



**Solicitation Information**  
20 Dec 11

RFP# 7449339

**TITLE: Youth Suicide Prevention Program**

Submission Deadline: 30 January 2012 @ 11:00 AM (Eastern Time)

Pre-Bid Conference: No

Questions concerning this solicitation must be received by the Division of Purchases at [questions@purchasing.ri.gov](mailto:questions@purchasing.ri.gov) no later than 10 January 2101 @ 12:00 Noon (ET). Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

**SURETY REQUIRED: No**

**BOND REQUIRED: No**

Jerome D. Moynihan, C.P.M., CPPO  
Assistant Director for Special  
Projects Division of Purchases

Applicants must register on-line at the State Purchasing  
Website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

Note to Applicants:

Offers received without the entire completed three-page RIVP  
Generated Bidder Certification Form attached may result in  
disqualification.

**THIS PAGE IS NOT A BIDDER CERTIFICATION FORM**

## **SECTION 1: INTRODUCTION**

The Rhode Island Department Administration / Division of Purchases, on behalf of the Dept. of Health, Division of Community, Family Health and Equity, Violence and Injury Prevention Program, is requesting proposals from community-based, public or non-profit organizations to plan, coordinate, deliver, and track school-based and community-based youth suicide prevention interventions over a three year grant period. This proposal is being issued to extend and enhance the work of the Rhode Island Youth Suicide Prevention Project (RIYSPP), which is a component of Rhode Island's Violence and Injury Prevention Program.

The goals of RIYSPP are: 1) to work in schools and community-based organizations (CBOs) to continue to provide a safety net for at risk youth by instituting training, identification and referral protocols (gate keeping) in Rhode Island's six core cities (Providence, Central Falls, Pawtucket, Woonsocket, Newport and West Warwick), and 2) to screen youth identified as in need of treatment and to refer those youth to appropriate services.

For a listing of schools currently participating in RIYSPP please see APPENDIX 1. The identified agency will be expected to continue the work of Rhode Island Student Assistance Services (RISAS) in the schools and CBOs already participating in RIYSPP<sup>1</sup>. The funded agency will be expected to consult with RISAS and make efforts to continue the work done over the past years.

HEALTH will issue one contract to continue to fund evidence-based adult gatekeeper training in the early identification and referral of youth at risk of suicide in Rhode Island's six core cities. This program will be expanded annually to include up to two (2) additional cities for the duration of the contract. School and community counselors, school and community nurses, teachers, peers, parents/caregivers, and others who work with youth in community programs, will be trained in early identification of youth at risk of suicide and a mechanism for referral to appropriate available services. Schools and other CBOs that serve and/or employ youth will incorporate suicide prevention into their screening, identification and supportive services for youth, develop agency-wide suicide prevention protocols, and provide referrals to supportive services in schools and communities.

Additionally, peer-to-peer evidence-based gatekeeper training in early identification and referral of youth at risk of suicide will be implemented in core city high schools and CBO that serve and/or employ youth annually for the duration of the contract.

Additional activities of the RIYSPP include working with veterans and military families around suicide prevention among young people 18-24. These populations must be included in project activities. The selected agency will work with the Rhode Island National Guard and Veterans Administration to assess their needs for suicide prevention and develop resources addressing those needs.

The successful applicant must have experience implementing the evidence-based adult gatekeeper training program, Question, Persuade and Refers (QPR), and the youth gatekeeper training program, Signs of Suicide (SOS), and/or another evidence-based gatekeeper training program identified in the Suicide Prevention Resource Center registry of evidence-based programs. Equally important is demonstrated experience working with high-school age youth to provide: 1) screening and assessment; 2) prevention education, and 3) referrals of at-risk youth to appropriate mental health and social support agencies. Demonstrated experience providing prevention education

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<sup>1</sup> RISAS was named the primary vendor for the delivery of this intervention from September 2009-August 2011.

and services to racial/ethnic minority youth, defined as Hispanic, Black and Asian, as well as to Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQQ) youth is highly valued..

A total of \$200,000 is available to fund one agency. The project period is expected to begin approximately August 1, 2012 and run through July 31, 2013. Based on agency performance and availability of funds, the project may be renewed for up to two (2) additional twelve-month periods at the exclusive option of the state. Applicants should submit an estimated annual (12-month) budget for each of the three (3) contract years. Proposals will be evaluated based on the relative merits of the proposal and an appropriate, realistic budget.

This solicitation, and any subsequent award, is governed by the State's General Conditions of Purchase, which is available at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

**INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:**

- Potential offerors are advised to review all sections of this Request carefully, and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
- Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.
- All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content, shall be borne by the offeror. The State assumes no responsibility for these costs.
- Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
- All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
- Proposals misdirected to other State locations or which are otherwise not present in the Division of Purchases at the time of opening for any cause will be determined to be late and may not be considered. The "Official" time clock is in the reception area of the Division of Purchases.
- In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation shall have the right to transact business in the state until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). *This will be a requirement only of the successful bidder (s).*
- Offerors are advised that all materials submitted to the State of Rhode Island for consideration in response to this Request for Proposals will be considered to be public records, as defined in Title 38 Chapter 2 of the Rhode Island General Laws.
- Submitters should be aware of the State's MBE requirements, which addresses the State's goal of ten per cent (10%) participation by MBE's in all State procurements. For further information, contact the State MBE Administrator at (401) 574-8253 or

[dorinda.keene@doa.ri.gov](mailto:dorinda.keene@doa.ri.gov). Visit the website <http://www.mbe.ri.gov>

- Interested parties are instructed to peruse the Division of Purchases web site on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP / LOI
- Equal Employment Opportunity (RIGL 28-5.1) § 28-5.1-1 Declaration of policy. - (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies in all areas where the state dollar is spent, in employment, public service, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Employment Opportunity Office, at 222-3090 or via email [raymond1@gw.doa.state.ri.us](mailto:raymond1@gw.doa.state.ri.us)
- Subcontracts are permitted, provided that their use is clearly indicated in the offeror's proposal, and the subcontractor(s) proposed to be used are identified in the proposal.

## **SECTION 2 - BACKGROUND AND RESULTS**

Suicides and non-fatal, self-inflicted injuries in youths ages 15-24 are an important public health concern in Rhode Island (RI) and throughout the country. Suicide is the third leading cause of death for both Rhode Islanders ages 15-24 and the nation. In 2004, there were 15 documented suicides among RI residents ages 15-24 years, a rate of 9.4 per 100,000. This compares with a national suicide rate of 10.3 per 100,000 in 2004 for this population. In 2005, the rates of acute care hospitalizations, observation stay and emergency department visits for non-fatal self-inflicted injuries among Rhode Islanders ages 15-24 were 119.9, 20.6, and 239.9 per 100,000 respectively, for a combined nonfatal self-inflicted injury rate of 380.4 per 100,000. The latter compares with a national combined nonfatal self-inflicted injury rate of 299.7 per 100,000 in this population in 2003. These data indicate that although RI youth ages 15-24 have somewhat lower rates of completion of suicide, they have a non-fatal injury rate for self-harm that far exceeds the national average. Previous acts of deliberate self-harm are a risk factor for suicide and the elevated rates in RI support the need for suicide prevention programs/ interventions that target youth.

Two groups have higher than average rates of suicide and are of particular interest for this work. The burden of completed suicides is greatest among black youth. The death rate for this group is 17.5, which is higher than the national rate of 12.5. Among youth living in core cities, Hispanic and African American adolescents are of particular concern. Forty-two percent of Hispanic children and 26% of African American children live in poverty as compared to 12% of White children.<sup>2</sup> Summary findings from the 2009 RI Youth Risk Behavior Survey (YRBS) indicate that Hispanic and African American high school students were significantly more likely than their white peers to report making a suicide attempt in the 12 months prior to the survey (12.8%, 8.2%, and 5.7%, respectively).<sup>3</sup>

Disparities in suicide attempts between heterosexual and LGBTQ youth are marked. Youth who are members of a minority sexual orientation (LGBTQ) are four times more likely to attempt suicide than other adolescents. Summary findings from the 2009 RI YRBS indicate that high school students who self-identified as being lesbian, gay, bisexual, or unsure (LGBU) were 6.3% of high school students, but accounted for 20% of

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<sup>2</sup> U.S. Bureau of the Census, American Community Survey, 2007.

<sup>3</sup> Centers for Disease Control and Prevention. Healthy Youth! Data and Statistics. YRBSS: Youth Risk Behavior Surveillance System. Available at: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

those who said they had made a recent suicide attempt. The School and Community Youth Suicide Prevention, Early Identification and Referral Program is designed to reduce suicides and suicide attempts and address disparate rates within the state.

Former servicemen are more than twice as likely as the rest of the population to die by suicide. The suicide rate nationwide was 8.9 per 100,000, whereas the level among veterans was close to 18.7. That figure rose to 22.9 per 100,000 among veterans aged 20 to 24 - almost four times the non-veteran average for people of the same age. A New York Times expose reported that at least 6,256 US veterans committed suicide in 2005, at an average of 17 a day. The epidemic of suicides among active duty personnel and veterans has a shattering impact on military families, making this a priority population for project activities.

Safe RI, Violence and Injury Prevention Program, partnering with the Suicide Prevention Committee, has prioritized the following objectives identified in the State Youth Suicide Prevention Plan:

1. To reduce the stigma associated with having a mental illness and/or seeking services for mental health, substance abuse, and suicide prevention (through increasing awareness).
2. To increase screening and identification of at risk individuals (Intervention).

The Safe RI Injury Prevention State Plan appears on the website: [www.health.ri.gov/disease/saferi/index.php](http://www.health.ri.gov/disease/saferi/index.php). The purpose of this solicitation is to implement activities outlined in the plan and described in the scope of work below.

**GENERAL PURPOSE:**

This Request for Proposals focuses on implementing evidence-based gatekeeper training for adults and youth, screening and identification of youth at risk for suicide, and appropriate referral to service agencies. Implementation will be at the school and community level. The funding agency, SAMSHA, requires participation in Macro International's Cross-Site Evaluation. HEALTH requires the local submission of individual evaluation data of youth trained in evidence based peer gatekeeper model. The applicant must be able to track and report monthly on the number of school staff, parents, youth, and community-based staff who have received gatekeeper training, number of students screened, number of students referred, number of students who received services, and identity of providers, and outcomes. Data submitted to HEALTH or SAMHSA will be at the individual level.

Applicants must have the following capabilities:

- Technical (computer and electronic communication) capacity. It is essential that the applicant have direct access to the Internet. Project staff must have e-mail capability.
- Ability to reach the population. Evidence of experience of the applicant with the population (e.g. prior projects) and a competent staff to serve this population.
- Written agreement to participate in all trainings, local and national conferences, and all meetings required by the Rhode Island Department of Health, Macro International, SAMSHA, as well as monthly meetings with other partners such as the Youth Suicide Prevention Subcommittee.

The target populations for this suicide prevention proposal are youth attending school in the six core cities (Providence, Pawtucket, Woonsocket, Central Falls, Newport and West Warwick), with a particular focus on outreach to Hispanic, Latino, immigrant, and LGBTQ youth. These cities account for 33.7% of the state's population. The core cities share some important characteristics: a high proportion of families living in poverty (greater than 15%); low educational attainment; low median income; a high proportion of households with children under 5 years of age in which English is not the principal language; a high proportion of Hispanic residents (48% of the population of Central Falls is Hispanic); a high proportion of grandparent caregivers; and high levels of domestic and other violence.

Youth living in core cities experience heightened risk for depression, suicide and suicide attempts. In 2005 19% of children who received community mental health center services had a primary diagnosis of depression, while almost half (49%) were assessed as having serious mental illness. LGBTQ youth have a four-fold increase in risk of suicide.

RIYSPP is looking to impact the lives of returning veterans in the state. Former servicemen are more than twice as likely as the rest of the population to die by suicide. The suicide rate for veterans ages 20-24 of 22.9 per 100,000 is almost four times the non-veteran average for people of the same age. The epidemic of suicides among active duty personnel and veterans has a shattering impact on military families. Therefore, the RIYSPP will partner with the Veterans Administration and RI National Guard to identify gaps in mental health service needs for military personnel and their families.

**RESULTS:**

The Contractor shall work in close partnership with HEALTH on this project and attend routine oversight meetings. It is expected that staff of HEALTH and the Contractor will share the responsibilities under the overall guidance of senior HEALTH personnel. The project will focus on implementing evidence-based early interventions to identify and refer youth at risk in the target population groups in schools and community-based organizations that serve youth and reduce suicides and suicide attempts.

**SECTION 3 - SCOPE OF WORK**

**GENERAL DESCRIPTION:**

The scope of work includes planning, coordinating, delivering, and tracking school and community-based youth suicide prevention interventions including training, screening, and follow-up (tracking) of the number and type of referral services received and outcomes at the individual level (aggregate data are not sufficient). This will require forming MOU-based partnerships with service and other provider agencies.

**The funded agency/agencies will:**

- Promote and coordinate early identification and referral of youth at risk of suicide in core city public high schools and CBOs that serve and/or employ youth (see APPENDIX 1 for list). Over the contract period, train at least 1,255 adults in the school and community setting.
- Expand to include up to two (2) additional cities each year of funding. For each expansion city, the vendor will serve at least one (1) public high school and one (1) CBO serving and/or employing youth.
- Provide evidence-based gatekeeper training and screening of at-risk youth. Gatekeeper training is a required component of this work. A list of evidence-based programs appears in the Suicide Prevention Resource Center's (SPRC) Best Practices Registry. The Applicant must select and implement one or more programs listed in the SPRC Registry. Examples of evidence-based programs include Question, Persuade, Refer (QPR), Applied Suicide Intervention Skills (ASIST), Signs of Suicide (SOS), Source of Strength, Lifelines, and Columbia Teen Screen.
- Continue to plan and coordinate evidence-based gatekeeper training of staff, parents, and peers in six (6) core city high schools and six (6) core city community-based organizations. Assist them in meeting grant requirements in a timely manner, including tracking and reporting functions and outcomes.
- Train at least three hundred and forty (340) youth in CBO's and after-school programs throughout the core cities in the Signs of Suicide (SOS) training. This training is listed as an evidence based model for youth on the Suicide Prevention Resource Center's best practice registry for youth.
- Prepare and obtain necessary permissions from schools and CBOs for SOS program implementation for youth in schools and community-based settings as necessary.

- Trained youth should be followed and evaluated at regular intervals throughout the duration of the contract to measure success of intervention.
- Train Gay-Straight Alliance (GSA) coordinators in the core city schools in an evidence-based gatekeeper model.
- Coordinate with agencies and individuals that provide related programs in the high schools and CBOs (e.g., student assistance services, the Samaritans of RI, local community mental health centers, etc.) as demonstrated in Memorandum of Understanding (MOU).
- Hire or designate a Project Coordinator to be responsible for the overall implementation of the scope of services, preferably Spanish-speaking.
- If applicable to the standard operating procedures of the community based organization or high school where training and evaluation activities will take place, provide incentives to participants: 1) to increase the number of individuals who are trained as gatekeepers, 2) to increase the number of community-based agencies and high schools that participate in the project, and 3) to increase the number of individuals trained who provide data for evaluation purposes (e.g., pre- and post training surveys, data on youth identified and referred to services, and outcome of the referral).
- Contracted agency will work with the Rhode Island National Guard and Veterans Administration to assess their needs for suicide prevention and develop resources addressing those needs.
- Submit monthly reports to the HEALTH Project Coordinator on the progress of the School and Community Youth Suicide Prevention, Early Identification and Referral Program that include:
  - Activities implemented in the high schools and the community-based organizations (CBOs) that enhance visibility of available services.
  - Number of adult and youth gatekeepers trained at each session
  - Number of students identified and referred to services in the high schools and CBO's, including individual level data.
  - A description of problems with referrals system and referral networks (including limitations in the service system).
- Meet with the HEALTH Project Coordinator on a regular basis to identify successful strategies, identify barriers and develop strategies to overcome them, and assess progress in meeting programmatic goals and objectives including review of quantitative data on suicide risk assessment and timeliness of referrals.
- Commit to work with both HEALTH's and SAMHSA's Evaluation Teams, including participation in SAMHSA's mandated Cross-Site Evaluation to meet grant evaluation requirements. The evaluation activities require submission of individual-level data to HEALTH and SAMHSA.
- Allocate funding to assure the participation of 2 project staff (Project Coordinator and other staff person) in the annual SAMHSA Grantees Meeting (flight, hotel, per diem, transportation, registration if a fee is required).
- Conduct outreach and education to Hispanic families and assist school counselors and CBO staff members and volunteers in their efforts to reach Spanish-speaking families, including both young people and parents.
- Develop procedures and protocol(s) for addressing crises via an MOU with crisis agency (ies) (specify partner agencies such as Bradley Children's Hospital, RI Kids Link (24 Hour Hotline), Samaritans of RI, Lifeline, student assistance programs, etc.).

- Develop model protocols, policies and procedures to institute gatekeeping into selected high schools and CBOs. Provide technical assistance to schools and CBO's around adoption of said protocols and procedures.
- Incorporate sustainability objectives into planned activities to assure program continuity beyond funding.
- Participate in the Youth Suicide Prevention Subcommittee of the Suicide Prevention Planning Team.
- Assess Subcommittee membership for gaps in representation of youth-serving and youth led organizations, and other agencies and individuals that represent priority populations. This assessment will be used for targeted recruitment.
- Project Coordinator will recruit youth from youth-serving and youth led organizations to capture the expertise and energy of youth participants. Work with these youth to inform relevant gatekeeper trainings for those working with these groups.
- Develop a five member Youth Advisory Group (YAG) of the Youth Suicide Prevention Subcommittee that includes African-American males and LGBTQQ youth. The selected vendor will be required to oversee the development of this advisory group and assist the youth in facilitating meetings and responding to requests for feedback about projects from the Youth Suicide Prevention Subcommittee as necessary.

**REQUIREMENTS:**

Organizations eligible to apply are public and not-for-profit organizations, including community-based organizations, in good standing with the Federal and State Government and with a proven track record of working with/in schools and/or working with/in CBOs that serve and/or employ youth populations by providing services to:

- Staff, students, and parents/caregivers in the public high school setting
- Staff, youth, and parents/caregivers in community-based organizations

Applicants must meet all of the requirements specified in this RFP. One agency will be funded to plan, coordinate, deliver, and track both the school-based and community-based youth suicide prevention interventions. Only one proposal per organization will be accepted.

As indicated above, one application will be funded to work with (1) staff, students, and parents/caregivers in public high schools and (2) staff, youth, and parents/caregivers in CBOs that serve and/or employ youth. Proposals will be reviewed by a Technical Review Committee composed of staff members from the Department of Health and other state agencies that have experience in injury prevention and working with schools/community-based organizations. Proposals will be reviewed and scored based upon the Proposal Evaluation Score Sheet (attached). The maximum possible score is 100 points. Proposals must achieve a minimum score of 75 points to be eligible for funding. Applicants are encouraged to procure other sources of funding to supplement project activities and are required to describe a plan for sustainability of project activities (early identification and referral) beyond funding.

**Funding Restrictions:**

The Executive Director's Office does not provide grant funding to support the following:

- Individuals
- For-profit organizations
- Projects that will provide direct care (care that is provided to an individual by a medical or health provider in a medical/health care setting)
- Capital expenses and equipment purchases

- Indirect costs
- Refreshments

Key Staff and Related Experience: (see Part 3 - Scope of Work)

The Contractor must have a Project Coordinator responsible for overseeing all activities described in the Scope of Work.

#### CLAS LANGUAGE

##### **Cultural Competence**

Cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes. Competence in cross-cultural functioning means learning new patterns of behavior and effectively applying them in appropriate settings.

##### **Limited English Proficiency**

Under the authority of Title VI of the Civil Rights Act of 1964, Presidential Executive Order No. 13166 requires that recipients of federal financial assistance ensure meaningful access by persons with limited English proficiency (LEP) to their programs and activities. A 2002 report from the U.S. Department of Justice, *Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, provides guidance on uniform policies for all federal agencies to implement Executive Order No. 13166. Further, the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) issued by the Federal Office of Minority Health in 2004 outline mandates, guidelines, and a recommendation for the provision of language access services, culturally competent care, and organizational supports for cultural competence in health care settings. CLAS Standards 4-7 (see below) are mandates and address language access services that should be provided by every organization that receives federal funding, whether directly or indirectly.

Effective immediately, all vendors who contract with HEALTH must perform the following tasks and provide documentation of such tasks upon request of a HEALTH employee:

1. The supports and services provided by vendor shall demonstrate a commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area or target population. Such commitment includes acceptance and respect for cultural values, beliefs and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services. Vendor shall have an education, training and staff development plan for assuring culturally and linguistically appropriate service delivery.
2. Vendor shall have a comprehensive cultural competency plan that addresses the following: 1) the identification and assessment of the cultural needs of potential and active clients served, 2) sufficient policies and procedures to reflect the agency's value and practice expectations, 3) a method of service assessment and monitoring, and 4) ongoing training to assure that staff are aware of and able to effectively implement policies.
3. Vendor shall have a plan to recruit, retain and promote a diverse staff and leadership team, including Board members, representative of the demographic characteristics of the populations served.
4. Vendor shall assure equal access for people with diverse cultural backgrounds and/or limited English proficiency, as outlined by the Department of Justice, *Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*. Vendor shall provide language assistance services (i.e. interpretation and translation) and interpreters for the deaf and hard of hearing at no cost to the client.

#### **National Standards for Culturally and Linguistically Appropriate Services in Health Care**

##### **Culturally Competent Care (Standards 1-3)**

**Standard 1**

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

**Standard 2**

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

**Standard 3**

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

**Language Access Services (Standards 4-7)****Standard 4\***

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

**Standard 5\***

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

**Standard 6\***

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

**Standard 7\***

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

**Organizational Supports for Cultural Competence (Standards 8-14)****Standard 8**

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

**Standard 9**

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

**Standard 10**

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

**Standard 11**

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

**Standard 12**

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate

community and patient/consumer involvement in designing and implementing CLAS-related activities.

**Standard 13**

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

**Standard 14**

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

**\* Mandates**

**DELIVERABLES:**

The successful applicant will be required to submit monthly reports and invoices by the tenth of each month following the delivery of services and accompanied by appropriate documentation. A six-month report describing program activities is required, and a final project report including a description of program activities and results of interventions will be due within 30 days of the completion of the project.

**CONTRACTOR RESPONSIBILITIES:**

1. Computer support
2. Office space, office equipment, office support
3. Indemnification, insurance, performance bonds
4. Supervision of subcontractors

## APPENDIX 1

List of schools and community based organizations  
currently participating in RIYSPP<sup>4</sup> by district

Central Falls:

Central Falls High School

Newport:

Rogers High School

Pawtucket:

Shea High School

William E. Tolman High School

Pawtucket Alternative Learning Program

Providence:

Alvarez High School

Central High School

Classical High School

E Cubed Academy

Hope High School

Juanita Sanchez

Metropolitan Career & Technology Center

Mount Pleasant High School

West Warwick:

West Warwick High School

Woonsocket:

Woonsocket High School

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<sup>4</sup> This list of participating schools and agencies is completed as of November 1, 2011. The funded agency will be expected to work with any schools or CBO's beyond this list who are participating in RIYSPP as of August 1, 2012.

#### **SECTION 4: PROPOSAL SUBMISSION**

Questions concerning this solicitation may be e-mailed to the Division of Purchases at [questions@purchasing.ri.gov](mailto:questions@purchasing.ri.gov) no later than the date and time indicated on page one of this solicitation. Please reference RFP # on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. No other contact with State parties will be permitted. Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (an original plus four (4) copies) should be mailed or hand-delivered in a sealed envelope marked **"RFP# 7449339 YOUTH SUICIDE PREVENTION PROGRAM"** to:

RI Dept. of Administration  
Division of Purchases, 2nd floor  
One Capitol Hill  
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

#### **RESPONSE CONTENTS**

Responses should include the following:

1. A completed and signed three-page R.I.V.I.P generated bidder certification cover sheet downloaded from the RI Division of Purchases Internet home page at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
2. A completed and signed W-9 downloaded from the RI Division of Purchases Internet home page at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
3. A *separate* Technical Proposal describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to six (6) pages (this excludes any appendices) . As appropriate, resumes of key staff that will provide services covered by this request.
4. A *separate*, signed and sealed Cost Proposal reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project. The Cost Proposal form is attached and should consist of a 12-month budget and budget narrative.
5. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in electronic format (CD or flash drive). Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

**The Technical Proposal must contain the following sections:**

➤ **Executive Summary**

The Executive Summary is intended to highlight the contents of the Technical Proposal and to provide State evaluators with a broad understanding of the offeror's technical approach and ability, including prior experience with similar projects.

➤ **Offeror's Organization and Staffing**

This section shall include identification of all staff and/or subcontractors proposed as members of the project team, and the duties responsibilities, and concentration of effort that apply to each, as well as resumes, curricula vitae, or statement of prior experience and qualifications.

➤ **Work Plan/Approach**

This section shall describe the offeror's understanding of the State's requirements, including the results intended and desired, the approach and or methodology to be employed, and a work plan for accomplishing the results proposed. Specifically:

- a) Describe prior experience that demonstrates the agency's ability to work with the target population to provide the services described in the Scope of Work.
- b) List measurable goals and objectives of your proposal using the Scope of Work discussed in this documentation as a guide.
- c) Describe an Approach/Work Plan and Time Line that is detailed and meets the needs of the target population. Clearly demonstrate when and how each task in the work plan will be carried out.
- d) Evaluation Plan. Outline a process and outcome evaluation plan and describe how objectives will be accomplished.

➤ **Previous Experience and Background**

This section shall include the following information:

- a) A comprehensive listing of similar projects undertaken and/or similar clients served, including a brief description of the projects;
- b) A description of the business background of the offeror (and all subcontractors proposed), including a description of their financial position; and
- c) A copy of the agency's proof of non-status (501c3 must be attached).

**SECTION 5: EVALUATION AND SELECTION**

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. The maximum possible score is 100 points and applications scoring below 75 points in the technical review will not be considered. The Department of Health reserves the right not to fund any proposal(s). Applicants may be required to submit additional written information or be asked to make an oral presentation before the Technical Review Committee to clarify statements made in their proposal. Proposals will be reviewed and scored based upon the following criteria.

**PROPOSAL EVALUATION SCORE SHEET**

**Part 1: Applicant Description (Total Points - 10)**

Poor (2)      Fair (4)      OK (6)      Good (8)      Excellent (10)

Description of similar projects undertaken working with CBOs and/or public high schools. Include organizational information as to type, governing structure, history, major accomplishments, mission and vision, staffing, and current activities and services.

**Part 2: Program Plan (Project Narrative & Timeline) (Total Points - 20)**

Poor (4)      Fair (8)      OK (12)      Good (16)      Excellent (20)

Demonstration of a clear understanding of the State's requirements and the results intended and desired under this contract. Provision of a detailed description of goals, objectives, and activities and timeline of applicant organization's proposed project is provided in the application. Include number of gatekeepers to be trained, number of youth to be served (identified and referred), and established/proposed referral networks for this early identification and referral of youth at risk of suicide in high schools and community-based organizations

**Part 3: Project Administration & Staffing Plan (Total Points - 15)**

Poor (3)      Fair (6)      OK (9)      Good (12)      Excellent (15)

Description of the hiring process for the Project Coordinator, and the supervision and management of any other staff working on this project. Indicate the number, role, and percentage of time of each staff member who will be involved in the project. The specific work responsibilities of each staff member should be briefly described with emphasis on the duties each staff member will assume to support this project. Job descriptions and CVs/Resumes should be included when possible.

**Part 4: Community Support & Collaboration (Total Points - 20)**

Poor (4)      Fair (8)      OK (12)      Good (16)      Excellent (20)

Description of community support and service collaborations as they relate to carrying out the stated goals of the project. This section should be used to identify public, private not-for profit organizations, health care providers, and other partners that will constitute a referral network to support the goals and objectives of the Rhode Island Youth Suicide Prevention Project. List and document community linkages with: 1) a crisis agency; 2) community referral network/partners; 3) selected school and community-based organizations; 4) an agency that works with LGBTQQ youth; and, 5) selected gatekeeper trainers (if feasible). Provide Memoranda of Understanding (MOUs) that specify details of the commitment of organizations to participate in the project including explicit provisions for sharing of individual-level data required for program evaluation and submit as attachments.

**Part 5: Evaluation Plan (Total Points - 15)**

Poor (3)      Fair (6)      OK (9)      Good (12)      Excellent (15)

Evaluation plan with: 1) Process, impact and outcome objectives; 2) Stated commitment to work with both HEALTH's and SAMHSA's Evaluation Teams (including Macro International), including participation in SAMHSA's/Macro International's mandated Cross-Site Evaluation to meet grant evaluation requirements; 3) Stated commitment to submit individual-level data and other data as required to HEALTH and SAMHSA/Macro

International monthly; 4) Statement of anticipated impact on program participants; and 5) Measures of success.

**Part 6: Budget/Cost Proposal and Budget Narrative (Total Points - 20)**

Poor (4)          Fair (8)          OK (12)          Good (16)          Excellent (20)

Budget/Cost Proposal and Budget Narrative that reflect appropriate expenses to accomplish the activities detailed in the Scope of Work.

A Selection Committee will evaluate submitted proposals on the basis of the above criteria items. Consultant Teams may be invited to appear before the Committee for in-person presentations. The Committee will then make a qualifications based recommendation for final selection to the Rhode Island State Purchasing Agent, or her designee, who will make the final award decision.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for this award.

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all responses, and to award in its best interest.

Responses found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further. The State reserves the right to reject any or all responses submitted and to waive any informalities in any vendor's submission

**COST PROPOSAL SUMMARY**

OFFEROR \_\_\_\_\_

COMPONENT / YEAR \_\_\_\_\_

STAFF AND CONSULTANTS

NAME	TITLE	HOURS	HOURLY RATE*	TOTAL
				\$
				\$
				\$
				\$
				\$
				\$

TOTAL STAFF: \$ \_\_\_\_\_

OPERATING EXPENSES

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

OTHER REIMBURSIBLE COSTS

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL DIRECT COSTS: \$ \_\_\_\_\_  
 TOTAL INDIRECT COSTS: \$ \_\_\_\_\_  
 TOTAL BUDGET REQUEST: \$ \_\_\_\_\_

NOTE:

1. Provide components of the fully absorbed hourly rates in the budget justification, where required.
2. If including indirect charges in your budget, a copy of your federally approved indirect rate must be attached.

For more information on model programs please see SAMHSA's National Registry of Evidence-Based Programs and Practices available at <http://nrepp.samhsa.gov/>)

For more information on risk and protective factors for youth suicide: Please see "Suicide: Risk and Protective Factors" from the Centers for Disease Control and Prevention available at: <http://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>)

END