

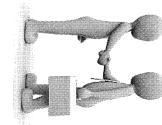
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

RFP CONFERENCE REQUEST FOR PROPOSALS RFP#*DMHAS-SWS-PGBC 2020*

Problem Gambling Treatment Program "Bettor Choice"

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WELCOME & INTRODUCTIONS



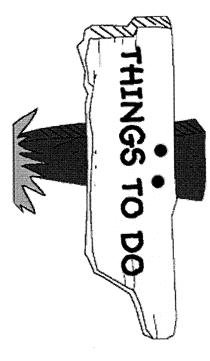
Lillian Ruiz, DMHAS Contract Administration Official Contact

<u>lillian.ruiz@ct.gov</u> (860) 418-6865

<u>Jeremy.Wampler@ct.gov</u> (860) 262–5997 · Jeremy Wampler, LCSW, ICGC II, BACC, LADC Clinical Manager for PGS

Request For Proposals Conference **Problem Gambling Bettor Choice**

- □Sign-In, please.
- Attendance Record will be posted on Biznet and DMHAS website
- Please hold questions until Q & A period.
- Verbal responses to questions are unofficial.
- Official responses will be posted as a RFP Addendum on Biznet and DMHAS website
- This is the ONLY opportunity to discuss this program with DMHAS staff.



Agenda

- Introductions
- Purpose of RFP Conference
- Program Overview (Bettor Choice)
- Evaluation Criteria
- Proposal Outline
- **Procurement Timeline**
- RFP Logistics
- Questions and Answers
- Closing Remarks

Purpose of the Conference



- Provide information about DMHAS Bettor Choice RFP.
- Summarize the available funding.
- Provide technical guidance and assistance
- **Important Note**: Nothing said or discussed during this conference will modify, add to, alter or in any other way qualify or amend what is currently contained in the procurement documents
- If DMHAS recognizes a need to add, change or amend the RFP, such addendum will be posted in writing on Biznet and DMHAS website

Please review the RFP for complete details.

Ground



- Attendance today does not provide any advantage to Proposers. Attendance at this conference is a requirement to respond to the
- Presentation will be followed by Q&A Session.
- Please hold questions until the end.
- Questions may be asked about the Bettor Choice Program or the DMHAS procurement process.
- Verbal responses to questions are unofficial.
- Reminder, please mute your phones

Contract Awards

The Department anticipates the following:



Number of Awards: 5 Awards, 1 Award per Region

Contract Amount: \$261,009.00- Annually

Contract Term: 3 Years

Note:

A Proposer may submit a proposal for multiple Regions. However, only one (1) Proposer will be awarded per Region and a Proposer cannot be awarded more than one (1) Region.





Eligibility



- Proposers eligible to respond to the RFP are of business in Connecticut or Connecticut corporations or partnerships with principal place private provider organizations defined as non-Connecticut state entities that are 501(c) (3) nonprofit municipalities registered to do business in
- The Proposer must provide proof of its non-Office of the Secretary of the State/CONCORD. Connecticut Business License, issued through the profit status and proof of the Proposer's

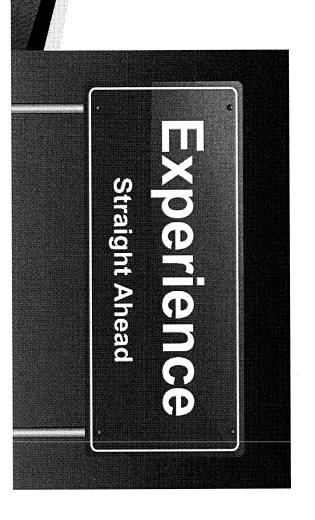
Minimum Qualifications ASTUS



- Ability to develop and sustain clinical treatment and recovery support services for individuals experiencing problem or disordered gambling, as well as persons affected by problem or disordered gambling i.e. family members or significant others
- Ability to integrate problem gambling awareness into other programs and services that the Agency provides. The intent is to provide clarity in the ability to serve people with mental knowledgeable staff and an environment that is accepting of health, substance abuse, and problem gambling in order to foster an increased level of awareness that should translate to people no matter what type of issues they are dealing with
- Ability to facilitate problem gambling trainings throughout the Region

Qualifications continued...

- Experience providing community outreach.
- Experience providing behavioral health and an existing partnership with other prevention organizations to provide services to the criminal justice population community outreach and engagement.



Minimum Submission Requirements

All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must:

- imes 1) be received on or before the due date and
- (2) meet the Proposal Format requirements;
- \checkmark (3) follow the required Proposal Outline; and
- \checkmark (4) be complete.

including the Eligibility and Minimum Qualifications will not be reviewed further. The Proposals that fail to follow instructions or satisfy these minimum submission requirements, significantly from the requirements of this RFP. Department will reject any proposal that deviates

Problem Gambling Bettor Choice Program Overview

within the Statewide Services Division. and Addiction Services (DMHAS) is issuing this RFP as part of Problem Gambling Services The Connecticut Department of Mental Health

designated Region. community outreach and engagement, and to facilitate training and education throughout the provide problem gambling treatment services, The Bettor Choice Program will be designed to

ABOUT "Bettor Choice"

- individuals experiencing problem or disordered gambling, as well as persons affected by problem or disordered gambling i.e. family Provide clinical treatment and recovery support services for members or significant others;
- the ability to serve people with mental health, substance abuse, and problem gambling in order to foster an increased level of awareness dealing with; that should translate to knowledgeable staff and an environment services that the Agency provides. The intent is to provide clarity in Integrate problem gambling awareness into other programs and that is accepting of people no matter what type of issues they are
- Ability to facilitate problem gambling trainings throughout the Region;
- Provide community outreach, engagement and education through partnerships with Regional Behavioral Health Action Organizations.

Staff Requirements

- (1.0 FTE) Licensed Clinical Program (LCP) Manager to lead the facilitation of services caseload, as needed. required herein, as well as carry a small clinical
- Minimum (0.5 FTE) Recovery Support Specialist(s), with 40% time designated for time designated toward clinic-based direct community outreach and engagement and 60% recovery support services.
- (1.5 FTE) Licensed Clinicians to provide clinical clinicians or 1 (1.0 FTE) clinician and 1(.5 FTE) services. Time can be split between multiple clinician

Evaluation Criteria

- Organizational Profile (10 Points)
- Scope of Services (20 Points)
- Staffing Plan (15 Points)
- Data and Technology (15 Points)
- Subcontractors (N/A- 0 Points)
- Work Plan (20 Points)
- Budget and Budget Narrative (15 Points)
- Appendices (5 Points)



Proposal Outline to follow:

- Cover Sheet
- Table of Contents
- Declaration of Confidential Information

Conflict Of Interest - Disclosure Statement

- Executive Summary 2 pages maximum
- Main Proposal 20 pages maximum, excluding the Executive Summary, Budget, Appendices &
- Cost Proposal (Financial Audit and Budget)
- Appendices

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Appendices

- 1. Appendix 1: Proof of Agency Non-Profit Status
- **2. Appendix 2:** Proof of the Proposer agency's Connecticut Business License (issued through the Office of the Secretary of the State)
- **3. Appendix 3:** Resumes for Existing Staff and/or Job Descriptions for New Positions.
- **4. Appendix 4:** Letters of Reference. A minimum of three (3) Letters of References for the Proposer must be provided.
- **5. Appendix 5**:One (1) related initiative that illustrates the Proposer's ability to meet the qualifications for this project.
- 6. Appendix 6: If a Proposer is a current DMHAS-funded agency, provide a copy copy of Most Recent Financial Audit. of the Proposer's most recent audit finding letter. **If a Proposer <u>i</u>s not a current DMHAS-funded agency**, provide a

FORMS provided to you

- Form #1: Gift and Campaign Contribution Certification
- Form #2: Consulting Agreement Affidavit
- Form #3: Acknowledgment of Contract Compliance
- Form #4: Notification To Bidders

report, go to www.ct.gov/chro For more information on completion of this

- Form #5: Employer Information Report EEO-1
- For more information on completion of this report, go to *www.eeoc.gov*
- Form #6: Proposal Cover Sheet
- Form #7: Budget Template

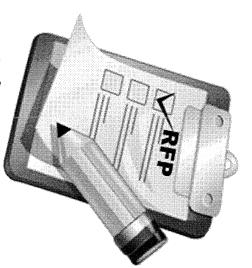


PROCUREMENT TIMELINE

- RFP Planning Start Date: July 30, 2019
- Released: August 2, 2019
- 2019 MANDATORY RFP/Bidder's Conference: August 15,
- Deadline for Questions: August 22, 2019, 3:00 PM EST
- Answers Released: August 29, 2019
- MANDATORY Letter of Intent: September 9, 2019
- Proposals Due: September 26, 2019, 3:00 PM EST
- Proposer Selection: October 24, 2019
- Start of Contract Negotiations: October 31, 2019
- Start of Contract: January 1, 2020



Mandatory Letter of Intent (LOI)



A Letter of Intent (LOI) is required for this RFP sender to submit a proposal but is non- binding and does not obligate the

LOI's are due September 9, 2019, 3:00 PM

Failure to submit the required LOI in accordance with the requirements set forth in the RFP shall consideration. result in disqualification from further

Mandatory Letter of Intent -(LOI) is Due September 9

- The LOI must be submitted to the Official Contact by US mail or email.
- The LOI must clearly identify the Sender including:
- ✓Agency/Proposer Name
- ✓ Contact person
- ✓ Postal Address
- √Telephone number
- √Fax number
- ✓ Email address
- √The LOI must indicate the Region(s) being proposed

Proposal Submission Information

The **Official Contact is the only authorized recipient** of proposals submitted in response to this RFP. Proposals must be <u>received</u> by the Official Contact on or before the due date and time:

Due Date: September 26, 2019

Time: 3:00 PM EST

Location: Department of Mental Health and Addiction Services

410 Capitol Avenue, 4th Floor

Hartford, CT 06134 *Valid ID required (for building security)

An acceptable submission must include the following:

One (1) original proposal;

Five (5) copies; and

One (1) electronic copy-Email a copy of the electronic proposal to **Official Contact, lillian.ruiz@ct.gov**

The subject line of the email must read: RFP # DMHAS-SWS-PGBC 2020 - Electronic Proposal

Important Information

- Carefully Review the Solicitation/Legal Notice.
- Prepare and respond clearly and appropriately.
- Align proposal with program needs.
- It is essential that you follow the instructions exactly: Format and Content.
- Respond to **each section** and **each requirement**.
- Proof read your proposal.
- Don't forget appendices and forms.
- Don't forget to submit the electronic copy via email – include RFP# in subject line
- Deliver the Proposal by the due date and time.

Grounds for Disqualification

- Failure to attend this RFP Conference
- Failure to submit the Mandatory Letter of Intent by the deadline
- **Late Proposals** Receipt of Proposal after the specified date and time
- Incomplete Proposals
- **Not meeting the Minimum Submission Requirements** as noted in the RFP
- Delivering Proposal to the wrong location
- Discussing your proposal with DMHAS staff

Questions

When asking a question please state your name and the Agency you represent.



- Ask questions about the procurement process.
- Ask questions fort clarification of the Bettor Choice Program
- Verbal responses to questions are unofficial.
- All questions and responses will be posted as a addendum to the RFP on the DMHAS website and Biznet.

Questions After Today?



August 22, 2019, 3:00 PM EST to the OFFICIAL CONTACT: E-mail your questions no later than

Lillian.ruiz@ct.gov (860) 418-6865

RFP Overview and Highlights

- Letter of Intent is required for this RFP.
- Multiple Proposals per Region is NOT an option
- Proposers may apply for multiple regions, however, each Proposer may only be awarded one (1) award.
- Sub-Contractors will Not be allowed.
- Communication ONLY with Official Contact.
- No questions will be answered after the deadline to submit questions
- **All** questions and **OFFICIAL** answers will be posted to DMHAS website and Biznet.

Thank you for your attendance and interest!!

