

**Addendum 2**  
**DOC-RES-2022-SM**

Connecticut Department of Correction

**Community Residential Services – Work Release, Sub-Acute Mental Health beds**

The Connecticut Department of Correction (The Department) is issuing Addendum 2 to RFP #DOC-RES - 2022-SM Community Residential Services. All requirements of the original Request for Proposals (RFP) except those requirements specifically changed by this addendum shall remain in effect. In the event of any inconsistency between information provided in the RFP and information in this addendum, the information in this addendum shall prevail.

This addendum provides additional information as to the programs being procured through this RFP.

- **Section I. B. 5. Contract Award has been revised**
  - **RFP Conference Meeting Notes, Information and Question and Answers on 10/19/2022 at 11am for the Sub-Acute Mental Health Program:**
  - **Additional Questions and Answers**
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**Section I. B. 5. Contract Award has been revised as follows:**

**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:
  - Bridgeport Work Release programs – confidential
  - Waterbury Women Work Release program – up to \$750,000 annually including startup costs in FY22
  - Sub-Acute Mental Health Program - confidential
- Number of Awards: 3 to 4 anticipated
- Contract Cost: Confidential
- Contract Term: 2-3 year contract terms with option to extend
- Funding Source: CTDOC Community Service funding SID 16173

**RFP Meeting Notes, Questions and Answers:**

Program overview:

The five bed Sub-Acute Mental Health program that the Department is seeking is to address a gap in services that would cater to individuals that do not meet inpatient hospitalization, but are not functional enough to be placed in the community halfway houses. These individuals are symptomatic and may or may not be on medication. This program would be an option for any offender who is unstable, it is not only for those in a HWH program who cannot work.

The purpose of the Sub-Acute Mental Health program would be to stabilize symptoms, provide psychiatric treatment, and then refer the stabilized individual to another mental health program, community program or may need hospitalization.

The Department is trying to find some level of care other than incarceration. Currently the Department cannot put these individuals into our currently contracted Mental Health program or Halfway House programs because their symptoms will not allow them to comply with the program.

The individuals for this program are in between care level stages. They do not meet hospital level of care, but need more care than the halfway house programs.

**Questions:**

The Department's contracted Dana's House is for severely mental ill. Is the Sub-Acute Mental Health program just for stabilization? What if they do not meet the criteria for Dana's house? What is the level of mental illness? Would this program cover individuals with co-occurring symptoms: substance abuse and mental health?

**Answers:**

An example of an individual for the Sub-Acute Mental Health program is an individual residing in a halfway house program who is experiencing psychotic and delusional symptoms, which prevent the individual from going to work. This person cannot comply with the requirement of the Halfway House program, but the Department does not want to return the individual to prison. The individual may be unwilling to seek psychological care. This individual would be placed into the Sub-Acute Mental Health program where clinical staff could help the client gain insight, provide services, provide medications to clear up delusions, and help the individual back to a normal level of functioning.

The individual then may be able to be referred to a community program and/or if the person becomes more symptomatic or delusional initiate hospitalization if appropriate.

The individuals will be more challenging to treat and the Department is looking for a provider to meet these services.

There are Programs of this type for juveniles, but not a lot of models for adults.

The Department used to have a Diversion program that previously brought back people to prison under a stabilization program waiver, but this is no longer allowed by the BOPP.

The focus of the program would not be co-occurring, but may intertwine with the substance abuse piece.

APRN services shall be part of the program who can deal with co-occurring substance abuse issues, medical management, diagnosis, and adjust substance needs while in the program.

*Reminder given to Proposers that Letters of Intent to submit a proposal are due Friday, Oct 22, 2021 The submission of a letter of intent is mandatory.*

*Questions to the RFP can be emailed to DOC.RFP.gov until October 26, 2021.*

*All answers will be release by October 29, 2021.*

*Proposals are due November 5, 2021*

### **Additional Questions and Answers:**

1. Is the RFP for subacute beds for any particular region or area of the state?

Answer: There is no particular region identified for the Sub-Acute Mental Health program.

2. Is the staffing schedule correct in the RFP- as it states 2 staff each shift but then states it requires a part time 3<sup>rd</sup> shift staff.

- a. **Staffing Provide 24/7, fully staffed, and supervised program. Meet staffing requirements: A minimum of 2 staff on per shift. 1st shift: Licensed Clinical Social Worker (full time), Part time (1st shift or split) Master's level Social Worker, Psychiatric APRN (10hrs/wk flexible schedule and on-call ability to address any necessary medication changes and/or determining need for higher level of care), 3rd shift/part-time staff: non-clinical. All staff to be trained in Crisis Intervention. All clinical to include APRN preferred to have forensics experience.**

Answer: Staffing for the Sub-Acute Mental Health Program shall provide 24/7 coverage and there should be a minimum of 2 staff on per shift.

Staff coverage for 3<sup>rd</sup> shift requires a minimum of two staff. These staff can be non-clinical but should be trained in crisis intervention.

3. Is the annual budget not to exceed \$300,000? Seems extremely low as we received \$354,000 for Grace house ( 5 bed female inpatient) which has a lower staffing level requirements and less qualified staff than this proposal.

**Sub-Acute Mental Health Program - Up to \$300,000 annually including startup costs in FY22**

Answer: We have revised Section I.B.5 and removed the maximum limit for the Sub-Acute Mental Health program.

4. Does the program need to be DPH licensed? IF yes what license?

Answer: This is not a substance use focused program, so ASAMLOCs should not be the focus. Respondents shall seek guidance from the Department of Public Health (DPH) on appropriate licensing requirements for their proposed program.

5. Resumes: On page 14 of the RFP, resumes are requested for "all staff identified in Program Staff/Manager section that are currently employed by the organization." As the current provider of services, this would represent a significant number of resumes. Would it be acceptable to DOC if we limit resumes to current supervisory and managerial staff?

Answer: The Department needs to understand the staff qualifications, including credentials, licenses, education, training, and experience of the staff identified to deliver and sustain the proposed Program as requested per the Program Staff/Manager section listed under Staffing Expectations and to be listed on the program staff matrix.

6. CTSource: We successfully accessed the CTSource portal but did not see instructions on how to upload the proposal. Could you provide direction on how to do this?

Answer: Please use the following link that provide instructions on how to respond to CTSource Solicitations and upload proposals. The CTSource Solicitation Code used for this RFP is: Community and social services (93140000).

<https://portal.ct.gov/-/media/DAS/CTSource/Documents/Supplier-Solicitation-Response-and-Addenda-Guide.pdf>

7. We are planning to submit multiple proposals and want to clarify if we should build a separate response for each proposal or include multiple narratives and budgets under one response.

Answer: Separate proposals responding to the Department's request with the proposed program's own narrative and budget should be submitted.

**Addendum 2**  
**RFP #DOC-RES-2022-SM**

State of Connecticut  
Department of Correction

Community Residential Services/Non-Residential Services

Date Issued: October 27, 2020

This Addendum Acknowledgement must be signed and included with your proposal.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name of Proposer