

**STATE OF CONNECTICUT PROCUREMENT NOTICE**



**Request for Proposals (RFP)**

**For**

**SAFE Family Recovery  
Region 1**

**RFP Number: 230223003**

**Issued By:**

**Department of Children and Families**

**February 23, 2023**

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 / April 13, 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).

## TABLE OF CONTENTS

	<u>Page</u>
Procurement Notice . . . . .	<b>1</b>
<b>Section I — GENERAL INFORMATION . . . . .</b>	<b>3-6</b>
A. Introduction . . . . .	3
B. Instructions . . . . .	3-6
<b>Section II — PURPOSE OF RFP AND SCOPE OF SERVICES. . . . .</b>	<b>7-19</b>
A. Agency Overview . . . . .	7-8
B. Program Overview . . . . .	8-15
C. Scope of Services Description. . . . .	15-18
D. Budget & Financial Obligations . . . . .	18-19
<b>Section III — PROPOSAL SUBMISSION OVERVIEW . . . . .</b>	<b>20-22</b>
A. Submission Format Information . . . . .	20-21
B. Evaluation of Proposals . . . . .	21-22
<b>Section IV — PROPOSAL SUBMISSION OUTLINE AND REQUIREMENTS . . . . .</b>	<b>23</b>
<b>Section V — MANDATORY PROVISIONS . . . . .</b>	<b>24-28</b>
A. POS Standard Contract, Parts I and II . . . . .	24
B. Assurances . . . . .	24-25
C. Terms and Conditions . . . . .	25
D. Rights Reserved to the State . . . . .	26
E. Statutory and Regulatory Compliance . . . . .	26-28
<b>Section VI — APPENDIX . . . . .</b>	<b>29-??</b>
A. Abbreviations / Acronyms / Definitions . . . . .	29
B. Appendix #1 Proposal Checklist . . . . .	30
C. Appendix #2 Letter of Intent . . . . .	31
D. Appendix #3 Proposal Cover Sheet . . . . .	32

## I. GENERAL INFORMATION

### ■ A. INTRODUCTION

1. **RFP Name and Number.** RFP #230223003 / SAFE Family Recovery
2. **RFP Summary.** The purpose of this request is to procure substance use toxicology in the form of hair testing; Recovery Engagement Services through Screening, Brief Intervention, and Referral to Treatment (SBIRT) to assess the need for substance use treatment and recovery supports and connect as appropriate; Multidimensional Family Recovery (MDFR) to engage clients in substance use treatment; and Recovery Monitoring and Support (RMS) to assist clients in their recovery. In combination, these services make up the SAFE-FR program menu. SAFE-FR services target adult caregivers (age 18 and older) involved in child protective services.
3. **RFP Purpose.** The Department is seeking to procure a SAFE Family Recovery Team in Region 1.
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: **November 20, 2022**
- RFP Released: **February 23, 2023**
- RFP Conference: **March 3, 2023 / 10:00am \*VIRTUAL\***
- Deadline for Questions: **3:00PM, March 7, 2023**
- Answers Released: **March 10, 2023**
- Letter of Intent Due: **3:00PM, March 23, 2023**
- Proposals Due: **3:00PM, April 13, 2023**
- (\*) Proposer Selection: **April 20, 2023**
- (\*) Start of Contract Negotiations: **May 4, 2023**
- (\*) Start of Contract: **June 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: \$536,144
- Number of Awards: **1**
- Per Contract Funding: \$536,144
- Contract Term: 1-3 years, at the discretion of the Department

- 6. Eligibility.** 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.
- The Contractor will be required to ensure that it possesses all necessary licensure for any clinical interventions conducted under this service model, in accordance with state licensing entities as required by State of Connecticut Guidelines for Mental Health Practitioners

- 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 / SAFE Family Recovery** 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: **March 3, 2023**
- Time: **10:00 AM**
- Virtual (Teams): [Click here to join the meeting](#)  
**Or call in (audio only)**  
[+1 860-840-2075,,329810079#](#) United States, Hartford

- 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: **April 13, 2023**
- Time: **3:00 PM**

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

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

will not be evaluated. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

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

The electronic copy of the proposal must be emailed to the Official Agency Contact for this procurement. The subject line of the email must read: **Name of Provider / SAFE Family Recovery / Electronic Proposal Submission**. One attachment must be submitted inclusive of the entire proposal in Portable Document Format (PDF) or similar file format and one attachment inclusive of the Budget and Narrative in Excel or similar file format. The following naming convention shall be used:

- Proposal: **Name of Provider / SAFE Family Recovery**
- Budget: **Name of Provider / SAFE Family Recovery**

**12. Multiple Proposals.** The submission of multiple proposals is not an option with this procurement.

## II. PURPOSE OF RFP AND SCOPE OF SERVICES

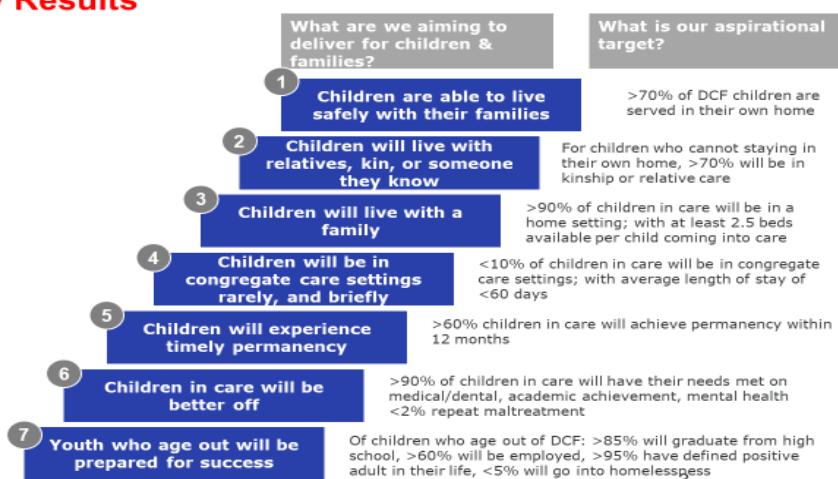
### ■ A. AGENCY OVERVIEW

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:

### 7 Key Results



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

Caregiver substance use is a principal determinant of child maltreatment and neglect. As a result, it is often linked with unfavorable conditions and outcomes for children (e.g., removal from their caregivers, exposure to trauma, mental health and substance use problems, developmental and health issues), inflated financial costs for the child welfare system (e.g., investigation, on-going services, court time, and out-of-home placements for children), and serious social costs (e.g., many children are removed from their caregivers; and parental substance use problems continue). In addition, many children in Connecticut's child welfare system live in some of the poorest and most violent cities in the country, making them especially vulnerable to the impact of trauma. Despite the enormity of child maltreatment in the context of caregiver substance use problems, many caregivers do not receive services to support their engagement in treatment and to promote nurturing parenting and recovery. Exposure of children to the trauma of living with a substance-involved parent and in some cases, removal from their home, may not be appropriately identified and addressed. Parents may be referred from the child welfare system to the adult substance use treatment system where they are faced with barriers to treatment, such as lack of child care or transportation, impeding their ability to engage in treatment services needed to initiate recovery and improve their parenting capacity.

In order to protect children and promote child and family well-being, states must be able to identify and document the presence of substance use, determine substance problem severity and its impact on children, determine the need for treatment, and facilitate engagement with a treatment system that is responsive to the needs of a broad population of caregivers, using evidence-informed or evidence-based approaches that specifically meet the needs of caregivers involved with the child welfare system.

### Relevant Legislation

The [Child Abuse Prevention and Treatment Act \(CAPTA\)](#) is the key federal legislation addressing child abuse and neglect. CAPTA originally was enacted on January 31, 1974 (P.L. 93-247), and was last reauthorized on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). CAPTA provides federal funding and guidance to states in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations, including Indian tribes and tribal organizations, for demonstration programs and projects. CAPTA also sets forth a federal definition of child abuse and neglect. The complete text of the law (U.S. Code title 42, chapter 67) can be downloaded from the Cornell University Legal Information Institute website at <https://www.law.cornell.edu/uscode/text/42/chapter-67>. Information on CAPTA is available at [About CAPTA: A Legislative History - Child Welfare Information](#) .

CAPTA has been amended several times since it originated. Most recently, and related to this RFP, the Comprehensive Addiction and Recovery Act (CARA) of 2016 (P.L. 114-198) amended certain provisions of CAPTA including adding the requirement of a "Plan of Safe Care" of sufficient duration to address the health and substance use disorder and treatment needs of the infant and family. This amendment to the act requires ongoing care plans for mothers and their infants that include home visitation, early intervention services, and recovery supports.

Section 405 of the Adoption Safe Family Act (ASFA) required the Secretary of Health and Human Services to submit a report to Congress on substance use and child welfare. This report, called *Blending Perspectives*, recommended building collaborative working relationships between the child welfare and the substance use service systems, assuring timely access to care, improving treatment engagement, retention and ongoing recovery supports, enhancing children's services, and bridging informational gaps.

In Connecticut CGS (17a-453c) created "Project SAFE," an interagency collaboration between the Department of Mental Health and Addiction Services (DMHAS) and the Department of Children and Families (DCF), for the evaluation of and delivery of services to families identified by DCF as requiring substance use treatment and other



behavioral health services. "Such collaboration shall include, but not be limited to, evaluations, service needs, service delivery, housing, medical coverage, vocation and employment support and other related recovery support services. The Commissioner of DMHAS and the Commissioner of DCF shall enter into a written memorandum of understanding to carry out the interagency collaboration required under this section. The Department of Social Services and the Labor Department may participate in such collaboration as necessary on a case-by-case basis."

### Project SAFE and SAFE-FR History

DCF initiated Project SAFE in 1995 as a way to connect CT's child protection system with the adult substance use treatment system administered by DMHAS. DCF began collaborating with DMHAS in October 1999 to identify and more effectively address substance use treatment among its caregivers and to coordinate and blend state, federal, and private resources to meet the needs of this broad population. Since then, DCF and DMHAS have been addressing the barriers between the substance use and child welfare systems and, most recently, court systems, to work collaboratively to improve individual, child, and family outcomes by bridging gaps in screening and evaluation, testing, and access to substance use disorder treatment and recovery support services.

In previous years, DCF collaborated with many state partners to implement demonstration projects aimed at improving client level outcomes by overcoming barriers to accessing treatment, housing, childcare, employment, education and other needs that promote substance use recovery and reduce risks to child safety. Two recovery services were developed locally through this collaboration: Recovery Case Management (RCM), and Recovery Specialist Voluntary Program (RSVP). These programs added outreach and recovery services to Project SAFE in an effort to increase the rate of entry into treatment. While both programs successfully increased treatment entry compared to similar families who did not receive these services, barriers to substance use treatment remain, and children whose caregivers have substance use problems may be more likely to have extended out-of-home placements that delay achieving permanency. In addition, these programs were not available statewide. In 2017, a Project SAFE Lean (i.e., Kaizen) process improvement review, and ongoing program monitoring, identified additional program and system "pain points" that reduce access to treatment and recovery services that may be limiting positive family outcomes:

**Table 1. Problem areas identified in Project SAFE**

Domain	Current Program Challenges	Goals of Project SAFE Re-design
<b>Triage of Referrals to Substance Use Services</b>	<ol style="list-style-type: none"> <li>1. High number of evaluation referrals to rule-out (R/O) substance use (SU) treatment need &amp; high no-show rates</li> <li>2. Uneven communication related to referrals/treatment progress; too many layers of communication.</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase targeted referrals (match needs with services) to Project SAFE and other services; Reduce R/O evaluation referrals that cause bottlenecks at providers, and that are not client-friendly;</li> <li>2. Reduce layers of communication and improve quality of communication between DCF/SU Providers.</li> </ol>
<b>System Management</b>	<ol style="list-style-type: none"> <li>3. Limited data collection and reporting about families served and system functioning; No child-level data collection or services.</li> </ol>	<ol style="list-style-type: none"> <li>3. Improve frequency, breadth, and type of data provided to DCF on the Project SAFE system to provide relevant information regarding family and racial justice/ health equity.</li> </ol>
<b>Program Design</b>	<ol style="list-style-type: none"> <li>4. Services do not fully meet the needs of adults as caregivers, and child protective services;</li> <li>5. Concerns about the quality of services/ loss of confidence in some providers; Services are not evidence-based and recent data shows a downward trend in program outcomes;</li> <li>6. Services are not available statewide.</li> </ol>	<ol style="list-style-type: none"> <li>4. Increase focus on family functioning in substance use treatment;</li> <li>5. Implement Evidence Based Practices (EBPs) for family-focused substance use screening, comprehensive co-occurring evaluation, and recovery supports to address child welfare concerns coincident with substance use;</li> <li>6. Statewide program coverage.</li> </ol>

### TRANSITION FROM PROJECT SAFE TO SAFE FAMILY RECOVERY

To address the challenges identified in the Project SAFE Lean, the Department designed SAFE Family Recovery (SAFE-FR). The first SAFE-FR contracts went into effect January 2019. Six regional teams provided the three evidence-based practices and hair testing that make up the program.

As part of the Department's continuous quality improvement activities, the Department routinely assesses the needs of DCF involved parents/caregivers and compiles feedback from providers to increase program performance and enhance family outcomes. This procurement is in response to information gathered through continuous quality improvement efforts for the SAFE-FR program gathered since the program's start in 2019. Specifically, this procurement modifies the staffing structure, catchment areas, and recovery engagement services while preserving the evidence-based practices and hair testing protocol. The SAFE-FR evidence-based services will continue to require on-going program development, training, consultation, and quality assurance to maintain fidelity and safeguard their effectiveness. Quality assurance for all approaches ensures that providers integrate the standards and practices consistent with SBIRT, MDRR and RMS requirements as outlined and prescribed by the model developers and recent literature.

The Department will require the awarded contractor to participate in and meet the ongoing requirements of the quality assurance protocols associated with the services comprising this program.

### **SAFE FAMILY RECOVERY PROGRAM COMPONENTS**

SAFE Family Recovery will offer the following menu of services. Services are identified based on the need of the parent/caregiver and can be accessed individually or as a continuum.

- A. Recovery Engagement Services
- B. Multidimensional Family Recovery
- C. Recovery Monitoring and Support
- D. Hair Testing

#### **A. RECOVERY ENGAGEMENT SERVICES**

Recovery Engagement Services (RES) are offered to DCF involved adult parents/caregivers early in the assessment or investigation phase at a designated DCF area office. The purpose of the Recovery Engagement Services is to assess and quickly connect the parent/caregiver to the appropriate substance use treatment or recovery services within SAFE-FR or other community provider, as needed and as appropriate. Recovery Engagement Services include:

- Provide motivational in-person recovery-oriented conversations within 2 business days of referral,
- Conduct SBIRTs with toxicology as needed,
- Assist in scheduling substance use treatment appointments,
- Arrange or provide transportation to initial substance use treatment appointment as needed,
- Schedule intake to MDRR and RMS as indicated,
- Connect to community recovery services as needed,
- Help parent/caregiver develop a Recovery Support Plan, and
- Provide documentation on Recovery Engagement Services.

Recovery Engagement Services will accept 9 referrals weekly per DCF Region, 3 referrals per Recovery Support Specialist. Duration of Recovery Engagement Services is individualized and dependent on parent/caregiver initially participating in the recommended service throughout the intake DCF case, which is approximately 45 days.

A component of the Recovery Engagement Services includes conducting Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Information about SBIRT is available in SAMHSA's [SBIRT](#) page. SBIRTs are scheduled for DCF involved adult parents/caregivers with at least one indicator of substance use when substance use treatment needs are not clear.

SBIRT uses valid and reliable screening tools to assess the presence and level of substance use problems. Screening provides opportunities for early intervention with parents/caregivers who are at-risk of substance use problems, or to engage parents/caregivers with more severe substance use into treatment. SAFE Family Recovery includes CLIA Waived instant cup urine toxicology and alcohol swab testing as part of the SBIRT protocol. This protocol will be delivered by the Recovery Support Specialists at the parent/caregiver's home, DCF office, or contractor site, at the convenience of the parent/caregiver. SBIRTs take approximately 30 minutes and conclude

with an SBIRT Report for the parent/caregivers and DCF Social Worker. If substance use treatment is recommended, the Recovery Support Specialists will connect the parent/caregiver to a substance use treatment program for full evaluation and level of care determination.

The Department desires to achieve the following goals with SBIRT:

- Quickly assess substance use severity to determine what (if any) referrals should be made to substance use treatment providers, recovery supports, and/or other services.
- Increase caregiver insight and awareness of substance use problems and motivation toward entering treatment through brief intervention.
- Reduce unnecessary referrals for toxicology screening, evaluation, and treatment through better identification of needs, and more targeted referrals to providers.
- Provide those identified as needing more extensive treatment with quicker access to care.

**GAIN Short Screener.** The GAIN Short Screener (GAIN-SS) is the required SBIRT screening tool for SAFE Family Recovery. The GAIN-SS is a 23-item behavioral health screening instrument that is divided into four sub-screens: two for mental health (Internalizing Disorder, and Externalizing Disorder), Substance Disorder, and Crime/Violence. It currently is available in English and Spanish, and administration takes approximately 5-7 minutes. The GAIN-SS quickly and accurately identifies clients who would benefit from a referral to some part of the behavioral health treatment system, and rules-out those who likely would not benefit from these services. The tool allows for self- or staff-administration with paper and pen, on a computer, or on the web. SAFE Family Recovery will use GAIN ABS, a HIPAA-compliant, cloud-based system that allows for computer-based, interactive administration of the GAIN Short Screener and instant access to screening results reports. DCF will provide GAIN-SS training to SAFE Family Recovery contracted providers and grant them access to the GAIN ABS system through an existing contract. Additional information about the GAIN-SS is available online at [Chestnut Health Systems GAIN Coordinating Center](#), along with the [GAIN-SS Administration Manual](#).

**Reimbursement for SBIRT.** Contracted providers of SAFE Family Recovery will be expected to maximize third-party reimbursement for SBIRT services **as appropriate and available**. SBIRT services are defined as alcohol and/or substance (other than tobacco) use structured assessment (for example, Alcohol Use Disorders Identification Test, Drug Use Screening Test) and brief intervention.

Additional information about SBIRT is available online at [SAMHSA](#).

## **B. MULTIDIMENSIONAL FAMILY RECOVERY (MDFR)**

Multidimensional Family Recovery (MDFR), known previously as Engaging Moms/Parents Program or EMP/EPP, addresses the complex, multigenerational challenges facing families affected by parental substance use and child maltreatment. MDFR is not a substance use treatment. It is an integrated, comprehensive intervention that supports treatment and facilitates recovery by **improving family relationships** and **familial role functioning**. MDFR focuses on the whole family in six areas: self of the parents, child safety and functioning, parenting and co-parenting, family functioning, parental intimate relationships, and community. The approach is based on research suggesting that the best way to improve immediate and long-term outcomes for vulnerable children is to repair and strengthen the whole family. Research indicates that the most effective interventions target the children, their parents, other family members, and family interactions.

MDFR is a home- and community-based family intervention that addresses parental substance misuse and child maltreatment. MDFR helps parents involved in the child welfare system achieve and sustain sobriety, provide a safe and healthy family environment for their children, comply with child welfare or court requirements, and prevent further child welfare involvement. Three studies of MDFR, including 2 randomized clinical trials, demonstrate MDFR's effectiveness (Dakof, et al., 2003; 2009, 2010). Some key findings include: (a) significantly more mothers randomly assigned to EM completed an intake to substance use treatment (88% vs. 46%) and received at least four weeks of services (67% vs. 38%) compared to women in the TAU group (Dakof, et al., 2003) (b) 77% of parents receiving MDFR in comparison to 55% of parents receiving case management services had positive child welfare outcomes 18 months after discharge from MDFR (Dakof, et al., 2009); and (c) 70% of parents in drug court receiving MDFR were reunified with their children in comparison to a 40% reunification rate for drug court parents receiving intensive case management services (Dakof, et al., 2010). MDFR has been rated highly by the California Evidence Based Clearinghouse (CEBC) in three areas: family stabilization, motivation and engagement, and family reunification. MDFR is the only child welfare intervention rated positively in all three areas: <https://www.cebc4cw.org/program/multidimensional-family-recovery/>.

MDFR is based on Multidimensional Family Therapy (MDFT), an evidence based intervention for adolescents and young adults. MDFR Specialists address barriers to treatment and conduct brief therapeutic interventions to increase motivation to enter, remain in, and benefit from treatment services;; increase parenting capacity; reduce child safety risks; and improve family functioning. The MDFR intervention is available to adult parent/caregivers recommended to substance use treatment services and averages six months in duration, based on client need. MDFR is delivered in the home and community. Certified MDFR Specialists typically carry a caseload of 12 clients. Service intensity typically is divided into two phases. During the initial phase, MDFR contacts occur twice a week until client is regularly attending and benefitting from treatment. During phase two, MDFR contact can taper to weekly. Client movement between MDFR phases is determined by the parent/caregiver's and family's progress in treatment and recovery, as well as the ongoing level of risk to child safety posed by parent/caregiver substance use. In addition to motivating parent/caregivers to enter, remain and benefit from substance use treatment, MDFR offers a variety of brief interventions based on DCF request and/or family needs:

- Family Opioid Overdose Prevention Safety Plan
- Child Wellness/Medical Visits
- Drugs and Pregnancy
- Family Planning/Birth Control
- Intimate Partner Violence
- Safe Sleeping/Safe Storage & Disposal of Medications/Water Safety
- Preventing and Addressing Temper Tantrums
- "Serve & Return," Increasing Language Skills
- House Rules, Incentives & Consequences
- Using Drugs & Alcohol Safely: Protecting Your Children
- Emotion Regulation and Coping Skills
- Bumps in the Road: Plan to Prevent Chaos
- Relationship Life Review: What Kind of Partner I Need for Myself and My Children

The decision to conduct specific interventions is guided by the DCF referral, family request, and the results of standardized tools assessing child safety, parenting, substance use, family functioning, and family relationships. MDFR will coordinate care with and provide information as appropriate, to DCF, juvenile courts, and other community providers on the parent/caregiver and family's treatment and progress to improve child safety and well-being with the aim of improving permanency planning and outcomes.

Additional information about MDFR is available from the California Evidence Based Clearinghouse (CEBC) <https://www.cebc4cw.org/program/multidimensional-family-recovery/>, and online at [MDFTI](#) or by contacting MDFT International at:

MDFTI  
6619 South Dixie Highway, Suite 117  
Miami, FL 33143  
(305) 749-9332  
[info@mdft.org](mailto:info@mdft.org)

### **C. RECOVERY MONITORING AND SUPPORT**

Recovery Monitoring and Support (RMS) provides recovery support monitoring and early detection of returns to substance use and re-referral to treatment or supports for adult parents/caregivers at any stage of substance use recovery. RMS provides services for all parents/caregivers, regardless of whether or not they completed treatment. RMS support and monitoring takes the form of frequent in-person, virtual, and telephone/text sessions with parents/caregivers and their families over a six-month period. Clients begin with weekly face-to-face sessions, with in-person frequency decreasing over time based on parent/caregiver and family needs. At each session, parents/caregivers are asked a brief set of standardized questions about their substance use, withdrawal symptoms, substance use problems they may have experienced, and if they feel a need to return to treatment. RMS sessions focus on increasing the parent/caregiver's recovery capital such as employment, education, and positive social supports, reinforcing skills learned in treatment, and if necessary enhancing adherence to medication assisted treatments (MAT) and child safety plans. RMS also connects with identified family members and/or natural supports to promote positive family relationships and include them in the parent/caregiver's recovery support plan. Assertive outreach to parents/caregivers is expected to complete sessions, including at least 3 contact attempts per week (e.g. home visits, telephone calls, calls to caseworkers, etc.). Parents/caregivers are not discharged from RMS due to lack of contact.

The purposes of RMS are to detect relapse and other concerns early, assertively link parents/caregivers to services as needed, and to promote positive family relationships. When return to use or relapse has been detected, action steps may include linking the parent/caregiver back to treatment, MDRF booster sessions, peer and family supports, or other services as needed. RMS staff may continue working with parents/caregivers who re-enter into treatment to help increase and maintain treatment motivation, to prevent treatment dropout and further relapse, or a return to use. RMS will provide information as appropriate, to DCF, juvenile courts, and other community providers on the parent/caregiver and family's engagement in treatment, recovery, and progress to improve child safety and well-being with the aim of improving permanency planning and outcomes. Recovery Support Specialists will conduct RMS and carry a point-in-time caseload of 12 clients.

#### **D. HAIR TESTING**

The Department uses hair testing to detect the presence of certain misused substances for a select group DCF involved adults parents/caregivers. Hair testing uses a small amount of hair to detect **regular drug use** for approximately the past 90 days. Drugs accumulate permanently in hair in proportion to the use. In depth analysis of the hair sample can identify which drugs are being used to provide a historical pattern. Hair testing provides information about a parent/caregiver's drug use and can be used for the purpose of assisting in case planning. It is for parent/caregivers who may have:

- Attempted to alter multiple urine drug screens,
- Failed to keep multiple scheduled substance use treatment appointments, or
- Failed to provide multiple urine drug screens.

SAFE-FR providers will be expected to collect hair samples and establish agreements with a hair testing laboratory, currently [Psychemedics Corporation](#). A set budget of \$13,333 per DCF region will be allocated.

#### **SAFE-FR Data Collection**

The parent/caregiver specific data for this service will be collected using electronic, web-based applications designed for the EBPs implemented under SAFE Family Recovery. Monitoring program outcomes and model fidelity is an important part of implementing an evidence-based service. MDRF achieves this by tracking outcomes in a secure online database called the MDRF Portal. The Portal tracks model fidelity through various measures, including the type, length, and frequency of intervention and supervision sessions, as well as the certification progress of clinicians. The Portal also tracks client improvements from intake to discharge across 10 key outcomes (e.g., participation in substance use treatment, family functioning, parenting). RMS utilizes a secure web-based Session Tracker program to document each checkup completed or attempted. Session Tracker documents the date, type, duration, participants, activities and notes of each session. **All RMS sessions are recorded and uploaded into the site for model fidelity.** GAIN ABS web-based data system will collect the results of the SBIRT screens conducted as part of the program. Data from these systems will be summarized in annual reports to the Department and the contracted providers, or upon request, as part of continuous quality improvement.

SAFE Family Recovery contracted providers will also be submitting to the Department additional parent/caregiver level data through DCF's Provider Information Exchange (PIE) or other Department sponsored application. If applicable, the contractor will receive training regarding the use of the data collection system. For more information regarding PIE, go to the DCF website as follows: <https://portal.ct.gov/DCF/ORE/PIE>.

The data to be collected includes, but is not limited to the following:

- Demographic Information (e.g., name, date of birth, gender, race, ethnicity, referral source, and living situation/address);
- Care Plan (e.g. safety, risk and protective factors, families self-identified needs and goals);
- Episode Data (referral details, admission details, discharge details, face contacts); and
- Outcome Data (e.g., discharge reason, service specific performance outcome measures).

SAFE-FR outcomes include:

##### **Recovery Engagement Services:**

- 95% of parents/caregivers will have at least one in-person or virtual recovery-oriented conversation
- 90% of parents/caregivers with a recommendation for SBIRT, MDRF, or RMS agree to services
- 80% of parents/caregivers with a recommendation for SBIRT, MDRF, or RMS who agree to services participate the initial appointment

##### **SBIRT:**

- 95% of parents/caregivers will complete an SBIRT
- 75% of parents/caregiver with a referral to substance use treatment agree to services

- 50% of parents/caregivers with a referral to treatment, who agree to services, and attend the substance use treatment intake

**MDFR/RMS:**

- 85% of parent/caregivers complete MDFR/RMS
- 75% of parent/caregivers who complete MDFR/RMS initiate substance use treatment
- 85% of parent/caregivers who complete MDFR/RMS engage in substance use treatment
- 95% of parents/caregivers who complete MDFR/RMS are abstinent or have a reduction in substance use/misuse
- 85% of parent/caregivers who complete MDFR/RMS have child(ren) remaining home or have a permanency plan of reunification
- 95% of parents/caregivers who complete MDFR/RMS have no new substantiated reports during MDFR/RMS services
- 95% of parents/caregivers who complete MDFR/RMS have a community/natural support to maintain recovery

**SAFE Family Recovery Staff Qualifications for each Service Component**

The Program Supervisor is licensed behavioral health professionals with a master's degree in a counseling-related field and has no less than three (3) years of experience in the delivery of family clinical services with considerable experience working in the adult substance use field serving families involved with child protective services. Supervisors will be trained in SBIRT, will train Recovery Support Specialists in the approach, and will monitor for fidelity. Supervisors will be certified in MDFR, MDFR Supervisor, and RMS. Supervisors will also be trained in the collection of hair samples/testing. Supervisors participate in ongoing quality assurance activities and can supervise up to six (6) full-time staff. Supervisors provide coverage and have administrative oversight of all SAFE-FR program approaches.

MDFR Specialists should have a bachelor's degree in a related field (e.g., social work, psychology) and will have at least two (2) years of professional experience in the field of behavioral health and case management activities within a family context. Lived experience is a valued perspective that may add to the quality of recovery support. While it is not required, it is highly recommended. MDFR Specialists may be trained in the collection of hair samples/testing. MDFR Specialists will attend the initial MDFR training and will become fully certified in MDFR, which typically lasts 9-12 months. MDFR Specialists will provide MDFR services in-home and will collect urine drug screens, per model expectations. Virtual sessions or clinic-based services may also be offered as appropriate and approved by the model and the Department. MDFR Specialists will work a **flexible schedule that includes some regular evening and weekend hours** in order to accommodate individual family needs for routine appointments. At least one MDFR Specialist will be bilingual in Spanish. MDFR staff participate in ongoing quality assurance activities after certification.

Recovery Support Specialists (RSS) will have at least two (2) years of professional experience in the field of behavioral health and case management activities within a family context. Lived experience is a valued perspective that may add to the quality of recovery support. While it is not required, it is highly recommended. The RSS work a **flexible schedule that includes some regular evening and weekend hours** in order to accommodate individual family needs for routine appointments. The RSS will also have dual roles to provide RES and RMS.

- For Recovery Engagement Services, the RSS will be trained in Motivational Interviewing, SBIRT services, including the collection of urine screens and hair samples. RSS will attend the initial MDFR training to be proficient in matching the parent/caregiver's needs to services.
- For RMS, the RSS will attend the initial RMS training and will become fully certified in RMS, which typically lasts 9-12 months.

RES and RMS, including collection of urine screens, will be delivered in the home, DCF office, or contractor site. Virtual sessions or clinic-based services may also be offered as appropriate and approved by the Department. At least one RSS will be bilingual in Spanish.

**SAFE-FR Team Catchment Areas and Capacity****Table 2. SAFE Family Recovery Staffing Expectations**

SAFE-FR Service	Staff Type	FTE	Minimum Qualifications	Annual Capacity/FTE	Annual Capacity/Team
	Program Supervisor	1.0	Licensed Master's Level in Behavioral Health Field	-	
MDFR	MDFR Specialist	3.0	Bachelor's Degree plus two (2)	24	72

			years of professional experience in the field of behavioral health and case management activities within a family context. Lived experience is a valued perspective that may add to the quality of recovery support but is not required.		
RES and RMS	Recovery Support Specialists	3.0	Two (2) years of professional experience in the field of behavioral health and case management activities within a family context. Lived experience is a valued perspective that may add to the quality of recovery support but is not required.	24 for RMS  156 for RES	72  468

Funding for the SAFE Family Recovery team described in this RFP was determined in accordance with state appropriations for this program. DCF expects to fund one (1) SAFE Family Recovery team for DCF Region 1. A team is comprised of seven (7) full-time staff including 1 Supervisors, 3 Recovery Support Specialists, and 3 MDRR Specialists. SAFE Family Recovery staff will be co-located on-site in designated program space at each of the DCF offices within the regions, as needed.

## ■ C. SCOPE OF SERVICE DESCRIPTION

### 1. Organizational Requirements (10 points)

- (a) Agency Qualifications: Provide a description of:
1. Agency qualifications, background, training, and experience that will lead you to achieve all of the SAFE-FR requirements;
  2. Your agency's knowledge of CT's child welfare, substance use treatment and recovery systems, practices, and key stakeholders; and
  3. Your agency and staff's experience delivering any/all of the SAFE Family Recovery services or comparable services (i.e, toxicology screening, engagement services, recovery supports).
- (b) Organizational Structure: Describe your agency's organizational structure and governance, and its relationship to administering this project successfully specifically, as it relates to staffing this project. Include, in **Attachment 1**, your agency's organizational chart. The chart should clearly identify where this program will be positioned within your organization's overall structure, and this program's relationship to other relevant services.
- (c) Corrective Action: If the agency was under a Service Development Plan or a Corrective Action Plan for any DCF-funded program in the past two (2) years, proposals must identify the program, the primary problem(s), and how the problem(s) was (were) addressed.

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

The Department of Children & Families is committed to ensuring that its service providers deliver effective, equitable, understandable, trauma informed and respectful quality care. The services delivered must be responsive to diverse cultural health beliefs and practices, experiences of racism and/or other forms of oppression, preferred languages, health literacy, and other communication needs. Applicants must demonstrate throughout all their responses, that the children and families receiving services in their program are approached, engaged and cared for in a culturally and linguistically competent manner, including but not limited to: Cultural identity, racial and/or ethnic, religious/spiritual ascription, gender, physical capability, cognitive level, sexual orientation, and linguistic needs. Within a broad construct of culture, service provision must also be tailored to age, diagnosis, developmental level, geographical, economical, and educational needs. Please ensure that proposals detail the following:

- i. 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** to the proposal.



2. Demonstrate your organization's experiences in serving diverse communities.
  3. Describe any anticipated challenges your organization may encounter in the community you are proposing to serve and your organization's experience in meeting and overcoming similar challenges in other service communities (please use specific examples).
- ii. 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.)
- iii. Culturally Responsive and Diverse Organization:
1. Describe your agency's organizational structure and the level of diversity among the agency's managers, executives and Board of Directors. Please include a Workforce Analysis as Appendix 10.
  2. Utilizing your Workforce Analysis, please provide a narrative assessment of how your agency's staffing composition is reflective of the population in the community(ies) you are proposing to serve.
  3. If your agency has developed and implemented a CLAS Plan (Culturally and Linguistically Appropriate Services), please describe what follow-up has occurred within your agency to further the Plan's implementation. Provide a copy of your agency's CLAS Plan as Attachment 4.

### 3. Service Requirements (30 points)

Proposals should address each of the following areas.

The use of sub-contractors is only permitted for RES and RMS services. MDRF Services and hair testing cannot be sub-contracted. If the use of sub-contractors is proposed, proposals must identify which of the services will be provided directly and which will be provided through a sub-contract. Proposals must disclose the proposed use of sub-contractors to accomplish program services. If the proposed program includes the use of sub-contractors, the applicant must delineate the following in the proposal: relationship of the sub-contractor to the applicant, detailed description of the services to be provided by the sub-contractor, the staffing to be allocated by the sub-contractor, and the costs of utilizing a sub-contractor. An agreement outlining the terms of that arrangement must be signed by both parties. However, DCF reserves the right to require a refinement of or other changes to that agreement if it is not found to support the expressed or implied terms of the contract effectively.

- (a) Evidence-Based Services: Describe your agency's prior success implementing evidence-based services aimed at substance use screening, treatment and/or treatment engagement, and/or recovery supports for adults and/or caregivers. Include in your response successes related to your agency's success meeting evidence-based service delivery benchmarks (e.g., certifications, sessions/procedures completed, types of sessions/procedures delivered), and outcomes expectations. Also describe if these services were provided to DCF-involved families. Data should be used to demonstrate your success whenever it is available. Provide SAFE-FR specific description if you are a current contractor.
- (b) Treatment/Service Modalities: Describe your agency's prior success specifically achieving the goals and services defined below. These goals include:
1. screening of adults to identify substance use and co-occurring problems. Include your agency's use of standardized screening practices using reliable and valid tools, and describe the tools your agency uses/d;
  2. outreach and engagement of families to engage in substance use and/or recovery services;
  3. assertively engaging parents/caregivers into and helping them remain connected to substance use treatment services and/or recovery supports; and
  4. successfully completing evidence-based model training and certification. Include in your response successes related to the timeliness of staff training and your agency's ability to meet training and certification benchmarks, as well as your agency's ability to assist staff to achieve certification in evidence-based services (if applicable). Also describe any barriers your agency has encountered with staff completing evidence-based model training and strategies your agency used to overcome those barriers.



Please be specific about the approaches and programs used and use data to support your claims. Include SAFE-FR data (if a current provider) or other program data/information from at least the last 3 years.

(c) Community Needs, Partnerships, and Presence:

1. Community Service Needs and Available Resources: Please describe identified parental/caregiver needs, including needs of undocumented and un/under-insured individuals, within the major cities/towns in the catchment areas, especially those affecting persons in need of substance use treatment and recovery supports.
2. Collaborative Partnerships: Provide a detailed and specific description of your agency's history and success of partnering with both traditional and non-traditional community services, substance use treatment programs, and institutions that support families, particularly families involved with child welfare, and services related to substance use recovery. Responses should address needs identified in question (c)1 above.
3. Community Presence: Please describe the level of current presence your agency has in the proposed catchment areas.

**4. Staffing Requirements (20 points)**

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

1. Complete the table below for with your agency contractual staffing numbers by role (supervisor, therapist, case manager/therapist assistant/support staff) and the percentage of staffing capacity by the same categories for adult and/or adolescent community based behavioral health programs for the end of the fiscal years 2019, 2020, 2021, and 2022;

Name of Program/Service	Staff Position	Contracted FTE	Actual FTE % (n) on 6/30/2019	Actual FTE % (n) on 6/30/2020	Actual FTE % (n) on 6/30/2021	Actual FTE % (n) on 6/30/2022

2. A detailed description of how staff have been and will be recruited and selected. Include your agency's plan to recruit a diverse staff, including Spanish-speaking staff, who reflect the racial and ethnic composition of the communities you plan to serve;
3. 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. Include data on your agency's ability to hire and retain multi-cultural/multi-lingual staff;
4. A staff retention plan detailing measures taken to reduce staff turnover. The plan should describe how staff hiring and retention has been achieved to maintain contract staffing levels or how challenges in recruitment and turnover have been addressed; and
5. A description of how the program will continue to provide services that are timely, effective, and true to the models when regularly scheduled staff experience sickness, training, vacancies, leaves of absence, etc.

- (b) Staff Training: SAFE-FR staff will receive model specific training (SBIRT, MDR, RMS). Training to implement the required evidence-based components of this RFP will be funded separately by DCF at no cost to providers. However DCF expects that staff would benefit from and will receive other trainings organized by the applicant agency. Applications must describe additional training or coaching the applicant agency plans to offer to SAFE-FR staff (e.g., Motivational Interviewing, racial justice, recovery, etc.). Describe the training topic, staff role(s) expected to participate, the intensity (e.g., introductory, advanced), and the frequency of training, as well as how this training better prepares staff to meet the needs of the target population.

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

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

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

- (b) Implementation Timelines: Include proposed timelines for staff hiring, training and transition plans, if applicable, so that there will be no disruption in present services.
- (c) Partnership Development: Include a plan to provide SAFE-FR within the areas for which you are applying, specifically the partnerships and collaborations developed to increase substance use treatment initiation/engagement, to increase recovery capital, and to sustain recovery post SAFE-FR.
- (d) Partnerships with DCF Intake Staff to Provide Recovery Engagement Services: Include a communication and collaboration plan describing how your agency's SAFE-FR staff will communicate and partner with DCF intake staff to secure referrals and meet parent/caregiver needs.

Assume an June 1, 2023 start date and provide specific dates when action steps will be completed.

## **6. Data and Technology Requirements (10 Points)**

- (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, specifically for SAFE-FR if a current contractor. Describe the resources (i.e., human, fiscal, physical plant, technology) your agency dedicates to information management, continuous quality improvement, and data analytics. Include your agency's CQI processes, and examples of your agency's success meeting the data and reporting requirements of funders. Describe how this experience positions your organization to meet the data and reporting requirements of this RFP.
- (b) Outcome Achievements: Proposals must describe the agency's success in achieving positive outcomes related to the outcomes listed. Current SAFE-FR providers should minimally include SAFE-FR outcomes. Others should include outcomes related to screening, initiation and engagement in services, reduction/abstinence in substance use, family stability, and community connections. Specific examples must be provided to support all claims.
  - A staff retention plan detailing measures taken to reduce staff turnover;
  - A description of how staff will be recruited and selected;
  - A description of how the staffing plan will be appropriate to the language, age, gender, sexual orientation, disability, and ethnic/racial/cultural factors of the target population; and
  - A description of how the program will continue to provide services that are timely, effective, and true to the model if sickness, training, vacancies, leaves of absence, etc. make regularly scheduled staff unavailable.
- (c) Staff Training: All FFT FC staff will receive model specific training. Additionally, Clinical Supervisors will receive advanced FFT FC training and weekly case consultation will be required with FFT FC Model Developers. Proposals must describe any additional training provided by the agency to its staff, the intensity and the frequency.

## **■ D. BUDGET AND FINANCIAL OBLIGATIONS**

### **1. Financial Requirements (2 Points)**

Proposers must submit cover letters from their auditor for the last three (3) annual audits of their agency and a copy of their most recent financial audit, included as **Attachment 5**. 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 (3 Points)**

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:
  - Binding Type: Loose Leaf, Bound with a Binder Clip
  - Dividers: No Dividers
  - Paper Size: Standard Letter
  - Print Style: 2-sided
  - Page Limit: 20 Single-Sided (10 sheets of Paper, printed Double-Side) for Section IV.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.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the proposer must appear in the upper left corner of the envelope or package. The RFP Name and Number must be clearly displayed on the envelope or package. Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the Agency as a clerical function, but it will not be evaluated. At the discretion of the Agency, such a proposal may be destroyed or retained for pick up by the submitters.
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	<b>10 points</b>
• Cultural & Linguistically Competent Care	<b>15 points</b>
• Service Requirements	<b>30 points</b>
• Staffing Requirements	<b>20 points</b>
• Work Plan Outreach	<b>10 points</b>
• Data and Technology Requirements	<b>10 points</b>
• Financial Profile	<b>2 points</b>
• Budget and Budget Narrative	<b>3 points</b>

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

	<u>Page</u>
<b>A. Cover Sheet</b>	<b>1</b>
<b>B. Table of Contents</b>	<b>2</b>
<b>C. Declaration of Confidential Information</b>	<b>Etc.</b>
<b>D. Conflict of Interest - Disclosure Statement</b>	
<b>E. Main Proposal</b>	
<b>1. Organizational Requirements</b>	
a. Agency Qualifications	
b. Organizational Structure	
c. Corrective Action	
<b>2. Cultural &amp; Linguistically Competent Care</b>	
a. Culturally Diverse Communities	
b. Culturally Diverse Families	
c. Culturally Diverse Organization	
<b>3. Service Requirements</b>	
a. Evidenced Based Services	
b. Treatment/ Service Modalities	
c. Community Needs, Partnerships and Presence	
<b>4. Staffing Requirements</b>	
a. Staff Recruitment & Retention	
b. Staff Training	
<b>5. Work Plan and Outreach</b>	
a. Implementation Experience	
b. Implementation Timelines	
c. Partnership Development	
d. Partnerships with DCF Intake Staff to Provide Recovery Engagement Services	
<b>6. Data and Technology Requirements</b>	
a. Quality Improvement Experience	
b. Outcome Achievements	
<b>F. Cost Proposal</b>	
<b>1. Financial Profile</b>	
<b>2. Budget and Budget Narrative</b>	
<b>G. Attachments</b>	
<b>1. Attachment #1 Table of Organization</b>	
<b>2. Attachment #2 Culturally Diverse Communities</b>	
<b>3. Attachment #3 Culturally Diverse Families</b>	
<b>4. Attachment #4 Culturally Diverse Organizations (CLAS Plan)</b>	
<b>5. Attachment #5 Financial Profile</b>	

## 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](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](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).

**PROPOSAL CHECKLIST****Key Dates**

<b>Procurement Timetable</b>		
The Agency reserves the right to modify these dates at its sole discretion.		
<b>Item</b>	<b>Action</b>	<b>Date</b>
<b>1</b>	Bidders Conference	10:00 am / March 3, 2023
<b>2</b>	Question Submission Deadline	3:00 PM / March 7, 2023
<b>3</b>	Release of Answers	March 10, 2023
<b>4</b>	Letter of Intent Submission Deadline	3:00 PM / March 23, 2023
<b>5</b>	Proposal Submission Deadline	3:00 PM / April 13, 2023
<b>6</b>	Program Implementation Target Date	June 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 March 23, 2023 (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 ***SAFE Family Recovery***

**REGION 1**

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 March 23, 2023**  
**Erin Mahony (DCF.FISCALCONTRACTS@ct.gov).**

## PROPOSAL COVER SHEET

### ***SAFE Family Recovery*** **Request for Proposals**

#### **REGION 1**

**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: \_\_\_\_\_