

**STATE OF CONNECTICUT DEPARTMENT OF MENTAL HEALTH
AND ADDICTIONS SERVICES**

**Problem Gambling Services - Bettor Choice
RFP # DMHAS-SWS-PGBC-2020**

Addendum 1

The State of Connecticut Department of Mental Health and Addiction Services is issuing Addendum 1 to the Problem Gambling Services – Bettor Choice RFP.

Addendum 1 contains:

1. Additional Staffing Information
2. Questions and Answers
 - Attachment A - RFP Conference PowerPoint Presentation
 - Attachment B - List of Attendees at Bidder's /RFP Conference

In the event of an inconsistency between information provided in the RFP and information in these responses, the information in these responses shall control.

1. Additional Staffing Information

The following information is provided as clarification to Section C. MAIN SUBMISSION COMPONENTS, 3. Staffing Requirements:

Specialty Certificate in Problem Gambling (SCPG):

- 30 hours of PG training – all 30 hours can be obtained through in person and online trainings offered through DMHAS Learning Management System
- Minimum number of 4 hours of consultation with an International Gambling Counselor Board Approved Clinical Consultant.
- 100 direct contact hours – time spent addressing issues of gambling or problem gambling within your client population.
- 2000 hours of addiction / mental health counseling.
- Associate's Degree in a behavioral health field (or increased education) OR Connecticut Certification Board (CCB) certification(s) in addictions or mental health.
- Apply for the application on the CCB's website.
There is no test required for this certification.

International Certified Gambling Counselor-I (ICGC-I):

- Bachelor's degree or equivalent in the behavioral health field such as license or certification in a recognized behavioral health field (i.e. psychology, addictions, clinical social work, marriage and family).
- 30 hours (ICGC-I) of gambling specific training and education.
- 100* hours (ICGC-I) clinical experience treating gamblers and/or family members in an approved setting.
- Minimum number of 4 hours of consultation with an International Gambling Counselor Board Approved Clinical Consultant.

- Passing score on Certification Examination for Gambling Counselors.
- Apply for the application on the International Gambling Counselor Certification Board's website.

International Certified Gambling Counselor-II (ICGC-II):

- Bachelor's degree or equivalent in the behavioral health field such as license or certification in a recognized behavioral health field (i.e. psychology, addictions, clinical social work, marriage and family).
- 60 hours (ICGC-II) of gambling specific training and education.
- 2000* hours (ICGC-II) clinical experience treating gamblers and/or family members in an approved setting.
- Minimum number of 24 hours of sessions with an International Gambling Counselor Board Approved Clinical Consultant.
- Passing score on Certification Examination for Gambling Counselors.
- Apply for the application on the International Gambling Counselor Certification Board's website.

2. Questions and Answers

1. Regarding "Staff Requirements" on p. 20, Section 3, can you clarify the definition of "disordered gambling integration" experience?

- Disordered gambling integration is a program designed to integrate problem gambling education and interventions into a primary substance abuse/mental health milieu. For those individuals working or who have worked in these programs, they may have additional experience, training and/or certification in problem gambling.

2. Regarding "Staff Requirements" on p. 21, Section 3 - 1.5 FTE Licensed Clinicians to provide clinical services. Is hiring 1.5 FTE clinicians a minimum, or can we hire more than that if funding allows?

- Yes, the 1.5 FTE is set as a minimum. If an agency thinks funding allows for additional staffing, they are able to do so.

3. Can you email me the blank forms in excel for the budget, and narrative if there is one?

- Upon receipt of the Mandatory Letter of Intent, (LOI), due date no later than September 9, 2019, the Official Contract, Lillian.Ruiz@ct.gov will send the budget template in excel and any other fillable forms that were provided in the RFP to the contact person, provided in the LOI.

4. Can we have a list of all the current grant holders (incumbents) and their caseloads served for the past year within the regions?

- Region 1 - Connecticut Renaissance, Inc./Positive Directions, 38 clients served FY18
- Region 2 - The Connection, Inc., 90 clients served FY18

- Region 3 - United Community and Family Services, Inc. 104 clients served FY18
- Region 4 - Wheeler Clinic, Inc., 13 clients served FY18
- Region 5 – Mid-Western Connecticut Council of Alcoholism, Inc., 43 clients served FY18

*These numbers may not accurately represent clients served, due to data issues some providers have experienced with the DDAP system.

5. Is there a different scoring system for incumbents versus new applicants, i.e., is anything weighted differently based on agencies who have had the grant to date?

- All Proposers will be subject to the same scoring rubric. **No proposal will be weighted differently** based on previously holding or not holding the Bettor Choice grant.

6. At the Bidder's Conference, it was noted that the required caseload would be a monthly value of 40 unduplicated clients, however, is there an overall annual outcome expected to be reached as well?

- No, there is no overall annual outcome.

7. How is DMHAS defining 'unduplicated' and what is considered a client 'served' (i.e., does an evaluation only count as served, or just community connection with recovery coach, attendance at outreach events, (or) must they be admitted to an actual treatment intervention, such as IOP, OP, med management, etc.)

- An Unduplicated Client is a client who is counted only once, no matter how many services the client receives within a specified context (i.e. within a particular provider, or within the entire DMHAS system) during a specified time frame.

8. On page 18 a.5, it notes that an individual must receive a first appointment within 48 hours of initial contact. Does that mean calendar or business days?

- This would be business day.

9. Will we be able to receive a list of agencies that submitted letters of intent?

- Letters of Intent (LOI) are due to the Official Contact, Lillian.Ruiz@ct.gov, no later than September 9, 2019. At that time the Official Contact will release an Addendum in response to this request.

10. Would you be able to send over a copy of your PowerPoint presentation from last week regarding the problem gambling opportunity?

- Yes, the PowerPoint presentation is provided as Attachment A to this Addendum 1.

11. If DMHAS has previously approved hiring a clinician that does not currently meet the minimum qualifications stated in the RFP, but is working toward licensing and certification, will they be grandfathered in and allowed to continue in the position if the agency is awarded the contract? If so, will points be deducted in the staffing section of the proposal without the minimum qualifications?

- It will be necessary for the agency/Proposer to have documentation showing the clinician is at least 75% completed and will be licensed and certified within six (6) months of contract start date. This will apply to all Proposers and will not be weighted differently.

12. Will a list of those who attended the Bidder's Conference be posted on the State Procurement site? If so, when?

- Yes, the list of attendees at the Bidder's/RFP Conference is provided as Attachment B to this Addendum 1.

13. Will a list of those who submit a Letter of Intent (LOI) be posted on the State Procurement site? If so, when?

- Please see response to Question # 9.

14. For Appendix #5, can you define what you mean by "work product" on page 24 of the RFP?

- One (1) related initiative that illustrates the Proposer's ability to meet the qualifications for this project.

15. As a Federally Qualified Health Center (FQHC), page 39 of the HRSA Compliance Manual requires that FQHC sliding fee scales only consider income and family size as eligibility criteria and cannot consider a client's debt. Therefore, would DMHAS accept proposals that include a sliding fee scale that is limited to considering income and family size, but not debt?

- For the Better Choice program, the Department is requesting debt to be a considering factor in billing, in order to reduce barriers in accessing care. All proposals will be evaluated based on RFP requirements.

16. If so, would these proposals receive reduced scores for the Data/Technology section?

- All proposals will be evaluated and scored based on RFP requirements.

17. For the 1.5 FTE licensed clinician requirement, will you accept clinicians with LCSW, LPC, or LMFT as well?

- Yes

18. If so, will these licensures result in reduced scores for the staffing section of the proposal?

- No

19. If not, will DMHAS expect that those patients who have Medicare and are not able to use their Medicare Benefit to pay for services (Medicare only reimburses

LCSW's), will be placed on a sliding fee scale and charged a fee for their services?

- LCSW, LPC, and LMFT are all acceptable licenses for this RFP.

20. Can you confirm that the discussion of the Proposer's billing structure/ sliding fee scale should be placed in the Data/Technology section of the proposal?

- Yes, that is correct. The structure of the RFP should be followed as currently laid out.

21. Is an individual who is working toward their certification but not yet certified, permissible? (providing there is a plan submitted within the 1-year timeline)

- This is permissible for the Licensed Clinical Manager. For the 1.5 FTE Clinical positions, it will be necessary for the agency to have documentation showing the clinician is at least 75% completed and will be licensed/certified within six (6) months of contract start date.

22. For the intensive Outpatient requirement, does the contractor have to provide an IOP specifically for problem gambling or can the curriculum be incorporated into an existing IOP for co-occurring MH/SA disorders?

- This is a new level of care being offered for problem gambling in CT, therefore the Department is open to hearing Proposer's framework.

23. Is DMHAS looking for any specific program model curriculum? If so, what is it?

- No

24. Does DMHAS have any preferences for service location in the Region? Are multiple locations required? Are they preferred?

- Multiple locations are not required, but accessibility to services will be evaluated.

25. Most of the job description outlines say LADC, can staff have LCSW or LPC?

- LCSW, LPC, LMFT are all acceptable.

26. Who will provide training for the specialty certificate on Problem Gambling? What does it require?

- Trainings are available by DMHAS Problem Gambling Services, CT Council on Problem Gambling, and the National Council on Problem Gambling.

Specialty Certificate in Problem Gambling (SCPG) requirements:

- 30 hours of PG training
- Minimum number of 4 hours of consultation with an International Gambling Counselor Board Approved Clinical Consultant.
- 100 direct contact hours – time spent addressing issues of gambling or problem gambling within your client population.
- 2000 hours of addiction / mental health counseling.

- Associate's Degree in a behavioral health field (or increased education) OR Connecticut Certification Board (CCB) certification(s) in addictions or mental health.
- Apply for the application on the CCB's website.
There is no test required for this certification.

27. Why is DMHAS issuing this RFP? Is DMHAS looking for new contractors?

- In an effort to develop a regional network of problem gambling treatment and recovery services, the Bettor Choice contracts are being rebid in order to distribute fiscal resources equally across all five (5) DMHAS regions. Currently, these services are funded differently which creates variances in provider's ability to provide such services. In addition to providing equal funding for providers across the regions, there will also be clearly defined expectations for staffing levels, reimbursement for services, community/regional outreach efforts, and intra-agency integration efforts. These are all areas not specifically addressed in existing contracts and not currently being applied in a uniform manner across the state. As gambling continues to expand rapidly across the state, there is an increased need to have a network of services available to those impacted by problem gambling. It is vital that regardless of what region of the state services are accessed, that people have equal opportunity to receive the same quality services.

28. Are letters of support allowed?

- Letters of support are not a requirement of this RFP. Letters of reference are required (see Appendix 4).

29. What is the expected, in terms of program, outcomes?

- The following OUTCOMES and MEASURES are currently in our existing contracts. They may not reflect OUTCOMES and MEASURES in future contracts.

OUTCOMES	MEASURES
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Departments' data collection system no later than the 15 th day of each month.
2. Contractor will meet the expected utilization rate or annual projection of individuals to be served for this level of care.	A utilization rate of at least 90% will be achieved.
3. Contractor will meet the expected services or contacts volume for this level of care.	At least 90% of projected services or contacts will be achieved.
4. Individuals will report satisfaction with their services.	At least 80% of respondents to the Department's consumer satisfaction survey will rate services positively in each of the domains of access to services, quality of services, outcomes, participation in treatment planning, respect, recovery and general satisfaction with services.
5. Individuals will be effectively engaged in Outpatient treatment.	At least 75% of individuals served will have at least two (2) services within thirty (30) days of admission to the program.
6. Individuals will successfully complete treatment.	At least 75% of individuals discharged will have substantially completed the objectives identified on their recovery plans.
7. Individuals will eliminate or reduce problem gambling behavior.	At least 70% of individuals served will have eliminated or reduced gambling behavior at the time of their discharge.
8. Individuals will participate in outcome evaluations.	At least 90% of individuals will complete self-ratings upon admission and every 180 days while in treatment.

30. Can you please provide the names of current contractors?

- Region 1 - Connecticut Renaissance, Inc./Positive Directions
- Region 2 - The Connection, Inc.
- Region 3 - United Community and Family Services, Inc.
- Region 4 - Wheeler Clinic, Inc.
- Region 5 - Mid-Western Connecticut Council of Alcoholism, Inc.

31. What are the current service levels for current contractors? How many duplicated /unduplicated clients are/were served annually? What is their demographic profile?

- Current service level is outpatient LOC
- Approximately 288 served FY18

Bettor Choice Demographics FY18

1. AGE	CLIENTS SERVED
18-25	12
26-34	28
35-44	47
45-54	73
55-64	78
65 +	50
Other/Unknown	0
2. ETHNICITY	
Hispanic - Cuban	0
Hispanic - Mexican	0
Hispanic - Other	15
Hispanic - Puerto Rican	3
Non - Hispanic	263
Unknown	7
3. GENDER	
Female	129
Male	159
Transgender	0
Unknown	0
4. RACE	
American Indian / Native Alaskan	3
Asian	10
Black / African American	26
More Than One Race	4
Native American	0
Native Hawaiian / Other Pacific Islander	1
Other	12
Unknown	5
White / Caucasian	227

*These numbers provided in the chart immediately above may not accurately represent clients served, due to data issues some providers have experienced with the DDAP system.

32. Must clinical staff meet all three certification/licensure requirements? Can time be split between multiple individuals equally?

- 1.5 Clinical FTE must meet minimum requirements. Time can be split between multiple individuals equally.

33. Are the 4 “Community Outreach Events” annually, pg. 19, 2d.

- External to the agency?
- Do CEU’s need to be offered? Not?

- **Are these 4 in addition to “Community Outreaches” mentioned pg. 20, section 3 at the bottom?**

- Must be external to the agency, but can be hosted on-site.
- CEU's are not required.
- These (four) 4 can be included in the Recovery Support Specialist role.

34. For appendix #5-level of detail required? Page limit?

- Level of detail is up to agency/Proposer's discretion. There is no page limit.

35. Program manager is same as supervisor?

- Yes

36. Sliding fee scale-clarification

- **Using debt to calculate established fees?**

- Yes. For the Better Choice program, the Department is requesting debt to be a considering factor in billing, in order to reduce barriers in accessing care. All proposals will be evaluated based on RFP requirements.

37. If we have existing sliding fee scale as a FQHC can that be used and modified to include this debt calculation?

- Yes

38. Are these new dollars, or rebid of existing programs?

- This is a rebid.

39. Are DIGIn services part of this RFP?

- No

40. Please clarify staffing requirements for the clinical Program Manager. What does minimum of LADC (LCSW, LPC, LMFT) mean?

- LADC, LCSW, LPC, or LMFT are required licenses for the Program Manager position.

41. Are providers expected to serve 40 clients per year? Over the course of the grant? Or is that the active caseload of the program?

- 40 clients are the monthly active caseload.

42. Please clarify what is the expected in the IOP services.

- This is a new level of care being offered for problem gambling in CT, therefore the Department is open to hearing Proposer's framework.

43. RFP pg. 19 indicates providers need to have a link to gambling resources and PG chat on their agency webpage. Is DMHAS expecting providers to link an external PG chat site? Or are providers expected to host a chat?

- Proposers are expected to link an external PG Chat site provided by the CT Council on Problem Gambling.

44. On RFP page 22, applicants are asked to provide a work plan. Can applicants add an appendix to the proposal outline to include it?

- If proposing a supplemental chart or grid, please attach as an Appendix to your proposal.

45. The 1.0 FTE LCP Manager can have pending within 1 year ICGC. Can the 1.5 FTE Licensed Clinicians also have pending SCPG or ICGC or do they need to have those qualifications in hand?

- It will be necessary for the agency/Proposer to have documentation showing the clinician is at least 75% completed and will be licensed and certified within 6 months of contract start date. This will apply to all Proposers and will not be weighted differently.

46. On pg. 18, 2.a.6, the RFP requires “timely access to on-site psychiatrist or APRN”. Does that require on-site psych services at all outpatient service locations in the Region?

- All service locations with a Better Choice program require on-site psychiatrist or APRN access. Proposals will be evaluated based on RFP requirements.