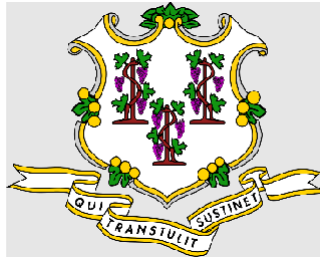


STATE OF CONNECTICUT PROCUREMENT NOTICE

Request for Proposals (RFP) For Universal Nurse Home Visiting- Community Health Worker Pilot

RFP Name: OEC-22-UNHV

Issued By: Office of Early Childhood June 17, 2022

The Request For Proposal is available in electronic format on the State Contracting Portal by filtering by Organization for Office of Early Childhood
<https://portal.ct.gov/DAS/CTSource/BidBoard>

or from the Agency's Official Contact:

Name: Susie Gardiner
Address: 450 Columbus Blvd, Suite 205, Hartford, CT 06103
Phone: 860-500-4412
E-Mail: OEC.RFP.UHV@ct.gov

The RFP and Bidder's Conference link is available on the Department's website at www.ctoec.org/rfps.

RESPONSES MUST BE RECEIVED NO LATER THAN

AUGUST 3, 2022

5:00PM EST

The OEC is an Equal Opportunity/Affirmative Action Employer. The Agency reserves the right to reject any and all submissions or cancel this procurement at any time if deemed in the best interest of the State of Connecticut (State).



Ned Lamont
Governor
 Susan Bysiewicz
Lt. Governor

STATE OF CONNECTICUT

OFFICE OF EARLY CHILDHOOD



Connecticut Office of
 Early Childhood

Beth Bye
Commissioner

June 17, 2022

Dear Colleagues and Partners in This Work:

Childbirth can be an exciting, yet overwhelming time for parents in normal times, and the physical and emotional toll experienced by families has only been exacerbated by the impact of COVID-19. As new parents exhausted by childbirth, most are typically only allowed to stay in the hospital for one day after birth, hardly long enough to rest much less process the sage advice and discharge instructions from the nursing staff. As such, parents are often unprepared at a time when they require more support than ever.

The Office of Early Childhood, along with leaders from the Department of Social Services (DSS), Office of Health Strategy (OHS), Department of Children and Families (DCF), and Department of Public Health (DPH) – altogether referred to as the “Governance Team” – are excited to announce the release of a new **Request for Proposal (RFP) for a Universal Nurse Home Visiting (UNHV)-Community Health Worker (CHW) Pilot Program** offering preventive services to address the needs of families **in the Greater Bridgeport Region**. Every family in the Greater Bridgeport Region who gives birth at either St. Vincent’s Medical Center or Bridgeport Hospital will be offered a home visit by a Registered Nurse through the UNHV program within the first weeks after birth. Families who would benefit from additional community resources may receive 1-2 additional visits and will be connected to community health worker services under the CHW program as needed or requested.

With funding of \$9.3M from the American Rescue Plan Act through end of 2026, \$1M through the Preschool Development Grant through end of 2023, and \$3.7M through the CDC Health Disparities Grant through end of 2024, contracted partners will collaborate on community-driven approaches to support families through the provision of light touch home-based nurse support and screening services, as well as additional community health worker support and connections to needed community resources.

Organizations will have the opportunity to apply for both categories, or partner with another organization for the following: Category 1: Universal Home Visiting, implemented through the evidence-based Family Connects model; and Category 2: Community Health Worker Training and Services.



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

STATE OF CONNECTICUT

OFFICE OF EARLY CHILDHOOD



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Early Childhood

Beth Bye
Commissioner

The **vision for this RFP** is to:

1. Offer prevention-oriented public health resources: Universal home visiting will offer nursing services to families aimed in response to family feedback regarding the existing home visiting system, which highlighted the need for preventive services.¹ These services are intended to supplement, not supplant, existing services in Connecticut, including targeted home visiting.
2. Prevent and address health disparities by race: Expanding community resources will combat decades of underinvestment and systemic racism that led to persistent health disparities.²
3. Support families who have been impacted by COVID-19 and may be experiencing widespread issues associated with childbirth, such as postpartum depression.³
4. Mitigate stressors impacting families: Community Health Workers will provide education and resources to assist families in addressing social determinants of health regionally, while supporting systematic changes to impact social determinants of health at the statewide level.

The OEC will host a Bidder’s Conference on Wednesday June 29 to detail the vision for and requirements of this RFP. Attendance at this information session is mandatory; please register at ctoec.org/RFPS. Proposals will be due August 3 at 5:00PM. As always, thank you for your continued work and support of families in Connecticut.

In Partnership,

Commissioner Beth Bye

Commissioner Vanessa L. Dorantes

Commissioner Deidre Gifford

Commissioner Manisha Juthani

Executive Director Victoria Veltri

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I. GENERAL INFORMATION

A. INTRODUCTION

1. **RFP Name and Number.** Universal Nurse Home Visiting-Community Health Worker Pilot: OEC-22-UNHV
2. **RFP Summary.** The Connecticut Office of Early Childhood (OEC) and its state partners are seeking proposals from private and public organizations to implement multiple pieces of a universal nurse home visitation-community health worker system pilot. The pilot will address community needs, support parents and their children, and strengthen the public health infrastructure. Project implementation will focus on families residing in the towns of Bridgeport, Easton, Fairfield, Milford, Monroe, Shelton, Stratford, and Trumbull, who give birth in either of two birthing hospitals in Bridgeport: Bridgeport Hospital and St. Vincent's Medical Center. The eligible towns will be collectively referred to as 'the catchment area' or the 'Greater Bridgeport region' throughout the RFP. Applicants can choose to apply for both Categories or partner with another organization to implement the following categories: 1) Universal Nurse Home Visiting (UNHV) through the Family Connects model or 2) Community Health Worker (CHW) Training and Services.

Category	Overview of Activities/Responsibilities
1: Universal Nurse Home Visiting (through the Family Connects model) to newborns and their families	<ul style="list-style-type: none"> - Administrative and financial oversight of Family Connects model - Planning and implementation of nurse home visits, including staffing and personnel management - Lead community alignment process - Manage Family Connects model data - Collaborate with the Community Health Worker program
2: Training and deployment of Community Health Workers (CHWs) to provide resources to families in the prenatal and postpartum stages, as a complement to the UNHV program	<ul style="list-style-type: none"> - Administrative and financial oversight of Community Health Worker component - Recruit, upskill and manage Community Health Workers - Collaborate with the Universal Nurse Home Visiting program

Although complementary, these services shall be administered independently. Family Connects model integrity standards require universal nurse home visiting to operate independently of other services. Each category must have separate and unique administrative and supervisory structures if both are housed in one organization.

At the same time it is critical that the community health worker program and the universal nurse home visiting program are collaborative and work together to achieve positive family and community outcomes, and create an effective continuum of care for all prenatal and perinatal families in the Greater Bridgeport region.

A single organization may submit a proposal for both the Universal Nurse Home Visiting and the Community Health Worker services. Proposers may also submit a proposal for a single Category. However their proposal must be paired with a proposal of the other Category and demonstrate coordination. They will be scored separately then aggregated as one single application for scoring purposes. The paired application should emphasize a commitment to collaboration throughout and should include a joint letter of commitment signed by organization leadership. In both cases, applicants may administer all functions directly or subcontract out specific services. See 7. *Minimum Qualifications for Proposers* on page 8 for more applicant requirements.

3. RFP Purpose. COVID-19 has worsened health disparities and exacerbated behavioral health concerns across Connecticut, with some communities being disproportionately impacted. By pursuing an evidence-based universal nurse home visiting approach and complementing it with community health workers, OEC and its partners hope to improve population-level health outcomes and provide all families with newborns appropriate supports in the project catchment area.

4. Commodity Codes. The services that the Agency wishes to procure through this RFP are as follows:

- 0600: Services (Professional, Support, Consulting and Misc. Services)



B. INSTRUCTIONS

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

Name: Susie Gardiner
Address: 450 Columbus Blvd., Suite 205, Hartford, CT 06103
Phone: (860) 500-4412
E-Mail: OEC.RFP.UHV@ct.gov

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

2. Registering with State Contracting Portal. Respondents must register with the State of CT contracting portal at <https://portal.ct.gov/DAS/CTSource/Registration> if not already registered. Respondents shall submit the following information pertaining to this application to this portal (on their supplier profile), which will be checked by the Agency contact.

- Secretary of State recognition – Click on appropriate response
- Non-profit status, if applicable
- Notification to Bidders, Parts I-V
- Campaign Contribution Certification (OPM Ethics Form 1):
<https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>

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

- Agency's RFP Web Page
ctoec.org/rfps
- State Contracting Portal (go to CTsource bid board, filter by "CT Office of Early Childhood"
<https://portal.ct.gov/DAS/CTSource/BidBoard>)

It is strongly recommended that any proposer or prospective proposer interested in this procurement check the Bid Board for any solicitation changes. Interested proposers may receive additional e-mails from CTsource announcing addendums that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

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

- RFP Released: Friday June 17, 2022
- Mandatory RFP Conference: Wednesday June 29, 2022
- Mandatory Letter of Intent: July 13, 2022
- Deadline for Questions: Every Thursday by 5:00PM
- Answers Released: Released bi-monthly on Fridays until July 27
- Proposals Due: Wednesday August 3, 2022
- *Proposer Selection: August 17, 2022
- *Desired Start of Contract: October 1, 2022

5. Contract Awards. The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Agency. The Agency anticipates the following:

Total Funding Available	1-Universal Nurse Home Visiting Category: \$2,471,849 2-Community Health Worker Category: \$2,015,311 Total Funding Both Programs=\$4,487,160
Maximum Number of Awards	1 award per program (2) or 1 award for both programs
Initial Contract Length	Contract for both programs: 10/1/22-9/30/24 1-Universal Nurse Home Visiting Category 2-Community Health Worker Category The contract length maybe extended up to an additional 24 months.
Funding Sources	American Rescue Plan Act Preschool Development Grant

6. Eligibility. Public or private organizations, non-profits legally registered with CT's Secretary of State are eligible to submit proposals in response to this RFP. Respondents claiming non-profit status must provide proof of nonprofit status, such as a copy of the Internal Revenue Service (IRS) determination letter.

7. Minimum Qualifications of Proposers. To qualify for a contract award, a proposer must have the following minimum qualifications:

- Submit a proposal to administer both Category 1: Universal Nurse Home Visiting and Category 2: Community Health Worker Services; OR a proposal to administer either Category 1: Universal Nurse Home Visiting or Category 2: Community Health Worker Services with a partner submitting a proposal to the other Category. If subcontracting any services, a Letter of Commitment from subcontractor(s) must accompany the application.
- Provide to OEC a detailed plan to recruit and train necessary staff including nurse home visitors and/or community health workers, and all necessary support and administrative staff needed to implement the required operational, data and technology, and reporting requirements defined in the scope of work section. The plan should take into account and strive to address the current labor shortages.
- Registered with System of Award Management (SAM) by the time of contract execution.

8. Letter of Intent. A Letter of Intent (LOI) is **required** by this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact by e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including name, postal address, telephone number, and e-mail address. It is the sender's responsibility to confirm the Agency's receipt of the LOI. Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration. *A Letter of Intent template can be found in Appendix C.*

9. Inquiry Procedures. All questions regarding this RFP or the Agency's procurement process must be directed, in writing, electronically, (e-mail) to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. The Agency will respond to questions on a weekly basis through an updated FAQ posted to the RFP web page. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Agency will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Agency may or may not respond to questions received after the deadline. If this RFP requires a Letter of Intent, the Agency reserves the right to answer questions only from those who have submitted such a letter. The Agency may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such.

The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Agency will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Agency's RFP Web Page. At its discretion, the Agency may distribute any amendments to this RFP to prospective proposers who submitted a Letter of Intent or attended the RFP Conference.

10. RFP Conference. An RFP conference will be held to answer questions from prospective proposers. Attendance at the conference is **mandatory**. Prospective proposers who do not attend the conference are automatically disqualified and ineligible to submit proposals. At the conference, attendees will be

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

The conference will be virtual and can find a registration link on the RFP web page [here](#).

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

Proposals received after the due date and time will be ineligible and will not be evaluated. The Agency will send an official letter alerting late respondents of ineligibility.

An acceptable submission must include the following:

- One (1) conforming electronic copy of the original proposal.

The proposal must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee.

The electronic copy of the proposal must be emailed to official agency contact for this procurement. The subject line of the email must read: **OEC-22-UNHV application**. Required forms and appendices may be scanned and submitted as PDFs at the end of the main proposal document. Please ensure the entire email submission is less than 25MB as this reflects The Agency's server limitations. Respondents should work to ensure there are not additional IT limitations from the provider side.

12. Multiple Proposals. If applying for both the universal nurse home visiting category and the community health worker category, please indicate in your executive summary and submit a single proposal. If partnering with an organization to implement both categories, submit two separate proposals.

II. PURPOSE OF RFP AND SCOPE OF SERVICES

A. STATE PARTNER OVERVIEW

Established in 2013, the Office of Early Childhood (OEC) is the state agency charged with fostering cross-systems integration, coordination, and collaboration at the state and local level in order to enhance the health and well-being of young children, families, and communities. The OEC brings together leadership, expertise, and a wide range of early childhood and family support services that were formerly housed at five different state agencies. The goal of the Office is to build an integrated early childhood system that

includes high quality services for family support and home visiting services, early intervention services, early care and education programming, and regulation.

The OEC provides funding standards, regulations, quality improvement supports, technical assistance, and oversight to ensure that early care and education programs for young children:

- Are safe, healthy, and nurturing
- Effectively support children's physical, social, emotional and cognitive development; and
- Are accessible to all children, particularly those facing barriers, risks or challenges to their health development and success.
- Provide equitable access for all.

While this Request for Proposal is formally issued by OEC, the State will oversee the selection of contractors and the development of a universal nurse home visiting-community health worker continuum of services through a Universal Nurse Home Visiting Governance Team (known as "The Governance Team" hereafter), consisting of leaders from OEC, the Department of Public Health (DPH), the Office of Health Strategy (OHS), the Department of Social Services (DSS), and the Department of Children and Families (DCF). The cross-agency team will be responsible for ensuring the pilot project is implemented equitably and available to all families, communicating progress and impact to key stakeholders, and exploring paths for sustainability and expansion.

Family Connects International, located in Durham, North Carolina, will partner with the State and the Greater Bridgeport region to provide technical assistance to support with planning and implementation of their evidence-based home visiting model.

B. PROGRAM OVERVIEW

B1. Problem Statement:

The Governance Team is seeking partners to help establish a continuum of care for families in the Greater Bridgeport region to address significant unidentified and unmet behavioral, mental, social and physical health needs for mothers, infants, and families in the prenatal and postnatal periods. The challenges that this RFP will address are: (1) assisting families who have been impacted by COVID-19, (2) preventing and addressing health disparities by race, (3) filling a gap in family-focused, prevention-oriented services in Connecticut, and (4) preventing and mitigating the impacts of Adverse Childhood Experiences.

COVID-19 Impacts: COVID-19 has affected us all in a variety of ways, but families with newborns and infants may be in the most need of support. The Connecticut Pregnancy Risk Assessment Monitoring System (PRAMS) survey noted that 1 in 10 mothers were identified with postpartum depression.¹ Recent research demonstrates that already high rates of maternal depression have been aggravated by the pandemic, with significant increases in rates of depression, anxiety, and loneliness, among others.^{2, 3} Maternal depression can cause complications in the postnatal period, as women who experience depressive symptoms are less likely to attend well-child visits, leaving both their own and their child's needs unidentified.⁴ Early touchpoints with a family are crucial to provide support during

¹ Department of Public Health, "Connecticut Pregnancy Risk Assessment Monitoring System (PRAMS)", 2015. (Accessed [here](#))

² Basu, Archana, et al. "A cross-national study of factors associated with women's perinatal mental health and wellbeing during the COVID-19 pandemic." *PLoS one* 16.4 (2021). (Accessed [here](#))

³ Davenport, Margie H., et al. "Moms are not OK: COVID-19 and maternal mental health." *Frontiers in global women's health* 1 (2020): 1. (Accessed [here](#))

⁴ Zajicek-Farber, M.L. (2009) "Postnatal Depression and Infant Health Practices Among High-Risk Women." *Journal of Child and Family Studies*, 18. (Accessed [here](#))

this challenging time. This RFP seeks programs that can screen for needs, such as mental health needs, at a population-level and make subsequent referrals, thereby addressing issues that have been exacerbated by the pandemic.

Health Disparities by Race: COVID-19 is not the only stressor that families in Connecticut may experience. Decades of systemic racism have created wide health disparities by race – which started and persisted long before the onset of COVID-19. For instance, from 2007 through 2016 across the U.S., Black and Native American women were two to three times more likely to die from a pregnancy-related cause than white women.⁵ In 2019, the Black infant mortality rate was nearly three times that of the white infant mortality rate in Connecticut.⁶ Relatedly, in 2019 in Bridgeport, 16% of Black babies were admitted to the NICU, 13% born at low birthweight, and 12% born preterm compared to 13%, 9% and 10% of white babies, respectively.⁷ Families need access to resources and care early to address challenges before they develop into further inequities. In the [most recent RFP for OEC-funded, existing home visiting services](#), OEC articulated a focus on serving Black and Native American women given poor health outcomes due to structural racism and inequities in our country. This RFP plans to build on that approach by also focusing on these families as well as expanding to other historically underserved populations.

Furthermore, the Governance Team prioritizes the ability of Connecticut’s workforce to address racial health disparities. Focus group participants in the [Connecticut 2020 Needs Assessment](#)—conducted as part of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program administered by the Health Resources & Services Administration (HRSA)—noted a lack of cultural humility in service delivery, a high proportion of staff who are white (versus from other race or ethnic groups), and the lack of materials or capacity of home visitors to engage in languages outside of English or Spanish.⁸ This RFP seeks programs that will expand access to care within and from the community by building out a robust community health worker workforce who represent the racial and ethnic backgrounds of families served. More broadly, the Governance Team seeks to confront racial disparities by funding a universal, population-level approach with clear avenues to triage into more intensive, culturally responsive services as needed.

Addressing a Service Gap: Increasing early access to preventative services is a priority for OEC and their state agency partners. However, the current systems in the Greater Bridgeport region, and Connecticut at-large, reach a fraction of families with needs. Currently, for instance, only ~100 families are served in Bridgeport through existing, OEC-funded home visiting services. Additional services are needed to support families, particularly upstream services. Connecticut’s 2020 Needs Assessment highlights that many families desire mental health support and earlier engagement in home visiting. However, in the same 2020 Needs Assessment, stigma associated with targeted home visiting was noted as a challenge to providing services to eligible families. Additionally, many families that do not meet the eligibility criteria for targeted home visiting have unmet needs that require support but are currently not identified or met by the system. The Governance Team hopes to address this barrier to care by offering services to all families, regardless of income or other qualifiers.⁹

⁵ CDC, “Racial/Ethnic Disparities in Pregnancy-Related Death – United States, 2007-2016.” (Accessed [here](#))

⁶ Department of Public Health data on vital statistics (Provisional 2019). (Accessed [here](#))

⁷ Department of Public Health data on vital statistics (Provisional 2019). (Accessed [here](#))

⁸ OEC-UConn School of Social Work Research Partnership, “Statewide Needs Assessment for Maternal, Infant, and Early Childhood Home Visiting Programs.” (2020). (Accessed [here](#))

⁹ OEC-UConn School of Social Work Research Partnership, “Statewide Needs Assessment for Maternal, Infant, and Early Childhood Home Visiting Programs.” (2020). (Accessed [here](#))

In summary, in introducing universal nurse home visiting with community health worker support, the Governance Team aims to reduce the occurrence of negative health and social outcomes, address racial disparities, and fill a gap in prevention services. The Governance Team is focusing on initial implementation in the Greater Bridgeport region but plans to expand into other communities, contingent on available, sustainable funding. The Governance Team identified Bridgeport, in particular, as a high-need area; Bridgeport ranks fourth in the state for number of substantiated cases of child abuse and neglect and has maternal health outcomes worse than Connecticut averages, such as a 10.4% preterm birth rate, 10.1% low birthweight rate, 6.4% of prenatal care initiated in third trimester or not at all, and 14.2% of infants admitted to the NICU - versus 9.4%, 7.8%, 3.5%, and 10.5%, respectively, in Connecticut in 2019.^{10, 11}

B2. Program Description

This RFP offers two service categories for which applicants may apply. Organizations may choose to apply for both service categories or partner with another organization to implement both categories. The first service category is Category 1: Universal Nurse Home Visiting. The second service category is Category 2: Community Health Worker Training and Services.

Applicants to this RFP should clearly state in the Executive Summary whether they are submitting proposals for Category 1: Universal Nurse Home Visiting, Category 2: Community Health Worker Training and Service Delivery or both Categories. If applicable, proposers should also name their partner applicant. Lastly, proposers should indicate if they plan to subcontract for any of the components within each Category.

Category 1: Universal Nurse Home Visiting

Universal Nurse Home Visiting refers to home visiting services that are universally offered after birth within a given service delivery area by a licensed nurse. This RFP would fund universal nurse home visiting in the Greater Bridgeport region: any family who is a resident of the project catchment area and delivers a baby in either of the two birthing hospitals in Bridgeport – Bridgeport Hospital or St. Vincent’s Medical Center – could receive universal nurse home visiting. Applicants to Category 1: Universal Nurse Home Visiting would offer universal nurse home visiting through Family Connects; an evidence-based model designated by the Administration for Children & Families.

Family Connects evolved from Durham Connects, developed by Duke University’s Center for Child and Family Policy and the Center for Child & Family Health. Since then, communities across 17 states are either exploring, planning, or implementing Family Connects. Family Connects is a prevention-oriented model designed to help families have a healthy start to life. Family Connects employs Registered Nurses (RNs) to conduct one to three home visits with a newborn and family; activities include completing health check-ups, screening families for health and other social support needs, and referring to community resources. Family Connects includes three components:

1. **Home Visits:** After a baby is born, a program support specialist connects with a family in the hospital to inform them about Family Connects. The program support specialist encourages and encourages them to participate in Family Connects services. If a family is interested, the program support specialist then schedules a visit between the family and a Registered Nurse. Then, a Registered Nurse conducts the first home visit, called the Integrated Home Visit (IHV). In the two-hour IHV, the Registered Nurse

¹⁰ Department of Children and Families data on child abuse and neglect consolidated by the Connecticut Data Collaborative (2017). (Accessed [here](#))

¹¹ Department of Public Health data on vital statistics (Provisional 2019). (Accessed [here](#))

assesses a family's needs using Family Connects' Family Support Matrix, which consists of 12 factors: 1) maternal health, 2) infant health, 3) health care plans, 4) child care plans, 5) parent-child relationship, 6) management of infant crying, 7) household safety and material supports, 8) family and community safety, 9) history with parenting difficulties, 10) parent well-being, 11) substance abuse in household, and 12) parent emotional support. Based on a family's identified needs, the Registered Nurse may offer the family 1-2 additional home visits and refer the family to voluntary, community resources (e.g., pediatrician, mental health services, substance use counseling, longer-term home visiting program, childcare). The program support specialist would complete a follow-up phone call after the home visit(s) are conducted to determine the family's satisfaction with services and connect the family back with the Registered Nurse if the family needs additional referrals.

2. **Community Alignment:** Integral to program implementation is a community alignment process in which the procured service provider(s) develop and maintain a local community advisory board, compile relevant and comprehensive community resources into an Agency Finder, integrate with local community systems, and work on other activities to ensure partnership across community stakeholders. A community alignment specialist can oversee this workstream.
3. **Data Reporting:** Essential to the Family Connects model is a comprehensive data collection and performance monitoring system. Family Connects International has its own Salesforce database to capture and monitor fidelity metrics (see D. Performance Measures section below) that assist Registered Nurses in receiving families, tracking caseloads, documenting visits and communication with families, and facilitating referrals and that also evaluate program activities. The Salesforce database also contains the Agency Finder developed during the Community Alignment process and maintained by the service provider. The contractor selected to implement universal nurse home visiting will be required to use the Salesforce database and cannot substitute with another Electronic Health Record system.

Like existing, OEC-funded home visiting services in Connecticut, Family Connects is voluntary and free for enrolled families. However, several, important factors distinguish Family Connects from existing, OEC-funded home visiting services in Connecticut:

- a) **No eligibility requirements:** Participation in the UNHV Program is open to all families giving birth at St Vincent's or Bridgeport Hospital who reside in the 8-town catchment area (see B3. Target Population section below). Family Connects takes a population-health approach to improve access to maternal and infant health services, address health disparities, and bolster the public health infrastructure.
- b) **Short-term, postpartum engagement:** Family Connects offers 1-3 home visits, with the first typically taking place at three weeks postpartum. Family Connects is a short, prevention-oriented program, without a prenatal engagement component. As such, prenatal and postnatal services offered under Category 2: Community Health Worker Training and Services will complement the universal nurse home visiting services through Family Connects.
- c) **Large, annual caseloads:** Given the program's short duration, Registered Nurses can sustain large caseloads – approximately 6-8 new families per working week a year or approximately 275-375 families per year. The model also assumes that, at full implementation, which would likely be reached by the second year of implementation, 75% of births in the Greater Bridgeport region could be scheduled for a visit; if ~2,000 families could be served, only 6-7 Registered Nurses are needed to implement Family Connects in the Greater Bridgeport region.
- d) **Educational qualifications:** Home visitors under Family Connects must be Registered Nurses (RNs), although each is not required to have a Bachelor of Nursing (BSN). However, other roles under Family Connects, such as the program support specialist and the community alignment specialist

The Family Connects contractor would serve as a distinct resource in the Greater Bridgeport region's home visiting continuum and could refer families to existing, family-oriented programs such as OEC home visiting programs operating in the region. For more information on Family Connects, please visit the [Family Connects International website](#) as well as the program description on the [Administration for Children & Families' Home Visiting Evidence of Effectiveness](#) (HomVEE) resource. More information can be [found here](#) on how Family Connects addresses social determinants of health.

Category 2: Community Health Worker Training and Services

Category 2: Community Health Worker Training and Services has three main goals: (1) to train and certify Community Health Workers (CHWs) in the Greater Bridgeport region, (2) deploy CHWs to offer prenatal engagement to pregnant individuals and (3) as a primary function, outreach to individuals postnatally, receive referrals from the Family Connects nurses. Using a structured screening tool, CHWs will receive referrals (with permission from the families involved) to follow-up and provide care coordination, connections to community resources, and other forms of support to families identified as high risk for poor health or other adverse outcomes. This support may last for an average of six months following birth, depending on the intensity of needs of the involved families. CHWs include but are not limited to health coach, community health advisor, family advocate, health educator, liaison, promoter, outreach worker, peer counselor, patient navigator, health interpreter and public health aide, etc.

Regarding (1) training, approximately 8% of the total funding allocated for the CHW component under this RFP will fund one-time training, upskilling training, and certification of CHWs through OHS. One-time training will cover core competencies and clinical training (i.e., two weeks of paid time shadowing a trained CHW) for individuals who are not currently CHWs but who are entering the profession. Upskilling training will train existing CHWs in topics including but not limited to lactation, substance use, mental health, intimate partner violence, chronic conditions, and maternal child health and well-being. Through this initiative, CHWs would have the opportunity to gain certification through OHS. **Training can be conducted by any entity approved by the CT Community Health Worker Advisory Body.**

Regarding (2) service delivery, CHWs newly trained or upskilled will serve families prenatally and postnatally as a complement to the universal nurse home visiting initiative. CHWs would identify families prenatally through existing referral channels (e.g., WIC, hospitals, OB/GYN offices, schools) to support pregnant individuals before and during birth. CHWs would provide families with information on Family Connects. CHWs are trusted community members who match their clients' race and ethnicity, primary language, and/or socioeconomic status; by complementing Family Connects, this joint initiative would seek to address persisting health disparities due to systemic racism. Lastly, CHWs would serve as a referral destination, after families receive Family Connects services, for families who present certain needs or who are interested in receiving sustained services (e.g., lactation support, mental health screenings and referrals) up to a year after the child's birth. In other words, applicants under Category 1 should establish a process for warm handoffs of families to CHW services under Category 2.

The successful bidder to Category 2 should propose a strategy for identifying families in the prenatal period, receiving referrals from the Family Connects program in the postnatal stage, collecting and keeping confidential data on families being served, and integrating CHW services including but not limited to pediatric and OB/GYN, family medicine, mental health and substance use providers in the service catchment area.

B3. Target Population

Category 1: Universal Nurse Home Visiting

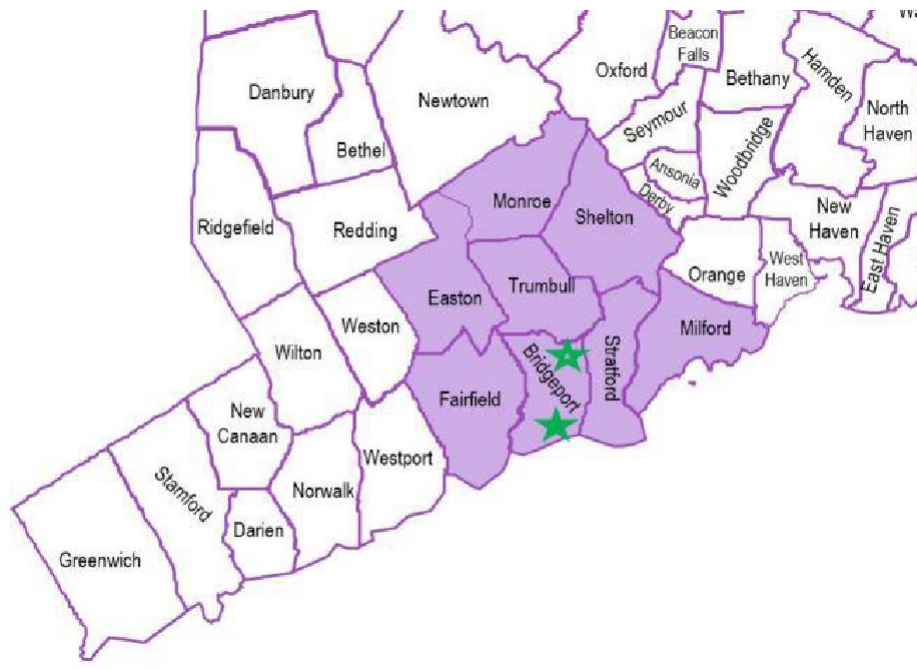
Any family giving birth in either Bridgeport Hospital or St. Vincent's Medical Center who is a resident of Bridgeport, Easton, Fairfield, Milford, Monroe, Shelton, Stratford, or Trumbull will be offered universal nurse home visiting services. Based on the latest Department of Public Health data, there were approximately 2,700 resident births in 2019 in the catchment area taking place at either Bridgeport Hospital or St. Vincent's Medical Center.

Category 2: Community Health Worker Training and Services

Community Health Worker services will be offered to all individuals with newborns in the Greater Bridgeport region who are either a priority race/ethnicity: Black or African American; Hispanic, Latino or Latinx; Native Hawaiian and Pacific Islanders; Native American or (ii) screened and found to have three or more adverse childhood experiences (ACEs).

OHS estimates that, with the available funding, this RFP would support 15 CHWs with an expected caseload of 20-25 families, serving approximately 640 families annually in the catchment area until May 31, 2024. Beginning on June 1, 2024, funds will support 9 CHWs serving approximately 280 families annually.

Geographic Catchment Area + Two Hospitals



B4. Program Outcomes/Goals

Services provided through Category 1: Universal Nurse Home Visiting and Category 2: Community Health Worker Training and Services will aim to achieve the following long-term goals:

- 1. Develop a universal entry point into a continuum of care.** Specific to Category 1: Universal Nurse Home Visiting, through a universally offered approach, all interested families will have a touchpoint with the Greater Bridgeport region's system of care within three weeks of birth, providing support during a critical and challenging period. Although we anticipate that most families will ultimately not need to be referred to targeted home visiting or additional support services, this upstream approach will ensure that those with needs are identified early and that all families are informed of the numerous support options available, which can address COVID-19 impacts and health disparities by race.
- 2. Build upon the Greater Bridgeport region's capacity to connect families with newborns to a cross-cutting system of supports.** Both universal nurse home visiting and community health worker services will connect families to needed community resources, such as mental health support, childcare, and housing supports. The community alignment pillar of the Family Connects model addresses this goal. CHWs will serve as a trusted resource to help families navigate these referrals and identify options for additional resources, including those offered by Bridgeport's Community Action Agency, to create a continuum of care for families in the Greater Bridgeport region that is built upon collaboration, communication, and partnerships among existing community providers. This continuum of care is needed given the ongoing COVID-19 pandemic and health disparities by race.
- 3. Support the development of a robust community health worker (CHW) workforce.** Specific to Category 2: Community Health Worker Training and Services, the Governance Team aims to strengthen the CHW workforce in the Greater Bridgeport region. Expanding the certification of both existing and new community health workers will further professionalize and bolster the Greater Bridgeport region's public health infrastructure, which is needed more than ever to address COVID-19 impacts and persisting health disparities by race and fill the gap in prevention-oriented services in Connecticut.
- 4. Prevent and reduce adverse childhood experiences (ACEs).** By pairing universally-offered services and screening with connections to additional resources where needed, the Governance Team aims to improve behavioral and physical health outcomes at the population-level and decrease the prevalence of ACEs in the Greater Bridgeport region – many of which were exacerbated by COVID-19 or others, such as systemic racism, housing, food insecurity, domestic violence, mental health challenges, and substance use, which remain. Key outcomes include positive parenting behaviors and safe home environments, reductions in child maltreatment investigations and substantiations, maternal depression, infant emergency medical care, and intimate personal violence.

C. SCOPE OF SERVICE DESCRIPTION

As the first community in the state of Connecticut to implement the universal nurse home visiting-community health worker approach, the contractor(s) selected will need to be adaptable, capable of collaborating with multiple stakeholders, fiscally responsible, and understand the issues Greater Bridgeport region families face. They will also be expected to collaborate with the State's Governance Team to share innovations, lessons learned and contribute to sustainability and expansion efforts.

The contractor(s) will be a public or private non-profit organization with demonstrated relevant experience, knowledge, and capacity in the previously defined catchment area.

A single organization may apply for both the Universal Nurse Home Visiting and the Community Health Worker services. Applicants may also apply for a single Category. However, in this case, their application must detail a coordinated partnership with an applicant of the other Category.

Applicants may subcontract for certain components within each category but must list and justify subcontractors in their application and provide accompanying Letters of Commitment.

The characteristics of an ideal contractor are listed below. At times, the contractor expectations differ between the contractors implementing *Category 1* and *Category 2*. Where this occurs, we will specify.

1. Organizational Expectations

All applicants

Diversity, Equity and Inclusion: OEC and its partner agencies are committed to a universal nurse home visiting-community health worker system where family engagement is equitable, inclusive, and culturally competent. A strong and effective system celebrates the diversity of community and believes that all families must have fair and just opportunities to achieve optimal health and well-being. Any organization engaged in the universal nurse home visiting-community health worker system is expected to hold similar values and be proactively working to ensure their workforce can meet families where they are.

The ideal respondent(s) has both the commitment and ability to communicate and work with diverse audiences, inclusive of **all races, ethnicities, languages, family configurations and sexual or gender orientations across the catchment area.**

Administrative Resources and Capacity: A significant amount of administrative resources are required by the administrative homes that will oversee either Category 1, Category 2, or both.

The ideal respondent(s) possesses a leadership structure that is committed to planning and implementing the Universal Nurse Home Visiting model, the Community Health Worker Training and Services model, or both over a period of several years. They also have the management capacity and experience of launching and sustaining innovative and unique projects.

The ideal respondent's vision and mission statement align with the project goals.

Presence in the Greater Bridgeport region: The 8-town catchment area is a culturally rich and diverse community yet has experienced decades of inequitable access to economic opportunity, education and healthcare, recently exacerbated by COVID-19.

The ideal respondent will have a deep understanding of the challenges families in the defined catchment area face. They will have a history of successfully collaborating with a cross-section of community stakeholders to improve outcomes for families with young children across the region.

Category 2: Community Health Worker Training and Services applicants

The ideal respondent will also demonstrate experience training and overseeing Community Health Workers. If no prior experience, the contractor may subcontract with

an organization to ensure community health workers receive training and certification prescribed by the Governance Team which includes but is not limited to: lactation support, intimate partner violence, mental health and substance abuse support, maternal and child health and well-being. Referrals and strong connections with community healthcare providers, ability to identify and refer for support of housing, food and intimate partner violence.

Finally, the contractor responsible for implementing the Community Health Worker Training and Services will be required to provide evidence of a plan to collaborate with the Universal Nurse Home Visiting contractor to ensure continuity of service for family needs identified through the universal nurse home visiting program. The contractor should be able to confidently refer families to the local Community Action Agency or other providers to address basic needs. Community Action Agencies have a history of successfully addressing social determinants of health, particularly among families.

2. Service Expectations

Category 1: Universal Nurse Home Visiting applicants

Home Visiting: Successful home visiting requires commitment from both hospitals and providers within the community.

- The ideal respondent will be able to maintain fidelity to the Family Connects model by providing nurse home visits, conducting the necessary assessments, and referring families when appropriate.
- The ideal respondent has existing relationships/connections with providers in the intended service areas and is willing to build buy-in among hospital leadership where families will be introduced to universal nurse home visiting. This includes strong relationships with the existing home visiting system, where families may be referred to/from.
- The ideal respondent has experience providing clinical services to families or subcontracting with an organization to offer clinical services.
- The ideal respondent will successfully partner with the community health worker program to support newborns and their families through coordinated outreach and warm handoffs.

Community Alignment: Community alignment is the mechanism within the model that facilitates systems change. It is important to have a deep understanding of the landscape of your community.

- The ideal respondent has staff with recent experience in power mapping, referral mapping, or community-based needs assessment exercises related to postpartum family experiences.
- The ideal respondent has reviewed available community health data for identification of (1) specific community needs and disparities and (2) family resource gaps that exist in the eight-town catchment area.

Family Connects Timeline - Site Development Activities by Phase:

The following are the key activities, organized by phase that sites are responsible for to ensure effective, quality implementation of the Family Connects program.

1. Exploration

- Explore and learn about the FC model and requirements
- Share initial scope (or pilot approach) with Family Connects
- Establish funding for initial scope
- Engage with Family Connects to co-determine readiness to begin Planning Phase

2. Planning Phase (approximately 8 months)

- Initiate and monitor project management plans
- Finalize service catchment area and scaling plans
- Finalize MOU's/BAA's for partner engagement and data collection
- Hire and onboard staff: Medical Director, Community Alignment Specialist, Nurse Supervisor, Nurse Home Visitors, Program Support Specialist
- Create clinical guidelines
- Finalize recruitment workflow
- Develop community alignment plan
- Identify/create Agency Finder (or utilize other community referral platform)
- Establish Community Advisory Board and engage local providers
- Finalize marketing and promotional materials

3. Installation Phase (approximately 2 months)

- Complete all Family Connects trainings, including an in-depth clinical training for FC nurses
- Launch all plans and begin serving families
- Carefully monitor launch and adjust plans
- Report and review Key Performance Metric

4. Implementation Phase (minimum of 6 months until reaching fidelity threshold)

- Begin continuous quality improvement approaches
- Work to reach key performance metrics goals in order to be certified
- Enhance engagement of medical providers and other stakeholders

5. Certification & Maintenance (recertification occurs 3 years)

- Ongoing program implementation and quarterly reporting
- Ongoing continuous quality improvement
- Scaling plan implemented (if applicable)

Category 2: Community Health Worker Training and Services applicants

Connecticut needs a more comprehensive and unified community health workforce. Community Health Worker Training and Services has two main goals: (1) to train and certify Community Health Workers (CHWs) in the defined catchment area that will focus on pregnant, postpartum and parenting women and their young children and (2) to offer prenatal engagement to pregnant individuals and serve as a referral destination for high-need families previously engaged in universal nurse home visiting. Approximately 8% of the total funding allocated for the CHW component under this RFP will fund one-time training, upskilling training, and CHW Certification fees.

1. Training: Training for CHWs shall include the following:

- One-time training will cover CHW core competencies training by a training vendor approved by the Community Health Worker Advisory Body. <https://ohs-chwtrainerapp.ct.gov/VendorReport>
- Clinical training (i.e., two weeks of paid time shadowing a trained CHW) for CHWs
- All CHWs will participate in trainings on lactation, substance use, mental health, intimate partner violence with CCAVD or other vendor.
- CHWs may obtain training in other areas, including but is not limited, to Maternal Child Health, Early Childhood, Oral Health, Asthma, Chronic Conditions.

2. Service Delivery:

- CHWs newly trained or upskilled will serve families as a complement to the universal nurse home visiting initiative. CHWs would identify families through existing referral channels (e.g., WIC, hospitals, OB/GYN offices, schools) to support pregnant

individuals before, during birth and after birth, with the goal of continuing the engagement with high need families for an average of six months postpartum. CHWs would provide families with information on Family Connects during the prenatal period. CHWs are trusted community members who match their clients' race and ethnicity, primary language, and/or socioeconomic status; by having CHWs support Family Connects, this joint initiative would seek to address persisting health disparities due to systemic racism. Lastly, CHWs would serve as a referral destination for families seeking additional CHW-led, health-related services after having received services through Family Connects.

CHWs will become a critical support to the universal nurse home visiting system. By reaching as many families as they can, community health workers can reduce the social isolation felt by so many expecting mothers during COVID-19.

- The ideal respondent will have a wide array of quality relationships with organizations providing prenatal supports throughout the eight-town catchment area, including but not limited to obstetrics and gynecology offices, federally qualified health centers, WIC offices, midwifery service organizations, and hospitals. They will facilitate relationship building between community health workers and staff at organizations.
- The ideal respondent will also partner with the administrative home of universal nurse home visiting to coordinate outreach of the Family Connects model to families during the prenatal stage. The ideal respondent will also ensure community health workers follow up with families who are flagged with higher needs by Family Connects assessments. They will provide additional services and may be an important advocate and resource for that family for an average of six months, as Family Connects formally ends shortly after the child's birth.
- It is critical for respondents to have a deep understanding of formal and informal supports available to newborns and their families within all eight towns, including but not limited to pediatrician offices, parenting groups, non-parental child care options, and food, housing, and energy assistance programs.

3. Staffing Expectations

All applicants

The ideal respondent(s) has, or is actively working towards, a diverse workforce, with multicultural and multilingual employees that are representative of the Greater Bridgeport community.

They will also demonstrate a commitment to paying their staff competitive, living wages and benefits. The reduction of staff turnover because of competitive wages results in stronger relationships with families and less time and resources committed to recruiting and onboarding new staff.

Required staff for Category 1: Universal Nurse Home Visiting

Staff	Minimum FTE Staff
Executive leadership	.25 FTE
Medical director	0.1 FTE
Nurse supervisor	1.0 FTE
Nurse home visitor (Registered Nurse)	6-7 FTE (1 Nurse per 350 births/year)

Program Support Specialist	1 FTE
Community alignment specialist	1 FTE
Clinical data manager	No less than .5 FTE per program Position may be 1 FTE depending on program size

Universal Nurse Home Visiting Essential Staffing Descriptions:

- Executive leadership: Leadership personnel management; oversight of all program operations & communication with the Family Connects National Service Office; communications management; manage clinical personnel; manage administrative and support personnel; manage funding streams through oversight of grants and contracts; report key financial performance indicators; provide financial documentation for reports as needed.
- Medical director: Provide oversight, development and endorsement of clinical site guidelines for both infant and mother/caregiver; provide clinical support for nursing staff/nursing supervisor as patient care questions arise.
- Nurse supervisor (Registered Nurse): Provide clinical supervision of the nurse home visitors; perform quarterly quality assurance tasks per the Family Connects model requirements; manage core program material library.
- Nurse home visitor (Registered Nurse): Recruit program participants (in-person and/or via phone/web); provide integrated home visits according to standardized visit protocol, assessment of risk, and connection to community resources for identified needs; document clinical services provided. It is strongly recommended that Registered Nurses conducting the home visits have previous experience in newborn assessments, postpartum assessments, and/or home visiting.
- Program support specialist: Recruit program participants (in-person and/or via phone/web); schedule integrated home visits according to program policy and procedure; create core program material library; respond to client inquiries for services; document client connection to community resources via post visit calls or other client survey methods. Note: this role may be staffed by a community health worker who can build trust with families, particularly those whose communities have historically been impacted by systemic racism, to encourage receipt of Family Connects services.
- Community alignment specialist: Inform the management of external communications (website, marketing materials, etc.); create and maintain relationships with community resources; provide individual-case consultation regarding community resources to clinical personnel; market the program locally to referral sources, employers, newspapers, churches, childcare agencies, the public, etc.; create and maintain a local resource directory (Agency Finder) for use with clients by clinical and support staff; oversee the community advisory process for the Family Connects program. Note: this role may be staffed by a community health worker.
- Clinical data manager: Maintain Family Connects database; provide technical assistance for end users; generate weekly clinical activities report; generate monthly community activities report; provide data validation for all internal program reporting; provide data analysis for ad hoc reporting requests

Required staff for Category 2: Community Health Worker Training and Services

Staff	Minimum FTE Staff
Lead Community Health Worker	1 FTE
Community Health Worker – Family Engagement and Case Management	13 FTE
Community Health Worker – Program Support	1 FTE

Community Health Worker Staffing Descriptions:

- Lead Community Health Worker: Provide supervision, oversight and mentoring/support the daily activities of a team of community health workers engaged in providing education, care coordination and access to resources to program clients. This includes work allocation, training and problem resolution. May serve a limited caseload of clients when necessary.
- Community Health Worker: Complete CHW training and certification; build and maintain relationships with family-serving organizations, including but not limited to social service agencies, maternal care offices, and child care providers; introduce the Family Connects model during prenatal engagement; receive families following their engagement with Family Connects and refer to appropriate resources.
- Community Health Worker – Program Support: Provide programmatic and administrative support to CHWs in the field and conduct outreach to additional organizations and communities in the catchment area.

4. Data and Technology Expectations***All applicants***

Accurate data is critical to improving the quality of services for families over time and planning for future roll out to additional families and communities in Connecticut. As a first-of-its-kind pilot, data will also assist the Governance Team’s efforts to share the Universal Nurse Home Visiting-Community Health Worker system’s successes and areas for improvement with funders and key stakeholders. The Governance Team plans to enlist an external evaluator who may request additional data collection efforts.

The contractor(s) will collect and enter timely, accurate and thorough data on a regular basis in data systems to be determined at a later date. They will also be expected to implement procedures to ensure data is protected, including compliance with personal privacy laws, against loss and unauthorized access. Finally, they will be expected to enter into a data sharing agreement with OEC and other state agencies to monitor program activities and measure impact.

The contractor(s) is allowed to use allocated funds to hire individuals to assist with data entry and performance management. Specific details should be included in respondent’s budget proposals. They will be expected to implement continuous quality improvement tools and strategies to improve practices and meet goals. The Governance Team also expects

contractor(s) to have procedures for ensuring that family participation and voice inform program improvement.

Category 1: Universal Nurse Home Visiting applicants

The contractor selected to implement the Family Connects model will also be required to utilize a Salesforce database to document visits (which contain PHI) and maintain community referral sources in an Agency Finder. Utilizing the Family Connects Salesforce database will allow FCI to provide standardized reports so that programs, the Governance Team, and Family Connects can collaboratively track key performance metrics.

For applicants who have an existing Electronic Health Record system, they will still be expected to enter timely and accurate data into the Family Connects Salesforce database.

5. Financial Expectations

All applicants

The Governance Team seeks applications from fiscally strong agencies. Therefore, proposers must submit the most recent two years of complete sets of annual financial statements prepared by an independent Certified Public Accountant and reviewed or audited in accordance with Generally Accepted Accounting Principles (USA) for the entire existence of such firm or corporation.

If a proposer agency has been in business for less than two years, such proposer must include any financial statements prepared by a Certified Public Accountant and reviewed or audited in accordance with Generally Accepted Accounting Principles (USA) for the entire existence of such firm or corporation.

The contractor(s) will be expected to adhere to federal requirements specific to funding allocated in the contract.

The contractor(s) is also required to submit an annual audit no later than six months after the close of the contractor's fiscal year for all program funds. Such an audit shall include audit recommendations.

Sustainability: OEC is working with the partner state agencies to sustain the home visiting/community health worker model. Applicants for both Category 1 and Category 2 must be prepared to work with the State on sustainability strategies, which may include Medicaid program and private health insurance delivery and payment models. They should have an understanding of and/or experience with Medicaid and private insurance payment models.

6. Budget Expectations

All applicants:

Program Funding Sources: Contractor(s) will be funded by a blend of American Rescue Plan Act funds and Preschool Development Grant funds.

Total Available Funding and Award Period: Applications must include program budgets that do not exceed the allocated funding as indicated in the RFP.

The vendor selected to manage the **Universal Nurse Home Visiting** component will manage up to **\$2,471,849** during an anticipated contract term of October 1, 2022 to September 30, 2024.

The vendor selected to manage the **Community Health Worker** component will manage up to **\$2,015,311** during an anticipated contract term of October 1, 2022 to September 30, 2024.

Cost Standards: Budgetary information included in the Respondent's response to this RFP must comply with the cost standards published by the State of Connecticut Office of Policy and Management. The cost standards are available online at <https://portal.ct.gov/-/media/OPM/POSCostStandards101816pdf.pdf?la=en>

As this contract is primarily funded through federal funds, respondents will also be expected to adhere to standards prescribed by the Federal Office of Management and Budget Cost Principles <https://www.federalregister.gov/agencies/management-and-budget-office>

Following award, OEC will reach out to the chosen contractor(s) about allowable expenditures. In addition to required compliance with the published cost standards, respondents are advised that a responsive budget must limit annual administrative costs to 10% of the total budget. Federal funds can be carried forward to the next Federal Budget year with Governance Team review and approval.

D. PERFORMANCE MEASURES

The following performance metrics highlight key priorities that will be analyzed with providers collaboratively during the life of the contract. This is not an exhaustive list, but rather an indication of significant outcome and output metrics of interest. The Universal Nurse Home Visiting Governance Team looks forward to working with the contractor(s) and Family Connects International to define additional important performance metrics. Rather than taking a binary success/fail approach, the Governance Team will review metrics with contractor(s) and determine what's working well and where areas for improvement exist.

Examples of key performance metrics may include:

Category	Metrics
Universal Nurse Home Visiting	Scheduling rate Home visiting rate Population reach Connection to services rate Family and community needs assessment
Community Health Worker Services	Number of touchpoints with family Number of screenings and referrals that results in services (Food, Shelter, transportation, insurance, etc.) Length of engagement Patient satisfaction rate Reason for non-engagement

Additionally, the Governance Team will identify outcomes of interest to measure overall project impact on families and the community, which may include external evaluation partners and cross-agency data sharing agreements. Evaluation methods include but may not be limited to administrative data linkages, surveys and validated questionnaires, and interviews. Examples of key outcomes may include:

- Increased connections to community resources
- Reducing child maltreatment investigations and substantiations

- Reducing emergency department use
- Improving the quality and safety of the home environment
- Increasing positive parenting behaviors
- Reducing parental anxiety
- Promoting use of high quality child care when non-parental care is desired

E. CONTRACT MANAGEMENT

As part of the State's commitment to becoming more outcomes-oriented, the Governance Team seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust service delivery and policy based on learning what works. Therefore, we expect awarded contractor(s) to actively engage with the Governance Team to use data to monitor and understand performance, troubleshoot challenges, and document best practices.

The Governance Team will work with contractor(s) to set expectations for what contract management will look like in any resulting contract. These expectations include but are not limited to attending convenings and regularly scheduled meetings focused on assessing progress towards service provisions for specific populations, measuring outcome indicators, and advancing the State's vision for a universal nurse home visiting-community health worker approach.

This contract management strategy necessitates timely and complete data entry into systems and at intervals dictated by the Governance Team, including but not limited to the Family Connects Salesforce Database for the universal nurse home visiting contractor. Reliable and relevant data ensures compliance, informs trends to be monitored, evaluates results and performance, and drives service improvements. As such, the Governance Team reserves the right to request/collect other key data and metrics from providers. Contractor(s) will also be expected to cooperate with an external evaluator charged with documenting the process and impact of a universal nurse home visiting-community health worker approach.

The Governance Team will work with the awarded contractor(s) to set expectations for what contract management will look like. At minimum, this will include: frequent, regular meetings focused on project planning with technical assistance partner(s); assessing strategy and progress towards system goals; timely submission of progress updates and fiscal reports; and open lines of communication to proactively address challenges and course correct. As the data needs expand, the awarded contractor(s) may be required to enter and adhere to data sharing and reporting agreements with the Governance Team. Should they occur, the awarded contractor will be required to notify the OEC of any data breaches within 24 hours.

III. PROPOSAL SUBMISSION OVERVIEW

A. SUBMISSION FORMAT INFORMATION

- 1. Required Outline.** All proposals must follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline may be deemed non-responsive and not evaluated.
- 2. Cover Sheet.** The Cover Sheet is Page 1 of the proposal. The proposer must develop a Cover Sheet that includes the information below. *Legal Name* is defined as the name of private provider organization or municipality submitting the proposal.

Contact Person is defined as the individual who can provide additional information about the proposal or who has immediate responsibility for the proposal. *Authorized Official* is defined as the individual empowered to submit a binding offer on behalf of the proposer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.

- RFP Name or Number
- Legal Name
- FEIN
- Street Address
- Town/City/State/Zip
- Contact Person
- Title
- Phone Number
- E-Mail Address
- Authorized Official
- Title
- Signature

3. Table of Contents. All proposals must include a Table of Contents that conforms with the required proposal outline.

4. Executive Summary. Proposals must include a high-level summary, not exceeding 2 pages of the main proposal and cost proposal. The summary must include the organization's eligibility and qualifications to respond to this RFP. Finally, this summary will clearly state whether the bidder is applying for the home visiting component, community health worker component or both, and whether they will subcontract any components. If applying for just a single category, you must also reference your partner applicant.

5. Attachments. Attachments other than the required Appendices or Forms identified in the RFP are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions may result in disqualification.

6. Style Requirements.

Submitted proposals must conform to the following specifications:

- Paper Size: 8 ½ x 11
- Page Limit: 35 pages for Main Proposal if applying only for Category 1 or Category 2, 45 pages if applying for both Categories; exclusive of Executive Summary, Appendices, Attachments, and Budget Forms
- Font Size: 12
- Font Type: Times New Roman
- Margins: Normal
- Line Spacing: 1.5

7. Pagination. The proposer's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.

9. Declaration of Confidential Information. Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of

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

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

B. EVALUATION OF PROPOSALS

- 1. Evaluation Process.** It is the intent of the Agency to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Agency will conform with its written procedures for POS and PSA procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85). Final funding allocation decisions will be determined during contract negotiation.
- 2. Evaluation Review Committee.** The Agency will designate a Review Committee to evaluate proposals submitted in response to this RFP. The Review Committee will be composed of individuals, Agency staff or other designees as deemed appropriate. The contents of all submitted proposals, including any confidential information, will be shared with the Review Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions may be rejected without further consideration. The Review Committee shall evaluate all proposals that meet the Minimum Submission Requirements by score and rank ordered and make recommendations for awards. The Commissioner of OEC will make the final selection. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Review Committee may result in disqualification of the proposer.

- 3. Minimum Submission Requirements.** To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) meet the Eligibility and Qualification requirements to respond to the procurement, (4) follow the required Proposal Outline; and (5) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements may not be reviewed further. The Agency may reject any proposal that deviates significantly from the requirements of this RFP.
- 4. Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Review Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The weights are disclosed below.
- Organizational Strengths (20%)
 - Partnerships (20%)
 - Service Delivery (20%)
 - Staff Recruitment Strategy (20%)
 - Data, Reporting, and Evaluation (14%)
 - Financial and Organizational Plan (6%)
 - Bonus: Pre-Planned Coordination (see below table)

Evaluation Criterion Title	Percentage of Total	What would a top score look like?
Criterion A: Organizational Strengths	20%	<p>A high-quality response will:</p> <ul style="list-style-type: none"> • Describe an organization’s history and mission that aligns with Universal Nurse Home Visiting and/or Community Health Worker vision • Describe a leadership structure that has experience launching new initiatives and is capable of implementing a first-of-its-kind universal nurse home visiting and/or community health worker approach over a period of several years and has experience overseeing and sustaining innovative projects. • Clearly articulate a cultural humility and equity framework, with an explanation of how that framework will shape both internal processes and external-facing activities.
Criterion B: Partnerships	20%	<p>A high-quality response will:</p> <ul style="list-style-type: none"> • Articulate quality existing relationships with a wide range of providers in the catchment area. • Describe experience achieving outcomes for families by building collaborations with other area service providers. • Articulate a deep understanding of the formal and informal services available to prenatal and

		<p>postnatal families in the catchment area.</p> <p><u>Universal Nurse Home Visiting applicants:</u></p> <ul style="list-style-type: none"> • Demonstrate experience successfully managing a project with a wide array of stakeholders, such as state and local government, community-based organizations, and families. • Provide a concrete plan to gain formal buy-in from the catchment area’s two birthing hospitals where they allow family recruitment activities on-site or some other effective way. • Provide a thoughtful and concrete plan for partnering with the future CHW program that ensures a warm hand-off for families while maintaining model fidelity. <p><u>Community Health Worker applicants:</u></p> <ul style="list-style-type: none"> • Demonstrate experience participating in coalition building and specifically a cross-sector advisory body. • Provide a thoughtful and concrete plan for partnering with the future UNHV program that ensures a warm hand-off for families while respecting UNHV model fidelity.
<p>Criterion C: Service Delivery</p>	<p>20%</p>	<p>A high-quality response will:</p> <ul style="list-style-type: none"> • Demonstrate commitment to building trust with families and meeting their cultural beliefs and values, and language needs. • Clearly articulate the challenges of prenatal and postnatal families, particularly since the onset of the COVID-19 pandemic. • Describe a deep experience successfully working with families in the catchment area. • Provide an outreach strategy that reaches all families in the catchment area and addresses any concerns of families, such as stigma. • Demonstrate prior experience supporting prenatal and perinatal families and adaptability to meet their unique needs during the COVID-19 pandemic. <p><u>Universal Nurse Home Visiting applicants:</u></p>

		<ul style="list-style-type: none"> • Demonstrate the experience and ability to identify and map out family resources available in the catchment area. • Demonstrate the ability to successfully plan and launch in-home family services and to maintain fidelity to all components of the Family Connects model. This includes: <ul style="list-style-type: none"> ○ Providing families with knowledge and support needed to raise healthy children in a safe and nurturing environment. ○ Offering a family-centric service array with strength-based approaches that uplifts family voices and links families with the appropriate supports. ○ Successful experience with evidence-based in-home services or other clinical services. ○ Successful experience identifying wide range of family supports and connecting families to those services. ○ Easily identifiable referral contact for all referral sources including but not limited to Community Health workers, medical providers, hospital personnel. ○ Functioning as part of a larger system of Birth-to-Five services that ensures all CT families are positioned for health, opportunity and success. ○ If subcontracting any services, letters of commitment and a plan to ensure accountability. ○ <i>Note: Virtual visits may become necessary depending on local COVID-19 trends. Contractor will make this decision in collaboration with the Governance Team and the local community advisory board.</i> <p><u>Community Health Worker applicants:</u></p>
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		<ul style="list-style-type: none"> • Demonstrate ability to plan and launch Community Health Worker project and to maintain fidelity to Community Health Worker work plan. This includes: <ul style="list-style-type: none"> ○ Successful experience deploying community health workers in the catchment area. CHWs include but are not limited to health coach, community health advisor, family advocate, health educator, liaison, promoter, outreach worker, peer counselor, patient navigator, health interpreter and public health aide, etc. ○ Demonstrated success of community health workers addressing social determinants of health through outreach, engagement, education, coaching, informal counseling, social support, advocacy, care coordination and research. ○ Providing services with cultural, linguistic and economic needs in mind. ○ Ability to coordinate training/upskilling of CHWs in prescribed domains by approved training vendors.
<p>Criterion D: Staff Recruitment Strategy</p>	<p>20%</p>	<p>A high-quality response will:</p> <ul style="list-style-type: none"> • Demonstrate a commitment and articulate a plan to build a multicultural and multilingual staff that are representative of the greater Bridgeport area. • Proven ability to recruit, onboard and retain the appropriate number of staff needed for the universal nurse home visiting and community health worker model. • Provide an organizational chart that clearly highlights where the new project will sit within the organization. If single organization applying for both categories, an explanation maintaining separate supervisory structures to ensure model fidelity.

Criterion E: Data, Reporting, Evaluation	14%	<p>A high-quality response will:</p> <ul style="list-style-type: none"> • Have prior experience successfully administering grants from external grantor including meeting data, reporting and deliverable requirements. • Articulate organization’s experience leveraging internal and external data to inform decisions and to encourage continuous quality improvement. • Articulate the organization’s data security procedures, approach to data-informed practice, and examples of data insights leading to positive organizational change for families.
Criterion F: Financial and Organizational Plan	6%	<p>A high-quality response will:</p> <ul style="list-style-type: none"> • Indicate strong financial health and capacity to accurately maintain and report out financial records according to state and federal guidance. • Build a budget that follows administrative cost guidelines, is within the project timeline, and dollar amount and includes accurate staff count according to the staff plan in the narrative. • Attach most two recent sets of annual financial statements prepared by an independent Certified Public Accountant or, if in business less than 2 years, or financial statements for their entire existence. • Provide a detailed budget narrative. • Has experience and/or understanding of Medicaid and private insurance reimbursement processes
Bonus: Pre-Planned Coordination	A maximum of 5 bonus points	<ul style="list-style-type: none"> • Submission of a Letter of Commitment from either or both hospitals to allow recruitment activities on-site or some other effective way.

Note:

As part of its evaluation of the Staffing Plan, the Review Committee will review the proposer’s demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).

- 5. Proposer Selection.** Upon completing its evaluation of proposals, the Review Committee will submit the rankings of all proposals to the Commissioner of OEC. The final selection of a successful proposer is at the discretion of the Commissioner of OEC. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Agency. Such negotiations may, but will not automatically, result in a contract. Any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Agency's discretion, about the outcome of the evaluation and proposer selection process. The Agency reserves the right to decline to award contracts for activities in which the Commissioner of OEC considers there are not adequate respondents.
- 6. Debriefing.** Within ten (10) days of receiving notification from OEC, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Agency to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Agency may schedule and hold the debriefing meeting within fifteen (15) days of the request. The Agency will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
- 7. Appeal Process.** Pursuant to General Statutes § 4e-36 (a), any bidder or proposer on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board. Such contest shall be submitted, in writing, not later than fourteen days after such bidder or proposer knew or should have known of the facts giving rise to such contest and shall be limited to the procedural elements of the solicitation or award process, or claims of an unauthorized or unwarranted, noncompetitive selection process.
- 8. Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Agency's contracting procedures, which may include approval by the Office of the Attorney General. Fully executed and approved contracts will be posted on State Contracting Portal and the Agency website.

IV. REQUIRED PROPOSAL SUBMISSION OUTLINE AND REQUIREMENTS

- A. Cover Sheet**
- B. Table of Contents**
- C. Executive Summary**
- D. Main Proposal**
- E. Attachments** (clearly referenced to summary and main proposal where applicable)
- F. Declaration of Confidential Information**
- G. Conflict of Interest - Disclosure Statement**

H. Statement of Assurances

A: Cover Sheet

The Respondent must use a Cover Sheet capturing the following information:

- RFP Name or Number
- Legal Name
- FEIN (not required for currently contracted providers/vendors)
- Street Address
- Town/City/State/Zip
- Contact Person
- Title
- Phone Number
- E-Mail Address
- Authorized Official
- Title
- Signature

Legal Name is defined as the name of private provider organization, CT State agency, or municipality submitting the proposal. *Contact Person* is defined as the individual who can provide additional information about the proposal or who has immediate responsibility for the proposal. *Authorized Official* is defined as the individual empowered to submit a binding offer on behalf of the proposer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.

B: Table of Contents

Respondents must include a Table of Contents that lists sections and subsections with page numbers that follow the organization outline and sequence for this proposal.

C: Proposer Executive Summary

Proposals must include a high-level summary, not exceeding 2 pages of the main proposal and cost proposal. The summary must include the organization's eligibility and qualifications to respond to this RFP. Finally, this summary will clearly state whether the bidder is applying for the home visiting component, community health worker component or both, and whether they will subcontract any components. If applying for just a single category, you must also reference your partner applicant.

D: Main Proposal Submission Requirements To Submit a Responsive Proposal

*****Please note the maximum total page length for this section is 35 for applicants applying only for universal nurse home visiting or community health worker categories, and 45 for an applicant applying for both categories** (all appendices and other attachments should be referred to in section D and then placed in section E). The Agency Review Committee will not read answers longer than the maximum stated above in this section.

Directions:

Universal Nurse Home Visiting Applicants: Those applying for the universal nurse home visiting category of services, including those applying for both categories of services should answer prompts under these headers in addition to prompts for All Applicants.

Community Health Worker Applicants: Those applying for the community health worker category of services, including those applying for both categories of services should answer prompts under these headers in addition to prompts for All Applicants.

Each Category will be scored independent of one another. The two scores from either the joint applicants or the single organization for both Categories will then be aggregated for a final score.

Organizational Strengths

All Applicants:

- 1. Mission & History:** Provide a brief description of your organization, its history, core services/programming, and primary population served.
- 2. Leadership:** Describe experience and relevant qualifications of your organization's leadership team. Please attach resumes of relevant staff to the application.
- 3. Capacity to Launch New Initiative:** Describe a new initiative your organization planned and launched within the last three years. Include details of how you identified and implemented course corrections, and developed and put into action a sustainability plan.
- 4. Equity and Cultural Humility:** Describe your organization's framework to advancing equity and applying cultural humility to your work. How is this framework applied within your organization, and how does it guide your programming and project decisions?

Partnerships

All Applicants:

- 1. Description of Community Relationships:** List and describe several partnerships with catchment area providers in the categories below and provide one Letter of Commitment from each of two different categories below. Letters of Commitment should include a brief history of the partnership between both organizations and their stated commitment to the universal nurse home visiting-community health worker approach.
 - a. Health care (specifically maternal/OBGYN, Pediatricians)
 - b. Behavioral health providers
 - c. Domestic violence support services
 - d. Family social support programs
 - e. Fatherhood support programs
 - f. Financial assistance, employment training/higher education, or life skills development programs
 - g. Child care entities or establishments
 - h. Early childhood services including existing OEC-funded home visiting programs
 - i. Other family-focused entity or organization
- 2. Collaborations:** Provide an example of successful collaboration with multiple stakeholders and the outcomes you achieved for families because of it.

- 3. Relationship Development:** Describe your approach to building new relationships with organizations that serve families with young children.

Universal Nurse Home Visiting Applicants:

- 4. Birthing Hospital Buy-in:** How will you approach gaining the agreement of the birthing hospitals to permit program staff to interact with families of newborns prior to discharge or an alternative plan for reaching families prior to discharge? This should include hospital leadership as well as medical practitioners and staff interacting with families.
- 5. Stakeholder Management:** Share an example of a time when there was disagreement or dissent between different stakeholders you were leading. How did you address the disagreement? What was the result of your efforts, and/or what would you have done differently based on what you learned from that experience?
- 6. UNHV-CHW Collaboration:** If applying for UNHV, describe how your organization will partner with the Community Health Worker program of the system to deliver coordinated services to all families in the catchment area. CHWs will conduct prenatal outreach and as families transition out of Family Connects, those with higher needs will receive a warm hand-off to a CHW. Please also describe your vision for this hand-off.

Community Health Worker Applicants:

- 7. Connecting Families:** Please describe the knowledge and experience that CHWs in the catchment area will have related to connecting families to social services to address social drivers of health.
- 8. Care Coordination:** Please describe how CHWs will provide assistance with health insurance coverage, healthcare services, care coordination and successful use of healthcare services. Please include health promotion such as prenatal education, breastfeeding education and support, immunization outreach, parenting support and advocacy. Please include chronic disease management that CHWs will provide including reinforcement of clinical guidelines, management support and link between patient and provider.
- 9. UNHV-CHW Collaboration:** If applying for CHW, describe how your organization will partner with the Universal Nurse Home Visiting program of the system to deliver coordinated services to all families in the catchment area. CHWs will conduct prenatal outreach and as families transition out of Family Connects, those with higher needs will receive a warm hand-off to a CHW. Please also describe your vision for this hand-off.

Service Delivery

All Applicants:

- 1. Approach to Families:** Describe your organization's approach to working with families, and an example of the process for both (a) receiving a referral from and (b) referring a family to another organization.
- 2. Family Challenges:** Describe your organization's ties to the catchment area and how your organization stays attentive to the evolving needs of families in the

catchment area, particularly those in the prenatal phase or those with young children.

3. **COVID-19 Adaptations:** Describe how your organization has adapted to meet the needs of families during the COVID-19 pandemic.
4. **Family Outreach:** Provide examples of how you market your services to families and your strategy for expanding reach. Given the project's universal approach, describe the marketing strategy you would take to increase awareness among all families in the catchment area, regardless of income or background.

Universal Nurse Home Visiting Applicants:

5. **Home-Based Program Experience:** Detail your organization's experience implementing an evidence based in-home program for families, including caseload and capacity, in the catchment area. If no experience with in-home programs, describe experience implementing other clinical services to families with young children and how your organization will adapt to an in-home model. Include details about data collection, family engagement, COVID-19 related adaptations and track record of success.
6. **Referral Mapping Experience:** Describe your organization's experience with referral mapping or community-based needs assessment exercises related to prenatal and perinatal family supports, and its use in your organization's services.
7. **Sub-contractor Accountability:** If you plan to subcontract the in-home visit services, Community Alignment process or both, please (a) list which services, (b) list the subcontractors and attach Letter of Commitment from all, and (c) describe how you will oversee subcontractors and ensure accountability.

Community Health Worker Applicants:

8. **Community Health Worker Experience:** Detail your organization's experience staffing and deploying community health workers in the catchment area. Community health worker means a public health outreach professional with an in depth understanding of the experience, language, culture and socioeconomic needs of the community and who provides a range of services. CHWs include but are not limited to health coach, community health advisor, family advocate, health educator, liaison, promoter, outreach worker, peer counselor, patient navigator, health interpreter and public health aide, etc.
9. **Sub-contractor Accountability:** If you plan to subcontract Community Health Worker Training or Community Health Worker Services or both, please (a) list those services, (b) list the subcontractors and attach Letters of Commitment from all, and (c) describe how you will oversee subcontractors and ensure accountability.

Staff Recruitment Strategy

All Applicants:

1. **Recruit and Retain Staff:** Describe your organization's efforts to recruit and retain clinical and administrative staff representative of the greater Bridgeport area that includes addressing multicultural and multilingual needs of families.

- 2. Organizational Chart:** Attach a chart indicating where program staff for the relevant Category/Categories will be located within the organization. Highlight relevant support/supervisory staff based on staffing plans found in Section 3. Staffing Expectations of the RFP. If applying for both categories as a single organization, describe how you will maintain separate and unique supervisory structures for universal nurse home visiting and community health worker services. You should also clearly define these structures in the organizational chart.

Universal Nurse Home Visiting Applicants:

- 3. Nurse Home Visiting Staff:** Describe your organization's plan for recruiting and retaining the necessary number of registered nurses given the current nursing shortage. How will you minimize staff turnover?

Community Health Worker Applicants:

- 4. Community Health Worker Staff:** Describe your organization's plan for recruiting and onboarding the necessary number of Community Health Workers. How will you minimize staff turnover?

Data, Reporting, and Evaluation

All Applicants:

- 1. Grant Management:** Describe your organization's experience managing grant funding and the systems in place to maintain successful partnership with grantor and develop accurate and timely financial and programmatic reports. This may include federal, state or private grants.
- 2. Data Informed Decisions:** Describe how your organization critically thinks about the data you collect and provide an example of how you use that data to make programmatic decisions.
- 3. Data Systems:** Describe your organization's programmatic data systems and data entry processes.
- 4. Data Security:** Describe your data security procedures to ensure data collected are kept secure, confidential and complies with all state, federal data share laws, regulations and policies. As a required attachment, share your organization's data privacy policy if one is available. If one is not yet available, describe the process you will take to formalizing data security and privacy into organizational policy.
- 5. Evaluation:** Affirm your organization's commitment to cooperating with an external evaluation team. This may include but is not limited to providing accurate and timely data reports and staff interviews.

Financial and Organizational Plan

All Applicants:

- 1. Internal Financial Management:** Describe the financial management and internal accounting procedures that will be used to ensure proper financial management, including the fiscal controls designed for accountability. Any respondent to this RFP must agree to maintain its financial records in accordance with generally accepted

accounting principles (as defined by the American Institute of Certified Public Accountants).

- 2. Financial Analysis:** Describe the processes your organization has taken to manage and analyze financial reports.
- 3. Annual Financial Statements:** The Governance Team seeks applications from fiscally strong agencies, therefore, proposers must submit the most recent two years of complete sets of annual financial statements prepared by an independent Certified Public Accountant and reviewed or audited in accordance with Generally Accepted Accounting Principles (USA). If a proposer agency has been in business for less than two years, such proposer must include any financial statements prepared by a Certified Public Accountant and reviewed or audited in accordance with Generally Accepted Accounting Principles (USA) for the entire existence of such firm or corporation.
- 4. Project Budget and Budget Narrative:** Provide annual budgets in Excel spreadsheet form and accompanying narrative identifying expenditures for the periods below:
 - Category 1: 10/1/22 to 9/30/24
 - Category 2: 10/1/22 to 9/30/24

Respondents are advised that a responsive budget should limit annual administrative costs to 10% of the total budget. The Governance Team will work closely with the selected contractor(s) to ensure funds are spent effectively.

- 5. Insurance Reimbursement Knowledge:** Describe your organization's experience with Medicaid and/or private insurance reimbursements. If no experience, affirm your willingness to work closely with the Governance Team to pursue sustainable funding sources.

Optional Bonus Section: Pre-Planned Coordination

Home Visiting Applicants:

- 1. Pre-existing Hospital Partnerships:** If your organization has a formal partnership with either St Vincent's Medical Center or Bridgeport Hospital, submit a Letter of Commitment from either or both hospitals indicating a committed partnership to the Universal Nurse Home Visiting project. The applicant will receive a maximum of 5 bonus points.

E: Attachments

Attachments other than the attachments identified are not permitted and will not be evaluated. See the Proposal Checklist in **Appendix D** for a list of relevant attachments. Further, the required attachments must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions may result in disqualification.

F: Declaration of Confidential Information

If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL prior to submission. The proposer must reference where the information labeled CONFIDENTIAL is located in the proposal.

EXAMPLE: Section G.1.a. For each subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

G: Conflict of Interest – Disclosure Statement

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

H: Statement of Assurances

Place after Conflict of Interest-Disclosure Statement. Sign and return Appendix B.

V. MANDATORY PROVISIONS

A. POS STANDARD CONTRACT, PARTS I AND II

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

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

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

Note:

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

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

B. ASSURANCES

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

- 1. Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Agency may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.
- 3. Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.
- 4. Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Agency may include the proposal, by reference or otherwise, into any contract with the successful proposer.
- 5. Press Releases.** The proposer agrees to obtain prior written consent and approval of the Agency for press releases that relate in any manner to this RFP or any resultant contract.

C. TERMS AND CONDITIONS

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

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

D. RIGHTS RESERVED TO THE STATE

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

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

E. STATUTORY AND REGULATORY COMPLIANCE

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

- 1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
- 2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
- 3. Consulting Agreements, C.G.S. § 4a-81. Consulting Agreements Representation, C.G.S. § 4a-81.** Pursuant to C.G.S. §§ 4a-81 the successful contracting party shall certify that it has not entered into any consulting agreements in connection with this Contract, except for the agreements listed below. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information, or (C) any other similar activity related to such contracts. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of chapter 10 of the Connecticut General Statutes as of the date such contract is executed in accordance with the provisions of section 4a-81 of the Connecticut General Statutes. Such representation shall be sworn as true to the best knowledge and belief of the person signing the resulting contract and shall be subject to the penalties of false statement.
- 4. Campaign Contribution Restriction, C.G.S. § 9-612.** For all State contracts, defined in section 9-612 of the Connecticut General Statutes as having a value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to the resulting contract must represent that they have received the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice, as set forth in "Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations." Such notice is available at https://seec.ct.gov/Portal/data/forms/ContrForms/seec_form_11_notice_only.pdf

5. Gifts, C.G.S. § 4-252. Pursuant to section 4-252 of the Connecticut General Statutes and Acting Governor Susan Bysiewicz's Executive Order No. 21-2, the Contractor, for itself and on behalf of all of its principals or key personnel who submitted a bid or proposal, represents:

(1) That no gifts were made by (A) the Contractor, (B) any principals and key personnel of the Contractor, who participate substantially in preparing bids, proposals or negotiating State contracts, or (C) any agent of the Contractor or principals and key personnel, who participates substantially in preparing bids, proposals or negotiating State contracts, to (i) any public official or State employee of the State agency or quasi- public agency soliciting bids or proposals for State contracts, who participates substantially in the preparation of bid solicitations or requests for proposals for State contracts or the negotiation or award of State contracts, or (ii) any public official or State employee of any other State agency, who has supervisory or appointing authority over such State agency or quasi-public agency;

(2) That no such principals and key personnel of the Contractor, or agent of the Contractor or of such principals and key personnel, knows of any action by the Contractor to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the Contractor to provide a gift to any such public official or State employee; and

(3) That the Contractor is submitting bids or proposals without fraud or collusion with any person.

Any bidder or proposer that does not agree to the representations required under this section shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified bidder or seek new bids or proposals.

6. Iran Energy Investment Certification C.G.S. § 4-252(a). Pursuant to C.G.S. § 4-252(a), the successful contracting party shall certify the following: (a) that it has not made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, and has not increased or renewed such investment on or after said date. (b) If the Contractor makes a good faith effort to determine whether it has made an investment described in subsection (a) of this section it shall not be subject to the penalties of false statement pursuant to section 4-252a of the Connecticut General Statutes. A "good faith effort" for purposes of this subsection includes a determination that the Contractor is not on the list of persons who engage in certain investment activities in Iran created by the Department of General Services of the State of California pursuant to Division 2, Chapter 2.7 of the California Public Contract Code. Nothing in this subsection shall be construed to impair the ability of the State agency or quasi-public agency to pursue a breach of contract action for any violation of the provisions of the resulting contract.

7. Nondiscrimination Certification, C.G.S. § 4a-60 and 4a-60a. If a bidder is awarded an opportunity to negotiate a contract, the proposer must provide the State agency with *written representation* in the resulting contract that certifies the bidder complies with the State's nondiscrimination agreements and warranties. This nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The authorized signatory of the contract shall demonstrate his or her understanding of this obligation by either (A) initialing the nondiscrimination affirmation provision in the body of the resulting contract, or (B) providing an affirmative response in the required online bid or response to a proposal question, if applicable, which asks if

the contractor understands its obligations. If a bidder or vendor refuses to agree to this representation, such bidder or vendor shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked vendor or the next lowest responsible qualified bidder or seek new bids or proposals.

8. Access to Data for State Auditors. The Contractor shall provide to OPM access to any data, as defined in C.G.S. § 4e-1, concerning the resulting contract that are in the possession or control of the Contractor upon demand and shall provide the data to OPM in a format prescribed by OPM [or the Client Agency] and the State Auditors of Public Accounts at no additional cost.

VI. APPENDIX

A. ABBREVIATIONS / ACRONYMS / DEFINITIONS

ARPA	American Rescue Plan Act
BAA	Business Associate Agreement
BFO	Best and Final Offer
C.G.S.	Connecticut General Statutes
CDC	Centers for Disease Control and Prevention
CHRO	Commission on Human Rights and Opportunity (CT)
CHW	Community Health Workers
CT	Connecticut
DAS	Department of Administrative Services (CT)
FCI	Family Connects International
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
OAG	Office of the Attorney General
OEC	Office of Early Childhood (CT)
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
OHS	Office of Health Strategy (CT)
DSS	Department of Social Services (CT)
DPH	Department of Public Health (CT)
DCF	Department of Children and Families (CT)
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request For Proposal
SAM	System for Award Management
SEEC	State Elections Enforcement Commission (CT)
U.S.	United States
UNHV	Universal Nurse Home Visiting

- *contractor*: a private provider organization or municipality that enters into a POS contract with the Agency as a result of this RFP
- *proposer*: a private provider organization or municipality that has submitted a proposal to the Agency in response to this RFP. This term may be used interchangeably with respondent throughout the RFP.
- *prospective proposer*: a private provider organization or municipality that may submit a proposal to the Agency in response to this RFP, but has not yet done so

- *subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Agency as a result of this RFP

B. STATEMENT OF ASSURANCES

Connecticut Office of Early Childhood

The undersigned Respondent affirms and declares that:

1) General

- a. This proposal is executed and signed with full knowledge and acceptance of the RFP CONDITIONS stated in the RFP.
- b. The Respondent will deliver services to the Agency the cost proposed in the RFP and within the timeframes therein.
- c. The Respondent will seek prior approval from the Agency before making any changes to the location of services.
- d. Neither the Respondent or any official of the organization nor any subcontractor the Respondent or any official of the subcontractor organization has received any notices of debarment or suspension from contracting with the State of CT or the Federal Government.
- e. Neither the Respondent or any official of the organization nor any subcontractor to the Respondent or any official of the subcontractor's organization has received any notices of debarment or suspension from contracting with other states within the United States.

Legal Name of Organization:

Authorized Signatory

Date

C. LETTER OF INTENT FORM

Return via e-mail to OEC.RFP.UHV@ct.gov and include "UNHV RFP LOI [your organization name]" in the subject line. All emails must be received by July 13, 2022.

Instructions:

1. Respondents must designate an authorized representative and one alternate in Section A of this letter. The authorized representative and alternate will be the only individuals to communicate with the OEC official contact during the open submission period. The letter must be signed by the organization's Chief Executive Officer or another official with signatory authority.

2. Respondents must indicate whether they intend to apply for Category 1: Universal Nurse Home Visiting, Category 2: Community Health Worker Training and Services, or both.

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

Applying Agency/Organization:

To the Office of Early Childhood:

I, the undersigned, for and on behalf of the named applicant agency, do herewith intend to apply for this funding and attest that to the best of my knowledge the statements made herein are true.

Section A.

	Authorized Representative	Alternate
Name		
Title		
Business Address		
Email		
Phone		
Working Hours		

Section B. Mark which Category or Categories you intend to apply for. If you are applying for just Universal Nurse Home Visiting or Community Health Worker Training and Service Delivery, please list your partner organization in the opposite box below.

Universal Nurse Home Visiting	Community Health Worker Training and Service Delivery

Signature of Authorizing Official

Date

Typed name and Title

D. PROPOSAL CHECKLIST

To assist respondents in managing proposal planning and document collation processes, this document summarizes key dates and proposal requirements for this RFP. Please note that this document does not supersede what is stated in the RFP. Please refer to the Proposal Submission Overview, Required Proposal Submission Outline, and Mandatory Provisions (Sections III, IV, and V of this RFP) for more comprehensive details. It is the responsibility of each respondent to ensure that all required documents, forms, and attachments, are submitted in a timely manner.

Key Dates

Procurement Timetable		
The Agency reserves the right to modify these dates at its sole discretion.		
Item	Action	Date
1	RFP Issued	Friday, June 17, 2022
2	Mandatory Bidder's Conference	Wednesday, June 29, 2022
3	Mandatory Letter of Intent Due	Friday, July 15, 2022
4	Deadline for Questions	Thursday, July 28, 2022
5	Proposals Due	Wednesday, August 3, 2022 @ 5:00PM

Registration Link for Pre-bid Conference:

Find registration link on OEC website: ctoec.org/RFPS

Registration with State Contracting Portal (if not already registered):

- Register at: <https://portal.ct.gov/DAS/CTSource/Registration>
- Submit Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>

Proposal Content Checklist

- Cover Sheet** including required information:
 - o RFP Name or Number
 - o Legal Name
 - o FEIN
 - o Street Address
 - o Town/City/State/Zip
 - o Contact Person
 - o Title
 - o Phone Number
 - o E-Mail Address
 - o Authorized Official
 - o Title
 - o Signature
- Table of Contents**
- Executive Summary:** Two-page high-level summary of proposal and cost
- Main proposal body answering all prompts** (no more than 35 pages for an application for a single Category; no more than 45 pages for an application to both Categories)
- Required Attachments**
 - o Agency and program organizational chart detailing reporting structure
 - o Key staff resumes
 - o Two Letters of Commitment from referral partner classifications in Criterion B: Partnerships

- Organization data security procedures if not described in main proposal
- If applying for single Category: Letter of Commitment from partner applicant of other Category
- If applicant chooses to subcontract any components: Letter of Commitment from subcontractor(s)

- Optional Attachments**
 - Category 1 Applicants: Letter of Commitment from one or both birthing hospitals in Bridgeport as described in Bonus: Pre-Planned Coordination section

- IRS Determination Letter** (for nonprofit proposers)
- Two years of most recent annual audited financial statements; OR any financial statements prepared by a Certified Public Accountant** for proposers whose organizations have been incorporated for less than two years.
- Proposed budget**, including budget narrative and cost schedules for planned subcontractors if applicable.
- Conflict of Interest Disclosure Statement**
- Statement of Assurances Letter**

Formatting Checklist

- Is the proposal formatted to fit 8 ½ x 11 (letter-sized) paper?
- Is the main body of the proposal within the page limit prescribed depending on application?
- Is the proposal in 12-point, Times New Roman font?
- Does the proposal format follow normal (1 inch) margins and 1 ½ line spacing?
- Does the proposer's name appear in the header of each page?
- Does the proposal include page numbers in the footer?
- Are confidential labels applied to sensitive information (if applicable)?