STATE OF CONNECTICUT PROCUREMENT NOTICE

Request for Proposals (RFP)

For

Multidimensional Family Therapy

(MDFT)

RFP Number: 27071501 - AMENDMENT 1

Issued By:

Department of Children and Families

July 15, 2026

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: Ana Villarreal-Arias
Address: 505 Hudson Street / Hartford, CT 06106
E-Mail: DCF.FiscalContracts@ct.gov

RESPONSES MUST BE RECEIVED NO LATER THAN: **September 2, 2026, 3:00PM**

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 #27070101/ Multidimensional Family Therapy

2. **RFP Summary.** This RFP requests fourteen (14) Teams of Multidimensional Family Therapy to provide services statewide.

3. **RFP Purpose.** Through this procurement, the Department is seeking to procure twelve (12) MDFT team by awarding the sites as outlined below.

Sites	**DCF Area Offices Served**	**Annual Capacity**	**Funding**
Site 1	**Bridgeport/ Norwalk (2 teams)**	**120**	**$1,400,000**
Site 2	**New Haven/ Milford (2 teams)**	**120**	**$1,400,000**
Site 3	**Willimantic/Norwich (2 teams)**	**120**	**$1,400,000**
Site 4	**Middletown (1 team)**	**60**	**$700,000**
Site 5	**Hartford/Manchester (3 teams)**	**180**	**$2,100,000**
Site 6	**Danbury/Torrington (1 team)**	**60**	**$700,000**
Site 7	**Waterbury (1 team)**	**60**	**$700,000**
Site 8	**New Britain/ Meriden (2 teams)**	**120**	**$1,400,000**

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: Ana Villarreal-Arias, Fiscal Administrative Supervisor
   Address: 505 Hudson Street / Hartford, CT 06106
   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 shall 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 – Click on appropriate response

- Non-profit status, if applicable
- 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-Managment/Home

   - State Contracting Portal (go to CTSource bid board, filter by "Department of Children and Families" https://portal.ct.gov/DAS/CTSource/BidBoard

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

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

   - RFP Planning Start Date: **January 1, 2026**
   - RFP Released: **July 15, 2026**
   - RFP Conference: **9:30AM, July 21, 2026**
   - RFP Second Conference: **9:00AM, July 27, 2026**
   - Deadline for Questions: **3:00PM, July 30, 2026**
   - Answers Released: **August 15, 2026**
   - Letter of Intent Due: **3:00PM, July 29, 2026**
   - Proposals Due: **3:00PM, September 2, 2026**
   - (*) Proposer Selection: **September 28, 2026**
   - (*) Start of Contract Negotiations: **October 15, 2026**
   - (*) Start of Contract: **January 1, 2027**

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: **$9,800,000.00 (per year)**
   - Number of Awards: **8**
   - Number of Sites: **14**
   - Funding per team**:** **$700,000 (per year)**
   - Contract Term: **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 the only entities eligible to submit proposals in response to this RFP.

   A current investigation of Medicaid fraud or a judgment involving Medicaid fraud within the past five (5) years shall exclude an entity from participation in this procurement. Proposals from applicants who appear on the United States General

Services Administration Excluded Parties List or the State Debarred Contractors List will not be considered. Consideration will be taken for applicants whose agency has required one or more corrective action plans in the past two years. Such applicants are not ineligible, but the history may be a scoring factor depending on circumstances surrounding the corrective action.

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 with submission of the proposal
   - When applicable, agency must provide documentation of all relevant DPH and children behavioral health licenses in accordance to the service being procured.

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, using the LOI template (Appendix 3). The subject line of the email must read, "**MDFT RFP / Letter of Intent**". The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, e-mail address and DCF being applied for. It is the sender's responsibility to confirm the Department's receipt of the LOI. **If applying for multiple locations, 1 Letter of Intent may be submitted, indicating each specific Team or Site being applied for.** The Department will not accept proposals from any applicant for any Team for which a Letter of Intent was not submitted. Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.

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.

- July 21, 2026
- Time: 9:30AM
- Virtual (Teams): **Microsoft Teams meeting**
- **Join:** https://teams.microsoft.com/meet/259079779353163?p=0gf3F2KRiXojNlQjS2
- Meeting ID: 259 079 779 353 163
- Passcode: EJ7gP7Ta

- July 27, 2026
- Time: 9:00AM
- **Microsoft Teams meeting**
- **Join:** https://teams.microsoft.com/meet/218713951534815?p=RhnB8bhxkPB0wqoeav
- Meeting ID: 218 713 951 534 815
- Passcode: 9Rg7wx6L

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: **September 2, 2026**
- 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 and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee.

Proposals that are not received by email and meeting all submission requirements, will not be evaluated. 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 sent back to 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 / MDFT**

RFP Electronic Proposal Submission. One attachment must be submitted inclusive of the entire proposal in Portable Document Format (PDF) or similar file format (Sections A-E and H of the Proposal Outline detailed in Section IV of this RFP) and one attachment inclusive of the Budget and Narrative in Excel or similar file format (Section G of the Proposal Outline detailed in Section IV of this RFP). The following naming convention shall be used:

- Proposal: **Name of Provider / MDFT Proposal / Region #**
- Budget: **Name of Provider / MDFT Budget Proposal/ Region #**

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

II. PURPOSE OF RFP AND SCOPE OF SERVICES

A. AGENCY OVERVIEW

The Connecticut Department of Children and Families (DCF) was established in 1969 as the Department of Children and Youth Services. Over time, its responsibilities expanded to include child welfare (1974), children's mental health and education services (1975), and substance abuse services for youth (1988). In 1993, the agency was renamed the Department of Children and Families to reflect its evolving mission of providing comprehensive, family-focused care and support across Connecticut.

The vision of the Department is ***that CT's children are safe and sound within loving and supportive families.*** The Department's mission is**: *Partnering with communities and empowering families to raise resilient children who thrive*.** We embark on this work embracing the wisdom of families with lived experience. The Department seeks to sharpen the safety lens through primary prevention across the child welfare system through 6 strategic goals:

- **Safety:** Keep children and youth safe, with focus on the most vulnerable populations
- **Permanency:** Connect systems and processes to achieve timely permanency
- **Wellbeing:** Contribute to child and family wellbeing by enhancing assessments and interventions
- **Racial Justice:** Eliminate racial and ethnic disparate outcomes within the Department
- **Prevention:** Early intervention and support for families upstream
- **Workforce:** Engage the workforce through an organizational culture of mutual support

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. Over the years, 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

- **Program Title**: Multidimensional Family Therapy
- **Problem Statement:** Describe the problem you're trying to solve with this program/service, while remaining as neutral as possible towards potential solutions: Multidimensional Family Therapy (MDFT) is an evidence-based model based upon thirty (30) years of research. The principal treatment objectives of MDFT are to eliminate the adolescent's substance use, crime, delinquency, and to improve mental health, school, and family functioning. MDFT improves the adolescent's coping, problem-solving, and decision-making skills, and enhances family functioning, a critical ingredient in positive youth development. History of MDFT in CT: MDFT has been part of the DCF service array since 2003. For more information about the MDFT model, see the website at: http://www.mdft.org/ For information about the GAIN Q4 and GAIN Q4 training, see website at: Global Appraisal of Individual Needs

- **Program Outcome Goals**: Overall, the goal of MDFT intervention is to reduce/eliminate negative behaviors in order to increase positive coping, problem-solving, and decision-making skills while enhancing family functioning. Below are a few of the key performance outcome goals for MDFT:
    - 80% (150) of all adolescents/young adults referred will be admitted to MDFT.
    - 80% of adolescents/young adults will meet treatment goals to complete Multidimensional Family Therapy.
    - 80 % of adolescents/young adults completing Multidimensional Family Therapy will have a reduction in substance use/misuse at discharge.
    - 80% of adolescents/young adults completing Multidimensional Family Therapy are abstinent from all substance use/misuse (excluding alcohol, cannabis, and nicotine/tobacco products).
    - 80 % of adolescents/young adults completing Multidimensional Family Therapy have a reduction in substance use/misuse at discharge.
    - 85% of adolescents/young adults completing Multidimensional Family Therapy reside are in a home setting at discharge.
    - 90% of adolescents/young adults in Multidimensional Family Therapy will be connected to a community recovery support or natural support at time of discharge
- **Program Policies/Guidelines**: All awarded contractors must adhere to all applicable policies, program practices, and procedures established by the Connecticut Department of Children and Families and the designated program model developer or designee.
- **Third Party Reimbursement**

  The Contractor is required to enroll as a Medicaid provider with the Department of Social Services and to seek to negotiate a reimbursement rate from third party commercial payers for services offered through this contract.
    - The Contractor is expected to bill for third party payment for participants covered by any government or private insurance program.
    - No family will be refused services based on ability to pay and/or insurance coverage.
- **Target Population:** Specify, as specifically as possible, the intended recipients of this service and key background data:
    - Be between the ages of 9-21 years inclusive; *(9-18 years of age if/when standard MDFT is only needed). Youth 12-21 years with concerns/at risk of Opioid Use*

Disorder (OUD) will be serviced under the phase Opioid Use Disorder (OUD) module . Self-referral for 18-21 years without caregiver is allowed;

- Is using substances or has co-occurring behavioral health needs;
- If under age 18, have at least one parent/guardian or parental figure able to participate in treatment (Note that the parent/guardian can be another family member or adult. They may not always reside together, but the parental figure is a person of significant influence in the adolescent's life);
- Not requiring immediate stabilization or specialized treatment (medical, behavioral health, suicidal plan, homicidal plan); and
- Not suffering from a psychotic disorder (unless it is temporary and due to drug use).

- **Evidence-Based Programming:** The Multidimensional Family Therapy (MDFT) is the evidenced based model http://www.mdft.org/ . The MDFT program integrates three (3) evidence-based service components. These components are designed to deliver high quality outcomes-based substance use treatment, ensure access to medication assisted treatment (MAT) when needed and desired during treatment, and provide a period of recovery support services after the substance use treatment component is completed. The three services included in this program are:
  - **Multidimensional Family Therapy** (MDFT®) is an evidence-based treatment to address the complex behavioral health needs of adolescents and young adults using substances. In this program, MDFT has a special focus on youth and young adults with opioid use;
  - **Medication Assisted Treatment** (MAT) is the use of **FDA-approved medications**, in combination with counseling and behavioral therapies like MDFT, to provide a "whole-patient" approach to the treatment of substance use disorders. Providers of this program may offer MAT on-site or through referral to a MAT provider in the community; and
  - **Recovery Monitoring and Support** (RMS) will be referenced as MDFT Stage 4 and is formally initiated: 1) after MDFT Stage 3; or 2) when an adolescent and family drops out of or leaves MDFT Stages 1-2 for any reason, including lack of contact or receiving inpatient treatment to provide support to youth and their families. RMS will be delivered by the MDFT Therapist Assistant, a role that will be named Recovery Support Specialist to reflect the staff's function in this program. RMS includes promoting positive family relationships, facilitating youth involvement with pro-recovery peers and activities, detecting youth return to substance use through regular screening, and assertively linking youth and their families to treatment and other community services as needed and desired.

MDFT is a family and community-based treatment for adolescents/young adults with complex behavioral health (mental health and substance use) needs. The principal treatment objectives are to reduce the adolescent/young adult's substance use, delinquent behaviors, violence/aggression, anxiety/depression and other mental health symptoms, out of home placement, and sexual health risk. MDFT improves school/work attendance, grades, and pro-social/family functioning by improving the adolescent/young adult's communication, emotion regulation, problem solving, and decision-making skills, as well as enhancing parenting practices and improving family communication and relationships. The therapeutic orientation is based on tenets of structural and strategic family therapy coupled with a developmental and ecological emphasis to treating adolescent/young adult substance use and mental health.

MDFT is delivered at the adolescent/young adult's home, at a clinic site, or in the community through at least 1-3 times (average 2 therapy sessions per week plus sessions with the Therapist Assistant, as needed) weekly in person contact but no less than seven hours per month. The number of sessions is dictated by the needs of the adolescent/young adult and the family. Virtual sessions may be conducted as approved by the model developer and identified in the Multidimensional Family Therapy Practice Guide. It is expected that by the end of therapy, therapists will decrease the frequency of contact with the adolescent/young adults and their family, which will allow for the receipt of new referrals.

MDFT uses a combination of interventions and treatment options designed to meet the individual needs of adolescents/young adults and their families, consonant with the goal of maintaining the adolescent/young adult safely in the home and community.
The services provided will include but are not limited to:

- ***Clinical Services*** including screening and assessments, individual (adolescent/young adult and parent/caregiver) and family sessions.
- ***Access to Psychiatric Consultation and/or Medication Management***: adolescents/young adults receiving MDFT services can be referred and have timely access to a Child and Adolescent psychiatrist, or an APRN working under the direction of a Child and Adolescent Psychiatrist, to provide consultation, assessment, evaluation, and medication management when clinically indicated by the therapist.
- ***Empowerment and Family Support Services*** including: caregiver guidance; empowerment and support; inclusion in transition/discharge planning; linkage to other community services and supports; caregiver education; and instructional modeling.
- For adolescents/young adults in the RMS intervention, the therapist can do **Booster Sessions** of MDFT, as needed. The RSS and supervisor will assess for this need and will collaborate with the therapist to decide what are the adolescent/young adult treatment needs.

Medically Assisted Treatment
MAT is the use of **FDA-approved medications**, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. The Contractor will be expected to have partnerships with MAT prescribers to ensure that adolescents/young adults eligible and willing to accept MAT have access to this treatment. Adolescent/young adult eligibility for MAT is based on federal regulations, Substance Use Disorder best practices, and/or established clinical criteria. Adolescents/young adults are not required to take medications in order to participate in Multidimensional Family Therapy.

MDFT Stage 4 (RMS) Recovery Monitoring and Support (RMS)
Recovery Monitoring and Supports (RMS) is a community-based and virtual case management and recovery support intervention for adolescents/young adults with substance use or co-occurring needs. RMS provides recovery support, monitoring, re-intervention, and case management services. Specifically, RMS provides support and ongoing assessment, facilitates involvement with pro-recovery peers and activities,

detects return to use and other concerns, assertively links to services as needed, and promotes positive family relationships. Family members are intended to remain active participants at this stage.

Frequency of contact will be a minimum of:

i. End of MDFT Stage 3; or when an adolescent/young adult and family drops out of or leaves MDFT Stages 1-2 for any reason, including lack of contact or receiving inpatient treatment, weekly in person (by phone or virtual if requested by adolescent/young adult).
ii. Stage 4, Months 3 to 4 – twice a month in person (by phone or virtual if requested by adolescent/young adult).
iii. Stage 4, Months 5 to 6 – once a month in person (by phone or virtual if requested by adolescent/young adult).

Case Management services provided by the Recovery Support Specialist are based on the adolescent/young adult's needs in the following domains: school, housing, transportation, legal, economics, medical, social, and work. A broad range of supports are provided such as job coaching, social skills, substance use recovery supports, training, mentoring, behavioral management skills, and recreational activities as necessary. Goals and timeframes are set with each adolescent/young adult.

The Contractor shall follow all prescribed interventions and client goals, as outlined in the Multidimensional Family Therapy Clinical Protocols, Guides and Resources.

Service Provision Components:

- **Referral Process:** The Contractor will be available to accept referrals Monday-Friday, 52 weeks per year at least but not limited to the hours of 9:00 a.m. to 4:00 p.m. Referrals will be accepted by any referral source, including self-referrals. There will be no **wait list** for this service. Instead the Contractor should discuss other treatment options with the referral source if treatment cannot be initiated within 14 calendar days. The Contractor will support the referral source and family ensuring connection to treatment.
- **Admission Process** The Contractor will process all referrals including contact with family for intake scheduling within two (2) business days of receipt of the referral. DCF-involved adolescent/young adults and adolescent/young adults with substance use concerns, especially opioid use will be given priority access to the program.
- **Length of Service:** Length of service is approximately 12 months. Actual length will be based on the treatment and recovery needs of the adolescent/young adult client.
- **Operating Hours:** The Contractor will provide services 52 weeks per year. The Contractor will provide regular evening and weekend hours to ensure the service is accessible to the adolescent/young adult and their families.
- **Transportation:** The Contractor may provide transportation when available and necessary.
- **Service Management:** The Contractor will attend the quarterly Multidimensional Family Therapy administrative meetings and other meetings with DCF and the quality assurance provider.
- The Contractor will provide 24-hour emergency and crisis intervention services to adolescents/young adults and their families by phone, virtually, or in person,

as appropriate. Local mobile psychiatric services should not be used as common practice by this program.

- **Recovery Support Plans:** All adolescents/young adults receiving Multidimensional Family Therapy will develop their Recovery Support Plan with assistance from the assigned staff. Recovery Support Plans should be client-centered and driven, linguistically competent, culturally sensitive, and will consider how diversity (racial, gender, culture, linguistic, sexual orientation, immigrant, and religion) influence and guide the Recovery Support Plan. Plans will identify:
  - adolescent/young adult strengths;
  - natural and/or community supports;
  - emergency/crisis response plan;
  - child safety plan, if applicable; and
  - areas of concern with identified goals, steps, responsible party, and timeframes.

- The Contractor will provide annual capacity as defined in Part I, Section B.1 of this contract. Each therapist carries six (6) cases and serves 15 cases annually, based upon an average length of MDFT service of five (5) months. During MDFT Stage 4, each Recovery Support Specialist carries 12 cases and serves 30 cases annually, based upon an average length of RMS service of six (6) months.

Families involved with CT Children and Families will be triaged as a priority.

- Multidimensional Family Therapy will accept standard MDFT referrals if capacity permits for adolescents/young adults ages 9 through 21. MDFT Stage 4 will only be provided to adolescent/young adults with substance use concerns. ** See admission process section for priority populations.

Staffing Model per team

Staff Position	*Full Time Equivalent (FTE)*
Supervisor	1 FTE
Therapist	4 FTE
RSS	2 FTE
Psychiatrist/APRN	4 hours week based upon caseload needs

- **Supervisor** will be a licensed independent practitioner/ behavioral health professional who directs and supervises professional and administrative activities of the Therapists and Recovery Support Specialists according to the model. The Supervisor will complete MDFT Therapist certification, MDFT Supervisor certification, and RMS certification within the timeframes of the models. Supervisors will provide MDFT-specific clinical supervision to therapists in accordance with the *MDFT Supervision Manual* available in the MDFT Clinical Portal. The Supervisor will be responsible for collecting and maintaining adolescent/young adult client level and program information to meet DCF, MDFT, and RMS reporting and evaluation requirements. The Supervisor will be responsible for managing referrals, intakes, case assignments, and maintaining staff schedules. The Supervisor will provide emergency coverage for the Therapists and Recovery Support Specialists as needed.

- **Therapists** will have a master's degree in a behavioral health field. All therapists must obtain appropriate behavioral health-related master's level or associate level licenses, as required by the State of Connecticut prior to hiring. Therapists will attend MDFT training and become fully certified within the timeframe of the model. Therapists will provide all MDFT treatment and will collect urine toxicology samples. MDFT treatment is delivered using a hybrid approach to increase adolescent/young adult and family engagement, and to facilitate clinical progress during treatment. MDFT treatment is primarily delivered by Therapists in a client's or family's home or in a clinic office. Virtual sessions or clinic-based services may also be offered as appropriate and approved by the model. Therapists will also assume responsibility for coordinating the provision of services by other community professionals. Therapists will work a **flexible schedule that includes some evening and weekend hours** in order to accommodate individual family needs for routine appointments, and in order to respond to a crisis. At least one Therapist will be bilingual in Spanish.

- **Recovery Support Specialist** will have at least two (2) years of professional experience in the field of behavioral health for adolescents/young adults and case management activities. Lived experience is a valued perspective that may add to the quality of recovery support but is not required. Recovery Support Specialists will operate under the guidance of the Therapist as an MDFT Therapist Assistant (TA) during Stages 1-3 and provide RMS during Stage 4 of the service. They will attend the MDFT Therapist Assistant and RMS trainings, and will be fully certified in RMS only as there is no certification for the TA role. Recovery Support Specialists will provide services in-home throughout each stage and will collect urine toxicology screens. Virtual sessions or clinic-based services may also be offered as appropriate and approved by the models. Recovery Support Specialists will work a **flexible schedule that includes some regular evening and weekend hours** in order to accommodate individual adolescent/young adult needs for routine appointments. At least one Recovery Support Specialist will be bilingual in Spanish.

- The Contractor will provide psychiatric coverage for evaluations and medication consultation, using a part-time psychiatrist or APRN (under the supervision of a psychiatrist), as needed for Multidimensional Family Therapy adolescent/young adult clients.

- The Contractor will establish partnerships with prescribers to ensure adolescents/young adults have access to Medication Assisted Treatment (MAT), medication management and psychiatric consultation services as needed.

Evaluation and Assessment Services

All adolescents/young adults referred to the Multidimensional Family Therapy program will receive a comprehensive ASAM-based evaluation, which will result in the formulation of a DSM V-TR diagnosis, ASAM level of care placement, and an individualized treatment plan. A licensed clinical professional will conduct the evaluation/assessment.

As part of the initial assessment of clients age 12 years and older, the Contractor will use the Department's approved Global Appraisal of Individual Needs (GAIN) instrument for each adolescent/young adult at the start of services, submit the data to the GAIN ABS web-based system, and use the resulting reports to establish ASAM level of care and develop an individualized initial treatment plan, also known as an MDFT Case Conceptualization. The Contractor will complete a GAIN assessment fourteen (14) days prior to discharge, submit the data to the web-based system, and use the resulting reports to inform discharge planning. The GAIN must be conducted by a staff member who is trained in GAIN administration following a DCF-approved process.

Toxicology Testing

The Contractor will conduct toxicology tests as part of their routine practice. These tests may use urine, or other biological specimens. The Contractor will use toxicology tests that meet current best practice standards including, where applicable, Clinical Laboratory Improvement Amendments (CLIA) waived tests and laboratory confirmation when needed.

When conducting urine toxicology testing providers will use CLIA waived specimen collection cups that have been approved by the Department and consistent with your program model and contract. Urine collection cups must include tests for specimen adulterants and/or contamination either directly such as by including temperature strips, PH, creatinine, and specific gravity readings or using other currently acceptable and valid practices. Additional laboratory CLIA Waived tests for all other substances are required to be utilized for alcohol testing (ETG Ethyl Glucuronide Tests), Novel Psychoactive Substances, Synthetic substances, and also the use of FDA CLIA Waived Fentanyl Cassettes.

The Contractor must adhere to federal SAMHSA guidelines for standard drug testing cut-off levels https://www.nationaldrugscreening.com/blogs/standard-drug-testing-cut-off-levels-from-our-samhsa-certified-labs/, as well to the Department of Public Health 19a-495-570,state requirements regarding Licensure of private freestanding facilities for the care or treatment of substance use or dependent persons.

Information about provider expectations related to toxicology testing is described in the DCF Practice Guide for your program.

Training

MDFT:

a. Training New Therapists to Certification

Training for therapist trainees will follow the activities and components as outlined in the current *MDFT Implementation and Sustainability Guide, which includes but may not be limited to*:

- MDFT e-learning introduction and quizzes, onsite or virtual Introduction MDFT training will be available as needed;
- Team Consultation and Coaching Calls;
- Written Knowledge Assessment Reviews;
- Intensive Video Reviews with each therapist (Virtual);
- On-site Intensive Multi-day Training;
- Access to MDFT Clinical Portal: manuals, forms, videos, fidelity & outcome

monitoring;
- Additional coaching and consultation as determined by MDFT International to achieve competency; and
- Competency and adherence evaluations.

b. Training New Supervisors to Certification:

Supervisors must become certified as MDFT Therapists first. Training for supervisor trainees will follow the activities and components as outlined in the *current MDFT Implementation and Sustainability Guide,* which includes but may not be limited to:

- On-site or Virtual Introduction to MDFT Supervision Training;
- Supervision Written Knowledge Assessment;
- On-site Supervision Intensive;
- Case Review & Video Review supervision sessions;
- Review feedback to therapists on Weekly Case Plans;
- Therapist Development Plans Consultation Calls;
- Access to MDFT Clinical Portal: manuals, forms, videos, fidelity & outcome monitoring;
- Additional coaching and consultation as needed; and
- Competency and adherence evaluations.

c. Ongoing Quality Assurance for Programs, and Certified Therapists and Supervisors: Ongoing quality assurance for supervisors and therapists will follow the activities and components as outlined in the current MDFT Implementation and Sustainability Guide (MDFTI): Expectations can be modified by model developer with support from DCF.

- Onsite Booster Training: Live Supervision for each therapist, Video Review of Supervision, Consultation on Therapist Development Plans (TDP) and overall program implementation. Instructional Presentation by Trainer on relevant topic(s) to the team;
- MDFT Online "Refreshers" (therapists must participate in at least 1 per year and supervisors must participate in at least 2 per year);
- Review, Rating, and Feedback on video recorded therapy sessions for each therapist;
- Review, Rating, and Feedback on video recorded supervision sessions for each Supervisor;
- Bi-annual reviews of Therapist Development Plans (TDPs);
- Bi-annual reviews of MDFT Clinical Portal Fidelity and Outcome Reports;
- Access to MDFT Clinical Portal: manuals, forms, videos, fidelity & outcome monitoring;
- Case and program implementation consultations as needed; and
- Competency and adherence evaluations.

MDFT Stage 4 (RMS):

Recovery Support Specialists and supervisors must attend the one-and-a-half-day RMS procedures training and participate in monthly coaching calls. The Supervisor must also become certified in RMS and must have 1-2 cases during this process.

Recovery Support Specialists and Supervisors must audio-record all RMS sessions and upload them into the designated secure online portal. Weekly written reviews will be completed by Chestnut Health Systems until certification and monthly thereafter. Frequency may be adjusted based on performance.

Other training includes specialized training, Recovery Coaching training through CCAR, coaching and booster sessions on MDFT special topics for supervisors, therapists, and Recovery Support Specialists, as appropriate.

The Contractor must demonstrate substantial compliance with the Multidimensional Family Therapy program as determined by the DCF approved MDFT Model Developer and Consultation and Evaluation vendor represented by MDFT International, Inc. and Chestnut Health Systems for the RMS quality assurance interventions.

- **Supervision** The Contractor will ensure that the Supervisor conducts the following minimum activities according to the MDFT and MDFT Stage 4 (RMS) models.
    a. weekly 90-120 minute individual case review supervision with each therapist;
    b. five (5) video review supervision sessions with each therapist annually;
    c. two (2) live supervision sessions with each therapist annually;
    d. two (2) Therapist Development Plan Updates for each therapist annually;
    e. every other week team meeting;
    f. weekly individual/group supervision with each Recovery Support Specialist; and
    g. recording reviews as required by the model developers.

  The Supervisor should promote engagement of adolescents/young adults and families in a culturally sensitive and strength-based way. Supervision will include the review of charts/documentation (e.g., MDFT portal) services, and the Recovery Support Plan. Case supervision and staff professional development planning will be based on data, chart reviews, staff observations, and other quality improvement processes. Supervision is documented and is used as part of an overall performance review. Supervisors must adhere to certification, quality assurance and training protocols for supervisors, therapists, and Recovery Support Specialists as stipulated by DCF, MDFT and RMS model developers.

- **Safeguarding Client Information and Client Records** The Contractor will safeguard the use and disclosure of any identifiable information concerning all adolescents/young adults, parents/caregivers, and potential providers in accordance with all applicable federal and state laws concerning confidentiality.

- **DATA AND OUTCOME REPORTING REQUIREMENTS**
    - **Data**

      The Contractor will submit individual, adolescent/young adult level data to the Department's Provider Information Exchange (PIE formerly known as PSDCRS), 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 pick lists. 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.

The Contractor will be required to submit data to the MDFT and RMS model developers, consistent with the requirements of the quality assurance process as required by the model developers.

- **Reports**
  The Contractor will submit the Recovery Support Plans within two (2) weeks of admission. Monthly electronic written reports are to be shared with the DCF Social Worker, probation, parents and any additional supports identified by the family on a monthly basis after admission using the approved reporting format.

  The Contractor will provide verbal updates as requested by the DCF Social Worker and Ad Hoc Reports as requested by the DCF Program Lead.

Special Conditions

The Contractor will:

- Notify DCF of all vacancies and replacement hires.
- Participate in budget review meetings if program census and staffing falls below DCF expectations.
- Notify DCF of intern prospects for approval; and
- Notify DCF if there is a site change impacting licensure with children behavioral health or DPH.
- The parties to this Agreement agree and acknowledge that all background and foreground intellectual property related to this Agreement is the sole property of MDFT International, Inc. ("MDFTI"). As stated in this Agreement, the funding party to this Agreement shall ensure that its employees, agents, contractors, and any third parties who may have access to any MDFT materials adhere to all restrictions and requirements stated in this Agreement, including but not limited to, those relating to the use and non-use, discontinuation of use, and destruction of any and all MDFT materials and associated intellectual property. If an agreement with any party allowing such party access or use to any MDFT materials, is entered into, the funding party shall ensure that such agreement contains such aforementioned protections of MDFT materials and associated intellectual property. Additionally, the funding party shall ensure that any third party who has access to MDFT materials and associated intellectual property, has agreed to the aforementioned protections and restrictions in writing before being granted access to any MDFT materials and associated intellectual property. It is clearly acknowledged and agreed that all access to MDFT materials and associated intellectual property terminates upon termination of this Agreement.

Preferred Practices: Within this array of services, the provider will be responsible for delivering services that:

- Are Fully accessible to the target population and offer full assessments and integrate medical, psychological, educational, and treatment histories.
- Offer evidence-based treatment in a timely manner while maintaining the adolescent in their community.

- Are inclusive of the adolescent and family as a full participant and partner regardless of family composition. DCF emphasizes the importance of engaging fathers as part of larger fatherhood engagement initiative to be inclusive of their role within the family.
- Offer a range of interventions that utilizes a strengths based approach to address the needs of the adolescent and family.
- Are sensitive and responsive to cultural differences and special needs.

- Program Authorization: Connecticut's Department of Children and Families (DCF) has statutory authority to provide an integrated system of services and supports for children and adolescents with substance use and mental health disorders. This mandate includes a range of services grounded in best practice and evidence. The adolescent substance use service array is available to all families in the community and does not require DCF involvement.

C. SCOPE OF SERVICE DESCRIPTION

1. Organizational Requirements (10 points)

(a) Purpose / Mission / Philosophy: Briefly describe the purpose, mission, philosophy, and experience of the agency that will lead you to achieve success with the proposed program. This section should also describe how your program or agency will adhere to applicable state and federal laws, regulations and policies governing provision of the services described in this RFP. Include agency's organizational chart as **Attachment #2**. The chart should clearly identify where this program will be positioned within your organization's overall structure and its relationship to other relevant services.

(b) Entity Type / Years of Operation: Please provide a brief history of the agency and the proposed program. Proposer must be established as a private, non-profit organization, state agency or unit of local government prior to submission of a proposal, and must provide proof of such status in Section H of the proposal.

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

(d) Agency's Office Location: Please provide the address of the agency's administrative offices. If the proposed program will be housed at a different location, please provide the address. Please provide Certificate of Occupancy / Proof of Siting as **Attachment #3.**

(e) Qualifications / Certification / Licensure: Please describe your agency's experience providing the services described in this RFP. All applicants will be required to possess a CT Business License and proof of non-profit status. Proof of such must be provided in the applicant's proposal as **Appendix #4**.

The Contractor will be required to establish and maintain all necessary licenses to provide clinical services for adults as stated under **State Regulations Section 17a-453a-4** and for children **Section 17a-20-11.**

Substance Use Services: Programs focusing on substance use for children must be licensed by the DPH}. **Licensure Authority:** Programs serving clients under 18 for psychiatric conditions are licensed by DCF} as Outpatient Psychiatric Clinics for Children. Proof of all licenses must be provided in the applicant's proposal as **Attachment #5** (if multiple licenses are being submitted label at 6A, 6B, 6C. etc.)

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

2. Cultural & Linguistically Competent Care (15 Points)

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

(a) Culturally Diverse Communities:

1. Provide any data your agency has that demonstrates your knowledge of the dynamics and diversity within the community you are proposing to serve. Include supporting data about the race, ethnicity, culture and languages of the communities you are seeking to serve as **Appendix #6**.
2. Demonstrate your organization's experiences in serving diverse communities.
3. Describe any anticipated challenges your organization may encounter in the community you are proposing to serve and your organization's experience in meeting and overcoming similar challenges in other service communities (please use specific examples).

(b) **Culturally Diverse Families**: Detail the strategies that your organization has utilized to successfully establish rapport and trust with families related to experiences of racism and other forms of oppression and how this influences and guides client engagement and treatment planning. Describe your agency's policies, practices, and data collection mechanisms. (Supporting data may be included as **Appendix #7.** For existing or previous Department-contracted providers, this would include PIE data, or similarly reported data that demonstrates the effectiveness of your organization's strategies.)

(c) Culturally Responsive and Diverse Organization:

1. Describe your agency's organizational structure and the level of diversity among the agency's managers, executives and Board of Directors.
2. Please provide a narrative assessment of how your agency's staffing composition is reflective of the population in the community(ies) you are proposing to serve.

3. If your agency has developed and implemented a CLAS Plan (Culturally and Linguistically Appropriate Services), please describe what follow-up has occurred within your agency to further the Plan's implementation. Provide a copy of your agency's CLAS Plan as **Appendix #8**.

3. Service Requirements (25 points)

Proposals shall address each of the following areas. The use of subcontractors **IS NOT** permitted for these services.

a. Evidence-Based Services: Describe your agency's prior success implementing evidence-based services aimed at adolescent and/or young adult substance use treatment. Include in your response successes and barriers related to your agency's meeting evidence-based service delivery benchmarks (e.g., staffing, training, timely certifications, model fidelity, consultations) and outcomes expectations. Also describe if these services were provided to DCF-involved families. Data should be used to demonstrate your success whenever it is available. Provide MDFT specific description if you are a current or past provider. If you have never been an MDFT provider, provide a description based on understanding of evidenced based services.

b. **Treatment/Service Modalities**: Describe your agency's prior success specifically achieving the goals and services defined below. These goals include:

1. to reduce the adolescent/young adult's substance use, delinquent behaviors, violence/aggression, anxiety/depression, other mental health symptoms
2. reducing out of home placement, and sexual health risk.
3. Improving school/work attendance and grades
4. Increasing pro-social/family functioning
5. Improving emotion regulation, problem solving, and decision-making skills
6. enhancing parenting practices and improving family communication and relationships
7. connection to recovery support services such as peer supports and medication assisted treatment

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

c. Referral Process: Proposals should describe referral acceptance process through the point of initial appointment scheduling. Please be specific about timelines and resources available.

d. Toxicology testing: All proposals must address how the program will perform toxicology testing required by the model.

e.. Community Partnerships:

- Community Service Needs and Available Resources: Please describe identified needs of youth and emerging adults along with their caregivers, within the major cities/towns in the catchment areas. Include any gaps in services, family support programs and resources that address social/emotional determinants of health.

- 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, youth programs, family support organizations, healthcare providers, institutions that support caregivers, pro-social activities for families, and services related to early intervention and prevention for youth and emerging adults.

- Community Presence: Please describe the level of current presence your agency has in the proposed catchment area, particularly in relation to services for adolescents, young adults , and their caregivers. Include examples of outreach, engagement, and participation in community initiatives that support adolescent and young adults .

f. Hours of Operation: Please describe how you will meet the needs of families during traditional and non-traditional hours and during times crisis?

4. Staffing Requirements (20 points)

- Staff Qualifications: The staff categories to be assigned to the proposed program, including the extent to which they have or will have the appropriate training and experience to perform assigned duties. The proposal must describe the extent to which staff is or will be multi-lingual and multi-cultural.

- Staff Recruitment and Retention: Proposals must include the following:
  - Complete the table below with your agency contractual staffing numbers by role (supervisor, clinician, case manager/therapist assistant/support staff) and the percentage of staffing capacity by the same categories for community based behavioral health programs serving families for the end of the fiscal years 2022, 2023, 2024, and 2025.
  - This table can be submitted as **Appendix #9;**

Name of Program/Service	Staff Position	Contracted FTE	Actual FTE % (n) on 6/30/2022	Actual FTE % (n) on 6/30/2023	Actual FTE % (n) on 6/30/2024	Actual FTE % (n) on 6/30/2025

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

  Note: Preference will be given, through the scoring tool utilized by the Review and Evaluation Committee for this RFP, to current applicants with a demonstrated ability to adhere to their current staffing plan and those who have a demonstrated history of maintaining low vacancy rates.

- Staff Training: All staff must be trained in MDFT, and all supervisors and Recovery Support Specialists will be trained in RMS.

4. Work-plan & Implementation Timeline (10 Points)

Programs should be available by **January 1, 2027.** Proposals should clearly define the timelines and work processes leading up to availability of services.

(a) Implementation Experience: Include a narrative description of how your agency's prior successes and challenges informed the design and implementation of this work plan.
(b) Implementation Timelines: Include proposed timelines for staff hiring, training and transition plans, if applicable, so that there will be no disruption in present services.
(c) Partnership Development: Include a plan to establish or strengthen partnerships with behavioral health providers, youth and emerging adult systems, father supports, basic needs services including housing, local collaboratives, etc.

5. Data and Technology Requirements (10 points)

A. Outcome Achievements: Proposals must describe the agency's success in achieving positive outcomes related to the outcomes listed in the attached Scope of Service. Specific examples must be provided to support all claims.
B. Quality Improvement Experience: Describe your agency's prior experience collecting and reporting data for program administration, continuous quality improvement (CQI), and for reporting on program progress. Describe how this experience positions your organization to meet the data and reporting requirements of this RFP. Each Provider is required to develop a quality assurance plan to ensure model fidelity.
C. Quality Assurance Resources: Describe the resources (i.e., human, fiscal, physical plant, technology) your agency dedicates to information management, continuous quality improvement, and data analytics.

■ D. 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 10. 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.I – 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 for Section IV.F (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:

   - Formatting and Style **5 points**
   - Organizational Requirements **10 points**
   - Cultural & Linguistically Competent Care **15 points**
   - Service Requirements **25 points**
   - Staffing Requirements **20 points**
   - Work Plan & Implementation Timeline **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

Page

A. Cover Sheet . . . . . .

4. **Attachment #4 Proof of Connecticut Business Licensure** . . . . . .
5. **Attachment #5 Proof of Clinical Licensure** . . . . . .
6. **Attachment #6 Culturally Diverse Communities** . . . . . .
7. **Attachment #7 Culturally Diverse Families** . . . . . .
8. **Attachment #8 Culturally Diverse Organizations (CLAS Plan)** *(if appl.)* .
9. **Attachment #9 Staffing Table** . . . . . .
10. **Attachment #10 Financial Profile** *(if req.)* . . . . . .

V. MANDATORY PROVISIONS

A. POS STANDARD CONTRACT, PARTS I AND II

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

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

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

Note:
Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a proposer is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of $50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of $100,000 or more, the proposer must inform the proposer's principals of the contents of the SEEC notice.
Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected proposer (contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

B. ASSURANCES

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

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

2. **State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Agency may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the

aforementioned officials or employees from the proposer, contractor, or its agents or employees.

3. **Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

4. **Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Agency may include the proposal, by reference or otherwise, into any contract with the successful proposer.

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

C. TERMS AND CONDITIONS

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

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.

2. **Preparation Expenses.** Neither the State nor the Agency shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.

3. **Exclusion of Taxes.** The Agency is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.

4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.

5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Agency may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Agency, and at the proposer's expense.

6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Agency. The Agency may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place

provided by the Agency. At its sole discretion, the Agency may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.

7. **Presentation of Supporting Evidence.** If requested by the Agency, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Agency may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Agency may also check or contact any reference provided by the proposer.

8. **RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Agency or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Agency and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Agency and, if required, by the Attorney General's Office.

■ D. RIGHTS RESERVED TO THE STATE

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

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

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

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

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

5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.

6. **Contract Negotiation.** The Agency reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Agency further reserves the right to contract with one or more proposer for such services. After reviewing the

scored criteria, the Agency may seek Best and Final Offers (BFO) on cost from proposers. The Agency may set parameters on any BFOs received.

7. **Clerical Errors in Award.** The Agency reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.

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

■ E. STATUTORY AND REGULATORY COMPLIANCE

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

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

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

3. **Consulting Agreements, C.G.S. § 4a-81. Consulting Agreements Representation, C.G.S. § 4a-81.** Pursuant to C.G.S. §§ 4a-81 the successful contracting party shall certify that it has not entered into any consulting agreements in connection with this Contract, except for the agreements listed below. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including

any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information, or (C) any other similar activity related to such contracts. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of chapter 10 of the Connecticut General Statutes as of the date such contract is executed in accordance with the provisions of section 4a-81 of the Connecticut General Statutes. Such representation shall be sworn as true to the best knowledge and belief of the person signing the resulting contract and shall be subject to the penalties of false statement.

4. **Campaign Contribution Restriction, C.G.S. § 9-612.** For all State contracts, defined in section 9-612 of the Connecticut General Statutes as having a value in a calendar year of $50,000 or more, or a combination or series of such agreements or contracts having a value of $100,000 or more, the authorized signatory to the resulting contract must represent that they have received the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice, as set forth in "Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations." Such notice is available at https://seec.ct.gov/Portal/data/forms/ContrForms/seec_form_11_notice_only.pdf

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

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

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

6. **Iran Energy Investment Certification C.G.S. § 4-252(a).** Pursuant to C.G.S. § 4-252(a), the successful contracting party shall certify the following: (a) that it has not made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, and has not increased or renewed such investment on or after said date. (b) If the Contractor makes a good faith effort to determine whether it has made an investment described in subsection (a) of

this section it shall not be subject to the penalties of false statement pursuant to section 4-252a of the Connecticut General Statutes. A "good faith effort" for purposes of this subsection includes a determination that the Contractor is not on the list of persons who engage in certain investment activities in Iran created by the Department of General Services of the State of California pursuant to Division 2, Chapter 2.7 of the California Public Contract Code. Nothing in this subsection shall be construed to impair the ability of the State agency or quasi-public agency to pursue a breach of contract action for any violation of the provisions of the resulting contract.

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

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

VI. APPENDIX

A. ABBREVIATIONS / ACRONYMS / DEFINITIONS

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

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

B. Appendix #1: Proposal Checklist

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

C. Appendix #2: Letter of Intent

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

D. Appendix #3: Proposal Cover Sheet

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

APPENDIX #1
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	9:30am, July 21 2026 9:00am, July 27, 2026
2	Questions Submission Deadline	3:00PM, July 30, 2026
3	Release of Answers	August 15, 2026
4	Letter of Intent Submission Deadline	3:00PM, July 29, 2026
5	Proposal Submission Deadline	3:00PM, September 2, 2026
6	Program Implementation Target Date	January 1, 2027

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 Proof of Secretary of the State recognition (CT Business License)

Letter of Intent

☐ Submit by July 29, 2026 (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)?

APPENDIX #2

LETTER OF INTENT

(MANDATORY NON-BINDING)

Date: _____

Our agency is planning to apply for funding in response to the RFP entitled **Multidimensional Family Therapy.**

- ☐ Site 1 - Bridgeport, Norwalk
- ☐ Site 2 - New Haven Milford
- ☐ Site 3 - Willimantic/Norwich
- ☐ Site 4 - Middletown
- ☐ Site 5 - Hartford, Manchester
- ☐ Site 6- Danbury, Torrington,
- ☐ Site 7 -Waterbury
- ☐ Site 8 - Meriden, New Britain

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 29, 2026**
Ana Villarreal-Arias (DCF.FISCALCONTRACTS@ct.gov).

PROPOSAL COVER SHEET

Multidimensional Family Therapy Request for Proposals

- ☐ Site 1 - Bridgeport, Norwalk
- ☐ Site 2 - New Haven Milford
- ☐ Site 3 - Willimantic/Norwich
- ☐ Site 4 - Middletown
- ☐ Site 5 - Hartford, Manchester
- ☐ Site 6- Danbury, Torrington,
- ☐ Site 7 -Waterbury
- ☐ Site 8 - Meriden, New Britain

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: _____