



**Solicitation Information
April 29, 2015**

RFP# 7549538

TITLE: Mental Health Peer Support Services

Submission Deadline: May 27, 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 **May 11, 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 (BHDDH), is soliciting proposals from qualified firms to provide Mental Health Peer Support Services, in accordance with the terms of this Request for Proposals (RFP) 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 .

This contract period will begin approximately August 1, 2015 and continue for 1 year, until June 30, 2016.

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 applicants who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO APPLICANTS:

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.

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 incorporation of recovery support services into all aspects of behavioral healthcare.

Central to this vision are the following:

- Consumers must and can lead their own recovery and be instrumental in the recovery of their peers.
- Work contributes to a person's sense of well-being and overall health
- Services should be provided in the most integrated setting possible for the individual

This RFP seeks to fund mental health peer services with an emphasis on skills and activities that lead to obtaining and maintaining community integration and employment. It includes the coordination and professionalization of the field of Peer Recovery Specialists as well as activities that foster relationships and referrals between and among behavioral health community and consumer run organizations. A behavioral health peer leadership training program will also be developed and implemented to prepare peer leaders for the complex environment within which they will function.

Integral to this proposal is the importance of outreaching to consumers and agencies who have not traditionally engaged with the mental health community or consumer groups. Doing so will provide more consumers with the opportunity to engage in services, eliminate duplication of services and, when appropriate, provide services in a more integrated environment. This will be accomplished through outreach, coordination and warm transfers¹ utilizing PRS.

Over the past few years, BHDDH has been developing and implementing policy to refocus its mental health delivery system to incorporate a person-centered orientation, a recovery-oriented strategy, and an increased emphasis on employment. Key, though, to any transformation effort are peer support initiatives and activities.

In 2012, BHDDH embarked on its first mental health Peer Recovery Specialist training. Peer Recovery Specialists (PRS) assist others in navigating their own recovery through utilization of the PRS's own unique experiences. The National Association of State Mental Health Program

¹ A 'warm transfer' means that a consumer is accompanied by another person to an event or service. Warm transfers reduce anxiety with new experiences and environments

Directors (NASMHPD), through its Technical Transfer Initiative (TTI), funded this training. Since then two community agencies have conducted their own mental health focused Peer Recovery Specialist trainings. A third agency has conducted substance use disorder focused Peer Recovery Specialist trainings.

BHDDH is currently leading a Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) Academy project team. The focus of this project is to increase the availability of competent Peer Recovery Support Services and ensure adequate funding for Peer Recovery Support. The Rhode Island BRSS TACS team is composed of peers, behavioral health community leaders, providers, advocacy agencies, and representatives from the state Medicaid office and the RI Board for the Certification of Chemical Dependency Professionals (RIBCCDP). By February 2015, the BRSS TACS team will have accomplished the following:

- Completed a Behavioral Health Peer Recovery Specialist job description for Medicaid which will be incorporated into RI's 1115 Medicaid Waiver application
- Developed an integrated Mental Health/Substance Use Disorder PRS curriculum designed to be co-taught by mental health and substance use disorder peers
- Developed a system for measuring outcomes of an integrated peer recovery training and certification process
- Adopted an integrated Peer Recovery Specialist certification process, effective, 1/1/15. (Prior to BRSS TACS, Mental Health and Substance Use Disorder PRSs had different certification processes.)

Coincidentally, at the same time BHDDH began leading the BRSS TACS initiative, the Rhode Island Department of Health's (RIDOH) Division of Community Family Health and Equity received technical assistance funding from the National MCH Workforce Development Center to map and coordinate peer services throughout Rhode Island. This project includes representatives from BHDDH, the RI Department of Children, Youth and Families (DCYF), the Executive Office of Health and Human Services, Neighborhood Community Health Plan and community agencies serving parents. BHDDH is an active participant in this initiative and a leader in this project's efforts to adopt a uniform certification process for all peers statewide.

Historically, BHDDH has given funding to several agencies which provide non-clinical services for people living with mental health disorders. Requirements for outreach and the delivery of services have been broad and have not required coordination with other agencies. To optimize and coordinate limited resources, a new approach is being used which is the subject of this Solicitation. .

SECTION 3: SCOPE OF WORK

General Scope of Work

The purpose of work under this RFP is to coordinate and strengthen the infrastructure and leadership for Mental Health Peer Recovery Services and provide assistance to mental health consumers to integrate into existing community services and activities. This will be accomplished by:

- Providing and coordinating peer support services, education, and training
- Developing and conducting a mental health peer leadership training program
- Developing and implementing prototypes for essential tools and systems to professionalize the field of Peer Recovery Specialists
- Developing a plan for hiring Peer Recovery Specialists and subcontracting their services to Community Mental Health Centers and other agencies

Specific Activities / Tasks

Mandatory *minimal* program components that must be part of the successful vendors(s) response to this RFP include:

- 1. Providing and coordinating peer support services, education, and training**
People with mental illness face unique challenges integrating into the community. These challenges are often exacerbated by real and perceived stigmas. Outreaching to consumers and providing services that allow them to gain confidence in the value of community activities and assistance with integration into diverse programs is critical. To that end, the successful vendor will:
 1. Provide regular information to CMHC consumers about peer-to-peer services and other community services utilizing PRSs at the CMHCs.² This can be done either through onsite meetings, utilizing Peers as greeters, or other ways that will optimize contact with CMHC consumers.
 2. Coordinate participation in community activities such as concerts, picnics, museums and plays. Accommodations must be addressed for transportation needs.
 3. Utilizing PRS, facilitate consumer networking with, and warm transfers to, other organizations to meet member's diverse interests and needs such as nutrition, clubhouse involvement, exercise, computer skills, educational services, etc.
 4. Outreach to underserved mental health populations such as: people transitioning out of prison or hospitals, homeless people, young adults and ethnic minorities.

² BHDDH will assist with this.

5. Introduce consumers to computer and pre-employment services offered in the community such as NetworkRI and the Office of Rehabilitation Services and provide warm referrals as needed.
6. Collaborate with existing programs that offer employment services. Warm referrals will be provided by PRSs, as needed, to clubhouses and/or agencies that offer help with interviewing, resume development, job searching, applications, setting up and using e-mail accounts, cover letters, practice with job interview skills, job placement and supportive employment
7. Employ several peers as a mechanism to train them for integrated employment. Each such employee must have periodic evaluations which include goal setting and a plan to transition to an integrated workplace.
8. Promote and provide training on mental health peer focused evidence-based practices (EBP) for practitioners including Peer Recovery Specialists (PRS) and agencies employing peers.
9. Hold regular training for peers on state and federal benefits.

2. **Continue PRS training work begun with RI BRSS TACS**

The RI BRSS TACS project brought state and community agencies together at a critical time in the evolution of Peer Recovery Services. While it was clear that many RI state departments and community organizations were interested in laying the groundwork for this field, they were not working in concert. RI BRSS TACS connected RI BHDDH with RI Medicaid and behavioral health community agencies to develop and implement a plan for coordinating behavioral health Peer Recovery Services statewide.

The successful vendor will expand on the work in progress by:

- Coordinating the statewide implementation of a unified process for recruiting, screening, interviewing and follow up of all people interested in becoming a behavioral health Peer Recovery Specialist
- Conducting at least 2 peer run PRS trainings, preferably at different locations, using a new integrated Peer Recovery Specialist curriculum with at least 30 people successfully completing the 2 trainings Assisting successful PRS training completers with obtaining and maintaining field work experiences, when needed, for PRS certification
- Identifying, prioritizing and ensuring implementation of the training needs for PRS re-certification. This should include trainings focused on underserved groups such as people transitioning out of prison or hospitals, homeless people, young adults, people who have experiences trauma and ethnic minorities.
- Implementing weekly peer co-supervision meetings at locations that will optimize PRS attendance

- Developing written standards and implementing the standards for a need based fund to assist consumers in paying for credentialing, training fees, transportation and special accommodations.
- Developing and conducting training for people working with and/or employing PRSs about their unique role and challenges. The training is intended for PRS supervisors, coworkers and human resources personnel at CMHCs. Trainings should be held at different locations throughout the state. As part of the training development, the successful vendor(s) will conduct focus group(s) with PRSs and PRS supervisors at CMHCs to get feedback prior to implementation. Exploring the provision of CEUs for this training is recommended.

3. **Plan and implement a peer leadership training program**

The successful vendor will plan, coordinate and run at least 1 peer leadership training program. A minimum of 10 people must successfully complete the training. The focus of the program is to teach mental health peers who have experience working in the field about advocacy, the importance of peer run organizations and how to be more effective communicators at meetings and boards. Peers will learn skills and techniques for representing the peer perspective and fostering a sense of value for peer work in public and professional settings.

4. **Develop a plan for hiring Peer Recovery Specialists and subcontracting their services to Community Mental Health Centers and other agencies**

Currently most PRSs are employed directly by CMHCs. This has been problematic for several reasons:

- PRSs often feel isolated because there are few or no other PRSs employed at their agency and their unique role is usually not fully understood.
- PRS is a new service which has not been fully integrated into the CMHC milieu
- PRS are people in recovery who may need special accommodations and support
- The role of the PRS is similar to, yet uniquely different from, existing positions at CMHCs. While it is designed to complement and enhance services, it is not always perceived that way.
- PRSs working in CMHCs are supervised by people who may not fully understand the value and role of the PRS
- Part of the job of the PRS is to guide the consumer to advocate for themselves, this “advocacy role” may conflict with the PRS’s status as an employee of the CMHC.

BHDDH would like to explore a model whereby a vendor develops contracts with CMHCs and other agencies for PRS services. The vendor would hire PRSs and subcontract their services. It would be responsible for recruiting, screening and placing the PRS and ensuring proper support and supervision in the workplace. This would also place the PRS at “arm’s length” with the CMHC and other agencies, allowing the PRS to fully function in both a support and advocacy role. BHDDH will assist the successful applicant with this process.

Deliverables

Activity	Measurable outcomes
<p>A. peer support services, education, and training</p>	
<p>1. PRS outreach to consumers at CMHCs</p>	<ul style="list-style-type: none"> • Number of meetings held with consumers by location per month • Number of consumers attending each meeting including demographics agreed upon with BHDDH (or if using greeters, # of persons greeted by location per month)
<p>2. Coordinate activities in the community such as concerts, picnics, museums and plays. These activities should be done with consumer consent and choice. The activity should demonstrate individual integration and preferably not be a segregated group attending an activity.</p>	<ul style="list-style-type: none"> • Number and types of activities as well as frequency • Number of consumers attending activities by activity including demographics agreed upon with BHDDH (non-duplicative)
<p>3. Consumer networking with, and warm transfers to, other organizations to meet member's diverse interests and needs such as nutrition, clubhouses, exercise, computer skills, educational services, etc.</p>	<ul style="list-style-type: none"> • Number of consumers attending events at other organizations by organization and frequency (non-duplicative) Include demographics agreed upon with BHDDH
<p>4. Phone or face to face outreach to special mental health populations. If demand exists, the Vendor will create a plan for the provision of services.</p>	<ul style="list-style-type: none"> • Focus groups with identified communities including at least 5 people per group, evaluation of focus groups and plan for outreach based on evaluation

<p>5. On site activities such as: arts & crafts, movie nights, advocacy forums and psycho-educational seminars. Activities should include in-services from ORS, Sherlock Plan, Wellness, Health, Evidence Based Practice treatment information and Consumer Advocacy. Activities should be open not just for individuals with Mental Illness but any individual to avoid segregated settings.</p>	<ul style="list-style-type: none"> • Demonstration of consumer choice in the organization of activities • Type of activity - (phone or fact to face outreach) • Number and type of sessions held • Number attending each session including • Demographics agreed upon with BHDDH • BHDDH approved pre and post-test for non-leisure sessions
<p>6. Introduce consumers to computer and pre-employment services offered in the community such as NetworkRI and the Office of Rehabilitation Services and provide warm referrals as needed.</p>	<ul style="list-style-type: none"> • Agency and type of service referred to • Number of people referred to each agency and service (non-duplicative). Include demographics agreed upon with BHDDH • Number employed as result of referrals (non-duplicative). Include demographics agreed upon with BHDDH
<p>7. Collaborate with existing programs that offer employment services. Warm referrals provided by PRS, as needed, to clubhouses and agencies that offer help with interviewing, resume development, job searching, applications, setting up and using e-mail accounts, cover letters, practice with job interview skills, job placement and supportive employment</p>	<ul style="list-style-type: none"> • Agency and type of service referred to • Number of people referred • Number employed as result of referrals (non-duplicative) Include demographics agreed upon with BHDDH
<p>8. Employ several peers as a mechanism to train them for integrated, competitive employment. Each such employee must have periodic evaluations which include goal setting and a plan to transition to an integrated workplace.</p>	<ul style="list-style-type: none"> • Number of PRS employed each month • # of new PRS employed each month • Number of PRS transitioned to integrated, competitive employment (non-segregated settings) Include demographics agreed upon with BHDDH, non-duplicative

9. Develop training on peer focused evidence based practices (EBP) for practitioners including Peer Recovery Specialists (PRS) and agencies employing peers	<ul style="list-style-type: none"> • Training plan submitted
10. Promote and provide at least 3 trainings on peer focused evidence based practices (EBP) for practitioners including Peer Recovery Specialists (PRS) and agencies employing peers	<ul style="list-style-type: none"> • Number of trainings provided by date and location • Number of consumers (including name of employer) at each training. Include demographics agreed upon with BHDDH • Number practitioners (including name of employer) at each training
11. Hold regular training for peers on state and federal benefits. An outline for this training will be submitted to BHDDH by contract month 2.	<ul style="list-style-type: none"> • Outline submitted • Number of trainings held by location • Number of attendees at each training. Include demographics agreed upon with BHDDH
12. Work with BRSS TACS team to develop method for utilization of self-reporting tool on improved quality of life for consumers	<ul style="list-style-type: none"> • Method for utilization
13. Implement self-reporting tool	<ul style="list-style-type: none"> • Provide training for agencies utilizing tool • Develop data collection methodology in conjunction with BHDDH
14. collect data from self-reporting tool	<ul style="list-style-type: none"> • Begin collecting data and continue on regular basis • Report out on data collected
B. PRS training and follow-up	
1. Work with BRSS TACS team to ensure consistent registration process for all PRS training providers including a unified process for recruiting, screening, interviewing and follow-up of all people interested in becoming a behavioral health Peer Recovery	<ul style="list-style-type: none"> • review BRSS TACS data collection tool

Specialist.	
	•
2. Coordinate the data collection and implementation of a unified process for recruiting, screening, interviewing and follow-up of all people interested in becoming a behavioral health Peer Recovery Specialist or using the training for other reasons	• Meet with all agencies doing training to review data collection forms and procedures
3. Collect and review data	• Data collected and reviewed on regular basis
4. Conduct at least 2 peer-run trainings using a new integrated Peer Recovery Specialist curriculum	• Trainings conducted with at least 30 consumers successfully completing the trainings
5. Collect follow-up data on PRS training participants using the BRSS TACS tool	• Implement process for collection
6. When needed, assist PRS successful training completers with obtaining field work experiences for PRS certification and provide support as needed	• Track training completers to determine need for work experience and assist, when needed
C. Provider training about the unique role of peers	
1. Conduct 1 focus group for PRS and another for PRS supervisors/HR personnel at CMHCs regarding approach to training. Summarize results	• 2 focus groups completed and summarized. A minimum of 5 people should be in each focus group

2. Develop training (including pre and post-tests) and explore provision of CEUs for training	<ul style="list-style-type: none"> • Training plan submitted • CEU decision made
3. Conduct trainings for CMHC PRS supervisors and other personnel regarding working with PRSs, their unique role and challenges.	<ul style="list-style-type: none"> • number of people trained by month, location and job category • Summary of pre and post -tests from trainings
D. PRS Recertification Training	
1. identify and prioritize the training needs for re-certification of peers	<ul style="list-style-type: none"> • Conduct 2 focus groups which include at least 5 peers per group • Focus groups completed and summarized
2. Develop plan for implementation of top priorities	<ul style="list-style-type: none"> • Submit written plan
3. Implement, or ensure implementation of, 4 trainings	<ul style="list-style-type: none"> • Trainings held
4. Pre and post-tests of training	<ul style="list-style-type: none"> • Summary submitted
E. Establish a needs based fund for credentialing, testing and training fees, transportation and special accommodations	
1. Research and determine standards for utilization and process for implementation	<ul style="list-style-type: none"> • Written plan submitted to BHDDH
2. Implement and monitor plan	<ul style="list-style-type: none"> • Track disbursements by amount and type
F. Peer Co-supervision	
1. Develop plan for co-supervision including procedures and protocols, frequency, locations that will optimize PRS attendance, method for evaluation and tracking at locations	<ul style="list-style-type: none"> • Plan submitted

2. Implement meetings, track attendance	<ul style="list-style-type: none"> • Conduct sessions and track the following: • Number of co-supervision meetings by location and frequency • Number of peers who attended each meeting. Include demographics agreed upon with BHDDH
3. Conduct a focus group to evaluate plan and summarize results	<ul style="list-style-type: none"> • Focus group completed • Written summary of focus group submitted
4. Adjust plan based on feedback	<ul style="list-style-type: none"> • Revised plan submitted
G. Peer leadership training	
1. Plan training	<ul style="list-style-type: none"> • Plan submitted
2. <u>data collection regarding training</u> develop systems for documenting who the training is reaching, if the training is doing what was intended, who is participating in the training, how they heard about the training, how they plan to utilize the skills learned in the training	<ul style="list-style-type: none"> • Data collection tool
3. Coordinate and conduct training	<ul style="list-style-type: none"> • Participants recruited and screened • 10 peers complete leadership training per year
4. Evaluate training and collect data	<ul style="list-style-type: none"> • Pre and post-test completed by training participants • Data submitted
H. Plan for employing Peer Recovery Specialists and subcontracting their services to Community Mental Health Centers and other agencies	

1. Research models	<ul style="list-style-type: none"> • Research summary
2. Develop plan for RI model	<ul style="list-style-type: none"> • Plan
3. Review plan with stakeholders	<ul style="list-style-type: none"> • Meetings completed with peers and agencies
4. If plan appears feasible, develop plan for implementation	<ul style="list-style-type: none"> • Implementation Plan submitted

The following deliverables described in the table above should be made available to BHDDH at these times:

Activity	Deliverable	Date
	Monthly Progress Reports in a format to be determined by BHDDH	Each month by the 15 th of the following month
A-4	Special population focus group evaluation and plan for outreach	Month 6
A-5	Pre and post-tests for non-leisure sessions	Month 2
A-9	Submit EBP training plan	Month 2
A-11	Benefits training outline submitted	Month 2
A-12	Consumer self-reporting tool and methods for utilization submitted	Month 3
A-13	Agencies trained on tool	Month 5
A-14	Begin collecting self-reporting data	Month 6
B-1	Written policies and procedures submitted	Month 1
B-2	B-1 reviewed with all agencies training behavioral health PRS	Month 2
B-3	Data collection system in place	Month 3
B-4	2 trainings completed	1 st training Month 3 2 nd training Month 10
C-1	2 focus groups completed and summarized	Month 3
C-2	Provider training and CEU plan submitted	Month 4
C-3	Provider training summary of pre and post tests	Month 5 and ongoing
D-1	2 recertification focus groups completed and summarized	Month 3
D-2	Recertification implementation plan	Month 4

	completed	
D-3	4 trainings held	Months 5, 7, 9, 11
D-4	Summary of training pre and post-tests submitted	Months 5, 7, 9, 11
E-1	Plan for fund submitted	Month 3
F-1	Plan for co-supervision submitted	Month 1
F-3	Focus group evaluation of co-supervision	Months 4, 7, 11
F-4	Co-supervision plan revised	Months 5, 8, 12
G-1	Peer Leadership training plan submitted	Month 2
G-2	Data collection tool created	Month 2
G-3	Training completed	No later than month 6
G-4	Evaluation of training and submission of data	One month after training
H-1	Research on subcontracting PRS	Month 2
H-2	Plan for subcontracting	Month 3
H-3	Review plan with stakeholders	Months 4-5
H-4	Implementation Plan	Month 7

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 Applicant

This section shall include the following information about the applicant and any subcontractors of the applicant:

- A description of the organization’s experience working in the field of mental health and peer services.
- The percentage of total employees and Board members who are peers.
- Expertise conducting the activities listed in the scope of work.
- A comprehensive listing of similar projects undertaken and/or similar consumers served, including a brief description of each project
- A description of the business background of the applicant (and all subcontractors proposed), including a description of their financial position.
- Days and hours of operation (weekend and night hours should be offered)

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 and include a 12 month implementation timeline.

Given the diverse nature of the work required, the prime vendor is encouraged to collaborate with other organizations. Therefore, subcontracts with agencies with similar skill sets that help reach all parts of the state are strongly recommended and will be a significant portion of the scoring of this section. This includes grass-roots and peer-run organizations involved in service provision.

3. Staffing Plan and Qualifications of Staff

A description of all staff and/or subcontractors proposed for each activity as well as the project coordinator. The description must include the name, experience and qualifications of the coordinator and person responsible for each task's completion as well as resumes. Collaboration in the form of subcontracts with similar agencies to have a statewide cadre of skilled peers would be highly valued.

4. Data Collection and Evaluation Plan

Document your ability to electronically collect and report on the required activities on a monthly and quarterly basis. Reports should include barriers to programs and interventions to be implemented to address barriers. Please describe your plan for collection, management and analysis of the data and how the data will be used to assess progress on work activities. Where capacity may be lacking, vendors are encouraged to work with interns and utilize resources at RI Universities.

SECTION 5: COST PROPOSAL

Detailed Budget and Budget Narrative:

The applicant must submit a 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 in-kind contributions or complimentary 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.

The budget will be scored based cost effectiveness (20 points) as well as on the unique number of individuals the applicant plans to serve, in combination with the number and days/hours of training time, community time and service and education time to be provided (10 points). The state reserves the right to not fund any line item in the budget or negotiate a new cost for that line item.

SECTION 6: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from BHDDH. Points will be assigned based on the applicant'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.

To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 50 (71.4%) out of a maximum of 70 technical points. Any technical proposals scoring less than 50 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 50 technical points or higher 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 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).

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

Criteria	Possible Points
TECHNICAL PROPOSAL	
Capability, Capacity and Qualifications of the Applicant	20 Points
Quality of Work Plan and Approach	30 Points
Staffing Plan and Qualifications of Staff	10 Points
Data Collection and Evaluation Plan	10 Points
Total possible for technical proposal	70 Points
COST PROPOSAL	
20 pints of the budget calculated as lowest responsive cost proposal divided by (this cost proposal) times 20 points *	20 Points
10 points for quality of narrative	10 Points
Total Possible Points for Cost Proposal	30 Points
TOTAL POINTS	100 Points

*The Low bidder 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:

(low bid / vendors bid) * available points

For example: If the low bidder (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly cost and service fee and the total points available are Twenty (20), vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 * 20 = 13$$

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 7549538** 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.

Applicants are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested applicants 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 7549538 Mental Health Peer Support Services**" 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 three-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 applicants 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>