

**State of Connecticut  
Department of Mental Health and Addiction Services**

**RFP# DMHAS-SWS-SOE-2017  
Senior Outreach and Engagement Program**

**Addendum #4  
Final Questions and Answers (Revised)**

1. Whether companies from Outside USA can apply for this? (like, from India or Canada)

**Eligibility.** Pursuant to C.G.S. §17a-676, and in accordance with federal grant requirements for use of this funding, the Department may only award contracts for the services requested herein to private nonprofit organizations or Connecticut municipalities. Eligible respondents are private provider organizations (defined as non-state entities that are 501(c)(3) nonprofit corporations or partnerships **with principal place of business in Connecticut**) or **Connecticut municipalities.**

2. Whether we need to come over there for meetings?

**Yes. Staff participation in monthly DMHAS facilitated meetings is required. During the implementation phase the meetings will be held on a regular basis. There may be joint meetings with Diversion and Transition Nurses to provide resources and opportunities for partnering. Frequency of meetings will be dependent on program needs and/or initiatives associated with this population.**

3. Can we perform the tasks (related to RFP) outside USA? (like, from India or Canada)

**No. The expectation is that all work with potential clients is conducted in Connecticut.**

4. Can we submit the proposals via email?

**Not the original proposal and required copies. Only the electronic submission is required (PDF) via email to the agency contact (Lillian Ruiz).**

5. How many clients per region is DMHAS looking to service?

**Staff would carry an approximate caseload of 20 clients per month. We anticipate staff would have contact with approximately 150 unique individuals during the fiscal year.**

6. Is DMHAS looking for an organization only to provide assessment and case management services to seniors? Or can the organization provide the direct substance use disorder and mental health treatment services as well?

**Organizations are expected to conduct outreach and engagement activities and refer clients to the appropriate level of care. The grant funding covers outreach and engagement activities, not provision of clinical treatment services. Agencies can refer within their service system and in these cases the service cost would be covered by other payer sources.**

7. The RFP states that the contract is for three years with a contract cost of \$70,000. Does that mean that the contract is \$70,000 per year for three years or \$70,000 over three years?

**The contract length is 2 1/2 years: For FY 18 the award will be \$40,000. For FY 19 and FY 20 agencies will receive the full year amount of \$80,000. The total amount of the award for the 2 1/2 year contract will be \$200,000.**

8. The RFP states that an acceptable submission will include one original proposal, five conforming copies, and a conforming electronic copy. Is it OK to submit the electronic copy on a compact disc?

**The electronic copy must be in a PDF file and e-mailed to the RFP contact person designated in the RFP. The Department cannot accept the proposal on a compact disc.**

9. The RFP states that the Senior Outreach and Engagement Program (SOEP) is based on evidence-based programs. Three evidence based programs/tools that are mentioned in the RFP include Healthy IDEAS, SBIRT, and Problem-Solving Therapy. Will training on these evidence based programs/tools be offered by DMHAS to successful applicants? If so, will the training be free?

**At this time, there is no plan for DMHAS to conduct training on Healthy IDEA, SBIRT or Problem-Solving Therapy.**

10. Are there other evidence based programs/tools (beyond the three mentioned above) that successful applicants will be expected to use as part of SOEP?

**There are no prescribed evidence-based practices that agencies will be required to use. We are looking for the use of evidence-based practices utilized within your agencies or ones that the applicant agency promotes in serving the older adult population.**

11. In Appendix 4 of the proposal, applicants are asked to provide three letters of reference. Is this required for applicants who already have contracts with DMHAS? Also, are there any specific agencies/organizations from which DMHAS wants letters of reference?

**Applicants do not have to submit letters of reference if they are already DMHAS contracted agencies. There are no specific organizations we are looking for in regards to the letters of reference but agencies may want to consider asking organizations that support your agency mission and/or could speak to the work you do relative to the work requested in the RFP.**

12. For clarity regarding grant distribution (RFP page 5; 3- Contract Awards):

- Will the funds be targeted to 5 districts?
- Will there be 1 awardee for each district?
- Will each district awardee receive \$70,000 per year over a 3-year grant period?

**There will be 5 awards, one each in the 5 DMHAS regions. Each awardee will receive \$40,000 for FY 18 and \$80,000 in FY 19 and FY 20. The length of the contract will be 2 1/2 years: January 1, 2018-June 30, 2020 for a total of \$200,000 for the full term contract.**

13. The original and paper copies of the submission are requested to be submitted “loose leaf, bound with a butterfly clip.” What is meant by “loose leaf”? Do you want any other binding besides a butterfly clip?

**You can use a butterfly clip. No Binders.**

14. On page 16 of the RFP, DMHAS states that one of the target populations is “isolated, at risk older adults.” How does DMHAS define “isolated”?

**By isolated we mean older adults who are not connected to treatment services, social outlets or community supports or programming. They could be isolated due to lack of knowledge about programming or supports available to them, lack of transportation, or other barriers including being in a pre-contemplative stage of change related to a substance use or mental health disorder.**

15. DMHAS requires that an applicant provide “at least one work product that illustrates the applicant’s ability to meet the qualifications for this project” as Appendix 5 of its submission. What are some examples of “work products” you would expect to receive as Appendix 5?

**A work product could be a program or procedure that explains or showcases Senior Outreach and Engagement your agency has provided. It could also be something your agency is proud of or that demonstrates what the agency has done with another population of individuals with specific cultural, social, or access barriers. It could be something as simple as a flyer or brochure or something more encompassing such as program policy and procedures for a specific population your agency serves.**

16. For staffing, what credentials do you expect the full time case manager to have? Certain evidence based practices (Healthy IDEAS, SBIRT) referenced in the RFP seem that they could be administered by a non-clinician, but PST, which appears to be a type of CBT, seems that it would be best administered by a clinician. Does DMHAS expect the full time case manager to be a behavioral health clinician?

**The case manager position can be filled by staff with a Bachelor’s degree or a staff person with credentials such as a CAC with outreach and engagement experience. If your agency feels they can hire someone with additional credentials the rationale should be included in the proposal. DMHAS is not expecting that Problem Solving Therapy be utilized rather it is an example of an evidence-based practice that has shown efficacy with the older adult population.**

17. Please confirm that the 3 year award is 70,000 each year and not combined.

**See questions 7 & 12**

18. If awarded the Hartford/DMHAS Region –is the agency required to take all referrals from the entire region?

**The agency will need to indicate how they will handle/triage regional referrals and showcase how they will maximize services to the Region.**

19. There doesn’t seem to be mention of DDAP data entry program – please advise if this will be required

**DDAP entry will be required.**

20. What is considered after hours?

**Evening and overnight shifts are considered afterhours. Agencies should include their normal working hours in the proposals. If working hours are M-F, 9-5pm, that should be included. If you want to include enough coverage for overnight coverage in your proposal, you can do so.**

21. Please confirm that the 12-page page limit for the proposal only applies to Section F. Main Proposal?

**The 12 page limit is for the main proposal components outlined in Section III C (page 17) Main proposal components of the RFP (Section F of the proposal).**

22. May the electronic copy of the full proposal be submitted as one PDF?

**Yes.**

23. Is there a specific format DMHAS would like applicants to use for their budget and/or budget narratives?

**There is no set format though you can use the DMHAS budget forms if you are already a contracted entity. Lillian Ruiz will email everyone the fillable budget forms. You will not be required to use them. You can use your own budget forms.**

24. What budget period or periods should applicants submit budgets for given that the contract start date is January 1, 2018?

**A budget for the remainder of FY 18 and a budget for FY19**

25. Where within the proposal should applicants place their budgets and budget narratives? Within Section G or in the appendix?

**Please place budgets and budget narratives in Section G, Cost Proposal**

26. Applicants are asked to submit at least one work product in Appendix 5 that illustrates the applicant's ability to meet the qualifications for this project. Please clarify what DMHAS is looking for.

**Please see answer to question 15**

27. Please provide clarification on the letters of collaboration requested for Appendix 7. Do applicants need letters of collaboration only from those agencies/organizations who will do direct work on this grant in partnership with the applicant (i.e., subcontractors)? Or do applicants also need letters from agencies who might refer clients for services or accept referrals for services?

**Agencies need to submit letters of collaboration if they are subcontracting with that agency to provide services outlined in the RFP. Agencies do not need to submit letters of collaboration from agencies you may refer to as part of the program.**

28. Is there a link to the budget/narrative forms there a link?

**See Question 23.**

29. Contract awards: Is the total funding available \$350,000 per year?

**See Questions 7 and 12.**

30. Is it correct that agencies cannot apply to provide services in more than one region?

**Yes, that is correct.**

31. May an administrative services organization apply to cover multiple regions if it uses a different subcontractor for each region?

**No.**

32. If an agency is applying on their own in a region, may the agency also be part of another organization's application as a subcontractor?

**No.**

33. What is the requirements/credentials for the full time case manager? What other staff are expected to support the program? Page 19 references additional staffing hours to supplement the case management position.

**The case manager position can be filled by staff with a Bachelor's degree or a staff person with credentials such as a CAC with outreach and engagement experience. If your agency feels they can hire someone with additional credentials the rationale should be included in the proposal. There are no set expectations on the use of other staff. However, agencies can use their discretion and propose the use of other staff to supplement the work of the case manager.**

34. If we are using a subcontractor, should we include 3 letters of reference for the subcontractor as well in appendix 4?

**You do not need to provide 3 letters of reference for the subcontractor.**

35. Can you provide more detail about what you are seeking for Appendix 5, related to work product?

**See answer to question 15**

36. Will the State Department of Aging be involved in this program in any way?

**No**

37. What is the referral process for this program?

**The expectation is that agencies will triage calls or inquiries from various referral sources seeking information or services and establish a system of outreach, engagement, assessment and referral for at risk older adults. The agency should have a clearly defined process for those seeking information and/or attempting to access services and ensure that agency staff is familiar with this process when a call or inquiry is received.**

38. What is meant by “engagement groups” referenced on the top of page 16?

**Engagement groups are directed toward individuals who are pre-contemplative or contemplative and can be utilized to assist in engaging the older adult in a system of care based on an individual’s needs. An “engagement” group by definition is not meant to be long term or a used as a substitute for an indicated level of care.**

39. Will the Department publish a list of all organizations that submitted letters of intent by region?

**Please see Question 99.**

40. Will the Department publicize a list of the names and agencies of those who attend the bidder’s conference?

**See Question 100.**

41. What is the time and location of the Bidders’ Conference?

**The Bidders Conference will be held on September 14th at 9:30 AM, Lee Auditorium, CVH, Middletown, CT.**

42. Under Section E, Appendices and Forms, it says that 3 Letters of Reference are required.

**If an agency is a current contractor with DMHAS, they are not required to submit letters of reference. If an agency is not a current contractor with DMHAS, then they are required submit 3 letters of reference.**

43. What is the difference between a Letter of Reference and a Letter of Support?

**A letter of reference is a document detailing a past relationship with an agency regarding the provision of services. A letter of support documents a relationship/partnership for services proposed.**

44. What format does the “one conforming electronic copy” that is required have to be in? Is a CD acceptable or is a flash drive preferred?

**The only electronic copy that DMHAS can accept is a PDF file emailed to the DMHAS RFP contact designated in the RFP.**

45. How many clients are expected to be served on a yearly basis per agency?

**See answer to question 5**

46. I could not seem to find an example of what type of “work product” the Appendix should be detailing. Since we are describing our current program(s) in other sections that are in essence our “work

products”, I just wanted to make sure I know what this is specifically requesting as an example. I do not wish to make a mistake being duplicative of another section answer.

**See answer to question 15**

47. The staffing was left very vague. What is required?

**The agencies should define the staffing levels and include in their proposals. At a minimum, one FTE staff with case management experience.**

48. Can we use existing engagement Programs and expand?

**Yes**

49. Is there an expected level of intensity with the clients?

**There is an expectation that there is a level of ongoing engagement with clients. The engagement may be face-to-face, (group or individual); by telephone; contacts may occur in the home, community or at the agency. The level of interaction is varied based on client response. The expectation is that the engagement results in a referral to an agency or community-based support or service.**

50. Additional clarification for questions #5 - Is there a tools preference for Assessing and Screening?

**It will be up to the agency to decide but the tool should be evidence-based.**

51. Outcome Measures. Will they need to be entered into DDAP?

**Data will need to be entered into DDaP. Awardees will be instructed on DDaP entry requirements.**

52. Will there be other outcome measures in DDAP? For example to show a reduction in inappropriate hospitalizations?

**Agencies will provide data consistent with outreach/engagement and case management service provision in DDaP. Agencies are encouraged to track additional outcome measures consistent with agency specific initiatives.**

53. How to close clients in DDAP?

**Once a client has been referred to a level of care commensurate with their needs, discharge data should be entered into DDaP.**

54. Is there a time limit for engagement?

**No. The time period will be client driven and based on level of readiness.**

55. If a client is kept longer than six months will this be a problem?

**There is not a minimum or maximum length of stay in service however the expectation is that there is some level of contact or engagement if a client record is open.**

56. What is the likelihood that the grant will go past three years?

**Funding beyond 3 years is contingent upon state budget allocations, but the Department anticipates that this Level of Care will be on-going.**

57. Since providers will only be given \$40,000 for the half year, is there any chance of using that money for start-up costs?

**Programming is anticipated to begin on January 1, 2018. The expectation is that the \$40,000 will be used for start-up and programming for the remainder of this fiscal year.**

58. If a provider decides to do EBP, should training be included and submitted in the budget?

**Yes, information should be included in proposal.**

59. Will DMHAS stipulate which EBP to be used?

**No, the agency will be given the flexibility to decide which EBP they want to use for their proposed program.**

60. Where does DMHAS anticipate referrals will come from?

**Referrals can come from various places including but not limited to: Senior Centers, family members, significant others, Court system, Community Centers, Hospital Emergency Departments, Local Police Departments, Social Service Agencies, LMHA's, PNP's and from within a provider agency.**

61. What is a participant's eligibility?

**Any individual, 55 years of age or older.**

62. Does the participant need to be deemed DMHAS population?

**No.**



63. Do you foresee some Dementia and Alzheimer's clients?

**It is possible.**

64. Will DMHAS accept an annual report as proof of previous work?

**Yes. Also a brief description or executive summary is acceptable.**

65. If a flyer or brochure is submitted, should a brief description also be attached?

**You can include a brief description and Providers should follow the order of the RFP based on the categories.**

66. Will DMHAS accept two part-time staff positions as opposed to one full-time?

**An agency would need to include in their proposal an outline of how the 2 part time positions would collaborate to ensure that clients receive the appropriate level of services.**

67. Is it Ok for a provider to hire a Case Manager who doesn't have a bachelor's degree but has experience doing outreach for a number of years?

**Yes, and the background information should be included in the proposal.**

68. Does DMHAS expect a minimum face to face client contact time?

**No. Providers can have contact over the over the phone on an as-needed basis.**

69. On page #17 of the RFP where they ask for the Executive Summary to be included, should that be separate from the 12 pages?

**Yes. The 12 pages should include the main proposal only.**

70. To clarify, for a 6 month period is the budget only \$40,000

**Yes, that is correct.**

71. To clarify, is the total budget only \$200,000 since providers will only receive the \$40,000 for half of FY18.

**Yes, that is correct.**

72. If the money is available on January 1, 2018, does DMHAS consider the \$40,000 operational money and is it possible to get additional money for computers?

**No. Computers will need to be included in that \$40,000. We anticipate contracts to begin January 1, 2018 which would enable agencies to then begin hiring and initiating programming.**

73. If DMHAS awards a contract to an agency that currently conducts some outreach work, will those programs continue?

**Yes.**

74. How should a provider project their budget expenses?

**Expenses should be projected for FY18, FY19 and FY20 with an end date of June 30, 2020. This is the contract end date.**

75. Will DMHAS pay the transportation cost for education?

**Yes, but that information should be included in the proposals budget.**

76. How can a provider contact someone at DMHAS regarding RFP scores?

**An email should be forwarded to the official contact (Lillian Ruiz) for anything dealing with FOI information for RFPs, process for appeals and the right to ask questions. Providers are allowed to see their scores plus their strengths and weaknesses. The review committee is instructed to include positive comments on how the applicant can improve in their next RFP.**

77. Can a provider request the scores from other providers through an FOI?

**Yes, but only once the RFP is awarded and negotiated. Providers should remember that they can include what information within their RFP they believe to be confidential/proprietary and should not be released as a result of an FOI.**

78. Submission of the Audit Report. What is required?

**If the applicant is not a current DMHAS contractor, a copy of their most recent financial audit must be included in the proposal. Also, you can submit the "General Purpose Financial Statements" from their audit completed for the last fiscal year by their CPA firm, that would be sufficient. Copies of audits are not required for submission with proposals if the audit is available on the OPM EARS system. Proposals must indicate availability of the audit on the OPM EARS system.**

79. Is the RFP Work Plan and the Implementation Plan the same thing?

**No, Implementation Plan is how the agency will initiate (start-up) the program. Implementation is the action that must follow any preliminary thinking in order for something to actually happen. Work Plan is the ongoing management of the Program. A work plan details who is responsible for various aspects of the proposal.**

80. Should the original RFP be two sided?

**Yes, the original should be two sided and the copies should be exactly as the original. Providers can lose points if the copies are not legible or if they are in a different size than the original. The resolution should be the same as the original.**

81. Will DMHAS accept in the appendix copies of assessment tools?

**Yes, copies of assessment tools can be included.**

82. Addendum to question #39

**An email will go out to everyone with all of the final questions and answers.**

83. Are proposal be subject to FOI?

**Applicants are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If an applicant deems that certain information required by this RFP is confidential, the applicant must label such information as CONFIDENTIAL. In Section C of the proposal submission, the applicant must reference where the information labeled CONFIDENTIAL is located in the proposal.**

84. At the Bidder's Conference, it was mentioned that Senior Outreach services are already being provided by organizations throughout CT. Could you clarify who the current providers are? The services listed on the DMHAS website for Senior Outreach only specify Substance Abuse services and not mental health. (The list I'm referring to is located here: <http://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=335284>)

**The current providers are those listed on the DMHAS web site.**

85. Could you clarify what would be included for DDAP "required information" for intake and submission purposes? What service codes will be utilized for this program?

**The service codes will be those of case management/outreach and engagement LOC mode. Service codes will be tied to that particular LOC mode in DDaP. Comprehensive instructions will be provided before the program is operational so providers are trained on inputting data.**

86. At the Bidder's Conference, it was stated that the "Outreach and Engagement" outcomes would be utilized. Are there Outreach and Engagement outcomes that differ from "Homeless Outreach and Engagement"? If so, what are those outcomes? If the outcomes align with the Homeless Outreach and Engagement, will the living environment specific outcomes be removed? What will the "contact volume" for this level of care be?

**The service codes will be those of case management/outreach and engagement LOC mode not Homeless outreach. Service codes will be tied to that particular LOC mode in DDaP.**

87. There was mention of an expectation that the staff providing direct service be under the supervision of a clinical supervisor. How does DMHAS define "clinical supervisor"? What degree requirements would be expected of that individual? We have staff in the organization who are CRCs or hold their BCBA's. Would those individuals qualify as a clinical supervisor?

**Supervision will be up to the individual agencies to define in their proposals. Due to the clinical nature of the older adults that case managers will see, having a clinical person involved to supervise or consult would be important to outline in the proposal.**

88. I was wondering when the answers to the questions raised on Thursday would be made available to us?

**The answers will be posted on the DMHAS web site and also sent via email to all of the Bidders Conference attendees by close of business, Sept. 27, 2017.**

89. Page 19, 4. Data and Technology: Proposal must provide a minimum of two detailed examples of the applicant's recent experience designing and leading initiatives of similar size and scope, including dates and names of partners on the initiative and the technology used to communicate, train and manage data.

**The agency needs to describe their experience in implementing a similar program or a program that your agency has implemented with success. If an agency does not have a program for seniors, please describe a similar program on how you implemented and sustained that program.**

90. Clarification from DMHAS on this question would be very beneficial. What is meant by designing and leading initiatives of similar size and scope?

**The agency needs to describe their experience in implementing a similar program or a program that your agency has implemented with success. If an agency does not have a program for seniors, please describe a similar program on how you implemented and sustained that program.**

91. Would you send me a copy of the Budget Form?

**Yes, we will provide electronic copies to all applicants.**

92. Please clarify what is expected regarding the Work Plan and/or the Implementation Plan. Are the two terms used interchangeably or is DMHAS expecting a work plan and an implementation plan? Is DMHAS expecting applicants to describe all the steps they will take to get the program up and running (i.e., key steps for implementation) or all the steps to get the program up and running *and* conduct the work throughout the contract award?

**Implementation Plan is how the agency will initiate (start-up) the program. Implementation is the action that must follow any preliminary thinking in order for something to actually happen. Work**

**Plan is the ongoing management of the Program. A work plan details who is responsible for various aspects of the proposal and identifies the project's milestones and timeline for completion of each. Provide a detailed schedule for the completion of all project activities.**

93. Please confirm that the implementation plan (or work plan) should go in the Appendix.

**It can be included in the appendix.**

94. Can we obtain a copy of the Bidder's Conference Attendance Record?

**Yes, the listing is provided with the final questions and answers.**

95. What is an acceptable submission?

**An acceptable submission must include the following:**

- one (1) original proposal;**
- five (5) conforming copies of the original proposal; and**
- one (1) conforming electronic copy of the original proposal. (via email)**

**The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee. The electronic copy of the proposal must be compatible with Microsoft Office Word 2010. For the electronic copy, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format to the Official Contact via Email: [Lillian.Ruiz@ct.gov](mailto:Lillian.Ruiz@ct.gov)**

**Proposals should be clearly identified as originals or copies. Providers do not get any extra points for elaborate proposals. Follow the RFP guidelines only.**

96. Are fillable versions of Forms available?

**Yes, writeable versions will be released to all entities who submitted a Letter of Intent.**

97. May applicants submit the full proposal in a PDF or must applicants submit Word documents with the admin files as a PDF?

**The full proposal is preferred in PDF.**

98. Under Financial Requirements (on RFP page 19), If the applicant is not a current DMHAS contractor, a copy of their most recent financial audit must be included in the proposal. If the three audits are available via OPM's EARS system, the applicant doesn't need to submit the three cover letters. Please confirm that the applicant does not need to submit the full audit either but can instead indicate in the proposal that it is in the EARS system.

**Copies of audits are not required for submission with proposals if the audit is available on the OPM EARS system. Proposals must indicate availability of the audit on the OPM EARS system.**

99. Please submit a listing of Agencies that submitted Letter of Intent.

**The following is a listing of Agencies that submitted Letter of Intent**

|   |                                    |  |  |  |   |
|---|------------------------------------|--|--|--|---|
| Access Community Action Agency          | BH Care                            | Bridge House                                   | Bridges Health Care, Inc.                          | Catholic Charities Archdiocese of Hartford | Center for Human Development                |
| CHR                                     | Chrysalis Center                   | Community Health Services, Inc.                | Community Mental Health Affiliates, Inc.           | Connecticut Council of Family Services     | Cornell Scott-Hill Health Center            |
| Community Renewal Team                  | Family & Children Agency           | Family Centers, Inc.                           | Fellowship Place                                   | Guardian AD Litem Services, Inc.           | Human Services Council of Connecticut, Inc. |
| Liberation Programs, Inc.               | Life Bridge Community Services     | Marrakech, Inc.                                | Midwestern Connecticut Council of Alcoholism, Inc. | McCall Center for Behavioral Health        | Mental Health Connecticut                   |
| Newtown Youth and Family Services, Inc. | North Central Area Agency on Aging | Operation Hope of Fairfield, Inc.              | Prime Time House                                   | Re-Focus Foundation, Inc.                  | Reliance Health                             |
| SCADD                                   | Silver Source, Inc.                | Sound Community Services                       | St. Luke's Community Services                      | The Kennedy Center, Inc.                   | Town of Enfield Dept. of Social Services    |
| Triangle Community Center               | United Services, Inc.              | Western Connecticut Area Agency on Aging, Inc. | Wheeler Clinic                                     |  |   |

100. Please provide a listing of agencies that attended the Pre Bid Conference.

**The following is a listing of Agencies that attended the Pre-Bid Conference – September 14, 2017**

|  |                        |  |                               |   |   |
|--|------------------------|--|-------------------------------|---|---|
| BH Care                                  | Bridge House           | Catholic Charities Archdiocese of Hartford | Center for Human Development  | CHR                                     | Chrysalis Center                            |
| Community Mental Health Affiliates, Inc. | Community Renewal Team | Family & Children Agency                   | Fellowship Place              | Guardian AD Litem Services, Inc.        | Human Services Council of Connecticut, Inc. |
| Life Bridge Community Services           | Marrakech, Inc.        | McCall Center for Behavioral Health        | Mental Health Connecticut     | Newtown Youth and Family Services, Inc. | Reliance Health, Inc.                       |
| SCADD                                    | Silver Source, Inc.    | Sound Community Services                   | St. Luke's Community Services | The Kennedy Center, Inc.                | Triangle Community Center                   |

101. Can programs applying to this RFP provide gender-specific treatment? For example, can an agency provide services only to female seniors, while outreaching to all seniors and offer adequate referral of services to males?  
**Agencies need to provide services to both males and females. This is not a gender specific program.**
102. Must services provided be offered in an age specific setting? For example, would there need to be one Healthy Coping Skills group for 55 and older and separately a group for those under the age of 55?  
**Seniors should be referred to the appropriate care including inclusion in already running groups.**
103. Are there restrictions or guidelines for budgetary itemizing? For example, what is the restriction or guidelines for the recommended percentage to cover salary needs?  
**Agencies are responsible for submitting a budget based on their proposal. There are no restrictions on the amount of dollars that can be used for salary but it should be clearly delineated in the budget proposal.**
104. If an agency is a newly incorporated nonprofit and has not yet undergone a yearly financial audit what other supplements can be provided to fulfill the Financial Requirements section (D1)?  
**The agency must provide documentation that proofs the financial solvency of the agency.**
105. Of current providers of the Senior Outreach and Engagement Program, what is the per client annual cost of each provider?  
**Each agency budget varies so that cannot be easily answered. We have no data on the cost per client at the current time.**