



**STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
INTENSIVE OUTPATIENT DETOX SERVICES
REQUEST FOR PROPOSALS (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 deliver Intensive Outpatient Detox services to eligible individuals with opiate dependence.

A **Bidders' Conference** will be held at 9:00 AM Local Time on Wednesday, October 8, 2008 in Lee Auditorium, Merritt Hall, CT Valley Hospital.

Responses to this RFP must be received by the Department Program Contact Person (listed below) no later than 2:00 PM Local Time on Thursday, November 20, 2008. Any response(s) received after that date and time shall be returned, unopened to the applicant. The original and five (5) exact (for a 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: Betty McCants Phone (860) 418-6890 Fax (860) 418-6698 E-mail: Betty.McCants@po.state.ct.us

QUESTIONS:

To avoid giving one applicant advantage over others, all questions regarding this RFP must be emailed no later than 2:00 PM Local Time on Friday, October 10, 2008 to the agency contact listed above. Responses to all questions will be posted on the DMHAS website, <http://www.ct.gov/dmhas/rfp>, no later than October 24, 2008.

This Request for Proposal 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

Table of Contents

- I. Introduction**
- II. Statement of Intent**
- III. Program Goals and Objectives**
- IV. Performance Measures**
- V. Required Components**
- VI. Desired Components**
- VII. Other System Expectations**
- VIII. Award and Eligibility**
- IX. Instructions for Completion of Purpose, Proposal Evaluation Criteria, and Scoring**
- X. Evaluation Criteria/Selection Committee**
- XI. General Proposal Requirements**
- XII. Additional Documents**
 - a. RFP Proposal Face Sheet (*Must be page 1 of all proposals*)**
 - b. Attachment 1: DMHAS Budget and Narrative Forms**
 - c. Attachment 2: Notice To Executive Branch State Contractors And Prospective State Contractors Of Campaign Contribution And Solicitation Ban**
 - d. Attachment 3: Consulting Agreement Affidavit**
 - e. Attachment 4: Affirmation of Receipt of Summary of State Ethics Law**

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

Under this RFP, DMHAS is introducing a new level of ambulatory care, Intensive Outpatient Detox. The intention is to have another option for those individuals seeking a rapid admission to detox who are medically stable enough to tolerate an ambulatory detox. At the same time, the individual can receive intensive clinical and peer support through the Intensive Outpatient level of care intensity with others that are also receiving detox services.

Intensive Outpatient Detox (IOD) is formally defined as a service provided in a general hospital or in a facility licensed by the Department of Public Health to offer Ambulatory Chemical Detoxification concurrently with Intensive Outpatient treatment as well as OTP (Opiate Treatment Program) certification by CSAT. This service uses FDA-approved prescribed medication, when indicated, for the systematic reduction of physical dependence upon opiates and opioid substances by an individual who has been evaluated as being medically able to tolerate an Intensive Outpatient Detox. It involves an assessment of needs and motivation of the individual regarding his/her continuing participation in the treatment process and is coupled with individual and group sessions at the intensity of an Intensive Outpatient Program (3-4 hours per day and three days per week). The anticipated length of stay is four weeks.

The purpose of this RFP is to maximize the opportunities for individuals who are suffering from opiate or synthetic opioid drug or medication dependence to begin and sustain successful recovery by providing Intensive Outpatient Detox services in two or three locations around the state. This service will be considered a “pilot” with the expectation that the model, not the funding, may need to be adjusted at some time during the contract period.

In addition, we are aware of the increasing usage of heroin and misuse of prescription opioid medications by young adults. For this population, an Intensive Outpatient Detox with a maintenance induction process coupled with strong clinical and recovery supports may successfully interrupt the progression of further substance dependence.

III. Program Goals and Objectives

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

1. *Improve access* to services by requiring immediate admission to an ambulatory detox setting, including medication evaluation and dosing;
2. *Increase the length of overall health and recovery* for persons with opioid dependence by offering intensive services coupled with medication management and recovery supports.
3. *Enhance recovery success* by requiring an arrangement to be developed with a local Recovery House or similar living environment.
4. *Reduce relapse to opiate dependence* by encouraging induction onto an FDA-approved “maintenance” medication rather than withdrawal only, for most individuals;
5. Ensure appropriate *options for young adults with opioid dependence*;
6. *Ensure quality services by requiring CSAT certification* as an Opioid Treatment Program (OTP).

7. Assist individuals to enroll onto entitlements for which they are eligible;
8. Assist individuals with securing permanent, stable housing, such as in a Sober House.

IV. Performance Measures

1. Individuals who are assessed and deemed clinically appropriate will receive their first dose of medication within 72 hours (90%).
2. A minimum of 70% of all admissions will be transferred directly to outpatient substance abuse and/or mental health services *or* inducted onto an FDA-approved opioid maintenance medication, transferred to a chemical maintenance treatment program upon their completion of the IOD and attend at least two appointments.
3. 90% of all individuals needing safe and sober housing will be discharged to such. This might include family or non-public funded alternative.
4. Clients will be highly satisfied with services as reflected in positive Client Satisfaction Survey results (> 90%).
5. Readmissions to the same or higher level of care within 90 days must not exceed 20%.
6. A minimum of 70% of all individuals discharged from the program will be abstinent from illegal substances.

V. Required Components

1. Programs offering this service will have DPH licenses for both Ambulatory Chemical Detoxification Treatment and Outpatient Substance Abuse Treatment (and Outpatient Psychiatric, where necessary) at the location where the IOD will be provided.
2. Programs offering this service must be federal CSAT and DMHAS certified as an Opiate Treatment Program (OTP).
3. Persons dependent upon opiate drugs and/or opioid medications will receive a comprehensive bio-psychosocial assessment including a readiness for change assessment, a Department-required screening (and assessment if indicated) for co-occurring mental health disorders and nicotine dependence and a physical exam.
4. Persons who are clinically suitable for an Intensive Outpatient Detox Program will be admitted, medically evaluated and receive their first dose of medication within 72 hours of their first request for services.
5. A minimum of nine (9) hours of combined substance abuse treatment and/or recovery support services (exclusive of 12-Step meetings) will be provided to each individual, per week.
6. Testing will be conducted upon admission for HIV/AIDS and Hepatitis C virus (HCV).
7. Group and/or individual clinical supervision will be provided to each direct care staff person at a minimum of twice monthly in the form and manner defined by DMHAS.

8. Three (3) (no less than weekly) telephonic recovery check-ups will be provided to each individual who has been discharged from this service for any reason.
9. Initial and proposed revisions to admission criteria must be approved by the State Methadone Authority (SMA) and not be exclusive of individuals taking properly prescribed and physician coordinated medications for co-occurring mental health problems (e.g., benzodiazepines) and/or pain management (e.g., opioids including methadone) unless the physician deems the potential client to require a higher level of treatment.
10. Programs offering this service will conduct routine drug screens, including one upon each individual's admission prior to first medication dose.
11. Programs offering this service must be able to make medication available to clients 7 days per week. Take homes are not approved at this level of care.
12. Programs offering this service must be able to do so during evening hours to accommodate individuals who work or attend school during the day.

VI. Additional, Desired Components

1. Transportation services
2. On-site employment and housing services.
3. Trauma assessments.
4. Special "track" or services for young adults.
5. Identification of one (1) staff person who will be responsible for assisting clients to access community recovery supports including wellness activities.
6. Identification of two (2) peer specialists on staff who will provide peer-to-peer support and assist with access to community recovery supports.
7. Smoking cessation services available on-site or through referral to meet the needs of clients with nicotine dependence who are interested in addressing this issue.
8. Use of evidence-based treatment and recovery approaches.

VII. Other System Expectations

Services implemented through this RFP, which are aimed at improving quality of care, must build upon and complement 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 age, gender, 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, disulfuram, etc.), psychiatric conditions (e.g., antidepressants, anti-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.

- **Institute of Medicine (IOM)**

The Institute of Medicine (IOM) issued two seminal reports—Crossing the Quality Chasm (2001) and Improving the Quality of Health Care for Mental and Substance Use Conditions (2006)—that inform the foundational qualities of recovery-oriented systems of care. IOM proposed six (6) goals to improving the health care system (2006). Health care should be:

1. Person-Centered—A highly individualized comprehensive approach to assessment and services used to understand each individual’s and family’s history, strengths, needs and vision of their own recovery including attention to the issues of culture, spirituality, trauma, and other factors. Service plans and outcomes are built upon respect for the unique preferences, strengths and dignity of each person.
2. Timely and Responsive—Goal-directed services are promptly provided in order to restore and sustain consumers/individuals in recovery and families integration into the community.
3. Effective—Up-to-date evidence-based services are provided in response to and respectful of individual/family choice and preference.
4. Efficient—Human and physical resources are managed in ways that minimize waste and optimize access to appropriate treatment.
5. Equitable—Assess and quality of care do not vary because of consumer/individual in recovery characteristics such as: race, ethnicity, age, gender, religion, sexual orientation, disability, diagnosis, geographic location, socioeconomic status or legal status.
6. Safe—Services are provided in an emotionally and physically safe, compassionate, trusting and caring treatment/working environment for all consumers/individuals in recovery, family members and staff.

DMHAS is currently working towards incorporating the above six goals within its existing performance and outcome indicators in order to more effectively measure successes in achieving a recovery-oriented system of care. Additional information on will be forthcoming.

VIII. Award and Eligibility

A. ELIGIBLE APPLICANTS

Proposals may be submitted from general hospitals and 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. The program must be certified as an Opioid Treatment Program (OTP) by the federal Center for Substance Abuse Treatment (CSAT) or obtain a provisional certification, and be dually licensed by the Connecticut Department of Public Health for Ambulatory Chemical Detoxification Treatment and Outpatient Substance Abuse Treatment.

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 six) of the proposal must be submitted in a properly addressed package by the deadline.

C. FUNDING

This would be a service funded solely through human service grant funds. DMHAS anticipates making **two (2) awards** (annualized amount for each award is **\$325,000 for approximately 225 unduplicated clients**) *or* **three (3) awards** (annualized amount for each award is **\$220,000 for approximately 125 unduplicated clients**).

These annualized figures are based upon a daily rate of \$125 and a length of stay being 12 days/units. The winning bidders will receive three prospective grant payments. The final/fourth payment will be based upon a reconciliation of the prior months' utilization and the projected utilization for the remaining two months and will be contingent upon receipt of the 8 month financial report.

Applicant must provide an annualized budget covering the period July 1, 2009 through June 30, 2010. Budget forms are provided in Attachment 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 shall include approval by the Office of the Attorney General, as well as, compliance with OPM Cost Standards.

D. SCHEDULE

EVENT	DATE
Release of RFP	October 2, 2008
Bidders' Conference	October 8, 2008
Bid Deadline	November 20, 2008
Notice of Award (Begin Contract Negotiations)	On or around January 1, 2009
Begin Implementation (Contract fully executed)	July 1, 2009

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 10 single-spaced pages in length.** The Proposal Narrative shall contain the following subcomponents:

I. PROGRAM DESIGN AND SERVICE OBJECTIVES (45 POINTS)

- a. Please describe how you will ensure that individuals who has been deemed eligible and appropriate to receive Intensive Outpatient Detox

- services at your agency will be guaranteed a medical evaluation as well as dosing, within the required 72 hours timeframe.
- b. Please describe the ancillary clinical and recovery support services that individuals participating in the Intensive Outpatient Detox service will receive.
 - c. Please describe any particular engagement strategies that are used in your program or agency for maximizing treatment compliance and program completion.
 - d. Please describe you program or agency's experience and/or knowledge of motivational assessments and motivation based treatment.
 - e. Please describe how this service will integrate with other recovery oriented services available within your agency.
 - f. Please describe any peer-based services delivered by your agency.
 - g. Please describe the Clinical Supervision processes within your agency and what is anticipated for this program.
 - h. Please describe your experience with telephonic follow-up with individuals who have been discharged from your agency.
 - i. Please describe your treatment philosophy as well as any current special considerations that are in place for young adults between the ages of 18 and 25 who are struggling with opiate dependence.

II. MANAGEMENT PLAN (10 POINTS)

1. Integration of Funding and Resources: Please describe 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.

2. Realistic Implementation Timeline. Please supply a detailed implementation plan.

III. DATA COLLECTION AND EVALUATION PLAN (10 POINTS)

1. Data Collection and Management Plan: Please provide a specific, clear description of how you will collect and manage data including outcomes data.

2. Utilization of Data: Please describe how program staff will utilize data to monitor and inform program management and quality management and improvement.

IV. AGENCY DESCRIPTION AND EXPERIENCE (10 POINTS)

1. Agency Service Capacity: Please provide a clear and detailed summary of your experience and expertise relevant to substance use disorders treatment and specifically this target population.

2. Agency Cultural Capacity: Please provide evidence of your cultural capacity and expertise in addressing the needs of individuals of different races, cultures, ages, genders, and sexual identities and languages.

3. Agency Management Capacity: Please describe your capacity for fiscal and program management of the requested service.

4. Agency Personnel: Please describe the experience and expertise of personnel who would play leadership roles in the program. Include resumes of key personnel or include a detailed description of the qualities and experience of the program staff it plans to hire. Describe your plan and time line for the hiring process.

2. PROGRAM BUDGET (Up to 20 Points)

- Complete the attached DMHAS Budget Forms and Narrative (See Attachment 1). The following budget should be submitted:
 - An annualized budget covering the period July 1, 2009 through June 30, 2010.
- Describe how applicant intends to maximize use of existing community resources and services, including utilizing Medicare, Medicaid, and/or other subsidized programs.

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 Attachment 2)
- Appendix 6: Consulting Agreement Affidavit (See Attachment 3)
- Appendix 7: Affirmation of Receipt of Summary of State Ethics Law (See Attachment 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 **2:00 P.M. Local Time, on Thursday, November 20, 2008.** 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 there from. 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).

REQUEST FOR PROPOSAL (RFP) – _____

PROPOSAL FACE SHEET

1	RESPONDING AGENCY (Legal name and address of organization as filed with the Secretary of State): LEGAL NAME: _____ STREET ADDRESS: _____ TOWN/CITY/STATE/ZIP: _____ FEIN: _____	SERVICES TO BE PROVIDED (Check applicable box[es]) Mental Health Services <input type="checkbox"/> Addiction Services <input type="checkbox"/>	
2	AGENCY DIRECTOR/CEO NAME: _____	TELEPHONE NO: _____	FAX NO: _____
	TITLE: _____	E-MAIL: _____	
3	CONTACT PERSON NAME: _____	TELEPHONE NO: _____	FAX NO: _____
	TITLE: _____	E-MAIL: _____	
7	AREA SERVED (Select One): STATEWIDE CATCHMENT AREAS (List) TOWNS (List) REGIONS (List)		

ATTACHMENT 1: DMHAS BUDGET AND NARRATIVE FORMS

Applicant Name: _____					
Programs / Cost Centers					
Program Name:					
DPAS/MDS Code:		N/A			
		Budget			
INCOME					
DMHAS Funds (this contract) SID					
1.	State Funds				
2.	State Funds				
3.	State Funds				
4.	State Funds				
5.	State Funds				
6.	Federal Funds				
7.	Federal Funds				
8.	Federal Funds				
9.	Federal Funds				
10.	Federal Funds				
SUBTOTAL DMHAS FUNDS (this contract) \$		- \$	- \$	- \$	- \$
Other DMHAS Funds					
12.	General Assistance Payments Received under DMHAS GA Provider Agreement				
13.	Project SAFE Payments Received from Advanced Behavioral Health (ABH)				
14.	Other (Identify)				
SUBTOTAL OTHER DMHAS FUNDS \$		- \$	- \$	- \$	- \$
Non-DMHAS Funds					
16.	Client/Participant Fees				
17.	Medicaid (Title XIX)				
18.	Medicare (XVIII)				
19.	Court Support Services Division (CSSD)				
20.	Other State Agency (Identify)				
21.	Other State Agency (Identify)				
22.	Other (Identify)				
SUBTOTAL Non-DMHAS FUNDS \$		- \$	- \$	- \$	- \$
TOTAL ALL INCOME \$		- \$	- \$	- \$	- \$
EXPENSES					
1.	Salary				
2.	Fringe Benefits				
3.	Direct Program Operating Expenses				
4.	Administrative and General (A & G)				
5.	Capital Expenses				
6.	Other (Identify)				
TOTAL EXPENSES \$		- \$	- \$	- \$	- \$
TOTAL INCOME \$		- \$	- \$	- \$	- \$
TOTAL EXPENSES \$		- \$	- \$	- \$	- \$
DIFFERENCE \$		- \$	- \$	- \$	- \$

INCOME DETAIL

PROGRAM / COST CENTER NAME: _____

INCOME LINE ITEM	AMOUNT	EXPLANATION
------------------	--------	-------------

PERSONNEL EXPENSE DETAIL

PROGRAM / COST CENTER NAME: _____

PERSONNEL LINE ITEM	AMOUNT	EXPLANATION
---------------------	--------	-------------

ADMINISTRATIVE AND GENERAL EXPENSE DETAIL

LINE ITEM	AMOUNT	EXPLANATION
------------------	---------------	--------------------

ATTACHMENT 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.



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 Connecticut General Statutes §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Paragraph 8, and No. 7C, Paragraph 10; and Connecticut General Statutes §§ 9-612(g)(1) and 9-612(g)(2), as amended by Public Act 07-1

INSTRUCTIONS:

Complete all sections of the form. Attach additional copies of this certification, if necessary, to provide full disclosure about any gifts made to any public official or employee of the awarding State agency. Sign and date form in the presence of a Commissioner of the Superior Court or Notary Public. Submit completed form to the awarding State agency at the time of contract execution.

CHECK ONE:

- Initial gift and campaign contribution certification.
- Annual update of initial gift and campaign contribution certification. (Multi-year contracts only.)

CERTIFICATION: [Number of Certifications Sworn and Subscribed On This Day: _____]

I, the undersigned, am the official authorized to execute the attached contract on behalf of the contractor (named below). I hereby certify that no gifts were made, as described in Connecticut General Statutes § 4-252(c)(1), between the date (indicated below) that the awarding State agency began planning the project, services, procurement, lease or licensing arrangement covered by this contract and the execution date of this contract, except for the gift(s) listed below:

<u>Date of Gift</u>	<u>Name of Gift Giver</u>	<u>Name of Recipient</u>	<u>Value</u>	<u>Gift Description</u>

I further certify that neither I, nor any principals or key personnel of the contractor (named below), nor any agents of such contractor, know of any action by such contractor to circumvent the prohibition on **gifts** by providing for any other principals, key personnel, officials, employees or agents of such contractor to provide a gift to any public official or employee of the awarding State agency.

I further certify that neither I, nor any principals or key personnel of the contractor (named below), nor any agents of such contractor, made a contribution to, or solicited a contribution on behalf of, any **campaigns** of candidates for statewide public office or the General Assembly.

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	Date
Federal Employer ID Number (FEIN) or Social Security Number (SSN)	Printed Name of Authorized Official	
Awarding State Agency	Start Date of Agency Planning	Contract Execution Date

Sworn and subscribed before me on this _____ day of _____, 200__.

Commissioner of the Superior Court or Notary Public

ATTACHMENT 4: AFFIRMATION OF RECEIPT OF SUMMARY OF STATE ETHICS LAW



STATE OF CONNECTICUT AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS SUMMARY

Affirmation to accompany a large State construction or procurement contract, having a cost of more than \$500,000, pursuant to Connecticut General Statutes §§ 1-101mm and 1-101qq

INSTRUCTIONS:

Complete all sections of the form. Submit completed form to the awarding State agency or contractor, as directed below.

CHECK ONE:

- I am a person seeking a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency with my bid or proposal. [Check this box if the contract will be awarded through a competitive process.]
- I am a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency at the time of contract execution. [Check this box if the contract was a sole source award.]
- I am a subcontractor or consultant of a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the contractor.

IMPORTANT NOTE:

Contractors shall submit the affirmations of their subcontractors and consultants to the awarding State agency. Failure to submit such affirmations in a timely manner shall be cause for termination of the large State construction or procurement contract.

AFFIRMATION:

I, the undersigned person, contractor, subcontractor, consultant, or the duly authorized representative thereof, affirm (1) receipt of the summary of State ethics laws* developed by the Office of State Ethics pursuant to Connecticut General Statutes § 1-81b and (2) that key employees of such person, contractor, subcontractor, or consultant have read and understand the summary and agree to comply with its provisions.

* The summary of State ethics laws is available on the State of Connecticut's Office of State Ethics website at http://www.ct.gov/ethics/lib/ethics/contractors_guide_final2.pdf

_____ Signature	_____ Date
_____ Printed Name	_____ Title
_____ Firm or Corporation (if applicable)	
_____ Street Address	_____ City
_____ Zip	
_____ Awarding State Agency	