

**PROCUREMENT NOTICE**  
**State of Connecticut**  
**Department of Correction**  
**Request for Proposal no. DOC-MOUD-2020-CC**  
**LEGAL NOTICE**

**MEDICATION FOR OPIOID USE DISORDER TREATMENT CENTERS  
REQUEST FOR PROPOSALS**

The State of Connecticut, Department of Correction (CTDOC), is seeking proposals from qualified Opioid Treatment Program providers to collaborate on implementation of **Medication for Opioid Use Disorder (MOUD) Treatment Centers**. The MOUD program is designed to build together an integrated care model for patients with opioid use disorder. Currently, MOUD services are limited to six CTDOC facilities. CTDOC is interested in expanding services and implementing MOUD Treatment Centers for inmates at three additional CTDOC facilities located in north central Connecticut: Carl Robinson Correctional Institution, Willard-Cybulski Correctional Institution and Walker Reception Center.

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

[https://biznet.ct.gov/SCP\\_Search/](https://biznet.ct.gov/SCP_Search/)

on the Department of Correction web page at:

<https://portal.ct.gov/DOC/Common-Elements/Common-Elements/RFP>

or from the Department's Official Contact:

Name: Christine Caminito  
Address: 24 Wolcott Hill Road, Wethersfield, CT 06109  
Phone: 860-692-7849  
Fax: 860-692-7576  
E-mail: DOC.RFP@ct.gov

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

**Deadline for submission of mandatory Letter of Intent is January 31, 2020.**

**Deadline for submission of RFP proposals is March 2, 2020.**

The Department of Correction is an Equal Opportunity/Affirmative Action Employer. Questions may be directed to the CTDOC Contracts Administration Office at (860) 692-7849.

Deaf and hearing-impaired individuals may use a TDD by calling 1-800-842-4524.

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## I. GENERAL INFORMATION

### ■ A. INTRODUCTION

1. **RFP Name or Number:** Medication for Opioid Use Disorder Treatment Centers  
**DOC-MOUD-2020-CC**
2. **Summary:** The purpose of this request is to procure the services of qualified Opioid Treatment Program (OTP) providers to collaborate with the Connecticut Department of Correction (CTDOC or Department) on implementation of Medication for Opioid Use Disorder (MOUD) Treatment Centers. The MOUD program is designed to build together an integrated care model for patients with opioid use disorder. Currently, MOUD services are limited to 6 CTDOC facilities. CTDOC is interested in expanding services and implementing MOUD Treatment Centers for inmates at three additional CTDOC facilities located in north central Connecticut: Carl Robinson Correctional Institution, Willard-Cybulski Correctional Institution and Walker Reception Center.
3. **Synopsis (Optional):** N/A
4. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
  - 0098: Medical Services
  - 1000: Health Care 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

- *startup costs*: One-time costs incurred for the startup of a program. These costs may not be annualized.
- *prison*: A correctional facility that confines sentenced inmates anticipated to serve more than two (2) years of confinement. CTDOC operates nine (9) male, one (1) youth male (combined prison and correctional center) and one (1) female (combined prison and correctional center) prisons.
- *correctional center*: A correctional facility that confines inmates awaiting trial for their alleged crimes. These facilities are designated as 'intake facilities', meaning that they accept individuals directly from court, local lockups and/or the community and house them until such time as they are sentenced by the court. Correctional Centers also confine individuals after sentencing if the sentence is two (2) years or less. CTDOC operates four (4) male, one (1) youth male (combined prison and correctional center) and one (1) female (combined prison and correctional center) correctional centers.
- *assessment facility*: A correctional institution designated for the assessment of inmates sentenced to longer than two (2) years in prison. CTDOC operates one (1) assessment facility that all inmates assigned sentences of more than two (2) years are transferred to prior to being assigned housing at a prison for the duration of their sentence.

## ■ 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) about this RFP is strictly prohibited. Proposers or prospective proposers who violate this instruction may risk disqualification from further consideration.

**Name:** Christine Caminito  
**Address:** 24 Wolcott Hill Road  
 Wethersfield, CT 06109  
**Phone:** 860 692-7849  
**Fax:** 860 692-7576  
**E-Mail:** DOC.RFP@ct.gov

**Any correspondence sent to the above e-mail address must include the RFP number (DOC-MOUD-2020-CC) in the subject line.** 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 Web Site:

<https://portal.ct.gov/DOC/Common-Elements/Common-Elements/RFP>

State Contracting Portal:

[https://biznet.ct.gov/SCP\\_Search/](https://biznet.ct.gov/SCP_Search/)

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: Confidential
- Number of Awards: 3
- Contract Cost: TBD
- Contract Term: 2 years, with the possibility of an extension of up to 3 years, depending upon the availability of funding to the Department

**4. Eligibility.** Pursuant to C.G.S. § 4-70b, the Department must award purchase of service contracts to a municipality or a private provider organization. A private provider organization as defined in C.G.S. § 4-70b (5) means a non-state entity that is either a nonprofit or proprietary corporation or partnership which receives funds from the state, and may receive federal or other funds, to provide direct health or human services to agency clients.

**5. Minimum Qualifications of Proposers.** To qualify for a contract award, a proposer must be a fully certified Opioid Treatment Program (OTP) and have the following minimum qualifications:

- Registered to do business in the State of Connecticut (through the Office of the Secretary of State)
- Certified by SAMHSA
- Accredited by an independent SAMHSA-approved accrediting body to dispense opioid treatment medications
- Registered with the Drug Enforcement Administration (DEA)
- NCCCHC Accredited or committed to becoming accredited
- A minimum of 5 years demonstrated experience providing the requested services

**6. Procurement Schedule.** Dates marked (\*) are target dates only, and may be subject to change. 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 the Department's Web Site.

- RFP Released: January 13, 2020
- Deadline for MANDATORY Letter of Intent: 3:00 PM, January 31, 2020
- Deadline for Questions: 3:00 PM, February 7, 2020
- Answers Released (Round 1): February 14, 2020
- RFP Conference: Not applicable
- Answers Released (Round 2): Not applicable
- Deadline for Proposal Submission: 3:00 PM, March 2, 2020
- (\*) Proposer Selection: March 27, 2020
- (\*) Start of Contract Negotiations: April 3, 2020
- (\*) Start of Contract: July 1, 2020

**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 identified in Section C.1 of this RFP. LOI's may be submitted by US mail, fax, or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including agency name, contact person, 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. All questions received before the deadline 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 the Department chooses to answer questions received after the deadline, the question and the answer will be made available to all proposers or prospective proposers. The Department reserves the right to answer questions only from those who have submitted an LOI. 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 Department will release the answers to questions on the dates established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and the Department's Web Site. At its discretion, the Department may distribute any amendments and addenda to this RFP to prospective proposers who submitted a Letter of Intent. **Proposals must include a signed Addendum Acknowledgement, which will be placed at the end of any and all addenda to this RFP.**

**9. RFP Conference.** An RFP conference **will not** be held to answer questions from prospective proposers.

**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: March 2, 2020
- Time: 3:00 PM

Faxed or e-mailed proposals **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 will either be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

- one (1) original proposal;
- five (5) conforming copies of the original proposal; and
- one (1) conforming electronic copy of the original proposal by e-mail.

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 compatible with Microsoft Office Word 2013 or Microsoft Office Excel 2013.** For the electronic copy, whenever possible, 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 from the same proposer is an option with this procurement. Proposers interested in applying for more than 1 facility must submit a separate proposal for each facility. Multiple proposals for the same facility will not be accepted.

**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 of this RFP. Proposals that fail to follow the required outline will be deemed, at the discretion of the Department, non-responsive and will not be 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 as Attachment #2 in Section V of this RFP.
- 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 1-page summary of the main proposal and cost proposal. This summary should include: the type of program being proposed, location of program, total annual cost, a brief agency history, and a brief program philosophy.
- 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: Butterfly Clip
  - Dividers: None specified
  - Paper Size: 8 ½ x 11 (Standard Letter)
  - Page limit: 25 page maximum for Section F - Main Proposal (see Section IV - Proposal Outline of this RFP)
  - Print Style: Double sided
  - Font Size: 12
  - Font Type: Times New Roman
  - Margins: Normal (1 inch)
  - Line Spacing: Single Space
  -
- 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, packages or boxes and must be addressed to the Official Contact. The Legal Name and Address of the proposer must appear in the upper left corner of the envelope, package or box. The RFP Name or Number must be clearly displayed on the envelope or package: **DOC-MOUD-2020-CC**

Any 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 will not be evaluated. At the discretion of the Department, such a proposal may be either 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 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. Interpretation of these criteria will be established by the Screening Committee prior to receipt of proposals.

The criteria are weighted according to their relative importance. The maximum score across all criteria is 100 points. The weights are disclosed below.

- Organizational Profile 10 points
- Scope of Services 20 points
- Staffing 10 points
- Data and Technology 10 points
- Subcontractors N/A (see below)
- Work Plan 20 points
- Financial Profile 5 points
- Budget and Budget Narrative 20 points
- Appendices and Forms 5 points

Since Subcontractors are allowed but not required as part of this RFP, the Subcontractor criteria shall be scored in conjunction with the Scope of Services. Scoring will take into consideration how the proposer intends to use Subcontractors as part of their program approach. Proposers will not be penalized for deciding to not utilize Subcontractors.



PLEASE NOTE: As part of its evaluation, 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.
- 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 sent by the Department 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.** Within ten (10) days of the debriefing meeting, unsuccessful proposers may appeal the Department's procurement process in writing, to the Department head. The proposer must set forth facts or evidence in sufficient and convincing detail for the Department head to determine whether the Department's process failed to comply with the State's statutes, regulations or standards (established in the State of Connecticut, Office of Policy and Management, Procurement Standards: for Personal Service Agreements and Purchase of Service Contracts) concerning competitive procurement or the provisions of the RFP. The Department head must issue a decision, in writing, not later than thirty (30) days after receipt of any such appeal. The filing of an appeal shall not constitute 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.

In the event that the Department head determines that a process violation has occurred and that the violation had a substantial effect on the procurement, the Department head shall take corrective action not later than thirty (30) days after the date of such a determination.

In addition, a proposer has the right of appeal, under certain circumstances, to the State Contracting Standards Board, which is statutorily charged with considering and acting upon appeals (see C.G.S. §§ 4e-35, 4e-36, and 4e-37).

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

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

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's (SEEC) 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. This section shall not apply when proposals are being submitted to operate a collaborative program provided by one or more separate entities.

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 liability for expenses incurred by proposers in preparing, submitting, or clarifying proposals 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. Offer and Rejection of Proposals.** The Department reserves the right to offer in part or reject 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 or 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).** 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.

IMPORTANT NOTE: Proposer must upload the Workplace Analysis Affirmative Action Report to the Department of Administrative Services (DAS) on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. Create a BizNet account using this hyperlink: <https://biznet.ct.gov/AccountMaint/Login.aspx>.

- 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 (Ethics Form 5) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms).

IMPORTANT NOTE: Proposer must complete and upload the Consulting Agreement Affidavit (OPM Ethics Form 5) to the DAS on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. Create a BizNet account using this hyperlink: <https://biznet.ct.gov/AccountMaint/Login.aspx>.

- 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](http://www.ct.gov/opm/fin/ethics_forms).

IMPORTANT NOTE: Proposer must complete and upload the Gift and Campaign Contributions Certification (OPM Ethics Form 1) to the DAS on-line data vault, called BizNet, prior to contract execution. Create a BizNet account using this hyperlink: <https://biznet.ct.gov/AccountMaint/Login.aspx>.

- 5. Contracts with Entities Making Certain Investments in Iran, C.G.S. § 4-252a.** No State agency or quasi-public agency shall enter into any large state contract, or amend or renew any such contract with any entity who (1) has failed to submit a written certification indicating whether or not such entity has made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment

Act of 2010, or has increased or renewed such investment on or after said date, or (2) has submitted a written certification indicating that such entity has made such an investment on or after October 1, 2013, or has increased or renewed such an investment on or after said date. Prior to submitting a bid or proposal for a large state contract, each bidder or proposer who is an entity shall submit a certification that such bidder or proposer has or has not made an investment as described herein. For purposes of this section, "large state contract" has the same meaning as provided in C.G.S. § 4-250. The OPM Iran Certification Form 7 is available on OPM's web site at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms).

**IMPORTANT NOTE:** Proposer must complete and upload the OPM Iran Certification Form 7 form to the DAS on-line data vault, called BizNet, prior to submitting a proposal in response to this RFP. Create a BizNet account using this hyperlink: <https://biznet.ct.gov/AccountMaint/Login.aspx>.

- 6. 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](http://www.ct.gov/opm/fin/nondiscrim_forms).

**IMPORTANT NOTE:** Proposer must complete and upload the appropriate nondiscrimination form to the DAS on-line data vault, called BizNet, prior to contract execution. Create a BizNet account using this hyperlink: <https://biznet.ct.gov/AccountMaint/Login.aspx>.

### III. PROGRAM INFORMATION

#### ■ A. DEPARTMENT OVERVIEW

The Connecticut Department of Correction incarcerates approximately 12,393 offenders throughout fourteen (14) facilities in the State of Connecticut. The agency operates an integrated jail, prison, and Parole system, which means that it is responsible for incarceration of youth, male, and female sentenced and unsentenced individuals, as well as ensuring appropriate community supervision for approximately 4,552 offenders residing in the community prior to completion of their criminal sentences.

Facility complements include a designated male youth facility (sentenced and unsentenced population), a designated female facility (youth and adults / sentenced and unsentenced population), four adult male jails (sentenced and unsentenced population), and eight adult male prisons. The Department provides the programming, education and treatment which inmates may utilize to help ensure a successful re-entry into the community.

In addition, the Department has funded a broad variety of community residential and non-residential programs for more than 40 years. These programs assist with the structured and supervised reintegration of formerly incarcerated individuals into their communities. The Department's network of community services includes the following residential program types:

1. Work release;
2. Substance abuse;
3. Mental health;
4. Transitional supportive housing
5. Scattered-Site supportive housing; and
5. Sex offender treatment.

#### ■ B. PROGRAM OVERVIEW

The Department currently operates Medication for Opioid Use Disorder (MOUD) Treatment Programs in 6 of the 14 facilities – Bridgeport Correctional Center, Corrigan-Radgowski Correctional Center, Hartford Correctional Center, New Haven Correctional Center, Osborn Correctional Institution and York Correctional Institution. Between these 6 facilities, approximately 300 patients are treated daily. The Department is looking to expand these services to other facilities.

Through this RFP, the Department is seeking to establish Medication for Opioid Use Disorder Treatment Centers (MOUD-TC) at three CTDOC facilities. Comprehensive treatment would include the continuum of care from intake services to re-entry. These programs should be designed and equipped to treat opioid use disorder with FDA approved medications and provide requisite counseling opportunities for those clients who are treated.

##### 1. Target Population

The State of Connecticut operates one (1) integrated prison, jail and Parole system. This means that the Department is responsible for the management of pre-sentence populations, rehabilitation and programming of sentenced populations and transitional and supervision services to populations released into the community prior to completion of their criminal sentences. The target population for this solicitation includes a sub-population of inmates within the CT DOC system who have opioid use disorders as follows:

Facility	Facility Population	Estimated MOUD Patients
Carl Robinson Correctional Institution (CRCI)	1298	300 per day
Walker Reception Center (WRC)	475	150 annually
Willard-Cybulski Correctional Institution (WCCI)	1046	250 per day

It should be noted that the estimated MAT patients delineated above are estimates only and could change based on the programs implemented as a result of this process. It is estimated that substance abuse

disorder (SUD) is prevalent among 85-90% of the CTDOC male population. Of this group, between 20-25% utilized opioids on a regular basis prior to their incarceration. This may vary by age and race but overall the addiction prevalence is significant. In prisons and jails, people with OUD have limited access to MOUD, which puts them at an increased risk of overdose and death upon release.

By providing individuals with access to these FDA approved medications for addiction treatment, this will significantly reduce the risk of overdose and death, reduce recidivism as well as increase engagement in community support.

The Carl Robinson Correctional Institution (CRCI) is a level 3 medium security facility located in Enfield, Connecticut. The Willard-Cybulski Correctional Institution (WCCI) is a level 2 security facility located in Somers, Connecticut. WCCI consists of two different buildings. It is anticipated that the proposed MOUD Treatment Center will be housed at the Cybulski Correctional Institute building. The population in both CRCI and WCCI is entirely male. None of the residents in either facility is currently treated with MOUD although some residents may have been treated prior to being sentenced, or in the community prior to entering CTDOC. As pre-release facilities, CRCI and WCCI house many individuals assigned to offsite work programs who may leave the facility early on business days and return in the late afternoon from their respective work assignments.

The Walker Reception Center (WRC) serves as the assessment facility for inmates in the system who have been sentenced to greater than 2 years. Generally, inmates who are housed at WRC are in transit from a CTDOC jail to a more long-term residence in a prison facility. The population is entirely male and the residency period ranges from 30 to 60 days. Since inmates are being transferred to WRC from another CTDOC facility, they may be currently treated with a MOUD medication.

### INMATE DEMOGRAPHICS

#### Incarceration Status

Facility	Sentenced	Accused	Federal
CRCI	1298	0	0
WRC	295	179	1
WCCI	1046	0	0

#### Race

Facility	White	Black	Hispanic	American Indian	Asian
CRCI	27.8%	42.0%	29.5%	0.3%	0.4%
WRC	22.3%	46.7%	30.0%	0.2%	0.8%
WCCI	30.2%	45.3%	23.6%	0.5%	0.4%

#### Age

Facility	< 18	18 – 24	25 – 35	34 – 45	46 – 60	> 60
CRCI	0.0%	10.6%	44.6%	27.0%	15.7%	2.1%
WRC	0.0%	15.3%	44.1%	25.3%	13.4%	1.9%
WCCI	0.0%	9.4%	38.3%	28.6%	20.3%	3.4%

PLEASE NOTE: The statistics noted in the Target Population Section above are a snapshot in time. These statistics can change based on the facility population at any point in time. The program implemented will need to adapt to the changing inmate population.



**2. Description of Requested Services**

As described below, the Department envisions six (6) major components to the services provided as a result of this solicitation.

- (a) **Eligibility Screening:** The provider(s) chosen as a result of this solicitation will be expected to screen all those who are incarcerated for their appropriateness in the MOUD-TC for substance abuse disorders including opioid use disorder using a validated screen and following regulatory standards. (DEA, SAMHSA, NCCHC standards). The screening shall occur within 24 hours of entry into the facility and shall include the individual's medical, mental health, and substance use disorder history, as well as his interest, desire, and capability to participate in MOUD treatment.

CTDOC expects that the provider(s) chosen as a result of this solicitation will work closely with existing CTDOC Addiction Services staff in order to identify those individuals who are currently incarcerated and who qualify for the MOUD-TC based on the DSM-5 diagnostic criteria.

PLEASE NOTE: For those patients already utilizing MOUD and transferring from an existing program in one of the other CTDOC facilities, the provider chosen is expected to follow the confirmatory protocol already in place upon entry.

- (b) **Induction:** The provider(s) chosen as a result of this solicitation will be expected to provide induction services to appropriate inmates. CTDOC expects that most inmate patients will be inducted onto MOUD and they will be returning to a community provider in Connecticut where MOUD is provided. The determination of which medication will be provided to each patient shall be made by a joint decision between the patient and the physician or prescriber.

PLEASE NOTE: For those patients already utilizing MOUD and transferring from an existing program in one of the other CTDOC facilities, the provider chosen is expected to follow the confirmatory protocol already in place upon entry.

- (c) **Maintenance:** The provider(s) chosen as a result of this solicitation will be expected to provide ongoing maintenance therapy to patients 7 days per week with dosing hours starting as early as 4am.

The provider(s) chosen for these programs is expected to provide all three of the FDA-approved medications to the population treated (methadone, buprenorphine, and extended-release and oral naltrexone). The determination of which medication will be provided to each patient shall be made by a joint decision between the patient and the physician or prescriber. CTDOC expects that the demand for methadone will be adequate to justify the Department's installation of an automated dispensing system for methadone at all three facilities.

- (d) **Re-entry / Transfer Services:** The provider(s) chosen as a result of this solicitation for CRCI and WCCI will be expected to fully manage the entire re-entry process for the patients. In addition to returning the patient to a provider of medication in the community, this includes connecting the patient to appropriate community support. The provider(s) should also have the in-house capability and experience in Medicaid enrollment. The provider(s) shall provide certified Recovery Coaches who will work closely with the Parole and Community Services Unit to help patients that are discharging to identify and connect to treatment and recovery support services upon reentry into the community. The provider(s) will also be expected to purchase and distribute Naloxone to patients and others at risk of opioid overdose upon release.

The provider chosen as a result of this solicitation for WRC will be expected to fully manage the transfer process for these patients upon entering the facility and then leaving WRC to return to prison. Transfer refers to patients being moved from one facility to another. This happens from time to time, and when patients currently on MOUD treatment are moved to a second facility, the expectation is that they will miss no doses as a result of the transfer.

- (e) Psycho-Behavioral Counseling: The provider(s) chosen as a result of this solicitation will be expected to provide psycho-behavioral counseling to each participant in the MOUD program in a group or individual setting for at least one hour per week. This counseling should include addiction-focused therapy appropriate to the population including, for example, relapse prevention, other cognitive behavioral counseling as well as specific and focused treatment as appropriate. This could, for example, include trauma-focused treatment programs.
- (f) Data Collection and Analysis: The provider(s) chosen shall collect data to support documentation of services and build a dataset for outcome analysis. The expected Data Collection and Outcome Metrics are presented in Attachment #4, Section V, of this RFP. The provider(s) shall submit collected program data to the Department quarterly. The requested information may be subject to change or modification by the Department. Full and complete accounting of program costs and expenses shall also be provided.

### 3. Basic Requirements

The Department is open to a variety of options for achieving success in this initiative, although options presented by applicants in this solicitation must satisfy the following requirements:

- (a) All MOUD treatment must be in compliance with relevant federal, state and local laws, rules and regulations.
- (b) All prescribers and other service providers must be appropriately trained and credentialed in accordance with medical practice standards and applicable federal, state, and local laws, rules and regulations.
- (c) The provider must ensure and demonstrate that all services, including dispensing of medication for opioid use disorder in a facility such as a prison/jail are in accordance with medical practice standards and applicable federal, state and local laws, rules, regulations and licensure requirements.
- (d) The provider must demonstrate that all services will be provided through a single point of coordination to ensure that statewide services are overseen by a single entity in accordance with Department of Mental Health and Addiction Services, Department of Public Health and state and federal guidelines.

### 4. Departmental Capabilities:

The Department has limited staff capability that may be available to support the efforts of the provider in carrying out the objectives of this solicitation. The Department does have substance abuse counselors who may be available to assist the provider in meeting certain tasks required within the facility. These staff will be available to assist the chosen provider of services through identification of inmate participants, screening activities, inmate assessment, provision of treatment groups, and provision of counseling to inmates. In addition, through the Parole and Community Services Unit, the Department has the capability of providing supervision functions for any inmate released to parole and certain other supervised release statuses. These parole officers may be available to assist the provider with post-release follow up of inmate patient treatment. The Department also currently supports a team of Department of Social Services staff whose sole function is to enroll releasing inmates in state and federally-funded medical insurance. The provider should not expect to receive any medical support from facility prescribers.

## ■ C. MAIN PROPOSAL COMPONENTS

### 1. Organizational Requirements

A responsive proposal must include the following information about the administrative and operational capabilities of the proposer to implement a MOUD Treatment Center.

- (a) Purpose / Mission / Philosophy: Briefly describe the purpose, mission and philosophy of the agency and the proposed program.

- (b) Entity Type / Years of Operation: Please provide a brief history of the agency and the proposed program as well as the number of years the agency has been in operation.
- (c) Administrative Office Location: Please provide the location of the agency's administrative offices.
- (d) Qualifications / Certification / Licensure: Please describe your agency's experience providing the services being requested through this solicitation, including the number of years and type of experience with correctional systems, specifically in the provision of MOUD. Describe the applicable licensure held by your organization, its relevance to the proposed program and your ability to adhere to such licensure requirements. Provide assurance that you are aware of all required licenses, certifications or other formal and informal approvals required for the proposed program and that your organization holds all such approvals. Proof that the agency is a fully certified OTP must be included in Section H of the proposal. If your agency is not accredited by the NCCHC, your proposal should include your agency's intent to obtain certification as well as the estimated timeframe.
- (e) References: If you do not currently or have not in the past 3 years provided contracted services to the Department, at least two reference letters must be included in Section H of the proposal 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. Scope of Services / Service Requirements

The Department will accept proposals from a single proposer or a group of proposers. Indicate if your proposed program will deliver a service directly (D), through a subcontractor (S) or will not provide the service (NA). Proposals should address each of the following areas.

- (a) Population to be Served: Identify the facility where the proposed services will be performed. Proposals must demonstrate the ability to engage and treat the estimated number of MOUD patients as described in Section III. B-1 of this RFP.
- (b) Date of Program Availability: Programs should be available to treat patients by July 1, 2020. This section of the proposal should also include a timeline for implementation of the program, and should describe any anticipated delays in the startup of the program.
- (c) Hours of Operation: Applicants shall include the proposed hours of operation for dispensing MOUD and the availability of counselors and Recovery Coaches.
- (d) Eligibility Screening: Proposals should describe the provider's intended approach and timelines for assessment of the current inmate population, as well as inmates entering the facility, to ensure that the eligible inmate population is afforded the opportunity to participate in this initiative. This determination of viability will be made based upon a variety of considerations including the availability of methadone treatment in the inmates re-entering community. If such treatment is not available, consideration may be given to the provision of a different type of MOUD. The Department's Health and Addiction Services staff will be available to assist with narrowing the pool of potentially eligible inmates, based on prior history and Department assessment.
- (e) Induction: Proposals should describe the provider's approach to induction of eligible inmates onto MOUD. This may include staff time to review current treatment plans of inmate's identified to already be utilizing or be in need of longer-term MOUD services.
- (f) Maintenance: Proposals should describe the provider's intended approach to prescribing, administering and monitoring MOUD. Proposals submitted should include the intended approach utilizing automated dispensing equipment purchased and put into place by the Department prior to

the intended Program start date of July 1, 2020. This equipment shall include the necessary safes, security cameras, dispensing window, security door, laptops and Netalytics Methasoft software required as well as any room modifications needed. The provider(s) will be expected to purchase and utilize pre-mixed liquid methadone (10mg/ml) for the automated dispensing equipment.

- (g) Re-entry/Transfer: Proposals should describe how the provider will connect patients to community support upon release, whether or not the provider has existing relationships with community programs and how they could benefit the patients. Proposals should also describe how Naloxone distribution will be handled. For WRC, the proposal should include how the program will manage the transfer of patients from one facility to the other.
- (h) Psycho-Behavioral Counseling: Proposals should describe the counseling services that will be available to each individual.
- (i) Recovery Coach Support: Proposals should specify how Recovery Coaches will be utilized to support client engagement, retention and re-entry into the community.
- (j) Training and Education: Proposals should describe the availability of training modalities for the education of Department and Department-contracted staff related to uses and benefits of MOUD. This shall include a schedule of recurrent and ongoing training for medical, custody and addiction staff.
- (k) Evidence-Based Programming: The proposal must describe the extent to which services are evidence-based and how that determination was made. Describe what evidence-based curricula are being utilized. Please cite specific research, papers, journals, etc. Copies of the cited literature will be requested, if necessary. **Do not** include them with the proposal.

### 3. Staffing Requirements

CTDOC expects that the fully functional treatment centers include all professional medical staff (nursing and prescriber staff) as well as counseling and assessment staff, case management staff, recovery coaching staff and re-entry personnel. Staffing should include a MOUD Program Coordinator to be stationed full time at the facility. This position should be a Registered Nurse level.

Proposers must describe the staff categories to be assigned to this project, 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. Job descriptions, minimum qualifications, licensing requirements, hours per week and hourly wages must be provided for all staff categories assigned to this project. Please do not include resumes. If the staff person to be assigned to the position is known at the time of proposal submission, a brief narrative summarizing that person's qualifications is sufficient.

It should be understood that staff assigned to this project by the provider will be required to successfully complete a CTDOC Background Check and Volunteer Intern and Professional Partner Application. As such, the Department reserves the right to deny the hiring of any person who cannot successfully complete such criminal checks. It should also be understood the staff assigned to this project by the provider will be required to perform duties within a correctional institution.

### 4. Data and Technology Requirements

Proposers must describe the extent to which the agency and the proposed program have the capability to access the internet, send/receive outside e-mail and view PDF documents.

The proposal must demonstrate how the provider intends to collect and manage the data and outcome metrics required by the Department included as Attachment #4, Section V, of this RFP. The Department expects that the provider will have the capacity to collect and provide electronic data designed to measure ongoing real-time performance variables as well as formal outcome variables such as re-arrest, re-

incarceration, recidivism, and program retention/medication compliance. This would be done in conjunction with the Department's data support and analysis capacity.

#### 5. Proposer Groups / Subcontractors

Proposals will be accepted from a single proposer or from a group of proposers. If more than one proposer is involved, the Department expects to contract with one organization only. The other group members shall act as subcontractors to the contracted organization. Proposals should include the following information, if applicable:

- (a) Contact information for subcontractor(s) including legal name of agency, address, FEIN, contact person, title, e-mail address and phone number
- (b) Services currently provided by the subcontractor(s)
- (c) Services to be provided under subcontract(s)
- (d) Subcontractor oversight
- (e) Subcontract(s) cost and term

#### 6. Work Plan

A responsive proposal must include a comprehensive and realistic work plan. The work plan must demonstrate the flow of activities in a logical and sequential manner. The work plan must include the following:

- (a) Tasks and Deliverables: Describe what start-up and implementation activities, actions, tasks and deliverables the proposer will accomplish to perform each service component, as well as the staff who will be responsible for accomplishing each task and deliverable.
- (b) Methodologies: Describe how each task and deliverable will be accomplished, providing a detailed explanation of the procedures and processes that will be used to attain the expected outcomes.
- (c) Timetable/Schedule: Include a proposed timetable indicating when each task and deliverable will be accomplished. Identify any significant milestones or deadlines.

### 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 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 a hardcopy of the audit cover letters and the last audit should not be included in the proposal.

#### 2. Budget Requirements

Proposals must contain an itemized budget on one of the budget forms included as Attachment #3, Section V, of this RFP. There is a budget form for each facility. Each form contains three separate budget columns and each column lists a different capacity. For CRCI, please submit a budget for a daily capacity of 400, 300 and 200 patients. For WCCI, please submit a budget for a daily capacity of 350, 250 and 150 patients. For WRC, please submit a budget for an annual capacity of 200, 150 and 100 patients. Since the population served is an estimate and can change at any point in time, the various budgets per facility will give the Department a better understanding of what the cost of the prospective program can be.

All startup costs and subcontractor costs, if applicable, must be clearly identified as one-line item in the budget. A budget narrative must be provided, explaining all costs contained in the budget. All startup

costs and subcontractor costs, if applicable, must be separately and clearly detailed in the budget narrative. All other funding, including agency financial support must be identified. The provider will not be allowed to charge inmate patients any fees for services provided.

The fillable budget forms are available in Excel on BizNet. The Budget and Budget Narrative must be included in Section G of the proposal.

## IV. PROPOSAL OUTLINE

The outline below details the format that each proposal must follow. Proposals should include a Table of Contents that exactly conforms with the required proposal outline (below). Proposals should not deviate from the established format, and must include all attachments/forms/appendices listed in the section below.

	<u>Page</u>
<b>A. Cover Sheet</b> (attachment #2) . . . . .	<b>1</b>
<b>B. Table of Contents</b> . . . . .	<b>2</b>
<b>C. Declaration of Confidential Information</b> . . . . .	<b>Etc.</b>
<b>D. Conflict of Interest - Disclosure Statement</b> . . . . .	
<b>E. Executive Summary.</b> . . . . .	
<b>F. Main Proposal</b> (25 page maximum). . . . .	
<b>1. Organizational Profile</b> . . . . .	
a. Purpose / Mission / Philosophy . . . . .	
b. Entity Type / Years of Operation . . . . .	
c. Administrative Office Location . . . . .	
d. Qualifications / Certifications / Licensures . . . . .	
<b>2. Scope of Services</b> . . . . .	
a. Population to be Served . . . . .	
b. Date of Program Availability . . . . .	
c. Hours of Operation . . . . .	
d. Eligibility Screening . . . . .	
e. Induction . . . . .	
f. Maintenance . . . . .	
g. Re-entry/Transfer . . . . .	
h. Psycho-Behavioral Counseling . . . . .	
i. Recovery Coach Support . . . . .	
j. Training and Education . . . . .	
k. Evidence-Based Programming . . . . .	
<b>3. Staffing.</b> . . . . .	
a. Staffing Plan . . . . .	
b. Job Descriptions . . . . .	
<b>4. Data and Technology</b> . . . . .	
<b>5. Proposer Groups / Subcontractors</b> (if applicable) . . . . .	
<b>6. Work Plan</b> . . . . .	

- G. Cost Proposal** . . . . .

  - a. Line Item Budget (*Attachment #3*) . . . . .
  - b. Budget Narrative . . . . .

- H. Appendices** . . . . .

  - a. Proof of Non-Profit Status (*if applicable*). . . . .
  - b. Proof of Connecticut Business Licensure . . . . .
  - c. Proof of Opioid Treatment Program certification . . . . .
  - d. Letters of Reference (*if required*) . . . . .
  - e. Audit Cover Letters and Most Recent Audit (*if not available on EARS*). . . . .

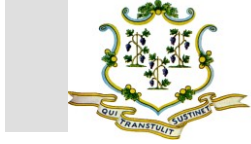
- I. Forms** . . . . .

  - a. Gift and Campaign Contribution Certification (OPM Form #1). . . . .
  - b. Consulting Agreement Affidavit (OPM Form #5) . . . . .
  - c. CHRO Contract Compliance Package, Parts I-III. . . . .  
*The CHRO Package should be accessed from the CT.gov CHRO Internet site*  
[https://www.ct.gov/chro/lib/chro/Notification\\_to\\_Bidders.pdf](https://www.ct.gov/chro/lib/chro/Notification_to_Bidders.pdf)



**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 Section I, Part C-6 of this RFP. The fillable form can be found on BizNet.*
- II. Attachment #2: Proposal Cover Sheet**  
*To be completed and utilized as page 1 of each proposal. The fillable form can be found on BizNet.*
- III. Attachment #3: Budgets**  
*To be completed and included in Section G of each proposal. The fillable forms can be found on BizNet.*
- IV. Attachment #4: MOUD Outcome Measures**
- V. Attachment #5: OPM Form #1 - Gift & Campaign Contribution Certification**  
*A PDF fillable form can be found here: <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms#Form>*
- VI. Attachment #6: OPM Form #5 - Consulting Agreement Affidavit**  
*A PDF fillable form can be found here: <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms#Form>*



**REQUEST FOR PROPOSALS**  
**RFP # DOC-MOUD-2020-CC**  
 Department of Correction  
 January 2020

ATTACHMENT #1

**LETTER OF INTENT**

**Return by 3:00pm, January 31, 2020 to:**

Name: Christine Caminito

Address: Department of Correction  
24 Wolcott Hill Road  
Wethersfield, CT 06109

Telephone: 860-692-7849

Fax: 860-692-7576

E-mail: [DOC.RFP@ct.gov](mailto:DOC.RFP@ct.gov)*(include RFP no. DOC-MOUD-2020-CC in subject line)*

Our organization below intends to submit a proposal(s) in response to the above referenced RFP to serve the following DOC facility or facilities:

 Carl Robinson Walker Reception Center Willard-Cybulski

Note: This mandatory letter of intent is a non-binding expression of interest and does not obligate the sender to submit a proposal.

**Prospective Proposer**

--	--

Legal Name

Telephone Number

--	--	--

Mailing Address

Town, State

Zip Code

**Contact Person**

--	--

Name

Title

--	--	--

Mailing Address (if different)

Town, State

Zip Code

--	--	--

Telephone Number

Fax Number

E-mail Address

**Person Authorized to Sign Contract:**

--	--

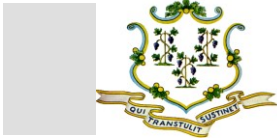
Name

Title

--	--

Signature

Date



**REQUEST FOR PROPOSAL  
RFP # DOC-MOUD-2020-CC  
Department of Correction  
January 2020**

**ATTACHMENT #2**

**Proposal Cover Sheet**

Applicant Agency \_\_\_\_\_ FEIN \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Agency Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Program Site (check one):  Carl Robinson  Walker Reception Center  Willard-Cybulski

\_\_\_\_\_  
**Total Annual Program Cost**  
*(not including startup)*

\_\_\_\_\_  
**Total Annual Cost to CTDOC**  
*(not including startup)*

**Requested Startup Costs**

Applicant Agency Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_  
(month) (month)

Is your agency a non-profit? Yes  No  Is your agency incorporated? Yes  No

Is your agency registered as a:  
Minority Business Enterprise? Yes  No   
Women Business Enterprise? Yes  No   
Small Business Enterprise? Yes  No

I certify that to the best of my knowledge and belief, the information contained in this application is true and correct. The application has been duly authorized by the governing body of the applicant, the applicant has the legal authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the applicant.

\_\_\_\_\_  
**Signature of Authorizing Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Typed Name and Title**

## ATTACHMENT #3

PROPOSED BUDGET						
MOUD Treatment Center at Carl Robinson Correctional Institution						
RFP# DOC-MOUD-2020-CC						
PROPOSER NAME						
		Number FTEs	Average Annual Salary	Annual Budget (capacity of 400/day)	Annual Budget (capacity of 300/day)	Annual Budget (capacity of 200/day)
<b>I. SALARIES &amp; WAGES</b>						
<b>Direct Inmate Service Staff</b>						
A	Program Coordinator					
B	Counselors					
C	Nurse Practitioners					
D	Clinicians					
E	Case Managers					
F	Nurses					
G	Other:					
H	Other:					
I	Other:					
<b>Subtotal Direct Inmate Services Staff</b>				\$ -	\$ -	\$ -
<b>Direct Service Support Staff</b>						
J	Other:					
K	Other:					
L	Other:					
M	Other:					
N	Other:					
O	Other:					
<b>Subtotal Direct Service Support Staff</b>				\$ -	\$ -	\$ -
<b>TOTAL DIRECT SERVICE SALARIES</b>				\$ -	\$ -	\$ -
<b>II. NONSALARY DIRECT SERVICE COSTS</b>						
A	Temporary Help (non-employee)					
B	Contract Services					
C	Telephone					
D	Office Supplies & Postage					
E	Staff Training & In-service					
F	Advertising:					
	1. Recruitment - staff					
	2. Program advertising					
G	Vehicle Expense (gas, oil, repairs)					
H	Mileage Reimbursement					
I	Dues, Fees, Licenses, Subscriptions					
J	Inmate Medical Cabinet Supplies					
K	Inmate Lab Fees:					
	1. Urines					
	2. Blood					
L	Inmate Pharmaceuticals					
M	Inmate Training & Supplies					
N	Inmate Recreational Supplies					
O	Rental/Lease Payments					
P	Property and Real Estate Taxes					

Q	Insurance:			
	1. Umbrella			
	2. Malpractice/Professional Liability			
	3. Liability			
	4. Property (including liability)			
	5. Vehicle			
	6. Other:			
R	Dietary			
	1. Food			
	2. Non Food			
S	Maintenance Supplies/Expenses			
T	Utilities (heat, water, electricity)			
U	Depreciation			
V	Minor Equipment (\$250-\$600)			
W	Other:			
<b>TOTAL NON-SALARY DIRECT SERVICE COSTS</b>		\$	-	\$ - \$ -
<b>TOTAL DIRECT SERVICE COSTS</b>		\$	-	\$ - \$ -
<b>III. ALLOCATED EMPLOYEE BENEFITS</b>				
<b>IV. ALLOCATED ADMINISTRATIVE EXPENSE</b>				
<b>V. STARTUP COSTS (FY 2021 ONLY)</b>				
<b>VI. MAJOR EQUIPMENT (breakout in narrative)</b>				
<b>VII. TOTAL EXPENSES</b>		\$	-	\$ - \$ -
<b>VIII. REVENUE</b>				
A	Operating Revenue			
	1. DMHAS			
	2. Judicial			
	3. General Public Assistance from Towns			
	4. DCF			
	5. Title 19 (Medicaid fee-for-service)			
	6. Other:			
	7. Other:			
	8. Other:			
	9. Other:			
	10. Other:			
<b>Subtotal Operating Revenue</b>		\$	-	\$ - \$ -
B	Grant Revenue			
	1. United Way			
	2. Town:			
	3. Other:			
	4. Other:			
<b>Subtotal Grant Revenue</b>		\$	-	\$ - \$ -
C	Other Revenue			
	1. Fundraising			
	2. Contributions			
	a. Restricted			
	b. Unrestricted			
	3. Investment Income			
	4. Interest Income			
	5. Gain on Sale of Assets			
	6. Other:			
<b>Subtotal Other Revenue</b>		\$	-	\$ - \$ -
<b>TOTAL NON-DOC REVENUE</b>		\$	-	\$ - \$ -
D	<b>TOTAL REQUESTED DOC FUNDING</b>			
<b>TOTAL REVENUE</b>		\$	-	\$ - \$ -

PROPOSED BUDGET						
MOUD Treatment Center at Walker Reception Center						
RFP# DOC-MOUD-2020-CC						
PROPOSER NAME						
		Number FTEs	Average Annual Salary	Annual Budget (capacity of 200/year)	Annual Budget (capacity of 150/year)	Annual Budget (capacity of 100/year)
<b>I. SALARIES &amp; WAGES</b>						
<b>Direct Inmate Service Staff</b>						
A	Program Coordinator					
B	Counselors					
C	Nurse Practitioners					
D	Clinicians					
E	Case Managers					
F	Nurses					
G	Other:					
H	Other:					
I	Other:					
<b>Subtotal Direct Inmate Services Staff</b>				\$ -	\$ -	\$ -
<b>Direct Service Support Staff</b>						
J	Other:					
K	Other:					
L	Other:					
M	Other:					
N	Other:					
O	Other:					
<b>Subtotal Direct Service Support Staff</b>				\$ -	\$ -	\$ -
<b>TOTAL DIRECT SERVICE SALARIES</b>				\$ -	\$ -	\$ -
<b>II. NONSALARY DIRECT SERVICE COSTS</b>						
A	Temporary Help (non-employee)					
B	Contract Services					
C	Telephone					
D	Office Supplies & Postage					
E	Staff Training & In-service					
F	Advertising:					
	1. Recruitment - staff					
	2. Program advertising					
G	Vehicle Expense (gas, oil, repairs)					
H	Mileage Reimbursement					
I	Dues, Fees, Licenses, Subscriptions					
J	Inmate Medical Cabinet Supplies					
K	Inmate Lab Fees:					
	1. Urines					
	2. Blood					
L	Inmate Pharmaceuticals					
M	Inmate Training & Supplies					
N	Inmate Recreational Supplies					
O	Rental/Lease Payments					
P	Property and Real Estate Taxes					

Q	Insurance:			
	1. Umbrella			
	2. Malpractice/Professional Liability			
	3. Liability			
	4. Property (including liability)			
	5. Vehicle			
	6. Other:			
R	Dietary			
	1. Food			
	2. Non Food			
S	Maintenance Supplies/Expenses			
T	Utilities (heat, water, electricity)			
U	Depreciation			
V	Minor Equipment (\$250-\$600)			
W	Other:			
<b>TOTAL NON-SALARY DIRECT SERVICE COSTS</b>		\$ -	\$ -	\$ -
<b>TOTAL DIRECT SERVICE COSTS</b>		\$ -	\$ -	\$ -
<b>III. ALLOCATED EMPLOYEE BENEFITS</b>				
<b>IV. ALLOCATED ADMINISTRATIVE EXPENSE</b>				
<b>V. STARTUP COSTS (FY 2021 ONLY)</b>				
<b>VI. MAJOR EQUIPMENT (breakout in narrative)</b>				
<b>VII. TOTAL EXPENSES</b>		\$ -	\$ -	\$ -
<b>VIII. REVENUE</b>				
A	Operating Revenue			
	1. DMHAS			
	2. Judicial			
	3. General Public Assistance from Towns			
	4. DCF			
	5. Title 19 (Medicaid fee-for-service)			
	6. Other:			
	7. Other:			
	8. Other:			
	9. Other:			
	10. Other:			
<b>Subtotal Operating Revenue</b>		\$ -	\$ -	\$ -
B	Grant Revenue			
	1. United Way			
	2. Town:			
	3. Other:			
	4. Other:			
<b>Subtotal Grant Revenue</b>		\$ -	\$ -	\$ -
C	Other Revenue			
	1. Fundraising			
	2. Contributions			
	a. Restricted			
	b. Unrestricted			
	3. Investment Income			
	4. Interest Income			
	5. Gain on Sale of Assets			
	6. Other:			
<b>Subtotal Other Revenue</b>		\$ -	\$ -	\$ -
<b>TOTAL NON-DOC REVENUE</b>		\$ -	\$ -	\$ -
D	<b>TOTAL REQUESTED DOC FUNDING</b>			
<b>TOTAL REVENUE</b>		\$ -	\$ -	\$ -

PROPOSED BUDGET						
MOUD Treatment Center at Willard-Cybulski Correctional Institution						
RFP# DOC-MOUD-2020-CC						
PROPOSER NAME						
		Number FTEs	Average Annual Salary	Annual Budget (capacity of 350/day)	Annual Budget (capacity of 250/day)	Annual Budget (capacity of 150/day)
<b>I. SALARIES &amp; WAGES</b>						
<b>Direct Inmate Service Staff</b>						
A	Program Coordinator					
B	Counselors					
C	Nurse Practitioners					
D	Clinicians					
E	Case Managers					
F	Nurses					
G	Other:					
H	Other:					
I	Other:					
<b>Subtotal Direct Inmate Services Staff</b>				\$ -	\$ -	\$ -
<b>Direct Service Support Staff</b>						
J	Other:					
K	Other:					
L	Other:					
M	Other:					
N	Other:					
O	Other:					
<b>Subtotal Direct Service Support Staff</b>				\$ -	\$ -	\$ -
<b>TOTAL DIRECT SERVICE SALARIES</b>				\$ -	\$ -	\$ -
<b>II. NONSALARY DIRECT SERVICE COSTS</b>						
A	Temporary Help (non-employee)					
B	Contract Services					
C	Telephone					
D	Office Supplies & Postage					
E	Staff Training & In-service					
F	Advertising:					
	1. Recruitment - staff					
	2. Program advertising					
G	Vehicle Expense (gas, oil, repairs)					
H	Mileage Reimbursement					
I	Dues, Fees, Licenses, Subscriptions					
J	Inmate Medical Cabinet Supplies					
K	Inmate Lab Fees:					
	1. Urines					
	2. Blood					
L	Inmate Pharmaceuticals					
M	Inmate Training & Supplies					
N	Inmate Recreational Supplies					
O	Rental/Lease Payments					
P	Property and Real Estate Taxes					



Q	Insurance:			
	1. Umbrella			
	2. Malpractice/Professional Liability			
	3. Liability			
	4. Property (including liability)			
	5. Vehicle			
	6. Other:			
R	Dietary			
	1. Food			
	2. Non Food			
S	Maintenance Supplies/Expenses			
T	Utilities (heat, water, electricity)			
U	Depreciation			
V	Minor Equipment (\$250-\$600)			
W	Other:			
<b>TOTAL NON-SALARY DIRECT SERVICE COSTS</b>		\$ -	\$ -	\$ -
<b>TOTAL DIRECT SERVICE COSTS</b>		\$ -	\$ -	\$ -
<b>III. ALLOCATED EMPLOYEE BENEFITS</b>				
<b>IV. ALLOCATED ADMINISTRATIVE EXPENSE</b>				
<b>V. STARTUP COSTS (FY 2021 ONLY)</b>				
<b>VI. MAJOR EQUIPMENT (breakout in narrative)</b>				
<b>VII. TOTAL EXPENSES</b>		\$ -	\$ -	\$ -
<b>VIII. REVENUE</b>				
A	Operating Revenue			
	1. DMHAS			
	2. Judicial			
	3. General Public Assistance from Towns			
	4. DCF			
	5. Title 19 (Medicaid fee-for-service)			
	6. Other:			
	7. Other:			
	8. Other:			
	9. Other:			
	10. Other:			
<b>Subtotal Operating Revenue</b>		\$ -	\$ -	\$ -
B	Grant Revenue			
	1. United Way			
	2. Town:			
	3. Other:			
	4. Other:			
<b>Subtotal Grant Revenue</b>		\$ -	\$ -	\$ -
C	Other Revenue			
	1. Fundraising			
	2. Contributions			
	a. Restricted			
	b. Unrestricted			
	3. Investment Income			
	4. Interest Income			
	5. Gain on Sale of Assets			
	6. Other:			
<b>Subtotal Other Revenue</b>		\$ -	\$ -	\$ -
<b>TOTAL NON-DOC REVENUE</b>		\$ -	\$ -	\$ -
D	<b>TOTAL REQUESTED DOC FUNDING</b>			
<b>TOTAL REVENUE</b>		\$ -	\$ -	\$ -

**MEDICATION FOR OPIOID USE DISORDER TREATMENT CENTER  
DATA COLLECTION AND OUTCOME METRICS****Data Collection**

1. Name
2. DOB
3. Age
4. SSN
5. Inmate #
6. Home Clinic
7. ARREST DATE
8. Charge/Bond
9. First Dose
10. Initial Dose
11. Date of D/C
12. Returned to TX?
13. Length of Stay
14. Re arrest
15. Overdose/Overdose death

**Outcome metrics**

1. Number of inmate patients screened for substance use disorder as part of routine intake.
2. Number of inmate patients who are screened and found appropriate for further assessment who are then given an evidence-based assessment.
3. Number of inmate patients who are eligible for MAT.
4. Number of MAT-eligible inmate patients who received methadone maintenance treatment, Buprenorphine treatment or Naltrexone treatment.
5. Average length and type of MAT services inmate patients receive.
6. Number of inmate patients receiving MAT services who are compliant with MAT (medication, treatment groups, programs, etc.)
7. Number of MAT-treated inmate patients with referral to a licensed Opioid Treatment Program (OTP) in the community.
8. Number of inmate patients with clean post-release urine screens with probation and parole.
9. Number of inmate patients experiencing overdoses and overdose death both in prison and jail and in the community up to 3 years' post-release.

*\* This list may be subject to change or modification by the Department.*



## STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

*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), as amended by Public Act 07-1*

### 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 on each anniversary date of a multi-year contract, if applicable).

**CHECK ONE:**     Initial Certification             Annual Update (Multi-year contracts only.)

### 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 an Annual 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) "Planning Start Date" is the date the State agency began planning the project, services, procurement, lease or licensing arrangement covered by this Contract, as indicated by the awarding State agency below; and
- 7) "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 the official authorized to execute the Contract on behalf of the Contractor. I hereby certify that, between the Planning Start Date and Execution Date, neither the Contractor nor any Principals or Key Personnel has made, will make (or has promised, or offered, to, or otherwise indicated that he, she or it will, make) any **Gifts** to any Applicable Public Official or State Employee.

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:



STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Lawful Campaign Contributions to Candidates for Statewide Public Office:

Table with 5 columns: Contribution Date, Name of Contributor, Recipient, Value, Description. Includes multiple blank rows for data entry.

Lawful Campaign Contributions to Candidates for the General Assembly:

Table with 5 columns: Contribution Date, Name of Contributor, Recipient, Value, Description. Includes multiple blank rows for data entry.

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

Printed Contractor Name

Signature of Authorized Official

Subscribed and acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Commissioner of the Superior Court (or Notary Public)

For State Agency Use Only
Awarding State Agency
Planning Start Date
Contract Number or Description



## STATE OF CONNECTICUT CONSULTING AGREEMENT AFFIDAVIT

*Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.*

### INSTRUCTIONS:

**If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete all sections of the form. If the bidder or contractor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or contractor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

**AFFIDAVIT:** [Number of Affidavits Sworn and Subscribed On This Day: \_\_\_\_\_]

I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below:**

_____		_____
Consultant's Name and Title		Name of Firm (if applicable)
_____	_____	_____
Start Date	End Date	Cost
Description of Services Provided: _____		

Is the consultant a former State employee or former public official?  YES  NO

If YES: \_\_\_\_\_  
Name of Former State Agency Termination Date of Employment

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

_____	_____
Printed Name of Bidder or Contractor	<b>Signature of Principal or Key Personnel Date</b>
_____	_____
Printed Name (of above)	Awarding State Agency

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Commissioner of the Superior Court  
or Notary Public**

\_\_\_\_\_  
**My Commission Expires**

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