

STATE OF CONNECTICUT PROCUREMENT NOTICE



Request for Proposals (RFP)

For

Prevention Care Management Entity

RFP Number: **231110002**

Issued By:

Department of Children and Families

November 10, 2022

The Request for Proposal is available in electronic format on the State Contracting Portal by filtering by Organization for Department of Children & Families:

<https://portal.ct.gov/DAS/CTSource/BidBoard>

on the Department's website:

<https://portal.ct.gov/DCF/Contract-Management/Home>

or from the Agency's Official Contact:

Name: Erin Mahony
Address: 505 Hudson Street / Hartford, CT 06106
Phone: 860 888-5856
E-Mail: DCF.FISCALCONTRACTS@ct.gov

RESPONSES DUE NO LATER THAN: 3:00PM / January 5, 2023

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

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I. GENERAL INFORMATION**■ A. INTRODUCTION**

1. **RFP Name and Number.** RFP #231110002 / Prevention Care Management Entity (CME)
2. **RFP Summary.** The purpose of this request is to procure a Care Management Entity to engage, provide case management, manage service referrals, and monitor ongoing progress of families in need of eligible, prevention-based services with the primary goal of preventing such families from coming to the attention of DCF for child abuse or neglect. DCF expects that through the CME's coordination, families will receive supports from local community service organizations without the traditional involvement of DCF.
3. **RFP Purpose.** The Department is seeking to procure one (1) entity to provide the Prevention Care Management Program statewide. This program will consolidate the current DCF Voluntary Care Management and Integrated Family Care and Support programs into one (1) comprehensive CME.
4. **Commodity Codes.** The services that the Agency wishes to procure through this RFP are as follows:
 - 93140000: Community and Social Services

■ B. INSTRUCTIONS

1. **Official Contact.** The Agency 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 Agency. Proposers, prospective proposers, and other interested parties are advised that any communication with any other Agency employee(s) (including appointed officials) or personnel under contract to the Agency about this RFP is strictly prohibited. Proposers or prospective proposers who violate this instruction may risk disqualification from further consideration.

Name: Erin Mahony
Address: 505 Hudson Street / Hartford, CT 06106
Phone: 860 888-5856
E-Mail: DCF.FISCALCONTRACTS@ct.gov

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

2. **Registering with State Contracting Portal.** Respondents must register with the State of CT contracting portal at <https://portal.ct.gov/DAS/CTSource/Registration> if not already registered. Respondents must submit the following information pertaining to this application to this portal (on their supplier profile), which will be checked by the Agency contact.
 - Secretary of State recognition (CT Business License)– Click on appropriate response
 - Non-profit status, if applicable
 - Notification to Bidders, Parts I-V (<https://portal.ct.gov/-/media/CHRO/NotificationtoBidderspdf.pdf>)
 - Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>
3. **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:
 - Agency's RFP Web Page
<https://portal.ct.gov/DCF/Contract-Management/Home>
 - State Contracting Portal (go to CTsource bid board, filter by "Department of Children and Families"
<https://portal.ct.gov/DAS/CTSource/BidBoard>

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

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

- RFP Planning Start Date: **January 1, 2022**
- RFP Released: **November 10, 2022**
- RFP Conference: **1:00PM / November 18, 2022 *VIRTUAL***
- Deadline for Questions: **3:00PM, December 1, 2022**
- Answers Released: **December 8, 2022**
- Letter of Intent Due: **3:00PM, December 15, 2022**
- Proposals Due: **3:00PM, January 5, 2023**
- (*) Proposer Selection: **February 1, 2023**
- (*) Start of Contract Negotiations: **February 15, 2023**
- (*) Start of Contract: **March 1, 2023**

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

- Total Funding Available: **\$8,783,197**
- Number of Awards: **1**
- Per Contract Funding: **\$8,783,197**
- Contract Term: **1-3 years, at the discretion of the Department**

6. Eligibility. Non-Direct Service organizations, Private provider organizations (defined as nonstate entities that are either nonprofit or proprietary corporations or partnerships), CT State agencies, and municipalities are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

*Entities with a pending application for establishment as a private provider organization may respond to this procurement, but DCF reserves the right to reject any proposal that does not detail status of pending application and certify that such status will be granted by the start date of services indicated in Section 4, above. No contract shall be awarded to any entity not meeting this specification.

7. 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 through the State procurement website (CTSource);
- Staff assigned to the program must be able to successfully pass DCF and State child and criminal background checks.

8. 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, "**Name of Provider / Prevention CME**" RFP / Letter of Intent". The LOI must clearly identify the sender, including name, postal address, telephone number, fax number and e-mail address. It is the sender's responsibility to confirm the Department's receipt of the LOI. Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.

9. Inquiry Procedures. All questions regarding this RFP or the Agency's procurement process must be directed, in writing, electronically, (e-mail) 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. All questions received before the deadline(s) will be answered. However, the Agency 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 Agency may or may not respond to questions received after the deadline. If this RFP requires a Letter of Intent, the Agency reserves the right to answer questions only from those who have submitted such a letter. The Agency 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 Agency will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Agency’s RFP Web Page.

10. 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: **November 18, 2022**
- Time: **1:00PM**
- Virtual (Teams): [Click here to join the meeting](#)
- Call In: **860 840-2075 / Conference ID# 703977675#**

11. 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: **January 5, 2023**
- Time: **3:00 PM**

Proposal submissions will be electronic for this process. Hardcopy or faxed submissions will not be accepted. 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.

An acceptable submission must include the following:

- one (1) signed electronic copy of the original proposal (unsigned proposals will not be evaluated)
- one (1) electronic copy of the proposal budget and narrative

The proposal must be emailed to the Official Agency Contact for this procurement. The subject line of the email must read: **Name of Provider / Prevention CME RFP Electronic Proposal Submission**. One attachment must be submitted inclusive of the entire proposal in Portable Document Format (PDF) or similar file format (Sections A-E and G 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 F of the Proposal Outline detailed in Section IV of this RFP). The following naming convention shall be used:

- Proposal: **Name of Provider / Prevention CME Proposal**

- Budget: **Name of Provider / Prevention CME Budget**

12. Multiple Proposals. The submission of multiple proposals **is not** an option with this procurement. The Department is limiting responses to this RFP to submission of one (1) proposal per provider.

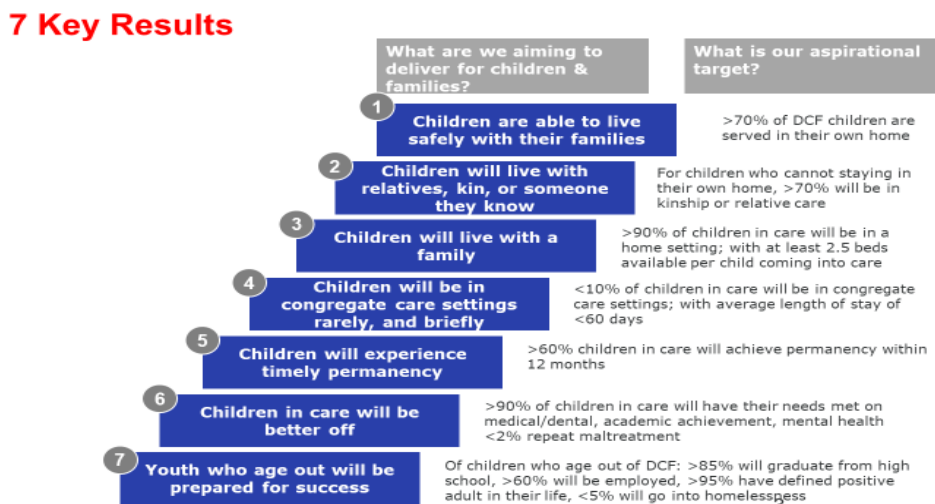
II. PURPOSE OF RFP AND SCOPE OF SERVICES

A. AGENCY 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 as 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.

■ B. PROGRAM OVERVIEW

Connecticut's child welfare system is one that values families and holds the belief that children are best served in their own homes, understanding that the system is collaborative and neither starts nor ends with DCF. Instead, the child welfare system strives to integrate practice between DCF, partner state agencies, community-based organizations, education, healthcare, law enforcement, judicial/court systems, housing, behavioral health, and labor and social service systems. These efforts towards collaboration support Connecticut's fundamental belief that the well-being of children and families is a shared responsibility with all members of the community.

DCF holds the belief that children are best served when living with their families of origin or, if the home is determined unsafe, that the best alternative is someone the child is familiar with (relatives or kin). While DCF understands that this is not always an option, it is hoped that through bolstering prevention efforts more children will be able to safely stay with their families of origin. These values and beliefs have moved the State of Connecticut's child welfare system to shift from a reactionary system based in action after harm to a child has occurred to a system that is focused on prevention and early intervention. Connecticut has reimagined its system to not only serve those families who come to the attention of the child welfare agency, but to also develop supports for families at risk for coming to the attention of DCF, the "upstream" population, resulting in families being diverted from involvement with the child welfare agency. By empowering and supporting families, the well-being of Connecticut's children, youth and families will be enhanced across systems making for a more promising future.

The federal Family First Prevention Services Act (Family First / FFPSA), at the federal level, invests in DCF's vision as a distinctive opportunity for Connecticut to leverage its funding to enhance evidence-based services. Family First is not the sole initiative towards Connecticut's prevention efforts, however it is a tool utilized as a part of the State's overall prevention strategy. Connecticut aims to leverage FFPSA to build its existing array of services and evidence-based programs (EBPs). Additionally, the State aims to leverage FFPSA to add new EBPs to comprehensively serve children and families through an enhanced focus on prevention efforts as funding permits.

Through discussion with community partners, including families with lived experience, it became clear that a key aspect of Connecticut's vision to meet families "upstream" and focus on prevention efforts is the recently introduced Community Pathway. This service pathway will provide FFPSA-reimbursable, evidence-based services to families that have traditionally been too far "upstream" to access comprehensive prevention services. The pathway will serve families with children experiencing behaviors, conditions, or circumstances that are likely to have adverse impacts on a child's development or functioning, but do not present safety concerns rising to the level of DCF involvement. Expected populations to be served by this community pathway are youth who have exited foster care, unstably housed/homeless youth and their families, infants born substance-exposed and more. This population definition has been made intentionally broad in order to provide FFPSA-reimbursable prevention services to families that may have a higher risk of future out of home placement should services not be offered.

It is intended that the community pathway population is one of three (3) populations that will be managed by the CME. Specifically, that DCF will contract with a CME to engage, provide case management, manage service referrals, and monitor ongoing progress for families in the community pathway population, the known to DCF population and the behavioral health population. DCF expects that through the CME's coordination, these children and their families will receive supports from local community services and traditional DCF involvement will be kept to a minimum.

The CME will work with families, local providers, and DCF to ensure access for Connecticut's children and their families to parenting services, behavioral health services and other services that prevent instances of child abuse and neglect. The Contractor will provide intensive care coordination using a wraparound approach to achieve optimal outcomes for children, youth, and families through comprehensive needs assessments and the use of care management, service referral, and monitoring of ongoing progress of families.

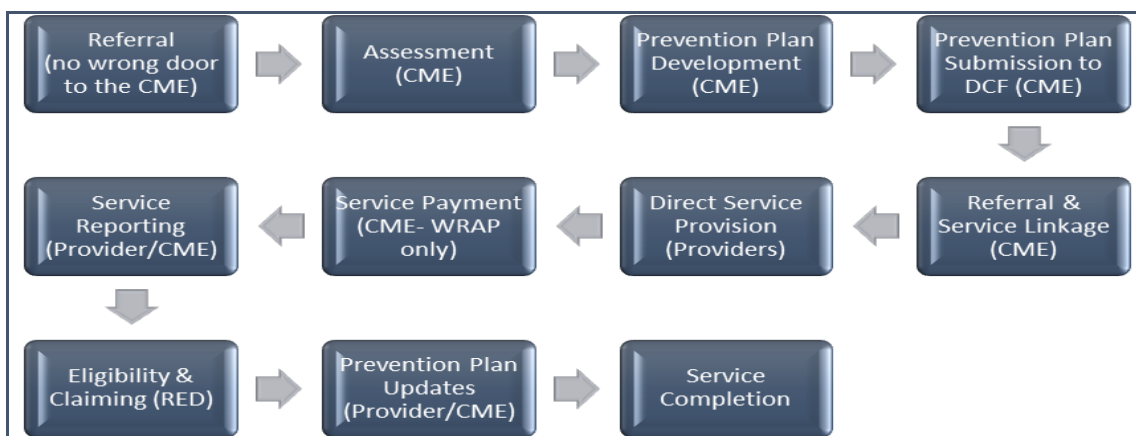
The CME will function as the 'Hub' for assessment and coordination of/referral to direct services for three (3) distinct populations of children and families within the State of Connecticut:

- **Community Pathways Population:** The term "Community Pathways" population, as utilized in this RFP is defined as children and families experiencing specific behaviors, conditions, or circumstances that are likely to have an adverse impact on a child's development or functioning, who do not fall under a Behavioral Health diagnosis and who do not meet the Target Population parameters for the Known to DCF cohort defined herein, and for whom:
 - i. research establishes that such characteristics or conditions place them at increased risk for maltreatment, involvement with the child welfare system, or out-of-home placement; and
 - ii. treatment provision by a DCF-funded Families First Prevention Clearinghouse-approved service is indicated.

- **Known to DCF Population:** The term "Known to DCF" population, as utilized in this RFP is defined as children and families for whom a DCF abuse and neglect investigation was unsubstantiated, but who are experiencing specific behaviors, conditions, or circumstances that could be mitigated by the provision of direct service intervention.

- **Behavioral Health Voluntary Population:** The term "Behavioral Health Voluntary" population as utilized in this RFP is defined as children and youth, with no nexus to DCF, who have a serious mental/behavioral health or Serious Emotional Disturbance (SED) diagnosis, who require services/supports to meet those needs for the primary purpose of receiving mental health or behavioral health related services.

It is also anticipated that the CME will function as the gateway for provision of child specific Prevention Plans and other required information to the DCF Revenue Enhancement Unit to facilitate DCF federal claiming activities. In totality, it is envisioned that the Prevention Services CME will function as follows:



NOTE: The awarded provider of the services requested in this RFP will be prohibited from self-referral of clients evaluated by the CME in need of direct services that the organization provides under its umbrella.

■ **C. SCOPE OF SERVICE DESCRIPTION**

1. Organizational Requirements

(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 Attachment 1 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.

- If already a private provider organization, proof of such must be provided via the CTSource website (see Part 1, Section B.2 of this RFP).
- If in the process of becoming a private provider organization, this section of the proposal must describe current status and anticipated receipt of such designation.

- (c) Administrative Office Location: Please provide the location of the agency's administrative offices.
- (d) Qualifications / Certification / Licensure: Please describe your agency's experience providing the types of services described in this RFP and experience assuring quality assurance of services provided. 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 business entity type. Proof of such must be provided through upload to the State's procurement website (CTSource).
- (e) 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

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 construction of culture, service provision must also be tailored to age, diagnosis, developmental level, geographical, economical, and educational needs. Detail your response according to 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 Attachment 2.
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 Attachment 3. 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.
2. Provide a copy of your agency's Notification to Bidder's Package as Attachment 4. 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 Attachment 5.

3. Service Requirements

Proposals should address each of the following areas. The use of sub-contractors is permitted for these services. If use of sub-contractors is proposed, proposals must identify which of the services below will be provided directly and which will be provided through subcontract.

- (a) **Referral & Placement:** Proposals should detail the agency's capacity to respond to the referral process delineated in the Scope of Service, made part of this RFP as Appendix 4, including timeframes delineated herein. Proposals must include timeframes for first meeting with families, intake, assessment and referral and must provide a plan for triage should the CME develop a waitlist.
- (b) **Number and Type of Children / Families to be Served:** Proposals must describe how their program will serve 2,650 distinct children and families annually, across the 3 distinct populations defined in the attached Scope of Service, including how the CME will ensure that only allowable services are provided to each population:

1. Community Pathways Population Eligibility & Exclusions:

i. Target Population

- Children and youth residing in the state of Connecticut, 0-18 years of age;
- Children who are chronically absent from preschool/school or are truant from school;
- Youth that have exited foster care;
- Children of incarcerated parents;
- Trafficked youth;
- Unstably housed/homeless youth and their families;
- Families, with children 0-18 years of age, experiencing interpersonal violence;
- Youth who have been referred to a juvenile review board, youth service bureau, other diversion program, or who have been arrested;
- Caregiver with or children or youth who are 0-18 years of age who have a substance use disorder, mental health condition, or disability that impacts parenting; and/or
- Infants born substance-exposed as defined by the state's Child Abuse Prevention and Treatment Act (CAPTA).

ii. Exclusions

There are no exclusions for this population. Children and youth under current jurisdiction of another Connecticut state agency's purview (i.e., Judicial, Department of Developmental Services), will not be automatically excluded for the services available to this population, but will be reviewed by the CME for appropriateness of referral.

Note: Services to this population are limited to those DCF-contracted services that are Families First claimable and funding provided to the CME for 'Wrap-Around Services' may not be utilized for this population.

2. Known to DCF Population Eligibility & Exclusions:

i. Target Population

- Children and youth residing in the state of Connecticut, 0-18 years of age
- An unsubstantiated finding at the disposition of a DCF investigation;
- Families with a prior substantiated history;
- Family presents with needs and requires family care coordination of services to address their needs;
- Based on the family's level of need and risk factors, they could be transferred to DCF ongoing services if this program was not available; and/or
- A Family Arrangement is in effect with no SDM Safety Factors present.

ii. Exclusions

- Active Family Assessment Response (FAR);
- Neglect Petitions are being recommended or have been filed with Superior Court, Juvenile Matters on behalf of the children;
- Unresolved Safety Factors (children determined to be Conditionally Safe and a Safety Plan is in effect or children who have been removed from the home due to the presence of an SDM Safety Factor and no interventions could be implemented to maintain children safely in the home);
- Family refuses to engage in the program;
- DCF has had no contact with the family and has been unable to investigate the allegations; A Family Arrangement is in effect and an SDM Safety Factor is present.

3. Behavioral Health Voluntary Population Eligibility & Exclusions:

i. Target Population

- Children and youth residing in the state of Connecticut, 0-18 years of age
- The child or youth has been diagnosed with an emotional, behavioral or substance use disorder under the most recent edition of "Diagnostic and Statistical Manual of Mental Disorders" (DSM). A child or youth with a developmental disorder, as defined in the DSM, shall only be eligible if the child or youth also has an emotional, behavioral or substance use

disorder and the alleviation of said emotional, behavioral or substance use disorder is the primary purpose of the request for voluntary services

- The family presents with multiple needs and requires coordination of services to address their needs.
- The family is willing to engage in services and provide requested documentation.
- The participation of parents/caregivers in both treatment planning and treatment is both welcome and expected.
- If a child is placed outside the home to address the child's behavioral health needs, the treatment plan will outline a comprehensive plan for the return home.

ii. Exclusions

- The family has an active DCF investigation or ongoing services involvement;
- The family refuses to engage in the program;
- The child or youth is: the subject of a pending delinquency petition; has been adjudicated delinquent and is awaiting disposition, on probation, committed to the department, or on parole; or is currently involved with the adult criminal justice system due to arrest, conviction, probation or parole;
- The child has a Department of Developmental Services (DDS) case manager, a current Individual plan through DDS and has services implemented as defined in the plan;
- Out of home placement of the child or youth was made prior to the request for the Voluntary Care Management program.

4. Children, youth, and families shall not be eligible for the Prevention Services Care Management program under the following conditions:

- The family is subject to an active DCF investigation or ongoing services involvement;
- The child or youth is the subject of a pending delinquency petition; has been adjudicated delinquent and is awaiting disposition, on probation, committed to the department, or on parole; or is currently involved with the adult criminal justice system due to arrest, conviction, probation, or parole; and/or
- The child has a Department of Developmental Services (DDS) case manager, a current Individual plan through DDS and has services implemented as defined in the plan.

(c) Length of Stay/Hours of Operation: Proposals must include hours of operation for the program and how length of stay expectations will be met.

- The Contractor will be available to accept referrals during normal business hours, Monday-Friday / 9:00am-5:00pm, 52 weeks per year. The Contractor is expected to provide 24/7 availability for emergency situations. The Contractor is expected to offer flexible hours including evening and/or weekend hours to accommodate the needs of youth and families, both foster and birth. During holiday periods Contractors are expected to clearly communicate their coverage plan to families and DCF
- The expected duration of services shall be based on the family's level of identified need, but is generally anticipated to be 6-9 months.

(d) Referral & Intake: Proposals must describe how the Applicant will establish their referral and intake process, to include referrals from multiple sources, and in accordance with DCF's expectations:

- A request for services shall be submitted to the CME. Any concerned or interested party may submit such request, including, but not limited to, a medical practitioner, a community service agency, an educational body, the DCF Careline or self-referral.
- If a referral is deemed not eligible (i.e. if a youth or family does not fit the target population and/or is subject to the exclusionary criteria), the Contractor will contact the client to discuss alternative referral options.
- The Contractor will review the referral and assign staff for an initial assessment within two (2) business days of receiving a completed referral, inclusive of all required elements.
- The Contractor will contact the family directly for introductory purposes, provide a brief overview of the program and respond to questions within two (2) business days.
- When parents reside in separate households, the child spends time in both households, and both parents are willing to participate in the program, the Contractor shall engage both parents in this process. This will constitute one referral.
- For families known to DCF:
During the course of a DCF investigation or upon closure of a DCF investigation, if the family appears to meet the eligibility criteria for the Care Management program, a triage meeting will be held in the regional office and DCF staff will help the family to initiate a referral to the CME.

If a subsequent DCF report is made to and accepted by the DCF Careline on the family following the transition to Care Management services, and the program is actively working with the family, the DCF staff will communicate with the contractor and the family for the purposes of sharing information, providing updates, enhancing the assessment, and avoiding duplication of services. DCF will make a determination as to whether it would be helpful and/or appropriate for the family to continue receiving Care Management services.

- (e) Assessments: The proposal must describe the Applicant's experience completing comprehensive assessments during an intake phase and must describe how the Applicant will adhere to DCF's referral expectations:
- Upon receiving a referral, the CME will begin the 'assessment protocol'. A key aspect of the assessment protocol will be to engage and build a relationship with the referred children and families.
 - i. The initial assessment shall be completed within two (2) business days of receiving a referral. The initial assessment should first evaluate safety, using a validated safety assessment tool that will identify whether current, significant, and clearly observable threats exist to the safety of the child or youth. If there is a safety concern, the CME will make a referral to the Careline for further evaluation. The initial assessment should also evaluate whether the referred youth and families align with Connecticut's target population.
 - ii. The remainder of the assessment protocol shall occur within seven (7) business days of receipt of referral. This will include an evaluation of the child and family's risks, strengths, and needs to inform case planning and service matching, including needs related to poverty and any public programs for which the family may be eligible. The CME may select the specific standardized assessment tools used to identify risk, strengths, and needs, but it must be evidence-based and must facilitate trust-building and family engagement.
 - iii. At the end of seven (7) business days, the CME shall initiate the Child-Specific Prevention Plan, including identification of all services and supports that align with child and family needs and seek to ensure family stability and well-being. Families and children, when appropriate, should co-develop the Child Specific Prevention Plan and drive the selection of prevention services.
 - iv. Services offered by the Contractor may include referrals to and utilization of other public and private community services as needed to carry out the Child-Specific Prevention Plan.
 - v. Assessments will be readministered every 6 months
- (f) Alternative Insurance Resources: Proposals must describe the Applicant's experience with third party insurance billing and how they will ensure a screening process for all referrals to ensure that all available insurance billing as being maximized prior to utilization of DCF resources.
- (g) Child Specific Prevention Plan of Care Development: The Applicant must describe their experience developing case plans, service plans or treatment plans utilizing a holistic and multidisciplinary approach, as well as their experience developing and maintaining natural community supports. Minimally, the CME will be required to be:
- Developed with the primary goal of diversion from DCF involvement;
 - Written in a language that the family understands;
 - Realistic with attainable goals developed with a thorough understanding of the family's situation;
 - Inclusive of tools for dialogue; and
 - Multifaceted- both Family First-related requirements and elements designed to comprehensively address family needs and risks of further child welfare involvement. These elements may include navigating access to public benefits for which the family may be eligible and other concrete supports that would promote child safety and family stability.
1. In partnership with the family, the CME will develop a Plan for every client. The template for such Plan will be approved by DCF and will incorporate the client's Families First candidacy designation and any other Families First requirements determined by DCF and will be developed with active participation of the client and the client's family, to include signature of the child's legal guardian.
 2. The Plan will be provided to any direct service agency the CME refers the client to for services.
 3. For any client referred to a Families First Prevention Clearinghouse-approved service, the Plan will be sent to the DCF Revenue Enhancement Unit (RED) within five (5) business days of completion.
 4. Plans will be monitored by the CME, in collaboration with any direct service provider the client was referred to, and will, minimally, be updated quarterly (three (3) month intervals). Updated Plans will be sent to DCF RED within five (5) business days of update.

- (h) Referral, Case Management & Frequency of Contact: Proposals must demonstrate the Applicant's experience with referral of clients to direct services and maintaining a relationship with those entities providing direct services for case management activities. It is DCF's expectation that the CME, once assessments and development of a Prevention Plan have been completed, develop and maintain community relationships for the referral of each child to the services identified as a need in the Prevention Plan. It is also DCF's expectation that the CME function as the Case Manager to ensure that children and families are engaging in the services they are referred to, which minimally, shall include a quarterly meeting with the family and the family's service provider. Under no circumstances will the CME be permitted to self-refer to services offered under the provider's service array.

In the case of a Community Pathways referral, the CME shall refer to DCF-contracted, Families First-claimable services only. All other services identified as a need in the child's Prevention Plan must be addressed either through natural community supports or third party insurance.

In the case of a referral under the other two (2) identified populations, the CME shall be free to refer to any DCF-contracted service that is open to community referrals, or any other necessary service that is designed to prevent instances of abuse, neglect or maltreatment or to meet a child's identified behavioral health need. In all cases, alternative payors shall be promulgated, with DCF as the payor of last resort.

- (i) Direct Service Payment: Proposals must describe how the Applicant will manage direct payment for services identified as needed for children accessing the CME under the Known to DCF and Behavioral Health populations when such services are not under the DCF-contracted service array and are not covered by any other insurance or Medicaid entitlements.

Note: Funding for these services will be provided to the awarded Contractor as a result of this RFP, under separate contract with DCF. Use of Wrap funding shall be in accordance with DCF guidelines. Requests shall be connected to the family's initial Prevention Plan and authorized by the Contractor.

4. Staffing Requirements

It is DCF's expectation that Care Manager caseload ratios be established at 25-30 families at any given time, and that the minimum staffing model below will be adhered to:

POSITION	FTE
Clinical Supervisor	7
Care Manager	47
Family Peer Specialist	10

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. Minimally:

Clinical Supervisor: The Clinical Supervisor/Manager will hold a master's degree and be licensed in the state of Connecticut in social work, psychology, or other appropriate licensure category commensurate with their degree, with at least five years' experience working with children and families, and at least three years supervisory experience. The supervisor will oversee the implementation of the program and provide case consultation, support, and supervision and ensure alignment with programmatic goals and expectations.

Care Manager: The Care Manager (CM) will possess a master's degree in the human services or clinical field, and be licensed or license eligible (i.e., Licensed Clinical Social Worker, Licensed Master of Social Work, etc.), and must possess experience providing direct services to families with complex behavioral health needs. The CM will assume the following responsibilities:

- Develop and complete the initial prevention/care plan based on the articulated need and request in the service referral;
- Coordinate and authorize direct services in alignment with the initial prevention/care plan;
- Connect, authorize, and refer families to needed resources and services in the community;
- Engage families in an assessment of strengths, resources and service needs;
- Perform ongoing risk and safety monitoring in partnership with the family;
- Monitor the effectiveness of the prevention services provided and modify/close the care plan in partnership with the family when indicated; and
- Engage in continuous quality improvement activities and processes

Family Peer Specialist: Family Peer Support Specialists should be or have been parents or caregivers of children who have navigated public systems relevant to the target populations, have had personal experience with one of the eligibility criteria (see Part I, Section D of this contract), and or someone in their immediate family has had experience with one or more of the eligibility criteria.

Family Peer Support Specialists must have knowledge of the public systems relevant to the identified target populations. Family Peer Support Specialists must have excellent communication, networking, and organizational skills; and the ability to work with individuals from diverse cultural, educational, and economic backgrounds. Family Peer Support Specialists should have five years or more of relevant experience.

When selecting staff for the position, the Contractor will respond to the cultural and linguistic needs of the population being served in the region.

Claims Processor/Insurance Specialist: The Claims Processor will have a high school/GED diploma, with at least one year of claims processing or insurance billing experience. The Claims Processor will be responsible for:

- Coordinating the provision of information for the DCF Referral population (any individual with a Behavioral Health diagnosis) to DCF for coordination of review with the Office of the Healthcare Advocate; and
- Maximizing the utilization of all 3rd party billing and entering and processing behavioral health claims in accordance with claims policies and procedures prior to utilization of DCF funding for this program.

Data Manager: The Data Manager will have a preferred master's degree with a minimum of two (2) years' experience in the healthcare data field or bachelors' degree with a minimum of five (5) years' experience in the healthcare data field. The Data Manager will provide analytical support for clinical informatics, program evaluation, quality improvement and outcome projects and serve as the liaison to the DCF Revenue Enhancement Division to ensure proper receipt of documentation necessary to determine Title IV-E or Families First Prevention Act eligibility and claiming mechanisms.

Quality Outcome Manager: The Quality Outcome Manager will have a minimum of five to seven (5-7) years' experience with a master's degree in analytics or human services. The Quality Outcome Manager will oversee reporting and outcomes measurement/production for the program.

Upon DCF request, exceptions to the position requirements can be requested for bilingual capacity or relevant background experience. When selecting staff for the position, the Contractor will respond to the cultural and linguistic needs of the population being served in the region.

(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: The Contractor will assure all CMs and Family Peer Specialists participate in Contractor approved training modules and DCF-mandated training modules. The Contractor will require and monitor training participation to support continued education and staff development. Specific trainings will include:

1. Family First orientation trainings including skills and strategies needed to develop, adjust, and monitor child specific prevention plans including identifying the information needed to make a candidacy redetermination recommendation to DCF.
2. DCF's safety practice model (ABCD Child Safety Practice Model) in order to ensure a clear understanding of whether a call to the Careline is necessary.

3. Multicultural and Linguistically Competent Training and Service Delivery. The Contractor will:
 - provide culturally and linguistically competent training for their staff members; and
 - ensure multicultural competence in the hiring of staff and the implementation of work.

The preferred method of ensuring culturally competent care is the hiring of bilingual or multilingual staff. Only in the limited instances where no bilingual staff is available, is the use of interpretive services permitted.

5. Work Plan & Implementation Timeline

Programs should be available by **March 1, 2023**. Proposals should clearly define the timelines and work processes leading up to availability of services.

Proposals must include a detailed start-up process and timeline, including a description of the following:

- The process for hiring, orienting and training staff;
- The process for transitioning existing clients of this level of care from an incumbent provider;
- All licensure activities; and
- The date when applicants will begin to accept referrals.

6. Partnerships and Community Linkages

- (a) DCF Communication: Describe the agency's plan to collaborate and communicate with DCF Area Offices and Central Office, specifically the Revenue Enhancement Division.

Note: Preference will be given, through the scoring tool utilized by the Review and Evaluation Committee for this RFP, to current applicants with demonstrated positive history of communication and responsiveness to DCF, as measured at the Area Office level, through staff interaction.

- (b) Community Linkages: Describe the agency's effective mechanisms for fostering communication and coordination among families, service providers, and community supports during the treatment episode.

7. Performance Measures

Proposals must demonstrate the agency's success in achieving positive outcomes related to the outcomes listed in the attached Scope of Service.

8. Contract Management/Data Reporting

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.

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) 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.

- (b) 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.

9. Sub-Contractors

The use of sub-contractors is prohibited for this service.

■ **D. BUDGET AND FINANCIAL OBLIGATIONS**

1. Financial Requirements

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 Attachment 6. 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

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

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.

III. PROPOSAL SUBMISSION OVERVIEW**■ A. SUBMISSION FORMAT INFORMATION**

- 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– Forms.
- 3. Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline.
- 4. Attachments.** Attachments other than the required Appendices or Forms identified in the RFP 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:
 - Paper Size: Standard Letter
 - Print Style: 2-sided
 - Page Limit: 20 Single-Sided (10 sheets of Paper, printed Double-Side) for Section IV.E (Main Proposal)
 - Font Size: 12
 - Font Type: Times New Roman
 - Margins: Normal
 - Line Spacing: 1.5
- 7. 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.
- 8. Packaging and Labeling Requirements.** N/A.
- 9. 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 prior to submission. 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).
- 10. Conflict of Interest- Disclosure Statement.** Proposers must include, in Section D of their proposal, 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 Agency 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."*

■ B. EVALUATION OF PROPOSALS

1. Evaluation Process. It is the intent of the Agency 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 Agency will conform with its written procedures for POS and PSA 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). Final funding allocation decisions will be determined during contract negotiation.

2. Evaluation Review Committee. The Agency will designate a Review Committee to evaluate proposals submitted in response to this RFP. The Review Committee will be composed of individuals, Agency staff or other designees as deemed appropriate. The contents of all submitted proposals, including any confidential information, will be shared with the Review 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. The Review Committee shall evaluate all proposals that meet the Minimum Submission Requirements by score and rank ordered and make recommendations for awards. The Agency Head will make the final selection. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Review Committee may result in disqualification of the proposer.

3. Minimum Submission Requirements. 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) meet the Eligibility and Qualification requirements to respond to the procurement, (4) follow the required Proposal Outline; and (5) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Agency 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 Review Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The weights are disclosed below:

- Organizational Requirements **10 points**
- Cultural & Linguistically Competent Care **15 points**
- Service Requirements **30 points**
- Staffing Plan **5 points**
- Work Plan & Implementation Timeline **6 points**
- Partnerships & Community Engagement **10 points**
- Performance Measures **5 points**
- Contract Management & Data Reporting **5 points**
- Financial Profile **2 points**
- Budget and Budget Narrative **10 points**
- Appendices **2 points**

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

5. Proposer Selection. Upon completing its evaluation of proposals, the Review Committee will submit the rankings of all proposals to the Commissioner or Agency Head. The final selection of a successful proposer is at the discretion of the Commissioner or Agency Head. Any proposer selected will be so notified and

awarded an opportunity to negotiate a contract with the Agency. Such negotiations may, but will not automatically, result in a contract. 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 Agency's discretion, about the outcome of the evaluation and proposer selection process. The Agency reserves the right to decline to award contracts for activities in which the Commissioner or Agency Head considers there are not adequate respondents.

- 6. Debriefing.** Within ten (10) days of receiving notification from the Agency, 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 Agency 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 Agency may schedule and hold the debriefing meeting within fifteen (15) days of the request. The Agency will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
- 7. Appeal Process.** Proposers may appeal any aspect the Agency's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Agency 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 Agency to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
- 8. Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Agency's contracting procedures, which may include approval by the Office of the Attorney General. Fully executed and approved contracts will be posted on State Contracting Portal and the Agency website.

IV. REQUIRED PROPOSAL SUBMISSION OUTLINE AND REQUIREMENTS

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a. Quality Improvement Experience	
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- F. 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

- G. Attachments**
- 1. Attachment #1 Table of Organization**
- 2. Attachment #2 Culturally Diverse Communities**
- 3. Attachment #3 Culturally Diverse Families**
- 4. Attachment #4 Culturally Diverse Organizations (Notification to Bidders)**

To access the Notification to Bidders Package, please go to the following link:

<https://portal.ct.gov/-/media/CHRO/NotificationtoBidderspdf.pdf>

- 5. Attachment #5 Culturally Diverse Organizations (CLAS Plan) (if appl.)**
- 6. Attachment #6 Financial Profile (if req.)**

V. 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 Agency may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the 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 Agency 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 Agency 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 Agency 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 Agency 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 Agency may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Agency, 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 Agency. The Agency 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 Agency. At its sole discretion, the Agency 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 Agency, 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 Agency 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 Agency 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 Agency 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 Agency and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the 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 Agency 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 Agency.
2. **Amending or Canceling RFP.** The Agency reserves the right to amend or cancel this RFP on any date and at any time, if the Agency deems it to be necessary, appropriate, or otherwise in the best interests of the State.
3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Agency may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Award and Rejection of Proposals.** The Agency 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 Agency may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Agency reserves the right to reject the 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 Agency reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Agency further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Agency may seek Best and Final Offers (BFO) on cost from proposers. The Agency may set parameters on any BFOs received.
7. **Clerical Errors in Award.** The Agency reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to 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 Agency is the sole funder of a purchased service, the Agency reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Agency also reserves the right to approve replacements for key personnel who have terminated employment. The Agency further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Agency.

■ **E. STATUTORY AND REGULATORY COMPLIANCE**

By submitting 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 ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.

3. Consulting Agreements, C.G.S. § 4a-81. Consulting Agreements Representation, C.G.S. § 4a-81. Pursuant to C.G.S. §§ 4a-81 the successful contracting party shall certify that it has not entered into any consulting agreements in connection with this Contract, except for the agreements listed below. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information, or (C) any other similar activity related to such contracts. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of chapter 10 of the Connecticut General Statutes as of the date such contract is executed in accordance with the provisions of section 4a-81 of the Connecticut General Statutes. Such representation shall be sworn as true to the best knowledge and belief of the person signing the resulting contract and shall be subject to the penalties of false statement.

4. Campaign Contribution Restriction, C.G.S. § 9-612. For all State contracts, defined in section 9-612 of the Connecticut General Statutes as having a value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to the resulting contract must represent that they have received the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice, as set forth in "Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations." Such notice is available at:

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

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

(1) That no gifts were made by (A) the Contractor, (B) any principals and key personnel of the Contractor, who participate substantially in preparing bids, proposals or negotiating State contracts, or (C) any agent of the Contractor or principals and 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 requests 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;

(2) That no such principals and key personnel of the Contractor, or agent of the Contractor or of such principals and key personnel, knows of any action by the Contractor to circumvent such prohibition on

gifts by providing for any other principals and key personnel, official, employee or agent of the Contractor to provide a gift to any such public official or State employee; and

(3) That the Contractor is submitting bids or proposals without fraud or collusion with any person. Any bidder or proposer that does not agree to the representations required under this section shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified bidder or seek new bids or proposals.

- 6. Iran Energy Investment Certification C.G.S. § 4-252(a).** Pursuant to C.G.S. § 4-252(a), the successful contracting party shall certify the following: (a) that it has not made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, and has not increased or renewed such investment on or after said date. (b) If the Contractor makes a good faith effort to determine whether it has made an investment described in subsection (a) of this section it shall not be subject to the penalties of false statement pursuant to section 4-252a of the Connecticut General Statutes. A "good faith effort" for purposes of this subsection includes a determination that the Contractor is not on the list of persons who engage in certain investment activities in Iran created by the Department of General Services of the State of California pursuant to Division 2, Chapter 2.7 of the California Public Contract Code. Nothing in this subsection shall be construed to impair the ability of the State agency or quasi-public agency to pursue a breach of contract action for any violation of the provisions of the resulting contract.
- 7. Nondiscrimination Certification, C.G.S. § 4a-60 and 4a-60a.** If a bidder is awarded an opportunity to negotiate a contract, the proposer must provide the State agency with *written representation* in the resulting contract that certifies the bidder complies with the State's nondiscrimination agreements and warranties. This nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The authorized signatory of the contract shall demonstrate his or her understanding of this obligation by either (A) initialing the nondiscrimination affirmation provision in the body of the resulting contract, or (B) providing an affirmative response in the required online bid or response to a proposal question, if applicable, which asks if the contractor understands its obligations. If a bidder or vendor refuses to agree to this representation, such bidder or vendor shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked vendor or the next lowest responsible qualified bidder or seek new bids or proposals.
- 8. Access to Data for State Auditors.** The Contractor shall provide to OPM access to any data, as defined in C.G.S. § 4e-1, concerning the resulting contract that are in the possession or control of the Contractor upon demand and shall provide the data to OPM in a format prescribed by OPM [or the Client Agency] and the State Auditors of Public Accounts at no additional cost.

VI. APPENDIX

A. 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)
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
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)
RFP	Request for Proposal
SEEC	State Elections Enforcement Commission (CT)
U.S.	United States

- *contractor*: a private provider organization, CT State agency, or municipality that enters into a POS contract with the Agency as a result of this RFP
- *proposer*: a private provider organization, CT State agency, or municipality that has submitted a proposal to the Agency in response to this RFP. This term may be used interchangeably with respondent throughout the RFP.
- *prospective proposer*: a private provider organization, CT State agency, or municipality that may submit a proposal to the Agency 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 Agency as a result of this RFP

B. Appendix #1: Proposal Checklist

To assist respondents in managing proposal planning and document collation processes, this document summarizes key dates and proposal requirements for this RFP. This document does not supersede what is stated in the RFP. It is the responsibility of each respondent to ensure that all required documents, forms, and attachments, are submitted in a timely manner.

C. Appendix #2: Letter of Intent

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

D. Appendix #3: Proposal Cover Sheet

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

E. Appendix #4: Prevention Services Care Management Entity Scope of Service

For reference only

PROPOSAL CHECKLIST**Key Dates**

Procurement Timetable		
The Agency reserves the right to modify these dates at its sole discretion.		
Item	Action	Date
1	Bidders Conference	1:00PM / November 18, 2022
2	Question Submission Deadline	3:00 PM / December 1, 2022
3	Release of Answers	December 8, 2022
4	Letter of Intent Submission Deadline	3:00 PM / December 15, 2022
5	Proposal Submission Deadline	3:00 PM / January 5, 2023
6	Program Implementation Target Date	March 1, 2023

Registration with State Contracting Portal (if not already registered):

- Register at: <https://portal.ct.gov/DAS/CTSource/Registration>
- Submit Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>
- Submit Proof of Entity Status (if applicable)
- Submit Notification to Bidders package
- Submit Proof of Secretary of the State recognition (CT Business License)

Letter of Intent

- Submit by 12/15/22 (3:00PM)

Proposal Content Checklist

- Cover Sheet** (using RFP Appendix #3)
- Table of Contents** (using RFP Section IV (Table of Contents))
- Declaration of Confidential Information**
- Conflict of Interest Disclosure**
- Main Proposal**
- Budget**
- Attachments**

Formatting Checklist

- Is the proposal formatted to fit 8 ½ x 11 (letter-sized) paper?
- Is the main body of the proposal within the page limit?
- Is the proposal in 12-point, Times New Roman font?
- Does the proposal format follow normal (1 inch) margins and 1 ½ line spacing?
- Does the proposer's name appear in the header of each page?
- Does the proposal include page numbers in the footer?
- Are confidential labels applied to sensitive information (if applicable)?

**LETTER OF INTENT
(MANDATORY NON-BINDING)**

Date: _____

Our agency is planning to apply for funding in response to the RFP entitled ***Prevention Care Management Entity***.

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 **December 15, 2022** to **Erin Mahony (DCF.FISCALCONTRACTS@ct.gov)**.

PROPOSAL COVER SHEET

Prevention Care Management Entity
Request for Proposals

Name of 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: _____

PREVENTION SERVICES CARE MANAGEMENT ENTITY**A. Service Description and Capacity****1. Service Description**

The Prevention Services Care Management Entity (CME) will work with families, local providers, and DCF to ensure access for Connecticut's children and their families to parenting services, behavioral health services and other services that prevent instances of child abuse and neglect. The Contractor will provide intensive care coordination using a wraparound approach to achieve optimal outcomes for children, youth, and families through comprehensive needs assessments and the use of care management, service referral, and monitoring of ongoing progress of families.

The CME will function as the 'Hub' for assessment and coordination of/referral to direct services for three (3) distinct populations of children and families within the State of Connecticut:

- **Community Pathways Population:** The term "Community Pathways" population, as utilized in this scope of service is defined as children and families experiencing specific behaviors, conditions, or circumstances that are likely to have an adverse impact on a child's development or functioning, who do not fall under a Behavioral Health diagnosis and who do not meet the Target Population parameters for the Known to DCF cohort defined herein, and for whom:
 - i. research establishes that such characteristics or conditions place them at increased risk for maltreatment, involvement with the child welfare system, or out-of-home placement; and
 - ii. treatment provision by a DCF-funded Families First Prevention Clearinghouse-approved service is indicated.
- **Known to DCF Population:** The term "Known to DCF" population, as utilized in this scope of service is defined as children and families for whom a DCF abuse and neglect investigation was unsubstantiated, but who are experiencing specific behaviors, conditions, or circumstances that could be mitigated by the provision of direct service intervention.
- **Behavioral Health Voluntary Population:** The term "Behavioral Health Voluntary" population as utilized in this scope of service is defined as children and youth, with no nexus to DCF, who have a serious mental/behavioral health or Serious Emotional Disturbance (SED) diagnosis, who require services/supports to meet those needs for the primary purpose of receiving mental health or behavioral health related services.

2. Contract Capacity

The Contractor shall serve the number of children and families as defined in Part I, Section B.1 of this contract.

Care Manager caseloads shall be established at 25-30 families at any given time, dependent on severity of need. The length of service provided to families shall be based on the family's level of identified need but shall generally last 6-9 months.

B. Service Delivery Requirements**1. Target Population****a. Community Pathways Population Eligibility & Exclusions:****i. Target Population**

- Children and youth residing in the state of Connecticut, 0-18 years of age;
- Children who are chronically absent from preschool/school or are truant from school;
- Youth that have exited foster care;
- Children of incarcerated parents;
- Trafficked youth;
- Unstably housed/homeless youth and their families;
- Families, with children 0-18 years of age, experiencing interpersonal violence;
- Youth who have been referred to a juvenile review board, youth service bureau, other diversion program, or who have been arrested;
- Caregiver with or children or youth who are 0-18 years of age who have a substance use disorder, mental health condition, or disability that impacts parenting; and/or
- Infants born substance-exposed as defined by the state's Child Abuse Prevention and Treatment Act (CAPTA).

ii. Exclusions

There are no exclusions for this population. Children and youth under current jurisdiction of another Connecticut state agency's purview (i.e., Judicial, Department of Developmental Services), will not be automatically excluded for the services available to this population, but will be reviewed by the CME for appropriateness of referral.

b. Known to DCF Population Eligibility & Exclusions:

- i. Target Population
 - Children and youth residing in the state of Connecticut, 0-18 years of age
 - An unsubstantiated finding at the disposition of a DCF investigation;
 - Families with a prior substantiated history;
 - Family presents with needs and requires family care coordination of services to address their needs;
 - Based on the family's level of need and risk factors, they could be transferred to DCF ongoing services if this program was not available; and/or
 - A Family Arrangement is in effect with no SDM Safety Factors present.
 - ii. Exclusions
 - Active Family Assessment Response (FAR);
 - Neglect Petitions are being recommended or have been filed with Superior Court, Juvenile Matters on behalf of the children;
 - Unresolved Safety Factors (children determined to be Conditionally Safe and a Safety Plan is in effect or children who have been removed from the home due to the presence of an SDM Safety Factor and no interventions could be implemented to maintain children safely in the home);
 - Family refuses to engage in the program;
 - DCF has had no contact with the family and has been unable to investigate the allegations;
 - A Family Arrangement is in effect and an SDM Safety Factor is present.
- c. Behavioral Health Voluntary Population Eligibility & Exclusions:
- i. Target Population
 - Children and youth residing in the state of Connecticut, 0-18 years of age
 - The child or youth has been diagnosed with an emotional, behavioral or substance use disorder under the most recent edition of "Diagnostic and Statistical Manual of Mental Disorders" (DSM). A child or youth with a developmental disorder, as defined in the DSM, shall only be eligible if the child or youth also has an emotional, behavioral or substance use disorder and the alleviation of said emotional, behavioral or substance use disorder is the primary purpose of the request for voluntary services
 - The family presents with multiple needs and requires coordination of services to address their needs.
 - The family is willing to engage in services and provide requested documentation.
 - The participation of parents/caregivers in both treatment planning and treatment is both welcome and expected.
 - If a child is placed outside the home to address the child's behavioral health needs, the treatment plan will outline a comprehensive plan for the return home.
 - ii. Exclusions
 - The family has an active DCF investigation or ongoing services involvement;
 - The family refuses to engage in the program;
 - The child or youth is: the subject of a pending delinquency petition; has been adjudicated delinquent and is awaiting disposition, on probation, committed to the department, or on parole; or is currently involved with the adult criminal justice system due to arrest, conviction, probation or parole;
 - The child has a Department of Developmental Services (DDS) case manager, a current Individual plan through DDS and has services implemented as defined in the plan;
 - Out of home placement of the child or youth was made prior to the request for the Voluntary Care Management program.

Children, youth, and families shall not be eligible for the Prevention Services Care Management program under the following conditions:

- The family is subject to an active DCF investigation or ongoing services involvement;
- The child or youth is the subject of a pending delinquency petition; has been adjudicated delinquent and is awaiting disposition, on probation, committed to the department, or on parole; or is currently involved with the adult criminal justice system due to arrest, conviction, probation, or parole; and/or
- The child has a Department of Developmental Services (DDS) case manager, a current Individual plan through DDS and has services implemented as defined in the plan.

2. Referral Process

- a. A request for services shall be submitted to the CME. Any concerned or interested party may submit such request, including, but not limited to, a medical practitioner, a community service agency, an educational body, the DCF Careline or self-referral.
- b. If a referral is deemed not eligible (i.e. if a youth or family does not fit the target population and/or is subject to the exclusionary criteria), the Contractor will contact the client to discuss alternative referral options.

- c. The Contractor will review the referral and assign staff for an initial assessment within two (2) business days of receiving a completed referral, inclusive of all required elements.
- d. The Contractor will contact the family directly for introductory purposes, provide a brief overview of the program and respond to questions within two (2) business days.
- e. When parents reside in separate households, the child spends time in both households, and both parents are willing to participate in the program, the Contractor shall engage both parents in this process. This will constitute one referral.
- f. For families known to DCF:
 - i. During the course of a DCF investigation or upon closure of a DCF investigation, if the family appears to meet the eligibility criteria for the Care Management program, a triage meeting will be held in the regional office and DCF staff will help the family to initiate a referral to the CME.
 - ii. If a subsequent DCF report is made to and accepted by the DCF Careline on the family following the transition to Care Management services, and the program is actively working with the family, the DCF staff will communicate with the contractor and the family for the purposes of sharing information, providing updates, enhancing the assessment, and avoiding duplication of services. DCF will make a determination as to whether it would be helpful and/or appropriate for the family to continue receiving Care Management services.

3. Operating Hours

The Contractor shall accept statewide referrals and will be available to accept referrals during normal business hours, Monday-Friday, 9:00am-5:00pm, 52 weeks per year. The Contractor will adopt policies and practices to ensure that staff schedules are flexible and adjustable in order to better accommodate the schedules and needs of families.

4. Staffing Model

The Contractor will provide sufficient staff resources to deliver all required components of this contract, as defined in Part I, Section B.2 of this contract.

a. Care Manager

The Care Manager (CM) will possess a master's degree in the human services or clinical field, and be licensed or license eligible (i.e., Licensed Clinical Social Worker, Licensed Master of Social Work, etc.), and must possess experience providing direct services to families with complex behavioral health needs. The CM will assume the following responsibilities:

- Develop and complete the initial prevention/care plan based on the articulated need and request in the service referral;
- Coordinate and authorize direct services in alignment with the initial prevention/care plan;
- Connect, authorize, and refer families to needed resources and services in the community;
- Engage families in an assessment of strengths, resources and service needs;
- Perform ongoing risk and safety monitoring in partnership with the family;
- Monitor the effectiveness of the prevention services provided and modify/close the care plan in partnership with the family when indicated; and
- Engage in continuous quality improvement activities and processes.

b. Clinical Supervisor/Manager

The Clinical Supervisor/Manager will hold a master's degree and be licensed in the state of Connecticut in social work, psychology, or other appropriate licensure category commensurate with their degree, with at least five years' experience working with children and families, and at least three years supervisory experience. The supervisor will oversee the implementation of the program and provide case consultation, support, and supervision and ensure alignment with programmatic goals and expectations.

c. Claims Processor/Insurance Specialist

The Claims Processor will have a high school/GED diploma, with at least one year of claims processing or insurance billing experience. The Claims Processor will be responsible for:

- Coordinating the provision of information for the DCF Referral population (any individual with a Behavioral Health diagnosis) to DCF for coordination of review with the Office of the Healthcare Advocate; and
- Maximizing the utilization of all 3rd party billing and entering and processing behavioral health claims in accordance with claims policies and procedures prior to utilization of DCF funding for this program.

d. Family Peer Specialist

Family Peer Support Specialists should be or have been parents or caregivers of children who have navigated public systems relevant to the target populations, have had personal experience with one of the eligibility criteria (see Part I, Section D of this contract), and or someone in their immediate family has had experience with one or more of the eligibility criteria.

Family Peer Support Specialists must have knowledge of the public systems relevant to the identified target populations. Family Peer Support Specialists must have excellent communication, networking, and organizational skills; and the ability to work with individuals from diverse cultural, educational, and economic backgrounds. Family Peer Support Specialists should have five years or more of relevant experience.

When selecting staff for the position, the Contractor will respond to the cultural and linguistic needs of the population being served in the region.

e. Data Manager

The Data Manager will have a preferred master's degree with a minimum of two (2) years' experience in the healthcare data field or bachelors' degree with a minimum of five (5) years' experience in the healthcare data field. The Data Manager will provide analytical support for clinical informatics, program evaluation, quality improvement and outcome projects and serve as the liaison to the DCF Revenue Enhancement Division to ensure proper receipt of documentation necessary to determine Title IV-E or Families First Prevention Act eligibility and claiming mechanisms.

f. Quality Outcome Manager

The Quality Outcome Manager will have a minimum of five to seven (5-7) years' experience with a master's degree in analytics or human services. The Quality Outcome Manager will oversee reporting and outcomes measurement/production for the program.

Upon DCF request, exceptions to the position requirements can be requested for bilingual capacity or relevant background experience. When selecting staff for the position, the Contractor will respond to the cultural and linguistic needs of the population being served in the region.

5. Pre-Service and Ongoing Training for Staff

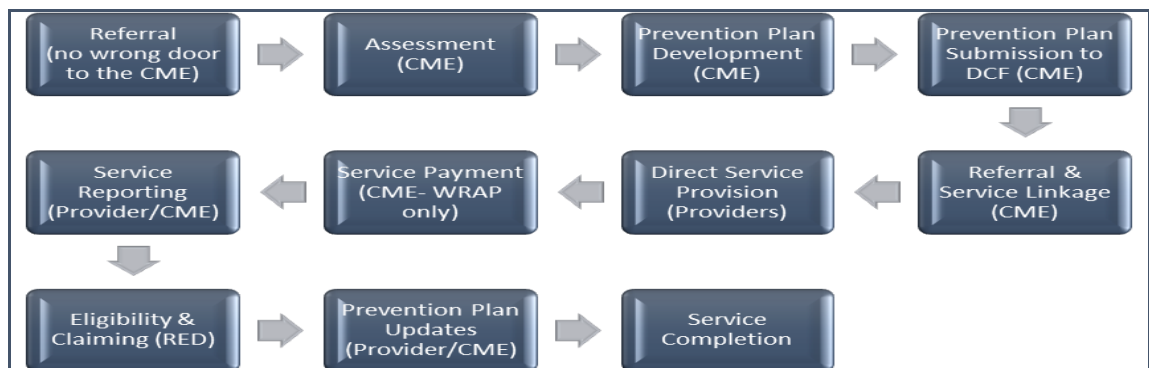
The Contractor will assure all CMs and Family Peer Specialists participate in Contractor approved training modules and DCF-mandated training modules. The Contractor will require and monitor training participation to support continued education and staff development. Specific trainings will include:

- a. Family First orientation trainings including skills and strategies needed to develop, adjust, and monitor child specific prevention plans including identifying the information needed to make a candidacy redetermination recommendation to DCF.
- b. DCF's safety practice model (ABCD Child Safety Practice Model) in order to ensure a clear understanding of whether a call to the Careline is necessary.
- c. Multicultural and Linguistically Competent Training and Service Delivery. The Contractor will:
 - provide culturally and linguistically competent training for their staff members; and
 - ensure multicultural competence in the hiring of staff and the implementation of work.

The preferred method of ensuring culturally competent care is the hiring of bilingual or multilingual staff. Only in the limited instances where no bilingual staff is available, is the use of interpretive services permitted.

6. Service Delivery

The Prevention Services Care Management Entity will be established to receive, assess, and link children and families to services geared towards preventing instances of child abuse and neglect and to monitor such provision of services and ensure the flow of information necessary to maximize Connecticut's claiming activities under the Families First Prevention Services Act in accordance with the following service progression:



- a. **Frequency of Contact**

The frequency of contact between the family and the Contractor shall be as needed and determined by the Care Manager after assessing the family needs and referring for direct service provision. Minimally, the CME is required to meet quarterly with the family or the family's service provider to assess service progress and on-going needs.
- b. **Assessment**

Upon receiving a referral, the CME will begin the 'assessment protocol'. A key aspect of the assessment protocol will be to engage and build a relationship with the referred children and families.

 - i. The initial assessment shall be completed within two (2) business days of receiving a referral. The initial assessment should first evaluate safety, using a validated safety assessment tool that will identify whether current, significant, and clearly observable threats exist to the safety of the child or youth. If there is a safety concern, the CME will make a referral to the Careline for further evaluation. The initial assessment should also evaluate whether the referred youth and families align with Connecticut's target population.
 - ii. The remainder of the assessment protocol shall occur within seven (7) business days of receipt of referral. This will include an evaluation of the child and family's risks, strengths, and needs to inform case planning and service matching, including needs related to poverty and any public programs for which the family may be eligible. The CME may select the specific standardized assessment tools used to identify risk, strengths, and needs, but it must be evidence-based and must facilitate trust-building and family engagement.
 - iii. At the end of seven (7) business days, the CME shall initiate the Child-Specific Prevention Plan, including identification of all services and supports that align with child and family needs and seek to ensure family stability and well-being. Families and children, when appropriate, should co-develop the Child Specific Prevention Plan and drive the selection of prevention services.
 - iv. Services offered by the Contractor may include referrals to and utilization of other public and private community services as needed to carry out the Child-Specific Prevention Plan.
 - v. Assessments will be readministered every 6 months.
- c. **Maximization of Alternative Insurance Resources**

The CME will ensure the maximization of alternative insurance resources for all children and families referred to the CME. Specific to the DCF Referral and Behavioral Health Voluntary Care populations, this shall include a referral to the DCF Careline who will gather initial preliminary information and based on the information make a determination of eligibility and initiate a referral to the Office of the Healthcare Advocate to ensure all potential alternative insurance resources have been explored.
- d. **Child-Specific Prevention Plan of Care Development**

The Child-Specific Prevention Plan of Care (the "Plan") will be devoted solely to meeting a family's needs with the primary goal of providing supports that result in families being diverted from involvement with DCF. At a minimum, Plans should be:

 - Written in a language that the family understands;
 - Realistic with attainable goals developed with a thorough understanding of the family's situation;
 - Inclusive of tools for dialogue; and
 - Multifaceted- both Family First-related requirements and elements designed to comprehensively address family needs and risks of further child welfare involvement. These elements may include navigating access to public benefits for which the family may be eligible and other concrete supports that would promote child safety and family stability.
 1. In partnership with the family, the CME will develop a Plan for every client. The template for such Plan will be approved by DCF and will incorporate the client's Families First candidacy designation and any other Families First requirements determined by DCF and will be developed with active participation of the client and the client's family, to include signature of the child's legal guardian.
 2. The Plan will be provided to any direct service agency the CME refers the client to for services.
 3. For any client referred to a Families First Prevention Clearinghouse-approved service, the Plan will be sent to the DCF Revenue Enhancement Unit (RED) within five (5) business days of completion.
 4. Plans will be monitored by the CME, in collaboration with any direct service provider the client was referred to, and will, minimally, be updated quarterly (three (3) month intervals). Updated Plans will be sent to DCF RED within five (5) business days of update.
- e. **Direct Service Referral**

The CME will make direct service referral and linkage to community providers with the capacity to address the service needs identified in a child's Plan and will assist the family in accessing programs/services to address those needs.

With the support of natural community resources, the CME will provide a comprehensive, holistic, youth and family-driven way of identifying needs, to develop a service delivery strategy. The family's ideas and perspectives about what they need and what will be helpful to address those needs will drive all of the work of the CME in the development of the service delivery strategy. Specifically, the CME will maintain the capacity to provide the following key services:

- i. Facilitating families' connection to public benefits and other resources for which they may be eligible;
- ii. Helping the family build connections to non-traditional supports and services in the community, including faith-based opportunities and supports;
- iii. Identifying and helping facilitate familial and social connections, including non-custodial parents when appropriate;
- iv. Assisting with conflict resolution within the family or external agencies as necessary;
- v. Empowering families through education and support to enable them to take a lead role in planning for and responding to their family's needs.

Minimally, the CME will ensure the on-going linkage of families to the referred service for the duration of the service. For any referral to a Families First Clearinghouse-approved intervention, the CME will be responsible for follow-up through the family's second appointment.

f. **Direct Service Payment**

Referrals made to community programs operated under contract with DCF will be paid for through the DCF contract with the service provider of the program, utilizing one of DCF's purchased slots. Any of the three (3) populations referenced in Section B.1 of this scope of service shall be eligible for referral to a DCF-contracted program, contingent on meeting eligibility requirements of the program.

For the Known to DCF and Behavioral Health Voluntary Care populations defined in Section B.1 of this scope of service, the CME will maintain the capacity to manage payment for services that are not paid for under separate DCF contract and that are not covered by any insurance or Medicaid entitlements, through the Wrap Funding described herein.

The CME will provide notification to recipients of care/services that although there is no income threshold for the services provided, the State of Connecticut may recover costs if ability to pay is established, to include provision of a Notice of Liability form advising them of the State's ability to recover costs, DCF-3018 (OPM) and will obtain the most recent tax return from each family applying for services to assist in determining the recipient's ability to pay.

8. Wrap Funds

The Contractor, under separate contract with DCF, will have access to regional wrap funding to help support the concrete and basic needs of families served by the CME under the DCF Referral and Behavioral Health Voluntary Care populations defined in Section B.1 of this scope of service. Use of Wrap funding shall be in accordance with DCF guidelines. Requests shall be connected to the family's initial Plan and authorized by the Contractor.

9. Collaboration with DCF

The Contractor will at minimum participate in quarterly meetings with DCF staff at the central office level to review program data, discuss emerging issues, barriers to services, and implementation issues.

C. Data and Outcome Reporting Requirements

1. Reporting Requirements

The Contractor will establish and maintain databases to capture administrative and client level data. The Contractor will report out on all outcomes and performance expectations listed below broken out by race and ethnicity. The Contractor will develop project outcome reports that allow for assessment of the program and service utilization. The management level dashboards will be delivered to DCF via a secure server. At a minimum, these reports shall include individual member demographic information, length of stay, the number and types of services referred to, authorized and utilized. The management level dashboards will be updated on a quarterly basis. An episode starts at the first point of live contact by the Contractor with the family.

2. Outcomes Measures/Performance Expectations

The contractor will ensure that of the families who are referred, accepted, and engaged within the program;

- 80% of families will have prevention plan completed within seven (7) days of a referral
- 80% of families completed prevention services agreed upon within their Prevention Plan
- 80% of families met goals as defined by the agreed upon Prevention Plan
- 80% of families who were engaged and complete prevention services are satisfied with the program as evidenced by a Family Satisfaction Survey (based upon an agreed upon minimum sample)
- 80% of families did not experience a subsequent maltreatment substantiation within the next 12 months

- 80% of families did not experience foster care entry within the next 12 months
- 80% of families built protective capacity after engagement with the CME