

Addendum 1

State of Connecticut Department of Mental Health and Addiction Services

RFP # DMHAS-OSU-HARM REDUCTION CENTERS-2024

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

Addendum 1 contains:

A. Changes to Legal Notice. Please note that a change has been made to Section I. General Information, A. Introduction, item 1. RFP Name and Number. **DMHAS-OSU-Harm Reduction Centers – 2023** is hereby deleted and replaced with the following:

1. RFP Name and Number: DMHAS-OSU-Harm Reduction Centers - 2024

B. Changes to the Scope of Services Description (Page 8-9) - Please note that a change has been made to Section II. C.1. (a), (c) and (e) as follows:

C. Scope of Services Description Item 1. Organizational Profile is hereby deleted and replaced with the following:

A. *SCOPE OF SERVICE DESCRIPTION*

1. Organizational Profile

- (a) Entity Type / Years of Operation: Please provide a brief history of the organization. Proposer must be established as a private, non-profit organization or unit of local government prior to submission of a proposal, and must provide proof of such status in **Section VI. Appendix** of the proposal or have a “fiduciary” partner that can provide proof of such status.
- (b) Administrative Office Location: Please provide the location of the organization’s administrative offices.
- (c) Organizational Structure: Please describe the overall organization structure including the advisory/oversight committee. A Table of Organization must be submitted in **Section VI. Appendix** of the proposal. If the proposal includes a partner, please indicate so.
- (d) Qualifications: Please describe your organization’s interest and qualifications in providing the kinds of services being requested through this RFP. Describe in detail agency philosophy around harm reduction and experience implementing it into programming. Discuss experience employing Peer staff as an agency. If the proposal includes a partner, please include that organization’s qualifications.

(e) References: If you do not currently or have not in the past 3 years provided contracted services to the Department, at least 3 reference letters must be included in **Section VI. Appendix** of the proposal to support the description of your experience in providing these services. Letters must include agency name, contact name, mailing address, phone number and email address of the writer. Letters must also include the nature of the writer's relationship with the proposer and the extent of the proposer's provision of services to the writer. This is **NOT** a Letter of Support. The writer must be able to detail a prior relationship of services provided by the proposing agency.

C. Section E. Attachments – Page 19 is hereby deleted and replaced with the following:

E: Attachments

Attachments other than the required attachments identified are not permitted and will not be evaluated. See the Proposal Checklist in Appendix I. **pages 38 and 39** for a list of relevant attachments. Further, the required attachments must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions may result in disqualification.

D. Section VI. Appendix I – Proposal Checklist (Page 38 and 39) is hereby deleted and replaced with the following:

A. *PROPOSAL CHECKLIST*

To assist respondents in managing proposal planning and document collation processes, this document summarizes key dates and proposal requirements for this RFP. Please note that this document does not supersede what is stated in the RFP. Please refer to the Proposal Submission Overview, Required Proposal Submission Outline, and Mandatory Provisions (Sections II, III, and IV of this RFP) for more comprehensive details. It is the responsibility of each respondent to ensure that all required documents, forms, and attachments, are submitted in a timely manner.

Key Dates

Procurement Timetable		
The Agency reserves the right to modify these dates at its sole discretion.		
Item	Action	Date
1	RFP Release	7/7/2023
2	Letter of Intent	7//14/2023
3	RFP/Bidder’s Conference Date	7/21/23 1:00 PM
4	RFP/Bidder’s Conference Time	10:00 AM
5	Deadline for Questions	7/27/23 by 3:00 PM
6	Answers Released	8/3/2023
7	Proposals Due	8/18/2023 by 3:00 PM
8	(*) Proposer Selection	TBD
9	(*) Start of Contract Negotiations	TBD
10	(*) Start of Contract	10/1/2023

Proposal Content Checklist

- Cover Sheet** including required information:
- Table of Contents
- Executive Summary:** high-level summary of proposal and cost
- Main proposal and with relevant attachments.** *Proposers should use their discretion to determine whether certain required information is sufficiently captured in the body of their proposal or requires additional attachments for clarification.* Additional attachments may include (bullets below are examples only):
 - Organizational Profile
 - Scope of Service
 - Staffing Plan
 - Data and Technology
 - Subcontractor – (if applicable)
 - Work plan
 - Financial Profile
 - Budget and Budget Narrative (Include startup cost)

Registration with State Contracting Portal (if not already registered):

- Register at: <https://portal.ct.gov/DAS/CTSource/Registration>
- Submit Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>

- Valid Unique Entity Identifier (UEI)** obtained through www.sam.gov (prior to contract award). This is required for federal funded contracts.
- Acknowledgement of Contract Compliance – Notification to Bidders
- IRS Determination Letter** (for nonprofit proposers, proof of non-profit status)
- Audited financial statements – Please refer to page 12 of the RFP.**
- Proposed budget**, including budget narrative and cost schedules for planned subcontractors, if applicable. Submit a separate budget and narrative for start up costs. Excel document available, submit request to Official contact person.
- Conflict of Interest Disclosure Statement**
- Statement of Assurances**
- Declaration of Confidential Information**
- Proof of DPH Clinical Licensure – (as applicable)**
- Organizational Chart/Staffing Plan**
- Resume of Key Personnel**

Formatting Checklist

- Is the proposal formatted to fit 8 ½ x 11 (letter-sized) paper?
- Is the main body of the proposal within the **28-page limit**?
- Is the proposal in 12-point, Times New Roman font?
- Does the proposal format follow normal (1 inch) margins and 1 ½ line spacing?
- Does the proposer’s name appear in the header of each page?
- Does the proposal include page numbers in the footer?
- Are confidential labels applied to sensitive information (if applicable)?

E. Question and Answers – The following are DMHAS responses to the questions received prior, 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:** What is the maximum allowable percentage for indirect costs?

Answer: Indirect costs can be charges based on an organization’s federally negotiated rate, or at the rate of 10.5% if no verification of a different federally approved rate is provided.

2. **Question:** Are sub-contractors allowed in this RFP? (Program)

Answer: Yes

3. **Question:** Are letters of Commitment for sub-contractors permitted? (Program)

Answer: Yes

4. **Question:** As it pertains to “Community Interface” (RFP page 9), are Letters of Support from Community Members permitted (including local residents and community leaders) in addition to the municipality and business entities?

Answer: Yes

5. **Question:** Page 12 of the RFP indicates that proposers who are not current DMHAS contractors should submit only the most recent audited financial statement (along with cover from previous two years), however page 39 indicates that they should submit the full audits for the past three years. Which is correct?

Answer: Please follow instructions on page 12.

6. **Question:** Do we need to have an actual building in the community that we are proposing to serve? Or could we propose to run a Harm Reduction Center providing services to the New London community out of our Norwich office?

Answer: Yes, the building must be physically located in one of the three (3) identified cities identified in the RFP

7. **Question:** Can DMHAS provide a required time frame to have the Center up and running?

Answer: The proposer should include steps and time frame as part of their work plan.

8. **Question:** If an entity is awarded these funds, time will be required to renovate space and hire staff.

Answer: The proposer should include steps and time frame as part of their work plan.

9. **Question:** What is the expectation regarding opening/start date for access by clients?

Answer: Proposers should include specific details in their work plan that include when they reasonably expect to be able to open and be fully operational.

10. **Question:** Will the PowerPoint presentation be made available?

Answer: Yes, please request a copy via email to the Official Agency Contact Person.

11. **Question:** For Peer workers, are there any requirements or guidelines for what constitutes a “recovery-oriented training program”?

Answer: Applicants should list certifications and trainings they will require for hiring of peer staff. For currently employed peer staff, their experience should be listed and resumes provided.

12. **Question:** What is the correct RFP# DMHAS-OSU-HARM REDUCTION CENTERS-2024 on page 1 or RFP# DMHAS-OSU-HARM REDUCTION CENTERS -2023 on page 3?

Answer: RFP# DMHAS-OSU-HARM REDUCTION CENTERS -2024

13. **Question:** Please confirm if reference letters and letters of support should be included in the Attachment section of the application.

Answer: Section VI Appendix

14. **Question:** Are both the reference letters and letters of support (from municipality and local businesses) to be included in Section H?

Answer: Section VI Appendix

15. **Question:** Can funds be used for minor A/R? Is there a maximum amount?

Answer: Administrative costs, or indirect costs are capped at 10.5%, or per organization’s federally negotiated rate.

16. Question: Is a lease agreement required by August 18th or just an address?

Answer: An address for the intended center is sufficient. Supporting documentation, including lease agreement, can be submitted.

17. Question: Is there consideration that a new program usually would need to be leased for a longer duration of time for two years?

Answer: Noted for future projects. This specific federal grant ends on 9/30/25

18. Question: Do project management methodology go under the Cultural Competency section?

Answer: Yes, please refer to page 19 – Cultural Competence. You can also reference Cultural competence in the main proposal and attached your answers in the Section VI. Appendix. Please label Cultural Competence.

19. Question: Was there consideration that a new program usually would need to be leased for a longer duration of time than two years?

Answer: Noted for future projects. This specific federal grant ends on 9/30/25

20. Question: I'm establishing A and location for this and the time frames required and is a lease agreement required at by August 18th or just an address and two?

Answer: An address for the intended center is sufficient. Supporting documentation, including lease agreement, can be submitted.

21. Question: In requirements for Peer staff, the RFP lists completion of a “recovery-oriented training program”. Knowing that DMHAS has contracted with the Connecticut Certification Board (CCB) to implement Peer Recovery Support Certification, is the expectation that this training be provided by one of the CCB approved training providers or can a provider put forth their own training program, and would this need to be approved by DMHAS and/or the CCB?

Answer: Applicants should list certifications and trainings they will require for hiring of peer staff. For currently employed peer staff, their experience should be listed and resumes provided.

22. Question: As a “Harm Reduction Center”, there is very little language about staff knowledge of harm reduction best practices. Most of the staff requirements involve recovery-based knowledge, and peer workers must be self-identified as “in recovery.” Peer involvement is crucial to harm reduction best practices and “recovery” should not be interpreted as “sobriety” or “abstinence”. Can DMHAS elaborate on their definition of “in recovery” when referring to staffing?

Answer: The RFP states (1) “operate a stigma -free and low barrier drop-in center for individuals who use drugs; without requiring abstinence or an expressed desire for treatment as a prerequisite to access.” This philosophy and approach is a necessity throughout the entire structure of the Harm Reduction Center. A Harm Reduction approach should be clearly evident and embraced in in all program policies as well as in the hiring process of staff of all disciplines. Abstinence or sobriety is not required for people accessing the \ program or staff in Peer roles supporting them.

23. Question: It is stated on page 11, IIC4b. that “contractors are expected to submit timely regularly scheduled progress reports to the Department for approval...”. Will the chosen provider be given a format for these reports? Are there any specific reports that have already been determined as required that should be referenced in the proposal?

Answer: The Provider will be given report templates with prompts for the necessary reporting requirements. The Proposer has an opportunity to share other metrics and data they plan to collect.

24: Question: On page 10, section IIC3a. Staffing Plan of the RFP refers to a hybrid staffing model, though does not clarify whether there must always be one of each type of staff member on site. For example, can there be two peer staff on site and no clinical staff? Can you clarify this? Additionally, is there a required minimum number of hours for clinician on site per week? Is there a required minimum number of hours for medical personnel on site per week?

Answer: The Proposer should describe in the proposal a staffing pattern that involves at least two staff onsite of any discipline at any given time. Access to clinical/medical staff for consultation should be an available option during all operating hours.

Submitted by: Pamela Mabry

August 3, 2023

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