



State of Rhode Island  
Department of Administration / Division of Purchases  
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May 19, 2015

**ADDENDUM # 1**

**RFP#:** 7549538

**Title:** Mental Health Peer Support Services

**Bid Closing Date & Time:** May 27, 2015 at 10:00 AM (Eastern Time)

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**Notice to Vendors: Attention All Bidders**

- **ATTACHED ARE VENDOR QUESTIONS WITH STATE RESPONSES. NO FURTHER QUESTIONS WILL BE ANSWERED;**
- **SPELLING CORRECTION PAGE 19; &**
- **PLEASE SEE THE ATTACHED BUDGET FORM ATTACHED - ELECTRONIC VERSION POSTED FOR DOWNLOAD.**

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**David J. Francis**  
**Interdepartmental Project Manager**

*Interested parties should monitor this website, on a regular basis, for any additional information that may be posted.*

## **Vendor Questions for RFP 7549538 Mental Health Peer Support Services**

**Question 1:** Do the proposed programs have to be offered statewide or can they be targeted to a specific region?

**Answer to question 1:**

*Programs should be offered statewide.*

**Question 2:** For this proposal is the Mental Health population limited to Community Support or can any consumer who self identifies as having a mental health issue receive services?

**Answer to question 2:**

*Any person who self identifies as having a mental health issue may receive services.*

**Question 3:** What is the expected funding that will be available? How many awards will be given?

**Answer to question 3:**

- *Applicants should submit a budget based on their actual costs.*
- *One prime vendor with subcontractors is preferred but the State reserves the right to have more than one.*

**Question 4:** This proposal is for an 11 month period; what is the expectation or likelihood for follow-up funding for these programs

**Answer to question 4:**

*The initial grant is for eleven months with the option of continuing funding for 5 years which is anticipated unless significant non-compliance issues arise. However, funding is contingent on federal block grant dollars and is not guaranteed.*

**Question 5:** This proposal is only focused on adults with mental illness? Will it include parent peer support providers for children with mental health challenges?

**Answer to question 5:**

*This proposal is focused on adults with mental illness. It does not include parent peer support providers for children with mental health challenges*

**Question 6:** 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.

Does this mean that the vendor will need to budget for CMHCs subcontracts within our contract or will the CMHCs approach the vendor based on their contracts with BHDDH to request and hire vendor for our PRS services?

**Answer to question 6:**

*The vendor does not need to have contracts with CMHCs at time of award. We do not expect the vendor to pay CMHCs that hire the peers, the CMHCs would pay for the peer services themselves as well as compensating the vendor for supervisory time. BHDDH will work with the successful vendor and the CMHCs to facilitate these arrangements. However, it would reflect well on a vendor to have letters of support from CMHCs.*

**Question 7:** Coordinate participation in community activities such as concerts, picnics, Museum and plays. 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.

Does this proposal have any financial impact on current organizations like Oasis or Harbor House in regards to their ability continue to provide their peer support services and community activities and training as supported by BHDDH?

**Answer to question 7:**

*Agencies that rely on BHDDH to fund peer services are likely to be affected if they are not awarded this contract. The State requires the rebidding of all of its contracted services on a regular basis. All contracts are required to have performance measures and deliverables.*

**Question 8:** Will the funds made available through this solicitation replace the funding provided to consumer-led organizations through the Mental Health Block Grant or will block grant funding be phased out to a new model?

**Answer to question 8:**

*Yes, the funds are from the Mental Health Block Grant. Consumer led organizations are encouraged either to apply as a vendor, subcontractor or both. Organizations are not limited with regard to the number of proposals they participate in either as vendors or subcontractors. As noted on page 18, subcontracts with grass-roots and peer-run organizations involved in service provision that help reach all parts of the state are strongly recommended and will be a significant portion of the scoring.*

**Question 9:** Are the funds available through this RFP for planning only or is the goal to have the peer support subcontracting program model up and running prior to end of the

year? If funding is for planning and implementation, when does the state anticipate the subcontracting to begin? Will additional or continuing funds be made available for implementation of the program and beyond?

**Answer to question 9:**

*According to page 17, H-4, implementation of the plan should begin at month 7. Subcontracting is part of the implementation process.*

*Funding is contingent on federal block grant dollars. It is anticipated that there will be follow-up funding for these programs but it is not guaranteed.*

**Question 10:** Can BHDDH provide the peer recovery support specialist job description, PRS training curriculum, outcome measurement system, and certification process developed by the BRSS TACS Academy Project Team?

**Answer to question 10:**

- *The Peer Recovery Specialist job description is attached.*
- *The new PRS training curriculum is still in development. It will be made available to the successful vendor upon notice of award. The draft Curriculum Introduction, which gives an overview, is attached.*
- *The outcome measurement system is to be designed by the vendor and will be reviewed by BHDDH.*
- *The certification process can be found on the Rhode Island Certification Board Website.*

**Question 11:** Is any report available from the Rhode Island Department of Health-National MCH Workforce Development Center project? Was the mapping of these peer services limited to maternal and child health?

**Answer to question 11:**

- *BHDDH is not aware of any report from the RI Department of Health- National MCH Workforce Development Center project.*
- *The mapping was not limited to maternal and child health. The services are for adults.*

**Spelling Correction:**

On page 19 of RFP 7549538- Section 6: EVALUATION AND SELECTION, the following word in the Cost Proposal Table that is misspelled, “**pints**”, is hereby replaced with the word “**points**”.

Replacement language in context

|   |           |
|---|-----------|
| <b>COST PROPOSAL</b>  |           |
| 20 points 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 |

Attachment I  
Budget

Contract Agency: \_\_\_\_\_

Contract Service: \_\_\_\_\_

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

**Notes,**

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

|                      |      |
|----------------------|------|
| for departmental use |      |
| Action/Disposition   |      |
| Reviewer             | Date |

**Attachment - Supplementary Budget Information**

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

| <b>Item # 2 Fringe Benefits &amp; Other Personnel Costs</b> | Fringe Benefits Chargeable to Program |               |               |
|---|---------------------------------------|---------------|---------------|
|   | MHRH Share                            | Other Funds   | Combined      |
|   |                                       |               |               |
|   |                                       |               |               |
|   |                                       |               |               |
|   |                                       |               |               |
|   |                                       |               |               |
|   |                                       |               |               |
| <b>Total Fringe Benefits</b>                                | <b>\$0.00</b>                         | <b>\$0.00</b> | <b>\$0.00</b> |

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

| <b>Item #11 All Other</b><br>(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        |
| <b>Total Other Costs</b>                           | <b>\$0.00</b>                     | <b>\$0.00</b> | <b>\$0.00</b> |

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