



**Solicitation Information
March 5, 2014**

RFP# 7548550

TITLE: RI Behavioral Healthcare Analysis and Report Project

Submission Deadline: Thursday, April 3, 2014 at 10:30 AM (Eastern Time)

**PRE-BID/ PROPOSAL CONFERENCE: NO
MANDATORY:**

If YES, any Vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory Pre-Bid/ Proposal Conference. The representative must register at the Pre-Bid/ Proposal Conference and disclose the identity of the vendor whom he/she represents. A vendor's failure to attend and register at the mandatory Pre-Bid/ Proposal Conference shall result in disqualification of the vendor's bid proposals as non-responsive to the solicitation.

DATE:

LOCATION:

Questions concerning this solicitation must be received by the Division of Purchases at David.Francis@purchasing.ri.gov no later than **Friday, March 14, 2014 at 10:00 AM (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

David J. Francis
Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

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

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Executive Office of Health and Human Services (EOHHS) in partnership with the Rhode Island Department of Health (HEALTH), the Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH), and the Office of the Health Insurance Commissioner (OHIC), is soliciting proposals from qualified firms to develop a detailed report with current data on all Rhode Islanders' experience with the behavioral healthcare (BH) system in Rhode Island. Data should generally be stratified to include youth ages 0-4 years, 5-11 years, and 12-17 years; young adults 18-21; adults 22-64 years and 65+ years. This report will include a quantified description of all aspects of BH, from demand, supply, cost of BH services and cost of BH disorders to the state as a whole due to BH issues exacerbating or causing physical health, forensic issues and other issues. In addition, the report should describe innovative practices, policies and system structures to further the goal of providing accessible, high quality, affordable care.

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. 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 RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 120 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.

7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.
8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 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 to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, 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 is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information visit the website www.mbe.ri.gov
15. Under HIPAA, a "business associate" is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard

HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement.

16. In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI), the vendor hereby certifies that it is an “eligible entity,” as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an “eligible entity,” as defined by 45 C.F.R. § 155.110.

SECTION 2: BACKGROUND

A well-designed healthcare delivery system provides its patients with the right care at the right time in the right place and at the right price. While much attention has been paid to how Rhode Island’s medical resources are arranged and distributed, we have yet to build a clear understanding of how behavioral health care is paid for and provided in the state – for all payers and patients. For instance, anecdotal evidence points to an overuse of emergency hospitalization, the most restrictive and expensive setting for individuals with behavioral healthcare issues and one that may not maximize individuals’ well-being, particularly when it extends beyond the crisis period without a transfer to an alternative level of care.

The state also recognizes that it lacks an understanding of behavioral health care across all patients and all payers. While the state, Medicare and private payers maintain robust information for care delivered and paid for, these data sets have never been unified. Further, the patient population each payer represents is unique. In particular, individuals in the public system typically have the fewest resources and tend to have more serious behavioral health issues, which leaves them vulnerable to crisis hospitalization as publicly financed behavioral health resources are pared down.

This study is intended to examine the spending, supply and demand for the full continuum of behavioral healthcare within the state. The State will then use this information to help determine the adequacy, efficiency and opportunities to improve behavioral healthcare throughout Rhode Island.

Understanding and quantifying the full picture of behavioral healthcare in the state is important because failure to provide adequate BH treatment can lead to costs in other state systems such as physical healthcare, criminal justice, and employment, which in turn can influence taxes and benefits such as unemployment insurance, food stamps, Social Security Insurance, etc. The state’s public system is confronted with major economic pressures – including the need to fund community-based systems of care – and all payers lack the necessary information to coordinate care across the behavioral and medical delivery systems.

To support the goals above, the study will suggest successful public-private models from other states that maximize existing resources, improve coordination of treatments and services, and promote a full life in the community for adults and children with behavioral healthcare issues. Models that explore moving funding from high-intensity services (e.g. inpatient medical/psychiatric beds, nursing home beds, use of correction beds, use of welfare/Temporary

Aid to Needy Families (TANF) etc.) to collaborative, community-based, continuum-of-care models may be able to address some of the cost-containment issues that need to be developed.

Statement of Need

Behavioral health is the largest single source of burden of disease in the state of Rhode Island. No other health condition matches mental illness in the combined extent of prevalence, persistence and breadth of impact (Murray & Lopez, A., 1996; Surgeon General Report, 2000; Kessler, *et al.*, 1994, 1996). Behavioral health is an integral part of health—there is no health without mental health (Surgeon General Report, 2000). There is a strong moral and a substantial economic case for Rhode Island to adequately address the challenge of mental health and addiction problems for people who experience them in their communities (President’s New Freedom Commission on Mental Health, 2003).

Epidemiological studies indicate only a relatively small proportion of people who experience substance use problems seek treatment for these problems (Rush *et al.*, 2008; 2010). Many more people with mental health and substance use problems are engaged with non-specialist services such as primary care physicians, emergency departments and hospital inpatient services than specialized services typically provided by Behavioral Healthcare Organizations (Regier, *et al.*, 1993, 2000; Kessler, 1994, 1996; Surgeon General Report, 2000). As such, a more comprehensive population health approach is needed; one that engages multiple sectors such as health, social welfare, criminal justice, education and the private sector in a collaborative system of services and supports (Surgeon General Report, 2000).

Inefficiencies in the current system include the "layering on" of multiple, duplicative, well-intentioned programs that lack overall direction, coordination, and consistency. This has created a maze of private, federal, state and local programs with scattered responsibility for services that frustrates both people with mental illness and providers of care. (President’s New Freedom Commission on Mental Health, 2003) This fragmentation has presented barriers whereby individuals do not receive the right service at the right time, which results in negative consequences such as homelessness, school failure, unemployment, lost work productivity, violence/victimization, premature death as well as overuse of the high-intensity services described above.

Despite the challenges the public system has recently faced, it is committed to supporting a Recovery-Oriented System of Care (ROSC) that promotes services that are anchored in the communities where people live. A ROSC is based on the understanding that supports in a person’s life come first from the person, in terms of self-help, then from friends and family, including peer support; then from generic local community services (i.e., housing, employment training, health care, etc.) and finally from the formal local and regional mental health and addiction service systems (Trainor, *et al.* 2004; Carling, 1995). A ROSC strategy avoids relying on the formal behavioral healthcare system as the only support system, but rather promotes its function as a backup to each element of support (i.e., self-help, friends, family, generic community resources, etc). To this end it is necessary to have local infrastructure in place to support this concept of recovery that focuses on the individual rather than the service. In addition it must support the principle that “any door is the right door” for identifying and supporting individuals with mental illness and addictions issues early and intervene appropriately. This includes ways of developing prevention efforts in everyday settings where the potential impact is the greatest—Screening, Brief Intervention and Referral is an example of this kind of prevention/early intervention activity.

What the Literature and Policy Makers Say about Effective Systems of Care

To plan the provision of mental health and addiction services, it is essential to identify the larger policy context of the service system in Rhode Island. Rhode Island's vision is to *ensure that all Rhode Islanders have the opportunity to achieve the best possible mental health and well-being within healthy local communities that promote empowerment, belonging and shared responsibility*. The following specific goals of addiction and mental health service provision illustrate how to achieve this goal:

- Improve the mental health/wellbeing of people of all ages and all levels of need;
- Prevent, where possible, the development of addiction/mental health problems and disorders;
- Lessen the development, impact and recurrence of illness through early intervention;
- Effectively treat and, where this is not possible, rehabilitate, support and maintain people experiencing addictions/mental health problems and disorders to ensure optimal quality of life; and
- Achieve fairness and equity in service provision of addiction and mental healthcare in Rhode Island.

This study must address the aforementioned goals within the context of the Affordable Care Act. There is now very clear evidence of the connection between behavioral health risk factors in children and adolescents and behavioral health disorders in the same individuals as they reach adulthood (Rutter, 1995). Therefore, the rationale for the provision of a population health model that includes a spectrum of interventions across childhood, adolescence and adult life can be strongly supported (Raphael, 2000). This need must be taken into consideration when looking at best practices that will ultimately support public and private sector age-specific collaborative networks (0-4 years, 5-11 years, and 12-17 years; young adults 18-21; adults 22-64 years and 65+ years) at the local and state level.

Future program planning will require adopting epidemiological approaches to develop a range of age-specific services related to levels of needs (at risk, mild, moderate, severe). Implicit in a population health tiered approach is the understanding that addiction and mental health issues are not the sole concern of the health sector. The policies and practices of various state agencies (including education, justice, corrections, social services and finance) and the private sector in local communities (physicians, CAPs, FQHCs, etc.) have a major impact on people's mental health and well-being by providing both early intervention support and treatment.

Legislative Requirements

The Health Care Planning and Accountability Advisory Council (HCPAAC) was created in 2006 in Title 23, Chapter 23-81, Section 23-81-4 of the RI General Laws¹ to develop and promote studies, advisory opinions and a unified health plan on the state's health care delivery and financing system. Specifically, the HCPAAC was tasked to do the following:

- Conduct a data-driven, participatory and goal-oriented health planning process
- Assess population healthcare needs (0-4 years, 5-11 years, and 12-17 years; young adults 18-21; adults 22-64 years and 65+ years), health services supply, and utilization

¹ See Appendix 1 for full accounting of the law.

- Review optional models of healthcare delivery
- Develop a process for establishing appropriate supply and allocation of resources to meet population needs effectively, efficiently and affordably
- Make recommendations to the Governor and General Assembly

SECTION 3: SCOPE OF WORK

General Scope of Work

The vendor will collect and analyze data from numerous sources, including but not limited to, BHDDH, HEALTH, the Division of Insurance Regulation, Medicaid, Private Insurers, Federal household data and any other reliable sources of data on the supply, use and cost of behavioral healthcare services for both adults and children in Rhode Island.

Deliverables: Data Analysis and Reporting

- 1) Demand for Behavioral Healthcare Services Report:
 - a) Estimate level of need and service demand prevalence rates (i.e. those at risk, mild, moderate, severe) for Rhode Islanders in all age categories (0-4 years, 5-11 years, and 12-17 years; young adults 18-21; adults 22-64 years and 65+ years).
- 2) Spending Statewide on Behavioral Healthcare Services Report: [including mental health (MH), substance abuse (SA), and co-occurring MH and SA disorders (COD)]
 - a) Identify dollars spent on BH services through each of the following: Medicaid including costs not otherwise matchable (CNOMs) and Medicare, State dollars—from all relevant Departments, grant dollars, and private insurance for three consecutive years since at least 2010.
 - b) Describe what service categories these dollars support (inpatient outpatient, professional, community-based, etc.).
 - c) Compare Rhode Island with other New England states and nationally in terms of capacity and costs.
 - d) Conduct a service and financial gap analyses between current services and expenditures.
- 3) Supply of Behavioral Healthcare Services Report:
 - a) Quantify the services supply in Rhode Island with breakdowns by type of care (inpatient, outpatient, community-based, detoxification, etc.) and age groups (0-4 years, 5-11 years, and 12-17 years; young adults 18-21; adults 22-64 years and 65+ years).
 - b) Identify any service gaps in the continuum of care (see 2-c above).
 - c) Identify the specific programs provided by Rhode Island’s state agencies, the VA, and private providers. Identify how these programs address levels of needs (at risk, mild, moderate, severe) found in all age groups (0-4 years, 5-11 years, and 12-17 years; young adults 18-21; adults 22-64 years and 65+ years).
 - d) Compare Rhode Island with other New England states and nationally in terms of capacity.

Other Vendor Responsibilities:

Contractors Shall –

- 1.) Prepare a final written report that assesses the above queries that is clear and concise, suitable for comprehension by those professionals not engaged in the mental health profession;

- 2.) Prepare any interim reports and/or presentations that may be requested by state staff or the Health Care Planning & Accountability Advisory Council;
- 3.) Prepare deliverables in a clear and concise manner and submit the work within the time frames requested by state staff;
- 4.) Respond to OHIC, EOHHS, BHDDH and other state partner inquiries and be available to meet, discuss, or review materials in a timely manner;
- 5.) Meet with the state team on a weekly basis and present, in person, to the HCPAAC at least twice;
- 6.) Work cooperatively as a member of a team, including working collaboratively with other consultants and other staff involved in health planning activities;
- 7.) Maintain the highest standards of professionalism and integrity, including appropriate confidentiality;
- 8.) Maintain a high level of performance, quality, and productivity;
- 9.) Interact effectively with a wide range of stakeholders, including health insurers, physicians, hospitals, consumer advocates, health planning council members, and government officials;
- 10.) Perform any other reasonable duties that the state team may require to achieve the above goals and answer the above queries.

Potential Sources of Data

The successful vendor should pursue and describe all possible sources of data to conduct the above analysis. Some potential sources of data include but are not limited to:

- 1) Office of the Health Insurance Commissioner: Data may be available from private insurers, through OHIC, on aggregate spending broken down into various categories. Aggregate claims data previously used for the State Health Innovation Plan (analyzed under OHIC's direction); possible all-payer claims-level data used to support the state's Patient Centered Medical Home project.
- 2) SAMHSA's National Survey on Drug Use and Health
- 3) Medicaid: RI's Medicaid Management Information System (MMIS) has additional information on providers filing claims through Medicaid and Medicare although the Medicare data may be incomplete.
- 4) Private insurers: Data may be available on providers not licensed by BHDDH of BH services.
- 5) The Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH) has data on all of the services provided by BH Organizations licensed by BHDDH regardless of pay source. However, there are many providers not licensed by BHDDH where individuals can receive BH services including but not limited to private entities, physicians, and CAP agencies. BHDDH does not have any data on these clients or providers. In order to provide high quality services at lower costs it would be important to offer a full continuum of services where less intensive services can divert individuals from higher cost more intensive services like inpatient hospitalizations and detoxification services.
- 6) Veteran's Administration, Tricare and the Vet Center:
- 7) In addition, the Department of Human Services (Long Term Care Office); Department of Education; Department of Corrections, Department of Health; Department of Children, Youth, and Families (DCYF) services all provide funding, support services and/or treatment to those with behavioral healthcare needs.
- 8) HEALTH: data related to mental health, substance use and other behavioral risks via surveys (e.g., Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey and Pregnancy Risk Assessment Monitoring System)

SECTION 4: TECHNICAL PROPOSAL

Narrative and format: The separate technical proposal should address specifically each of the required elements:

1. Capability, Capacity, and Qualifications of the Offeror - Please provide a detailed description of the Vendor's experience conducting research and analysis in the healthcare, particularly the behavioral healthcare field. A list of relevant client references must be provided, to include client names, addresses, phone numbers, dates of service and type(s) of service(s) provided.
2. Staff Qualifications – Provide staff resumes/CVs and describe qualifications and experience of key staff who will be involved in this project, including their experience in the field of data collection, analysis and reporting, particularly in the field of behavioral healthcare. The assigned staff must possess 3-5 years of prior experience leading projects of similar size, scope, and content.
3. Approach/Methodology – Define the methodology to be used for the development of interim and final reports. For example, what statistical, quantitative, qualitative, extrapolation or meta-analysis techniques will be used to develop a complete picture of the state's behavioral healthcare system and an estimate of the cost of untreated behavioral health issues to the state.
4. Work plan - Please describe in detail, the framework within which the deliverables described in the scope of work will be completed. Include a timeline with each deliverables.
5. Detailed Budget and Budget Narrative - Provide a proposal for fees charged for the services outlined in this proposal using Appendix 3: Budget form. This RFP has a specific limit to the amount of funding allowable for these activities (\$300,000), the budget should include fully loaded individual hours per deliverable including levels of effort of staff.

SECTION 5: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. In order to be considered responsive to this RFP vendors must meet a threshold of 70 points out of 100.

EOHHS, OHIC, BHDDH, and HEALTH reserve the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserve the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Capability, Capacity, and Qualifications of the Offeror	10 Points
Staff Qualifications	10 Points
Approach/Methodology	15 Points
Work plan	35 Points
Budget and level of effort	30 Points
Total Possible Points	100 Points

Points will be assigned based on the offeror’s clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

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.

SECTION 6: CONTRACT TERM

Services under the contract are subject to approval of the State’s Chief Purchasing Officer and the Secretary of the Executive Office of Health and Human Services or his designee. Services shall commence upon completion of the award, contract, and the issuance of a state Purchase Order, and will run through one (1) year. The contract shall include the possibility of three (3) one-year extensions, to be exercised at the option of the State.

SECTION 7: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at David.Francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference **RFP # 7548550** 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#7548550-RI Behavioral Healthcare Analysis and Report Project**” 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.

Responses shall include the following:

1. A completed and signed four-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.
2. A completed and signed W-9 downloaded from the RI Division of Purchases Internet home page at 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. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CD-Rom, disc, 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”.

SECTION 8: PROVIDE SPECIAL PROJECTS / ENHANCEMENT ACTIVITIES ASNEEDED

In addition to the activities described above, should additional funding become available, the state reserves the option to direct the vendor(s) to conduct additional analyses or prepare additional reports to support the overall scope of work of this project. It is critical that the state has the flexibility to bring on additional technical assistance and expertise in a timely manner to implement, evaluate, and make mid-course corrections to components of the state’s comprehensive state health planning activities. In addition, the state may have the need for technical assistance in the planning, development, and implementation of new health programs, initiatives, business methods, and analyses in response to changes in federal law and regulation, state legislation, and best practice advances in health policy and health planning methodologies.

The Vendor(s) must be able to demonstrate the capacity, capability, flexibility and responsiveness in response to the state’s need for additional technical assistance resources to

perform additional analyses or prepare additional reports that require similar expertise and work functions as required herein. The state will specify a contractual allowance, if any, to be included in the contract for this purpose, and to be used at the state's option. It is the state's intent to utilize these additional resources/enhanced activities as needed in response to the state's changing needs and requirements and as funding allows. This may include the use of new project funding through federal or foundation grants or other sources.

The decision to utilize contract services under Section 8 will be at the state's request for specific enhancement activities, not already included under the tasks described herein, to be defined and agreed to in writing, by both EOHHS and the vendor, before the enhancement work begins. There is no commitment on the part of the state to specifically utilize any or all of the special projects/enhancement activities.

The work of this project will be bid and paid on a fully loaded time and materials basis. This work must support but not duplicate the work described in the technical proposal's scope of work. This work cannot exceed 10% of the initial award. Should new funding become available the Purchasing Agent would need to authorize payments in excess of 10% of the contract.

SECTION 9: CONCLUDING STATEMENTS

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 proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

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

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State's General Conditions of Purchases/General Terms and Conditions can be found at the following URL:

<https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>

APPENDIX 1: RI AMENDED COORDINATED HEALTH PLANNING ACT OF 2006

TITLE 23

Health and Safety

CHAPTER 23-81

Rhode Island Coordinated Health Planning Act of 2006

SECTION 23-81-4

§ 23-81-4 Powers of the health care planning and accountability advisory council. –
Powers of the council shall include, but not be limited to the following:

(a) The authority to develop and promote studies, advisory opinions and to recommend a unified health plan on the state's health care delivery and financing system, including but not limited to:

(1) Ongoing assessments of the state's health care needs and health care system capacity that are used to determine the most appropriate capacity of and allocation of health care providers, services, including transportation services, and equipment and other resources, to meet Rhode Island's health care needs efficiently and affordably. These assessments shall be used to advise the "determination of need for new health care equipment and new institutional health services" or "certificate of need" process through the health services council;

(2) The establishment of Rhode Island's long range health care goals and values, and the recommendation of innovative models of health care delivery, that should be encouraged in Rhode Island;

(3) Health care payment models that reward improved health outcomes;

(4) Measurements of quality and appropriate use of health care services that are designed to evaluate the impact of the health planning process;

(5) Plans for promoting the appropriate role of technology in improving the availability of health information across the health care system, while promoting practices that ensure the confidentiality and security of health records; and

(6) Recommendations of legislation and other actions that achieve accountability and adherence in the health care community to the council's plans and recommendations.

(b) Convene meetings of the council no less than every sixty (60) days, which shall be subject to the open meetings laws and public records laws of the state, and shall include a process for the public to place items on the council's agenda.

(c) Appoint advisory committees as needed for technical assistance throughout the process.

(d) Modify recommendations in order to reflect changing health care systems needs.

(e) Promote responsiveness to recommendations among all state agencies that provide health service programs, not limited to the five (5) state agencies coordinated by the executive office of the health and human services.

(f) Coordinate the review of existing data sources from state agencies and the private sector that are useful to developing a unified health plan.

(g) Formulating, testing, and selecting policies and standards that will achieve desired objectives.

(h) Provide an annual report each July, after the convening of the council, to the governor and general assembly on implementation of the plan adopted by the council. This annual report shall:

(1) Present the strategic recommendations, updated annually;

(2) Assess the implementation of strategic recommendations in the health care market;

(3) Compare and analyze the difference between the guidance and the reality;

(4) Recommend to the governor and general assembly legislative or regulatory revisions necessary to achieve the long-term goals and values adopted by the council as part of its strategic recommendations, and assess the powers needed by the council or governmental entities of the state deemed necessary and appropriate to carry out the responsibilities of the council. The initial priority of the council shall be an assessment of the needs of the state with regard to hospital services and to present recommendations, if any, for modifications to the Hospital Conversion Act and the Certificate of Need Program to execute the strategic recommendations of the council. The council shall provide an initial report and recommendations to the governor and general assembly on or before March 1, 2013.

(5) Include the request for a hearing before the appropriate committees of the general assembly.

(6) Include a response letter from each state agency that is affected by the state health plan describing the actions taken and planned to implement the plans recommendations.

History of Section.

(P.L. 2007, ch. 500, § 3; P.L. 2007, ch. 512, § 3; P.L. 2011, ch. 151, art. 15, § 2; P.L. 2012, ch. 258, § 3; P.L. 2012, ch. 259, § 3.)

APPENDIX 2: BIBLIOGRAPHY

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APPENDIX 3: BUDGET FORM

BUDGET FORM (1 of 3)

BUDGET

NAME OF AGENCY: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

ADDRESS: _____

CITY/TOWN: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX: _____

EXECUTIVE DIRECTOR: _____

TIME OF PERFORMANCE: FROM _____ TO _____

BUDGET SUMMARY

	COST CATEGORY	AMOUNT
1.	PERSONNEL	_____
2.	CONSULTANT AND SUB CONTRACT SERVICES	_____
3.	TRAVEL	_____
4.	SPACE	_____
5.	SUPPLIES	_____
6.	EQUIPMENT	_____
7.	OTHER COSTS	_____
TOTAL FUNDS REQUESTED:		\$0.00

BUDGET FORM (3 of 3)

BUDGET DETAIL			
CONSULTANTS & SUB CONTRACT SERVICES	TYPE, NAME, HOURLY RATE, NUMBER OF HOURS, ETC		COST
	Enter on page 1, line 2		
TRAVEL	PURPOSE, RATE, NUMBER OF MILES, ETC		COST
	Enter on page 1, line 3		
SPACE	DESCRIPTION		COST
	Enter on page 1, line 4		
SUPPLIES	DESCRIPTION		COST
	Enter on page 1, line 5		
EQUIPMENT	PURCHASE, LEASE, RENTAL		COST
	Enter on page 1, line 6		
OTHER COSTS	DESCRIPTION		COST
	Enter on page 1, line 7		