State of Connecticut
Department of Mental Health and Addiction Services

RFP # DMHAS-DFS-MHIRP-2026
Addendum #1

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

Addendum 1 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:** Can you elaborate more on the size of the population to be served, and/or the number of beds sought under the solicitation?

   Answer: We are proposing that each of the programs be between 4 and 8 individuals, and that will be dependent on the physical environment of the location. It is anticipated that there will be a total of at least 25 beds. The size of the population to be served is fluid, but we do not anticipate any issues with utilization rates.

2. **Question:** If a proposal is to expand a current program that is not at the mental health intensive level, will it be considered?

   Answer: The Request for Proposal is for the Mental Health Intensive level of care, and so the funded beds would need to be at that level of care.

3. **Question**: Will the population be a mixture of PSRB members and individuals with probation parole, or will it be PSRB members on probation parole?

   Answer: The population to be supported will include any individuals identified by DMHAS as having SMI, a history of forensic involvement, and needing a mental health intensive level of care. Individuals may be under the supervision of the PSRB, under the supervision of probation, or under the supervision of parole. It could also be utilized to support an individual that does not currently have any legal supervision but has a history of forensic involvement.

4. **Question**: How many programs are you seeking?

Answer: Estimating that it will be between 4 and 5 programs. It will be dependent on the size of the programs that are being proposed and the funding needed to support each program.

5. **Question:** Clinical service provision. Is it all to be provided by DMHAS' clinical staff, or can it be provided by the organization's clinic?

   Answer: Clinical services would be provided by the DMHAS Local Mental Health Authority where the program is sited.

6. **Question:** Are there specific geographic areas in which you're looking for beds?

   Answer: No. We are looking to provide the resource throughout the state. We are would like targeting wanting to avoid multiple programs in any one area.

7. **Question:** Are there regions where DMHAS has a higher priority need or fewer existing resources that would make proposals more competitive?

   Answer: No.

8. **Question**: Liability coverage is getting more challenging. Some coverage providers refused to quote us because of our PSRB services. The coverage we have now excludes fire setting history. Will that exclude us from meeting criteria if we cannot serve that specific population?

   Answer: While this would not exclude an agency from meeting criteria, it would be something that would need to be factored into the evaluation according to the established criteria. This population can be difficult to place, so additional exclusion criteria set by an agency would need to be a consideration.

9. **Question:** Are you looking to fund both male and female beds? Is there a ratio of male to female beds that you're looking to fill?

   Answer: The forensic population served by DMHAS consists predominantly of male individuals. While there is also a demonstrated need for beds designated for female individuals, males represent the substantial majority of this population. DMHAS will consider proposals for programs that serve either male or female clients; however, co-educational programs will not be supported for this population. Given the current estimate that DMHAS will fund approximately four to five programs, it is unlikely that more than one program would be designated for female individuals.

10. **Question:** Are there any state-owned sites that might be available for housing development?

Answer: There are limited state-owned properties available for this purpose. DMHAS has engaged with state partners to expand available units, but those conversations are preliminary and we do not have a timeline or certain answer at this time.

11. **Question:** To what extent can startup costs be built into the proposal?

    Answer: Startup costs may be included as a separate budget item. We will need to know if the real property asset is leased or owned, the infrastructure required, and estimated timelines. This may also require a separate contract.

12. **Question:** Can we include startup costs?

    Answer: Please see answer to Question #11.

13. **Question:** Are there limits on allowable startup expenditures related to property acquisition, renovations, furnishings, and security systems?

    Answer: Please see answer to Question #11.

14. **Question:** Will you please be specific about what kinds of start-up costs are allowable? Can costs of property acquisition and renovations be included in the proposal? If so, what is the percentage limit of any award that can go toward these expenses?

    Answer: Please see answer to Question #11.

15. **Question:** Are there limits on allowable startup expenditures related to property acquisition, renovations, furnishings, and security systems?

    Answer: Please see answer to Question #11.

16. **Question:** If extensive rehabilitation is needed for a property, will one-time start up dollars be included in the contract?

    Answer: Please see answer to Question #11.

17. **Question:** a) What are allowable start-up costs regarding capital improvements?

    b) If we are planning on renovating a currently owned site, do we need to submit quotes for the proposed work with the RFP? If so, how many quotes?

    c) Is there a maximum amount of funding available for start-up costs?

    Answer: a) Please see answer to Question #11.

b) Specifics related to startup costs and related requirements will be discussed in the contract negotiation process.

c) No maximum amount. All determined on a case-by-case basis.

18. **Question:** Are there any funding assumptions, like a rate per client?

Answer: There is not a funding assumption regarding rate per client. That would be dependent on the size of the facility.

19. **Question:** Do we need a location facility already identified?

Answer: The preference is that a location or site be identified. If not, then there needs to be a plan for identifying that site.

20. **Question:** Any preferred staffing?

What is the staffing model?

What clinical staffing is expected, if any, beyond clinically informed supervision of direct care staff?

Can you clarify the staffing expectations for how many staff must be on site at all times. On page 14 of the RFP: the ratio is listed as 1:3, references 2 awake staff for overnight shifts, but also says 1 staff member onsite at all times. Does the program need to maintain the 1:3 ratio at all times including during daytime hours when staff may need to transport program participants to community-based appointments?

Answer: There is not a specific staffing model as it will be dependent on the facility size and the number of clients. There must be at least two staff on every shift, including 3rd shift. Bidders should describe their proposed staffing in terms of full-time equivalents (FTEs), including the number of direct care staff needed to maintain two-staff coverage on all shifts, and any additional positions required to support program operations.

There is no expectation regarding the inclusion of clinical staff, other than the need for clinically informed supervision of direct care staff.

The 1:3 ratio is a suggested ratio based on the complexities of this population. It is not expected that the 1:3 ratio would always be present within the physical site.

21. **Question:** Is there an anticipated length of stay?

Answer: There is not an anticipated length of stay for this level of care. The length of stay is based on individual clinical need. The goal is for individuals to move

through the continuum of care and be supported in the least restrictive environment, however we understand that some individuals need the intensive supports provided by a Mental Health Intensive to maintain in the community.

22. **Question:** The RFP Summary states that the program is designed to "...develop mental health intensive residential program(s)...or to expand current mental health intensive residential programs...". Would a proposal to expand upon a current, PSRB specific "Supervised Housing" model be accepted and considered?

    Answer: Please see Question #2.

23. **Question:** The Target Population specifies individuals who "...may have additional supervision or stipulations set by criminal justice partners outside of the program (E.G. Professional, Statutory, and Regulatory Bodies (PSRB), probation, parole, or court ordered supervision)." Can you clarify if this is a PSRB population with potential overlay of probation, parole, etc. or would this be individuals under the PSRB AND/OR individuals under probation/parole/other, etc.? If it is individuals from both PSRB and probation/parole/other, this design of a shared living space would be contrary to our lengthy historic experience of individuals under the jurisdiction of the PSRB being asked to their contact with individuals who have legal involvement. Thoughts?

    Answer: Please see response to Question #3.

24. **Question:** Would you entertain a proposal that restricts referrals to only those under the jurisdiction of the PSRB?

    Answer: No

25. **Question:** Would a proposal that does not allow for referrals of individuals with fire-related histories (legal or otherwise) be considered or rejected? (For context: our liability insurance does not permit us to house anyone with a known history of any fire-related activity in ANY of our residential programs. When exploring other liability companies, one company refused to quote us due to our involvement with PSRB services and others were cost prohibitive.)

    Answer: Please see Question #8.

26. **Question:** Are there any state properties through CT-DAS that might be available for rehabilitation? (Also know that DAS does not permit individuals with fire-related activities to be **housed in their properties either.)**

    Answer: Please see response to Question #10.

27. **Question:** If the submitted proposals do not meet the anticipated need, what will be next steps?

    Answer: 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 (RFP page 26). In addition, an RFP process that results in the submission of fewer than three acceptable proposals and the future contract is greater than $20,000, the procurement is considered "non-competitive". If an agency receives fewer than three acceptable proposals in response to an RFP and the anticipated cost of the future contract is greater than $20,000, the agency must submit a request for a Non-Competitive procurement to OPM, before discussions are held with any potential contractor(s).

28. **Question:** Would the Department entertain hosting a conversation (outside of this RFP process) to discuss creative solutions that might not fit the formality of this current RFP but could inform future development/expansions/re-allocations and potential RFP's?

    Answer: While the Department is unable to engage in conversations that may influence or appear to influence the current RFP process, the Department is open to discussing broader ideas and creative solutions outside of this procurement once the RFP has fully concluded. We welcome opportunities to gather input that may help inform future planning and development.

29. **Question:** Is it expected that the program would be fully operational by January 1st or is there flexibility for issues around property renovations and staffing readiness beyond January 1? If there is flexibility beyond January 1, are there benchmarks?

    Answer: The goal is that contracts for the programs will be executed by January 1. Allowing for property renovations and staffing readiness, it would be the goal that the programs are operational and ready for admissions by April 1.

30. **Question:** During the Bidders' Conference, it was asked if there are facilities on the CVH campus that providers can utilize. If the answer is affirmative, will you please clarify what the process is for private providers to access or include those properties? Are property tours or summaries available prior to the application deadline? If renovations are necessary, would those be completed by the State or by the contractor?

    Answer: Please see response to Question #10.

31. **Question:** Does DMHAS have any plans to provide training around any of the expected evidenced-base practices?

Answer: DMHAS Office of Workforce Development offers a variety of in person, virtual, and web-based trainings to staff of DMHAS operated and DMHAS funded agencies. The trainings offered are clinically focused.

32. **Question:** How many individuals statewide are currently awaiting this level of service, and what is the projected referral volume for each region?

    Answer: There are a number of individuals that are anticipated needing a Mental Health Intensive LOC and will be ready to transition to the community from either incarceration or the state hospital system in the next year. It is anticipated that the need for this LOC will be consistent over the next several years and there would not be an issue regarding meeting utilization.

33. **Question:** Will providers have the ability to deny client admissions based on clinical needs?

    Answer: Providers have the ability to deny client admission. However, the Mental Health Intensive LOC is the highest residential LOC in the system, and as such, the expectation is that any agency responding to the RFP would be prepared to support individuals with complex clinical, medical, and risk mitigation needs, including a history of forensic involvement. Any referral from a state hospital would be considered ready, or nearing readiness, for community transition and any discharge from incarceration would have an end of sentence date.

34. **Question:** The outline contained in section IV of the RFP does not reference the following items:

    - Program Model
    - Performance Measures
    - Data reporting

    Please provide guidance on where these elements should be placed in the proposal outline categories.

    Answer: Please refer to section IV. D. titled Main Proposal.

35. **Question:** Please clarify and specify any pricing assumptions that bidders should include in their proposals. (i.e. rate per patient, startup costs, specific FTE or staffing model counts, etc.)

    Answer: Please see answers to Questions #11, #18, and #20.

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Date: August 20, 2026