Addendum 4
STATE OF CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTIONS SERVICES

DMHAS EBP SE RFP 2022

The State of Connecticut Department of Mental Health and Addiction Services is issuing Addendum 4 to the **Evidence Based Practices Supported Employment Request for Proposals.**

Addendum 4 contains:

A. Questions and Answers

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

A. Questions and Answers

1. **Question:** Do we need to submit a different LOI for each geographic region we intend to submit for, or is it acceptable to list multiple regions on the 1 form?

Answer: Per the RFP, I. GENERAL INFORMATION B. INSTRUCTIONS 8. Mandatory Electronic Letter of Intent, the LOI must include the Geographic Area being proposed to deliver SE services. Each Geographic Area being proposed must be submitted as a separate and distinct proposal.

DMHAS requested the Geographic Area (singular) to be included on the LOI; but will and have accepted multiple Geographic Areas on a LOI.

2. **Question**: I was reviewing the RFP document and had some questions that I needed answered prior to submitting a letter of intent. Would you be available for a brief phone conversation tomorrow at some point?

Answer: No. Per the RFP, I. GENERAL INFORMATION B. INSTRUCTIONS 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 revised deadline specified in the Procurement Schedule.

3. **Question:** The towns listed under the Enfield Area do not align with the current configuration and create an issue with our current service delivery system as an LMHA. Please reconsider this configuration.

Answer: **Please refer to Addendum #2.**

4. **Question:** The funding for the Enfield area is decreased along with the capacity. The capacity only allows for 2.5 FTE and it is very hard to hire part time staff. Please reconsider this capacity and explain why the capacity was reduced.

Answer: **Reconsideration of capacity is not an option. We have a finite budget for this level of care. With a slot rate of $4,700, that yields a certain number of slots we can fund. We are funding the average daily census for each geographic area for the year before the pandemic (March 2019-February 2020).**

5. **Question:** We are preparing our Letter of Intent for the Supported Employment RFP and need one point of clarification on the Geographic Area(s) to be served so that we can accurately prepare and submit the LOI(s). Does the Geographic Area relate to the referral source location or the town of residence of the individual being served?

Answer: **The geographic area generally refers to the town of residence of the individual. An individual's choice of providers is also considered.**

6. **Question:** Could we submit more than three letters with different geographic areas knowing we could only submit 3 proposals. Also is it a requirement to have an office in the area we are proposing.

Answer: **Yes, you may submit more than three Letters of Intent. It is not a requirement to have an office in the area you are proposing.**

7. **Question:** I am trying to determine what geographic areas to apply for and do not see New Haven included? Was that intentional or am I missing something? Also is there a formal Letter of Intent form

Answer: **New Haven is now listed in Greater New Haven. Please refer to Addendum 2. Yes, a Mandatory Letter of Intent form is provided.**

8. **Question:** Did you get my question about New Haven not being listed in the Geographical areas? Was not sure if it was intentional or a mistake.

Answer: **Please refer to answer to Question 7.**

9. **Question:** How were the service areas determined? They are different than the current configuration: for example, in Enfield, we see a reduction in capacity yet the addition of two towns.

Answer: **The current configuration of the LMHA Service areas was determined based on the current configuration of DMHAS areas of**

Programs and Services, listed on the DMHAS website. Finding Services (ct.gov). Please also refer to Addendum #2. https://portal.ct.gov/DMHAS/Programs-and-Services/Finding-Services/Finding-Services

10. **Question:** How was the capacity per area determined?
Answer: DMHAS used the average daily census (ADC) for each area for the year before the pandemic as the capacity per area. The ADC was calculated using data submitted by each employment program to DMHAS' data system (DDaP).

11. **Question:** Who are the existing providers in each of the service areas?
Answer: Current Supported Employment providers are listed on the DMHAS website. Supported Employment Services (ct.gov)
https://portal.ct.gov/DMHAS/Initiatives/Evidence-Based/Supported-Employment-Services

12. **Question:** Who submitted LOIs for each geographic area?
Answer: Noteworthy: Conn. Gen. Stat. 1-210(b)(24) states that the following documents are exempt from disclosure: Responses to any request for proposals or bid solicitation issued by a public agency, responses by a public agency to any request for proposals or bid solicitation issued by a private entity or any record or file made by a public agency in connection with the contract award process, until such contract is executed or negotiations for the award of such contract have ended, whichever occurs earlier.

13. **Question:** What is the budget per service area?
Answer: The slot rate is $4,700 annually. Multiple people may be served in a slot over the course of a year. Each service area will have a different budget based on its capacity. Please refer to Addendum #1.

14. **Question:** What is the relationship with the LMHA in each service area?
Answer: The expectation of the IPS model is for the Employment Specialist to be embedded (participate) on the clinical teams, and be physically located at the LMHAs and other outpatient clinics. Please refer to II. PURPOSE OF RFP AND SCOPE OF SERVICES B. Program Overview.

15. **Question:** Will the contract be managed by the LMHA as they are now?
Answer: Yes, with oversight from DMHAS OOC and the Employment Systems Manager.

16. **Question:** Regarding the staffing levels: why is there so little time for the Supervisors when the model is very labor intensive?

Answer: There is no mention in the RFP of a maximum amount of time for the supervisor. The IPS Supervisor is able to supervise up to 10 full time Employment staff (Employment Specialists and/or Recovery Support Specialists) with no other responsibilities for other programs. So the minimum amount of time for the supervisor is .10 FTE per supervisee. Please refer to: RFP Section *D: Main Proposal Submission Requirements To Submit a Responsive Proposal,* 3. Staffing Expectations

17. **Question:** 1. On p.19 of the RFP it says that each team must include "a .10 FTE supervisor for each FTE Supported Employment Specialist". (a) Are we correct that for 2 FTE Supported Employment Specialists, we should budget .20 FTE supervisor? (b) Is supervisor attendance at statewide meetings to be included in this figure, or should it be budgeted separately?

Answer: It is expected that the IPS Supervisor be a part of and contribute to the Learning Collaborative (statewide meetings). Participation in the Learning Collaborative will reinforce Best Practices for Supported Employment and be an opportunity for the Employment Supervisor to receive training and support. Regarding the budget, that is the decision of each proposer, but the .20 FTE in this example is the minimum.

18. **Question:** The supervisor of our Supported Employment program works under the direct supervision of the Director of Adult Services. Typically, we budget 1 hour a week for the latter position. Can we add this to the supervisor FTE budgeted above, or must it be included in it?

Answer: Regarding the budget, that is the decision of each proposer.

19. **Question:** Is the funding level of $94,000 ($4,700 x 20 slots) for each 1.0 FTE employment specialist position reported in Addendum 1 to be understood as applying to salary + fringe only? If not, which other costs does it include? For example, does it include or exclude funding for training, insurance, transportation, occupancy, and administrative costs?

Answer: Regarding the budget, that is the decision of each proposer. DMHAS expects that the $94,000 per employment specialist will include their salary, fringe, and other expenses.

20. **Question:** On p.19 of the RFP it says: "At least one (1) certified Recovery Support Specialist (RSS) or Recovery Coach is required on each Supported Employment team." Must the Recovery Coach have RSS certification, or can a number of years of experience substitute for this requirement? (b) If RSS certification is required, can the requirement be phased in through the hiring

process, or must current staffing be modified to ensure that at least one has RSS certification? (Since only those with lived experience are eligible for RSS certification, this might require firing current staff for some applicants.)

Answer: The RSS certification is required and may be obtained after hire through one of the Connecticut certification agencies: Advocacy Unlimited, Inc., Connecticut Community for Addiction Recovery (CCAR), or Hartford HealthCare Recovery Leadership Academy.

21. **Question:** Does DMHAS have any guidance or suggested limits on the total expenditure for "Client Subsidies"?

Answer: The RFP does not include "client subsidies". It is listed on the budget form; however, there are no client subsidies.

22. **Question:** Item 2.c.2 in the RFP seems to express an expectation we haven't seen before: "Protocols that require enrollment into employment services within five (5) working days from when an individual expresses interest in working, and the ability to track this information".

    We find that many clients who express initial interest in working when asked during intake have little understanding of what the employment preparation and search process involves. We therefore have at least one pre-enrollment interview. Enrollment follows immediately upon the client's fully informed decision. Thus our response to the question, based on our current procedures, might be that a preliminary interview follows within 5 days of the initial indication of interest, and enrollment immediately upon an informed decision on the part of the client.

    Within the RFP's bounds of 5 days, would this approach be acceptable by the Department?

Answer: Intake into the agency is different from a referral to the Employment Services program. The expectation is once a referral is made to the employment program either by a team member, family member or self-referral, there is an expectation that a response be made within five business days. The intent of this process is to respond to the individual in a timely manner.

23. **Question:** Could you please provide the list of organizations that have submitted Letters of Intent of organizations that intend to apply for the Greater Hartford and Greater Waterbury geographic areas?

Answer: Please see answer to #12.

24. **Question:** Is this RFP a re-bid of all evidence based practices supported employment services in Connecticut or does this RFP add to the current services provided by DMHAS-contracted providers?

Answer: This RFP is a re-bid of the Evidence Based Practices for Supported Employment services in Connecticut and does not add to the current services.

25. **Question**: Where is this funding originating? Is it state or federal funding? Is it ARPA or ARP funding?

Answer: It is State General Funds. Please refer to Section I. General Information B. Instructions 5. Contract Awards.

26. **Question:** Will the funding for these services ($8.7 million) be sustained beyond the initial contract period?

Answer: Yes

27. **Question:** Is the supported employment RFP a continuation of the previous funding or is it an expansion? Additionally, when does the contract period end?

Answer: The Supported Employment RFP is a procurement for the Evidence Based Supported Employment Services Program. The services will be ongoing and incorporated into each contract. Per the RFP, the contract period end date is TBD.

28. **Question:** When you ask for experience with ISP services, if we haven't done ISP-specific ones but have done other employment-related services, should we list/explain these?

Answer: Yes

29. **Question:** Training was brought up but DMHAS staff said that nothing had been determined at this point. Can you just say whether specific ISP Training will be provided by DMHAS or if we will be paying to obtain our own training in this evidence-based practice?

Answer: Initial training and technical assistance will be provided by the Department. It is recommended to attend the IPS Leadership training through the IPS Employment Center, but it is not mandatory.

30. **Question:** Does DMHAS have a cost-per-client range?

Answer: The cost per slot is $4,700 per year. Slots may include multiple individuals over the course of a year. We do not have a cost per client. Please refer to Addendum #1.

31. **Question:** In your definition of competitive employment, you write that you are focusing on the general labor market in positions that are open and

available to any qualified individual in the labor pool. Jobs must not be "set aside" or reserved for individuals with disabilities. How about jobs that are set-aside for specific populations (e.g., vets, ex-offenders, etc.) that are not disability related?

Answer: Positions that are available in the general labor market that are open to any qualified individual in the labor force are acceptable.

32. **Question:** Is Hartford itself included in the greater Hartford Area, as it isn't specifically listed?

Answer: Yes, Hartford is now included in the Greater Hartford Area. Please refer to Addendum #2.

33. **Question:** If we have already submitted questions by email, must we submit them again by chat in order to get a response today?

Answer: No, all questions received via chat are included in this addendum.

34. **Question:** For the Peer Support Specialist position - is the peer working with 20 unduplicated clients or 20 clients served by employment specialist in the employment program.

Answer: It is expected that the Peer Support Specialist carry a caseload of 20 unduplicated individuals. Please refer to Section IV. REQUIRED PROPOSAL SUBMISSION OUTLINE AND REQUIREMENTS, *D: Main Proposal Submission Requirements To Submit a Responsive Proposal,* 3. Staffing Expectations. It is also acceptable to have the peer specialist work with clients served by the employment specialists as an additional component of the program.

35. **Question:** Is there a specific percent allowable to cover overhead costs?

Answer: Regarding the budget, that is the decision of each proposer.

36. **Question:** Can you explain why the towns included in the regions in this RFP are different than the current configuration?

Answer: Please refer to answer #9 and Addendum #2.

37. **Question:** Is there a maximum administrative rate we can charge?

Answer: Regarding the budget, that is the decision of each proposer.

38. **Question:** Will there be any consideration for current contract performance for existing employment providers in the final decisions?

Answer: **The review and evaluation process is based on the responses to the requirements provided in the RFP.**

39. **Question:** Is the Supported Employment Specialist required? I don't see it listed in the Staffing Expectations.

Answer: **Yes**

40. **Question:** Are we required to have a program office in the geographical area we are bidding for?

Answer: **No**

41. **Question:** We can submit questions after this chat via email...correct?

Answer: **Yes, please submit to the Official Contact.**

42. **Question:** So the Peer Specialist is an employment specialist who is a peer?

Answer: **Yes, or you can have the Peer Specialist be in addition to the Employment Specialists.**

43. **Question:** Is the expectation that the Peer will be doing all facets of services for their caseload, just as an ES?

Answer: **Yes, that is one way to do it. Other program designs can be used as well.**

44. **Question:** no specific percent for admin but some percent is allowable?

Answer: **Yes, there is percentage allowed, however regarding the budget, the amount is the decision of each proposer.**

45. **Question:** New Canaan seems to be in wrong geography - contiguous with Norwalk etc., not Greater Bridgeport towns

Answer: **Please refer to Addendum 2.**

46. **Question:** Is the supervisor included in the 1:20 ratio?

Answer: **No, the Employment Specialist/Recovery Support Specialist is responsible for a 1:20 ratio however if the supervisor is supervising less than ten staff, s/he/they may take on a small caseload**.

47. **Question:** We were unaware that Hartford was included in the Greater Hartford area because it was not listed out, therefore we did not submit a LOI for this region. Is it too late to do so?

Answer: No, please refer to Addendum 2.

48. **Question:** What is the through process behind selecting one agency per region?

Answer: The RFP does not state that DMHAS will select one agency per region. The review and evaluation process will determine the outcome.

49. **Question:** Can you elaborate on the staffing requirements; specifically, that subcontractors are not permitted.

Answer: Subcontractors are discouraged.

50. **Question:** DMHAS staff referenced an addendum coming with an update to the geographic area chart, do you have a date estimate on when that will be released?

Answer: Addendum 2 was released 11/19/2021.

51. **Question:** With the current pocket of $8.7 million divided by the new rate of $4,700, that comes out to 1,851 total slots.
We added up 1,935 slots in the RFP. Can you explain the discrepancy?

Answer: The actual amount available is more than $8.7 million; DMHAS rounded the number for insertion into the RFP.

52. **Question:** On Page 20 of the RFP, what data is needed to satisfy the adherence to the DMHAS information system requirements to report and monitor employment outcome data?

Answer: It is expected that each proposer will adhere to the DMHAS information system requirements. Each provider will complete data and upload to the DMHAS Data Performance System (DDaP) which monitors employment outcome data. Please refer to: *D: Main Proposal Submission Requirements To Submit a Responsive Proposal* 4. Data and Technology Expectations

53. **Question:** Will we be competing with other agencies in the same area for specific towns? Example if there are a couple of places in Hartford that offer IPS can only one agency cover it?

Answer: Yes, you may be competing with other agencies for specific towns, however the review and evaluation process will determine the outcome.

54. **Question:** Can an existing ES be certified as a peer support specialist to satisfy the requirement?

Answer: Yes, as long as they are a person with lived experience.

55. **Question:** The RFP states on Page 20 that an Appendix is allowed which contradicts the requirements regarding no extra attachments except those specifically requested by DMHAS. Can you clarify?

Answer: The Work Plan/ Timeline is a requirement of the RFP, and is allowed as an Appendix to your proposal.

56. **Question:** How many providers currently do Supported employment in the Greater Hartford area as is listed in the RFP?

Answer: The current Supported Employment providers are listed on the DMHAS website. Please refer to: Supported Employment Services (ct.gov) https://portal.ct.gov/DMHAS/Initiatives/Evidence-Based/Supported-Employment-Services

57. **Question:** So if you had two slots of 20 clients, with 40 total clients with two employment specialists, you could have an RSS that works at any given time with 20 clients, or does the RSS have to be full time with 20 of their own clients.

Answer: The staffing/program design is the decision of the provider however, the IPS model determines caseload size to be 1-20. As the RFP states it is required to have at least one RSS on the employment team. Please refer to *D: Main Proposal Submission Requirements To Submit a Responsive Proposal,* 3. Staffing Expectations

58. **Question:** Do we need to have our own clinical services to be considered or can we partner with LMHA's clinical service teams?

Answer: No, providers do not need to have clinical services. It is expected that the Employment Specialist be embedded and participate on DMHAS-operated and funded clinical teams in their area.

59. **Question:** Will DMHAS or the IPS Learning Collaborative provide any support or training to grantees? If yes, what will this look like?

Answer: Initial training and technical assistance will be provided by the Department. It is recommended providers attend IPS Leadership training through the IPS Employment Center, but it is not mandatory.

60. **Question:** Is the City of Waterbury included in the Greater Waterbury geographic area?

Answer: The City of Waterbury is now included in the Great Waterbury geographic area. Please refer to Addendum #2.

61. **Question:** Is the geographic area based on where consumers live?

Answer: Yes

62. **Question:** Has CT Source replaced BizNet as the state registration portal? If we already have all required documentation in BizNet, do we also need to do the same in CT Source?

Answer: CTsource has replaced BizNet and yes, all required documentation is required to be uploaded to CTsource.

63. **Question:** On page 20 of the RFP under the financial expectations, does a current employment provider indicate n/a?

Answer: If the provider is providing direct services through DMHAS then the response is N/A.

64. **Question:** Can DMHAS provide recommended range for salaries for specific positions such as Supported Employment Specialist and Recovery Support Specialist?

Answer: No, regarding the budget, that is the decision of each proposer. DMHAS strongly encourages competitive salaries to enhance recruitment and retention of staff.

65. **Question:** How rapidly do you expect us to get up to the 1:20 ratio, l with the understanding that initial services will be much more time consuming than follow-up services?

Answer: There are no current guidelines concerning the amount of time it takes to begin Supported Employment services. Responses are expected to be in the Work Plan /Timeline. Please refer to: *D: Main Proposal Submission Requirements To Submit a Responsive Proposal,* 5. Work Plan/Timeline.

66. **Question:** If we are embedded in a mental health team that has people come from various towns. Would there be flexibility in serving clients outside of our proposed areas as we can't legislate what towns referral from our mental health provider come from

Answer: Yes

67. **Question:** The RFP states that you have to apply for the region, and each region requires a separate RFP, Correct? I now hear you saying that more than 1 provider can be selected for a region.

Answer: Yes, it is possible for more than 1 provider to be selected for a Geographic Area. This will be determined by the review and evaluation process.

68. **Question:** Does an applicant have to have had IPS experience?

Answer: No

69. **Question:** Has the review and evaluation team been established?

Answer: Yes

70. **Question:** We are still following the IPS model that states a client should be receiving services from the ES from the mental health team embedded where they are receiving treatment...correct?

Answer: Yes

71. **Question:** Can you repeat that the Employment Specialist can be the Peer Support Specialist?

Answer: Yes, the Employment Specialist can be a Peer Recovery Support Specialist.

72. **Question:** How did you arrive at .10 for the supervisor? Did you take into account the time required to attend state wide meetings, need to integrate staff in agencies, shadow ES staff

Answer: .10 for the Employment Supervisor is a minimum established by the IPS model in which a Supervisor may supervise up to ten full time Employment/Recovery Support Specialist staff. When s/he/they do not supervise that many staff, s/he/they may carry a small employment caseload. All duties of the Employment Supervisor are outlined in the IPS manual. Please refer to The IPS Employment Center – Research, Dissemination, Training, and Consultation (ipsworks.org) https://ipsworks.org/

73. **Question:** If the Peer is in the ratio of slots, and we follow IPS team embedment, will the Peer only be attached to a max of 2 teams?

Answer: Yes

74. **Question:** Can a nonprofit LMHA contract directly with another nonprofit to provide the employment services?

Answer: Yes, but subcontracting is discouraged.

75. **Question:** Can you elaborate the difference between integration and embedded? The program can be integrated and not be embedded.

Answer: The two are similar however, integration refers to Employment Specialists are part of up to two mental health treatment teams from which at least 90% of the Employment Specialist's / Recovery Support Specialist's caseload is comprised.

For the Employment Specialist to be embedded on the team means to participate in the team process, which includes actively participating in meetings, shared decision making, identifying potential referrals for employment services.

76. **Question:** Where do we submit written questions after today/ before 11/23? Sorry if you said that already.

Answer: Questions are/were allowed until November 30 2021, 3:00 PM.

77. **Question:** Can you elaborate on the desire for all programs to have ASL or Spanish speaking staff?

Answer: Based on geography and the population of individuals receiving services, a provider needs to be prepared to hire staff who are culturally similar to the population receiving services.

78. **Question:** Can you elaborate on the EMR requirement?

Answer: The Electronic Health Record incorporates all pertinent information regarding the individual receiving services.

79. **Question:** Can an agency choose to select a subpopulation within the larger one of individuals with mental health or co-occurring disorders who want employment? For example, individuals who are also homeless or who have a history of incarceration?

Answer: Yes, if the individuals are part of the area(s) proposed.

80. **Question:** How are referrals to be made in these services?

Answer: The proposer should include the referral processes in their proposal.

81. **Question:** Who will make referrals?

Answer: Individuals may self-refer, referrals are made from clinicians, case managers, prescribers, counselors from the Bureau of Rehabilitation Services, family members and other community partner agencies.

82. **Question:** Can those served be internal clients who meet eligibility [individuals who use DMHAS services who have mental health or co-occurring mental health and substance use disorders (SUD)], or will the awarded entity need to serve external referrals?

Answer: Both internal and external referrals are eligible for services as long as the individuals meet the DMHAS eligibility criteria.

83. **Question:** Does the $94,000 ($4,700 per slot) include administrative costs?

Answer: Yes

84. **Question:** So, if the staff-to-individual served ratio is 1:20, does that mean:
    a. Does the $94,000 ($4,700 per slot) include the .10 FTE supervisory allowance?
    b. Does the $94,000 ($4,700 per slot) include the benefits counseling to be offered to all by a certified benefits counselor or can this be an added cost to the request?

Answer: a. Yes. b. A Certified Benefits Counselor may be accessed through Aging and Disability Services/the Bureau of Rehabilitation Services (ADS/BRS).

85. **Question:** Please clarify how the clinical team will be integrated into a project?
    a. In other words, what does an integrated service approach in which employment is embedded within the broader DMHAS clinical service system mean?
    b. Or, in other words, please clarify/expound upon the integration of employment and mental health services, including embedding employment staff on clinical teams – what does this look like?
    c. Does this require a formal MOU with a licensed MH community service?

Answer:

a. An integrated service approach describes the Employment Specialist to be embedded on a clinical team. This Employment Specialist participation on the team would include: actively participating in meetings, shared

decision making, and identifying potential referrals for employment services.

b. Please refer to answer # 75.

c. Integration of employment and mental health services does not require an MOU however a provider may choose to implement one.

86. **Question:** We are looking for clarification regarding the Peer position mentioned in the conference. I do not see the Peer Position in the RFP document. In looking on page 19 it mentioned RSS or Recovery Coach per 20 individuals. Can you provide clarity regarding each job description (RSS and Recovery Coach) as well as clarify if there is an additional expectation of having a peer on the staff roster?

Answer: The Peer position is synonymous with the Recovery Support Specialist and/or Recovery Coach. The Role of IPS Peer Specialist refers to members of the IPS team who have similar life experiences to people who receive IPS services. The duties of the Peer Specialists can vary by program location. Employment Specialists and Peer Specialists can have similar duties and are expected to receive IPS training.

87. **Question:** In the RFP, it specifically states that when bidding on one specific region, the RFP must include the total number of clients available in the region. During the last meeting, it was communicated that when bidding on a region, this is latitude to be able to bid on a lower number in a region.

Answer: Yes you can bid on a lower capacity than the total for the geographic area.

88. **Question:** I am a current provider of DMHAS Supported Employment Services for the past 11 years. We are strongly committed to continuing services in the future and have plans to submit a proposal, but did not meet the deadline to submit a letter of intent. May we still submit a letter of intent for this proposal?

Answer: The due date for LOI was extended, please refer to Addendum #2.

89. **Question:** Topic is Staff to client ratios. The federal government (SAMHSA), Substance Abuse & Mental Health Services Administration, states in the Employment Services Fidelity Scale criteria for staffing the ratio of "25 or fewer consumers per employment specialist" (1:25). Could you please advise which metric is recommended for this RFP? DMHAS 1:20 ratio, or SAMHSA 1:25 ratio?

Answer: Connecticut follows the IPS model developed by the IPS Center. The rating in the fidelity scale is as follows: Employment specialists have individual employment caseloads. The maximum caseload for any full-time Employment Specialist is 20 or fewer individuals.

90. **Question:** Topic is Contract duration. If awarded how long is this contract for?
Answer: These services and associated dollars will be added to selected agencies' 3-year contracts with the Department on an ongoing basis.

91. **Question:** Topic is Discrepancy of information regarding attachments vs. appendix. Pages 11, 20 & 21. The DMHAS RFP contradicts itself stating that "attachments other than the required Appendices of Forms identified in the RFP are not permitted and will not be evaluated" (page 11 & 21). On page 20, "If proposing a supplemental chart or grid, please attach as an Appendix to your proposal".

Additional information was provided in Addendum #2 on 11/19/2021? Is this confirming that appendices are allowed?

"Required forms **and appendices** may be scanned and submitted as PDFs at the end of the main proposal document".

Answer: Attachments other than the required Appendices and Forms are not permitted and will not be reviewed. Required Appendices and Forms are your responses to the RFP and can be submitted as an Appendix to your proposal. Any information other than your response to a requirement will not be reviewed. Please note the page limitation for the Main Proposal is 15 pages and does include for Appendices or Forms example, your Work/Plan Timeline.

92. **Question:** Topic is Embedded vs. Integrated. Pages 16, 17, & 18. Could you clarify between embedded vs. integrated? An IHP can offer programs that are integrated and not be embedded.
Answer: Please refer to answer # 75.

93. **Question:** Are these three positions different?
a. Recovery Support Specialist (RSS)
b. Recovery Coach
c. Supported Employment Specialist

In the RFP (page 19), the RSS/Recovery Coach are used interchangeably. It is unclear what the role of the Supported Employment Specialist is and how that role differs from the RSS/Recovery Coach. If the Department can please expand upon this, it would be helpful.
Answer: The RSS/Recovery Coach titles are used interchangeably with the understanding that this is a person with lived experience. The role of the Employment Specialist carries out all six phases of employment services (e.g. program intake, engagement, assessment, job development/job

placement, job coaching, and follow-along supports) as the RSS/Recovery Coach position can as well.

94. **Question:** On page 19 of the RFP, DMHAS states that a responsive proposal will *"Demonstrate the ability to appropriately transition individuals from the Supported Employment Specialist caseload to another team member when the individual needs intermittent support. The Supported Employment Specialist will document, as part of the transition plan, to identify an appropriate team member (i.e.: case manager, Community Support worker, clinician) for follow along (check in) services."* It does not appear that a case manager, community support worker or clinician will be funded in this service. Can the Department please explain how it envisions this team to be involved when the positions are not included in the staffing expectations?

Answer: The Employment Specialist is embedded on the clinical team. The team works together to provide integrated care. "Employment is Everyone's Business" and supporting an individual with her/his/their career is supporting the person in a holistic manner and is expected from the Department. Employment goals are as similar to any other life goals that are supported by the team.

95. **Question:** If an organization chooses to serve only certain towns within a Geographic Area, can the Department provide data on how the organization should prorate the number of slots served? For example, if an organization chose to serve Norwalk, Wilton, Weston & Westport within the Greater Stamford/Norwalk geographic area, how should it determine the number of proposed slots out of the number of available slots?

Answer: An organization may choose to serve certain towns in a geographic location. It is the decision of the proposer to determine the number of proposed slots out of the number of available slots.

96. **Question:** Can you clarify the staffing expectations on Pg. 19 Sec, D(3)(a):
    i. Since participants will require a much greater level of services when initially referred, is it correct to assume that we would not be expected to reach the 1:20 ratio within a short period of time after the contract would begin? As a new DMHAS contractor, within what timeframe is DMHAS expecting that we would reach the 1:20 ratio?
    ii. Is the .1 FTE supervisor included in the 1:20 ratio?
    iii. Are we expected to provide the intermittent supports under Sec. D(3)(a)(6) as part of this RFP or are the team members listed (i.e., case manager, Community Support worker, clinician) expected to be from another organization (e.g., DMHAS staff, private clinicians or other contractors)?
    iv. Can you describe the difference between "intermittent supports" under Sec. D(3)(a)(6) and follow along supports under Sec. D(2)(a)(6) on pg. 17? At what level of support would you expect participants to transition to intermittent supports?

Answer: **i. Please refer to answer #65.**
ii. No
iii. Both are expected.
iv. Intermittent supports and follow along services are similar. The level of support and what the person needs are determined by the person, the employment team and the employer. Supports vary based on individual needs. "Intermittent" check-ins such as a conversation may be provided from another team member, natural support, family member, etc. Follow along supports are identified as someone needing on-going supports to maintain her/his/their job.

97. **Question:** One way that we have been very successful in securing appropriate placements is by initially placing persons on a temporary basis, so that both the participant and employer can evaluate whether the position is appropriate. The placement would be made with the understanding that if both parties were satisfied with the placement, a permanent position would be offered. Under this model, the participant's wages are paid for a short period of time (usually 20-40 hrs) by the referring state agency or school system, and thereafter paid by the employer if the placement is successful. Can this model be used under this RFP and if so, can participant wages be included in the budget?

Answer: The model described above can be used to obtain successful placement however covering wages are not included in this RFP.

98. **Question:** Is the applicant organization required to have a certified benefits counselor on staff or can we utilize other resources (such as BRS benefits counselors)?

Answer: No, it is not required for the applicant organization to have a Certified Benefits Counselor on staff. It is anticipated that providers would use the Certified Benefits Counselors from ADS/Bureau of Rehabilitation Services.

99. **Question:** Can you clarify the requirement for "consistent clinical supervision and clinical service delivery oversight and consultation"? We are an employment agency for people with disabilities, with supervisors and managers who have had training, experience in and provide consistent consultation and service delivery oversight on the provision of services, including but not limited to services as it relates to the participant's disability. When an individual requires therapy, we collaborate with other professionals (including clinicians) as needed in the provision of services, but we do not technically have "clinicians" (i.e., therapists) on staff at this time. Is there something different that we would be required to have under this RFP?

Answer: The requirement for routine and consistent clinical supervision, clinical service delivery oversight and consultation is provided through the

collaboration between the Employment provider and behavioral health staff which the Employment Specialists work with from the clinical team.

100. **Question:** Will we be able to access the Advocacy Unlimited training and if so, is there a cost? Are there other resources for training or hiring Recovery Supports Specialists or Recovery Coaches and if so, what are they?

Answer: Yes, you will be able to access training through Advocacy Unlimited, Inc., CCAR – Connecticut Community for Addiction Recovery, Hartford HealthCare Recovery Leadership Academy and yes there is a cost that is to be covered by the selected agencies out of these awarded dollars.

101. **Question:** Does Advocacy Unlimited help get their students placed?

Answer: Advocacy Unlimited lists job openings for RSSs on their website.

102. **Question:** Would we be receiving direct referrals from the local mental health authorities?

Answer: Yes and other outpatient clinics and affiliates.

103. **Question:** Motivational interviewing is a big component of IPS, if we are approved would we be able to access training through DMHAS and any other staff training required under the grant? If required staff training is not available through DMHAS, is it an acceptable expense under the grant?

Answer: Motivational interviewing can be accessed through the Department and other agencies. Yes, it is an acceptable expense under the grant.

104. **Question:** Would we be using our own electronic health records or is that something DMHAS would be providing?

Answer: The provider would use their own EHR and/or the agency the provider is collaborating with.

105. **Question:** What is the time commitment that we should anticipate for participation/embedding in the clinical teams (Sec. D(2)(a)(1) on pg. 16) and for the IPS work groups and round-table activities in Sec. D(2)(c)(19)?

Answer: Participation on the clinical teams include: Employment specialists actively participating in weekly mental health treatment team meetings. Participation in IPS work groups and round-table activities vary and are on a voluntary basis. Employment Roundtables have been used for Employment Specialists training opportunities and in the past have occurred three times per year.

106. **Question:** How are payments to contractors calculated? Are they made based on an expense report, a flat fee of $4,700 per participant per year or some other basis?

Answer: Payments will be made based on awarded capacity x $4,700 for the year. Prospective quarterly grant payments will be made, like other grant-funded services DMHAS funds.

107. **Question:** Sec. D(2)(c)(5) on pg. 18 requires "job development activity that ensure six (6) employer contacts per week per employment staff….." Is this meant to be six contacts per participant, a total of six contacts per full-time equivalent staff, or some other measure?

Answer: The IPS model requires a total of six employer contacts per week for each full-time Employment Specialist. Contacts may be re-visits to employers that the Employment Specialist has met with prior.

108. **Question:** What determines whether and when an individual is referred for IPS services?

Answer: Individuals are referred to IPS services per her/his/their request.

109. **Question:** If a provider is not able to reach the 1:20 participant-to-staff ratio due to a high level of supports required by the participants being served, what are the expectations on the provider?

Answer: If a provider is not able to reach the 1:20 participant- to-staff ratio due to a high level of supports required by the participant being served the provider needs to contact the DMHAS Employment Systems Manager.

110. **Question:** If contracts begin July 1, 2022, when are new providers expected to begin providing services to participants (particularly if there is need to complete staff training in areas required by the grant such as Motivational Interviewing)?

Answer: The start of contract negotiations has the target date of March 21, 2022. Providers should be prepared to start training staff and begin services by July 1, 2022.

111. **Question:** Are letters of recommendation allowed?

Answer: No

112. **Question:** Is the Peer position intended as an additional FTE in the ratio or does it supplant an ES? EX: if the contract is for 100 slots, should there be 5 ES and 1 Peer OR is the staffing structure anticipated to be 4 ES and 1 Peer?

Answer: The staffing structure is to include one Peer Support Specialist and can carry a caseload of 20 individuals therefore the staffing structure could be 4 Employment Specialist and 1 Peer Recovery Support Specialist. The peer specialist can also be in addition to 5 employment specialists.

113. **Question:** Can an individual be on the peer caseload and an ES caseload at the same time, or is it a separate caseload?

Answer: Depending on your program design, the individual will work with both an ES and a Peer Specialist or with one of these positions.

114. **Question:** In the bidder's conference, it was answered that a program could also have the option to hire peer in addition to the Employment Specialists, if the budget allows for that- does that supplant the answer that the Peer should be part of the capacity staffing ratio?

Answer: The Peer Recovery Support Specialist (RSS) can be in addition to the Employment Specialists, however the program structure is outlined by the proposer and if the proposer wants to hire the RSS in addition to the Employment Specialists that is the decision of the proposer.

115. **Question:** Is the Peer position intended to perform the same functions as the Employment Specialist role? If yes, do we need to call this role a Peer or can the role have the same job title as an Employment Specialist, with an additional certification requirement?

Answer: The Peer Recovery Support Specialist can have the same duties as an Employment Specialist, with an additional certification requirement of being a Peer Specialist. It would be acceptable for the RSS and the Employment Specialist to have the same job title. We do expect the RSS to openly use their lived experience in their work with clients and staff.

116. **Question:** If the Peer is included in the ratio of slots and we follow IPS team embedment, will the Peer be limited to serving individuals from only two clinical teams? What happens if other individuals in the program receiving supports from other clinical teams would benefit from Peer supports? Would this be considered when scoring Fidelity reviews?

Answer: Yes, following the IPS model, the Peer would be limited to serving individuals from two clinical teams. Yes, this would be considered in the scoring as this anchor is a computerized score.

117. **Question:** This is what the IPS website FAQ says about Peers:

What is the role of the IPS Peer Support Specialist? What are their responsibilities?

We do not know of research that is specific to the role of peers in IPS. Many IPS supervisors do hire peers, though their roles vary from program to program. In some programs, the peers provide supports in addition to the work done by the employment specialist. They might encourage someone to work in spite of different barriers, or they might provide additional job supports. In other areas, IPS supervisors hire employment specialists who happen to have a lived experience of mental illness and are willing to share how they have overcome difficulties and benefited from work with the people they serve. These supervisors look for people who are qualified to do the job of an employment specialist, and they view lived experience as an added qualification.

Answer: The Recovery Support Specialist can have the same role as the Employment Specialist.

118. **Question:** Additionally, the Handbook for IPS Peers on the IPS website references a list of tasks that a Peer may assist with and may not assist with. Can you please give a greater explanation of how you would like the CT model to incorporate Peers and what tasks they should be responsible for?

Answer: Please refer to answer #117

119. **Question:** What certification does the peer position require, or can it just be someone with lived experience but who does not have the certification?

Answer: The Recovery Support Specialist needs to have certification from Advocacy Unlimited, Inc., CCAR – Connecticut Community for Addiction Recovery, or Hartford HealthCare Recovery Leadership Academy. S/he/they may obtain certification after hire.

120. **Question:** Will the agency be reimbursed for the cost of certification, if an individual is hired with lived experience but does not yet have the necessary certification?

Answer: No

121. **Question:** What happens if a program is currently funded, wins a new contract, and does not presently have a vacancy on the team that can be staffed with a peer? Will there be an expectation that a current team member will be laid off or will the program be able to wait for the next available vacancy?

Answer: **The provider will be able to work with the Department to identify a solution.**

122. **Question:** The Peer Role is responsible for 20 individuals- is that expected to be a FT position?

Answer: **Yes, it is full time hours.**

123. **Question:** Given the current hiring challenges, if an agency is not able to hire a peer with certification, will there be understanding if program capacity is impacted?

Answer: **Yes, however program capacity is not always impacted as other Employment Specialists may temporarily cover additional individuals as well as the IPS supervisor may be responsible for a small caseload.**

124. **Question:** The supervisory ratio is .10 FTE supervisor for each Supported Employment Specialist- how do the RSS and Recovery Coach positions factor in to the supervisory staffing ratio?

Answer: **The RSS and/or Recovery Coach is included in the staffing ratio.**

125. **Question:** If the proposer is a current DMHAS-funded organization that DOES provide direct services, does a copy of the most recent financial audit need to be attached?

Answer: **No**

126. **Question:** Do the geographic areas listed correspond to the town that the client served *resides*, or *receives mental health treatment in*?

Answer: **The geographic areas listed correspond to the town that the individual served resides in.**

127. **Question:** If the geographic areas listed correspond to the town that the client resides in, is there any flexibility in this regard? For example: One of the foundational governing principles of the IPS model is that agencies establish embedded/integrated relationships with specific mental health providers and all Supported Employment referrals are serviced by the Employment Specialists who are assigned to work with that agency. Based on this directive, providers establish relationships with LMHAs and cannot legislate the town of any prospective client referred. As such, it is entirely possible *and likely*, that we would receive referrals from the mental health agencies that we exclusively collaborate with, for clients that do not map exactly onto the geographic areas we have applied for. *To reject a referral from an agency that we have established such a relationship would represent a violation of a foundational IPS principle.* How would/will such occurrences be handled?

Answer: **A person may choose a particular provider even if s/he/they do not live in the area the provider is contracted to provide services in per individual choice. The Department will work with the provider in these cases.**

128. **Question:** In reference to the involvement of a RSS and/or Recovery Coach, the RFP indicates that such an individual will "Be expected to provide services to 20 individuals." *Are these 20 individuals at any given time or per year?* Does this require a full time RRS/Recovery coach on staff at all times or is there flexibility in this regard?

Answer: **A full time RRS/Recovery coach is expected to be a part of the team at all times. She/he/they can carry a caseload of 20 unduplicated individuals at any given time.**

129. **Question:** The RFP states that a required component of infrastructure is an EHR. A PNP who is providing services for other agencies *external to ourselves* can chart into the LMHA's EHR, as that is where the client's medical record that will follow them live. It is these EHR's that would be reviewed on a fidelity review per IPS guidelines. Does this practice meet the RFP requirements?

Answer: **The EHR would be reviewed during an IPS Fidelity Review. This practice would meet the RFP requirements.**

130. **Question:** In the new slot system, the number of slots represent capacity at any given time. In the past, contracts also indicated a specific number of unduplicated clients that an agency was charged with servicing per contract year. This spoke to the number of new referrals that needed to be procured yearly. Does the slot system include a provision such as this?

Answer: **The number of unduplicated clients to be served will be part of contract negotiations with selected vendors.**

131. **Question:** Can a nonprofit LMHA (if awarded a contract via this RFP process) then contract with a nonprofit employment provider, especially in the case where a relationship, with a well-integrated clinical and employment team, already exists?

Answer: **Subcontracting is discouraged.**

132. **Question:** On page 20 of the RFP, item #6 Financial Expectations, should an existing provider of DMHAS direct services note "N/A"? The language here speaks only to bidders that are not currently DMHAS-funded, and bidders that are DMHAS-funded but do not provide direct services.

Answer: **An existing provider that currently provides direct services is N/A.**

133. **Question:** The RFP states that the Main Proposal needs to be limited to 15 pages. Components of the Main Proposal are outlined in the RFP from page 16 through 20, and Budget Expectations appear to fall within the Main Proposal. Are the budget template pages (ATTACHMENT C) in addition to the 15 pages, or do the ATTACHMENT C pages need to be counted as part of the 15 pages?

Answer: The Budget template (Attachment C) is not included in the 15 page limitation.

134. **Question:** Can the proposal include multiple electronic document attachments (MS Word, PDF) or does the entire proposal have to be in one electronic file? For example, can Sections A. – H. be separate electronic documents?

Answer: The main proposal is acceptable in one electronic file. Separate electronic documents will also be acceptable.

The electronic copy of the proposal must be emailed to official agency contact for this procurement. The subject line of the email must read: **DMHAS EBP SE RFP 2022.** 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 25 MB as this reflects The Agency's server limitations. Respondents should work to ensure there are not additional IT limitations from the provider side.

135. **Question:** Does Section F: Declaration of Confidential Information require a statement if no information is confidential within the proposal?

Answer: Yes, a statement is required.

136. **Question:** Does Section F: Declaration of Confidential Information require a signature and date on the page?

Answer: Yes

137. **Question:** Does Section G: Conflict of Interest – Disclosure Statement require a signature and date on the page?

Answer: Yes

138. **Question:** Does Section D (Main Proposal) require labeled subsections 1-7? Does each one of those sections 1-7 within Section D require sub labels corresponding to a, b, c, etc, to note the responses corresponding with subsections on the RFP?

Answer: Labeled sections 1-7 are expected. Sublabels to a, b, c, etc. are not expected.

139. **Question:** Do attachments in section E. and the Statement of Assurances in Section H. have to be within one electronic document with page labels at the bottom of each page and the organization's name in the header?

Answer: No

Can Section E. and Section H. be copied into a MS Word document to accomplish this?

Answer: Yes