appointment ends, as part of the referral process, the SBIRT provider will contact the treatment provider with the youth to schedule the initial appointment. The Contractor will forward the release of information, screening summary report, and SBIRT report to the substance use provider as part of the treatment referral. The appointment details will be included in the SBIRT report. If the youth is not in agreement with a referral to treatment, their decision will be documented in the SBIRT Report.

· **CRA -ACC Treatment Model Approach:** The CRA-ACC model provides a combination of clinic based and community and home-based services, based on the unique needs of the youth and family served.

CRA's behavioral therapy uses social, recreational, familial, school, or vocational reinforcers and skill training so that non-substance using behaviors are rewarded and can replace substance use behavior (Meyers & Smith, 1995). It uses a positive, non-confrontational approach, while emphasizing engagement in positive social activity, positive peer relationships, and improved family relationships. The intervention consists of 21 procedures delivered over a period of four (4) months. There are three types of CRA sessions: youth alone, parents/caregivers alone, and youth and parents/caregivers together. Therapists conduct one session weekly during the four-month phase, although, depending on need, an occasional second session may be scheduled to accommodate a family or parent/caregiver session. Four sessions are designed specifically for parent/caregivers. The average show rate for clinic based CRA sessions is 70% (provided by model developer).

ACC is designed to follow a primary episode of CRA treatment to help sustain recovery and uses CRA procedures to structure sessions; however, more emphasis is placed on helping youth follow-through with needed education/GED services, juvenile/criminal justice compliance, accessing healthcare, etc. ACC and case management services are delivered in the home and community. In this phase of treatment, Recovery Support Specialists continue to meet weekly

with youth and/or their caregivers for another four-month period. Thus, selected providers will deliver four (4) months of outpatient CRA followed by four (4) months of community based ACC.

Both CRA and ACC engage in assertive outreach, which is meeting with youth in convenient locations for the youth or reaching out to them when they've missed appointments (virtual or in person). Assertive outreach can be via phone, social media, or going to their home, school, or other location to meet with them. The purpose of assertive outreach is to prevent youth in SSTRY from dropping out by re-engaging them.

The CRA-ACC model also calls for periodic random urine drug screens (UDS) individualized to the specific needs of the youth, at minimum of once per month.

**4. Staffing Requirements (10 points)**

The Contractor will be expected to establish connections for clinic based psychiatric coverage for medication consultation/medication management for the youth, either with a psychiatrist or an APRN under the supervision of a psychiatrist, as indicated. The Contractor will be expected to establish connections with a Medication Assisted Treatment (MAT) prescribers, as indicated. Each SSTRY team will consist of the following staffing:

| Staff Type | FTE | Minimum Qualifications | Annual Caseload/FTE |
|---|---|---|---|
| Clinical Supervisor | 1.0 | Master's Level-Licensed + Experience | - |
| Therapist | 2.0 | Master's Level-Licensed | 45 |
| Recovery Support Specialists | 2.0 | Relevant Experience | 45 |

**Supervision:** Therapists are expected to upload **all** DSR on EBTx.org. Therapists and Recovery Support Specialists are also expected to enter session data in EBTx.org for every session conducted (i.e., procedures completed, time spent on each procedure).

Clinical supervisors are expected to review at least one DSR per therapist per week and are also expected to conduct bi-weekly supervision sessions (individual or group) with therapists and Recovery Support Specialists. During the supervision sessions, the Case Review Report (generated from EBTx.org) is used to structure the sessions, focusing on youth and caregiver attendance, urine screens, homework assigned, homework completed, which procedures have been completed, which procedures could still be completed, number of sessions recorded, and case management activities.

Also, during the supervision session, the supervisor and therapist discuss a DSR that was reviewed prior to the session or listen to part of a DSR during the session. Feedback is to be given in a positive, warm, supportive, and encouraging, way using constructive feedback. Practice during clinical supervision (brief role play) is utilized to help the therapist practice procedures during the supervision session. These clinical supervision sessions are augmented by coaching calls with the model developers every other week for first year and monthly in second year. In addition, the clinical supervisor(s) attend monthly coaching calls with the model developers. Coaching calls last up to one hour and are accessed via a toll-free conference line.

Proposals must describe the following:

(a) Staff Qualifications: The staff categories to be assigned to the proposed program, including the extent to which they have or will have the appropriate training and experience to perform assigned duties. The proposal must describe the extent to which staff is or will be multi-lingual and multi-cultural. Staff assigned to the program must be able to successfully pass DCF and State child welfare and criminal background checks. Minimally:

- Clinical Supervisor: will be a licensed behavioral health professional who will direct and supervise professional and administrative activities of the therapists and Recovery Support Specialists according to the model. The Clinical Supervisor is also expected to complete SBIRT training and achieve full clinical CRA certification, CRA Supervisor certification, and ACC certification. Once certified, the Clinical Supervisor will be able to train newly hired staff. The Clinical Supervisor will be responsible for collecting and maintaining youth and program information to meet DCF, SBIRT, and CRA-ACC reporting and evaluation requirements. He/she will be responsible for managing referrals, intakes, case assignments, and maintaining staff schedules. The Clinical Supervisor will provide emergency coverage for the therapists and Recovery Support as needed.

- Therapist: will have a master's degree in a behavioral health field and will be licensed. Therapists attend CRA training and will become fully certified. Therapists provide clinic-based services and will collect urine drug samples. Virtual sessions or community/home-based services may also be offered as appropriate and approved by the model. Clinic based services will be delivered at the

outpatient level of care. Therapists will also assume responsibility for coordinating the provision of services by other community professionals. Trained therapists may conduct SBIRTs. Therapists will work a **flexible schedule that includes some evening and weekend hours** in order to accommodate individual family needs for routine appointments, and in order to respond to a crisis. At least one therapist will be bilingual in Spanish. See CRA-ACC's specifically recommended qualifications from the manual.

- Recovery Support Specialist: will have at least two (2) years of professional experience in the field of behavioral health for adolescents and/or transitional age youth and case management activities. Persons with lived experience are encouraged to apply. Each Recovery Support Specialist will attend CRA and ACC training, and will be fully certified in ACC only. ACC services will be provided in-home or in the community, as well as virtually when appropriate and approved by the model. Recovery Support Specialists will be trained in SBIRT and will conduct the SBIRTs. Recovery Support Specialists will work a **flexible schedule that includes some evening and weekend hours** in order to accommodate individual family needs for routine appointments. At least one Recovery Support Specialist will be bilingual in Spanish.

(b) Staff Recruitment and Retention: Proposals must include the following:

- How Providers will ensure that all employment candidates receive a criminal record and DCF abuse/neglect background check;
- A staff retention plan detailing measures taken to reduce staff turnover;
- A description of how staff will be recruited and selected;
- A description of how the staffing plan will be appropriate to the language, age, gender, sexual orientation, disability, and ethnic/racial/cultural factors of the target population; and
- A description of how the program will continue to provide services that are timely, effective, and true to the model if sickness, training, vacancies, leaves of absence, etc. make regularly scheduled staff unavailable.

(c) Staff Training: All staff will receive model specific training. Proposals must describe any additional training provided by the agency to its staff, the intensity and the frequency. Training to implement the required evidence-based components of this RFP will be funded separately by DCF at no cost to providers:

- *GAIN Training:* The Department will provide at no cost to providers training in the selected GAIN tool(s) for screening and assessment, and access to the GAIN ABS online data entry and interactive assessment system. The GAIN is a family of instruments that includes schools for screening, assessment, and comprehensive evaluation. For this program, the Department is requiring the screening tool, the GAIN Short Screener (GAIN-SS) be completed for SBIRT, and a GAIN assessment tool for youth who are referred and enter treatment. Training on the SBIRT GAIN Short Screener is available online, and certification is not required. For the selected GAIN assessment tool provider staff must be trained and certified (if applicable) in GAIN administration, ABS, and GAIN Clinical Interpretation using a department approved method. GAIN assessment administration training typically consists of completing a 90-minute self-paced online course followed by a one-day in-person skills session. GAIN ABS training is available via a 30-minute online course. GAIN Clinical Interpretation training typically is offered as a 2.5 day in-person workshop. In-person trainings may be offered as virtual events in the future for health and safety reasons. The department also will provide Technical Assistance to providers to implement the GAIN through its contracts with Chestnut Health Systems and UConn Health.

  General information about the GAIN can be found on the developer's website: https://gaincc.org/.

  Information about DCF's implementation of the GAIN can be found at the department's GAIN website: https://portal.ct.gov/DCF/GAIN/Home.

- *CRA-ACC Training:* Training and certification for new hires of this procurement for CRA-ACC will be funded separately by DCF. In addition to its well-established record of clinical effectiveness with youth and their family, CRA-ACC has a well-tested process of simultaneous training, certification, and train-the-trainer which supports continued sustainment of the intervention. To date, over 600 provider organizations in the U.S. and other countries have been trained in CRA-ACC with Chestnut's CRA-ACC dissemination model (Godley, Garner, Smith, Meyers, & Godley, 2011). The training model, designed for the large scale dissemination of CRA-ACC, was based on a synthesis of the literature on implementation research (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005) and two randomized clinical trials that evaluated therapist training methods for

Motivational Interviewing (Miller, Yahne, Moyers, Martinez, & Pittitano, 2004) and Cognitive Behavior Therapy (Sholomskas et al., 2005). It includes an initial two-and-a-half-day face-to-face/virtual training, online courses with supplementary material, and the use of a website for uploading therapy digital session recordings (DSR). The recordings are reviewed by intervention experts who have been trained to rate CRA procedures and therapists and supervisors receive written feedback on the website. Additionally, coaching calls provide expert supervision to answer questions and review procedures. When therapists have demonstrated a satisfactory level of competency across a core set of procedures, they are certified as CRA therapists. In order to help foster sustainability at the agency level, there is also a supervisor certification process.

CRA Certification Requirements for Therapists:

- Complete the online training preparation courses (CRA research course and CRA quiz with a score of 80% or higher).
- Attend the three-day CRA training.
- Participate in teleconferences as scheduled for CRA coaching (dial in conference call number and ID code will be provided).
- Begin recording sessions within the first three weeks after completing training; upload **all** digital session recordings (DSRs) to the Evidence-Based Treatment Website (EBTx.org) and submit at least one DSR per week for review.
- On the DSRs, the therapist must demonstrate the following to achieve first-level certification:
    - A positive, supportive, relationship-enhancing tone to the sessions (i.e., receiving rating of 3 or greater in each of the General Clinical Skills areas, shown with not less than six DSRs).
    - Competency in the following A-CRA procedures (i.e., receiving rating of 3 or greater in each of the following areas, across at least six DSRs): Functional Analysis of Use, Functional Analysis of Pro-social behavior, Happiness Scale, Treatment Plan/Goals of Counseling, Communication Skills, Problem Solving Skills, Adolescent-Caregiver Relationship Skills, and Homework.
- On the DSRs, the therapist must demonstrate the above first-level certification requirements as well as the following to achieve full certification:
    - Competency in the following CRA procedures (i.e., receiving rating of 3 or greater in each of the following areas, across at least six DSRs): Overview of CRA, Increasing Pro-Social Recreation, Systematic Encouragement, Drink/Drug Refusal Skills, Relapse Prevention, Sobriety Sampling, Caregiver Overview, Rapport Building, and Motivation, Overall, Job Finding Skills, and Anger Management.
- Participate at least weekly in supervision sessions with the site clinical supervisor or the expert team.
- Enter the CRA session data after each session on the EBTx.org website.

CRA Certification Requirements for Clinical Supervisors:

- Complete the online training preparation courses (CRA research course and CRA quiz with a score of 80% or higher).
- Attend the three-day CRA training.
- Participate in teleconferences as scheduled for CRA coaching (dial in conference call number and ID code will be provided).
- Complete **full CRA certification**.
- During the weeks when the bi-weekly coaching teleconferences are not scheduled, the clinical supervisor will conduct a supervision session. During this session, the supervisor will discuss the case review report (generated from EBTx.org) and provide feedback on clinical sessions after listening to DSR and completing the CRA checklist.
- On the CRA-ACC Online Training Site, complete lessons 1 and 2 of the clinical supervisor training course, prior to submitting the first rating, within three weeks of training. Complete lesson 3 of the clinical supervisor training course within five weeks of training.
- Using EBTx.org, upload ratings and comments related to at least one therapist's DSR weekly (the therapist(s) will be uploading the same audio files for their certification process). These ratings should begin within four weeks of training.
    - This requirement necessitates that the supervisor has sufficient time available to rate sessions of all therapists at least weekly.
- Demonstrate during recorded supervisor sessions which should begin within six weeks of training and uploaded to EBTx.org:
    - Competency in using the case review report.
    - Reinforcement of competent use of the procedures.
    - Constructive feedback to improve one or more aspects of the procedure or technique.
- Achieve high consistency (80% or better) with the expert rater for at least six CRA sessions (do not have to be the same therapist or youth). Supervisors will receive feedback on each rating.
- Demonstrate during coaching calls an understanding of the CRA supervision process.

ACC certification is accomplished through a series of online courses and exercises that can be completed within a relatively short period of time after substantial progress toward CRA certification is made. ACC certification includes a recovery management workshop and certification in Recovery Management & Supports (RMS). The RMS workshop takes place over 1.5 days and consists of didactic presentations, interactive exercises, role-playing, and listening to examples of recovery support sessions. Certification in RMS involves audio-recording RMS sessions and uploading them to a secure website. An expert rater listens to the recordings and provides both scored and written feedback to the Recovery Support Specialist. Certification is awarded when the Recovery Support Specialist has demonstrated competence in each RMS procedure. Monthly coaching calls are also provided throughout the certification process in order to answer any questions, staff cases, discuss procedures, and offer support.

Please review additional information contained in the CRA and ACC Manuals including the 2016 A-CRA manual and a book by Meyers and Smith (1995) on CRA. Additional Connecticut specific information can also be found in the DCF SSTRY Practice Guide.

**5. Work-Plan and Outreach (10 Points)**

Describe your agency's work plan to specifically achieve the goals stated within this RFP, including action steps and timeline for successful implementation of TRY within 90 days after the contract is executed.

(a) Implementation Experience: Include a narrative description of how your agency's prior successes and challenges informed the design and implementation of this work plan.

(b) Implementation Timelines: Include proposed timelines for staff hiring, training and transition plans, if applicable, so that there will be no disruption in present services.

(c) Partnership Development: Include a plan to provide SSTRY within the areas for which you are applying, specifically the partnerships developed in order to deliver SSTRY within the priority areas.

(d) Communication Plan: Include a communication plan describing how your agency's SSTRY staff will communicate with DCF area and regional staff, internal and external community providers, juvenile/criminal justice related agencies, and other possible referral sources. The plan should include:

- how and when your agency's staff will communicate with others and
- how your agency will engage others to secure referrals.

Assume an October 1, 2021 start date and provide specific dates when action steps will be completed.

**6. Partnerships and Community Engagement (20 points)**

(a) Youth Engagement. Describe how your agency and SSTRY staff will work effectively with youth who are in pre-contemplative stages of change and may be ambivalent about treatment.

(b) Community Partnerships. Describe your agency's experience providing internally or partnering with other youth-serving and/or faith-based organizations to do the following:

1. *Promote early identification of youth with substance use* by making screening for substance use disorders (SUD) available in the community. Examples include offering SUD screening at health fairs, youth service bureaus, EAP events, or through school wellness events; or training other community partners how to identify and/or screen for youth SUD and educating them about your agency's SUD services.
2. *Stimulate referrals to youth substance use services* by increasing awareness of your agency's services.
3. *Ensure comprehensive care for SUD with or without co-occurring mental health disorders* by making available Medication Assisted Treatment (MAT), medication management, and psychiatric consultation when appropriate. Describe how your agency will provide comprehensive co-occurring and medication assisted care to youth in SSTRY either internally or externally through partnerships with psychiatrists and MAT prescribers. Describe your agency's current protocols to meet this requirement and include copies of existing Agreements with external organizations as Appendix 12.

(c) Family Partnerships. Describe your agency's experience engaging youth into substance use services including successfully involving a youth's family and/or parents/caregivers and/or significant others in the treatment process. Explain how your agency's experience working with families will promote youth engagement in SSTRY.

(d) DCF Partnerships. Describe your agency's experience working with DCF to promote referrals by DCF Social Workers to youth substance use or similar services. Describe how your agency communicates with DCF Social Workers about the youth who they refer to your services. Your response should include your agency's level of experience collaborating with DCF (i.e., number of years), the frequency of communication with DCF, in what form your staff communicate to DCF (e.g., email, phone), and which staff are responsible for different types of communication (e.g., progress updates, adverse events).

The proposal must include the top 10 most creative or non-conventional **and effective** community linkages opportunities used by the appicant within the last 2 years.

**7. Data and Technology Requirements (5 Points)**

The Department will require awarded contractor(s) to submit child and family specific data, and administrative service and training data. Using the state's Results-based Accountability framework, the Department will assist contractors to provide information about the modality provided, quantity of service delivered, its consistency with Strengthening Families principles, and the effect of the services. The Department requires contractor(s) to use data to ensure the quality of their services, including identifying program challenges or barriers, identify potential best practices, and achievement of the program's goals, objectives and outcomes.

Child and family specific data for SSTRY will be collected from providers using electronic, web-based applications designed for the EBPs being implemented under this RFP, including CRA's EBTx system, and GAIN ABS. These data will be used by the model developers and the Department to monitor program outcomes and model fidelity.

The Contractor will also submit individual, client level data to the department's Program Information Exchange (PIE) and/or other system as directed by the department. Complete, timely and accurate data is essential for both the Provider and the Department to help support service provision, identify trends and measure important outcomes. While it is ideal to enter data regularly and as soon after the event as possible, the Department allows and expects that data be entered within 20 days following the end of each month. This timeframe allows Contractors to submit data on multiple events in batches or enter data manually (e.g. client-by-client). The Contractor will ensure that the data submitted under PIE and/or other systems conform with the applicable data specifications and picklists. Furthermore, the data must use the conventions and logic as determined by the department to ensure accurate, unduplicated client counts. These data, as set forth by DCF, will be sent to the department. For more information regarding PIE, go to the DCF website as follows: https://portal.ct.gov/DCF/ORE/PIE.

(a) Outcome Achievements: Proposals must describe the agency's success in achieving positive outcomes related to the outcomes listed below. Specific examples must be provided to support all claims.

**SBIRT:**
- # of SBIRTs completed
- % of SBIRTs with a recommendation to treatment
- 75% of youth with a recommendation to treatment will initiate treatment

**CRA-ACC:**
- # of youth completing CRA-ACC
- 70% of youth completing CRA-ACC (completion is defined as having at least 8 CRA procedures in at least 7 CRA session with an additional 4 month ACC period)
- 80% of youth with an intake within 7 days of referral
- 95% of youth with have a GAIN assessment completed at intake
- 85% of youth will have a GAIN assessment completed at discharge
- 80% of youth completing CRA-ACC will demonstrate a reduction of substance use and/or abstinence upon discharge from treatment

- 90% of youth completing CRA-ACC will not have an arrest during treatment
- 95% of youth completing CRA-ACC will remain home at discharge

(b) Quality Improvement Experience: Describe your agency's prior experience collecting and reporting data for program administration, continuous quality improvement (CQI), and for reporting on program progress. Describe how this experience positions your organization to meet the data and reporting requirements of this RFP. Each Provider is required to develop a quality assurance plan to ensure model fidelity.

(c) Quality Assurance Resources: Describe the resources (i.e., human, fiscal, physical plant, technology) your agency dedicates to information management, continuous quality improvement, and data analytics.

**D. COST PROPOSAL COMPONENT**

**1. Financial Requirements (2 points)**

Proposers must submit cover letters from their auditor for the last three (3) annual audits of their agency and a copy of their most recent financial audit, included as Appendix 13. If the three (3) most recent audits are available via the Office of Policy and Management's EARS system, such must be noted in the proposal, and cover letters and the last audit should **not** be included in the proposal.

If less than three (3) audits were conducted, detail must be provided as to why, and any supporting documentation assuring the financial efficacy of the applicant agency should be included (i.e. an accountant prepared financial statement, a tax return, a profit and loss statement, etc.).

**2. Budget Requirements (8 points)**

Proposals must contain an itemized budget on the budget form delineated in Section IV (I.h), of this RFP. All startup costs must be clearly identified as 1 line item in the budget.

Applicants must submit their budgets to include the full proposed cost of operating the program, including a **detailed description** of billing practices on maximizing reimbursements (commercial and Medicaid insurance agreements, reimbursement rates, percent of revenue expected to be reimbursed). Please provide a **detailed description** of at least two billable programs where reimbursements are maximized. Applicants are free to propose a budget total at their discretion, although the total requested DCF funding must not exceed the current DCF funding for the SSTRY program.

A budget narrative must be provided, explaining all costs contained in the budget. All start-up costs must be listed separately and clearly detailed in the budget narrative.

All other funding, including agency financial support must be identified.

## IV. PROPOSAL OUTLINE

**G. Cost Proposal**
- **1. Financial Profile**
- **2. Budget and Budget Narrative**

To access the Consolidated Budget Form, please go to:
https://portal.ct.gov/DCF/Contract-Management/Home

Scroll to the "RFP Forms" Section and access the "DCF RFP Budget POS" link

**H. Appendices**
- **1. Appendix #1 Gift & Campaign Contribution Certification**
- **2. Appendix #2 Consulting Affidavit**
- **3. Appendix #3 CHRO Contract Compliance Package, Parts I-III**

To access the CHRO Package, please go to:
https://portal.ct.gov/DCF/Contract-Management/Home

Scroll to the "Miscellaneous Information" Section and access the "Bidders CHRO Compliance Package" link

- **4. Appendix #4 Table of Organization**
- **5. Appendix #5 Certificate of Occupancy / Proof of Siting**
- **6. Appendix #6 Proof of Connecticut Business Licensure**
- **7. Appendix #7 Proof of Clinical Licensure**
- **8. Appendix #8 Culturally Diverse Communities**
- **9. Appendix #9 Culturally Diverse Families**
- **10. Appendix #10 Culturally Diverse Organizations (Workforce Analysis)**
- **11. Appendix #11 Culturally Diverse Organizations (CLAS Plan)** *(if appl.)*
- **12. Appendix #12 Community Partnerships** *(if appl.)*
- **13. Appendix #13 Financial Profile** *(if req.)*

## V. RFP ATTACHMENTS

**I. Attachment #1: Letter of Intent**

To be completed and submitted to the Official Agency Contact for this procurement by the due date delineated in this RFP.

**II. Attachment #2: Proposal Cover Sheet**

To be utilized as Page 1 of all proposals (as indicated in Section IV.A of this RFP).

**III. Attachment #3: Gift & Campaign Contribution Certification**

To be completed and submitted with all proposals (as indicated in Section IV.H (1) of this RFP).

**IV. Attachment #4: Consulting Affidavit**

To be completed and submitted with all proposals (as indicated in Section IV.H (2) of this RFP).

**Attachment #1**

**LETTER OF INTENT**

**(MANDATORY NON-BINDING)**

Date: _____

Our agency is planning to apply for funding in response to the RFP entitled SS***TRY*** at the following location(s):

| ☐ **Team A** | ☐ **Team B** | ☐ **Team C** |
|---|---|---|
| DCF Region's 1 and 5 | DCF Region 2 & Meriden / Middletown / Norwich | DCF Region 4 & New Britain / Willimantic |

| |
|---|
| AGENCY NAME: |
| FEIN: |
| AGENCY ADDRESS: (street, city ,state, zip) |
| AGENCY CONTACT: |
| POSITION/TITLE: |
| TELEPHONE NUMBER: |
| FAX NUMBER: |
| EMAIL ADDRESS: |

Mandatory Letter of Intent must be received by **3:00 p.m.** on **August 3, 2021** to **Stacie Albert (Stacie.Albert@ct.gov).**

**Attachment #2**

**PROPOSAL COVER SHEET**

**Substance Screening, Treatment, and Recovery for Youth**
**Request for Proposals**

| ☐ Team A | ☐ Team B | ☐ Team C |
|---|---|---|
| DCF Region's 1 and 5 | DCF Region 2 & Meriden / Middletown / Norwich | DCF Region 4 & New Britain / Willimantic |

**Name of Agency:** _____

**Agency Address** _____

**Application Contact Person:** _____

**Contact Person Phone & Fax:** _____

**Contact Person Email Address:** _____

*This application must be signed by the applicant's executive director or other individual with executive oversight for agency services delivered in Connecticut*

By submitting this application, I attest that all the information included within the application is true.

Signature: _____ Date: _____

Name (Printed): _____ Title: _____

**Attachment #3**

**STATE OF CONNECTICUT**
**GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION**

*Written or electronic certification to accompany a State contract with a value of $50,000 or more in a calendar or fiscal year, pursuant to C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8, and No. 7C, Para. 10; and C.G.S. §9-612(g)(2)*

**INSTRUCTIONS:**

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract, whichever is earlier. Such person shall also submit an accurate, updated certification not later than fourteen days after the twelve-month anniversary of the most recently filed certification or updated certification.

**CHECK ONE:** ☐ Initial Certification ☐ 12 Month Anniversary Update (Multi-year contracts only.)

☐ Updated Certification because of change of information contained in the most recently filed certification or twelve-month anniversary update.

**GIFT CERTIFICATION:**
As used in this certification, the following terms have the meaning set forth below:

1) "Contract" means that contract between the State of Connecticut (and/or one or more of its agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is a twelve-month anniversary update, "Execution Date" means the date this certification is signed by the Contractor;
3) "Contractor" means the person, firm or corporation named as the contactor below;
4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
5) "Gift" has the same meaning given that term in C.G.S. § 4-250(1);
6) "Principals or Key Personnel" means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Contractor. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or key personnel who participates substantially in preparing bids, proposals or negotiating state contracts, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for state contracts who participates substantially in the preparation of bid solicitations or request for proposals 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.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other Principals, Key Personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

**CAMPAIGN CONTRIBUTION CERTIFICATION:**

I further certify that, on or after December 31, 2006, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(g)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after December 31, 2006 by

the Contractor or any of its principals, as defined in C.G.S. § 9-612(g)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

**Lawful Campaign Contributions to Candidates for Statewide Public Office:**

| Contribution Date | Name of Contributor | Recipient | Value | Description |
|---|---|---|---|---|
| | | | | |
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**Lawful Campaign Contributions to Candidates for the General Assembly:**

| Contribution Date | Name of Contributor | Recipient | Value | Description |
|---|---|---|---|---|
| | | | | |
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| | | | | |

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

_____ _____
Printed Contractor Name Printed Name of Authorized Official

_____
Signature of Authorized Official

**Subscribed and acknowledged before me this _____ day of _____, 20___.**

_____
**Commissioner of the Superior Court (or Notary Public)**

**Attachment #4**

**STATE OF CONNECTICUT**
**CONSULTING AGREEMENT AFFIDAVIT**

*Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.*

**INSTRUCTIONS:**

**If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete all sections of the form. If the bidder or contractor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or contractor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

**AFFIDAVIT:** [Number of Affidavits Sworn and Subscribed On This Day: _____]
I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below**:

_____ _____
Consultant's Name and Title Name of Firm (if applicable)

_____ _____ _____
Start Date End Date Cost

Description of Services Provided:
_____

_____

_____

Is the consultant a former State employee or former public official? ☐ YES ☐ NO

If YES: _____ _____
Name of Former State Agency Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

_____ _____ _____
Printed Name of Bidder or Contractor Signature of Principal or Key Personnel Date

_____ _____
Printed Name (of above) Awarding State Agency