Addendum 1

State of Connecticut Department of Mental Health and Addiction Services

RFP# DMHAS-EBP-REST-2023

The State of Connecticut Department of Mental Health and Addiction Services is issuing Addendum 2 to the **Evidence-Based Practices and Grants Division Rapid Evaluation, Stabilization and Treatment (REST) Center.**

Addendum 1 contains changes to the following sections:

A. Equal Employment Opportunity – A change has been made Legal Notice Section VI. Appendix G. Equal Employment Opportunity (Page 39 of the Legal Notice) is hereby deleted and replaced with the following:

Please see link below for the EEO form or contact your Official Contact person for the form

Home (eeocdata.org)

B. Questions and Answers

Below please find DMHAS official responses to the following 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.**

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1. **Question: Please explain what is a is meant by a " duly formed business entity" under eligibility.**

   Answer: a "duly formed business entity" in the state of Connecticut means you are registered as a business in Connecticut. Please use this link: onlineBusinessSearch (ct.gov).

2. **Question: Will the department cover start-up cost in year 1? Build out, furniture, durable medical equipment. Do we include those costs separately has a start-up budget?**

   Answer: Yes, a start-up budget for year one is allowable and should be submitted separately from the annualized/ongoing budget.

3. **Question: Will the department consider a lease arrangement for the bldg. site?**

   Answer: Yes, a lease arrangement is acceptable.

4. **<u>Question:</u> Can you clarify zoning requirements as there is nothing specific to operating a center like this?**

   <u>Answer:</u> It will be the responsibility of the selected vendor to investigate and comply with any zoning requirements for the property they have identified.

5. **<u>Question:</u> How do you show you're approved by the Secretary of State**

   <u>Answer:</u> Please provide a screen shot of your approved business registration from the following website:

   Secretary of State onlineBusinessSearch (ct.gov).

   If you are not a registered business, please register using the following link:

   Secretary of State New Business New Business Registration System (ct.gov).

6. **<u>Question:</u> Do you envision budgets that include a trauma informed security guard model on site 24/7 being supported?**

   <u>Answer:</u> We would be willing to review what this might look like and entail.

7. **<u>Question:</u> Will there be a requirement around having suicide proof spaces?**

   <u>Answer:</u> The site should meet all environment of care standards required by licensure and accreditation.

8. **<u>Question:</u> Are there criteria for discharge that the program will be required to adhere to? For example, referral to behavioral health care, housing, etc.**

   <u>Answer:</u> We look forward to your proposals around that and how you would ensure that individuals receive the supports they need once they leave the REST Center.

9. **<u>Question:</u> Are we required to provide food?**

   <u>Answer:</u> Yes.

10. **<u>Question:</u> The proposal notes, self-administration of medication. Is there any expectation that program staff will administer?**

    <u>Answer:</u> There may be times that administration of medication is needed (e.g., IM), although no forced medication should take place.

11. **<u>Question:</u> Is there an expectation that program staff will connect with a pharmacy able to deliver medication 24/7 and fill prescriptions or are we talking only about medication that individuals**

arrive with? 24 hours is a very short period to secure a doctor's orders, receive and log medication, communicate with pharmacies, etc.

Answer: There is an expectation that prescribing medications will be needed 24/7. We are interested in how, or if, agencies propose to integrate medication delivery from their own pharmacy or a community pharmacy.

12. **Question: How to discharge plan on weekend or holidays?**

    Answer: We look forward to your proposals around that and how you would ensure that individuals receive the supports they need once they leave the REST Center**.**

13. **Question: You mentioned in the presentation that the start date is "proposed" for 10/1. Is there chance that date will be moved out?**

    Answer: We do not anticipate moving that date out at this time.

14. **Question: Is there an expectation of case management services that will extend beyond their discharge after 23 hours? For example, if a phone call is placed to a local outpatient center to connect an individual to services but a return call is not received prior to their discharge, what is the expectation?**

    Answer: We would expect that the REST Center would use their best efforts to ensure that individuals discharged are connected to services based upon their preferences. Ongoing services after discharge by the REST center are not expected.

15. **Question: Does an agency that has years of experience offering IOP services qualify as an ambulatory clinic as defined in the proposal?**

    Answer: Yes, Intensive Outpatient Program services qualify as an ambulatory clinic.

16. **Question: Does the requirement of a licensed clinician include an individual who is provisionally licensed?**

    Answer: Yes, as long as there is a structure in place for them to be adequately supervised by a licensed clinician.

17. **Question: Does this project require a Program Evaluator knowledgeable about GARP?**

    Answer: If this is referring to "GPRAs" (Government Performance and Results Act), then no, GPRAs are not required for this program.

18. **Question:** **Please confirm that per the RFP, attendance at the bidder's conference was mandatory in order to submit a proposal for review and consideration.**

    Answer: Yes

19. **Question:** **Please confirm that CARF meets the requirement of National Certification for REST**.

    Answer: Yes, Commission on Accreditation of Rehabilitation Facilities does meet that requirement.

20. **Question:** **Is there flexibility on less than 24 hours? There will be times when linkages/discharges cannot be made in that time period (After hours, weekends, etc). Can DMHAS provide guidance/flexibility on this requirement?**

    Answer: We recognize that there may be outliers to the "less than 24 hours" guideline due to extenuating circumstances. However, we would expect that the vast majority of individuals would be discharged in less than 24 hours.

21. **Question:** **What is DMHAS' stand on individuals coming to the REST Center multiple nights in a row due to mental health and substance misuse circumstances and lack of housing?**

    Answer: The REST Center is intended to support individuals experiencing a mental health or substance use crisis. The selected vendor will need to assess individuals to determine their eligibility for services at the REST Center each time they seek services. The REST Center should not be used as a temporary shelter for individuals who are not experiencing a mental health or substance use crisis.

22. **Question:** **When the REST Center is full—Does DMHAS have any guidance/requirements for incoming referrals when at capacity or is this to be outlined by proposer?**

    Answer: This should be outlined by the proposer.

23. **Question:** **If we do not have a licensed kitchen on site, is cold food and healthy snacks acceptable?**

    Answer: Yes.

24. **Question:** **Is DMHAS aware of any DPH licensing requirements as it relates to operating this program and respite level of care?**

Answer: DPH indicates that there are 2 types of licenses that would be needed, a psychiatric outpatient clinic and a substance abuse license. Please see Department of Public Health link: Verify a License (ct.gov)

25. **Question: Is DMHAS aware of any zoning requirements related to operating this program and respite level of care?**

    Answer: Please see response to Question #4.

26. **Question: Does DMHAS have admission/exclusionary criteria (beyond excluding hospital/ED discharges/referrals) or is this to be defined by proposer?**

    Answer: This will be defined by the selected proposer in collaboration with DMHAS during the implementation phase.

27. **Question: Without a pharmacy within the program, does DMHAS have any guidelines or recommendations for clients requiring medications?**

    Answer: See question #11

28. **Question: How do we handle clients who have no immediate discharge plan, as in a place to go/sleep and are refusing to leave the building?**

    Answer: The agency will be expected to develop clinical and safety protocols. The intent is to create a trauma informed space. Staff should be trained in de-escalation techniques in difficult situations. Given the ambulatory nature of the REST, Coordinated Access Network (CAN) referrals via 211/United Way, may be part of an individual's discharge plan.

29. **Question: Is the expectation that we are discharging clients in the middle of the night if their 23:59 minutes are up? That is not safe.**

    Answer: While the program is designed to be a maximum of 23 hours, safe discharges are important. Detailed policies and procedures will be developed during the implementation phase by the successful applicant.

30. **Question: Will the department consider a lease arrangement in the proposal rather than full ownership?**

    Answer: Yes, a lease arrangement is acceptable.

31. **Question: What do you envision security measures looking like? Will budgets that includes a trauma informed security guard model on site 24/7 would that be supported?**

Answer: We would be willing to review what this might look like and entail. (See response to Question #6)

32. Question: Is there an expectation that staff are trained in a physical restraint model. If not, can the program model rely on police intervention for individuals for those who may become violent during their stay.

Answer: The agency will be expected to develop clinical and safety protocols appropriate for an ambulatory setting milieu. The intent is to create a trauma informed space. De-escalation training for staff is expected. Mobile crisis may be appropriate in some situations. In extreme circumstances, police intervention may be needed.

33. Question: Have you explored rapid rest centers in other states as part of the development of this proposal? If so, can you provide that resource and contact information if possible.

Answer: Yes, we interviewed various other 23-hour Crisis Stabilization Units from across the country. Programs interviewed were Deschutes County Crisis Stabilization Program in Oregon; People USA in Poughkeepsie, NY; Personal Enrichment through Mental Health Services (PEMHS) in Florida; and Connections in Arizona.

34. Question: How are programs expected to manage medication assisted treatment such as Suboxone if an individual reports being on this medication that does not have it on their person.

Answer: Clinical protocols will be developed by the agency's medical director. It is expected that there will be instances where "bridge" prescriptions would be appropriate.

35. Question: Can programs have exclusionary criteria around the provision of certain medication, such as benzodiazepines?

Answer: No; We would expect that any decisions about the provision of medications would be individualized based upon the clinical and medical assessment and needs of the individual.

36. Question: Can you provide more details regarding the minimum credentials of the medical professionals you would like to see in this program? Given the duties outlined it appears that a Medical Assistant would be sufficient to meet the stated need.

Answer: We would expect that at least one (1) Registered Nurse (RN) be available on-site 24/7 with access to (telephonic, telehealth, virtual, etc.) a prescriber (MD, APRN) 24/7.

37. **Question:** **Does the requirement of a licensed clinician include an individual who is provisionally licensed such as an LMSW?**

Answer: Yes, as long as there is a structure in place for them to be adequately supervised by a licensed clinician. (See Question #16)

38. **Question: Might there be consideration to extend the proposal due date? With answers to questions being released on 6/15 this leaves 10 business days to submit which is a challenge as we often need answers to the questions prior to margin a decision re: pursuit of the funding**.

Answer: We do not anticipate extending the proposal due date.

39. **Question:** **The RFP contains the following statement: "To offer "drop off" locations for police to bring people as alternatives to arrest and incarceration or detention by police as allowed under CT Statute". What CT statue are you referring to?**

Answer: Sec. 17a-503. (Formerly Sec. 17-183a). Detention by police officer prior to commitment, Section a. Please see link: Chapter 319i - Persons with Psychiatric Disabilities (ct.gov)

40. **Question:** **To clarify, the expectation is that DPH licensure is possess by the start of services which, based on the RFP language is January 1, 2024?**

Answer: Yes, that is correct.

41. **Question:** **The RFP notes that Medication administration (including MAT inductions) is required. Can an agency be equipped for suboxone induction only with a policy that refers out for a methadone induction not within the 24-hour period?**

Answer: Yes, that is acceptable.

42. **Question: Given that methadone induction must be completed by an OTP is it acceptable for the submitting agency to provide an MOU for the local methadone dispensary that they will provide rapid admission/induction?**

Answer: Yes, an Opioid Treatment Program MOU is acceptable.

43. **Question:** **Page 11 states the need to have a procedure re: safety screening upon admission (voluntary searches, etc.). Can the program have, as a requirement for admission, an expectation of search and storage of all belongings and person to include storage of all belongings?**

Answer: We would be willing to review what this proposal might look like and entail. It should not be used to exclude those who decline a search.

44. **Question: Page 11 asks for an explanation re: "How to address potential weapons, legal and illicit substances, drug paraphernalia and confiscation and/or disposal thereof including temporary storage procedures and mitigation strategies to prevent diversion". Will you further define "prevent diversion"? Is this meant to reference diversion to police?**

    Answer: Diversion is referring to diversion of prescribed medication or illicit substances and paraphernalia that might be diverted to staff and/or peers. The program would need to design policies and procedures to prevent diversion.

45. **Question: If we were to hire Nurse Practitioners to complete assessments can this be done via telehealth?**

    Answer: No, clinical and medical assessments must be done in-person

46. **Question: Is there data which provides information regarding the level of care recommended by the hospital for the 2,300 people who were sent to the ED?**

    Answer: No, there is not.

47. **Question: Is Joint Commission accreditation considered "applicable national accreditation"? If yes, will a grace period be provided to acquire accreditation if awarded?**

    Answer: Yes, Joint Commission is acceptable. A grace period could be considered and discussed as part of the negotiation process with the selected vendor.

48. **Question: If Joint Commission accreditation is not considered an applicable national accreditation, will you please offer examples of those that qualify?** Joint Commission is acceptable as well as Commission on Accreditation of Rehabilitation Facilities (CARF).

49. **Question: Is there a dollar amount the department anticipates approving for the startup budget?**

    Answer: We do not have a specific dollar amount, but would review the reasonableness of the proposed start-up budget and discuss it with the selected vendor in the negotiation phase.

50. **<u>Question:</u> There is one budget narrative template used. Shall we use but label it as for startup costs for the submission of those budget details?**

<u>Answer:</u> Yes, that would be acceptable.

51. **<u>Question:</u> Under the General capacity section; "Please describe your organization's capacity to take on additional work if you are awarded this contract." Can you provide more detail regarding your definition or expectation under "additional work". This is a broad statement and could mean a lot of things. We want to ensure we answer honestly**.

<u>Answer</u>: The RFP states, "General capacity: Please describe your organization's capacity to take on additional work if you are awarded this contract. How would you create additional capacity, if needed? How would you quickly pivot directions, should feedback from the DMHAS require a change in direction?" Please respond to the specific questions posed regarding additional capacity and your ability and flexibility to adjust to feedback and changes.