

STATE OF CONNECTICUT PROCUREMENT NOTICE



Request for Proposals (RFP)

For

Family Based Recovery

RFP Number: 24050307

Issued By:

Department of Children and Families

June 20, 2024

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: Catherine Santiago
Address: 505 Hudson Street / Hartford, CT 06106
Phone: (860) 937-3832
E-Mail: DCF.FISCALCONTRACTS@ct.gov

RESPONSES DUE NO LATER THAN: 3:00PM / August 8, 2024

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

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I. GENERAL INFORMATION

■ A. INTRODUCTION

1. RFP Name and Number. RFP # **24050307 / Family Based Recovery**

2. RFP Summary. Family Based Recovery (FBR) is an intensive, in-home clinical treatment program for families with infants or young children (birth to 72 months) who are at risk for maltreatment, adverse developmental outcomes and removal from their home due to parental substance use. The overarching goal of the intervention is to promote stability, safety, and permanence for these families. Treatment and support services are provided in a context that is family-focused, strength-based, trauma-informed, culturally competent, and responsive to the individual needs of each index child and family. The clinical team provides intensive psychotherapy and substance use treatment for the parent(s) and attachment-based parent-child therapy to the parent-child dyad.

3. RFP Purpose. Through this procurement, the Department is seeking to procure five (5) Family Based Recovery programs.

Team	Catchment area	Daily slots	Annual capacity
1	Region 1 and 2	20	40
2	Region 3	20	40
3	Region 4	24	48
4	Region 5	20	40
5	Region 6	24	48
Statewide Total		108	216

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: Catherine Santiago
 Address: 505 Hudson Street / Hartford, CT 06106
 Phone: (860) 937-3832
 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 2023**
- RFP Released: **June 20, 2024**
- RFP Conference: **June 24, 2024 / 10:00 AM *VIRTUAL***
- Deadline for Questions: **3:00PM, June 25, 2024**
- Answers Released: **July 2, 2024**
- Letter of Intent Due: **3:00PM, July 19, 2024**
- Proposals Due: **3:00PM, August 8, 2024**
- (*) Proposer Selection: **August 21, 2024**
- (*) Start of Contract Negotiations: **September 1, 2024**
- (*) Start of Contract: **October 1, 2024**

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: **\$ 4,123,757**
- Number of Awards: **Five**
- Per Contract Funding: **\$ 824,751**
- 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 agency must have the appropriate license(s) to provide clinical services to children;
- The agency must ensure the ability to maximize billing for third party reimbursement for clinical and case management services with children with substance use and/or behavioral health problems.

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 / Family Based 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: **June 24, 2024**
- Time: **10:00AM**
- Virtual (Teams): [Join the meeting now](#)
- Call In: [+1 860-840-2075,,153899142#](#) 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: August 8, 2024
- Time: 3:00PM

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 must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee.

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 / Family Based 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 / Family Based Recovery**
- Budget: **Name of Provider / Family Based Recovery**

12. Multiple Proposals. The submission of multiple proposals is an option with this procurement.

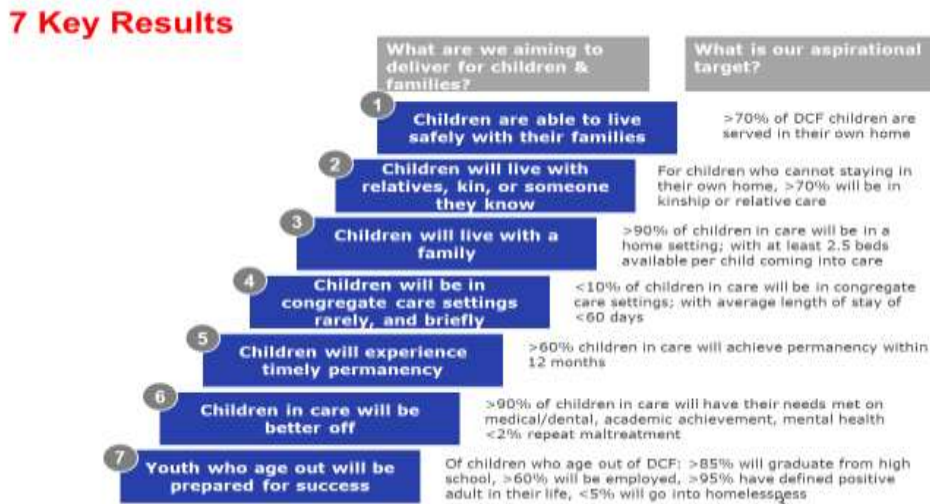
II. PURPOSE OF RFP AND SCOPE OF SERVICES

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:



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**

Family Based Recovery (FBR) is an intensive, in-home clinical treatment program for families with infants or young children (birth to 72 months) who are at risk for maltreatment, adverse developmental outcomes, and removal from their home due to parental substance use. The overarching goal of the intervention is to promote stability, safety, and permanence for these families. Treatment and support services are provided in a context that is family-focused, strength-based, trauma-informed, culturally competent, and responsive to the individual needs of each index child and family. The clinical team provides intensive psychotherapy and substance use treatment for the parent(s) and attachment-based parent-child therapy to the parent-child dyad.

Target Population

The target population for the FBR program are **parents/caregivers** who are:

- a. In a caregiving role to the index child close to 50% of the time
 - i. If the child is placed outside of the home, DCF has a plan for imminent reunification
- b. Actively using substances and/or has used within the last 30 days
 - i. self-report of use or urine toxicology screen test results is sufficient
- c. Using a substance for which there is a CLIA waived instant read urine toxicology screen test and/or alcohol test
- d. Meeting criteria for a substance use disorder
- e. Using substances that necessitates the intensity of the program
- f. Willing to allow the treatment team in their home three times a week
- g. Expressing motivation to parent their child

With **children** who are:

- 0-72 months at the time of referral
- In foster/kinship care with a plan for reunification within 30-45 days of intake

Exclusionary criteria include a parent/caregiver who:

- a. Has a one-time occurrence of substance use
- b. Misuses prescribed medication
- c. Only uses cannabis and has taken steps to obtain a medical cannabis certificate
- d. Has acute psychiatric concerns that warrant stabilization prior to referral
- e. Needs a withdrawal management program prior to referral
- f. Is enrolled in an out-patient substance use treatment program – excluding MAT, and does not want to transfer to FBR
- g. Is enrolled in out-patient mental health care and is **unwilling** to decrease service intensity to once or twice a month and sign ROI for therapist and/or psychiatrist

Considerations include:

- h. Sufficient concerns that require a case to move from intake to ongoing services Integrated Family Care and Supports (IFCS)
- i. Parent/caregiver's choice of substance
- j. Age of the index child
- k. Parent/caregiver is geographically isolated, lacks social supports, and is unlikely to access clinic-based services due to childcare and/or transportation issues
- l. Parent/caregiver needs individual therapy
- m. Parent/caregiver has mental health needs that FBR can address
- n. A baby's positive meconium test at birth do not make the parent eligible for FBR treatment.

Access and Referral Process

The Contractor will accept referrals during normal business hours (i.e., 9:00 a.m. – 5:00 p.m.), Monday through Friday, 52 weeks per year. When a family is accepted for services, it is expected that the initial session will occur in the family's home within three business days.

Access to FBR will be provided primarily for and with priority to families with DCF child protective services involvement at the time of referral. Referrals can be accepted from other referral sources, as long as the families meet the FBR admission criteria. Prioritizing all referrals to the FBR program will be the responsibility of the DCF

Area Office Director or their designee. The Contractor will not maintain a waitlist, however, they will maintain data on the need for service and reason FBR was unable to serve at the time of referral.

Length of Service

Length of service will be based on the clinical needs of the child and family and consistent with the tenets of the FBR model. Most families will remain in FBR from 6 - 12 months based on meeting an outpatient level of care. Occasional longer lengths of stay (up to 18 months) are determined on a case-by-case basis with the approval of FBR MDO and DCF Program Lead.

Operating Hours

The Contractor will offer FBR minimally from 8:00 a.m. to 7:00 p.m., Monday through Friday. The program will ensure that flexibility exists with respect to service provision before 8:00 a.m. and after 7:00 p.m. in order to best meet the needs of the families served. Service availability will be 52 weeks per year.

The FBR team will work a flexible schedule in order to accommodate individual family needs, schedules, and in order to respond to crisis situations. Twenty-four (24) hour/seven (7) day coverage for crisis intervention must be available, including holidays and weekends. FBR 24-hour/7-day crisis response will be provided by FBR staff (i.e., as opposed to a nonspecific emergency call service).

Introductions and Assessment

The initial home visit will typically take place within three business days of acceptance of the referral by the FBR supervisor. The DCF Social Worker will contact the family and schedule the intake session at a time that is agreeable to all parties. The DCF Social Worker will introduce the FBR team to the family and will outline the reasons for the referral and DCF's expectations for the family. To continue in the program, the family will be required to sign a release of information allowing FBR staff to share information about the family with DCF.

The Contractor will provide a comprehensive assessment to all index children and their parents resulting in the formulation of a multi-axial (DSM) diagnosis for the adult and an individualized treatment plan. Parent(s) must meet the substance use criteria noted above and outpatient level of care utilizing ASAM criteria. This assessment will be conducted in accordance with FBR model specifications by a licensed clinical professional. The assessment will provide a clinical integration of parental medical, psychosocial, substance use, legal, educational and treatment histories, as well as an assessment of infant/child development and infant/child-parent interaction and attachment. The assessment will address the needs of the child and parent within the context of the family and social community.

As part of the initial assessment of adult clients, the Contractor will use the DCF approved GAIN instrument for each parent at the start of services, will submit the data via a web-based system, and will use the resulting reports to inform treatment planning. The Contractor will again use the DCF approved GAIN instrument at the time of discharge, will submit the data to the web-based system, and will use the resulting reports to inform discharge planning. The GAIN instrument must be conducted by a staff member who is trained in GAIN administration following a DCF-approved process.

In addition, the Contractor will utilize the following standardized measures, in the versions as required by the model developer, to inform the assessment and treatment plan including, but not limited to, the Parenting Stress Index-Short Form, Edinburgh Depression Scale, Childhood Trauma Questionnaire, Postpartum Bonding Questionnaire, Experience in Close Relationships Questionnaire- R, Devereux Early Childhood Assessment, Parental Reflective Functioning Questionnaire, and the Ages and Stages Questionnaire. These tools will be used at intervals required by the model.

Staffing

Each FBR team will consist of the following staffing:

- a. **Supervisor** (full time) is licensed with at least a master's degree in a behavioral health field and no less than three (3) years experience in delivery of clinical and/or substance use services to children and family and have no less than six (6) months of supervisory experience. The supervisor directs and supervises professional and administrative activities of the clinicians and Family Support Specialists according to the model. He/she is responsible for collecting and maintaining parent/caregiver and program information to meet both the model's and DCF's reporting and evaluation requirements. He/she is responsible for managing referrals, intake, case assignment, and maintaining staff schedules. The Supervisor will provide emergency or direct service coverage for the clinicians as needed. In addition, the supervisor will provide direct clinical care to parents/caregivers at the weekly outpatient groups, Social Club.
- b. Four (4) full-time **Therapists** have a master's degree and licensed in a behavioral health field, minimally with provisional licensure (LMFTA, LMSW, LPCA). Therapists provide community/home-based FBR treatment services to families. Therapists also assume responsibility for coordinating the provision of services by other community professionals. Therapists work a flexible schedule in order to accommodate individual family needs and in order to respond to a crisis, as required by the model, including some evenings and weekends on call (no in-person sessions). Each clinician serves as the parent-child clinician for 12 of the 24 families on a full caseload and as the individual/substance use clinician for the other 12 of the 24 families. The two (2) clinician roles are as follows:

- i. Parent-child Clinician: The parent-child clinician will deliver interventions to facilitate positive parent-child interactions and optimal child development. The parent-child clinician's focus will be the parent's relationship with the index child (age birth to under 6 years old) and the systems that interact with the index child. However, all children in the house will be assessed by the parent-child clinician for possible interventions and advocacy with systems (i.e., educational, medical, and legal).
- ii. Individual/Substance use Clinician: The individual clinician will deliver interventions that target parental sobriety and psychological well-being. She/he will engage the parent/caregiver in discussions and treatment for any co-morbid mental health issues and co-constructs treatment goals for sobriety, education, employment, healthy relationships, family communication, and legal issues.
- c. Two full time bachelor's level **Family Support Specialist** (FSS) works with all families. In addition to supporting the clinical work by facilitating/co-facilitating home visits and conducting substance screens, the FSS will, but will not be limited to: assisting parents/caregivers with identifying basic needs; providing or accessing transportation; accessing school, job preparation, employment and housing information; locating free family recreation activities; helping with applications; and with obtaining records. The FSS is knowledgeable of the communities and is an integral part of the FBR team. FSS assists with accessing, compiling and updating resources in the local area for the FBR team.
- d. One part time Clinical Manager provides weekly supervision to the FBR supervisor to ensure that the FBR team is providing competent clinical and case management services with fidelity to the FBR model. He/she provides clinical back-up to the team when the supervisor is not available. The clinical manager attends a quarterly FBR Services meeting.
- e. One part time psychiatrist or APRN (under the supervision of a psychiatrist) provides consultation to the FBR team on cases as needed. The psychiatrist or APRN conducts evaluations and provides pharmacotherapy as needed to FBR adult parents/caregivers.

The Contractor will have bilingual staff, depending upon the needs of the target population in the geographic region being served. Use of a translator is not recommended for FBR, however, a certified translation service can be accessed as needed.

Clinical Approach

The Contractor will follow model specific services and FBR Practice Guide.

Within the FBR model, the term *FBR Way* is used to indicate the manner in which staff engage and treat parent/caregivers and their children by combining respect, patience and a willingness to allow the client to lead the intervention with good clinical skills, infant and early childhood mental health tenants, motivational interviewing techniques and lessons learned from in-home work. The FBR team members promote parent/ caregiver strength and empowerment utilizing a relationship-based, non-confrontational and transparent approach in order to work collaboratively with the client. Core clinical skills that will help facilitate this work are commitment to the process of engagement, active listening, the use of open-ended questions, the ability to remain objective, the use of reflective feedback and affirming the client's self-efficacy.

Phases of Treatment

The FBR model has three phases of treatment. They are:

- i. Phase I (at minimum, the first 6 months of treatment) during which the FBR team meets with the parent/caregiver three times a week: three home visits or two home visits and Social Club (The team can increase the frequency of visits due to clinical acuity, as needed.).
- ii. Phase II during which the FBR team meets with the parent/caregiver twice a week; one of the visits can be at Social Club. Phase III during which an FBR team member meets the parent/caregiver once a week in the home until discharge, and the client continues to attend Social Club. Parents/caregivers who successfully complete FBR can continue to attend Social Club.

Virtual sessions may occur on a case-by-case basis under specific circumstances identified in the FBR Practice Guide and the FBR Continuity of Care Plan.

Interventions in the Parent-Child Component

The parent-child clinician will conduct a session with the parent/s and child once a week in the home or in the community (e.g., pediatrician visit, library). The parent-child work will focus on the following:

- i. understanding of child development; including providing developmental screening, providing and reviewing information on child development from reliable sources as indicated, and offering developmental guidance regarding age appropriate behavior
- ii. child and household safety; including attending to unsafe situations and practices and problem solve alternatives and solutions (e.g., safe sleeping guidelines, secondhand smoke, household safety checklist, secure storage and naloxone education and access.)
- iii. child health / well-childcare; staying updated through birth and pediatric records, ensuring that doctors visits and immunizations are current, attending pediatrician visits if parent/caregiver wishes,

- bringing information on best practices and recommendations from American Academy of Pediatrics and other sites, collaborating with child's other providers (early intervention, preschool, VNA, etc.)
- iv. understanding of and responding to child cues and needs;
 - v. positive parent-child interactions for secure attachment;
 - vi. consistency in household routines and arrangements for childcare.

The parent-child clinician will use the tools and techniques required by the model in real-time parent-child interactions to explore what the parent thinks is going on with the child and how the parent feels in response. Clinicians will use the feedback from the parent-child consultant from FBR MDO and from session recording reviews to better implement these techniques and to identify more opportunities in which to intervene in sessions.

Interventions in the Substance Use Component

The substance use clinician will provide individual psychotherapy in addition to substance use treatment to the index parent(s). FBR teams work with parents/caregivers to understand the emotional, psychological and relational roots of substance use behavior, as well as acknowledge the losses often associated with substance use: intimate relationships, family support, children, social support, financial resources, housing and physical and psychological health. Clients will receive intensive assistance with psychosocial needs, including employment, transportation, relapse prevention, and social and recreational activities. Emphasis will be placed on ensuring that the new activities and goals are generalized to the individual's natural environment so that she/he is likely to maintain long-term abstinence and build a life in recovery.

The substance abuse clinician will use the tools (GAIN, Brief Substance Use Assessment, Functional Assessment, Feedback Report and graphs) and techniques required by the model to inform and guide the clinical work.

Reoccurrence of substance use

The Contractor will use a variety of tools to address a reoccurrence of substance use. A reoccurrence does not impact the parent/caregiver's involvement in FBR.

- i. During the intake session, clinicians will complete a Strategies for Recovery tool. The clinician will utilize that tool to outline key considerations for before and after a reoccurrence of substance use, e.g. (a) the importance of understanding that sometimes reoccurrence of substance use is part of the recovery process, (b) the importance of working on coping skills, and (c) if there is disagreement, the FBR team will contact the parent/caregiver via letters and phone calls and home visits to reengage treatment as needed.
- ii. Parents/caregivers will be asked at intake to complete a Client Contacts form on which the parent/caregiver lists the names and contact information for friends and /or family members whom staff can contact if the parent/caregiver does not respond to FBR's outreach efforts.
- iii. When a parent/caregiver has a positive substance use screen, the client will be encouraged to contact their DCF worker with this information.
- iv. FBR will contact DCF to alert them of the reoccurrence of use. The team will notify DCF during the home visit or by the end of the business day. The clinician will assess a relapse in relationship to child safety. The clinician will ask the client the location of the child(ren) when the parent purchased the drug(s), where the relapse occurred, the location of child(ren) during the relapse, the impact on parenting abilities and the parent's sobriety and functioning when he/she returned to the child(ren).

Other Components of the Model

Other components of the model include the following:

a. Treatment Plan

Following the initial assessment, a written treatment plan that is individualized, comprehensive, and family focused will be developed with the parent/caregiver through a collaborative process, including the language and words of the family and built upon their strengths. FBR recognizes that clients who develop their own treatment goals are more likely to attain those goals during intervention and sustain them in the future. The plan is designed to meet the substance use and behavioral health treatment needs, as well as the needs of the parent-child relationship. It will include action steps and goals within these areas:

- Substance use treatment
- Child health, development, and well-being
- Parent-child relationship

The FBR Model understands that teams will use their agency specific treatment plans. It is recommended that action steps be small, quantifiable steps that will lead toward attainment of the overarching goal. The focus should be on what the parent/caregiver and team will do, learn, discuss, role play, identify and develop. FBR treatment must be listed in some of the action steps.

The treatment plan will be reviewed and amended as needed, but not less than quarterly. Family Care Plans will be completed and updated, at minimum, at the same frequency as the FBR treatment plan.

b. On-Call Procedure and Plan for Sober Care

During the intake process, the FBR team and the family will develop an On-Call Procedure that outlines strategies for when the parent/caregiver is experiencing strong cravings and at high risk for reoccurrence and/or is in crisis and needs to ensure safety for themselves and their child(ren). The FBR team will work with the parent/caregiver

to identify an alternative caregiver(s) for the child if the parent chooses to use substances on the Plan for Sober Care. The FBR team will discuss with the parent/caregiver how to manage a reoccurrence of substance use if it should occur. In addition, the team will review the on-call system. The Plan for Sober Care will be shared with the DCF Social Worker. When concerns arise, a joint session will be scheduled to discuss and treatment plan.

c. Substance Screening

Instant urine toxicology screens are completed by the parent/caregiver at each session. Screens are used for treatment purposes to inform and guide the clinical intervention while providing immediate positive reinforcement for negative screens. Results are shared with DCF staff.

The Contractor will only utilize CLIA waived instant tests including temperature strips and adulterants (pH, creatine, specified gravity). Substances tested include: alcohol, amphetamines, barbiturates, benzodiazepines, buprenorphine, cocaine, MDMA, methadone, methamphetamines, opiates, oxycodone, PCP, and THC using SAMSHA approved cut-offs. Fentanyl or other specific substances may be tested using a laboratory for confirmation. Additionally, sites will utilize laboratory testing for substances for which there is no CLIA-waived point of care urine test (i.e., alcohol, Klonopin). Each FBR team will have policies and procedures in place that ensure that all sample collection processes are conducted safely, facilitated with sensitivity to the parent/caregiver, and ensure sample integrity. Universal precautions will be utilized.

d. Voucher

The program will provide a \$10 gift card/voucher for each negative substance screen up to \$700.. The gift card is one incentive for recovery and is seen as a means to jump-start recovery and encourage engagement at the beginning of treatment. Clients can earn up to \$700 in vouchers. The Contractor will have gift cards available to dispense at all times. It is expected that other reinforcers for sobriety will be in place consistently by the time the client has received this amount. Parents/Caregivers will receive a \$20 voucher upon completion of discharge measures.

e. Recovery Capital

The Family Support Specialist (FSS) within the FBR team takes the lead in assisting parents/caregivers and family members with obtaining basic needs for themselves and their families, including, but not limited to: housing, education, employment, paying utility bills, connecting with energy assistance programs, obtaining important documents (e.g., Social Security cards, birth certificates, driver's license and Green Cards). The FBR team will provide assistance, when appropriate, with transportation to offices and appointments.

f. Legal Issues

Upon receipt of a subpoena, FBR staff will testify in court regarding the family's compliance with the program and progress in treatment. In addition, the team will offer support to clients in their interactions with the legal system. The team will communicate and collaborate with court officers when authorized by the client and will accompany the client to Juvenile Court if the client is agreeable.

g. Social Club

Social Club will be provided as a weekly, two-hour group meeting to give parent/s caregivers another form of positive reinforcement for their recovery. Social Club may be held virtually in order to meet the needs and schedule of the parent/caregivers. Parents/caregivers must have a negative substance screen on the day of group in order to attend. Parents/caregivers are strongly encouraged to attend group with the index child. All program staff members (clinicians, family support specialist and supervisor) attend the group. Transportation will be provided the first time a client attends Social Club. Thereafter, clients are encouraged to get to Social Club on their own. Staff can assist clients in securing alternate means of transportation, e.g., medical cab, bus (passes through DCF). The supervisor and clinicians will co-facilitate the group with support from the family support specialist. Team members will rotate child engagement responsibilities for older children as needed. In addition to the clinical group time, the Social Club will consist of clients and staff sharing a meal together.

h. Collaboration with DCF

The FBR team will collaborate, communicate, and participate in the ongoing risk assessment process with DCF. The Contractor and DCF area office staff will work in close collaboration from the time of referral until DCF closes the case or the family is discharged from the program.

The Contractor and the DCF staff will meet, at a minimum, monthly to review cases. The team will frequently communicate with the assigned DCF social worker via phone and/or encrypted email (to ensure confidentiality) about the family's progress and/or any concerns for the family's functioning.

The team will notify the DCF social worker when a parent/caregiver has a reoccurrence. The DCF Social Worker will likewise keep the team informed of any significant changes in the family's case status. The team will attend, when asked, any case planning or considered removal meetings scheduled during the case episode.

i. Service Linkages and Discharge Planning

Discharge planning begins at the time of admission and continues throughout the course of treatment. Discharge planning involves the parents/caregivers and other identified resources. FBR teams participate in case specific team meetings, as invited, and will collaborate to develop and implement a coordinated plan of care. Regular discussions with the parent/caregivers and other resources focus on discharge needs and shape the discharge plan.

Parents/caregivers may be discharged for a variety of reasons. When a parent/caregiver completes FBR treatment and expresses a desire to continue treatment, the FBR team will make efforts to link the parent/caregiver to services prior to discharge. A parent/caregiver might require a different level of care and be discharged to another treatment program with assistance from the FBR team as appropriate. In situations when the child is no longer in the care of the parent/caregiver and FBR must discharge, the FBR team will link the parent/caregiver to substance use treatment, as appropriate, prior to discharge.

When clinically appropriate the FBR team will develop and set in motion a step-down or aftercare plan that is understood and supported by the family. The FBR team will ensure that appropriate linkage with alternative and/or transition services are in place prior to discharge, when appropriate and the parent/caregiver agrees. Parents/caregivers, as well as DCF, are full partners in all discharge planning.

Training and Consultation

The Contractor will comply with the model fidelity and quality assurance requirements outlined by FBR Model Development and Operations.

a. Requirements of FBR Services

For FBR staff and sites, FBR Services requires that:

- i. all new staff members attend an initial training provided by FBR MDO prior to providing treatment in the model;
- ii. all staff participate in weekly consultation calls with FBRMDO;
- iii. all clinical staff submit DVD of session recordings, as required by FBR MDO;
- iv. all staff attend quarterly, and booster trainings and meetings facilitated by FBR MDO;
- v. all sites agree to provide FBR MDO access to closed and open records for quality assurance reviews;
- vi. all sites agree to participate in an annual credentialing process;
- vii. all sites enter all required client data into a web-based data collection site managed by FBR MDO;
- viii. all sites submit client rosters, service intensity logs and toxicology data on a quarterly basis.

Session Recordings

Recording sessions is considered best practice in parent-child work. The goal of recordings is two-fold: to support the clinician's professional development and support the parent-child relationship. It provides an opportunity for clinicians to view their work, reflect on missed opportunities, and grow more confident using the infant mental health approach. The recordings also provide a chance for clients to see their parenting in action. To watch moments of shared delight, soothing, ruptures and/or repairs, and play. Each clinician will submit at least two 10–20-minute parent-child session recordings a year after the clinician has worked in the program for six months. Recordings are reviewed by the clinician, supervisor, and consultant in person or via Zoom.

DATA REPORTING, CONTRACT COMPLIANCE AND OUTCOME MEASURES

1. Data Reporting

a. The Contractor will submit individual, client level data to the Department's Provider Information Exchange (PIE) or other system as required by the Department. The Contractor will ensure that the data submitted under PIE, or other system, is in conformance with the applicable data specifications and picklists. Furthermore, the data must use the conventions and logic as determined by the Department to ensure accurate, unduplicated client counts. This data will, as set forth by DCF, be sent to the Department and/or the Department's designated vendor(s) at an interval specified by DCF.

b. The Contractor will provide treatment status reports to DCF child protective services staff at monthly intervals and at time of discharge, in addition to ad hoc reports when needed.

c. The Contractor will be required to submit data to FBR MDO, consistent with the requirements of the FBR quality assurance process.

2. Contract Compliance

The Contractor will work to ensure that:

- a. each team will serve 48 families annually;
- b. 90% of parents will be compliant with the index child's medical care;
- c. 90% of infants will be connected by the Contractor to appropriate services if developmental delays are identified.

3. Client Outcome Measures

Client outcome measures at the time of discharge:

- a. # of parent/caregiver served
- b. 85% of parents/caregivers with an intake within 5 days of referral
- c. 95% of parents/caregivers complete the GAIN instrument at intake
- d. 85% of parents/caregivers complete the GAIN instrument at discharge
- e. 70% of parents/caregivers complete treatment (defined as having 5 months of FBR services AND parent attendance of at least 66% of scheduled sessions AND parent completion all intake tools and measures AND parent completion of 90-day tools and measures AND parent completion of 80% of valid substance use screens during scheduled sessions AND FBR team provides discharge recommendations)

- f. 90% of parents/caregivers who complete the service will be up to date with the index child's medical care
- g. 90% of parents/caregivers who complete the service identify a community or natural support

■ **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 FBR requirements;
 - 2. Your agency's knowledge of CT's child welfare, behavioral health treatment and recovery systems, practices, and key stakeholders; and
 - 3. Your agency and staff's experience delivering any Evidence Based services or comparable services.
- (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 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.
- (d) Qualifications / Certification / Licensure: Please describe your agency's experience providing the kinds of services being requested through this RFP. If the agency or program being proposed holds any certifications or licensures, please detail the type and how long it has been held. Applicants must also demonstrate that they possess appropriate licensure to provide clinical services to children. Such licensure must be provided in the applicant's proposal as [Attachment 2](#).

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:

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 3](#) 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).

Culturally Diverse Families:

- 1. 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 4](#). 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.)

Culturally Responsive and Diverse Organization:

- 1. Describe your agency's organizational structure and the level of diversity among the agency's managers, executives, and Board of Directors.
- 2. 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 your implementation of the plan and demonstrate impact it has had on your organization. Provide a copy of your agency's CLAS Plan as [Attachment 5](#).

3. Service Requirements (30 points)

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

- (a) Evidence-Based Services: Describe your agency's prior success implementing evidence-based services aimed at adolescent behavioral health treatment (including substance use), adolescent and caregiver engagement, and/or recovery supports. 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, consultations), and outcomes expectations. Data should be used to demonstrate your success whenever it is available.
- (b) Treatment/Service Modalities: Please describe:
 - a. Your agency's 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).
 - b. 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.

(c) Community Needs, Partnerships, and Presence:

- 1. Community Service Needs and Available Resources: Please describe identified adolescent needs within the major cities/towns in the catchment areas.
- 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, other specific/specialty treatment programs, institutions that support families, pro-social activities, adolescent job employment, and services related to adolescent substance use recovery.
- 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 as **Attachment 6** 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 2021, 2022, 2023, and 2024;

Name of Program/Service	Staff Position	Contracted FTE	Actual FTE % (n) on 6/30/2021	Actual FTE % (n) on 6/30/2022	Actual FTE % (n) on 6/30/2023	Actual FTE % (n) on 6/30/2024

- 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: FBR staff will receive model specific training. The Department 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 FBR staff (e.g., substance use, 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 Implementation Timeline (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 FBR.

- (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.

Assume an October 1, 2024, 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 FBR if a current or prior 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 or previous FBR providers should minimally include FBR outcomes. Others should include outcomes related to engagement and program completion, behavioral health treatment, recidivism, reduction/abstinence in substance use, school participation, adolescent's living situation, family stability, and community connections. Specific examples must be provided to support all claims.

■ **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 7](#). 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:
 - 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. 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).
- 9. Conflict of Interest- Disclosure Statement.** Proposers must include, in Section D of their proposal, a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Agency will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any

conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

■ **B. EVALUATION OF PROPOSALS**

1. Evaluation Process. It is the intent of the Agency to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Agency will conform with its written procedures for POS and PSA procurements (pursuant to C.G.S. § 4-217) and the State’s Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85). Final funding allocation decisions will be determined during contract negotiation.

2. Evaluation Review Committee. The Agency will designate a Review Committee to evaluate proposals submitted in response to this RFP. The Review Committee will be composed of individuals, Agency staff or other designees as deemed appropriate. The contents of all submitted proposals, including any confidential information, will be shared with the Review Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. The Review Committee shall evaluate all proposals that meet the Minimum Submission Requirements by score and rank ordered and make recommendations for awards. The Agency Head will make the final selection. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Review Committee may result in disqualification of the proposer.

3. Minimum Submission Requirements. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) meet the Eligibility and Qualification requirements to respond to the procurement, (4) follow the required Proposal Outline; and (5) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Agency will reject any proposal that deviates significantly from the requirements of this RFP.

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

- Organizational Requirements **10 points**
- Cultural & Linguistically Competent Care **15 points**
- Service Requirements **30 points**
- Staffing Requirements **20 points**
- Work Plan Outreach **10 points**
- Data and Technology Requirements **10 points**
- Financial Profile **2 points**
- Budget and Budget Narrative **3 points**

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

5. Proposer Selection. Upon completing its evaluation of proposals, the Review Committee will submit the rankings of all proposals to the Commissioner or Agency Head. The final selection of a successful proposer is at the discretion of the Commissioner or Agency Head. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Agency. Such negotiations may, but will not automatically, result in a contract. Any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Agency’s discretion, about the outcome of the evaluation and proposer selection process. The Agency reserves the right to decline to

award contracts for activities in which the Commissioner or Agency Head considers there are not adequate respondents.

- 6. Debriefing.** Within ten (10) days of receiving notification from the Agency, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Agency to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Agency may schedule and hold the debriefing meeting within fifteen (15) days of the request. The Agency will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
- 7. Appeal Process.** Proposers may appeal any aspect the Agency's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Agency head. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Agency to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
- 8. Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Agency's contracting procedures, which may include approval by the Office of the Attorney General. Fully executed and approved contracts will be posted on State Contracting Portal and the Agency website.

IV. REQUIRED PROPOSAL SUBMISSION OUTLINE AND REQUIREMENTS

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V. MANDATORY PROVISIONS**■ A. POS STANDARD CONTRACT, PARTS I AND II**

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

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

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

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a proposer is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the proposer must inform the proposer's principals of the contents of the SEEC notice.

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

■ B. ASSURANCES

By submitting a proposal in response to this RFP, a proposer implicitly gives the following assurances:

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

date and may be extended beyond that time by mutual agreement. At its sole discretion, the Agency may include the proposal, by reference or otherwise, into any contract with the successful proposer.

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

■ **C. TERMS AND CONDITIONS**

By submitting a proposal in response to this RFP, a proposer implicitly agrees to comply with the following terms and conditions:

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

■ **D. RIGHTS RESERVED TO THE STATE**

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

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

■ **E. STATUTORY AND REGULATORY COMPLIANCE**

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the

State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive. CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.

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

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

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

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

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

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

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

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

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

VI. APPENDIX

A. ABBREVIATIONS / ACRONYMS / DEFINITIONS

BFO	Best and Final Offer
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
OAG	Office of the Attorney General
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request for Proposal
SEEC	State Elections Enforcement Commission (CT)
U.S.	United States

- *contractor*: a private provider organization, CT State agency, or municipality that enters into a POS contract with the Agency as a result of this RFP
- *proposer*: a private provider organization, CT State agency, or municipality that has submitted a proposal to the Agency in response to this RFP. This term may be used interchangeably with respondent throughout the RFP.
- *prospective proposer*: a private provider organization, CT State agency, or municipality that may submit a proposal to the Agency in response to this RFP, but has not yet done so
- *subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Agency as a result of this RFP

B. Appendix #1: Proposal Checklist

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

C. Appendix #2: Letter of Intent

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

D. Appendix #3: Proposal Cover Sheet

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

PROPOSAL CHECKLIST**Key Dates**

Procurement Timetable		
The Agency reserves the right to modify these dates at its sole discretion.		
Item	Action	Date
1	Bidders Conference	10:00 am / June 24, 2024
2	Question Submission Deadline	3:00 PM / June 25, 2024
3	Release of Answers	July 2, 2024
4	Letter of Intent Submission Deadline	3:00 PM / July 19, 2024
5	Proposal Submission Deadline	3:00 PM / August 8, 2024
6	Program Implementation Target Date	October 1, 2024

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 July 19, 2024 (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 ***Family Based Recovery***

- Team 1 - Region 1 & Region 2
- Team 2 - Region 3
- Team 3 - Region 4
- Team 4 - Region 5
- Team 5 - Region 6

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 **July 19, 2024**
Catherine Santiago (DCF.FISCALCONTRACTS@ct.gov).

PROPOSAL COVER SHEET

Family Based Recovery
Request for Proposals

- Team 1 - Region 1 & Region 2
- Team 2 - Region 3
- Team 3 - Region 4
- Team 4 - Region 5
- Team 5 - Region 6

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: _____