

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Connecticut Partnerships for Success

Request for Proposals

RFP# DMHAS-PREV-PFS-2023

ADDENDUM 1

The State of Connecticut Department of Mental Health and Addiction Services is issuing Addendum 1 to the **Connecticut Partnerships for Success Request for Proposals**.

Addendum 1 contains:

A. Changes to the Procurement Notice – Please note that a change has been made to Section II.B (Service Overview), and Section VI.D. Cover Letter.

1. Section II.B. SERVICE OVERVIEW is hereby deleted and replaced with the following:

DMHAS is requesting proposals from qualified applicants to reduce alcohol consumption in youth ages 12-17 in the identified communities within the five (5) DMHAS Regions. The proposal must include a comprehensive description of each identified community and provide a plan and description to implement the following activities:

- Establishment of SPF within the designated communities
- Build community readiness, capacity and resources to address underage drinking,
- Reduce retail access to alcohol;
- Increase awareness of and education on underage drinking
- How the applicant will utilize evidence based strategies **including:**
 - Develop and widely disseminate social media messaging campaign informed by youths and parents designed to educate and increase student perception that not everyone drinks.
 - Implement peer education programs and hire youth peer advocates to provide leadership within the grant
 - Provide training and engagement sessions for parents, teachers, and families to build protective factors among youth
 - Implement small group evidence-based educational sessions with middle and high school students to educate on dangers of alcohol use by teens and increase skills in refusal, mental health and healthy life choices

2. Section VI.D. Appendix Cover Sheet is hereby deleted and replaced with the following

See attached VI.D. Cover Sheet, REVISED.

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

1. Question: Will there be a posting of all parties who have submitted a letter of intent?

Answer: The following organizations submitted Letters of Intent:

- Family Centers Inc.
- The Village for Families and Children

- Community Mental Health Affiliates
- McCall BHN
- United Services Inc.
- Liberation Program
- BHCare, Alliance for Prev. & Wellness
- S.M.A.R.T
- Family Centered Services of CT
- Western CT Coalition

2. **Question:** For towns with no established LPC, does the letter of support need to come from the municipality itself?

Answer: Page 9: Section II.C.1.c (Organizational Expectations) states to “*Include Letters of Support for each local prevention councils from the identified communities, and other relevant community organizations, as attachments.*” If there is not an established LPC, applicants should identify that in place of the Letter of Support. Applicants can choose to submit Letters of Support from other organizations and agencies.

3. **Question:** Can you talk about the expectation for work within the schools for Region 3? Those three towns do not have their own high schools, 2 send to regional high schools and the other offers its students school choice to 7 different high schools. Are we expected to work with every high school where students from these towns attend?

Answer: See Page 8: Section II.B (Service Overview)

The applicant must indicate how strategies and activities will be implemented through a comprehensive plan to the target population.

4. **Question:** Can DMHAS share the data that informed the selection of the towns within Region 3?

Answer: DMHAS will not be providing the data used to select each town identified in the RFP.

5. **Question:** On page 8 within the Service Overview Section, is the expectation that the contractor will implement all four of the activities listed under the bullet item utilize evidence based strategies such as:?

Answer: Yes. An Addendum to the RFP is posted above to reflect the following language for the references bullet point in Section II.B (Service Overview)

“How the applicant will utilize evidence based strategies including:”

6. **Question:** One Youth Peer Advocate per community. If the region serves 3 communities, we need to hire 3 Youth Peer Advocates?

Answer: Yes, this is correct.

7. **Question:** If you hire someone for a Youth Peer Advocate who is 21 at the beginning of the grant period, is it ok if they surpass the 24 year old required age limit during the five year grant period? Or would we need to hire someone new?

Answer: **To be hired**, the Youth Peer Advocate must be between the ages of 16-24 years old.

8. **Question:** You have referred several times to the legal notice. What are you referring to?

Answer: Referring to the Procurement Notice (advertisement of RFP)

9. **Question:** Confirming there can only be one PFS Coordinator and it is required to be the same person for the full five years. Same term length with the Youth Peer Advocate and Local Evaluator?

Answer: For consistency, it is preferable that the PFS Coordinator, Local Evaluator and Youth Peer Advocates remain the same.

10. **Question:** Have all of the school districts confirmed with DMHAS that they are interested in partnering on this?

Answer: No, DMHAS has not approached any school districts. This is the responsibility of the applicant.

11. **Question:** Will DMHAS be sharing any data on underage drinking that helping inform this RFP?

Answer: A resource for prevention data is the State Epidemiological Outcomes Workgroup (SEOW) Data Portal. <http://preventionportal.ctdata.org/>

12. **Question:** Would we be required to develop a curriculum for the school based sessions or does DMHAS provide this?

Answer: It is expected that the applicant develop a curriculum or utilize an existing curriculum that meets the requirements. DMHAS will not provide a curriculum.

13. **Question:** Are all letters of support from the community organizations other than the LPC of our choosing?

Answer: Yes. Applicants can submit Letters of Support from community agencies, school districts, municipalities, and any other entity that will partner with the applicant to meet the goals of this RFP.

14. **Question:** In the Equal Opportunity Attachment section, is a copy of the EEOC-1 report what is intended?

Answer: Yes

15. Question: On page 56 it says the cover page is due 2/22/23 at 3pm is that just a typo as I would think it is due the day of the full proposal.

Answer: This is a typographical error. The due date for the Cover Page is March, 3, 2023. Please see addendum noted above and attached, revised Cover Sheet.

16. Question: If an LPC or an RBHAO decide to apply, what equitable consideration will be given to other qualified applying organizations?

Answer: See page 18, Section III.B.4 (Evaluation Criteria and Weights). All applications that meet minimum requirements will be reviewed and scored based on the same criteria and weights, regardless of the organization type.

17. Question: Can an LPC and/or RBHAO reject a request for a letter of support from an otherwise qualified applicant organization?

Answer: DMHAS supports organizations to provide multiple Letters of Support, if requested to any qualified applicant organization.

18. Question: If a community does not have an existing designated LPC, what process is required for collecting letters of support and who is an appropriate designee or alternate?

Answer: Please see the response to Question 2.

Date: February 2, 2023

D. COVER SHEET

DMHAS-PREV-PFS-2023
Department of Mental Health and Addiction Services
Due Date: 03/03/2023 3:00 PM EST

Primary Business Name	FEIN # & DUNS#
Business Address	Telephone Number
Town, State	Zip Code

Contact Person: *(Individual other than Authorized Official who can provide additional information about the proposal or who has immediate responsibility for the proposal)*

Name	Title	
Street Address	Town, State, Zip Code	
Telephone Number	Facsimile Number	E-mail Address

Authorized Official: *(Individual empowered to enter into and amend contractual instruments in the name and on behalf of the Contractor)*

Name	Title	
Street Address	Town, State, Zip Code	
Telephone Number	Facsimile Number	E-mail Address

Signature _____

Total Amount of Proposal: _____