

Addendum 1
RFP# DOC-RES-WWR-2023-SM
Connecticut Department of Correction

Community Residential Services

The Connecticut Department of Correction (The Department) is issuing Addendum 1 to RFP #DOC-RES-WWR-2023-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 C. Scope of Services Description page 8, Capacity has been changed from:

- **Capacity:** Respondents shall detail gender and age of individuals that will be accepted into the program. Proposals shall include the total number of beds proposed, total number of beds in the program, and who utilizes beds not proposed for purchase by the Department, as well as gender of both. The Department will not allow congregate housing of both males and females. The contractor shall not house DOC and non-DOC residents in the same bedrooms, and shall post signage that clearly identifies the bedrooms occupied by DOC residents.

To:

- **Capacity:** Respondents shall detail gender and age of individuals that will be accepted into the program. Proposals shall include the total number of beds proposed, total number of beds in the program, and who utilizes beds not proposed for purchase by the Department, as well as gender of both. The Department will not allow congregate housing of both males and females. *The DOC residents shall be housed in their own dwelling separate and apart from any unsupervised population* and shall post signage that clearly identifies the *space* occupied by DOC residents.

Questions and Answers:

Question 1:

On Page 9, Client Eligibility – What MH levels will DOC be referring to this program?

Answer: Absent exigent circumstances, the DOC will not place a direct release higher than a MH4. (In cases of placements with a MH3D or higher, information available at the time of referral will be reviewed for appropriateness by the Parole and Community Service Mental Health Unit.

Question 2:

Pages 11-12 – Service Treatment Components – In other CTDOC Residential WR programs, a Community Transition Coordinator (CTC) is required. Will that position be required in this model?

Answer:

An official CTC title is not required, however all components of this role are encompassed in this RFP. It is expected that the proposer will incorporate all appropriate roles in the proposal.

Question 3:

Page 12 – Staffing Expectations – This states that the page limit is 5 pages. Page 13 – Data and Technology Expectations – This states the page limit for this section is 5 pages. Page 14 – Financial Expectations – This states the page limit for this section is 5 pages. This would total up to 15 pages for those three sections alone. On page 24 – Main Proposal Submission Requirements to Submit a Proposal - This states that the total allowable pages is 10 pages and it includes Sections 1-8. Can clarification be provided as to what the page limits are?

Question 4:

1. Can you confirm the page length for the main proposal submission that is noted on Page 24 of the RFP. It says 10 pages but that seems very short to us. Could you also tell us what the page limits are in the other sections?
2. Regarding the budget there is a reference for a three-month budget for FY 24 and a six-month budget, which one is accurate? Also, is this were we should include the start up the costs.

Answer to Question 3 and 4: Proposals should respond to all areas and be as concise as possible. There is not a total 10-page limit to sections 1-8. However, there are specified limits to certain sections as listed below:

Executive Summary – limit 2 pages
Staff Expectations – limit 5 pages
Data and Technology – limit 5 pages
Financial Expectations – limit 5 pages

Question 5: Regarding the budget there is a reference for a three-month budget for FY 24 and a six-month budget, which one is accurate? Also, is this were we should include the start up the costs.

Answer: With an anticipated program start date of April 1, 2024, the FY24 budget would be a three (3) month budget covering the period of April 1, 2024 – June 30, 2024. Therefore, it is a three-month budget that should be submitted, not a six-month budget for FY24. The start-up costs should be included in the FY24 budget only.

Question 6: If a provider has the space and capability to provide services for more than 8 women within this program, should we propose a larger bed count, or is the Department of Correction only interested in 8-bed programs for this population?

Question 7:

On page 6 of the RFP Program Overview the RFP indicates that “The department is seeking proposals for two 8-bed programs...” . Does the successful agency have to respond and provide 2 (both) of the houses? Can a proposal for one location be successful? If one location is proposed, can it exceed 8 beds?

Answer to Question 6 & 7: All proposals can be submitted and reviewed, however preference will be given to the responses encompassing the original RFP ask. Proposals do not have to include two locations. The Department may offer two contracts to cover the needed locations.

Question 8: On Page 17 of RFP PDF: The last bullet point of outcomes is incomplete “70% of discharged clients will have successfully completed the program within 6 months of admission/intake; and” Could you provide the rest of that outcome?

Answer: The Mental Health Supports Outcome Measures are as follows:

- 98% of admitted clients will have an initial clinical intake assessment conducted by a licensed mental health clinician
- 98% of admitted clients will have an initial medication assessment conducted by a licensed APRN /Medical professional
- 90% of discharged clients will have transitioned to an appropriate placement commensurate with the individual’s clinical and functional level of care needs;
- 70% of discharged clients will have completed the program successfully;
- 70% of discharged clients will have successfully completed the program within 6 months of admission/intake; and
- 98% of successfully discharged clients will have a completed discharge plan/summary.

Question 9: Can you clarify what would be a good response to the functional organization and administrative sections of the response outline?

Answer: A good response would explain the organization’s structure/organization chart that explains the hierarchy of the organization as well as groups that will be delivering both the direct, in-direct, and administrative services.

Question 10:

Page 8, Room and Board - Will it be specified by DOC as to what referred clients are anticipated to have a short term stay versus a long term placement?

Answer: The duration of a placement will vary based on the individual needs of the client. An anticipated length of placement may be available at the time of referral.

Question 11:

Page 9, Client Evaluation/referrals – the RFP states, “the proposal should delineate the maximum time period between referral acceptance and initial intake appointment..” In other Adult Work Release programs, we are informed via PDMS or the PO when a client will be coming to our facility. Is this a different process for this program, are we are to provide a timeline for placement for clients?

Answer: This is not a different process. The same process and timeframes as other Adult Work Release programs will apply. Timeline for placements will be dependent on the need of the Agency/client.

Question 12:

Page 10, Intake/Orientation/Assessment and Treatment Approaches - Is there a minimum or preferred number of clinical (mental health and/or substance use treatment) hours DOC requires to be completed in-house at the program?

Answer: There is not a minimum or preferred number of clinical hours required for in-house programming. The RFP allows for outside entities to be utilized at the proposers discretion (to be included in the proposal) and in conjunction with the individual needs of the client.

Question 13:

Page 10, Intake/Orientation/Assessment and Treatment Approaches - Will DOC allow mental health and substance use treatment to be provided by provisionally licensed clinical staff who are working under/supervised by an independently licensed clinician?

Answer: The DOC would expect the services mentioned above be provided by an appropriately licensed clinician.

Question 14:

Page 11, Transportation Assistance – will DOC provide a van for this program or should the purchase/lease of a vehicle be included in our budget?

Answer:

The purchase/lease of a program vehicle for DOC programs is an eligible cost and can be included in your budget.

Question 15:

Pages 16 and 17, Performance Measures for Work Release Programs and Mental Health Supports – will this entire program be subject to performance outcomes listed on page 17 for Mental Health Supports or are we to apply two sets of performance measures depending on the clients' level of needs - meeting the Work Release performance measures (page 16) for clients who do not need mental health supports and the Mental Health Supports performance measures (page 17) for clients who do need mental health supports?

Answer: Yes based on the individuals needs if they require mental health supports then the Mental Health Supports performance measures would be applicable. If not, then it would only be the Work Release performance measures.

Question 16:

Page 17, Mental Health Support Performance Measures – what is the associated timeframe required for clients to have an initial medication assessment conducted by a licensed APRN/Medical Professional?

Answer: Please refer to the Intake/Orientation section on Page 9 of the RFP.

Question 17: Does the successful agency have to provide gender-specific staffing?

Answer: No. However, the proposer is expected to deliver gender-responsive programs and services as requested in the RFP.

Question 18:

On page 8 of the RFP, under capacity, the Agency indicates that non-DOC and DOC residents may not occupy the same bedrooms. Can the successful agency utilize other bedrooms in the house for non-DOC women receiving SUD care from SCADD?

Answer: Please refer to the amended "Capacity" section at the beginning of this amendment. .

Question 19:

On page 12 of the RFP, under mentoring, would trained recovery coach staff, with appropriate lived experience, be eligible to provide mentoring as outlined under the RFP?

Answer: The DOC would expect the proposer provide options for mentoring programs as outlined on page 12 with appropriately trained and/or certified mentors, as applicable.

Question 20:

Please describe what the process and logistics of the transfer of clients from DOC to the WWR residence looks like?

Answer: The DOC will initiate a referral via PDMS. The provider will receive placement date and method of transportation prior to the placement.

Question 21:

Will the successful bidder receive fund reimbursement in the form of a grant award, or will we be required to bill our services based on occupancy to receive reimbursement?

Answer:

The Contract is written to provide quarterly prospective payments.

Question 22:

Will the contract have "no reject, no eject" type of clause regarding admissions and discharges?

Answer: There is language in the contract that provides a three (3) day review period as follows: the Contractor shall have a not to exceed period of three (3) bed days to review referrals made by CTDOC. If the Contractor does not respond to the referral within three (3) bed days, CTDOC shall consider the referral as accepted. CTDOC utilizes an electronic Provider Data Management System (PDMS) to make referrals.

Addendum 1
RFP #DOC-RES-WWR-2023-SM

State of Connecticut
Department of Correction
Community Residential Services

Date Issued: November 22, 2023

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

Authorized Signature

Name of Proposer