

PROCUREMENT NOTICE

State of Connecticut

Department of Children and Families

LEGAL NOTICE

AMENDMENT #1
(See Section I.E.4 on page #8)

The State of Connecticut, Department of Children and Families is seeking proposals for Project SAFE Screening, Engagement, and Family Recovery Services.

The intent of this request is to procure substance use toxicology, Screening, Brief Intervention, and Referral to Treatment (SBIRT) assessment, Multidimensional Family Recovery (MDFR), and Recovery Management Checkups (RMC) services to adult caregivers (age 18 and older) involved in child protective services statewide. In combination, these services make up the SAFE Family Recovery program menu. SAFE Family Recovery services will be provided on-site at DCF Area Offices statewide and other community settings as appropriate.

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

https://biznet.ct.gov/SCP_Search/Default.aspx?AccLast=2

on the Department's website at:

<https://portal.ct.gov/DCF>

or from the Department's Official Contact:

Name: Stacie Albert
Address: 505 Hudson Street / Hartford, CT 06106
Phone: 860 550-6543
E-Mail: Stacie.Albert@ct.gov

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

Deadline for submission of proposals is **October 23, 2018**.

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I. GENERAL INFORMATION

■ A. INTRODUCTION

1. **RFP Name or Number.** RFP #190827005 / SAFE Family Recovery Program
2. **Summary.** The purpose of this request is to procure substance use toxicology, Screening, Brief Intervention, and Referral to Treatment (SBIRT) assessment, Multidimensional Family Recovery (MDFR), and Recovery Management Checkups (RMC) services to adult caregivers (age 18 and older) involved in child protective services statewide. In combination, these services make up the SAFE Family Recovery program menu. SAFE Family Recovery services will be provided on-site at DCF Area Offices statewide and other community settings as appropriate.
3. **Synopsis (Optional).** Not Available.
4. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
 - 0600: Services (Professional, Support, Consulting and Misc. Services)
 - 1000: Healthcare Services
 - 2000: Community and Social Services

■ B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

BFO	Best and Final Offer
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
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 Department as a result of this RFP
- *proposer*: a private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP
- *prospective proposer*: a private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not yet done so
- *subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP

■ C. INSTRUCTIONS

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

Name: Stacie Albert
Address: 505 Hudson Street / Hartford, CT 06106
Phone: 860 550-6543
E-Mail: Stacie.Albert@ct.gov

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

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

- Department's RFP Web Page
<https://portal.ct.gov/DCF>
- State Contracting Portal
https://biznet.ct.gov/SCP_Search/Default.aspx?Acclast=2

It is strongly recommended that any proposer or prospective proposer interested in this procurement subscribe to receive e-mail alerts from the State Contracting Portal. Subscribers will receive a daily e-mail announcing procurements and addendums that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

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

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

- Total Funding Available: **\$2,526,000 (annually)**
- Number of Awards: **6 (1 per DCF Region)**
- Per Contract Funding: **Up to \$421,000 (annually)**
- Contract Term: **1-5 Years**, at the discretion of the Department

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

- 5. Minimum Qualifications of Proposers.** Applications will be accepted from private and public agencies in good standing with the State of Connecticut. A current investigation of Medicaid fraud or a judgment involving Medicaid fraud within the past five (5) years excludes a contractor from participation. 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 automatically ineligible but it may be a factor depending on circumstances.

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

- RFP Planning Start Date: July 1, 2018
- RFP Released: August 24, 2018
- RFP Conference: 1:00 PM / September 5, 2018
- Deadline for Questions: 3:00 PM / September 12, 2018
- Answers Released: September 21, 2018
- Letter of Intent Due: 3:00 PM / September 25, 2018
- Proposals Due: 3:00 PM / October 23, 2018
- (*) Proposer Selection: November 1, 2018
- (*) Start of Contract Negotiations: November 10, 2018
- (*) Start of Contract: December 1, 2018

7. Letter of Intent. A Letter of Intent (LOI) **is required** by 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 by US mail, fax, or e-mail by the deadline established in the Procurement Schedule and must be submitted using the Letter of Intent Template attached to this document. The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, and e-mail address. It is the sender's responsibility to confirm the Department's receipt of the LOI. Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.

8. Inquiry Procedures. All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally— neither in person nor over the telephone, except at the RFP Conference, during which questions will be accepted and answered verbally, recorded and included with the final release of Questions and Answers. All questions received before the deadline(s) will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. If this RFP requires a Letter of Intent, the Department reserves the right to answer questions only from those who have submitted such a letter. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP Web Page.

9. RFP Conference. An RFP conference will be held to answer questions from prospective proposers. Attendance at the conference is not mandatory, but is 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 written questions, which the Department's representatives may (or may not) answer at the conference. Any oral answers given at the conference by the Department's representatives are tentative and not binding on the Department. All questions submitted will be answered in a written amendment to this RFP, which will serve as the Department's official response to questions asked at the conference. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the amendment on the date established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP Web Page.

- Date: **September 5, 2018**
- Time/Location: **1:00 PM / DCF Training Academy
505 Hudson Street / Hartford, CT 06106**
* valid ID required

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

- Due Date: **October 23, 2018**
- Time: **3:00 PM**

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

An acceptable submission must include the following:

- one (1) original proposal;
- eight (8) conforming copies of the original proposal; and
- one (1) conforming electronic copy of the original proposal.

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.

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: RFP #190827005 / Electronic Proposal Submission. For the electronic copy, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format.

11. Multiple Proposals. The submission of multiple proposals is an option with this procurement. The Department is requiring the submission of one (1) proposal per DCF Region. While Applicants may submit proposals for one, all, or any combination of DCF Regions, proposals may not be combined for multiple Regions.

12. Declaration of Confidential Information. Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL. In Section C of the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

13. Conflict of Interest-Disclosure Statement. Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

■ D. PROPOSAL FORMAT

- 1. Required Outline.** All proposals must follow the required outline presented in Section IV– Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
- 2. Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Proposers must complete and use the Cover Sheet form provided by the Department in Section IV.I – Forms.
- 3. Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline. (See Section IV.)
- 4. Executive Summary.** Proposals must include a high-level summary, not exceeding 1 page, of the main proposal and cost proposal.
- 5. Attachments.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
- 6. Style Requirements.** Submitted proposals must conform to the following specifications:
 - Binding Type: Loose Leaf, Bound with a Butterfly Clip
 - Dividers: No Dividers
 - Paper Size: Standard Letter
 - Print Style: 2-sided
 - Page Limit: 20 Single-Sided (10 sheets of Paper, printed Double-Side) for Section IV.F (Main Proposal)
 - Font Size: 12
 - Font Type: Times New Roman
 - Margins: Normal
 - Line Spacing: 1.5
- 7. Pagination.** The proposer’s name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.
- 8. Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the proposer must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package. Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the

Department as a clerical function, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

■ E. EVALUATION OF PROPOSALS

1. **Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Department will conform with its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).
2. **Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Screening Committee may result in disqualification of the proposer.
3. **Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.
4. **Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The weights are disclosed below.

• Organizational Profile	15 points
• Cultural & Linguistically Competent Care	15 points
• Scope of Services	35 points
• Staffing Plan	5 points
• Data and Technology	5 points
• Subcontractors	2 points
• Work Plan	3 points
• Financial Profile	5 points
• Budget and Budget Narrative	10 points
• Appendices	5 points

The review of the applications will be standardized, and applications for each region will be reviewed by a regional screening committee including at least one parent. Scoring criteria will include but not be limited to the applicant's:

- history and success with implementing services similar to SAFE Family Recovery;
- history and success of partnering with both traditional and non-traditional community services and institutions that support families;
- history and success providing culturally competent gender-responsive services; and
- history of compliance with financial and data reporting requirements over the past two years (for current contractors with the Department)

Note:

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

The Department is under no obligation to award the contract to the applications with the highest scores or, for example, the proposals offering to provide the service at a lower amount than other applicants. The Screening Committees may use numerical point measures as a guide, but these measures are not binding on the Commissioner. The goal of the Department is to procure the highest quality services in the most fiscally responsible way.

Following the final selection, a contract will be negotiated and developed with the applicant(s) that details the program structure, services, budget, rate, performance based criteria and reporting requirements. No financial obligation by the State can be incurred until a contract is fully executed.

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

II. MANDATORY PROVISIONS

■ A. POS STANDARD CONTRACT, PARTS I AND II

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

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

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

Note:

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

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

■ B. ASSURANCES

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

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

or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful proposer.

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

■ C. TERMS AND CONDITIONS

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

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

■ D. RIGHTS RESERVED TO THE STATE

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

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

■ E. STATUTORY AND REGULATORY COMPLIANCE

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

- 1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b).

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

- 2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
- 3. Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.
- 4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.
- 5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with *written representation* or *documentation* that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms
IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

III. PROGRAM INFORMATION

■ A. DEPARTMENT OVERVIEW

The mission of the Department of Children and Families is: “**Working together with families and communities for children who are healthy, safe, smart and strong.**” To that end, the Department has issued seven (7) cross-cutting themes that guide all DCF operational units in advancing the mission and strategies of the Agency:

1. implementing strength-based family policy, practice and programs;
2. applying the neuroscience of early childhood and adolescent development;
3. expanding trauma-informed practice and culture;
4. addressing racial inequities in all areas of our practice;
5. building new community and agency partnerships;
6. improving leadership, management, supervision and accountability; and
7. becoming a learning organization.

Using these themes, the Department has implemented and strives to adhere to the following strategies:

1. increasing investment in prevention, health promotion, early intervention and educational success;
2. strengthening family-centered practice;
3. expanding regional networks of in-home and community services;
4. continuing congregate care rightsizing and redesign;
5. addressing the needs of identified populations of children and families;
6. increasing DCF and community partnerships;
7. supporting the public and private sector workforce;
8. managing ongoing DCF operations and change initiatives; and
9. improving revenue maximization and development of new investment resources.

The Department of Children and Families was instituted by the Connecticut General Assembly as the Department of Children and Youth Services in May, 1969. In 1974, child welfare services were transferred to the Department, with children’s mental health services and a unified school district for children in the Department’s care and custody added one year later and substance use treatment services for children and youth 13 years after that (in 1988). The Department’s name (Children and Families) was officially changed through legislation in 1993, to reflect the Department’s still-evolving mission of providing child-centered, family focused, community-based programs and services throughout Connecticut.

In 1987, the Department instituted a regional management model, strengthening community-based services through grants and child-centered social work practice. Six regions began managing grants and contracted services within assigned geographical locations, thus cementing the Department’s partnerships with local, area community service providers. While that structure has fluctuated over time, it remains the current organizational structure of the agency, with the Department’s contracted service milieu growing to currently encompass 76 contracted services types provided by 99 community service agencies providing 400 individual programs to Connecticut’s children and their families.

■ B. PROGRAM OVERVIEW

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

In order to protect children and promote child and family well-being, states must be able to identify and document the presence of substance use, determine substance problem severity and its impact on children,

determine the need for treatment, and facilitate engagement with a treatment system that is responsive to the needs of a broad population of caregivers, using evidence-informed or evidence-based approaches that specifically meet the needs of caregivers involved with the child welfare system.

Relevant Legislation

The [Child Abuse Prevention and Treatment Act \(CAPTA\)](#) is the key federal legislation addressing child abuse and neglect. CAPTA originally was enacted on January 31, 1974 (P.L. 93-247), and was last reauthorized on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). CAPTA provides federal funding and guidance to states in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations, including Indian tribes and tribal organizations, for demonstration programs and projects. CAPTA also sets forth a federal definition of child abuse and neglect. The complete text of the law (U.S. Code title 42, chapter 67) can be downloaded from the Cornell University Legal Information Institute website at <https://www.law.cornell.edu/uscode/text/42/chapter-67>. The text of CAPTA as amended, including the Adoption Opportunities program and Abandoned Infants Assistance Act, as amended, is available on the Children's Bureau website at <https://www.acf.hhs.gov/cb/resource/capta2016>.

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

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

In Connecticut CGS (17a-453c) created "Project SAFE," an interagency collaboration between the Department of Mental Health and Addiction Services (DMHAS) and the Department of Children and Families (DCF), for the evaluation of and delivery of services to families identified by DCF as requiring substance use treatment and other behavioral health services. *"Such collaboration shall include, but not be limited to, evaluations, service needs, service delivery, housing, medical coverage, vocation and employment support and other related recovery support services. The Commissioner of DMHAS and the Commissioner of DCF shall enter into a written memorandum of understanding to carry out the interagency collaboration required under this section. The Department of Social Services and the Labor Department may participate in such collaboration as necessary on a case-by-case basis."*

Project SAFE History

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

Over the past several years, DCF has collaborated with many state partners to implement demonstration projects aimed at improving client level outcomes by overcoming barriers to accessing treatment, housing, childcare, employment, education and other needs that promote substance use recovery and reduce risks to child safety. Two recovery services were developed locally through this collaboration: Recovery Case Management (RCM), and Recovery Specialist Voluntary Program (RSVP). These programs added outreach and recovery services to Project SAFE in an effort to increase the rate of entry into treatment. While both programs successfully increased treatment entry compared to similar families who did not receive these services,

barriers to substance use treatment remain, and children whose caregivers have substance use problems may be more likely to have extended out-of-home placements that delay achieving permanency. In addition, these programs are not available statewide. A recent Project SAFE Lean (i.e., Kaizen) process improvement review and ongoing program monitoring have identified additional program and system “pain points” that reduce access to treatment and recovery services that may be limiting positive family outcomes:

Table 1. Problem areas identified in Project SAFE

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

DCF plans to fund the SAFE Family Recovery program statewide to address the problem areas described in the above table. Thus providers of SAFE Family Recovery will work in close collaboration with DCF, juvenile courts, and other community providers to meet the program goals. Some caregivers referred to SAFE Family Recovery will be involved with juvenile court because of a child protective services issue, therefore, SAFE Family Recovery Contractors will be expected to engage and partner with DCF and juvenile court staff to secure and facilitate referrals to the program for court-involved caregivers, and to provide them information, as appropriate, that informs child permanency planning.

Funding for SAFE Family Recovery teams in each region was determined according to the volume of Project SAFE referrals in the prior three years (SFY15-SFY17), in accordance with state appropriations for this program. DCF expects continued funding for six (6) SAFE Family Recovery teams, one (1) team in each DCF region. A full team is comprised of six (6) full-time staff including 1 Supervisor, 2 Recovery Support Specialists, and 3 MDRF Specialists. SAFE Family Recovery staff will be co-located on-site in designated program space at each of the DCF offices within the regions.

SAFE Family Recovery Evidence-based Practices

In keeping with the Department’s commitment to high quality service, SAFE Family Recovery consists of three evidence-based practices: Screening, Brief Intervention, and Referral to Treatment (SBIRT), Multidimensional Family Recovery (MDFR), and Recovery Management Checkups (RMC). Evidence-based services require on-going program development, training, consultation and quality assurance to maintain fidelity and safeguard their effectiveness. Quality assurance for all approaches ensures that providers integrate the standards and practices consistent with SBIRT, MDRF and RMC requirements as outlined and prescribed by the model

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

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Detailed information about implementing SBIRT is available in SAMHSA's [Technical Assistance Publication Series 33](#).

SBIRT uses valid and reliable screening tools to assess the presence and level of substance use problems. Screening provides opportunities for early intervention with caregivers who are at-risk of substance use problems, or to engage caregivers with more severe substance use into treatment. SAFE Family Recovery includes instant cup urine toxicology testing as part of the SBIRT protocol. This protocol will be delivered by the Recovery Support Specialists co-located at the DCF Area Offices. The Department desires to achieve the following goals with SBIRT:

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

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

Reimbursement for SBIRT. Contracted providers of SAFE Family Recovery will be expected to maximize third-party reimbursement for SBIRT services as appropriate and available, and obtain DPH licensure of the on-site service locations at the DCF Area Offices. SBIRT services are defined as alcohol and/or substance (other than tobacco) use structured assessment (for example, Alcohol Use Disorders Identification Test, Drug Abuse Screening Test) and brief intervention. Medicare may not pay for screening services unless specifically required by statute.

Additional information about SBIRT is available online at [SAMHSA](#), at the [Connecticut SBIRT Institute](#), or by contacting the SBIRT Training Institute directly:

SBIRT Training Institute
 Department of Community Medicine and Health Care
 UConn Health
 263 Farmington Avenue, MC 6325
 Farmington, CT 06030-6325
 860-679-5485
sbirtinstitute@uchc.edu

Multi-Dimensional Family Recovery (MDFR)

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

MDFR is based on the Engaging Moms (EM) Program, which initially was developed for mothers of cocaine-exposed infants involved with child welfare (Dakof, et al., 2003). EM is a 12-week manualized home-based intervention designed to promote enrollment and retention in substance use services among all types of caregivers (Dakof, et al., 2003). In an early trial of EM program efficacy for mothers involved with child welfare and drug dependency court (Dakof, et al., 2003), a sample of 103 Black non-treatment seeking mothers of substance-exposed infants were randomly assigned to EM or treatment as usual (TAU). EM services occurred sequentially in two phases: eight weeks focusing on treatment engagement, followed by four weeks focusing on treatment retention. Significantly more women assigned to EM completed an intake to drug treatment (88% vs. 46%) and received at least four weeks of services (67% vs. 38%) compared to women in the TAU group.

MDFR borrows from EM and Multidimensional Family Therapy (MDFT) approaches focused at the individual and family levels. MDFR Specialists address barriers to treatment and conduct brief therapeutic interventions to increase motivation to enter services, increase parenting capacity, reduce child safety risks related to substance use and related problems, and to improve family functioning, particularly violence reduction. The MDFR intervention averages four months in duration, with a range of three to six months. Certified MDFR Specialists typically carry a caseload of 15 clients. Service intensity typically is divided into three phases. During the initial phase, MDFR contacts occur weekly. During phase two MDFR contact tapers to every other week. In the final phase, MDFR contacts decrease to about every three weeks. Client movement between MDFR phases is determined by the caregiver's and family's progress in treatment and recovery, as well as the ongoing level of risk to child safety posed by caregiver substance use. In addition to motivating caregivers to enter and stay in substance use treatment, MDFR offers a variety of brief interventions based on DCF request and/or family needs:

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

The decision to conduct specific interventions is guided by the DCF referral, family request, and the results of standardized tools assessing child safety, parenting, substance use, family functioning, and family relationships. Caregivers and family members who would benefit from a full course of treatment in the brief intervention areas will be referred to treatment. MDFR will coordinate care with and provide information as appropriate, to DCF, juvenile courts, and other community providers on the caregiver and family's treatment and progress to improve child safety and well-being with the aim of improving permanency planning and outcomes.

Additional information about MDRF is available online at MDFTI or by contacting MDFT International at:

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

Recovery Management Checkups

Recovery Management Checkups (RMC) provide monitoring and early re-intervention of substance use clients for up to six months after discharge from treatment (therapy/counseling). RMC provides services for all clients, regardless of whether or not they completed treatment. RMC monitoring takes the form of frequent in-person or telephone/text "check-ups" with caregivers and their families immediately post-treatment. Clients receive weekly check-ups initially, with frequency decreasing over time based on caregiver and family needs. At each checkup, clients are asked a brief set of standardized questions about their substance use, withdrawal symptoms, substance use problems they may have experienced, and if they feel a need to return to treatment. RMC checkups focus on increasing the caregiver's recovery capital such as employment, education, and positive social supports, reinforcing skills learned in treatment, and if necessary enhancing adherence to medication assisted treatments (MAT) and child safety plans.

The purposes of RMC are to detect relapse and other concerns early, assertively link clients to services as needed, and to promote positive family relationships. When return to use or relapse has been detected, action steps may include linking the caregiver back to treatment, MDRF booster sessions, peer and family supports, or other services as needed. RMC staff may continue working with caregivers who re-enter into treatment to help increase and maintain treatment motivation, to prevent treatment dropout and further relapse, or a return to use. RMC will provide information as appropriate, to DCF, juvenile courts, and other community providers on the caregiver and family's engagement in treatment, recovery, and progress to improve child safety and well-being with the aim of improving permanency planning and outcomes. Recovery Support Specialists will conduct RMC, and carry a point-in-time caseload of 30 clients.

SAFE Family Recovery Staff Qualifications

MDRF Supervisors are required to possess a Master's degree preferably in a family therapy discipline, with considerable experience working in the adult substance use field serving families involved with child protective services. Training of Master's level staff to become certified as an MDRF Supervisor typically lasts six months. Supervisors participate in ongoing quality assurance activities after certification, and can supervise up to six (6) full-time staff.

MDRF Specialists must have Bachelor's degrees or higher, with several years of experience working in the substance use treatment field. Training of Bachelor's level staff to become fully certified as an MDRF Specialist typically lasts 9-12 months. MDRF staff participate in ongoing quality assurance activities after certification.

Recovery Support Specialists are not required to possess a Bachelor's degree, but it is preferred. Recovery Support Specialist staff with less than a Bachelor's degree must receive prior approval by the RMC model developer. Staff candidates also may have significant experience working in the substance use recovery field, or have lived experience.

Table 2. SAFE Family Recovery Staffing Expectations

Staff Type	FTE	Minimum Qualifications	Annual Caseload/FTE
Supervisor	1.0	Master's Level	-
Recovery Support Specialists	2.0	Bachelor's Preferred	60
MDRF Specialist	3.0	Bachelor's Level	45

■ C. MAIN PROPOSAL COMPONENTS**1. Organizational Requirements**

- (a) Agency Qualifications: Provide a description of your agency's qualifications, training, background and experience to achieve all of the SAFE Family Recovery service requirements of this RFP. Include a description of/provide:
- Your agency's knowledge of CT's child welfare, substance use treatment and recovery systems, practices, and key stakeholders.
 - Your agency and staff's experience delivering any/all of the SAFE Family Recovery services (i.e., toxicology screening, SBIRT, MDR, RMC). Include a narrative description of each of the anticipated SAFE Family Recovery staff names, expected roles and responsibilities on the project, credentials/certifications and other qualifications to support the goals of this RFP, if they have been identified.
- (b) Organizational Structure: Describe your agency's organizational structure and governance, and its relationship to administering this project successfully; specifically as it relates to staffing this project. Include, in Appendix 1, your agency's organizational chart. The chart should clearly identify where this program will be positioned within your organization's overall structure, and this program's relationship to other relevant services.
- (c) Collaborative Partnerships: Provide a description of your agency's history and success of partnering with both traditional and non-traditional community services, juvenile courts, and institutions that support families, particularly families involved with child welfare and services related to substance use recovery.
- (d) References: If you do not currently or have not in the past 3 years provided contracted services to the Department, at least two (2) reference letters must be included in the appendices as Appendix 3 to support the description of your experience in providing these services. Letters must include agency name, contact name, mailing address, phone number and email address of the writer. Letters must also include the nature of the writer's relationship with the proposer and the extent of the proposer's provision of services to the writer. This is **NOT** a Letter of Support. The writer must be able to detail a prior relationship of services provided by the proposing agency.

2. Cultural & Linguistically Competent Care (15 Points)

Provide a detailed description of your agency's knowledge, expertise and understanding of diversity (including, but not limited to: racial, ethnic, gender and gender identity, sexual orientation, culture, linguistic, immigrant, disabilities, and religion) as it relates to the provision of services. (15 points overall) Detail your response according to the following:

- (a) Culturally Diverse Communities: Describe your organization's successes & challenges serving diverse communities. Include any data your agency has that reveals the ability to effectively serve and achieve positive outcomes for children and families of multiple diverse groups. Additionally, describe how your organization overcame previous challenges. **(5 points)**
- (b) Culturally Diverse Families: Please detail how your program/service will effectively meet the needs of the community/communities you propose to service through this application. Describe policies, practices, and data collection mechanisms. Include supporting data about the race, ethnicity, and languages of the communities you are seeking to serve. Also, include how your organization works to establish rapport and trust with families related to experiences of racism and how this influences and guides client engagement and treatment planning. (Supporting data may be included in the Appendices) **(5 points)**
- (c) Culturally Diverse Staff: Describe your plan and current activities to recruit, retain, train, supervise, and facilitate dialogue amongst a diverse staff, including those who are bicultural and bilingual, for this program/service and across all levels of your organization. Please include a description of what

progress your organization made to increase the diversity of the workforce in the past three years. **(5 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, 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 and educational needs.

3. Service Requirements

Proposals should address each of the following areas.

- (a) Evidence-Based Services: Describe your agency's prior success implementing evidence-based services aimed at substance use screening, treatment and/or recovery supports. Please be specific and use data to support your success. Describe how this success positions your organization to achieve the goals of this RFP.
- (b) Goal Achievement: Describe your agency's prior success (e.g., implementing services) specifically achieving the goals stated within this RFP and Table 1. Please be specific about the approaches and programs used, and use data to support your claims. Include data from at least the last two years.
- (c) Location of Proposed Services: The Department expects that services provided as a result of this RFP will be provided both within DCF Regional Offices and off-site at provider-secured locations and would expect proposals to include the applicant's proposed plan for how services between both locations will be integrated. Proposals should detail the locations and availability of any such services sites.
- (d) Hours of Operation: Detail the hours of operation for both on-site at DCF offices and off-site program activities. The Department, at a minimum, will expect the Contractor to be available on-site at DCF to accept referrals Monday-Friday, 52 weeks per year, at least, but not limited to, the hours of 8:00 a.m. to 5:00 p.m. The Contractor will be expected to offer SAFE Family Recovery services in the community during evening and/or weekend hours.

4. Staffing Requirements

- (a) Staffing Qualifications: Proposals must describe the staff categories to be assigned to the proposed program, including the extent to which they have the appropriate training and experience to perform assigned duties. The proposal must describe the extent to which staff is multi-lingual and multi-cultural. Brief job descriptions, minimum qualifications, and licensing requirements must be provided for all staff categories assigned to this project. Please do not include resumes. The Department will require staff to meet the following qualifications:

MDFR Supervisors are required to possess a Master's degree preferably in a family therapy discipline, with considerable experience working in the adult substance use field serving families involved with child protective services. Training of Master's level staff to become certified as an MDFR Supervisor typically lasts six months. Supervisors participate in ongoing quality assurance activities after certification.

Expected Job Duties: overall responsibility for the implementation of SAFE Family Recovery in the region. Specific duties include: supervising Recovery Support Specialists and MDFR Specialists; monitoring staff completion of training and quality assurance activities; submitting data and reports to DCF as required by contract; writing reports for programs and DCF as required by contract; attendance at client case consultation and service planning meetings as requested; and serving as the local program point of contact for DCF, other community providers, and the juvenile courts.

MDFR Specialists must have Bachelor's degrees or higher, with several years of experience working in the substance use treatment field. Training of Bachelor's level staff to become fully certified as an MDFR Specialist typically lasts 9-12 months. MDFR staff participate in ongoing quality assurance activities after certification.

Expected Job Duties: deliver MDFR services on-site at DCF, in client homes, or in other community locations. MDFR Specialists also may participate in DCF case consultation and service planning meetings. At least one MDFR Specialist must be bi-lingual Spanish with expertise working with Hispanic youth and families, and with experience in the substance use field.

Recovery Support Specialists are not required to possess a Bachelor's degree, but it is preferred. Recovery Support Specialists have experience working in the substance use recovery field, and they also may have lived experience.

Expected Job Duties: conducting toxicology screenings, administering SBIRT, and delivering recovery management checkups to adult caregivers referred by DCF. SBIRT services are intended to be delivered on-site at DCF, however they may occur in client homes, or in other community locations. RMC services will be delivered face-to-face in client homes, or in other community locations, or virtually/remotely by telephone or text in accordance with the model.

- (b) Staffing Levels: Proposals must describe the staffing levels to be assigned to the proposed program, and how the staffing will provide SAFE Recovery services to all DCF Area Offices in the region. Hours per week and hourly wages must be provided for all staff categories assigned to this project. At a minimum, the Department will require the following staffing levels:

Table 3. SAFE Family Recovery Staffing Levels

Staff Type	FTE	Minimum Qualifications
Supervisor	1.0	Master's Level
SBIRT Recovery Specialist	2.0	Bachelor's Preferred
MDFR Specialist	3.0	Bachelor's Level

5. Data and Technology Requirements

Describe your agency's prior experience collecting and reporting data for program administration, continuous quality improvement (CQI), and for reporting on program progress. Describe the resources (i.e., human, fiscal, physical plant, technology) your agency dedicates to information management, continuous quality improvement, and data analytics. Include your agency's CQI processes, and examples of your agency's success meeting the data and reporting requirements of funders. Describe how this experience positions your organization to meet the data and reporting requirements of this RFP

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

The child and family specific data for this service also will be collected using electronic, web-based applications designed for the EBPs implemented under SAFE Family Recovery. Monitoring program outcomes and model fidelity is an important part of implementing an evidence-based service. MDFR achieves this by tracking outcomes in a secure online database called the MDFT Clinical Portal. The Portal tracks model fidelity through various measures, including the type, length, and frequency of therapy and supervision sessions, as well as the certification progress of clinicians. The Portal also tracks client improvements from intake to discharge across dozens of treatment measures. RMC utilizes a secure web-based Session Tracker program to document each checkup completed or attempted. Session tracker documents the date, type, duration, participants, activities and notes of each session. GAIN ABS web-

based data system will collect the results of the SBIRT screens conducted as part of the program. Data from these systems will be summarized in semi-annual reports to the Department and the contracted providers, or upon request, as part of continuous quality improvement.

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

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

- Demographic Information (e.g., name, date of birth, gender, race, ethnicity, referral source, and living situation/address.)
- Care Plan (e.g. safety, risk and protective factors, families self-identified needs and goals)
- Case Activity (e.g., case management contacts, referrals)
- Episode Data (face to face contacts)
- Service Data (e.g., Family Participation in Services in services);
- Service Transition Information
- Fidelity review ratings
- Certification status

The goals of the Project SAFE Recovery Program are to:

- Improve the quality of referrals to Project SAFE, and/or other services.
- Increase engagement and retention in services.
- Reduce unnecessary referrals for services to rule-out substance use.
- Provide caregivers needing services and their families with recovery support.

Based on these goals, the Department envisions a range of outcomes for families who receive SAFE Family Recovery services, including:

- Increased show rates at treatment intake appointments
- Decreases in the rate of evaluations resulting in "no treatment recommended"
- Increases in the rate of treatment completion, and sessions completed
- Improvements in parenting skills
- Reductions in substance use
- Decrease in family conflict
- Decreases in subsequent reports of child neglect and maltreatment
- Increased engagement in school or work
- Improved psychological functioning
- Improved child functioning

The Department and model developers will be responsible for determining and evaluating the outcomes for families referred to the contracted agency.

6. Sub-Contractors

Proposals must disclose the proposed use of subcontractors to accomplish program services. If the proposed program includes the use of subcontractors, the relationship of the subcontractor to the applicant, a detailed description of the services to be provided by the subcontractor, the staffing to be allocated by the subcontractor and the costs of utilizing a subcontractor must be delineated in the proposal, and Attachment #3 to this RFP must be completed and included in the proposal.

Subcontracting may be used to ensure that services are available throughout the state. If an applicant is intending to submit an application in which a sub-contractor will be utilized for some portion of a service element, a justification for sub-contracting and a detailed delineation of exactly what components of the service model the contractor versus the subcontractor will be providing must be included. Subcontractors must meet the eligibility criteria listed herein and the contractor will be fully accountable for the performance of the subcontractor.

7. Work-Plan

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

- Include a narrative description of how your agency's prior successes inform the design and implementation of your work plan.
- Include proposed time lines for staff hiring and training; sub-contracting; and transition plans, if applicable, so that there will be no disruption in present services.
- Include a plan to provide SAFE Family Recovery Services at each DCF Area Office in the region for which you are applying, including when each staff will be available at the DCF locations, and the expected time between referral by DCF and initiation of services by SAFE Family Recovery staff (SBIRT, RMC, MDFR).
- Include a communication plan describing how your agency's SAFE Family Recovery staff will communicate with DCF area and regional staff, and if applicable, juvenile courts and community providers. The plan should include:
 - how and when your agency's staff will communicate to DCF:
 - the receipt and scheduling of referrals for SAFE Family Recovery services;
 - SBIRT results; and
 - initiation, progress, and discontinuation of SAFE Family Recovery services.
 - how your agency will engage the juvenile court(s) to help secure referrals of court-involved caregivers, and build awareness of SAFE Family Recovery among court staff, judges and contract lawyers who can facilitate client participation.

Assume a December 1, 2018 start date and provide specific dates when action steps will be completed.

D. COST PROPOSAL COMPONENT**1. Financial Requirements**

Proposers must submit cover letters from their auditor for the last 3 annual audits of their agency and a copy of their most recent financial audit, included in Section H of the proposal. If less than 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, etc.).

If the 3 most recent audits are available via the Office of Policy and Management's EARS system, such may be noted in the proposal, and cover letters from the audit need not be included in the proposal.

2. Budget Requirements

Using the Consolidated Budget Form identified in the RFP, prepare an annualized program budget for 1 year using the state FY2019. Use the Budget Narrative to clarify and provide backup detail for proposed expenditures, in-kind contributions, and client incentives. The Budget and Budget Narrative should clearly relate to the program outcomes.

To access the Consolidated Budget Form, please go to:

http://www.ct.gov/dcf/lib/dcf/contract_management/xls/dcf_rfp_budget.xls

IV. PROPOSAL OUTLINE

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e. Measurable Objectives

G. Cost Proposal

1. Financial Profile

2. Budget and Budget Narrative

To access the Consolidated Budget Form, please go to:
http://www.ct.gov/dcf/lib/dcf/contract_management/xls/dcf_rfp_budget.xls.

H. Appendices

1. Appendix #1 (Table of Organization)

2. Appendix #2 (CLAS Plan Data)

3. Appendix #3 (Reference Letters- if applicable)

4. Appendix #4 (Sub-Contractor Profile- if applicable)

5. Appendix #5 (Gift & Campaign Contribution Certification)

6. Appendix #6 (Consulting Affidavit)

7. Appendix #7 (CHRO Contract Compliance Package, Parts I-III)

The CHRO Package should be accessed from the DCF Internet site
http://www.ct.gov/dcf/LIB/dcf/contract_management/pdf/Bidders_CHRO_Compliance_Package.pdf

8. Appendix #8 (Financial Profile (if required))

9. Appendix #9 (Budget & Narrative)

V. ATTACHMENTS

I. Attachment #1: Letter of Intent

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

II. Attachment #2: Proposal Cover Sheet

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

III. Attachment #3: Sub-contractor Profile

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

IV. Attachment #4: Gift & Campaign Contribution Certification

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

V. Attachment #5: Consulting Affidavit

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

FORM #1

LETTER OF INTENT

(MANDATORY NON-BINDING)

Date: _____

Our agency is planning to apply for funding in response to the RFP entitled *SAFE Family Recovery* to serve the following DCF region:

REGION 1

Bridgeport, Norwalk

REGION 2

New Haven, Milford

REGION 3

Middletown, Norwich, Willimantic

REGION 4

Hartford, Manchester

REGION 5

Waterbury, Danbury, Torrington

REGION 6

New Britain, Meriden

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 **October 23, 2018** to Stacie Albert.

PROPOSAL COVER SHEET

**SAFE Family Recovery
Request for Proposals**

Name of Agency: _____

Address _____

Application
Contact Person: _____

Contact Person
Phone & Fax: _____

Contact Person
Email Address: _____

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

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

Signature: _____ Date: _____

Name (Printed): _____ Title: _____

FORM #3

SUBCONTRACTOR PROFILE

(COMPLETE FOR EACH SUBCONTRACTOR -Use additional pages as needed)

Legal Name of Agency:	
FEIN :	
Agency Contact Person:	
Title:	
Address:	
Phone:	Fax:
Email:	
Amount of Subcontract:	

*Brief description the subcontractor agency**Description of services to be provided related to the service/program*

Justification of the use of subcontractor to meet program goals and outcomes



STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

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

INSTRUCTIONS:

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

- CHECK ONE:** Initial Certification 12 Month Anniversary Update (Multi-year contracts only.)
- Updated Certification because of change of information contained in the most recently filed certification or twelve-month anniversary update.

GIFT CERTIFICATION:

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

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

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

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other Principals, Key Personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to

any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

CAMPAIGN CONTRIBUTION CERTIFICATION:

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

Lawful Campaign Contributions to Candidates for Statewide Public Office:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

Lawful Campaign Contributions to Candidates for the General Assembly:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

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

Printed Contractor Name

Printed Name of Authorized Official

Signature of Authorized Official

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

Commissioner of the Superior Court (or Notary Public)

