



**STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**

COMMUNITY INTEGRATION EVALUATION PILOT

REQUEST FOR PROPOSAL (RFP)

The Connecticut Department of Mental Health and Addiction Services (hereafter referred to as DMHAS, or the Department), in its effort to successfully implement a person-centered, recovery-oriented, and value-driven system of care requests proposals from qualified private non-profit applicants to secure community based services for identified individuals currently experiencing long term stays in a state operated mental health facility. These individuals have combinations of severe psychiatric disorders, pervasive developmental disability and low cognitive functioning; individuals may also have traumatic brain injury, a learning disabilities, and could be a registered sex offender. Services will be designed to provide in vivo, in community opportunities to explore, assess and identify abilities, skills, behavior and environmental adaptations that will lead to successful participation in a community placement.

A **Bidders' Conference** will be held at 2:00 p.m. Local Time on January 30, 2008 in the Mountain View Room at Beers Hall at CVH

Responses to this RFP must be received by the Department Program Contact Person (listed below) no later than 4:00 PM Local Time on February 15, 2008. Any response(s) received after that date and time shall be returned, unopened to the applicant. The original and five (5) exact (for total of 6), legible copies of the proposal must be submitted by the deadline to:

Department of Mental Health and Addiction Services
P.O. Box 341431
410 Capitol Avenue
Hartford, Connecticut 06134
ATTN: (See Program Contact Below)

For questions on **program** issues, contact:

Sue Tharnish
Department of Mental Health and Addiction Services
(860) 418-6975 phone (860) 418-6690 fax
Email Address: Sue.Tharnish@po.state.ct.us

For questions on **budget** issues, contact:

Walt Sivigny, Purchased Services Division, Assistant Director
Department of Mental Health and Addiction Services
(860) 418-6919 phone
(860) 418-6698 fax
Email: Walter.Sivigny@po.state.ct.us

This RFP also is available on the DMHAS Web Site at: <http://www.ct.gov/dmhas/rfp>

**EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER
MINORITIES AND WOMEN ARE ENCOURAGED TO RESPOND**

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I. Introduction

The Department of Mental Health and Addiction Services (DMHAS) is the state healthcare service agency responsible for health promotion, and the prevention and treatment of mental illness and substance abuse in Connecticut. The single overarching goal of DMHAS is promoting and achieving a quality-focused, culturally responsive, and recovery-oriented system of care. DMHAS has focused its efforts on greater involvement of persons in recovery in the planning and development of services, expanding system capacity through better care management of persons in treatment, promoting age, gender, sexual orientation, and culturally responsive services, and strengthening supportive community-based services. These efforts are captured in the Department's mission statement: "To improve the quality of life of the people of Connecticut by providing an integrated network of comprehensive, effective and efficient behavioral health services that foster self-sufficiency, dignity and respect."

DMHAS envisions a recovery-oriented system of behavioral health care that offers Connecticut's citizens an array of accessible services and recovery supports from which they will be able to choose those that are effective in addressing their particular behavioral health condition or combination of conditions. These services and supports will be culturally, age, and gender-responsive, build on personal, family, and community strengths, and have as their primary and explicit aim promotion of the person/family's resilience, recovery, and inclusion in community life. Finally, services and supports will be provided in an integrated and coordinated fashion in collaboration with the surrounding community, thereby ensuring continuity of care both over time and across agency boundaries, thus maximizing the person's opportunities for establishing, or reestablishing, a safe, dignified, and meaningful life in the community of his or her choice. Connecticut's vision is based on the following underlying values:

- The shared belief that *recovery* from behavioral health disorders is possible;
- An emphasis on the role of *positive relationships, family supports, and parenting* in maintaining recovery, achieving sobriety, and promoting personal growth and development;
- The *priority of an individual's or family's* goals in determining their pathway to recovery, stability, and self-sufficiency;
- The importance of *cultural capacity, cultural competence and age – and gender-responsiveness* in designing and delivering mental health services and recovery supports. Cultural capacity is defined as respectful and sensitive services that employ racial, cultural, age, gender, and sexual orientation consideration;
- The central role of *hope and empowerment* in changing the course of individuals' lives; and
- The necessity of *state agencies, community providers, and individuals in recovery, and recovery communities coming together* to develop and implement a comprehensive continuum of behavioral health promotion, prevention, early intervention, treatment, and rehabilitative services.

II. Statement of Intent

The purpose of this RFP is to secure community based services for identified individuals currently experiencing long term stays in a state operated mental health facility. These individuals have combinations of severe psychiatric disorders, pervasive developmental disability and low cognitive functioning; they may also have traumatic brain injury, and learning disabilities. Many of these individuals have been institutionalized for much of their lives; all are current residents of either CT Valley Hospital or Cedar Ridge Hospital.

The Community Integration Evaluation Pilot will provide multiple opportunities for people to experience and express skills and behaviors for successful community living acquired in structured institutional settings in actual community settings. The successful bidder will offer viable, useful functional assessments using a standardized, evidence based, DMHAS approved tool in areas of community living including self

management skills (focus on management of symptoms and psychiatric disorder), social interaction and relationship skills, skills needed for daily living in the community and other appropriate domains.

Services must be provided in various community settings appropriate to the skills and behaviors being assessed, and must provide multiple opportunities to explore, assess and identify abilities, skills, behavior and environmental adaptations that will lead to successful participation in a community placement. Each assessment experience must of significant duration and quality to allow and elicit responses that reflect 'normal' baseline capabilities of individuals participating.

DMHAS recognizes that people with both a severe psychiatric disorder and a pervasive developmental disability have unique challenges that require specialized supports and services to be successful in community living. In addition, the extensive history of institutionalization poses added challenges in facilitating a transition into community settings. The Community Integration Evaluation Pilot will provide participants 'real life' experiences that assess their skills, personal support needs and needed environmental supports. Because many of the people identified have spent very significant periods in institution, it will also provide them a frame of reference for determining preferences related to community living.

It is the Department's belief that well planned, structured, individualized supports and services may enable many of the identified people to participate successfully in community living.

The successful applicant with utilize creative, flexible and innovative approaches to providing community experiences as a medium for conducting the functional/behavioral assessments and providing integrated community opportunities for participants. It is expected that 4 to 6 individuals will be participating in individual or small group (1 to 2) community assessment activities at any given time with evaluations taking between 4 to 8 months. Many people with require significant engagement time in order to participate. This engagement time should also inform the assessment process.

III. Program Goals and Objectives

DMHAS will use this RFP to accomplish the following program goals and objectives:

- 1) Provide functional assessments in varied community settings, using an evidence base, DMHAS approved tool to six (6) to eight (10) identified individuals annually; the program will have a capacity of four (4), i.e., at least people will be in evaluation at any given time. All individuals who will participate in this evaluation pilot are currently experiencing long term stays in state operated mental health facilities; they have combinations of severe psychiatric disorders, pervasive developmental disability/low cognitive functioning; they may also have other diagnoses. All referrals for evaluation will come from the Medical Director's office.
- 2) The evaluation period will average six (6) months.
- 3) Employ a 'no reject' approach to referrals for the Community Integration Evaluation Pilot.
- 4) Develop multiple community experiences in varied community settings to explore and identify skills, abilities and challenges to successful community living.
- 5) Identify individualized supports and services, including environmental adaptations and supports, to ameliorate risks and maximize opportunities for successful community living and reduced inpatient stays.
- 6) Provide transitional community experiences for people with extensive institutional inpatient histories.

- 7) Develop individualized service and support plans using an interdisciplinary team approach to guide the assessment process; team must include appropriate hospital personnel.
- 8) Provide an adequate staffing ratio to ensure safety, and therapeutic and rehabilitative benefit using experienced staff with training and expertise in engagement and in working with the identified population.
- 9) Provide an average of 10 hours of activity and interaction per week to each person being assessed.
- 10) Maintain daily documentation of routine re-assessment of skills, abilities and behaviors, tracking progress, challenges, barriers and efforts to resolve and accommodate challenges and barriers.
- 11) Provide DMHAS with monthly reports on the progress and status of each participant.
- 12) Make recommendations to DMHAS on the appropriate levels of supports and services needed to enable successful participation in a community placement.

IV. Performance Measures

- 100% of participants will have an individualized plan for assessment and community experience based on their diagnoses, risk issues and other identified considerations.
- 80% of participants will complete at least a six (6) month evaluation.
- 80% of evaluations will provide a complete functional assessment and an individualized support and service plan for successful community living.

V. Required Components

- Identified, evidence based, DMHAS approved functional assessment tool.
- Staff with training and experience in engagement, and in working with the targeted population.
- Access to various community settings, including apartment/house setting where in vivo assessment and other activities take place.

VI. Desired Components

VII. Other System Expectations

Services implemented through this RFP, which are aimed at improving quality of care, must build upon and compliment DMHAS' focus on developing a recovery-oriented system of care that is responsive to the needs of persons served. All applicants must specify how they will address the following system expectations within their response. Please refer to the websites listed below for guidance regarding implementation of these systems expectations.

- **Cultural Competence (See Commissioner's Policy Statement #76: Policy on Cultural Competence: <http://www.ct.gov/dmhas/cwp/view.asp?a=2907&q=334668>)**

Research and experience have shown that culture and society play pivotal roles in behavioral health, behavioral disorders, and the utilization and effectiveness of treatment services. Understanding the wide-

ranging roles of culture and society enables the behavioral health field to design and deliver services that are more responsive to the needs of diverse racial and cultural groups. Currently, the DMHAS system serves many different populations and recognizes the significance culture as a factor affecting individual outcomes. In the coming decades, as Connecticut's demography continues to change, it will become increasingly important that we strengthen the cultural competence of our service system. In order to address this issue in the present RFP, the following requirements have been set:

- The successful applicant must have a Cultural Competency Plan approved by the DMHAS Office of Multicultural Affairs.
- The applicant must demonstrate an understanding of the demographic, racial, ethnic, socioeconomic, and religious characteristics of the population in its targeted service area.

▪ **Recovery-Oriented Service System (See Commissioner's Policy Statement #83 Promoting a Recovery-Oriented Service System: <http://www.ct.gov/dmhas/cwp/view.asp?a=2907&q=334672>)**

The purpose of this policy is to formally designate the concept of "recovery" as the overarching goal of the service system operated and funded by DMHAS. This action is consistent with the fact that DMHAS is a healthcare service agency. Thus, it is most appropriate that one should hope and expect that, as a result of active involvement with this healthcare system, they will be better able to manage their illness and improve the quality of their life.

• **Co-Occurring Capability (See Commissioner's Policy Statement #84: <http://ct.gov/dmhas/LIB/dmhas/CommissionersPolicies/policy84.pdf>)**

The single overarching goal of DMHAS, as a healthcare service agency, is promoting and achieving a quality-focused, culturally responsive, and recovery-oriented system of care. The full attainment of this goal is not possible if the service system design, delivery, and evaluation are not fully responsive to people with co-occurring mental health and substance use disorders. Given the high prevalence of co-occurring disorders, the high number of critical incidents involving individuals with these conditions, and the often poor outcomes associated with co-occurring disorders in the absence of integrated care, it is extremely important that we collectively improve our system in this area. There have been advances in research and practice related to co-occurring disorders and it is important that the system close the science to service gap. Through these and other related improvements, the citizens of the state can expect better processes of care and better outcomes for people with co-occurring disorders.

▪ **Gender Responsive Care**

DMHAS' initiative for Gender Responsive Care is designed to enhance our current behavioral health service system for women in a way that is trauma-informed, gender-specific, and promotes self-determination. A best practice system of care for women, supported by system-level policies and standards and program-level practices is currently under development. The goal was to improve treatment outcomes and the quality of services for women receiving substance abuse treatment in Connecticut through participation in a recovery-oriented treatment system of care that incorporates current best practices in gender responsive and trauma-informed programming.

• **Trauma Informed Care**

The primary goal of DMHAS' Trauma Informed Care initiative is to deliver behavioral health care that is sensitive and responsive to the needs of men and women who have experienced trauma. Trauma services are being developed based on the guiding principle that treatment must be informed by a sound scientific, clinical, culturally relevant, and humanistic understanding of the impact and impairment caused by traumatic stress.

▪ **Person-centered Care (See CT Implementation of Person-Centered Care: <http://www.ct.gov/dmhas/LIB/dmhas/Recovery/personcentered.pdf>)**

Commissioner’s Policy Statement #83 formally designates the concept of “recovery” as the overarching goal of the service system operated and funded by DMHAS. DMHAS’ mission to provide recovery-oriented care requires that services be maximally responsive to each individual’s unique needs, values, and preferences. Emphasis on person-centered care is consistent with major advances that have already occurred throughout the DMHAS system, e.g., greater collaboration with advocacy and recovery groups and increased recognition of, and funding for, peer-based services.

- **Concurrent Medication-assisted Treatment (MAT)**

Each program must have access to, or coordinate with other providers, services that address the needs of individuals they serve, including individuals whose recovery is supported and enhanced through the use of clinically appropriate medications. These include, but are not limited to, medications to address symptoms directly related to substance use disorders (e.g., methadone, buprenorphine/naloxone, naltrexone, disulfiram, etc.), psychiatric conditions (e.g., antidepressants, anxiolytics, antipsychotics, etc.), physical conditions (e.g., insulin, analgesics for chronic pain management, medications for TB, HIV/STD, Hepatitis, antihypertensives, anti-cholesterol, etc.), and smoking cessation medications (e.g., varenicline, wellbutrin, over-the-counter (OTC) products, etc.). Programs are encouraged to facilitate and support general wellness, including through the use of effective medications.

- **DMHAS’ Recovery Practice Guidelines (See Practice Guidelines for Recovery-Oriented Behavioral Health Care: <http://www.ct.gov/dmhas/lib/dmhas/publications/practiceguidelines.pdf>)**

Wherever possible, programs must be guided by innovative, recovery-oriented, community-focused practice principles and guidelines, such as those outlined in the DMHAS’ *Practice Guidelines for Recovery-Oriented Behavioral Health Care*. DMHAS’ Guidelines emphasize the following principles: Participation, Promoting Access and Engagement, Continuity of Care, Strengths-Based Assessment, Individualized Recovery Planning, Functioning as a Recovery Guide, Community Mapping, Development, and Inclusion, and Identifying and Addressing Barriers to Recovery.

- **Integration of Primary Health and Wellness**

Life expectancy for individuals with behavioral health disorders is 15 years shorter than the general population. Integration of and/or linkages between behavioral and primary health and wellness approaches must be addressed to improve health and quality of life and to enhance life expectancy for individuals served throughout the DMHAS service system.

VIII. Award and Eligibility

A. ELIGIBLE APPLICANTS

Proposals may be submitted from private, non-profit agencies that can demonstrate experience and capacity to develop and implement services defined through this RFP within timeframes set forth by the Department.

B. AWARD

It is the intent of the Department to conduct a comprehensive, fair and impartial evaluation of proposals received in response to this procurement. Only proposals found to be responsive to the RFP will be evaluated and scored. A responsive proposal must comply with all instructions listed in this RFP. The original and five (5) exact, legible copies (total of 6) of the proposal must be submitted in a properly addressed package by the deadline.

C. FUNDING

DMHAS anticipates making **ONE** awards under this RFP. The annualized award amount is \$70,000.

Applicant must provide two budgets as part of its proposal: 1) covering the start-up and program activities from May 1, 2008 through June 30, 2008, and 2) an annualized budget covering the period July 1, 2008 through June 30, 2009. Budget forms are provided in Appendix 1.

Continued funding is contingent upon the ongoing availability of funds, satisfactory program performance, and demonstrated need for these services.

Applicants should note that any contracts developed as a result of this RFP are subject to the Department's contracting procedures that include approval by the Office of the Attorney General, as well as, compliance with OPM Cost Standards, and State Contracting Board and State Election Enforcement Commission (SEEC) requirements.

D. SCHEDULE

EVENT	DATE
Release of RFP	01-18-08
Bidders' Conference	01-30-08
Bid Deadline	02-15-08
Notice of Award (Begin Contract Negotiations)	03-15-08
Begin Implementation (Contract fully executed)	05-01-08

E. EX PARTE CONTACT PROHIBITED

Any form of *ex parte* contact regarding this RFP or any proposal being prepared or being considered under this RFP, whether directly or indirectly, is hereby strictly prohibited. This includes, but is not limited to, any contact with elected officials or other state employees asking them for advice, information, or support at any time when actual notification of results is made. Violations will result in outright rejection of any and all proposals submitted under this RFP by the respondent. Any inquiries or requests regarding the RFP must be submitted to the Program Contact (Reference RFP Cover).

F. EVALUATION AND SELECTION

It is the intent of DMHAS to conduct a comprehensive, fair and impartial evaluation of proposals received in response to this procurement. Only proposals found to be responsive to the RFP will be evaluated and scored. A responsive proposal must comply with all instructions listed in this RFP. The original and five exact, legible copies (total of 6) of the proposal must be submitted in a properly addressed package by the deadline.

G. CONTRACT EXECUTION

The pursuant contract developed, as a result of this RFP, is subject to Department contracting procedures, which includes approval by the Office of the Attorney General. Please note that contracts are executory and that no financial commitments can be made until, and unless, the contracts are approved by the Office of the Attorney General.

H. APPLICANT DEBRIEFING

The Department will notify all applicants of any award issued by it as a result of this RFP. Unsuccessful applicants may, within thirty (30) days of the signing of the resultant contract, request a meeting for

debriefing and discussion of their proposal by making a written request to the DMHAS contact person identified on the cover page of is RFP. Debriefing will not include any comparisons of unsuccessful proposals with other proposals.

IX. Instructions for Completion of Proposal, Proposal Evaluation Criteria, and Scoring

Responses to this RFP shall include the following sections **IN THE ORDER SPECIFIED BELOW**. Please refer to the description of each section and its subcomponents, also shown below. The content of each section and the number of points used to evaluate the section (and its subcomponents) are provided. **The maximum evaluation score is 100 points.**

1. PROGRAM NARRATIVE (Up to 75 Points)

The Program Narrative must be clear, concise, and paginated and **must not exceed (NUMBER) single-spaced pages in length.** The Proposal Narrative shall contain the following subcomponents:

I. PROGRAM DESIGN AND SERVICE OBJECTIVES (35 POINTS)

- Provide functional assessments in varied community settings, using an evidence base, DMHAS approved tool to six (6) to eight (8) identified individuals annually. These individuals are currently experiencing long term stays in a state operated mental health facility who have combinations of severe psychiatric disorders, pervasive developmental disability/low cognitive functioning; they may also have other diagnoses.
- The evaluation period will average six (6) months.
- Employ a ‘no reject’ approach to referrals for the Community Integration Evaluation Pilot.
- Develop multiple community experiences in varied community settings to explore and identify skills, abilities and challenges to successful community living.
- Identify individualized supports and services, including environmental adaptations and supports, to ameliorate risks and maximize opportunities for successful community living and reduced inpatient stays.
- Provide transitional community experiences for people with extensive institutional inpatient histories.
- Develop individualized service and support plans using an interdisciplinary team approach to guide the assessment process; team must include appropriate hospital personnel.
- Provide an adequate staffing ratio to ensure safety, and therapeutic and rehabilitative benefit using experienced, staff with training and expertise in engagement and in working with the identified population.
- Provide an average of 10 hours of activity and interaction per week to each person being assessed.
- Maintain daily documentation of routine re-assessment of skills, abilities and behaviors, tracking progress, challenges, barriers and efforts to resolve and accommodate challenges and barriers

- Provide DMHAS with monthly reports on the progress and status of each participant.
- Make recommendations to DMHAS on the appropriate levels of supports and services needed to enable successful participation in a community placement.

ADD SPECIFIC BULLETS TO BE ADDRESSED

II. MANAGEMENT PLAN (10 POINTS)

1. Organizational Structure: Is there an organizational chart that depicts the total organizational structure and where this program would reside within that structure?

2. Roles and Responsibilities: Does the chart depict the roles, responsibilities and reporting relationships of key staff, service providers and any partners?

3. Integration of Funding and Resources: Does the proposal provide a clear understanding of how funds will be spent and how they support the implementation of a program consistent with the vision, goals and objectives detailed in this RFP?

4. Realistic Implementation Timeline. Does the proposal contain a detailed implementation plan? Does the implementation plan include realistic timelines?

III. DATA COLLECTION AND EVALUATION PLAN (10 POINTS)

1. Data Collection and Management Plan: Does the applicant provide a specific, clear description of how it will collect and manage its data? Is the management information system described and is it explained how program data will be housed in that MIS? Are the specific instruments to be used described? Does the choice of assessment tools seem appropriate to the program? Does the applicant also describe the kind of outcome data to be collected regarding program participants, as well as service utilization data?

2. Utilization of Data: Does the applicant describe how program staff will utilize data to monitor and inform program management (including monitoring productivity) and quality management and improvement?

3. Reporting of Data: Does the applicant describe specifically how it will collect outcome data required by DMHAS?

IV. AGENCY DESCRIPTION AND EXPERIENCE (20 POINTS)

1. Agency Service Capacity: Does the applicant provide a clear, detailed and compelling summary of its experience and expertise relevant to successful operation? Does the agency and its partners clearly have experience with the targeted population? Does the applicant have the requisite experience to implement the proposed service?

2. Agency Cultural Capacity: Does the applicant provide evidence of its cultural capacity and its experience and expertise in addressing the needs of individuals of different races, cultures, ages, genders, and sexual identities and languages?

3. Agency Management Capacity: Does the applicant describe clearly its capacity for fiscal and program management of the proposed service? Does this description include examples of

successful prior history in collecting, managing and reporting program participant/program data? Does the applicant show that it uses program information to make effective management decisions regarding the assessment and improvement of services?

4. Agency Personnel: Does the proposal describe the experience and expertise of personnel who would play leadership roles in the program? Are resumes of key personnel included? Or, has the applicant provided a detailed description of the qualities and experience of the program staff it plans to hire. AND, is there a clear plan and time line for the hiring process?

2. PROGRAM BUDGET (Up to 20 Points)

- Complete the attached DMHAS Budget Forms and Narrative (See Appendix 1). The following two (2) budgets should be submitted:
 - A start-up and program operations budget for the period (DATE), 2007 through June 30, 2008.
 - An annualized budget covering the period July 1, 2008 through June 30, 2009.
- Describe how applicant intends to maximize use of existing community resources and services, including utilizing Medicare, Medicaid, and/or other subsidized programs.
- Describe the extent of "in-kind" services the applicant will provide to this program.
- The proposed budget should be consistent with the Connecticut Office of Policy and Management (OPM) Cost Standards, which can be found at the following OPM website:
http://www.opm.state.ct.us/finance/pos_standards/coststandards.htm

3. APPENDICES (Up to 5 Points)

Only the following appendices may be included in the application. These appendices must not be used to extend or replace sections of the Program Narrative.

- Appendix 1: Biographical Sketches/Resumes for Existing Staff and/or Job Descriptions for New Positions
- Appendix 2: Letters of Support/Coordination
- Appendix 3: Organizational Structure (Table of Organization)
- Appendix 4: Copy of Most Recent Financial Audit (If not a current DMHAS-funded agency)
- Appendix 5: Contractor/Prospective State Contractor Campaign Contribution and Solicitation Form (See Appendix 2)
- Appendix 6: Consulting Agreement Affidavit (See Appendix 3)
- Appendix 7: Affirmation of Receipt of Summary of State Ethics Law (See Appendix 4)

X. Evaluation Criteria/Selection Committee

A Selection Committee (SC), including but not limited to DMHAS staff, one or more people in recovery from mental health, substance use, or co-occurring mental health and substance use disorders, and other parties with expertise or relevant experience in the RFP focus, will evaluate all proposals that meet qualification requirements set forth in this RFP. The SC will score proposals in accordance with the evaluation criteria set forth in this RFP. The evaluation of proposals shall be within the sole judgment and discretion of the SC. This will result in a recommendation to the Commissioner or his designee.

The applicant shall neither contact nor lobby DMHAS administration, staff, or evaluators during the evaluation process. Attempts by an applicant to contact and/or influence DMHAS administration, staff, or members of the SC may result in disqualification of the applicant.

The SC will evaluate each proposal to determine the extent to which it has met qualification requirements set forth in this RFP. The applicant should bear in mind that any proposal deemed by the SC to be unrealistic in terms of the technical or schedule commitments, or unrealistically high or low in cost, will be deemed reflective of a lack of technical competence or of a failure to comprehend the complexity and risk of the requirements as set forth in this RFP.

As a result of this RFP, DMHAS intends to enter into contract negotiations with parties selected using this RFP. Applicants whose responses conform to the RFP requirements and whose bids present the greatest value to people served by DMHAS, when all evaluation criteria are considered will be selected for final contract negotiations. The goal is to recommend proposals for award based on the cumulative points scored using the evaluation criteria.

Specifications contained in this RFP should be considered as minimum requirements. Much of the material needed to present a comprehensive proposal can be placed into one of the sections listed.

Proposals will be rated using a point scoring system that assesses how well the applicant addressed requirements set forth in this RFP. The maximum score across all evaluation criteria is 100 points.

Program Narrative (75 Points), includes:

- **PROGRAM DESIGN AND SERVICE OBJECTIVES (35 Points)**
- **MANAGEMENT PLAN (10 POINTS)**
- **DATA COLLECTION AND EVALUATION PLAN (10 POINTS)**
- **AGENCY DESCRIPTION AND EXPERIENCE (20 POINTS)**

Program Budget (20 Points)

Appendices (5 Points)

XI. General Proposal Requirements

A. DISPOSITION OF PROPOSALS

DMHAS reserves the right to reject any and all proposals, or portions thereof, received as a result of this request or to negotiate separately any service in any manner necessary to serve the best interest of DMHAS. DMHAS reserves the right to contract for all or any portion of the scope of work contained within this RFP if it is determined that contracting for a portion of the work will best meet the needs of DMHAS.

B. CONDITIONS

Any prospective applicants must be willing to adhere to the following conditions and must positively state them in the proposals:

1. **Conformance with Statutes.** Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of State of Connecticut and the Federal Government.
2. **Ownership of Subsequent Products.** Any product, whether acceptable or unacceptable, developed under a contract awarded, as a result of this RFP is to be sole property of the Department unless stated otherwise in the RFP or contract.
3. **Timing and Sequence.** Timing and sequence of events resulting from this RFP will ultimately be determined by DMHAS.
4. **Oral Agreement.** Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by a written agreement.
5. **Amending or Canceling Requests.** DMHAS reserves the right to amend or cancel this RFP, prior to the due date and time, if it is in the best interest of DMHAS and the State.
6. **Rejection for Default or Misrepresentation.** DMHAS reserves the right to reject the proposal of any applicant that is in the default of any prior contract or for misrepresentation.

7. **Department's Clerical Errors in Awards.** DMHAS reserves the right to correct inaccurate awards resulting from its clerical errors.
8. **Rejection of Qualified Proposals.** Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.
9. **Applicant Presentation of Supporting Evidence.** An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, data reporting capabilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the proposal.
10. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submittal. While changes are not permitted, clarification at the request of DMHAS may be required at the applicant's expense.
11. **Collusion.** By responding, the applicant implicitly states that they are submitting a response to this RFP that in all respects is fair and without collusion or fraud. It is further implied that the applicant did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of DMHAS participated directly or indirectly in the applicant's proposal preparation.

C. PROPOSAL PREPARATION EXPENSE

The State of Connecticut and DMHAS assume no liability for payment of expenses incurred by applicants in preparing and submitting proposals in response to this solicitation.

D. RESPONSE DATE AND TIME

In order to be considered for selection, the Department must receive proposals by **4:00 P.M. Local Time, on February 15, 2007**. Postmark date will **not** be considered the basis for meeting any submission deadline. Any applicant's response, which is received after the deadline, will not be accepted. Receipt of a proposal after the closing date and time as stated herein shall **not** be construed as acceptance of the proposal. If delivery of the proposal is not made by courier or in person, the use of Certified or Registered mail is suggested. **All** RFP communications, including proposals, should be addressed to the RFP Program Contact (Reference RFP page 1). Please confirm receipt of your submission by email or phone with the RFP Program Contact.

E. INCURRING COSTS

DMHAS is not liable for any costs incurred by the applicant prior to the effective date of a contract.

F. FREEDOM OF INFORMATION

Due regard will be given to the protection of proprietary information contained in all proposals received. However, applicants should be aware that all materials associated with this RFP are subject to the terms of the Freedom of Information Act, the Privacy Act, and all rules, regulations and interpretations resulting therefrom. It will not be sufficient for applicants to merely state generally that the proposal is proprietary in nature and not therefore subject to release to third parties. Those particular pages or sections, which an applicant believes to be proprietary, must be specifically identified as such. Convincing explanation and rationale sufficient to justify each exception from release consistent with Section 1-210 of the Connecticut General Statutes must accompany the proposal. The rationale and explanation must be stated in terms of the prospective harm to the competitive position of the Applicant that would result if the identified material were to be released and the reasons why the materials are legally exempt from release pursuant to the above-cited Statute. In any case, the narrative portion of the proposal may not be exempt from release. Between the applicant and DMHAS, the final administrative authority to release or exempt any or all material so identified rests with DMHAS.

H. CONFIDENTIALITY

The successful applicant shall comply with all applicable state and federal laws and regulations pertaining to the confidentiality of proprietary information, data and other confidential or personal information concerning the medical, personal or business affairs of program participants acquired in the course of providing services under this RFP. The successful applicant shall keep confidential all financial, operating, proprietary or business information of DMHAS relating to the provision of services under this RFP which is not otherwise

public information, along with all information, not described above, but specified in writing by DMHAS as confidential information. The successful applicant shall also cause each of its agents, employees, or subcontractors and other persons and organizations involved in doing business with or controlled by it from disclosing or transmitting to any person or legal entity any of the described information. The successful applicant shall ensure that the appropriate qualified service organization agreements are in place pursuant to federal confidentiality regulations.

I. AFFIRMATIVE ACTION

Regulations of Connecticut State Agencies Section 46a68j-3(10) requires agencies to consider the following factors when awarding a contract that is subject to contract compliance requirements:

- i.** the applicant's success in implementing an affirmative action plan;
- ii.** the applicant's success in developing an apprenticeship program complying with Section 46a-68-1 to 46a-68-17 of the Connecticut General Statutes, inclusive;
- iii.** the applicant's promise to develop and implement a successful affirmative action plan;
- iv.** the applicant's submission of EEO-1 data indicating that the composition of its work force is at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market area; and
- v.** the applicant's promise to set aside a portion of the contract for legitimate small contractors and minority business enterprises. (See CGS 4a-60).

APPENDIX 1: DMHAS BUDGET AND NARRATIVE FORMS

APPENDIX 2: NOTICE TO EXECUTIVE BRANCH STATE CONTRACTORS AND PROSPECTIVE STATE CONTRACTORS OF CAMPAIGN CONTRIBUTION AND SOLICITATION BAN

This notice is provided under the authority of Connecticut General Statutes 9-612(g)(2), as amended by P.A. 07-1, and is for the purpose of informing state contractors and prospective state contractors of the following law (italicized words are defined on page 2):

Campaign Contribution and Solicitation Ban

No *state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor*, with regard to a *state contract or state contract solicitation* with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid pre-qualification certificate, shall make a contribution to, or *solicit* contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee;

In addition, no holder or principal of a holder of a valid pre-qualification certificate, shall make a contribution to, or solicit contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of State senator or State representative, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

Duty to Inform

State contractors and prospective state contractors are required to inform their principals of the above prohibitions, as applicable, and the possible penalties and other consequences of any violation thereof.

Penalties for Violations

Contributions or solicitations of contributions made in violation of the above prohibitions may result in the following civil and criminal penalties:

Civil penalties--\$2000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences of their violations may also be subject to civil penalties of \$2000 or twice the amount of the prohibited contributions made by their principals.

Criminal penalties—Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than 5 years, or \$5000 in fines, or both.

Contract Consequences

Contributions made or solicited in violation of the above prohibitions may result, in the case of a state contractor, in the contract being voided.

Contributions made or solicited in violation of the above prohibitions, in the case of a prospective state contractor, shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

The state will not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

Receipt acknowledged: _____ (signature) _____ (date)

Print name: _____ Title: _____

Company Name: _____

Additional information and the entire text of P.A 07-1 may be found on the website of the State Elections Enforcement Commission, www.ct.gov/seec. Click on the link to “State Contractor Contribution Ban”

Definitions:

"State contractor" means a person, business entity or nonprofit organization that enters into a state contract. Such person, business entity or nonprofit organization shall be deemed to be a state contractor until December thirty-first of the year in which such contract terminates.

"State contractor" does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

"Prospective state contractor" means a person, business entity or nonprofit organization that (i) submits a response to a state contract solicitation by the state, a state agency or a quasi-public agency, or a proposal in response to a request for proposals by the state, a state agency or a quasi-public agency, until the contract has been entered into, or (ii) holds a valid pre-qualification certificate issued by the Commissioner of Administrative Services under section 4a-100.

"Prospective state contractor" does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

"Principal of a state contractor or prospective state contractor" means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a state contractor or prospective state contractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization, (ii) an individual who is employed by a state contractor or prospective state contractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a state contractor or prospective state contractor, which is not a business entity, or if a state contractor or prospective state contractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any state contractor or prospective state contractor who has managerial or discretionary responsibilities with respect to a state contract, (v) the spouse or a dependent child who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the state contractor or prospective state contractor.

"State contract" means an agreement or contract with the state or any state agency or any quasi-public agency, let through a procurement process or otherwise, having a value of fifty thousand dollars or more, or a combination or series of such agreements or contracts having a value of one hundred thousand dollars or more in a calendar year, for (i) the rendition of services, (ii) the furnishing of any goods, material, supplies, equipment or any items of any kind, (iii) the construction, alteration or repair of any public building or public work, (iv) the acquisition, sale or lease of any land or building, (v) a licensing arrangement, or (vi) a grant, loan or loan guarantee. "State contract" does not include any agreement or contract with the state, any state agency or any quasi-public agency that is exclusively federally funded, an education loan or a loan to an individual for other than commercial purposes.

"State contract solicitation" means a request by a state agency or quasi-public agency, in whatever form issued, including, but not limited to, an invitation to bid, request for proposals, request for information or request for quotes, inviting bids, quotes or other types of submittals, through a competitive procurement process or another process authorized by law waiving competitive procurement.

"Managerial or discretionary responsibilities with respect to a state contract" means having direct, extensive and substantive responsibilities with respect to the negotiation of the state contract and not peripheral, clerical or ministerial responsibilities.

"Dependent child" means a child residing in an individual's household who may legally be claimed as a dependent on the federal income tax of such individual.

"Solicit" means (A) requesting that a contribution be made, (B) participating in any fund-raising activities for a candidate committee, exploratory committee, political committee or party committee, including, but not limited to, forwarding tickets to potential contributors, receiving contributions for transmission to any such committee or bundling contributions, (C) serving as chairperson, treasurer or deputy treasurer of any such committee, or (D) establishing a political committee for the sole purpose of soliciting or receiving contributions for any committee. Solicit does not include: (i) making a contribution that is otherwise permitted by Chapter 155 of the Connecticut General Statutes; (ii) informing any person of a position taken by a candidate for public office or a public official, (iii) notifying the person of any activities of, or contact information for, any candidate for public office; or (IV) serving as a member in any party committee or as an officer of such committee that is not otherwise prohibited in this section.

APPENDIX 3: CONSULTING AGREEMENT AFFIDAVIT

**APPENDIX 4: AFFIRMATION OF RECEIPT OF SUMMARY OF
STATE ETHICS LAW**