



**Solicitation Information
December 21, 2014**

RFP# 7549223

TITLE: Court Diversion Program

Submission Deadline: January 19, 2015 at 10:00 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: NA
LOCATION: NA**

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than **January 5, 2015 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 three-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 Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals is soliciting proposals from qualified organizations to facilitate clinical services for individuals thought the court clinic as part of the **Court Diversion Services** as described elsewhere herein in accordance with the terms of this Request for Proposals and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at www.purchasing.ri.gov .

The initial contract period will begin approximately March 1, 2015 for one year. Contracts may be renewed for up to four additional 12-month periods based on vendor performance and availability of funds. Currently \$80,000 per year is available to provide Court Diversion Services.

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 60 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

In 1999, Rhode Island started its first court clinic program to provide clinical services through the Court Diversion Program in an effort to divert individuals suffering from behavioral health illness from the criminal justice system charged with non-violent offenses and connecting them with treatment/services needed to safely reintegrate them into their families and community.

Since its establishment in 1999, the Court Diversion Program has contracted with community-based providers to utilize a full-time, master-level clinician whose primary work site is in courthouses throughout the state. The Court Diversion Program allows for Judges, prosecutors, defense attorneys, bail commissioners, probation or parole officials, local or state police, family members, the defendants, or police departments to make a referral to the program. The court clinician then evaluates the defendant at the arraignment and makes a recommendation, which then becomes a condition of bail. The court clinician then is responsible for reporting on the defendant’s mental health status and general progress to the judge, which may result in dropped/reduced charges, or reduction in court fees. Services provided by the court clinician include screenings, assessment and evaluation, as well as the recommendation of an appropriate treatment plan that may include social services to the court. The clinician will work with the client to arrange for services, and finally track their client’s progress in complying with the recommendations and reporting back to the courts on their client’s progress.

The Court Diversion Program has proven to be a cost-effective alternative to the traditional mental health court. This initiative provides individuals with mental illness, substance abuse, and co-occurring disorders, charged with non-violent offenses, to be assessed by a mental health professional early in the criminal justice process to determine if the individual is better suited for services and/or treatment for their illness rather than becoming more involved in the criminal justice system. Placing a clinician in the arraignment courtroom allows for the identification of a defendant with special needs at the earliest point possible in the court process by screening, assessing, and in many cases diverting the defendant into appropriate treatment for recovery.

Since the inception of the Court Diversion Program approximately fifteen years ago, major strides have been made to address the needs of individuals charged with non-violent offenses who suffer from behavioral health issues early in the criminal justice process. On-site mental health evaluations, referrals and linkage to local community mental health centers, emergency hospitalizations if necessary, and effective monitoring services have all resulted in reduced jail time, lowered recidivism rates, and appropriate treatment for defendants diagnosed with a mental illness, substance abuse, or co-occurring disorder. Currently, approximately six (6) individuals are diverted weekly through the Court Diversion Program, and only 1 individual or approximately 17 percent of diverted individuals are re-arrested within one year. This reduction in recidivism also means savings for the Department of Corrections, which according to current data estimates the annual cost per inmate to be \$54,586 for 2013. BHDDH anticipates that 300

individuals suffering from behavioral health issues involved with the criminal system for non-violent offences will be served each year of this initiative.

SECTION 3: SCOPE OF WORK

General Scope of Work

The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals is seeking vendors to provide Court Clinician Services at courthouses throughout the state. Identified court clinicians will work with state courthouses to evaluate and triage clients who present with behavioral health issues. The main responsibility of the clinicians will be to assess clients' treatment needs and divert clients from legal charges and or incarceration by offering alternatives that will meet clients' behavioral healthcare needs. It is anticipated that a minimum of 300 individuals will received assistance through the court diversion program each year, although they may not all be diverted.

The purpose of this initiative is to identify persons with behavioral health disorders (mental health, substance abuse, and co-occurring disorders), who appear before the District Court, and divert them from the criminal justice system by connecting them with the level of care needed to safely return to a community setting and avoid future criminal justice system involvement. The program's clinician will concentrate on rapid screenings and assessment of needs, expedited access to behavioral healthcare services, evaluation of individuals for the court, making treatment recommendations to the court, linking clients to diversion resources in the community, tracking cooperation with mental health treatment for the court, and providing updates regarding participants' treatment compliance.

The program's court clinician will accept referrals to the program made by police, bail commissioners, judges, prosecutors, the Office of the Public Defender, or by any other interested individual aware of the individual's circumstances believed to be in need of court diversion services. The program structure will, at the earliest opportunity along the criminal justice continuum, divert or direct people suffering from behavioral health issues to a system of integrated treatment and wraparound recovery support services.

Specific Activities/Tasks/Deliverables/Outcomes:

- 1) **Educate legal system of law enforcement officials, those in court room settings, and community behavioral health providers of treatment alternatives to clients by providing the following:**
 - a) Informational/educational meetings, trainings to all criminal justice and behavioral health entities that come in contact with persons with behavioral health issues including but not limited to court system, law enforcement, prosecutors, public defenders, corrections, probation, parole officials, community mental health centers, and substance abuse providers.
 - b) Obtaining Memorandum of Understanding (MOUs) or other documents demonstrating agreement among agencies to provide and coordinate services.
 - c) Continued outreach to community providers (legal, economic, housing, mental health, substance abuse, health insurance, etc.) to facilitate program education and benefits connection for diverted persons, and others.
 - d) Report on policy, legal, social or other barriers to the project.
 - e) Collect and report on system improvement recommendations.

- 2) **Divert clients from correctional facilities and reduce dollars spent on incarceration and appropriately direct clients to treatment alternatives by providing the following services:**
 - a) Clinical assessment to include appropriateness and eligibility for diversion program
 - b) Services connection post diversion program
 - c) Follow-up results of diversion program.

- 3) **Reduce recidivism of clients being incarcerated as follows:**
 - a) Reduce number of clients returning per year to court diversion services
 - b) Increased percentage of participants involved in Supported Employment or other vocational services
 - c) Increase percentage of participant's engagement in psychiatric and/or substance abuse treatment, including medication assisted treatment.

- 4) **Decrease the criminalization of persons with behavioral health disorders as follows:**
 - a) Increase number of police departments who are active partners with the court diversion program to make use of the alternative services available
 - b) Divert at least 70% of clients in contact with program
 - c) Increase promulgation of mental health crisis intervention training for law enforcement in the state.

- 5) **Improve client's ability to live independently in the community by receiving Court Diversion treatment services as opposed to incarceration through the following services:**
 - a) Local community mental health and substance abuse treatment centers or private providers in community to access level of care needed (intensive, outpatient treatment, case/medication management, community support, etc.).
 - b) Recovery support services to assist with social connections
 - c) Statewide housing programs
 - d) Legal services available to assist with any pending legal issues
 - e) Peers/support groups in community
 - f) Statewide social services agencies

Deliverables/Program Outcomes:

- 1.) Divert at least 70% of clients in contact with the Court Diversion Program.
- 2.) Decrease recidivism by reducing clients re-arrested by 1percent from previous year each year of the project.
- 3.) Yearly two hours conference/training/collaborating meeting with representative from all stakeholders (courts, DOC, police departments, mental health and substance abuse providers, housing, Social Security office, Dept. Of Human Services, AG's office, public defenders, probation/parole officials, workforce development agencies, BHDDH, and any other contributing organization to bridge gaps in fragmented systems) in order to break the cycle of recidivism for people with behavioral health illnesses.
- 4.) Semi-annual if possible, but no less than an annual training with judges to educate about the identification of people who may have mental illness when coming to court, as well as information regarding services available in the community to those how qualify for court diversion.

- 5.) Monthly probation forums to inform clients on probation mental health/substance abuse services that are offered in the community.
- 6.) Quarterly trainings at police department to educate officers on mental health law and how to address clients with mental illness.
- 7.) Quarterly data and program report to BHDDH
- 8.) Quarterly educational trainings or program updates to community mental health centers and substance abuse providers.

Other Vendor Requirements/Responsibilities:

Contractors shall be aware and of the following and take appropriate action:

- 1.) All clinical service providers participating in this initiative must be licensed by BHDDH.
- 2.) Participating providers must acquire and submit copy to BHDDH of any MOUs needed from partners (courts, Judiciary, AG's office, Law enforcement departments, etc.) to accomplish the tasks under this initiative.
- 3.) Provider must provide data collection capacity regarding any screening, assessment, referral, and/or any other service provided under this initiative.
- 4.) Provider must provide outcomes data and progress reports for all program's deliverables and outcomes on a quarterly basis to BHDDH's program manager.
- 5.) Participating providers may be required to participate in additional data collection activities.

Role and Limitations of the Court Clinician:

Court Clinician Shall:

- a) Assess individuals for the presence of behavioral health disorders and make treatment recommendations that may be used by the court to determine bail conditions and sentencing.
- b) Secure services for the individual with the appropriate community provider to address any treatment recommendation. This includes transportation as needed, especially for those being committed to a psychiatric facility.
- c) Act as liaison between the court and current treatment providers to coordinate care and ensure accurate and timely communication and program reporting. This will occur during the initial arraignment and/or during any follow-up court appearance.
- d) Provide services in accordance with all rules and regulations promulgated by any state and/or federal agency, especially those governing participant's confidentiality.
- e) Prepare and distribute monthly reports to courts and BHDDH regarding data collected and program progress/status.
- f) Make clinical treatment recommendations to the court and monitor and report back to court on participant compliance with those treatment recommendations.
- g) Work with court houses statewide, especially adult superior court.
- h) Be in compliance with BHDDH's QMHP requirements.
- i) Make themselves available in a timely manner to perform assessment upon request by the court

Court clinician shall not:

- a) Determine ultimate competency to stand trial.
- b) Testify as an expert witness.
- c) Recommend criminal sanctions such as fines, probation or incarceration.
- d) Engage in ex parte discussions with the prosecution without the express written consent of the participant.
- e) Provide Legal Advice.

Court Diversion Eligibility and Referral Sources:

- a) Adults known to suffer from a serious and persistent mental illness or co-occurring disorders will be given priority over individuals who are presumed to suffer from a serious and persistent mental illness or co-occurring disorder.
- b) Defendants charged with misdemeanors or minor felonies will be accepted for referrals.
- c) Defendants charged with serious felonies and violent crimes shall not be eligible for the programs except on a case by case basis, after a full consultation with and the approval of the judge responsible for the proceedings in the case.
- d) Any individual that appears to meet the criteria for involuntary commitment to a psychiatric facility is immediately eligible.
- e) Although generally confined to defendants charged with non-violent criminal offenses, the services of the court clinician may be made available to other individuals involved in the criminal justice system, such as victims of crimes, if they so desire.
- f) Participants must express willingness to cooperate in the assessment and the recommended treatment by the court clinician. Cooperation is not necessary, however, if the participant meets the statutory requirements for emergency civil certification.
- g) Referrals to the court clinician may be made by the District Court Judges or their designee, local and state police, bail commissioners, prosecutors, public defenders, parole or probation officials, or any other interested individual aware of the individual's circumstances.

Data Collection:

Providers will be required to collect relevant data about all clients to establish a baseline picture of the program. In subsequent years, performance measures will be included to guide the successful vendor to overcome obstacles identified in year one. Specifically, data will be collected as follows:

- 1.) Client's identifiable information
- 2.) Client's demographic information
- 3.) Housing status
- 4.) Nature of incident
- 5.) Substance abuse Involvement
- 6.) Client's CSP eligibility status
- 7.) Was client or anyone else injured during incident
- 8.) Were any weapons involved
- 9.) Police Department involved
- 10.) Does client qualify for diversion (if not, why not)
- 11.) Client's legal status and legal history
- 12.) Has this client had prior involvement with diversion services
- 13.) Employment and educational status and history
- 14.) Prior history of behavioral health issues
- 15.) Prior history of behavioral health treatment
- 16.) Resources used to resolve current incident
- 17.) Client's initial diagnosis
- 18.) Client's disposition
- 19.) Client's satisfaction with intervention (1-5 1=very satisfied, 5=not satisfied).

Providers will also be required to collect relevant program data for quarterly reports, specifically as follows:

- 1.) Number of clients screened
- 2.) Number of clients screened who have had previous contact with court diversion services
- 3.) Number of clients who qualified for diversion services
- 4.) Number of clients who did not qualify and why they did not qualify
- 5.) Number of clients who were diverted
- 6.) Number of client who were hospitalized either for medical or psychiatric treatment
- 7.) Reasons that qualifying clients did not obtain diversion, presented in order of most frequent reason to least frequent reason
- 8.) Number of clients incarcerated
- 9.) Cities or towns where clients live presented from most frequent to least frequent city or town with client involvement in diversion services
- 10.) Nature of the incident that caused clients to become involved with the criminal justice system
- 11.) Determination if drug or alcohol played a role in the incident
- 12.) Determination if clients have had previous legal involvement with the criminal justice system and if there were convictions
- 13.) Injuries resulting from incidents and to whom
- 14.) Determination if weapons were involved in the incident
- 15.) Prior history of behavioral health issues
- 16.) Prior history of behavioral health treatment
- 17.) Five most commonly used diversion resources to help resolve the incident
- 18.) Number of community educational trainings provided and to whom.

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 collect the data described above?
4. Work plan - Please describe in detail, the framework within which the tasks described in the scope of work will be completed. Include a timeline with deliverables.

SECTION 5: COST PROPOSAL

Cost - Provide a separate sealed proposal with a detailed budget and budget narrative for fees charged for the services outlined in this proposal. This RFP has a specific limit to the amount of funding allowable for these activities to cover the above described services annually for 300 individuals; the budget should include personnel and other costs as well as projected leveraged funding for services rendered by the clinician and other staff that could be billed to public or private insurance. The bidder with the highest number of hours dedicated to this project on a weekly basis (not including vacation, sick time and holidays) will receive the most cost points.

Therefore, it will be advantageous to a bidder to offer in-kind hours or find other ways to leverage funds such as Medicaid or private insurance to help offset hours dedicated to this work. Administrative costs cannot exceed 10 % of the total award. See Appendix B for sample forms.

SECTION 6: EVALUATION AND SELECTION

All applications received will be reviewed by an evaluation committee and ranked accordingly. The evaluation committee will evaluate all applications against stated criteria. Applications from eligible applicants will be scored according to the following competitive criterion that is described below. Maximum Points (70 Total)

To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 49 (70%) out of a maximum of 70 technical points. Any technical proposals scoring less than 49 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 49 technical points or more will be evaluated for cost and assigned up to a maximum of 30 points in cost category, bringing the potential maximum score to 100 points.

The Department of Behavioral Healthcare Developmental Disabilities and Hospitals reserves 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, reserves 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 Experience with Population	10 Points
Staff and Offeror Qualifications, and Capacity	15 Points
Approach/Methodology	10 Points
Work plan (Scope of work, Tasks, and goals/outcomes)	35 Points
Total Possible Technical Points	70 Points
Cost calculated as lowest responsive cost proposal divided by (this cost proposal) times 30 points *	30 Points
Total Possible Points	100 Points

*The bidder with the highest number of court clinician hours dedicated to this project will receive one hundred percent (100%) of the available points for cost. All other bidders will be awarded cost points based upon the following formula:

(Number of court clinician hours dedicated to the project in bid/ number of hours from bid with the highest number of dedicated court clinician hours) * available points

For example: If the Vendor A can dedicate 80 hours per week to the project and Vendor B can dedicate 60 hours per week to the project, vendor B's cost points are calculated as follows:

$$60/80 * 30 = 22.5$$

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 7: 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/her 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 four (4) one-year extensions, to be exercised at the option of the State.

SECTION 8: 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 # 7549223** 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 five (5) copies**) should be mailed or hand-delivered in a sealed envelope marked "**RFP# 7549223 Court Diversion 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.

Responses shall include the following:

1. One completed and signed three-page R.I.V.I.P generated bidder certification cover sheet (included in the original proposal only) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
2. One completed and signed W-9 (included in the original proposal only) 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 ten (10) 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 10: 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 A- BUDGET FORMS 1 of 2 pages

Contract Agency: _____

Contract Service: _____

Category /Item	Proposed Budget	Other Funds	Total Budget
[col. 1]	[col. 2]	[col. 3]	[col. 4] col 4 = col 2 + col 3
1) Salaries			
2) Fringe Benefit			
3) Contractual Services			
4) Travel (in state)			
5) Conference (out of state)			
6) Postage/Office Supplies/Expenses			
7) Telephone/Cable/Internet			
8) Information System			
9) Property Rent			
10) Heat & Utilities			
11) All Other			
Household Expenses			
12) Agency Overhead-Indirect			
TOTAL	\$0.00	\$0.00	\$0.00

Notes,

1. A separate Program Budget is required for each contract service, e.g. outpatient services, prevention services or, residential services.
2. Attached Supplementary Information Pages must be completed for Items 1, 2, 3 & 11.
Also, narrative should be provided as necessary to describe any item; supporting narrative must be provided to describe Item #12, Agency Overhead/Indirect
3. It is understood and agreed that the amounts indicated above in Col 2 for the several line items are estimates of expenditures to be incurred by the Contractor in the performance of this Agreement and to be claimed by the Contractor for reimbursement under this Agreement. It is further understood and agreed that actual variations shall not in themselves be cause for disallowance of reimbursement by BHDDH; provided, however, that the contractor shall notify and obtain the approval of the contract officer, in writing, if expenditures to be claimed for reimbursement in a line item above vary or are projected to vary by 10 percent or more from the approved budget. Further, that unless permission of the contract officer shall have been obtained in advance, no expenditure shall be claimed by the Contractor for reimbursement by BHDDH under this agreement if such expenditure shall have been incurred in a line item category not listed above. Budget transfers between Expense Categories (1) and (2) are exempt from the 10 percent ceiling and do not require the prior approval of the contract officer.

for departmental use	
Action/Disposition	
Reviewer	Date

Attachment - Supplementary Budget Information

Item # 1 Salary Costs					
Position Title	# of Positions	Total Annual Salary [contract year earnings]	Salary Chargeable to Program		
			DMHRH	Other	Combined
Total Salaries		N/A	\$0.00	\$0.00	\$0.00

Item # 2 Fringe Benefits & Other Personnel Costs	Fringe Benefits Chargeable to Program		
	MHRH Share	Other Funds	Combined
Total Fringe Benefits	\$0.00	\$0.00	\$0.00

Item # 3 Consultant Costs (list each contract consultant service)	# of Hours	Hourly Rate	Consultants Chargeable to Program		
			MHRH Share	Other Funds	Combined
Total Consultant Costs		N/A	\$0.00	\$0.00	\$0.00

Item #11 All Other (list each cost item)	Other Costs Chargeable to Program		
	MHRH Share	Other Funds	Combined
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Total Other Costs	\$0.00	\$0.00	\$0.00

if additional space is required, complete on additional page(s); enter grand total for each category on final page