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 implement a model Transitional Case Management Program. The Transitional Case Management Program shall ensure the continuity of care for offenders with substance use disorders transitioning from the state’s correctional facilities to the Bristol/New Britain and Norwich/New London communities in a manner that encourages community reintegration, sobriety, employment, and housing stability while decreasing recidivism.

A Bidders’ Conference will be held on the grounds of Connecticut Valley Hospital, at 9:00 AM Local Time on February 14, 2008 in the Russell Hall second floor conference room. To ensure that important questions are addressed, interested applicants may submit written questions to the Department by 3:00 PM Local Time on February 7, 2008. Written questions may be faxed to Gennell Holley at (860) 262-5841. It is the Department’s intention to respond to all written and raised questions at the Bidders Conference.

Interested applicants are requested to submit a Letter of Intent advising the Department of their intention to present a proposal in response to this RFP by 3:00 PM Local Time, on February 22, 2008. This letter does not obligate the organization to submit an application.

The letter should be no longer than one page and should indicate:

- The name of the potential applicant organization, address, contact person and telephone number.

Responses to this RFP must be received by the Department Program Contact Person (listed below) no later than 3:00 PM Local Time on March 7, 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:

<table>
<thead>
<tr>
<th>Department of Mental Health and Addiction Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of Forensic Services</td>
</tr>
<tr>
<td>CVH – Russell Hall</td>
</tr>
<tr>
<td>P.O. Box 351</td>
</tr>
<tr>
<td>Middletown, Connecticut 06457</td>
</tr>
<tr>
<td>ATTN: Gennell Holley</td>
</tr>
</tbody>
</table>
For questions on program issues, contact:

Erin Leavitt-Smith
Department of Mental Health and Addiction Services
(860) 262-5879                        (860) 262-5841
Email Address: Erin.Leavitt-Smith@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
Table of Contents

I. Introduction
II. Statement of Intent
III. Program Goals and Objectives
IV. Performance Measures
V. Required Components
VI. Desired Components
VII. Recovery Community Involvement
VIII. Other System Expectations
IX. Award and Eligibility
X. Instructions for Completion of Purpose, Proposal Evaluation Criteria, and Scoring
XI. Evaluation Criteria/Selection Committee
XII. General Proposal Requirements
XIII. Appendices
   a. Appendix 1: DMHAS Budget and Narrative Forms
   b. Appendix 2: Notice To Executive Branch State Contractors And Prospective State Contractors Of Campaign Contribution And Solicitation Ban
   c. Appendix 3: Consulting Agreement Affidavit
   d. Appendix 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 DMHAS mission is “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.” To that end, DMHAS is focused on promoting and achieving a quality-focused, culturally responsive, and recovery-oriented system of care. DMHAS has, therefore concentrated 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.

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 reestabishing, 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: Select two sites to implement a Transitional Case Management Program. The program shall ensure the continuity of care for male offenders with substance use disorders transitioning from the state’s correctional facilities to the Bristol/New Britain and Norwich/New London communities in a manner that encourages community reintegration, sobriety, employment, and housing stability while decreasing
recidivism. The program also must collaborate effectively with the prison system to ensure the smooth transition for all program participants. Through case management strategies that begin during pre-release and provide support and assistance in gaining immediate access to aftercare substance abuse treatment and support services, the Transitional Case Management Program has proven to be an effective way to overcome obstacles in the community transition and re-entry process.

Additionally, successful applicants should address the following underlying values:
- Shared belief that recovery from substance abuse is possible;
- Priority of individuals’ goals in determining their pathway to recovery, stability, and self-sufficiency;
- Value of cultural competence, gender-responsiveness, and trauma sensitivity in designing and delivering services;
- Importance of hope and empowerment in changing the course of individuals’ lives in achieving sobriety, maintaining recovery, and in personal development; and
- Value of the community's involvement in delivering new programs that promote community re-integration and recovery.

The following document details the expectations, guidelines, and instructions for submitting proposals in response to the Transitional Case Management Program RFP.

A major obstacle to the effectiveness of post-prison treatment for offenders with substance use disorders is low treatment engagement: the failure of offenders to show up for scheduled treatment or their tendency to drop out of treatment early. At the systems level, there is a need to improve the transition process between prison treatment and community treatment services; more specifically, to increase the likelihood that participants in prison treatment or supervised community treatment programs successfully enter their assigned community treatment placement and remain engaged in treatment for a reasonable length of time. Successful transition to community treatment is likely to result from three elements: (1) enhancing the engagement and motivation of the inmate in the transition process, (2) fostering the collaboration of treatment and criminal justice personnel in the inmate’s transition process, and (3) providing initial support to the participant in accessing treatment and other needed community services.

The target population includes offenders with substance use disorders who are being released to the Bristol/New Britain and Norwich/New London communities. This does not include men with serious and persistent mental illness. Specifically, the Transitional Case Management Program will target men that have a substance abuse treatment score of 3, 4 or 5 (defined below) or have completed substance abuse treatment within the Department of Correction. The Department of Correction (DOC) will be the primary referral source to the program.

<table>
<thead>
<tr>
<th>Substance Abuse Score 3 (SA-3)</th>
<th>Serious history of substance abuse and meets three of the following criteria: 1) abused alcohol or other drugs on a regular basis within two years prior to incarceration; 2) medically detoxified for substance abuse at least once; 3) had at least one unsuccessful treatment episode; and 4) substance abuse disrupted at least one major life area.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse Score 4 &amp; 5 (SA-4-5)</td>
<td>Chronic history of substance abuse and meets three of the following criteria: 1) abused alcohol or other drugs on a habitual basis prior to incarceration; 2) medically detoxified for substances at least twice; 3) had at least one unsuccessful treatment episode; 4) substance abuse disrupted at</td>
</tr>
</tbody>
</table>
III. Program Goals and Objectives

1. Building on the existing DMHAS/DOC pre-release planning infrastructure, to enhance the referral network and service coordination for offenders with substance use disorders, up to three (3) months prior to release from the state’s correction institutions, returning to the Bristol/New Britain or Norwich/New London communities.

2. To engage persons in the target population in case management to help connect them to community-based substance abuse treatment, housing, employment, entitlements, and other recovery support services to facilitate their transition from the correctional facility.

3. To expand the capacity for pre- and post release case management, outpatient substance abuse treatment, and support services for individuals released from the state’s correctional facilities with substance use disorders who are returning to the targeted cities (Bristol/New Britain and Norwich/New London).

4. To assist the target population to maintain the effects of substance abuse treatment by providing the necessary housing supports (if applicable) and developing linkages with the CT Access to Recovery Program for aftercare and recovery support services (i.e. peer supports, transportation, case management, basic needs, vocational/educational services and faith based services) for a successful reintegration into the community.

The Transitional Case Management Program will expand and enhance current efforts between DMHAS, DOC and community-based providers to ensure continuity of care for offenders with substance use disorders transitioning from Connecticut’s correctional facilities to the Bristol/New Britain and Norwicht/New London communities. The full continuum of services will include pre-release planning assessment to identify individuals’ substance abuse, mental health, employment needs, and assistance with obtaining and securing these services within their communities. The primary goal is to successfully reintegrate the client back into the community. Expanded and enhanced services, including the provision of safe and effective pre- and post-release case management, outpatient substance abuse treatment, and recovery support and aftercare services, shall be provided to a minimum of 60 clients annually at each of the Bristol/New Britain and Norwich/New London program sites. Transitional Case Managers will employ culturally appropriate and Motivational Enhancement Therapy (MET) approaches and will have the necessary expertise to re-integrate the target population back into the community. They will extend a receptive, welcoming response to all program participants. Additionally, Transitional Case Managers will understand and expect that program participants often have other needs to be addressed in the provision of services, including medical, mental health, financial, housing, social, etc.

1. Pre-Release Assessment/Individualized Reentry Plan. The Transitional Case Managers will coordinate a comprehensive individualized community reentry plan, based on the pre-release assessment. Outreach, engagement, and assessment of the target population will be accomplished through a three-tier process.

Offenders, up to 3-4 months pre-release, will be identified through DOC’s Addiction Services Unit referral infrastructure. DOC will make the formal referral to the newly developed Transitional Case Management Program sites in Bristol/New Britain or Norwich/New London. The Transitional Case Managers will then meet (face-to-face) with the individual to conduct a culturally based strengths based assessment. The assessment will capture an array of individual, substance abuse and mental health-related problems and information on employment, housing, and family. This assessment will further determine whether the individual is appropriate for Transitional Case Management Program. Individuals not meeting
eligibility requirements but needing other types of services will be referred to other community providers by the Transitional Case Managers.

Clinical assessment will build upon the initial contact for those clients in need of treatment intervention. An in-depth assessment of the individuals’ substance use, mental health status, housing situation, employment, medical, and family circumstances will be conducted to determine the appropriate level of care required.

Following completion of the in-depth assessment, a comprehensive community reintegration plan, with recommendations for substance abuse treatment, housing, education/employment, and other recovery support services, will be developed with the client and the Transitional Case Managers, in coordination with DOC and DMHAS staff.

2. Intensive Case Management. Appropriate management of the individual in the community engages and encourages him/her towards successful completion of individually crafted treatment and personal goals leading to a reduction in risky behavior and assuming a positive role in the community. The Transitional Case Managers, through Motivational Enhancement Therapy (MET), and focus on basic needs, will engage (pre-and post-release) persons in the target population and help to develop a community reintegration plan which will connect them to substance abuse treatment, mental health treatment, housing, education/employment, and recovery support services and facilitate their transition from prison to the community and assure successful reintegration into the community. Transitional Case Managers will use non-confrontational strategies to motivate the client to participate in treatment, as described in greater detail below. An important function of the Transitional Case Manager is to serve as a recovery coach.

The **Transitional Case Management Program** must incorporate a strengths-based case management approach that begins with pre-release aftercare planning and then provides post-release community-based case management. A strengths-based model (Rapp & Siegal, 1996) will be implemented as part of the re-entry process to enhance offenders’ involvement in their own recovery process. Rapp and Siegal (1996) note that this model has shown promise in two areas of concern: (a) assisting offenders in attaining resources and (b) viewing the treatment process more favorably. First, the techniques of strengths-based advocacy are designed to increase the client’s recognition of his/her own strengths, to increase motivation for treatment, and to facilitate access to resources. Second, the same techniques have been shown to reduce negative attitudes and behaviors associated with denial. The model is designed to increase the offender’s motivation and readiness to commit to, and to utilize, aftercare treatment. The elements of the proposed intervention are expected to engage the client as an active partner in the discharge and aftercare planning process by incorporating principles of information control, procedural justice, personal responsibility, self-determination and self-help (DeLeon, 2000; Peyrot, 1985, Vogel et al., 1998) and by providing him/her with negotiable goals as a way of increasing treatment adherence (Miller, 1987).

Training will be coordinated by the Department, therefore training costs for the above-mentioned models do not need to be included in applicant budgets.

3. Outpatient Substance Abuse Treatment. New capacity for outpatient substance abuse treatment services, involving culturally appropriate and person-centered approaches, must be expanded for all program participants upon release into the community. The length of stay (LOS) will be determined by the needs of the program participants. **It is anticipated that program participants will have an average LOS of 4 months in both the Intensive Case Management and Outpatient Substance Abuse Treatment services.** Intensity of services
will be flexible and tailored through individualized treatment service plans and routinely reviewed by the site Program Supervisor, the Transitional Case Managers, and other relevant staff and/or providers. Particular attention will be paid to co-morbid conditions, e.g., medical problems, trauma history, depression, with a treatment program designed to address these issues. The continuing emphasis in care will be to address individual and social crises or needs (employment, housing, entitlements, food, family). These needs could be served either through the Transitional Case Management Program or, if individuals are deemed eligible, through the CT Access to Recovery Program.

### IV. Performance Measures

<table>
<thead>
<tr>
<th>OUTCOMES</th>
<th>MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor will meet the required utilization rate for the service.</td>
<td>100% of participants will receive intensive case management.</td>
</tr>
<tr>
<td>Clients will increase their overall ability to manage their substance abuse disorders.</td>
<td>100% of participants admitted to the program will be referred to substance abuse treatment.</td>
</tr>
<tr>
<td>Clients will receive needed assessments promptly.</td>
<td>100% of participants will receive pre-release assessment, a comprehensive clinical assessment and a comprehensive community reintegration plan, within 30 days of referral.</td>
</tr>
<tr>
<td>Clients will remain in the program until their treatment/service plan objectives have been met.</td>
<td>At least 80% of participants will be linked to housing, employment/educational activities and recovery oriented supports.</td>
</tr>
<tr>
<td>Clients will increase their ability to maintain stable housing.</td>
<td>At least 80% of clients will be living in stable housing at the time of discharge, as measured by living arrangements reported to DMHAS at discharge.</td>
</tr>
</tbody>
</table>

### V. Required Components

Agencies responding to this RFP should outline how they will operationalize the critical systems and service components, as outlined above in the Program Goals and Objectives. In every case it should be clearly described how the agency will develop these services in ways that are culturally and gender appropriate.

Additionally, applicants must include the following staffing levels:

a. **Staffing Levels:** The applicant is required to maintain qualified staff, adequate for program operation and reflective of the diverse population served. The proposed staffing should include at a minimum:
   - 10% Full Time Equivalent (FTE) of a Site Clinical Program Director—LCSW (or equivalent); and
   - Two (FTE) Transitional Case Managers— One of whom is LCSW (or equivalent) who can document competence with substance abuse and dual diagnoses assessment and treatment.

b. **Short-term Housing Supports:** The applicant is required to set aside a minimum of $33,500.00 per year for short-term, transitional housing supports for program participants. Applicants must provide a detailed plan on how this component will be implemented.
c) The services implemented through this RFP must incorporate the best objective information available from recognized experts regarding effectiveness and acceptability. The services supported and implemented through DMHAS’ RFPs must show strong evidence of being value-driven, i.e., the highest quality of care at the most moderate cost. Thus, any proposed services must have evidence of effectiveness. However, because the evidence base is limited in some areas, DMHAS may fund some services for which evidence of effectiveness is based on formal consensus among experts in the field and/or evaluation studies that have not been published in peer reviewed literature.

d) Applicants proposing to implement practices included in the following sources meet the standard of effectiveness for DMHAS’ grants. While the applicant will not be required to provide further documentation of the practice’s effectiveness, they must clearly state how the service will be implemented, delivered, and monitored to ensure fidelity to the model.

- Appendix 1: Federal Center for Mental Health Services (CMHS) Evidence Based Practice Tool Kits
- Appendix 2: Federal Center for Substance Abuse Treatment (CSAT) List of Effective Substance Abuse Treatment Practices

e) Additionally, services implemented through this RFP must meet DMHAS’ Cultural Competency Standards and focus on a Recovery-Oriented System of Care to assure that all services are responsive to the culturally diverse needs of populations served (See Appendix 3: Commissioner’s Policy Statement on Cultural Competency and Appendix 4: Commissioner’s Policy Statement on a Recovery-Oriented System of Care).

VII. Recovery Community Involvement

The applicant must demonstrate mechanisms, frequency, quantity, and outcomes of its efforts to gather consumers/individuals in recovery and family members input in the preparation of this application and in the planning, implementation, evaluation, and ongoing quality improvement of the project. Mechanisms for involvement of consumers/individuals in recovery and family members include, but are not limited to:

- Voting members on agency planning committees, boards, advisory groups, etc.
- Focus groups
- Surveys
- Facilitated discussions
- Solicitation of written suggestions
- Consultation with recovery community advocacy organizations, cultural organizations, and other community stakeholder groups with expertise in such programming
- Participation in standing or Ad hoc committees devoted to program development

VIII. 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

  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
  [Co-Occurring Capability](http://ct.gov/dmhas/LIB/dmhas/CommissionersPolicies/policy84.pdf)

  An 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. For more information on co-occurring disorders, visit the DMHAS Co-occurring Disorders Initiative website: [http://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=335022](http://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=335022)

- **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 is 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)**
  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, antianxiolytics, antipsychotics, etc.), physical conditions (e.g., insulin, analgesics for chronic pain management, medications for TB, HIV/STD, Hepatitis, antihypertensives, anti-cholesterol, etc.), and smoking cessations 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)**
  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**
  Behavioral health disorders frequently co-occur along with a medical illness, such as heart disease, cancer, diabetes, and neurological illnesses (Institute of Medicine, 2005). Even more disturbing are findings that suggest that those with serious behavioral health disorders experience earlier death as a result of under-treated medical conditions (Surgeon General’s Report, 1999).
  Integration of and/or more effective coordination of care and collaboration 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.

IX. 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 (2) awards under this RFP. The annualized award amount is $195,000.00.

Applicant must provide two budgets as part of its proposal: 1) covering the start-up and program activities from July 1, 2008 through June 30, 2009, and 2) an annualized budget covering the period July 1, 2009 through June 30, 2010. 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

<table>
<thead>
<tr>
<th>EVENT</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release of RFP</td>
<td>1/28/08</td>
</tr>
<tr>
<td>Bidders’ Conference</td>
<td>2/14/08</td>
</tr>
<tr>
<td>Bid Deadline</td>
<td>3/7/08</td>
</tr>
<tr>
<td>Notice of Award (Begin Contract Negotiations)</td>
<td>4/4/08</td>
</tr>
<tr>
<td>Begin Implementation (Contract fully executed)</td>
<td>7/1/08</td>
</tr>
</tbody>
</table>

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.

**X. 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)**
   a. **General Instructions**
      - The narrative must be clear, concise and paginated and **must not exceed ten (10) single-spaced pages** in length, exclusive of appendices. Any letters of support from individuals or organizations on behalf of the applicant, resumes, letters of commitment, memoranda of understanding or other materials should be included as specific appendices.
      - Proposals must be structured as described in each Section A-E
      - In general, the proposal must appear as follows:
        i. **Letter each Section (A-E)**
ii. **Letter/number each Item** within each Section (i.e. A.1, A.2 ...B.1, B.2 ..., etc.)

iii. **When an Item requires an Appendix**, enter “See Appendix __” and any needed narrative after the Item letter/number

iv. **Tables** – columns must be presented left to right in the order listed within each Item

v. **Numbered List** – use a separate line for each number and begin each line with the number followed by the narrative

- **Requested information must be placed in the requested location in the proposal.** DMHAS reserves the right to not include information in the scoring of proposals if the information is not in the requested location.

- The Proposal Narrative shall include Sections A through E (listed as follows)

**A. PROGRAM DESIGN AND SERVICE OBJECTIVES (30 POINTS)**

*This Section should provide the reader a clear and specific description of each service required through this RFP.*

1. **Recovery Community Involvement:** Describe how consumers/individuals in recovery and family members were involved in the preparation of the application, and how they will be involved in the planning, implementation, and evaluation of the project.

2. **Project Plan**
   a. Clearly state the purpose of the proposed program, with quantitative goals and objectives for the service components. Provide quantitative goals and objectives for the service components in terms of the numbers of individuals to be served, types and numbers of services to be provided, and outcomes to be achieved.
   b. Describe how the proposed program will address the needs of offender populations with primary substance use disorders, including individuals with co-occurring substance use and minor mental health disorders.
   c. Describe how the program will work with other community organizations to develop a seamless continuum of levels of care.
   d. Describe how the program will respond to program and treatment non-compliance.
   e. Describe concretely how the proposed program will address various issues pertinent to the treatment of the target population such as, gender, race/ethnicity, cultural, language, sexual orientation, disability, literacy, and psychological trauma.
   f. Describe concretely how the proposed program will address recovery-oriented services for the target population.
   g. Describe how individuals reflective of the target population were involved in the preparation of the application and provide proposed strategies for involving the target population, consumers, and key community stakeholders in the planning, designing, implementation, and evaluation of the program.
h. Letters of coordination/support from community organizations supporting the program must be included in Appendix 3.

B. MANAGEMENT PLAN (10 POINTS)

This section should provide the reader with a clear idea of who will direct and deliver services, how these services will be coordinated, where they will be delivered, and the timing for implementation.

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?

a. ADDITIONAL SPECIFICS TO BE ADDRESSED

1. Discuss the capability, administrative efficiencies and experience of the applicant organization with similar programs and populations.
2. Indicate whether any other organizations will be involved with the program, describe their roles and address their relevant experience.
3. Provide a comprehensive and realistic work plan with measurable objectives, describing tasks to be performed and timelines. Work plans should be consistent with the RFP and the program’s goals and objectives.
4. Provide a staffing plan, including the program supervision and the level of effort and qualifications of the Program Director and other key personnel. Show evidence of the appropriateness of the proposed staff to the language, gender, sexual orientation, disability, and ethnic/racial/cultural factors of the target population.
5. Provide details on staff training that will be conducted regarding the startup and operation of this program.
6. Provide a plan to secure additional resources or obtain support to continue services, if federal dollars are no longer available.

C. DATA COLLECTION AND EVALUATION PLAN (15 POINTS)

This section should clearly and specifically describe the kinds of data that will be collected, how and when it will be collected, how it will be stored and managed, how it will be used by program staff and how it will be reported to DMHAS.

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?

a. ADDITIONAL SPECIFICS TO BE ADDRESSED
   1. Present a plan for collecting, analyzing, and reporting progress in meeting goals and objectives.
   2. Describe current capacity to collect client performance outcomes and data supporting services’ effectiveness.
   3. Describe agency’s experience in submitting complete accurate and timely data.
   4. Provide a statement that applicant must agree to participate with DMHAS’ external evaluation process.
   5. Describe the proposed plan to measure and evaluate project effectiveness, including approach fidelity and client-specific outcomes, and with attention to the DMHAS goal of a value-driven and recovery-oriented system of services.
   6. Describe the proposed evaluation plan and outcome measures.
   7. If applicable, describe any existing, agency-specific data collection system(s) that may be linked with DMHAS’ database to enhance our understanding of treatment need and demand and improve the overall effectiveness of the treatment system.

D. AGENCY DESCRIPTION AND EXPERIENCE (20 POINTS)

This section should clearly and specifically describe the organizational and personnel capacity of the applicant in relation to service delivery, cultural capacity, and fiscal and program management. The section should also describe leadership from the applicant organization who will be responsible for the program’s oversight and the experience and expertise of individuals who will play a key role in the program and/or the kinds of qualities and expertise that will be sought from individuals who will perform key roles in the program.

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?

**ADDITIONAL SPECIFICS TO BE ADDRESSED**

**E. PROGRAM BUDGET (Up to 20 Points)**

_The Program Budget should clearly identify how funds will be used and how costs for expenditures were determined. It should be clear to the reviewer that the budget is sufficient, realistic and appropriate to the program._

1. Complete the attached DMHAS Budget Forms and Narrative (See Appendix 1). The following two (2) budgets should be submitted:
   a. A start-up and program operations budget for the period July 1, 2008 through June 30, 2009.
   b. An annualized budget covering the period July 1, 2009 through June 30, 2010.

2. Describe how applicant intends to maximize use of existing community resources and services, including utilizing Medicare, Medicaid, and/or other subsidized programs.

3. Describe the extent of "in-kind" services the applicant will provide to this program.

4. 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

**F. 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.

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

**XI. 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 (30 Points)**
- **MANAGEMENT PLAN (10 POINTS)**
- **DATA COLLECTION AND EVALUATION PLAN (15 POINTS)**
- **AGENCY DESCRIPTION AND EXPERIENCE (20 POINTS)**

**Program Budget (20 Points)**

**Appendices (5 Points)**

**XII. 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 **3:00 P.M. Local Time, on March 7, 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 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

PERSONNEL EXPENSE DETAIL

PROGRAM / COST CENTER NAME: __________________________

<table>
<thead>
<tr>
<th>PERSONNEL LINE ITEM</th>
<th>AMOUNT</th>
<th>EXPLANATION</th>
</tr>
</thead>
</table>

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:_______________________________________     ______________

(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

STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a State contract for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b)

INSTRUCTIONS:

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

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

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

AFFIDAVIT: [ Number of Affidavits Sworn and Subscribed On This Day: _____ ]

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

<table>
<thead>
<tr>
<th>Consultant’s Name and Title (if applicable)</th>
<th>Name of Firm</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of Services Provided:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

If YES: ________________________________ ________________________________

Name of Former State Agency Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.
<table>
<thead>
<tr>
<th>Printed Name of Bidder or Vendor</th>
<th>Signature of Chief Official or Individual</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Federal Employer ID No. (FEIN)  
Awarding State Agency  
or Social Security Number (SSN)

Printed Name (of above)

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

___________________________
Commissioner of the Superior Court  
or Notary Public
APPENDIX 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.


________________________________________________    ____________________

Signature                                              

Date

________________________________________________

Printed Name

Title

__________

Firm or Corporation (if applicable)

____________________________________

Street Address

City

State    Zip

____________________________________

Federal Employer ID Number (FEIN) or
Agency

Social Security Number (SSN)

Awarding State