

**DPH RFP Log# 2020-0904: Overdose Data to Action in Connecticut Communities  
Questions and Answers**

1. **Question:** Can the grant funds be used to obtain training/consultants to complete a community assessment?

**Answer:** Yes.

Please refer to Section III.C. MAIN PROPOSAL COMPONENTS, 2c. Documentation of Community Needs and Gaps / Resources, on page 22 of the RFP, for the community health assessment requirements.

2. **Question:** For the Staffing component (page 9) of the OD2A RFP, does in-kind support from Health Dept. staff still require all of the additional info such as resumes, job descriptions, and salaries or does that info only pertain to grant-funded/new positions?

**Answer:** Resumes, job descriptions, and salary are only required for paid staff who will be included in the proposed budget. These items are not required for “in kind” staff. Identify all current staff who will dedicate time to the proposed project by name, including their percentage of time “in kind” and their role and duties related to the project, as well as the intended purpose of their participation. You do not need to include “in kind” staff salaries. Please refer to Section III.C. MAIN PROPOSAL COMPONENTS, 3. Staffing Requirements – Staffing Plan, on page 24 of the RFP for information on what should be documented for all paid staff.

3. **Question:** Is access to Everbridge required or does an alternative communications software, VEOCI, fulfill this requirement? Does the health district have to be a user of Everbridge or a recipient?

**Answer:** Per the RFP in Section III.C. MAIN PROPOSAL COMPONENTS, 4. Data, Technology, and Evaluation Requirements, d. Minimum Data Set, on page 26: “Local health agency staff involved with the program” should have access to Everbridge.” This refers to their ability to receive information from the Connecticut Department of Public Health for emergency notifications via Everbridge. If the local health staff has other means for contacting stakeholders within their town/city/districts, that would be acceptable for the dissemination of information.

4. **Question:** Can you define from DPH’s point of view a formal agreement?

**Answer:** A formal agreement is defined as a written Memorandum of Agreement or Understanding, a legal contract, or signed letter of collaboration/commitment. A formal agreement requires a document signed by all parties involved, referring to any understanding between at least two parties regarding specific responsibilities and rights. The written agreement should express commitment to the project and detail proposed collaborative efforts.

5. **Question:** Please clarify what exactly is meant by a letter of collaboration. Is this another term for a letter of commitment?

**Answer:** Yes.

Please review the answer to question 4 above. Refer to Section III.C. MAIN PROPOSAL COMPONENTS, 2. Service Requirements – Scope of Services, b. Program Collaboration / Coordination, on page 21 of the RFP, “A Letter of Support is requested for each proposed collaboration. Applicant organizations must include copies of the signed letters in the proposal attachments and PDF files with the electronic version submitted via email.”

Depending on the nature of the proposed partnership, a Letter of Support (LoS) indicates support for the applicant to receive funding for what they propose. Letters of Collaboration (LoC) are a commitment to actively be part of the proposed project. For the latter, some of the functions of the collaborator are indicated. LoS and LoC should be attached with your application as indicated in Section IV. Proposal Outline, H. Appendices on page 29 of the RFP. These attachments will not apply to the page limit.

6. **Question:** Is the annual funding amount applicable to all three years even though the first funding period is 5 months?

**Answer:** The annual funding amount is applicable to all three years. Please refer to Section III.D. COST PROPOSAL COMPONENT 2. Budget Requirements – Budget and Budget Narrative, on pages 27-28 of the RFP: “\*\*The Department reserves the right to decrease the first period award (4/1/2020-8/31/2020) to account for the abridged timeframe.” Submit your budget based on a full year. In addition on page 27, the RFP states: “The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Attachments in Section V.A. A detailed budget is required for each of the three budget periods:

Period 1: 4/1/2020 – 8/31/2020

Period 2: 9/1/2020 – 8/31/2021

Period 3: 9/1/2021 – 8/31/2022

7. **Question:** If we are applying for the grant with another health department, not located next to us, can we have 2 separate opioid advisory/coalition groups, specifically, there will be one grant with two separate geographic regions.

**Answer:** Yes.

Please refer to Section III.C. MAIN PROPOSAL COMPONENTS, 2. Service Requirements – Scope of Services, a. Service Area on page 21 of the RFP: “The contractor must clearly define their service area by naming the towns and cities supported, and the contractor’s approach or methodology must be addressed in the proposal.” Also, “One entity is required to be the primary/named applicant, but could use the budget to support staff and activities in the coordinating organizational entity.”

Additional information is also contained in the paragraphs under III.C.2.b. Program Collaboration / Coordination, ‘Required’ and ‘Encouraged’ collaborations on pages 21-22 of the RFP.

Please refer to page 23 under III.C.2.d. Service Components and Activities: “If the applying entity is currently a member of a substance abuse coalition, provide details on how current activities can be enhanced by additional participation in the OD2A initiative.”

8. **Question:** If we apply for the OD2A grant with another regional health district, can we subcontract with the health district or do we need to hire staff for the other health district?

**Answer:** Either option is acceptable. Please review the answer to question 7 above.

9. **Question:** Given there are 5-13 OD2A grants being awarded would it be best to apply with other health districts or should the each health department apply separately?

**Answer:** Please refer to Section III.C. MAIN PROPOSAL COMPONENTS, Service Requirements – Scope of Services, b. Program Collaboration / Coordination, on page 21 of the RFP. “Proposals that build upon existing resources and services and promote collaboration among various agencies will be given top scores in this area.” Points will be awarded as outlined in Section I.E. Evaluation of Proposals, 4. Evaluation Criteria (Weights), on page 10 of the RFP and in the Preliminary Review Team Technical Review Criteria Worksheet in the appendices on page 46.

Additionally, please review the answers to questions 7 & 8, above.

10. **Question:** On page 9 of the RFP, DPH says it wants the application bound with a single binding clip. Is that one single binding clip by itself for the original and five copies? Or one binding clip for the original and each of the copies (six binding clips total)?

**Answer:** Please submit hard copies using one binding clip for the original and one for each of the copies (6 binding clips total).

11. **Question:** On several pages throughout the RFP, DPH says the work plan should be submitted as an Appendix in the format provided as an RFP attachment. Should any narrative be included as part of section 5 (Work Plan) of the Main Proposal Component (pages 26 to 27 of the RFP)? Or should there just be a reference in the narrative such as “Please see Work Plan in the Appendices.”

**Answer:** A reference to the work plan within the narrative is acceptable. Please refer to Section III.C. MAIN PROPOSAL COMPONENTS, 5. Work Plan, on page 26 and 27: “A comprehensive and realistic work plan must be provided on the Work Plan Form included in Section V.A. The work plan must be consistent with the RFP and the project’s goals and required activities. The work plan must include specific details about project goals, services to be provided, activities, timeframe for completion, including a project start date, outcome measures, and staff position(s) responsible. Detail should be provided about the relationship and tasks to be performed by each subcontractor.”

12. **Question:** The Centers for Disease Control and Prevention (CDC) announced over \$301 million in grants to help state and local governments track overdose data as closely to real-time as possible and support them in work to prevent overdoses and save lives. The CT Department of Public Health received \$5.9 million in grant support. The money that your department received is being used for this RFP? Is there a list that shows what other states, territories, and localities received this money? Does the Federal Gov’t list them somewhere or does CDC list them?

**Answer:** Please refer to Section III. A. Department Overview, on page 17, of the RFP – “This RFP is being issued by the Opioid and Drug Overdose Prevention Program within the Office of Injury and Violence Prevention with funding from the CDC under opportunity number: CDC-RFA-CE19-1904;

Grant Number NU17CE925011.” More information on this initiative may be found at this link: <https://www.cdc.gov/drugoverdose/od2a/index.html>, including the list of funded jurisdictions, here: <https://www.cdc.gov/drugoverdose/states/index.html>.

13. **Question:** On page 19 of the RFP it states the following: “Over the past three years, CT has funded six high-burden local health departments and districts (LHDs) to conduct opioid overdose prevention activities and targeted community interventions. An additional four high-burden LHDs were funded through a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to the CT Department of Mental Health and Addiction Services [DMHAS].” Could you please let us know which LHDs received the aforementioned funding and provide a brief summary of their projects and outcomes to date?

**Answer:** The Prescription Drug Overdose: Prevention for States grant information is available on the CT DPH website:

<https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/The-Office-of-Injury-Prevention/Prescription-Drug-Overdose-Prevention-for-States--Grant>

A list of the four local health districts funded by DMHAS is not available on the agency’s website, but an overview of the DMHAS State Opioid Response (SOR) grant can be found on the CT DMHAS website here: [https://www.ct.gov/dmhas/lib/dmhas/publications/sor\\_grant\\_project\\_list.pdf](https://www.ct.gov/dmhas/lib/dmhas/publications/sor_grant_project_list.pdf)

14. **Question:** Under Unallowable Activities, Prohibited purchases: Naloxone/Narcan, syringes, fentanyl test strips, harm reduction kits, furniture or equipment (generally, but note that vehicles may be allowable expenses for linkage to care activities). Harm reduction and linkage to care activities are acceptable as long as they are not prohibited purchases.
1. Is a vehicle itself an allowable purchase if used as a support for linkage to care?
  2. What are acceptable linkage to care activities?

**Answer:**

1. The purchase of a vehicle itself is an allowable proposed expense. Additional approval from the Centers for Disease Control and Prevention would be a necessary secondary step before final approval. Please note Section III.D. Cost Proposal Component, 2.a., on page 27 of the RFP states: “Competitiveness of the budget will be considered as part of the proposal review process.” For further budget scoring criteria, please reference Section I.E.4. Evaluation Criteria (and Weights) – Cost Proposal, on page 11 of the RFP and the Preliminary Review Team Technical Review Criteria Worksheet in the appendices on page 46 and 47.

2. Linkages to care are the bridges that connect the work of public health with that of other agencies and partners. The current predominant examples of these linkages to care with respect to the opioid crisis come largely in the form of peer navigators and warm hand-offs in emergency settings upon the event of an overdose. While overdose events present a clear need for linkage to care, so too are visits to syringe service programs, interactions with public safety and first responders, engagement with crisis services related to substance use, primary care visits, emergent care for injection-related infections, diagnosis of HIV, viral hepatitis, and prenatal care. Acceptable linkage to care activities can include systems-level strategies in healthcare, community programs, and public safety and courts to support activities in three general categories: improved awareness, increased and improved coordination, and integrated technology. Examples may include, but are not limited to: increased awareness and coordination of access to naloxone, naloxone training, and

other harm reduction resources focused on high risk groups and their friends and family, and increased referrals to and engagement in evidence-based treatment for addiction.

16. **Question:** The RFP states the following on page 22: “Applicant organizations must include their level of engagement with the CT Department of Mental Health and Addiction Services (DMHAS) as the state substance abuse services authority, the CT Department of Consumer Protection (DCP) as the state Prescription Drug Monitoring Program (PDMP) authority, and other key partners, dependent upon the strategies being pursued.” Are respondents required to submit letters of support from DMHAS and DCP?

**Answer:** No.

Please reference Section III.C.2. Service Requirements – Scope of Services, on page 22 of the RFP: “If the applicants receive current funding from state agencies for opioid related activities, a brief description should be included in this proposal. New work plans should not duplicate previously funded activities but rather expand upon such activities, for example by enhancing the scope or extending the duration of services.”

17. **Question:** Is there a form to be completed in which proposers’ state whether they have a conflict of interest?

**Answer:** Please refer to Section I.C. Instructions, 13. Conflict of Interest - Disclosure Statement, on page 8 of the RFP:

“Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. Example: “[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85.”

This statement is required to appear as indicated on page 29, Section IV. Proposal Outline, D. Conflict of Interest – Disclosure Statement.

18. **Question:** On the Workforce Analysis Form, where should the overall totals for each job category be listed?

**Answer:** The Workforce Analysis form appears in the appendices of the RFP on page 41. The “Overall Totals (sum of all cols. male & female)” box is located on the top left side of the form. It is the second box in the first row of the table. There is no additional “totals” box to fill in.

19. **Question:** We missed the Letter of Intent due date. Is it still OK to submit a proposal?

**Answer:** Yes.

Please reference Section I.C.7. Letter of Intent, on page 7 of the RFP, which states: "A Letter of Intent (LOI) is not required by this RFP but is considered optional." Note Section 1.C.10. Proposal Due Date and Time, on page 7 of the RFP, for the official procedure for submitting the proposal, due by October 30, 2019, at 4:30 PM EST.

20. **Question:** For the purpose of this RFP, are a "Minority Business Enterprise" (MBE) and "Women Business Enterprise" entities certified as an MBE or WBE by the State of Connecticut, or can they be an MBE or WBE certified by another state, municipality, county, or national certifying organization?

**Answer:** They must be certified by the State of Connecticut. Information may be obtained through this link: <https://portal.ct.gov/DAS/Procurement/Supplier-Diversity/SBE-MBE-Program-Certification-Application-Small-or-Minority-Business-Enterprise>.

21. **Question:** Are proposers required to be registered with the State of Connecticut and/or the Connecticut Department of Public Health by the proposal submission deadline?

**Answer:** No, registration can occur after proposal selection.

Eligibility language and Minimum Qualifications of Proposers can be found on p.6 of the RFP.

22. **Question:** Are subcontractors required to be registered with the State of Connecticut and/or the Connecticut Department of Public Health by the proposal submission deadline?

**Answer:** No, registration can occur after proposal selection.