

**Department of Mental Health and Addiction Services
RFQ #DMHAS-EQMI-RBHAO-2017**

**Post-Conference Questions and Answers
November 15, 2017**

1. Staffing:

a. Can the lead agency subcontract with another organization or individual for the positions in the RFP or must they all be part of the lead agency's staff?

Answer: They must be part of the lead agency's staff.

b. Are titles important? Current 501 (c) 3 organizations already have an Executive Director, which would probably claim a percentage of time on this grant.

Answer: This person could not be an Executive Director but a Program Director in such an organization.

c. Is it expected that an additional Executive Director must be hired or does one cobble together a position to add up to 100%?

Answer: It is not expected that the applicant hire a new Executive Director. If this would be a program within a larger agency that already has an Executive Director or Chief Executive Officer, The RBHAO would need to have a full-time Program Director.

d. Are the mental health and substance abuse advisory staff full time? If so, I don't believe the finances work based on competitive salaries in Fairfield County.

Answer: They would be expected to be as close to full-time as the funding would allow and should be equivalent in what portion of an FTE makes up the position. For example if the funding only allowed for a 1.6 FTE, each position would need to be .8 FTE.

2. The RFP mentions possible mergers, which in my experience takes up to one year to complete and I believe in the case of Fairfield County, are not feasible among the organizations involved. Is it DMHAS' expectation or priority that the successful grantee would be a freestanding 501 (c) 3 organization that has as its only function – the RBHAO?

Answer: No that is not DMHAS' expectation.

3. Is it DMHAS intent that the newly constituted board for the project meets both the statutory requirements of the RAC's and RMHB's?

Answer: The goal would be to try to meet the current requirements. DMHAS has a long-term vision of integrated regional and sub-regional advisory/action councils. The details of how current structures operate will evolve and will likely be tied to new statutory language.

Revised Answer: Yes.

4. Will sub-regional catchment area councils still be part of the regions? Will sub-regional RAC's still be part of the regions? Will both of these be dissolved and a new structure devised or is it up to each grantee how this will be overseen?

Answer: The new RBHAO structure will be responsible for the entire region. It is intended that sub-regional structures will be an expectation of the grant but the structure is to be developed.

Revised Answer: The structures (RAC's and CAC's) will not be dissolved. They are included in statute and will be part of the RBHAO structure. Grantees will be expected to meet current statutory requirements.

5. Will the LPC's take on more mental health functions?

Answer: That is not anticipated at this time.

6. There is no mention of prevention in the RFP. It is a critical component of any continuum of care both in the mental health and substance abuse field and should be included. Is this an oversight or is it implied?

Answer: Prevention functions are explicit under the full spectrum of services included in the RFP.

7. If your agency provides any form of direct behavioral health services, are you automatically ruled out of applying? What constitutes a behavioral health service [Just substance abuse and mental health]? Is this only limited to DMHAS funding for direct service?

Answer: No you are not ruled out of applying. However, the RBHAO as a distinct agency or program within an agency cannot be engaged in provision of services to clients. This is consistent with current statute. The RFP did specify that preference would be given to an organization that does not provide direct service since this is consistent with current statute/expectations.

8. If the LPC money can be spent until June 30th, what happens on January 1st? Does the monitoring of the LPC's move over to the new RBHAO? What if the new entity does not agree with how the LPC money was spent?

Answer: The monitoring of the LPC and any support functions would move to the new RBHAO effective January 1, 2018. The expenditure should have already been approved by the responsible RAC and that approval would remain in effect even if the new entity does not agree with the expenditure. The new entity would have the opportunity to approve expenditures in subsequent years.

9. Has DMHAS taken into account the other funding that supports RAC's and RMHB's and their requirements for matching dollars [Drug Free Communities, municipal support for both RAC's and RMHB's, a AmeriCorps Opioid grant, special tobacco, gambling and other grants, etc.]? Some of these funds will probably be lost in this new configuration if the funding source does not agree to the new grantee.

Answer: Grant funds administered by DMHAS which currently pass through to a RAC or a RMHB will be transferred to the new organization. DMHAS does not have control over other funding is leveraged and or used.

10. Which DMHAS Department will be responsible for overseeing these contracts?

Answer: The Prevention, EQMI and Problem Gambling Services units will each play a role in the oversight of the RBHAOs.

11. What will happen to the STR grants for NARCAN education and distribution if the RACs to whom they have been awarded are not the surviving entities?

Answer: The current providers who have been selected to receive the STR funds will receive those funds through December 31, 2017. These responsibilities were not included in the RFP.

Revised Answer: The current providers who have been selected to receive the STR funds will receive those funds through April 30, 2018. These responsibilities were not included in the RFP.

12. Although the RFPs require that grantees capable of performing the statutory functions of both Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs) the evaluation role of The Regional Mental Health Board appears to be absent from the spectrum of services described in the RFP. What is DMHAS' expectation re: contractor's role in the evaluation of mental health and addiction services?

Answer: The expectation is that the RBHAO would be responsible for evaluating the needs and priorities of a region and sub-region but would not play a role in the formal evaluation of mental health and addiction services.

Revised Answer: The statute for Regional mental health directors (17a-480) assigns this function to be performed by DMHAS in consultation with RMHB's. DMHAS will continue to consult with RMHB's in relation to this function. The statute related to the duties of the RMHB's (17a-484) specifies that RMHB's are to "study the needs of the region and develop plans for improved and increased mental health services".

13. Although the RFPs require that grantees capable of performing the statutory functions of both Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs), the RFP does not reflect the importance of maintaining at least 51% consumer representation on local councils or advisory boards. What is DMHAS's position about the importance of consumer representation in contractor advisory boards?

Answer: The goal would be to try to meet the current requirements. DMHAS has a long-term vision of integrated regional and sub-regional advisory/action councils with strong consumer involvement. The details of how current structures operate will evolve and will likely be tied to new statutory language.

Revised Answer: The RBHAO would be required to meet that requirement for Catchment Area Councils where that requirement is specifically mentioned in statute.

14. For the remainder of FY 2018 the funding for LPC grants have already been distributed, but is the funding for the administrative oversight of those grants also already distributed?

Answer: These are pass-through funds and the RFP is clear that the RBHAO should not take funding for administrative oversight of the LPCs.

15. Is there any flexibility for staffing patterns for contractors that are less siloed than the staffing requirements described in the RFP?

Answer: Providers may submit a staffing pattern that does not precisely conform to the requirements stated in the RFP. However, the applicant must demonstrate how their staffing pattern addresses "behavioral health" which implies that expertise in mental health, substance abuse and prevention and problem gambling awareness is contained within a proposed staffing pattern.

16. Please share the terms of the current contracts with Regional Action Councils for Problem Gambling awareness and prevention activities and Administration of Local Prevention Council funding.

Answer: DMHAS has provided a description of the towns receiving LPC funding in Attachment 1 and the problem gambling services that would be assumed in Attachment 2. Applicants should use those attachments to identify the scope of services that will be assumed by the RBHAO in the region.

17. The RBHAO is required to convene and staff "regional and sub-regional Behavioral Health Advisory Boards." Currently, every sub-region has its RAC board. Additionally, there are five regional RMHB boards. What kind of merging of board members, if any, is expected?

Answer: The respondent may propose a plan for merging the board members. The goal would be to try to meet the current requirements for Board composition. DMHAS has a long-term vision of integrated regional and sub-regional advisory/action councils with strong consumer involvement. The details of how current structures operate will evolve and will likely be tied to new statutory language.

Revised Answer: The RBHAO is required to convene any regional or sub-regional structure that is specified in statute. This includes the RAC meetings, Catchment Area Council meetings, and required regional board meetings. The RBHAO is not required to propose merging of board members but is free to do so. However, the RBHAO must comply with the requirements specified above in this revised answer.

18. The CAP trainings, Conference, and website serve people statewide. Why must this program and its funding be attached to Region 2? Can agencies outside of Region 2 add CAP services to their proposal and budget for an additional \$35,000? Can agencies within Region 2 elect not to provide these statewide services?

Answer: Because the current provider of these services is located in Region 2, DMHAS is requiring that this service remain with a Region 2 RBHAO. Other Regions should not add this to their proposal.

Revised Answer: DMHAS has re-evaluated and determined that it will divide these funds among all 5 RBHAO's. Each RBHAO budget should be increased by \$7,000 except for Region 2. Region 2, however, would need to subtract \$28,000 from their total amount because their total

reflects \$35,000 which is now going to be distributed equally across all regions.

19. What kind of "Letters of Reference" are needed? Should they include letters of support from towns, coalitions, and/or agencies outside the applicant's current service area that demonstrate the applicant's ability to partner with, and serve a wider region?

Answer: *Per Part III, Section C. Main Proposal Components, 2. Organizational Profile (e) References:* If your organization does not currently or has not in the past 3 years provided contracted services to the Department, at least two reference letters must be included in Section H 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.

20. The applicant must include a section called "I. Attachments." Two attachments are required.

- (1) List of LPC town funding by region

Should the applicant simply attach the relevant list of towns provided in the RFP on pages 36-40?

Answer: Simply include the LPC attachment that DMHAS provided.

- (2) List of unique regional gambling awareness activities

Should the applicant explain what "unique activities" have already taken place in their region, or offer suggestions for activities that could happen under the grant?

Answer: Simply include the attachments that DMHAS provided. In the service provision section, applicants are free to identify suggestions for core gambling activities that could happen under the grant.

21. In reference to the Program Requirements, Number 4, do you want the answers in bullet form and addressing each section a, b, c, d, etc or should each be in paragraph form addressing each? For example: Do we have to have an answer on how the new entity addresses all letters (A-K)? If in paragraph form this could be pages and pages long.

Answer: *As per Part III, Section C. Main Proposal Components, 4. Program Requirements,*All applicants must specify how they will address or

incorporate the following system expectations into the RBHAO's services. No specific format is provided. Therefore, organizations should use their own discretion as to how to fully respond to this section.

22. When you go onto Uniform Chart of Accounts Budget Worksheet. There seem to be fields that can't be changed? Contract number, Contract period, and State Fiscal Year. They are all wrong. This is at the top of each page. Will there be technical assistance to complete the form because some areas seem to be protected and uneditable. We anticipate other questions occurring once we get to this point but are unsure of other questions right now.

Answer: Technical assistance is anticipated.

23. How do we know if we have a single center cost center or multiple cost center?

Answer: Because the RBHAO's will be receiving funds from 3 discrete DMHAS funding sources (RBHAO, LPC, and Problem Gambling), each RBHAO would have 3 cost centers.

24. In what way will the CAC's interact with the new RBHAO? Please clarify whether they are to remain independent, to whom they will report, and who will staff and support CAC coalitions?

Answer: DMHAS has a long-term vision of integrated regional and sub-regional advisory/action councils. The details of how current structures operate will evolve and will likely be tied to new statutory language.

Revised Answer: The RBHAO will be responsible for convening any CAC meetings that are required in statute. The CAC's will report to the RBHAO which will be carrying out the statutory functions of the RMHB.

25. In what way with the review and evaluation function of the CAC's be carried out once the RMHB's are dissolved and the new RBHAO's are in place?

Answer: DMHAS has a long-term vision of integrated advisory/action councils. The expectation is that sub-regional structures would be responsible for evaluating the needs and priorities of sub-region but would not play a role in the formal evaluation of mental health and addiction services. The details of how current structures operate will evolve and will likely be tied to new statutory language.

Revised Answer: The statute for Catchment Area Councils (17a-483) specifies that CAC's "shall study and evaluate the delivery of mental health services in its respective catchment area". It does not specify

how this is to be done but DMHAS will meet the statutory requirements associated with this.

26. In what way will the review and evaluation function be financed and staffed?

Answer: The primary functions of the RBHAO are regional and sub-regional planning and coordination. The expectation is that sub-regional structures would be responsible for evaluating the needs and priorities of sub-region but would not play a role in the formal evaluation of mental health and addiction services. The planning and coordination activities and community needs assessment would be financed through the allotted funding using the proposed staffing model.

Revised Answer: The statutes associated with RMHB's, where this is addressed assigns this function to DMHAS to be done in consultation with the RMHB's, DMHAS will continue to consult with the RMHB's as required by statute. It is expected that any statutory requirement will be funded through the funds associated with this RFP.

27. The CAC's and RMHB's are expected to have a membership that consists of a consumer majority; how will the consumer's voice be protected in the RBHAO?

Answer: DMHAS has a long-term vision of integrated advisory/action councils. The details of how current structures operate will evolve and will likely be tied to new statutory language. However, DMHAS anticipates that the consumer voice/majority would be included in new statutory language.

Revised Answer: Please refer to the revised answer in Question 13.

28. What stakeholder groups are the intended members of the Regional Behavioral Health Advisory Boards noted on page 17?

Answer: Based on DMHAS' vision of integrated regional/sub-regional advisory boards, DMHAS would look to integrate as much of current RAC/RMHB representation into these new Boards.

Revised Answer: The stakeholders are any groups specifically mentioned in statute related to the RAC's CAC's, or RMHB's. DMHAS reserves the right to waive membership requirements for RAC's as allowed for in the RAC statute, 17a-671. Therefore, applicants may propose council membership that differs from that specified in statute and DMHAS would determine if it would waive these requirements.

29. Should the “sub regions” referred to in the Sub Regional Behavioral Health Advisory Boards correspond to DMHAS’ service delivery catchment areas, to the RAC’s service areas, or other?

Answer: The precise configuration is still to be worked out but applicants are free to propose how they would consolidate existing structures to fit into DMHAS’ vision of integrated regional/sub-regional advisory boards.

Revised Answer: Both, since the RBHAO must conform to the RAC and CAC requirements in statute.

30. On page 17, “advocacy” is identified as a service to be provided by the RBHAO but is defined as being aimed at the “general public”; is legislative advocacy also an anticipated function of the RBHAO?

Answer: Legislative advocacy is not contained within the DMHAS service expectations for this RFP.

31. Is it acceptable for a CEO or ED who works full-time to oversee other contracts rather than be dedicated 100% to this project?

Answer: Yes. DMHAS assumes that RBHAO’s may raise other funds for discrete activities within these organizations which would mean an executive would be spread across other cost centers provided that the management of the RBHAO and associated deliverables are accomplished.

32. Is it acceptable for the CEO or ED to do program work as well as administrative work, given the scope of the RFP?

Answer: That would be acceptable.

33. May bidders propose an alternate staffing plan that fulfills the project requirements?

Answer: Providers may submit a staffing pattern that does not precisely conform to the requirements stated in the RFP. However, the applicant must demonstrate how their staffing pattern fulfills the project requirements and addresses “behavioral health”. This implies that expertise in mental health, substance abuse and prevention and problem gambling awareness is contained within a proposed staffing pattern.

34. Are partnership/sub contractual arrangements between RMHB’s and/or RAC’s only allowable if the long-term intent is to consolidate into one agency?

Answer: The RFP states that the DMHAS expects that the service provision required under this RFP be primarily provided by the applicant. DMHAS will

only allow sub-contractual relationships in the context of LPC funds and certain Problem Gambling Services that are currently allocated to non-RAC/RMHB organizations.

35. If the agency is an umbrella of programs including providing BH treatment @ SBHC's; does that affect us in applying for this RFP?

Answer: No, see the answer to Question #7.

36. There are 3 RACs and 1 RMHB in my region, are we not allowed to submit 4 proposals?

Answer: Per Part I, *Section C., #11. Multiple Proposals*. The submission of multiple proposals **is not** an option with this procurement. Each applicant may submit one(1) proposal for one (1) Department Region. However, nothing in the RFP precludes each RAC and RMHB from submitting their own proposal. Regardless of how many proposals are submitted in a region, only 1 applicant will be selected.

37. Is consulting the same as sub-contracting?

Answer: Based on our interpretation, depending on the needs of the organization, a sub-contract refers to buying a program, whereas a consultant would be providing a service for a fee.

38. Are we able to sub-contract the mental health and substance use advisory staff?

Answer: DMHAS expects that RBHAO's will have sub-contract relationships for LPC's and possibly gambling services. However, it is expected that the other core functions of the RBHAO are performed by RBHAO staff.

39. Is the developed cost model available to review?

Answer: The department's cost model was described on p.22 of the application.

40. Will the new entity be expected to conform to the components of the current statutes, or to statutes yet to be developed?

Answer: It is DMHAS' intent to develop new statutes that will replace those that exist.

Revised Answer: The new entity will be expected to conform to the components of the current statutes.

41. Is it the intent of DMHAS to develop new statutes autonomously or in collaboration with the state legislature?

Answer: DMHAS would follow the process we have always utilized for proposing new statutes.

Revised Answer: DMHAS intends for the new entity to adhere to current statutes pertaining to RAC's CAC's, and RMHB's. If at any time in the future DMHAS determines to seek new statutes we would follow the process we have always utilized for proposing new statutes.

42. Does DMHAS intend for the new entity to continue to include town representatives, law enforcement, elected officials, representatives of schools, members of the general assembly, service providers, clergy or representatives of religious organizations etc. as currently included in RAC/CAC and RMHB membership? Also, how is membership within the new structure envisioned by the department?

Answer: The goal would be to try to meet the current requirements. DMHAS has a long-term vision of integrated regional and sub-regional advisory/action councils with strong consumer involvement and local representation. The details of how current structures operate will evolve and will likely be tied to new statutory language.

Revised Answer: Please refer to revised answer in Question # 28.

43. Please advise as to how the clause that "the submitted proposal not be made in connection with any competing organization or competitor..." may be reconciled with the intent of this RFP to merge two types of entities, which may be best served by a decision of one or more regional boards and RAC's to collaborate in the development if a proposal with the intent to merge into one such entity.

Answer: If the intent is to merge, the "merging organizations" should submit one proposal which clearly specifies how they will merge into one entity and identifies which organization is the applicant. Merging organizations should not submit separate proposals because that would conflict with the Competition language in the RFP. If merging is the goal for an applicant, respondents should clearly specify the anticipated timeline for the merger to be finalized.

44. Are providers of direct client services eligible or ineligible to apply?

Answer: Providers are eligible if they meet specific conditions, Question 7 above.

45. Should the current table of organization, the one proposed for the new entity, or both, be provided?

Answer: *Per Part I, Section C., 2. Organizational Profile. (b) Entity Type/Year of Operation:.....*Please submit an organizational chart that depicts the total organizational structure and where distinct programs **would reside** within that structure. The Table of Organization should reflect that of the new entity.

46. Would DMHAS consider alternate staffing if it clearly demonstrated commitment to both mental health and substance abuse activities, but within integrated roles?

Answer: Providers may submit a staffing pattern that does not precisely conform to the requirements stated in the RFP. However, the applicant must demonstrate how their staffing pattern fulfills the project requirements and addresses "behavioral health". This implies that expertise in mental health, substance abuse and prevention and problem gambling awareness is contained within a proposed staffing pattern.

47. The RFP says "This service is designed to replace and consolidate the statutorily mandated functions currently provided by the Regional Mental Health Boards and the Regional Actions Councils. In our proposal how should we reflect the current statute requirements? What is the best method to include the statute language in our response? Or, is this RFP, by virtue of its requirements, meant to replacing the statutes?"

Answer: The RFP, by virtue of its service scope are meant to replace the existing statutes. Providers should respond to the specific services listed under Section B Program Overview Section of the RFP on pages 17 and 18. DMHAS is clear that new statutory language will need to be developed.

Revised Answer: Providers should respond to the specific services listed under section B Program Overview section of the RFP, which DMHAS believes meets the statutory requirements.

48. The Commodity Codes outlines the services that the Department wishes to procure and it lists:

1000: Healthcare Services
1500: Human Service Provider
2000: Community and Social Services

Can you explain the codes and describe what these codes relate to specifically?

Answer: The Department of Administrative Services' State Contracting Portal provides a look-up table via a field called "Industry Code". The user is required to insert a description in order to conduct a search of a specific code.

49. Once the new organization is established and starts implementation and operation of the RBHAO, if all the funds are not expended at the close of FY18 due to normal start up process delays, will the remaining funds need to be given back to DMHAS?

Answer: Any unspent funds would be reviewed on a case by case basis in accordance with statutory requirements and or/current practice.

50. The RFP asserts the need to provide DMHAS with information regarding the behavioral health needs of children, adolescents, and adults in the region and sub-region. Will DCF provide funds to assess the needs of the children's service system? Is this related to Prevention and information pertaining to children and adolescents? How will staff be designated to address assessing children's services?

Answer: This is related to prevention and a service currently provided by the RAC's. DCF will not provide funds. The applicant should propose how they expect to meet this requirement of the RFP.

51. Is it only products that are produced based on the dollars DMHAS provides? It appears that this RFP will require substantial fundraising from various sources in order to complete the deliverables. Based on that, different products may be linked to other funding sources which would have the exclusive right to a product that is being funded by them. Can you clarify this?

Answer: Fundraising is not anticipated to meet the deliverables being requested by DMHAS. It is a function of their role as a strategic community partner, providing planning, coordination, and resource development.

52. Was regional cost of living and travel to mandatory meetings considered in the regional budgeted amounts?

Answer: No, DMHAS simply allocated each region equal amounts of "core" funding based on the total amount in DMHAS' budget.

53. Many organizations are 501c3's who often subcontract deliverables in a grant to ensure quality deliverables. Why the Department's expectation that service provisions required under this RFP be primarily provided by the applicant?

Answer: Because the core services (other than LPC's or Problem Gambling Services) are typically provided by a Regional Board or a Regional Action Council currently.

54. You refer to regional "coordination" functions. Please describe what is meant by that.

Answer: Regional Coordination may be used as an example. Work with LPC's/Needs Assessment across communities. Partners provided by RAC's or Boards.

55. Page 17 of the RFP calls for planning and coordination for the behavioral health needs of children and adolescents. This seems to fall under the

responsibility of DCF. What is the role of DCF in this effort? How is the RBHAO expected to interface with DCF with regard to this function?

Answer: DCF is not involved at all. This has been a function of the RAC's prevention-related activity and would continue under the RBHAO.

56. Does the Department expect the RBHAO's to hire a staff person specifically to focus on problem gambling? If yes, is this expected to be a full-time or part-time position?

Answer: The department does not expect that RBHAO's would hire a full-time staff person dedicated to problem gambling. While experience in this area is desirable the agency may offer training as a way of enhancing staff skills in this area.

57. The RFP briefly states about epidemiology that the FT ED has an one of the duties. What is expected of the EPI since it wasn't discussed anywhere in the RFP?

Answer: This was meant to state a general expectation that one would have of an Executive Director doing this work. They would have understanding of the patterns, causes, and effects of mental health and substance use disorders. This is a cornerstone of a public health approach to mental health and substance use disorders.

58. Are the new entities prohibited from doing or coordinating legislative advocacy led by or on behalf of their constituents? If so, what is the reasoning for this?

Answer: Legislative advocacy is not mentioned in any statutes pertaining to RAC's, RMHB's, or CAC's. and therefore is not a required function.

59. In light of the abuses at Whiting, which are similar to what led to the creation of the Boards as a consumer watchdog function, why is this function left out of the RFP?

Answer: DMHAS will meet any statutory requirements. Current statutes do not define a consumer watchdog function.

60. Given the new creation of Regional Networks of Care to work on suicide prevention, will the RBHAO's prevention work still have to address suicide prevention (which is not explicitly mentioned in the RFP?)

Answer: This may be an expectation of the RBHAO and would be funded through a different funding stream. It is not now a specific function of the RBHAO.

61. In cases where a bidder may be hiring new staff, such as one or more RAC's, to supplement their own existing staff, it seems important to highlight the expertise that the bidder would be bringing to the table. Yet, the RFP does not ask for bio's of proposed staff and excludes resumes. Furthermore, it appears that Letters of Support are not encouraged, although community partners might best be suited to explain whether the new agency could do the job. How can a bidder demonstrate their capacity, not just their proposal, to meet the RFP requirements without identifying these?

Answer: A bidder could demonstrate this by describing how actions described above will position the agency to meet the requirements of the RFP. This could be done in the section of the RFP dealing with specific services DMHAS is seeking to procure. In addition, there is a specific section dedicated to the Qualifications of the applicant to provide these services. Please refer to the Organizational Profile Section of the RFP which begins on page 18. That section describes how an applicant must demonstrate qualifications for performing the duties of the RFP. A narrative can provide an overview of what was described in the question without the use of resumes.

62. Does the department envision contracting with any other entity to perform evaluations?

Answer: The Department has always and will continue to purchase evaluations related to special projects, grants and other state or federal requirements.

63. Will the Department publish the list of all those who attended the bidder's conference and submitted letters of intent by region if possible?

Answer: Yes.

Please see the names of those who submitted an LOI in alphabetical order below:

Advanced Behavioral Health, Inc., BHcare, Inc., Business Industry Foundation of Middlesex County, Inc., Capital Area Substance Abuse Council, Inc., Communities 4 Action Inc., Connecticut Council of Family Service Agencies, Diverse Community, Eastern Regional Mental Health Board, Housatonic Valley Coalition Against Substance Abuse, Inc., Human Services Council, Inc., North Central Regional Mental Health Board, Inc., Northeast Communities Against Substance Abuse, Inc., Northwest Regional Mental Health Board, Inc., Region II, Regional Mental Health Board, Inc., Sound Community Services, Inc., Regional Youth Adult Social Action Partnership,

South Central CT Substance Abuse Council, Inc., Southeastern Regional Action Council, Inc., Southwest Regional Mental Health Board.

Please see the names of those who attended the bidder's conference in alphabetical order below:

Advanced Behavioral Health, Inc., BHcare, Inc., Business Industry Foundation of Middlesex County, Inc., Capital Area Substance Abuse Council, Inc., Communities 4 Action Inc., Connecticut Council of Family Service Agencies, Eastern Regional Mental Health Board, Housatonic Valley Coalition Against Substance Abuse, Inc., Human Services Council, Inc., North Central Regional Mental Health Board, Inc., Northeast Communities Against Substance Abuse, Inc., Northwest Regional Mental Health Board, Inc., Region II, Regional Mental Health Board, Inc., Sound Community Services, Inc., Regional Youth Adult Social Action Partnership, South Central CT Substance Abuse Council, Inc., Southeastern Regional Action Council, Inc., Southwest Regional Mental Health Board.

64. What types of tx would be coordinated?

Answer: This refers to ensuring that services are linked and coordinated across the region. It is not expected that RBHAO's would be directly treatment but would be working with providers to ensure care is coordinated.

65. Will the responsibility of running, managing and supervising public evaluation of DMHAS' services be assigned, given or otherwise taken up by other entities?

Answer: See Question 62 above.

66. What constitutes "proof of a CT business licensure" as required in the appendices?

Answer: A Certificate of Legal Existence must be obtained from the Secretary of the State's Office to provide proof of a CT business license. However, for purposes of submitting a proposal and complying with the appendices, an active filing from the Secretary of the State's C.O.N.C.O.R.D. database is acceptable.

67. What is expected of gambling services? Are they direct services?

Answer: The RFP calls for problem gambling awareness and prevention services. In addition, certain regions receive funds that are earmarked for specific projects. Please review Attachment 2 for more direct information regarding Problem Gambling activities that fall under the RFP.

68. Page 17 of the RFP states that the RBHAO will review funding proposals and RFP's. Does this refer to LPC proposals or DMHAS or provider proposals?

Answer: It refers to the LPC proposals but also has been an expectation that RMHB's review RFP's that pertain to their region.

69. What are the core functions of the Boards that DMHAS sees as being included in this RFP?

Answer: Any of those that are mentioned in statute. Please see section 17a-480 and 17 a -484. Please note that 17a-480 designates certain functions to DMHAS to be done in consultation with the Regional Board Director.

70. Would the Department consider one statewide proposal with local subcontractors in each of the regions to improve consistency and create administrative efficiencies?

Answer: DMHAS would not consider a singular statewide proposal.

71. If the new State budget for 17-18 funds Reginal Action Councils, does the department consider the legislature's intent is to continue the structure as comprised currently?

Answer: The department believes the consolidation of mental health and substance use is necessary to eliminate systematic silos and will maintain legislative intent by continuing the functions as specified in statute.

72. When will a decision be finalized on PGS funding distribution so that it can be added to the RFP work plan response?

Answer: These funds will be evenly distributed across all regions. This means that all regions except region 2 should add \$7,000 to the total amount of funding allocated to their region. Region 2, however, would need to subtract \$28,000 from their total amount because their total reflects \$35,000 which is now going to be distributed equally across all regions.

73. What is the definition of direct service as it pertains to prevention? Can there be a fee for service for training?

Answer: If this has been done by the RAC's or RMHB's in the past

74. The answer to Q9 says "grant funds administered by DMHAS which currently pass through to a RAC or RMHB will be transferred to the new organization." Please confirm that this refers to grants for the purpose of the current RAC or Board functions? If a bidding RAC or Board has a separate contract from

DMHAS for a separate purpose that project should not automatically go the RBHAO?

Answer: This does refer to grants for the purpose of any current RAC or RMHB functions. DMHAS recognizes however, that not all RAC's or RMHB's will survive this restructuring effort. In those cases, DMHAS may need to reallocate their funds from an existing RAC or RMHB to the RBHAO. Similarly, certain funds like those associated with the STR grant may need to be reallocated to the new RBHAO.

75. We are a current recipient of a grant from the CT Commission on National and Community Service to enlist 30 part and full time AmeriCorps members to provide opioid education and training throughout CT. Several LPC's in CT are purchasing AmeriCorps members to provide the services in their region. The program is directly supervised by our RAC. Can this continue under the RBHAO structure and should it be explained as a part of this application?

Answer: This could continue under the RBHA structure and is consistent with DMHAS' expectation that RBHAO's can and should secure additional funding in order to meet identified needs within their region and sub-region.

76. Please provide clarification on the Regional Mental Health Board's evaluation role described in the DMHAS RFP to contract with Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs).

Answer: Please refer to the revised answer in Question 12.

77. What is DMHAS' expectation re: contractor's role in the evaluation of mental health and addiction services? Why did DMHAS say that "the expectation is that the RBHAO would be responsible for evaluating the needs and priorities of a region and sub-region but would not play a role in the formal evaluation of mental health and addiction services" within the current (RFP) process?

Answer: Please refer to the revised answer in Question 12.

78. In light of the express statutory language of these provisions and the legislature's intent in 1974, how does DMHAS justify being out of compliance with current statutes in their RFP process?

Answer: DMHAS believes that the RFP as clarified through final questions is in compliance with any statutes related to RAC's RMHB's and CAC's.

79. An answer was provided prior to the bidder's conference with regard to question 18. However, at the bidder's conference, the answer was modified. Please explain.

Answer: Please refer to the revised answer in Question 18.