

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

**Questions and Answers**  
**October 26, 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.

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.

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 30<sup>th</sup>, what happens on January 1<sup>st</sup>? 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.

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.

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.

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.

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.

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? Will there be technical assistance to complete the form because some areas seem to be protected.

**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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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:** Please refer to the Department of Administrative Services' State Contracting Portal for additional information regarding industry codes.

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.