MEMORANDUM

TO: Potential Respondents

FROM: Pamela Sarno
   Purchasing Services

DATE: July 21, 2021

SUBJECT: Addendum No. 1 – 4122 Secure Residential Treatment Program

We have been notified that the following locations may be available from Community Solutions Inc. for a REGIONS program.

1. Johnson House, 205 Retreat Ave., Hartford, CT
2. A Former Safe Home, 37 John Fitch Blvd., South Windsor, CT
3. Sullivan House, 1095 Blue Hills Ave., Bloomfield, CT

Please contact Community Solutions Inc. if interested in a tour of the facilities.

The purpose of this addendum is to post pre-proposal questions and answers as well as additional questions and answers submitted by 7/16/2021

1. Do you know when you will provide notification of award?
   It is our intention to provide notification by December 1, 2021

2. When is your expectation for program start up?
   We do not expect the contractor to be able to accept clients January 1, 2022. We anticipate renovation as well as hiring and training of staff will be required before the program can accept clients. In Attachment M we have identified some timeline of assistance CSSD will be willing to provide to the contractor to make a successful program.

3. What if any referred population has high psychiatric issues?
   A child will be ineligible for admission if any of the conditions exist on page 50 of the RFP.

4. Would programs be permitted to subcontract for reintegration mentors?
   Yes, we will accept subcontractors.

5. Is there a maximum number of youth that can be transported at once
   There is a policy for transportation that goes into detail how a youth can be transported. CSSD will assist you in interpreting this policy and how it will be applied to your program.
6. In the staffing plan, we do not see staff to provide QA or a Compliance. Can we write in the FTE into our proposal?
   Yes, you can include any additional staff you need to provide a successful program.

7. As family engagement is an integral factor in a child’s success. What are some of the barriers or challenges that the Regions programs are seeing in engaging and sustaining the family?
   Families are demonstrating a variety of needs that the treatment team needs to identify and address: whether it be family conflict and the need for family treatment; individual parent/caregiver behavioral health needs; basic needs around housing, food, employment; or engagement to welcome their child home. Each family is different and the provider needs to work with each family to identify their particular needs and implement strategies to address that the family thinks will be helpful.

8. Do we include the cost of contracted services for education in the bid or does the child LEA pay for these services?
   The town that the child is registered for school will pay for the educational services. In the event you have difficulty with the town, CSSD will assist you.

9. Is the vocational programming funded by CSSD?
   Vocational programming that is considered Career & Technical Training should be funded through the child’s LEA. CSSD will fund summer programming and additional vocational programming that goes beyond what the LEAs will support.

10. Would there be a problem submitting a bid for a Regions Program in the same town or area as the current provider?
    No, we are looking to expand our Regions Program to more children. We are looking for a provider who wants to work with this population, the location is secondary to that.

11. Is there an expectation that providing a culturally diverse staff is one of the most important factors in a proposed staffing plan?
    We are looking for providers and their staff who want to work with this population. The provider should engage in multiple efforts to recruit and retain culturally diverse and competent staff.

Additional Questions and Answers

1. Does JBCSSD expect program operations to start by July 1, 2022?
   Please see question and answer 2 from Pre-proposal above.

2. Is it expected that CSSD staff could provide family transportation for visitations from anywhere in the state?
   It is the provider’s responsibility to assist the family with transportation. The provider should have the capacity to provide a variety of options, including but not limited to, having staff provide transportation, uber cards for the family to use, and use of technology to allow for virtual visiting. The CSSD Juvenile Residential Services Central Transportation Unit will only provide transportation for juveniles who need to attend court or a routine medical appointment during traditional business hours. If a juvenile has a medical emergency and needs transportation to the hospital, the provider should contact 911 for an ambulance.
3. The RFP mentions the right of JBCSSD to modify the gender served by the program. If that were to occur, does JBCSSD have an anticipated timeline for such a transition? Such a transition would likely occur over an extended period of time (e.g., 6-12 months) to allow for proper planning and staff training.

4. The RFP states that the school must be run by an Approved Private Special Education Program provider or Regional Education Service Center and that it must include certified teacher(s). Will certified Special Education teachers meet this requirement if the students do not all require Special Education? No.

5. Clinician ratio for residents? No more than six (6) clients per clinician.

6. They offer training for the required assessments and curriculums at the startup of the program. Are these offered through CSSD regularly for new employees or refreshers is needed? Depending on the specific training/curriculum, it is offered on a routine schedule by the CSSD Training Academy. Some other trainings or only offered via special arrangements with the CSSD Training Academy. The provider will work with its CSSD contract monitor to determine what trainings are needed and when. The CSSD contract monitor will work with the provider and the CSSD Training Academy to ensure that the program training needs are met.

7. What are the recommended guidelines for movement restriction within the space to separate residents? During the Start-Up Support Plan period, CSSD will work with the provider to ensure its policies and procedures, and the overall operation, are conducive to a safe, secure, and therapeutic treatment environment. Program bed capacity, staffing, and the physical plant influence all aspects of the program.

8. If one resident is struggling and needs to be restrained/contained and prevented from activation behaviors in other residents, are hallway doors able to be locked? Should they be installed if they do not exist? During the construction/renovation design phase, CSSD will work with the provider to address these kinds of operational and security questions so that the physical plant and overall operation provides a safe, secure, and therapeutic environment.

9. The Judicial Branch is looking for a planned discharge, but realize that there are cases that may delineate outside the lines of the programs intended recipient by demonstrating extreme physical aggression towards individual’s and/or staff despite initial violence assessment. The proposal kit states they will take into consideration substantial assault as reason for possible unplanned discharge. What is the definition of substantial assault and what is the JB’s stance on using police intervention in these instances? The use of DBT has shown to be successful in reducing significant incidents in the existing REGIONS Secure Treatment programs. The provider should be in ongoing communication with the CSSD contract monitor so that any issues may be anticipated and a plan developed to reduce the likelihood of a significant incident. The contract monitor and provider will be communicating about client progress, any disruptive or assultive incidents, adjustments to staffing and/or treatment plans, or the possible need to remove a client from the program. If the safety of the staff and clients are in
jeopardy and police intervention is needed, the police may be called. If a substantial assault occurs and a client or staff person insists on pressing charges, the police may be called.

10. The contract states that employees will receive training prior; the Risk Reduction Model covers areas of treatment such as enhancing motivation. If the agency sees an area of need related to The Risk Reduction Framework, would the agency have to cover costs and/or would other training such as motivational interviewing be frowned upon or encouraged?

The provider is encouraged to identify training needs and to communicate those needs to the CSSD contract monitor. The CSSD Training Academy offers a variety of training related to the Risk Reduction Framework that may not be included in the attached training outline for this RFP, but are available to contracted providers. Contracted providers may sign their staff up for any CSSD funded training the provider and contract monitor believe would be beneficial to the program.

11. Contract states there is a specific number youth need to be within prior to admission in regards to the violence risk assessment. Is there a set number for those with low cognitive ability that would be considered as inappropriate for admission?

There is no set number of clients with low cognitive ability. Each client is individually assessed and matched to the most appropriate treatment setting.

12. Can individuals receive clinical services from an internal substance use program at TCCOH if they meet training requirement has or do we need additional clinician’s?

All services must be provided in a safe, secure, and therapeutic environment. The provider is welcome to propose how those services would be delivered in such an environment.

13. In a locked facility, do the grounds where individuals spend time outdoors and exercise need to be locked?

Yes, clients should have no possible means by which to leave the grounds without a secure escort.