



**Solicitation Information
April 13, 2015**

RFP# 7549493

TITLE: Transfer to Recovery Re-entry Program- Round 2

Submission Deadline: Monday, May 11, 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:

LOCATION:

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than **Thursday, April 23, 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 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 Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), is soliciting proposals from qualified firms to provide supervised recovery housing and transitional services to adults with substance use disorders leaving the Department of Corrections 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 July 1, 2015 for one year. Contracts may be renewed for up to two additional 12-month periods based on vendor performance and the availability of funds.

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

It is the vision of the BHDDH Division of Behavioral Healthcare (DBH) that all Rhode Islanders have the opportunity to achieve the best possible behavioral healthcare and well-being within communities that promote empowerment, belonging, shared responsibilities and recovery. In alignment with this vision, DBH’s strategic goals include the creation of innovative strategies and recovery supports to address the behavioral healthcare needs among a variety of populations. This request for proposals seeks to fund programming that is consistent with these core goals as it relates to the population of inmates being released from the RI Department of Corrections.

In FY 2013, RI Department of Corrections processed a total of 3588 releases, representing 3,175 people, from sentenced status.¹ Virtually all of those released had expired their sentences (87%); 10% were paroled.² Of these releases to RI almost half (42%) reported returning to either Providence or Pawtucket. An additional 18% returned to Cranston, Warwick, and West Warwick.³ A recidivism study analyzing a 2010 cohort of released offender’s reports that of the 3,387 offenders released in 2009 within three years of release 48% returned to RIDOC with a new sentence.⁴

There are 9 reentry councils in the State that are a part of an inmate’s transition into the community. These councils include probation and parole staff, RIDOC reentry personnel, police, local housing specialists and clergy among others who come together to strategize six months before an inmate is released. Despite the planning of the reentry councils, a service gap remains in the system that offers a released inmate a structured package of support services inclusive of an appropriate place to live. Without the opportunity to establish a source of income and stability in housing, a returning inmate’s chance of success is threatened and presents risk for homelessness and subsequently recidivism.

Those plagued by histories of substance use disorders are at further risk for substance use relapse and even death due to drug related overdose as they have likely not used substances throughout their incarceration period and do not recognize their reduced tolerance. BHDDH has worked with RIDOC to discuss using Naltrexone (Vivitrol) as a medication to assist in the recovery process and as a way to reduce the number of overdoses for individuals leaving RIDOC. Multum, Inc. the Vivitrol provider has agreed to fund the first injection of Vivitrol @ RIDOC, for any offender who receives the necessary training on Vivitrol and is willing to continue using Vivitrol as a recovery support. Any individual who voluntarily agrees to participate and is ready to leave RIDOC will be considered a priority population for the “Transition to Recovery”

program. One of the concerns discussed with BHDDH and RIDOC has been how to provide follow up data and wrap around recovery support, this RFP will allow for this innovative program to be implemented.

Further, people who are chemically dependent commit crimes related to their use of alcohol or drugs (drunk driving, public drunkenness, assault, failing to follow through with probation requirements, etc.) Any relapse into behavior that leads to criminal actions is likely to cause a relapse into the use of alcohol or drugs. Any relapse into chemical use is likely to cause a relapse into criminal behavior. Using a Medication that can lesson cravings and can block the effects of a narcotic or alcohol could thus reduce criminal activity and the potential of recidivism to RIDOC.

Substance abuse is particularly prevalent among those ages 18-25. According to the National Survey on Drug Use and Health, RI young adults ages 18-25 rank higher on several substance use measures than their peers in the Northeast and the total U.S. These measures include past 30 day use of alcohol, binge alcohol, illicit drugs (including marijuana), illicit drugs (other than marijuana), and marijuana. They have higher estimates of past year use of cocaine and nonmedical use of pain relievers. Rates of illicit drug dependence or abuse and alcohol dependence or abuse in the past year are also estimated to be higher for Rhode Island young adults.

To prevent substance abuse relapsing in this age group and to promote successful transitions, DBH also proposes to pilot a “Transfer to Recovery” Reentry program based upon Florida’s model for Post-Release Substance Abuse Transitional Housing as outlined in the Florida Department of Corrections and Bureau of Substance Abuse Program Service’s Program Guide.⁵ The Transfer to Recovery Reentry Program will be a voluntary program available to individuals reentering the community from prison. Young adults between the ages of 18-25 will be also be priority for referral. Ideal candidates will be highly motivated and have a history of employment. Referrals for participation in the program will be made by the Parole Board and by Discharge Planners to the Transition from Prison to Community Program (TPCP) Coordinator at DBH. The TPCP Coordinator will assess referred candidates to determine their eligibility and if the program is appropriate to meet their needs. The Parole Board has the option to refer individuals for this program at the time of parole or refer individuals as a condition of parole after completing a residential treatment program. Some individuals may require substance abuse outpatient treatment services during their participation in the transitional program.

The purpose of the transitional program is to assist paroled inmates with substance use disorders successfully re-enter the community and live responsible, independent, law-abiding lives free from substances. The program will provide supervised recovery housing and a variety of transitional services including employment assistance, life skills, personal budgeting skills and referral to additional support services. The anticipated outcomes for participants are that they will not commit future crimes or be arrested, maintain abstinence from drugs and alcohol, become gainfully employed and have a permanent place to live.

SECTION 3: SCOPE OF WORK

General Scope of Work

The purpose of work under this RFP is to provide supervised recovery housing and transitional reentry services to thirty (30) individuals reentering the community from prison for a six (6) month period. The provider(s) of this scope of work will be nonprofit entities and will be considered to be bound by privacy provisions as stated in Title 42 Code of Federal Regulations (CFR), Part 2 – Confidentiality of Alcohol and Drug Abuse Patient Records.

Specific Activities / Tasks

Mandatory *minimal* program components include the successful applicant (s) to deliver the following core services:

1. **Supervised Recovery Housing** – Successful vendors will provide 24 hour supervised recovery housing in accordance with the National Association of Recovery Residences (NARR) standards for a Level III supervised recovery house. (See Attachment). Vendors may not allow more than ten (10) individuals to live in a single house at any time. Co-ed houses are not allowed. Additional fees and co-payments may not be assessed on residents participating in this program. The vendor must operate in compliance with all criteria for each of the following categories of standards pertaining to a NARR Level III supervised recovery house:
 - Organization/Administrative Standards
 - Fiscal Management Standards
 - Operation Standards
 - Recovery Support Standards
 - Property Standards
 - Good Neighbor Standards

2. **Transition Services** – Successful vendors will provide the following transition services:
 - Employment Assistance – prepare individuals for employment through job readiness activities such as role play, assistance with applications and guidance in hygiene, attitude, presentation, communication and conflict resolution. Offer an established network of employment resources and contacts.
 - Life Skills – provide structured interventions and activities around goal setting and personal recovery plans, social skills development, decision making skills, problem solving, critical thinking skills and provide guidance in seeking affordable housing and identification of substance free recreational activities
 - Financial Management – assistance with managing income, financial obligations, child support, personal budgeting and planning for future self-sufficiency
 - Assistance with referral and access to services:
 - Medical/dental
 - Education services (literacy, GED, post-secondary, etc.)
 - Mental health services
 - Family/parenting skills

- Peer services/recovery coaching
 - Clothing assistance
 - Linkages to public agencies for assistance with identification cards, disability benefits, health insurance, food stamps, rehabilitative services, etc.
 - Connection to 12 Step Self Help Meetings
 - Naltrexone follow-up visits (If participant)
3. **Liaison to Parole and Probation Officers** - Maintain coordination and communication with Parole and Probation Officers as required
 4. **Coordination with a Behavioral Health Service Organization** – Maintain a memorandum of understanding with a licensed behavioral health organization for emergency referral and coordination of care
 5. **Record Keeping** – Maintain secure records for each participant with access limited to authorized staff. Records must include signed entrance agreement, emergency contact information, personal recovery plan, participant outcome data, toxicology reports, any releases of or for information, and documentation of transitional services provided. Documentation for transitional services shall include the date, start time, end time and description of each hour of service and be signed by the individual providing the service.

Deliverables

- Documentation in participants’ records of a minimum of 5 hours of transitional services per week per participant.
- Submission of incident reports to DBH within 48 hours of occurrence in a manner to be determined by DBH.
- Submission of quarterly reports to DBH on project progress in a format to be determined by DBH. Reports will include the progress on the work plan, along with any barriers encountered and how those barriers have been addressed and resolved.
- Submission of client data collected on the following list of desired outcome measures:

Measure Type	Primary Measure	Method	Time Line
Outcome #1	Abstinence from substances		
Indicator	Past 30 day use of alcohol and Past 30 day use of drugs	Client Outcome Survey	At baseline and at 7-9 months post baseline
Outcome #2	Involvement with the criminal justice system		
Indicators	Number of times committed a crime in the past 30 days Number of arrests in the past 30 days	Client Outcome Survey	At baseline and at 7-9 months post baseline
Outcome #3	Employment status		
Indicator	Number of days employed in the past 30 days	Client Outcome Survey	At baseline and at 7-9 months post baseline
Outcome #4	Stability in housing		
Indicator	Number of days with a permanent place to live in the past 30 days	Client Outcome Survey	At baseline and at 7-9 months post baseline

An instrument to collect these data will be provided by DBH. Data analysis will be conducted by DBH.

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

This section shall include the following information:

- a. A description of the organization's experience operating a recovery house, particularly of one that offers recovery supports consistent with NARR Level III. Identify the number of years in existence as a legal entity, nonprofit organization and the person responsible and his/her leadership experience.
- b. A written mission, vision, and code of ethics
- c. A description of your organization's philosophy, values and goals and how they fit with that of the reentry and recovery communities
- d. A description of the degree to which your organization is supported by the community and the extent to which it is integrated with other agencies with similar goals
- e. A description of the applicant's knowledge of the targeted offender population (and priority subpopulation of young adults ages 18-25) and expertise providing transitional reentry services as outlined in the scope of work
- f. Identify the address of each proposed residence and the number of beds to be allocated for this program. Identify if non program participants will be integrated in proposed residence.
- g. Attach a current certificate of general liability insurance for each proposed address
- h. Attach evidence of property owner's written permission to operate the proposed recovery house(s) on the property if the property is not owned by the applicant
- i. A description of the business background of the applicant including a description of their financial position and that operation of the proposed recovery house(s) is not dependent upon receipt of the funds associated with this request.
- j. A letter from the Ocean State Coalition of Recovery Housing stating that the proposed house(s) have been inspected and completed all probation periods and the date when the subsequent inspection is due.

2. Work Plan

This section shall describe the applicant's understanding of the requirements of this request for proposal including the results intended and desired, the approach and/or methodology to be employed, and a work plan for accomplishing the results proposed. The work plan should address the core program components described under Scope of Work. Specifically describe:

- a. Processes for resident screening, admission and orientation and how you communicate rules, policies, procedures and rights to residents. Include a copy of your entrance agreement and resident handbook.
- b. Admission and discharge criteria

- c. Grievance policies
- d. Approaches for providing employment, life skills and financial management education.
- e. Name any evidence-based curricula to be used and cite any literature references (e.g. National Registry of Evidence Based Programs (NREPP) that support the strength of evidence associated with their effectiveness. If proposed curricula is locally developed, append a copy and describe how its development is based on theory or research that is documented in a professional publication.
- f. Strategies to encourage, motivate and support residents to develop personal recovery plans and achieve reentry goals
- g. Approaches to target individual factors relating to the offender population such as antisocial attitudes and personality traits
- h. Record keeping system, what is kept in records and how records are secured
- i. Methods to fostering an alcohol and drug free environment. Describe toxicology protocols and policies around medications and residents' who return to use of substances;
- j. Approaches to make referrals to recovery support services. Describe your relationships with community agencies and knowledge of public programs as described in the scope of work. Describe how you will transition participants who are nearing program completion.

3. Staffing Plan and Qualifications of Staff

This section shall describe the staffing plan for each proposed site to provide the required transitional services and 24 hour recovery house supervision. Include a job description for each position outlining duties, responsibilities and concentration of effort (in number of hours/week) as well as resumes, curricula vitae, or statements of prior experience and qualifications of any known staff.

Staff does not have to be licensed clinicians but must have relevant certifications or credentials. Attach certificates of training in, 42, CFR, Part 2 - Confidentiality of Alcohol and Drug Abuse Patient Records and ethics for behavioral health workers for any known staff. Discuss plans for future training and development of staff to include an understanding of medicated assisted treatment options. Describe your protocols to ensure that all staff completes Rhode Island and national criminal background checks.

Describe who will supervise house managers and staff providing transitional services. Describe your approach to and frequency for providing supervision and monitoring service delivery.

4. Data Collection and Evaluation Plan

Document your ability to collect on and report on the required performance measures. Please describe your plan for collection and management of the data. Please describe:

- a. Strategies to be used to maintain contact with participants after they leave the program
- b. Your approach to locate participants for follow up data collection at 7-9 months post baseline such as the type of contact data collected at entry and how it is updated
- c. If emergency contact information will be used to foster follow up contact and if so what type of permission is sought from the participant
- d. Any incentives to be used to motivate clients to participate in follow up data collection
- e. Any methods to collect participant satisfaction data.

5. Detailed Budget and Budget Narrative:

The applicant must submit an annualized line item budget using Appendix A: Budget Form, reflecting costs to be charged to any resulting contract. The cost proposal must be accompanied by a budget narrative describing calculations and justification for expenditures. The budget narrative should also describe any anticipated program income, in-kind contributions, or complementary funding resources. Administrative funds should not be equal to more than 10% of the total value of the budget. If administrative funds are greater than 10%, please provide separate written justification.

A total of \$216,000 is available for this program. The State is interested in receiving the greatest value possible for total amount available for this program. A maximum allowance of \$35/day per participant is allowed for recovery house beds. This rate includes the cost of the residence and 5 hours/week of transitional services. No additional fees may be assessed on participants while the vendor is receiving payment from this funder.

Please note that this is an incentive based contract. Vendors will be paid \$30/day for each day of service rendered at the time of service delivery. Upon successful collection of follow up data, vendors will be paid \$5/day for each day the participant was a resident. The budget should reflect how the remaining available funds will be allocated should they be requested, e.g. data collection activities, program supervision, incentives, supplies, etc.

SECTION 5: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. The Proposal must receive a minimum of 70 (70%) out of a maximum of 100 technical points to be considered responsive. Any technical proposals scoring less than 70 points will be dropped from further consideration.

The Department of BHDDH 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).

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

Criteria	Possible Points
Capability, Capacity and Qualifications of the Offeror	15 Points
Quality of Work Plan and Approach	30 Points

Staffing Plan and Qualifications of Staff	15 Points
Data Collection and Evaluation Plan	20 Points
Budget narrative	20 Points
Total Possible Points	100 Points

SECTION 6: 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 solicitations. Please reference **RFP # 7549493** 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#7549493 Transfer to Recovery Reentry Program- Round 2**” 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 shall include the following:

1. One completed and signed four-page R.I.V.I.P generated bidder certification cover sheet (included in the original 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 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 fifteen (15) 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.
5. 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”.

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>

¹ RI Department of Corrections, Planning and Research Unit. Fiscal Year 2013 Annual Population Report

² Ibid

³ Ibid

⁴ Ibid

⁵ Florida Department of Corrections and Bureau of Substance Abuse Program Services Program Guide. Originally published September, 2006. Revised December 2010.

Appendix A: Vendor questions with State responses RFP 7549331 Transfer to Recovery Reentry Program

Question 1: How do you define 24 hour supervision? Does it have to be revolving staff supervision or will the state accept a senior peer who is not an employee as supervision?

Answer to question 1: Supervision should be consistent with a NARR level 3 supports which requires certified staff or case managers. (see Certified Peer Recovery Specialists are acceptable. It is not clear what is meant by “revolving staff supervision”. Please propose your staffing plan. We define 24 hour supervision as an identified person being physically in the house, but may consider alternate supervision plans. A senior peer/revolving staff supervision may be considered

Question 2: The program in Florida that we are to model our programs on provides meals for the residents. Will that be a requirement for RI?

Answer to question 2: Yes. Please refer to NARR standards. (See 5.2) A working kitchen and meals or food are required.

Question 3: Can organizations sub-contract with other organizations for residential recovery housing or transitional services?

Answer to question 3: Yes, as long as they meet the capacity requirements and they are a nonprofit organization or legal business entity per NARR standards.. (see 1.1) The primary contracted agency will be responsible for monitoring and ensuring that all contract requirements are being implemented.

Question 4: Who will coordinate and who will deliver the follow-up Vivitrol injections for those who voluntarily received the first injection at the DOC? Will access to Vivitrol be assured for program participants? If so, how? Will the DOC be assisting program participants with applying for and obtaining health insurance prior to their release?

Answer to question 4: . Arrangements to sign inmates up in Medicaid prior to their leaving the ACI have been discussed with ACI administration along with getting their first Vivitrol injection, and assistance with referrals for follow up injections. Inmates may not have insurance while incarcerated so their insurance cannot become effective until release. Insurance will pay for Vivitrol for all individuals involved in this pilot program with a physician’s approval which has been arranged with ACI Medical staff. Program participants are responsible for

complying with insurance requirements, such as providing financial updates and re-applications when necessary, as required to maintain their insurance coverage.

Question 5: Can you clarify the 6 month requirement? Do program participants need to receive both recovery housing and transitional services for 6 months or can the recovery housing and transitional services be individualized per program participant and allow for at least 6 months of access to transitional services? If program participants do not want to stay in recovery housing for 6 months, are they subject to any sanction? Can participants transfer into other housing options such as permanent supportive housing prior to the 6 months?

Answer to question 5: This contract only pays for those participants who are assessed as needing the full 6 months of transitional services for stability. If a lower level of care becomes indicated, the participant can no longer be supported by this grant. Participants should be aware they must still comply with any requirements of probation or parole.

Question 6: Can you clarify the requirement to provide 24-hour supervised recovery housing? Does each recovery house need to have its own unique staff physically at the recovery house 24 hours a day, 7 days a week or can staff be available to respond to a recovery house when needed?

Answer to question 6: See NARR standards. Supervision should be consistent with NARR level 3 support which requires certified staff or case managers. Certified Peer Recovery Specialists are acceptable.

Question 7: Can you clarify “additional fees and co-pays may not be assessed on participants while the vendor is receiving payment from this funder.”? Can the vendor bill insurance for other services beyond transitional services including mental health counseling, medical needs, medication (including Vivitrol) etc.?

Answer to question 7: No co-pays can be assessed on clients by vendors. Third party billers, (eg. pharmacy, medical providers) may collect copays per their insurance contracts. Vendors may bill insurers for medical, mental health, and counseling services per their contracts with insurance companies.

Question 8: What specifically does the \$30/day reimbursement rate cover? Are any other services besides the recovery housing itself and the 5-hours/week transitional services expected to be covered under this rate?

Answer to question 8: Everything offered in a NARR level 3 support and as outlined in the Scope of Work is expected to be included.

Question 9: Can a recovery house have other residents beyond the 10 program participants at a time or is the recovery house strictly for 10 program participants only?

Answer to question 9: Yes, other residents may be housed initially with the expectation that the house (s) will transition to becoming grant specific.

Question 10: Does a vendor need 10 beds available at the start of the program?

Answer to question 10: A vendor does not need to have 10 beds available at the start of the program. It is possible that multiple vendors will be awarded some number of the 30 beds. The # of beds we are funding is 30, not 10

Question 11: Can vendors use some remaining funds towards the data collection process or does the \$5/day reimbursement cover all data process and collection costs? Are there any prohibited costs that cannot be included in the use of remaining funds?

Answer to question 11: Applicants may propose a budget for use of the \$5/day reimbursement.

Question 12: Can an electronic copy of the budget template be made available?

Answer to question 12: Yes

Question 13: Will this RFP result in an exclusive contract?

Answer to question 13: . It is possible that multiple vendors will be awarded some number of the 30 beds.

Question 14: Will one group get all 30 beds?

Answer to question 14: It is possible that multiple vendors will be awarded some number of the 30 beds.

Appendix B: Budget Form

Attachment I
Budget

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			
12) Agency Overhead-Indirect			
TOTAL	\$0.00	\$0.00	\$0.00

Notes,

- A separate Program Budget is required for each contract service, e.g. outpatient services, prevention services or, residential services.
- 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
- 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
			\$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



National Association of Recovery Residences

Standard for Recovery Residences

*Version 1.0
September 2011*



RECOVERY RESIDENCE LEVELS OF SUPPORT

		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL I Peer-Run	LEVEL II Monitored	LEVEL III Supervised	LEVEL IV Service Provider
STANDARDS CRITERIA	ADMINISTRATION	<ul style="list-style-type: none"> • Democratically run • Manual or P&P 	<ul style="list-style-type: none"> • House manager or senior resident • Policy and Procedures 	<ul style="list-style-type: none"> • Organizational hierarchy • Administrative oversight for service providers • Policy and Procedures • Licensing varies from state to state 	<ul style="list-style-type: none"> • Overseen organizational hierarchy • Clinical and administrative supervision • Policy and Procedures • Licensing varies from state to state
	SERVICES	<ul style="list-style-type: none"> • Drug Screening • House meetings • Self help meetings encouraged 	<ul style="list-style-type: none"> • House rules provide structure • Peer run groups • Drug Screening • House meetings • Involvement in self help and/or treatment services 	<ul style="list-style-type: none"> • Life skill development emphasis • Clinical services utilized in outside community • Service hours provided in house 	<ul style="list-style-type: none"> • Clinical services and programming are provided in house • Life skill development
	RESIDENCE	<ul style="list-style-type: none"> • Generally single family residences 	<ul style="list-style-type: none"> • Primarily single family residences • Possibly apartments or other dwelling types 	<ul style="list-style-type: none"> • Varies – all types of residential settings 	<ul style="list-style-type: none"> • All types – often a step down phase within care continuum of a treatment center • May be a more institutional in environment
	STAFF	<ul style="list-style-type: none"> • No paid positions within the residence • Perhaps an overseeing officer 	<ul style="list-style-type: none"> • At least 1 compensated position 	<ul style="list-style-type: none"> • Facility manager • Certified staff or case managers 	<ul style="list-style-type: none"> • Credentialed staff

National Association of Recovery Residences

Member Standards

1. Organizational/Administrative Standards	Level I	Level II	Level III	Level IV
1.1. Recovery Residences are legal business entities as evidenced by business licenses or incorporation documents;	Strongly Recommend	Strongly Recommend	X	X
1.2. Recovery Residences have a written mission and vision statement;	X	X	X	X
1.3. Recovery Residences have a written code of ethics;	X	X	X	X
1.4. Recovery Residences property owners/operators carry general liability insurance;	Strongly Recommend	Strongly Recommend	X	X
1.5. Recovery Residences comply with state and federal requirements. If required , documents such as licenses and certificates of occupancy are visible for public view;	X	X	X	X
1.6. Recovery Residences clearly identify the responsible person(s) in charge of the Recovery Residence to all residents;	X	X	X	X
1.7. Recovery Residences clearly state the minimum qualifications, duties, and responsibilities of the responsible person(s) in a written job description and/or contract;	n/a	n/a	X	X
1.8. Recovery Residences provide drug and alcohol free environments;	X	X	X	X
1.9. Recovery Residences collect and report accurate process and outcome data for continuous quality improvement;	Strongly Recommend	Strongly Recommend	X	X
1.10. Recovery Residences have written permission from the owner of record to operate a Recovery Residence on their property;	X	X	X	x
2. Fiscal Management Standards	Level I	Level II	Level III	Level IV
2.1. Recovery Residences maintain an accounting system that fully documents all resident financial transactions such as fees, payments and deposits;	X	X	X	X
3. Operation Standards	Level I	Level II	Level III	Level IV
3.1. Recovery Residences post emergency procedures and staff phone number in conspicuous locations;	n/a	n/a	X	X
3.2. Recovery Residences post emergency numbers, protocols and evacuation maps;	X	X	n/a	n/a

National Association of Recovery Residences Member Standards

4. Recovery Support Standards	Level I	Level II	Level III	Level IV
4.1. Recovery Residences maintain a staffing plan;	If Applicable	If Applicable	X	X
4.2. Recovery Residences use an applicant screening process that helps maintain a safe and supportive environment for a specific group of persons in recovery;	X	X	X	X
4.3. Recovery Residences adhere to applicable confidentiality laws;	X	X	X	X
4.4. Recovery Residences keep resident records secure with access limited to authorized staff only;	X	X	X	X
4.5. Recovery Residences have a grievance policy and procedure for residents;	X	X	X	X
4.6. Recovery Residences create a safe, structured, and recovery supportive environment through written and enforced residents' rights and requirements;	X	X	X	X
4.7. Recovery Residences have an orientation process that clearly communicates residents' rights and requirements prior to them signing any agreements; collects demographic and emergency contact information and provides new residents with written instructions on emergency procedures and staff contact information;	X	X	X	X
4.8. Recovery Residences foster mutually supportive and recovery-oriented relationships between residents and/or staff through peer-based interactions, house meetings, community gatherings, recreational events, and/or other social activities;	X	X	X	X
4.9. Recovery Residences foster recovery-supportive, alcohol and drug-free environments through written and enforced policies and procedures that address: residents who return to alcohol and/or drug use; hazardous item searches; drug-screening and or toxicology protocols; and prescription and non-prescription medications usage and storage;	X	X	X	X
4.10. Recovery Residences encourage each resident to develop and participate in their own personalized recovery plan;	X	X	X	X
4.11. Recovery Residences inform residents on the wide range of local treatment and recovery support services available to them including: 12 step or other mutual support groups, recover community centers, recovery ministries, recovery-focused leisure activities and recovery advocacy opportunities;	X	X	X	X

National Association of Recovery Residences Member Standards

4. Recovery Support Standards (Cont.)	Level I	Level II	Level III	Level IV
4.12. Recovery Residences provide nonclinical, recovery support and related services;	X	X	X	X
4.13. Recovery Residences encourage residents to attend mutually supportive, self help groups and/or outside professional services;	X	X	X	X
4.14. Recovery Residences provide access to scheduled and structured peer-based services such as didactic presentations;	n/a	n/a	X	X
4.15. Recovery Residences provide access to 3rd party clinical services in accordance to State laws;	n/a	n/a	X	X
4.16. Recovery Residences offer life skills development services;	n/a	n/a	X	X
4.17. Recovery Residences offer clinical services in accordance to State laws;	n/a	n/a	n/a	X
5. Property Standards	Level I	Level II	Level III	Level IV
5.1. Recovery Residences abide by all local building and fire safety codes;	X	X	X	X
5.2. Recovery Residences provide each residents with food and personal item storage;	X	X	X	X
5.3. Recovery Residences place functioning fire extinguishers in plain sight and/or in clearly marked locations ;	X	X	X	X
5.4. Recovery Residences have functioning smoke detectors installed. If the residence has gas appliances, functioning carbon monoxide detectors are installed;	X	X	X	X
5.5. Recovery Residences provide a non smoking internal living environment;	X	X	X	X
5.6. Recovery Residences have a community room large enough to accommodate house meetings and sleeping rooms that adhere to local and state square footage requirements;	X	X	X	X
5.7. Recovery Residences have one sink, toilet and shower per six residents or adhere to local and state requirements;	X	X	X	X
5.8. Recovery Residences have laundry services that are accessible to all residents;	X	X	X	X

National Association of Recovery Residences Member Standards

5. Property Standards (Cont.)	Level I	Level II	Level III	Level IV
5.9. Recovery Residences maintain the interior and exterior of the property in a functional, safe and clean manor that is compatible with the neighborhood;	X	X	X	X
5.10. Recovery Residences have meeting spaces that accommodate all residents;	X	X	X	X
5.11. Recovery Residences have appliances that are in working order and furniture that is in good condition;	X	X	X	X
5.12. Recovery Residences address routine and emergency repairs in a timely fashion;	X	X	X	X
6. Good Neighbor Standards	Level I	Level II	Level III	Level IV
6.1. Recovery Residences provide neighbors with the responsible person(s) contact information upon request. The responsible person(s) responds to neighbor's complaints, even if it is not possible to resolve the issue;	X	X	X	X
6.2. Recovery Residences have rules regarding noise, smoking, loitering and parking that are responsive to neighbor's reasonable complaints;	Strongly Recommend	Strongly Recommend	X	X
6.3. Recovery Residences have and enforce parking courtesy rules where street parking is scarce;	X	X	X	X