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October 18, 2016

**ADDENDUM # 1**

**RFP: # 7551007**

**Title: Rhode Island Health System Integration–Coordinating  
Community Health Teams (CHT) and Screening, Brief  
Intervention, and Referral to Treatment (SBIRT) Sites**

**Bid Closing Date & Time: October 31, 2016 at 10:30 AM (Eastern Time)  
Note Change**

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**Notice to Vendors**

**ATTACHED ARE VENDOR QUESTIONS WITH STATE RESPONSES AND A  
REVISED ATTACHMENT V. NO FURTHER QUESTIONS WILL BE  
ANSWERED**

**PLEASE BE AWARE THAT THIS ADDENDUM ALSO CHANGES THE  
SUBMISSION DEADLINE FROM OCTOBER 27, 2016 AT 2:00 PM ET to  
OCTOBER 31, 2016 at 10:30 AM ET.**

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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 #7551007 Rhode Island Health System Integration–  
Coordinating Community Health Teams (CHT) and Screening, Brief Intervention,  
and Referral to Treatment (SBIRT) Sites**

**Question 1:** Use of GPRA: Can primary care practices screen for SUD using CAGE and screen for Tobacco and then have the SBIRT person complete the GPRA for people that screened positively?

**Answer to question 1:**

Everyone who is pre-screened within the SBIRT program will receive section A of the GPRA, with no additional action needed. The State SBIRT application to SAMHSA stated that we would screen by using Audit, DAST and Healthy Habit.

**Question 2:** Use of GPRA: What is counted in the goal of 250,000 (i.e. all screens, positive screens)?

**Answer to question 2:**

This question really has two parts, which needs to be separated.

First, you're asking about what is counted in the 250,000 pre-screens. Here is the answer to that question:

All screens, positive and negative, are counted in the final total. Please also note that the requirement is 250,000 screens, not 250,000 unique people screened. A unique individual can be counted only once in a calendar year, but can be counted every year for 5 years.

For example, if Sally Smith is screened every October for 3 years, that counts as three screens. If she is screened at an appointment within the same program year, it counts as one screen.

You also asked about GPRA. This is a separate answer. As noted above, all pre-screens must complete Part A of GPRA. The vendor only needs to complete a full GPRA for those pre-screens that are positive for substance use and go on to complete the entire SBIRT process.

The state estimates that the number of full screens and GPRA's will be approximately 75,000.

**Question 3:** There are some Community Health Centers that already have SBIRT programs. Can those CHCs be involved in the SIM SIRIT program?

**Answer to question 3:** Yes.

**Question 4:** Referral: Some primary care practices have BH resources on site; can internal referral sources be used for the referral to treatment?

#### Answer to question 4:

All SBIRT referrals from screens should be coordinated through the appropriate SBIRT Specialty Community Health Worker or SBIRT Resource Specialist. That being said, according to the SBIRT grant from SAMHSA, the following guidance has been promulgated for referral to treatment:

- SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. Such services must meet three additional requirements related to the provision of services:
  - A provider organization for direct client (e.g., substance use disorder treatment) services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
  - Each mental health/substance use disorder treatment provider organization must have at least 2 years of experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and
  - Each mental health/substance use disorder treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation and certification requirements, as of the due date of the application.
  - Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license.

**Question 5:** Referral: what is the plan for increasing capacity for referral for patients who screen positive?

#### Answer to question 5:

When the state applied for the SBIRT grant from SAMHSA, we received letters of commitment from all Community Mental Health Centers saying that they would provide appointments for individuals referred from SBIRT screenings within 48 hours of the request. The state will be monitoring that performance.

The state is also creating Centers of Excellence to expand capacity.

However, the state is always concerned about ensuring enough behavioral health capacity. SIM and BHDDH are part of the creation of the EOHHS Workforce Transformation Workgroup, which is identifying capacity challenges that we need to solve. We will be bringing these challenges to the SIM Interagency Team and other venues to address them.

**Question 6:** Depression: Depression screen is down as a metric and not included in GPRA. What is the recommendation for how this information will be captured if not part of GPRA?

#### Answer to question 6:

The state does want the vendor to carry out depression screening. It is expected that the HIT assessment will help determine the best method to collect these data at each screening site. Some potential strategies would be to extract the information through the electronic health record or analyze a random sample of client records where EHR data extraction is not possible.

**Question 7:** What will be included in the evaluation RFP and IT RFP?

**Answer to question 7:**

The procurement of evaluation and information technology components will be conducted separately but will incorporate the needs identified in the RFP on pages 11, 12, 13, 18, 19, and 29.

**Question 8:** SBIRT staff: Can SBIRT staff be added to new and existing Community Health Teams?

**Answer to question 8:**

Yes, the options for this are detailed on page 11 and in the chart on page 17 of the RFP. SBIRT staff who are added to existing CHTs and require funding by the SBIRT/CHT RFP must be submitted as part of a bidder's technical proposal. SBIRT staff who are added to existing CHTs and do not require funding by the SBIRT/CHT RFP is also allowable and may be considered as leveraged resources (page 19) within a bidder's technical proposal. Per the RFP (page 13), SBIRT training is expected to be provided to any existing CHTs' current staff who are interested in providing this service in collaboration with the SBIRT Training and Resource Center.

**Question 9:** Would it be possible to identify potential partners through providing a list of parties who have expertise in one area but do not have significant capacity in another area?

**Answer to question 9:**

As noted in the RFP, the state does want the prime vendor to collaborate with as many partners as it needs to carry out the project effectively. The reason we included Attachment 5 was to provide potential bidders with information about organizations that have experience with various types of Community Health Teams or similar programs that might be potential partners. The state has no information on their particular areas of expertise.

Please note: organizations on this list are not excluded from submitting a proposal by virtue of being on the list.

**Question 10:** Would it be possible to extend the due date for the proposal by one week to ensure adequate preparation of the required package of materials?

**Answer to question 10:**

Yes, the RFP submission deadline will be extended to 10:30 a.m. on Monday, October 31, 2016 ET.

**Attachment V: Existing CHTs, Similar Programs, and Associated Sites (revised)**

The intent of this attachment is to promote partnering between existing and new CHTs as well as known, related programs that meet the broad CHT definition. A related program may be an entity/program that has the foundational elements of a CHT but is not yet currently functioning in that capacity. More specifically, SIM defines a CHT as a team of any or many discipline(s) that is linked to primary care and is comprised of at least one community-based, licensed health professional and two community health workers. This list is also intended to direct those practice sites interested in engaging in CHT/SBIRT activities to contact existing programs and/or potential bidders. This information was compiled based on the best currently available information, using the definition provided above. Please note, programs/organizations listed in this attachment may submit a proposal in response to this RFP, as a single bidder and/or in partnership with other potential bidder(s). The new SIM CHTs that will be procured are not equivalent to new organizations, but rather new services and/or new service areas.

| KNOWN CHT or RELATED PROGRAM              | ASSOCIATED SITES   |
|---|--|
| CTC (Pawtucket)                           | Blackstone Valley Community Health Center<br>Coastal - Hillside<br>Family Medicine at Women's Care<br>Internal Medicine Center<br>Memorial Hospital Family Care Center<br>Nardone Medical Associates<br>University Internal Medicine<br>University Medicine - East Ave.  |
| CTC (South County)                        | Coastal Medical - Wakefield<br>Coastal Medical - Narragansett<br>K. Cunniff - RIPCPC Solo Practitioner<br>Richard M. Del Sesto<br>S. Demirs - RIPCPC Solo Practitioner<br>South County Hospital Family Medicine<br>South County Internal Medicine<br>South County Walk-in & Primary Care<br>Thundermist Health Center - Wakefield<br>WoodRiver Health Services |
| Thundermist (Woonsocket)                  | Thundermist Health Center – Woonsocket   |
| Thundermist (West Warwick)                | Thundermist Health Center – West Warwick   |
| CHT-RI                                    | Statewide (Medicaid FFS)   |
| United Healthcare PCCM                    | Statewide  |
| Neighborhood Health Plan – Health at Home | Statewide  |

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|---------------------------------|-----------|
| Cedar About Families*           | Statewide |
| Cedar Empowered Families*       | Statewide |
| Cedar Lifespan Center*          | Statewide |
| Cedar RIPIN*                    | Statewide |
| Cedar Solutions Family Service* | Statewide |
| Integra                         | Statewide |
| Prospect Charter Care           | Statewide |

\*Serves birth to age 21