

**STATE OF CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND
ADDICTION SERVICES
ADDENDUM 2**

RFP #DMHAS-DFS-PTIP-2023

The Department of Mental Health and Addiction Services (DMHAS) is issuing Addendum 2 to the Pre-Trial Intervention Program RFP.

A. Legal Notice Scope of Service Changes - Section 2.C.2 Service Expectations, Item 2.g. Group Interaction and Education (page 14 of the RFP) is hereby deleted and replaced with the following:

g. Group Size must remain within 6 and 18 participants.

B. **Questions and Answers** – The following are DMHAS responses to the questions received during and after the Bidder’s Conference.

In the event of an inconsistency between information provided in the RFP and information in these answers, **the information in these answers shall control.**

1. **Question:** Does DMHAS expect DDaP data requirements to continue for the duration of the contract given that the program is now in CDCS?
Answer: The current expectation is that DDaP data requirements will continue.
2. **Question:** The bottom of page 12, section 1, asks for “the proposer’s philosophy and approach regarding service provision to adults with mental health disorders”. Should it state substance use disorders instead?
Answer: It should say mental health and substance use disorders.
3. **Question:** The proposed reduced payment structure for individuals who do not finish the group makes PTIP increasingly a financially unviable program. Would you consider increasing the maximum group size from 15 to 20 to offset the reduced fees?
Answer: DHMAS has agreed to increase the group size to a maximum of 18 participants. See attached Addendum 2 Scope of Services Changes.
4. **Question:** Once again the proposed reduced payment structure for individuals who do not finish the group makes PTIP increasingly a financially unviable program. Would you consider increasing the client group fee to account for the anticipated loss in revenue?
Answer: No
5. **Question:** Is there any consideration to increasing the fee for the 12-week group which is currently \$285 as this works out to only \$23.75 per session? Does DMHAS believe this is a fair rate?
Answer: No. There is no consideration to increase the fee. Based on our research, this is a fair rate.

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6. **Question:** would you be willing to increase the reinstatement fees to the full amount for groups, given that the program resources needed for both client types are the same?
Answer: Reinstatement fees will not be increased
7. **Question:** Per the bidder's conference DMHAS will pay for groups in 3 increments rather than in full at the start of the group. This means if a client takes up a roster spot in a group and stops attending providers will lose out on some payment. I would like to bring your attention that spot the client(s) took can-not just be back filled so providers will have to operate the group with open unpaid spot(s) with operational and administrative costs that don't go away causing a hardship to the program. Is there consideration of keeping the current model of paying for the full group?
Answer: No, to address this concern DMHAS has agreed to increase the group size to a maximum of 18 participants. See attachment Addendum 2.
8. **Question:** My understanding is clients pay the court the fees to attend the program, Judicial passes along the funds to DMHAS and DMHAS pays providers for providing the service. If DMHAS proceeds with the paying for groups in 3 increments, should a client not complete and a provider only receive the first and/or second installment what happens to the balance of the funds that were not paid to the provider, do they go back to client or does DMHAS or Judicial keep the client's unspent funds?
Answer: The Judicial Branch transfers the fees to DMHAS.
9. **Question:** Over the past several years, we have seen a significant decline in referrals to the PTIP Program that have caused financial deficits. Will providers have an opportunity to apply for the funding needed to cover the costs of operating such as rent, utilities, insurance, and other A & G expenses? Without increases in the RFP, we are sure to see even larger deficits throughout the duration of the contract making the program financially unsustainable.
Answer: PTIP is a fee-for-service program. No additional funds will be available.
10. **Question:** On Page 18 of 42, item d. Budget Expectations – should this actually be No. 7, with a, b and c following, or is it correct the way it is?
Answer: Yes.
11. **Question:** On Page 19 of 42, under 6. Style Requirements, bullet point 7, Page Limit. Should budget forms and budget narrative be part of this bullet as being exclusive of, making bullet point 8 an error?
Answer: Bullet #7 should include Budget forms and budget narrative.
12. **Question:** With the program being fee-for-service and payment being made based on participants who attend a PTIP group and invoiced monthly by the organization how can an itemized annual budget be completed?
Answer: A budget is a requirement of the all contracts. Please submit an estimated annual budget for the PTIP program. Please email official contact at DMHAS.FiscalContracts@ct.gov.

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13. **Question:** PTIP is a Fee-for-Service program. In all other FFS RFP's, a line-item budget and narrative was not required. Why are those required for this RFP?
Answer: An annual budget is required.
14. **Question:** Which court office covers Willimantic?
Answer: Willimantic is part of the Windham Judicial District. Cases are heard at GA 11 in Danielson.
15. **Question:** Is Enfield the contracted courthouse for Hartford?
Answer: The Enfield Court is permanently closed and has merged with Hartford.
16. **Question:** What is the average group size and how many groups are typically run each week by region?
Answer: A total of 262 groups were facilitated during FY2022. Each provider determines their group size. Average group size of 11 participants.
17. **Question:** Will you please provide data by region on the number of English vs non-English speaking clients in the last year?
Answer: This data is not available.
18. **Question:** Will you please provide data on how many initial and reinstatement referrals were made by region in the last year? The charts in the RFP do not separate group sessions by type (initial vs. reinstatement).

PTIP Group Total	4324
Catholic Charities	1,499
Community Health Resources	561
The Connection	581
CT Renaissance	524
MCCA	900
SCADD	410
Wheeler	849
PTIP Reinstatement Total	165
Catholic Charities	40
Community Health Resources	22
The Connection	10
CT Renaissance	8
MCCA	52
SCADD	10
Wheeler	23

Answer: The FY2022 numbers below indicate the number of initial and reinstatement clients started group by provider. We do not have the number per region.

19. **Question:** Will you please provide data by region that shows 1 session/6 session/12 session completion rates in the last year?

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Answer: The only data available are successful completion rates. Historically we haven't collected data regarding 1 and 6 session completion rates. The successful completion rates listed below include numbers for the Alcohol Education Program and the Drug Education Program. These programs have been replaced by the Impaired Driving Intervention Program and the Drug Intervention and Community Service Program starting 4/1/2023.

	2021			2022		
AEP, DECSP, IDIP/DICSP	# of completions	Total Discharges	%	# of completions	Total Discharges	%
Evaluation	5,720	6,331	90%	5,577	6,469	86%
Placements	2,435	3,060	80%	4,730	6,612	72%
Total	8,155	9,391	87%	10,307	13,081	79%

20. **Question:** Please provide data on the number and percent of consumers who complete the 1st, 6th and 12th sessions. Please also provide the number and percent of consumers who receive reinstatements. Of the reinstated consumers, how many completed the 1st, 6th and 12th sessions? If this data can be broken out by court, that would be helpful.

Answer: See question 19 above.

21. **Question:** Do you have an overall number of clients who complete 6 sessions and clients who complete the full group cycle?

Answer: See question 19 above.

22. **Question:** Who are the providers who currently serve each court and how many consumers did each provider serve in FY 21-22?

Current PTIP Providers	
Agency and Address	Location of Services
Catholic Charities –Institute of Hispanic Family	Hartford
Community Health Resources (CHR)	Danielson, Enfield, Manchester and Willimantic
Connecticut Renaissance, Inc.	Bridgeport, Norwalk and Stamford
The Connection, Inc., Michael Perlin Center	Meriden, Middletown, Milford and Old Saybrook
Midwestern Connecticut Council on Alcoholism (MCCA)	Derby, Danbury, New Haven, New Milford and Torrington
Southeastern Council On Alcoholism And Drug Dependence (SCADD)	Norwich and New London

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Wheeler Clinic	New Britain and Waterbury
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23. **Question:** Are the annual consumer numbers for Enfield/Hartford courts what you expect to serve in FY 23-24? Or are the annual consumer numbers inflated as a result of a COVID-related backlog? If the annual numbers are inflated, what are the “normal numbers” and what should the numbers served be for FYs 24-25 and 25-26?

Answer: We are unable to predict the number of referrals.

24. **Question:** What is the annual number of consumers served by the Hartford Court? What is the number of annual consumers served by the Enfield Court?

Answer: Since the beginning of the pandemic, Enfield cases have been served by the Hartford Court.

25. **Question:** The number of consumers to be served in Hartford/Enfield is the highest in the state. Is the number of Hartford consumers to be served higher than those in large cities like Bridgeport and New Haven? If so, why?

Answer: We do not have this information.

26. **Question:** Can you please clarify the meaning of this sentence on page 7 of the RFP: The assigned contractor is not required to locate a PTIP service site in the town of the court but only the assigned contractor will have the right to do so unless authorized by DMHAS?

Answer: Only one contractor will be selected for each Court. The contractor will need to have a location in the region, but not necessarily in the same town as the court. Providers who are not contracted for that Court are not allowed to provide PTIP services in the town the Court is located in unless approved by DMHAS.

27. **Question:** Only one agency per court Region can be selected?

Answer: Yes, one contracted agency per geographical court location.

28. **Question:** Do you expect that the Hartford/Enfield provider be located in one site or are you looking for a site for each court?

Answer: DMHAS is looking for a provider to serve the Hartford court which will include Enfield cases.

29. **Question:** Must the program site have the ability to provide Intensive Outpatient Services at the site?

Answer: No.

30. **Question:** Can DMHAS post a list of organizations who submitted an LOI, separated by court?

Answer: Please email official person at DMHAS.FiscalContracts@ct.gov for this information for a list of organizations that submitted an LOI.

31. **Question:** What group model(s) are used?

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Answer: PTIP groups are interactive psychoeducation. DMHAS will provide a customized curriculum with a cognitive behavioral approach.

32. **Question:** How are facilitators trained in the model(s)?

Answer: A live web-based training will be provided by the developers of the curriculum, for facilitators at the start of the new contracts. Training for staff joining PTIP providers afterwards, which will include a recording of the original web-based training and information from DMHAS PTIP staff.

33. **Question:** Is the group “open” and can members join the cycle at any time, or do they need to join at class 1 and attend consecutively through class 12? If they miss a class and have to attend consecutively, do they need to wait for the next group cycle to attend? This may interfere with the goal of completion within 12 weeks and goal of enrolling them within 90 days of referral.

Answer: The groups are closed. Missed classes will need to be made up by completing a homework assignment of the material that was covered in the missed class. If the provider can accommodate client making up the session in a different group that is also an option. Enrolling clients within 90 days is a statutory requirement.

34. **Question:** Are subcontractors permitted?

Answer: No, subcontractors are not permitted.

35. **Question:** Please confirm that the group fee is the same for Impaired Driving and Drug-Related Offenses.

Answer: The program expectations for the Impaired Driving Intervention Program and the Drug Intervention and Community Service Program are exactly the same, including the program fees.

36. **Question:** Can DMHAS provide data (ideally broken down by court) on how many people in SFY22 had reinstatement of 12-session group?

Answer:

PTIP Reinstatement Total	143	165
Catholic Charities	38	40
Community Health Resources	30	22
The Connection	13	10
CT Renaissance	24	8
MCCA	20	52
SCADD	7	10
Wheeler	11	23

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37. **Question:** Can DMHAS provide data (ideally, broken down by court) on how many people in SFY22 attend 6 group sessions? Does DMHAS have data on how many people complete the full group cycle (12 sessions)?

Answer: Totals of clients who attended 6 group sessions but did not complete are not available.

38. **Question:** Is a budget required for this fee-for-service program?

Answer: Yes, a budget is required.

39. **Question:** Can you provide the budget forms and Excel document?

Answer: Yes, Please email official contact person at DMHAS.FiscalContracts@ct.gov

40. **Question:** My organization is having trouble figuring out exactly how to respond to prompts where there are no specific questions asked. Please include or some variation isn't there? It seems that these prompts lack detail on what can be expected by the bidder. Can we get clarification on what exactly is being requested from our narratives?

Answer: Please refer to Scope of Services description (Section ii of the RFP)

41. **Question:** What are the Out-of-State client fees?

Answer: The Out-of-State client fees are as follows:

- **Evaluation: \$150.00**
- **Initial Group: \$400.00**
- **Reinstatement Group: \$250.00**

42. **Question:** PTIP is the fee for service program and all the RP's align. Item budget and narrative was not required. Why?

Answer: A budget is required for this RFP.

43. **Question:** So that you can benefit from those 25 pages, but you do not attach something that you have not referenced?

Answer: Attachments should be referenced in the main proposal.

44. **Question:** Can proposal be mailed?

Answer: Everything needs to be submitted through email to the designated email address included in RFP. We can't accept mail.

45. **Question:** The budget form on page 34 of the RFP for the program or organization?

Answer: It's for the program.

46. **Question:** Are you looking for staffing of the entire clinic or just the PTIP program?

Answer: We need to know the staffing for the PTIP program.

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47. **Question:** Should we be basing the budget on a projection of anticipated fees to be invoiced? **Answer: Please discuss with your internal budget Director/staff.**
48. **Question:** Regarding the payment structure- is the \$285 per client per 12-week session or per client per group?
Answer: \$285 is the total fee paid if the client successfully completes all the group cycle.
49. **Question:** The DPH scope of practice for CAC and BA level clinicians don't allow them to do evaluations. Has DPH been consulted on the allowed staff for this RFP?
Answer: CAC level clinicians are allowed to provide assessments under supervision of licensed staff. Bachelor level staff who are students or trainees, are allowed to work under supervision of licensed staff. This has been confirmed by the Department of Public Health (DPH) staff.
50. **Question:** What information should we include in Section D3 Staffing Plan as part of our application? Other than the required qualifications listed on pages 16-17 and required attachments in the RFP, I do not see any details on what should be included as part of our proposed Staffing Plan.
Answer: The staffing plan needs to demonstrate that adequate staffing is available to meet all the contract requirements.
51. **Question:** Are clients expected to pay for any part of the services and if so are providers expected to collect payment? Is the payment deducted from the fee for service payment?
Answer: Clients referred by the Connecticut Courts are not expected to pay the provider for any part of the services. Fees are paid to the court and transferred to DMHAS.
52. **Question:** What information should we include in Section D4 Data and Technology Expectations as part of our application? I see on page 17 of the RFP that organizations should have "sufficient staff and technical capacity to submit required and requested data...within specified timeframes". I do not see any details on what should be included as part of our proposed Data and Technology response. Please advise.
Answer: The proposal needs to reflect (that you have staff) who will be responsible for data entry both on DDaP and CDCS, and that this will be completed within the required timeframes listed in the RFP, on pages 15 and 17. The response also needs to show that the provider has the technological equipment needed.
53. **Question:** Is the contract amount reflective of flat, increased or decreased funding?
Answer: The contract amount is reflective of flat funding.
54. **Question:** As it relates to the substance abuse treatment curriculum, will we have access to that beforehand?

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Answer: The curriculum will be made available once contracts are signed.

55. **Question:** Please clarify the licensure requirement "Substance Abuse Treatment Provider". Does each site have to be licensed?

Answer: No.

Submitted by Ondria Lucky
02/23/2023