RFP# 7551472

TITLE: Behavioral Health Peer Based Recovery Support Services (PBRSS)

Submission Deadline: April 19, 2017 at 10:00 AM Eastern Time (ET)

PRE-BID/ PROPOSAL CONFERENCE: No

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than March 30, 2017 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
# TABLE OF CONTENTS

Section 1 –Introduction........................................................................................................3

Section 2- Background.........................................................................................................5

Section 3- Scope of Work......................................................................................................7

Section 4 -Technical Proposal...........................................................................................11

Section 5 -Cost Proposal.....................................................................................................13

Section 6- Evaluation and Selection....................................................................................13

Section 7 -Proposal Submission..........................................................................................15

Appendix I Budget Form......................................................................................................17

Appendix II Data Collection............................................................................................20

Appendix III Consumer Survey..........................................................................................22
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 behavioral health peer based recovery support services in a total of three different types of settings including hospitals, the RI Department of Corrections and within high need communities utilizing a mobile outreach approach, 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.

BHDDH is seeking to fund one or more vendors for said services. The initial contract period will begin approximately July 1, 2017 for one year. Contracts may be renewed for up to two (2) 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 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.


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

BHDDH is the state mental health authority and the co-single state authority for substance use and primary prevention. BHDDH’s Division of Behavioral Health (DBH) is responsible for policy, planning and ensuring quality services for the individuals served with mental health and substance use disorders and administers the Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant. The DBH planning process includes conducting community-wide needs assessments, identifying gaps in the continuum of services and developing a statewide plan to address identified issues. BHDDH/DBH is also eligible as the State’s Mental Health and Substance Use Disorder Authority to apply for discretionary funds from the Substance Abuse and Mental Health Services Administration (SAMHSA).

It is the vision of the BHDDH/DBH that all Rhode Islanders have the opportunity to achieve the best possible behavioral health and well-being within communities that promote empowerment, belonging, shared responsibilities and recovery. In alignment with this vision, DBH’s strategic goals include but are not limited to:

1. Incorporation of peer driven recovery support services into all aspects of behavioral healthcare. Peer related services are defined as the process of giving and receiving non-professional, non-clinical services to achieve long term recovery from substance use disorders and increase community recovery capital.
3. Expanding use of Recovery Community Centers beyond those currently funded by BHDDH contracts

The United States’ Substance Abuse Mental Health Services Administration (SAMHSA) defines recovery as “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” SAMHSA has been leading efforts to advance recovery supports through a wide variety of approaches, including use of community recovery centers and use of peer recovery specialist as part of recovery supports offered in this setting.

SAMHSA has identified four types of social support: emotional, informational, instrumental and affiliation support. These four types of social support are useful in organizing the community-based peer-to-peer services, which might include mentoring and support groups, as well as assistance.

The role of peer based recovery support services (P-BRSS) have been described as:

Peer-Based Recovery Support Services (P-BRSS): One of the most significant recent trends in the addictions field (and in related mental health, public health, and child welfare fields) is the emergence of peer-based and other recovery support services that are distinct from professionally-directed clinical services offered by addiction treatment organizations or other helping institutions. Peer based recovery support services cover a wide range of activities not generally offered by treatment providers. Such services include but are not limited to peer support (e.g., recovery coaching), housing, transportation, vocational training, employment services, telephone support, support groups, system navigation, recovery resource dissemination, life skills training and sober social activities.

The field of Peer-Based Recovery Support Services has grown rapidly and BHDDH is committed to ensuring that P-BRSS are delivered in accordance with the current knowledge of evidence based/evidence informed practices. Rhode Island has a certification process for Peer Recovery Specialists who provide services in a variety of settings to insure that individuals providing these services meet the highest standards of practice in delivery of services.

2.1 Overview

BHDDH seeks to implement its vision to employ a Recovery Oriented Systems of Care (ROSC) model throughout programs funded by the Division of Behavioral Healthcare and encourage partnerships among the mental health, health, substance use disorder, and community based organizations. Recovery-oriented systems of care are designed to support individuals seeking to overcome substance use disorders across the lifespan.³

Peer Recovery Specialists (PRS) are a critical component of the state’s Recovery Oriented System of Care. RI has established a process for independent credentialing of Peer Recovery Specialists to insure that the individual has received proper training and preparation in best practice necessary to deliver peer recovery support services. Certified Peer Recovery Specialists provide an array of peer recovery support services in a variety of settings, including in hospital Emergency Departments, the RI Department of Corrections, Community Recovery Centers and in various locations where overdose risk is high (mobile outreach services). Currently over 80 individuals are certified as PRSs and efforts to expand the pool of certified PRS will be continued with this award.

The successful applicant(s) will need to demonstrate adherence to standards for Culturally and Linguistically Appropriate Services Standards as defined by the Office of Minority Health. (See https://www.thinkculturalhealth.hhs.gov/clas/standards). Applicants applying for funding through this RFP must have a smoke-free workplace policy in place in all facilities.

Community-based, non-profit organizations are eligible to respond to this Request for Proposals. For-profit organizations are not eligible to receive funding through this procurement.

SECTION 3: SCOPE OF WORK

BHDDH is seeking to fund one or more vendors to provide peer based recovery support in settings including but not limited to hospital Emergency Departments throughout the state, the Rhode Island Department of Corrections and through mobile outreach to high need areas.

Vendors that can demonstrate their knowledge, experience and accomplishments providing peer based recovery support services are encouraged to submit a proposal in response to this Request. If a vendor proposes to serve multiple settings, a separate proposal must be submitted for EACH setting. For example, if a vendor proposes to deliver Peer Based Recovery Support Services in hospital emergency departments, the RI Department of Correction and Mobile Outreach, they must submit a total of three proposals (one for each setting) including a separately, signed and sealed cost proposal for each.

The successful vendor will provide the following scope of work:

I. Task 1 – Deliver Peer Recovery Support Services (not more than 60 days from effective date of contract (EDOC) – ongoing)

A. Deliver a range of PRBSS services including but not limited to:
   i. Offer treatment referrals and recovery support resources to individuals and their families who are interested in services
   ii. Insure that a minimum of 50% of PRBSS are delivered by Certified Peer Recovery Specialists (CPRS) who are currently certified by the RI Certification Board with the remainder of services being offered by individuals who have completed the state developed Peer Recovery Specialist Training and are actively pursuing certification as a PRS through the RI Certification Board.
   iii. Offer warm hand off by connecting the consumer or family member with individuals and resources to address needs identified by the consumer (e.g., referrals to treatment program based on consumer preference, Recovery Community Center as appropriate, and other social services including those designed for individuals living human immunodeficiency virus (HIV) based on the consumer’s identified needs and wishes).
   iv. Solicit consumer input on at least a quarterly basis. Written documentation of consumer input will be maintained as well as efforts to make improvements based on input to ensure quality of services for program evaluation.

B. Provide proper supervision to peer recovery specialists
   i. Provide at least 1 supervisor for 10 peer recovery specialists
   ii. Provide at least 30 minutes per week of individual supervision for a total of 2 hours each month
   iii. Supervisors must be familiar with BHDDH’s integrated PRS curriculum and the principles and philosophy of Recovery Oriented Systems of Care
   iv. Provide regular (at least monthly) group PRS supervision to allow PRSs to act as supports for each other and to enhance skills to maintain their unique peer support roles
   v. Meet BHDDH supervision requirements, rules and regulations regarding PRS supervision
   vi. Ensure that PRSs are completing the BHDDH Consumer Survey.

C. Coordinate with BHDDH and its’ contractors to increase the pool of certified peer recovery specialists by
i. Identifying training needs of both certified and non-certified PRS.
ii. Providing opportunities for non-certified PRS who are seeking additional practice hours in support of certification with appropriately matched internship opportunities as well as recently certified PRSs with organizations utilizing PBRSS as part of their continuum of services.
iii. Working with other contracted agencies currently receiving state and federal funds to train peers throughout the state at no cost.
iv. Ensuring that staff are well-trained in the provision of culturally competent, age and gender sensitive recovery support services.
v. Increasing the overall number of CPRS within the organization by 10% each year

2. Task 2 - Setting Specific Requirements
The Provider will provided Certified Peer Recovery Specialists, or those Peer Recovery Specialists working towards becoming Certified Peer Recovery Specialist (per RICB)\(^1\) to be available for the settings described below. Information regarding recommended staffing patterns for each service based on prior contracts for the service is provided. Alternative staffing patterns may be proposed that comport with requirements described at Task 1 A.ii. and B.i. as long as the justification for the proposed pattern is provided in the implementation section of the application.

A. Emergency Department Peer Recovery Specialists
The Provider will provide Certified Peer Recovery Specialists, or those Peer Recovery Specialists working towards becoming Certified Peer Recovery Specialist (per RICB)\(^1\) to be available on call to all Hospital Emergency Departments 24 hours/day, 7 days/week to provide the services/connections below to overdose patients. Staffing patterns under prior contracts included a pool of up to 21 PRS covering ten (10) hospitals.
   i. Offer “Learn to Cope” website to any family or friend supporting consumer’s recovery.
   ii. Provide the individual and/or family member(s) (if agreeable) education on overdose prevention, the use of Naloxone, and how to obtain Naloxone.
   iii. Review “recovery planning” tool and/or additional resources to patients and their family members
   iv. Continued PRS contact for additional recovery support and warm handoff to referrals after discharge, with first contact within 24 hours.
   v. Help coordinate referral placements for detox, residential, recovery housing or medication assisted treatment services.

B. RI Department of Corrections
A minimum of two Peer Recovery Specialists and a supervisor will be provided for the correctional setting to provide PRBSS services to 10 new inmates each month including but not limited to:
   i. An initial meeting with each participant to engage them in program.
   ii. Individual sessions prior to discharge will be conducted, 1-2 times before discharge. The purpose of the individual session is to build rapport and to plan for connection to support services upon release.
   iii. Engage with participants within 48 hours of their release from prison to ensure a smooth transition into the community and identify their needs post release.
   iv. Meet with the inmate face to face or via phone depending on the inmate’s preference.
v. In collaboration with the DOC’s discharge planning unit, assist participants in community resources housing, benefits, employment services and connecting with treatment and recovery supports upon release.

vi. Provide one weekly, individual session for each program participant both inside and outside of the prison (up to 20 sessions each week).

vii. Provide one to two Re-entry Support Group Meetings per week at Community Recovery Centers at BHDDH funded Community Recovery Centers, RI Department of Health’s Health Equity Zones, or other locations depending on consumer preference.

viii. Provide five support group meetings per week including Peer Recovery Specialist training inside of the prison (see Appendix IV for a range of groups to be delivered based consumer/consumer group composition and need). Based on annual consumer surveys results, new group topics should be assessed.

ix. Provide naloxone training for all participants being released from prison.

x. The PRS will be responsible for completion of data collection including surveys and evaluations to be completed on initial sessions and then at 90 day intervals.

C. Mobile Outreach Services

At least two PRS will provide PBRSS street outreach services to 15 potential participants each week in areas identified as being at high risk for overdose based on Geographic Information System Maps and Data available from RI Department of Health such as those published on the PreventOverdoseRI.org website. A goal of this RFP is to expand the Mobile Outreach Services to increase reach statewide and staffing patterns that can accomplish this goal are encouraged.

i. Each initial contact will attempt to engage participation in program and connect to treatment services including HIV prevention and treatment services if participants agree. Outreach will occur in targeted locations including, but not limited to soup kitchens, Kennedy Plaza, local shelters, etc.

ii. 15 group or individual support sessions will be provided to program participants each week (about 50 minutes each session) as follow up services.

iii. The PRS will be responsible for completion of data collection including surveys and evaluations to be completed on initial sessions and then at 90 day intervals.

D. Task 3- Monitor and evaluate delivery of PBRSS (for all services/all settings)

i. Collect data for evaluation plan (data to be collected includes measures attached in Appendix II & III).

ii. Submit data to BHDDH on a monthly basis in a format to be determined by the Department (see F. Reports and Deliverables).

iii. Collect data regarding services provided for contract reporting requirements for the overdose response team.

iv. Collaborate with the Department and an independent evaluator to analyze data and create evaluation reports to be shared with consumer advisory board and other key stakeholders, including the Department.

Please note that it is the Department’s hope that Peer Based Recovery Support Services delivered by a Certified Peer Recovery Specialist under the Supervision of the Clinical Supervisor will become a Medicaid reimbursable service within the coming year. The successful vendor will be allowed to request a budget modification once this occurs and reallocate funds to cover allowable expenses which are not reimbursed by Medicaid or other insurers.
E. Task 4- Special Enhancement Activities as Needed

In addition to the tasks identified above, should additional funding become available the State reserves the option to direct additional tasks to support the overall scope of this project. It is critical that the state have the flexibility to bring on additional technical assistance and expertise, in a timely manner, in order to perform activities which require similar expertise and work functions as those in Section I: Scope of Work.

The decision to use services under this Special Enhancement will be solely at the State’s request, and will be for specific enhanced activities not already included under the RFP. These optional activities will be defined, and agreed to in writing, by both the State and the vendor, before any enhanced work begins. There is no commitment on the part of the State to use any or all special projects/enhanced activities. All bidders must bid on the Special Enhancement using the hourly rates established in the award. Tasks should be bid and paid on a fully-loaded, time and materials basis for all personnel and subcontractors used to complete the optional task(s). This work must, support but not duplicate, the work described in the technical proposal’s scope of work. This work cannot exceed 10% of the initial award. Should new funding become available the Purchasing Agent would need to authorize payments in excess of 10% of the contract for special enhancements. The awarded vendor shall not perform any special enhanced activities without receiving a formal change order issued by the Division of Purchases.

F. Deliverables and Reports

1. Entry of data and monthly provision of data to BHDDH on a platform and format to be determined by the Department on number of consumers served, consumer demographics, type of PRBSS services offered including the setting for the service, consumer outcomes and consumer perception of care and performance measures (see attachment for detailed description of sample measures to be collected and overall consumer satisfaction through the RI BRSS TACS Consumer Survey or a substantially equivalent instrument).
2. Quarterly narrative reports on activities in a format to be determined by BHDDH
3. Annual narrative report on activities in a format to be determined by BHDDH
4. Performance measures
   a. Access/Capacity/Retention
      • Ten percent (10%) increase in services delivered between year 1 and year 2
      • Twenty (20%) increase in baseline over year 1 in retention in services as defined by consumers reporting on-going participation in PBRSS at 30 days, 60 days and 90 days
   b. Social connectedness
      • At least 65% of consumers of PRBSS who participate on follow up surveys will identify that PRBSS has helped in their personal recovery.
      • At least 50% of participants will have contact either by phone, or in person, (based on participant preference) with their Peer Recovery specialist at least 1x/month.
   c. Timeliness of data entry (due 15th of month following service)
SECTION 4: TECHNICAL PROPOSAL

Narrative and format: The separate technical proposal should address specifically each of the required elements:

A. **Staff Qualifications** (10 points) – Please provide: a detailed job description including qualifications as described in this proposal, staff resumes/CV, and description of qualifications and experience of key staff including their experience with the provision of Peer Based Recovery Support Services in the settings identified. Please address the proposed Project Director’s experience with specific key tasks and activities as described in the Scope of Work above.

The following appendices are **required** and will be included in the review and scoring of this section of the proposal.

1. Description of vendor qualifications and demonstration that the vendor has experience providing Peer Based Recovery Support Services in the settings described in this solicitation.
2. Curriculum Vitae/resume of the proposed Project Director (required), professional staff, and any consultants/contractors identified in staffing or implementation sections. Please be sure to designate which staff are currently certified as a Peer Recovery Specialist by the RI Certification Board, which have taken the state’s Peer Recovery Specialist Training and are actively working towards obtaining PRS certification by the RICB.
3. Job descriptions for all proposed positions.

B. **Capability, Capacity and Qualifications of the Offeror** (20 points) – Please describe prior experience with provision of peer based recovery support services in Rhode Island, especially the following:

1. Specific types and nature of PBRSS provided including the settings in which these services were offered
2. Sources of referrals and partnerships/collaborations (please provide letters of support and memoranda of agreement/understanding as an appendix). Please note that sub-contracts and memorandum of agreement/understanding are considered to be evidence of formalized or institutionalized collaborations and will be given stronger weight in scoring than letters of support.
3. Processes used to engage consumers of PBRSS in identifying needed services at both an individual level and also at an organizational level
4. Provision of supervision for both certified and non-certified peer recovery specialists
5. Number of Peer Recovery Specialists currently certified by the RI Certification Board (RICB) and number of Peer Recovery Specialists who have completed the Peer Recovery Specialist Training and who are working towards certification by RICB.
6. Models for co-supervision of certified peer recovery specialists by both clinical and non-clinical supervisors
7. As relevant or appropriate, implementation of any or all programmatic/organizational standards identified on pages 49-51 of the Council on Accreditation of Recovery Support Services (CAPRSS) resource manual
8. Experience working with the diverse cultures and any policies adopted relating to provision of culturally and linguistically appropriate services.
9. Collecting and reporting process and outcomes measures, particularly related to the delivery of PBRSS in a variety of different settings.

C. Work plan (25 points)

Implementation Plan & Timeline
Please provide an implementation plan for years 1 and 2; for successful applicants who are awarded contracts, implementation plans for additional option periods (e.g., years 3-5) would be part of the contract negotiation process and a condition of award.

The implementation timeline should include a detailed plan covering all phases of the project including but not limited to:
1. Start-up activities
2. Delivery Peer Based Recovery Support Services in each setting proposed
3. Monitoring and delivery of PRBSS
4. Data collection, deliverables and reports
5. Plans to enhance/build recovery capital within the designated area
6. Collaborations with other providers and contractors delivering other PRBSS services

D. Sustainability of Approach/Leveraging Resources (15 points)
Please describe the applicant’s ability to leverage financial, in-kind and other resources that will help to sustain the provision of PBRSS in the setting(s) proposed at the end of the award period. Please describe an approach to increase leveraged resources described during the lifetime of the award. Please see language at B.2, prior page, regarding how different evidence of collaboration and coordination are weighed for the purpose of scoring proposals.

Awardees must utilize third party and other revenue streams wherever possible and facilitate health insurance applications whenever possible. The funding available can only support services that are not reimbursable through Medicaid. Please provide a detailed plan for this work, including a plan for enrolling individuals in entitlement services for which they are eligible, as well as, the continuum of services that will be offered and the funding source. Please note that we are not asking for a budget in this section. Budget information should only be contained in the cost proposal which is contained in a separately sealed cost proposal.

It is the Department’s hope that Peer Based Recovery Support Services delivered by a Certified Peer Recovery Specialist under the Supervision of the Clinical Supervisor will become a Medicaid reimbursable service within the coming year. Demonstration of leveraged funding, in-kind contributions or resources, will help to offset costs not covered by Medicaid or private insurance.
SECTION 5: COST PROPOSAL

Detailed Budget and Budget Narrative:

Provide a proposal for fees charged for the services outlined in this proposal using APPENDIX I: BUDGET FORM to submit a line item budget reflecting costs to be charged to any resulting contract.

Please provide a budget for year one. The budget should include, but is not limited to the following items:

Personnel. A staffing pattern sufficient to insure that the activities of a community recovery center can be delivered. See guidance provided in the description of tasks. This should include a director and supervisor of peer recovery specialists and should provide for both clinical and non-clinical supervision of certified peer recovery specialists.

Travel & Professional Development
The Department expects that the successful applicant will ensure that its staff will be knowledgeable of current trends, research, and best practice in the provision of PRBSS. Therefore, applicants should include resources for training needed to attain initial certification or recertification as peer recovery specialist by the RI Certification Board. Attendance at other conferences and meetings is at the discretion of the successful applicant with the approval of BHDDH.

Operating expenses. Include all expenses necessary to implement the tasks of this contract. Applicants must use the budget template included with this solicitation. If the successful applicant does not have an existing location for the community recovery center at the time of award, this may include one-time start-up expenses such as initial leasing of space, lease/purchase of equipment necessary for this scope of work (e.g., computers including hardware, software and peripherals; and furnishings for offices or common areas).

SECTION 6: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 55 (78.6%) out of a maximum of 70 technical points. Any technical proposals scoring less than 55 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 55 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 Behavioral Healthcare, Developmental Disabilities and Hospitals reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).
Proposals will be reviewed and scored based upon the following criteria:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Qualifications:</td>
<td>10 Points</td>
</tr>
<tr>
<td>Capability, Capacity, and Qualifications of the Offeror</td>
<td>20 Points</td>
</tr>
<tr>
<td>Quality of the Work plan</td>
<td>25 Points</td>
</tr>
<tr>
<td>Sustainability of Approach/Leveraging of Resources</td>
<td>15 points</td>
</tr>
<tr>
<td><strong>Total Possible Technical Points</strong></td>
<td>70 Points</td>
</tr>
<tr>
<td>The lowest responsive bidder will receive one hundred percent (100%) of the available points (15) for cost. All other bidders will be awarded cost points based the following formula. See below.*</td>
<td>15 Points</td>
</tr>
<tr>
<td>The bidder with the most dollars leveraged will receive one percent (100%) of available points for cost. All other bidders will be awarded subcontractor points based on the following formula. See below. **</td>
<td>15 points</td>
</tr>
<tr>
<td><strong>Total Possible Points</strong></td>
<td>100 Points</td>
</tr>
</tbody>
</table>

*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:

\[
\text{(low bid / vendor’s bid)} \times \text{ available points}
\]

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 Fifteen (15), vendor B’s cost points are calculated as follows:

\[
\frac{65,000}{100,000} \times 15 = 9.75
\]

**The bidder with the most dollars leveraged will receive a maximum of fifteen of the 15 points for leveraged dollars. All other bidders will be awarded subcontractor points based on the following formula:

\[
\text{(Vendor’s bid/ most dollars leveraged)} \times \text{ available points}
\]

For example if the bidder with the most dollars leveraged (Vendor A) has $100,000 in subcontracts and Vendor B has 500,000 in dollars leveraged and the total points available are fifteen (15), vendor B’s points are calculated as follows:
$50,000/100,000 * 15 = 7.5

Points will be assigned based on the offeror’s clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

SECTION 7: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at david.fracnis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference RFP # 7551472 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) 574-8100.

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 four (4) copies) should be mailed or hand-delivered in a sealed envelope marked “RFP # 7551472 Behavioral Health Peer Based Recovery Support Services (PBRSS)” 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 copy 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 copy 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 six (6) 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 using Appendix I: Budget Form 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
## APPENDIX I – BUDGET FORM

### Contract Agency: ____________________________

### Contract Service: ____________________________

<table>
<thead>
<tr>
<th>Category /Item</th>
<th>Proposed Budget</th>
<th>Leveraged Funds</th>
<th>Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Salaries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Fringe Benefit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Contractual Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Travel (in state)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Conference (out of state)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Postage/Office Supplies/Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Telephone/Cable/Internet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Information System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Property Rent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10) Heat &amp; Utilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11) All Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12) Agency Overhead-Indirect</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**                   | **$0.00**       | **$0.00**       | **$0.00**    |
## Item #1
### Salary Costs

<table>
<thead>
<tr>
<th>Position Title</th>
<th># of Positions</th>
<th>Total Annual Salary [contract year earnings]</th>
<th>Salary Chargeable to Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>BHDDH</td>
</tr>
</tbody>
</table>

Total Salaries: N/A

Salary

### Item #2 Fringe Benefits & Other Personnel Costs

<table>
<thead>
<tr>
<th>Fringe Benefits Chargeable to Program</th>
<th>BHDDH</th>
<th>Leveraged Funds</th>
<th>Combined</th>
</tr>
</thead>
</table>

Total Fringe Benefits

### Item #3 Consultant Costs

<table>
<thead>
<tr>
<th>Consultants Chargeable to Program</th>
<th>BHDDH</th>
<th>Leveraged Funds</th>
<th>Combined</th>
</tr>
</thead>
</table>

Total Consultant Costs

N/A

Salary

Hourly Rate

Consultants

Combined

$0.00

$0.00

$0.00
### APPENDIX I – BUDGET FORM

#### 3 of 3 pages

<table>
<thead>
<tr>
<th>Item #11 All Other</th>
<th>Other Costs Chargeable to Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BHDDH</td>
</tr>
<tr>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Other Costs</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

(list each cost item)
APPENDIX II: Data Collection

This appendix outlines data collected for all consumers who receive Peer Based Recovery Support Services provided with these funds and also setting specific data. The provider is expected to collect and report this data on a monthly basis to the Department in manner and format to be determined by the Department.

Section A: Data Collection for All Peer Based Recovery Support Services

1. Number of unduplicated consumers assessed for any services during reporting period;
2. Unduplicated consumer demographics (age, gender, ethnicity, city of residency);
3. Number of unduplicated consumers males/females;
4. Number of unduplicated consumers with primary diagnosis of mental health, substance abuse or co-occurring disorders;
5. Number of unduplicated consumers with current medical conditions needing follow up;
6. Number of unduplicated consumers involved in treatment prior to assessment;
7. Number of unduplicated homeless consumers;
8. Number of unduplicated consumers who are employed, collecting SSI, SSDI, Veterans, unemployment, other;
9. Number of unduplicated consumers who have been incarcerated;
10. Number of unduplicated non-English speaking consumers;
11. Number of unduplicated consumers referred to services after completing treatment/engagement with team and type of service;
12. Number of unduplicated consumers reporting satisfaction with services based on BHDDH on-line (CPRS) customer satisfaction survey.
13. Number of unduplicated consumers reporting dissatisfaction with services and reasons for dissatisfaction based on BHDDH on-line (CPRS) customer satisfaction survey.
14. Number of consumers referred to treatment by type (mental health, 12-step, MAT Services, Detox, etc.)
15. Number of consumers retained in recovery services at 90-day mark who are still receiving recovery support from a Certified Peer Recovery Specialist, or are still engaged with the Outreach Worker.

Section B. Setting Specific Data Collection Requirements

Emergency Department Interventions by Certified Peer Recovery Specialists

In addition to providing information from the BRSS TAC Survey (or substantively similar instrument), the provider will need to provide detailed monthly data report to BHDDH’s contract monitor for consumers served by the overdose emergency team regarding the following:

a. Name of hospital involved.
b. Number of hospital contacts for team intervention.
c. Number of consumers contacted within 30-minutes from hospital overdose contact to team intervention. Number of consumers contacted beyond 30 minutes.
   Number of consumers unable to meet
d. Other self-reported substances of use beside opioids, including fentanyl.
e. Was Naloxone used?
f. Was consumer (and family or significant others) educated and trained on obtaining, using Naloxone in the future? Referrals of family members for BH education?
g. Number of consumers who received a referral for mental health/substance use treatment
h. Number of consumers who followed up on a referral……
i. Percentage of consumers completing the “Recovery Planning” Tool prior to discharge.
j. Number of consumers who followed up on at least one activity listed in the Recovery Plan
k. Number, frequency and type of contacts with consumer after discharge?
l. Number of consumers who were able to meet with the same PRS they met at the ER

**Sample Groups, Sessions and Services for Department of Corrections Setting**

Overdose prevention education  
Recovery support groups  
Faith-based recovery groups  
12-step fellowship groups  
Grief Recovery After Substance Abuse Passing (GRASP) groups
Re-entry or home comers groups
Latino-specific recovery groups
LGBT-specific groups  
Referrals to treatment and services throughout the state in collaboration with DOC personnel such as discharge planners or other counselors
Provide the individual and/or family member(s) (if agreeable) education on overdose prevention, the use of Naloxone, and how to obtain Naloxone.
Review “recovery planning” tool and/or additional resources to patients and their family members
Trainings and workshops
The Provider must use BHDDH’s Registration and Tracking System for all trainings related to Peer Recovery Specialists Health and Wellness

---

4 Groups to be offered as needed.
5 Referrals should include but not be limited to all forms of treatment for substance use and mental health disorders; PATH, housing, food resource services, employment, education, faith-based support, and emergency services. Referrals should be person centered and ensure that the consumer’s choices of provider, service and location of service are part of the process.
6 These shall include but not be limited to Peer Recovery Specialist training, Ethics training, Recovery 101, Mental Health, Trauma-informed care, Health Insurance, Naloxone administration and stigma reduction.
7 BHDDH and/or its’ contractor will provide free training and consultation regarding this new system.
8 To include but not be limited to Recovery Yoga, WRAP, WHAM, Circuit Training, Zumba, swimming, calisthenics, basketball, Hip Hop and breakdancing.
APPENDIX III

RI BRSS TACS Behavioral Health Peer Recovery

*Consumer Survey*

October 24, 2015

Date: ___________________________
**Introduction:** The following survey is designed to ask questions to people seeking services within the peer recovery support system. Getting feedback from our consumers is important to understanding what improvements can be made to better meet the needs of all our consumers. Let your voice be heard.

The survey is divided into two sections. **Section A** of the survey asks questions related to you and your experiences within the peer recovery system. **Section B** of the survey, which begins on page 18, asks about your overall health and other health conditions that may impact your life. We are asking these questions to better understand what needs and challenges people working with a peer recovery specialist may have, as well as the opportunity to link, or refer you to additional care that may assist you in your recovery. You may be asked to complete one, or both sections of the survey depending on your potential needs in working within the peer recovery system.

We would appreciate you taking the time to complete the following survey. The first part of the survey will take about 10 minutes of your time. If you are asked to complete the second part of the survey, it will take an additional 5 minutes. Your responses are voluntary and will be confidential. Responses will not be identified by individual. All responses will be compiled together and looked at as a group.
**Section A**

**Survey Administration**

1. **For PRS:** When is this survey being administered? *(please select only one)*
   - Initial
   - 6 Months
   - 12 Months

2. **For PRS:** Please enter the consumer's survey ID. This ID will differ from the ID used to identify consumers at your agency.

   The consumer’s survey ID consists of:
   *first letter of the first name + third letter of the first name + first letter of the last name + third letter of last name + DOB in DDMMYYYY format*

   Example: DVOD05141968

   Consumer ID: ____________________________

3. **For PRS:** How is this survey being administered? *(please select only one)*
   - Consumer is completing the survey independently
   - Consumer is completing the survey jointly with the PRS
   - Both jointly and independently

4. **For PRS:** Please select the appropriate agency and location. If your agency or location is not present, please contact your administrator. *(please select only one)*

<table>
<thead>
<tr>
<th>JSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Support Network of Rhode Island</td>
</tr>
<tr>
<td>Community Care Alliance – Community Support Program, 55 John A Cummings Way</td>
</tr>
<tr>
<td>Community Care Alliance – General Outpatient Program, 245 Main St.</td>
</tr>
<tr>
<td>RI Family Court – RI Family Treatment Drug Court</td>
</tr>
</tbody>
</table>

5. **For PRS:** Which sections would you like to complete today? *(please select only one)*
   - Section A
   - Section A & Section B

**Demographics**
6. What is your date of birth? Please use the format MM/DD/YYYY. (If you prefer not to give the day, please enter “1” (the first of the month).
   a. ____/____/____ (MM/DD/YYYY)

7. What is your gender? (please select only one)
   O Female
   O Male
   O Transgender O Other
   O Don’t know
   O Choose not to answer

   If you answered “other” for the previous question regarding gender, please specify here:
   __________________________________________________________

8. Are you a veteran?
   O Yes O No O
   O Don’t know
   O Choose not to answer

9. What is your race? (please select all that apply)
   O White
   O Black or African American
   O American Indian
   O Alaska Native
   O Native Hawaiian
   O Guamanian or Chamorro
   O Samoan
   O Other Pacific Islander
   O Asian Indian
   O Chinese
   O Filipino
   O Japanese
   O Korean
   O Vietnamese
   O Other Asian
   O Don’t know
   O Choose not to answer

10. Are you Hispanic or Latino? (check all that apply)
    O Yes, Central American
    O Yes, Cuban
    O Yes, Dominican
    O Yes, Mexican, Mexican American, Chicano/a
    O Yes, Puerto Rican
    O Yes, South American
    O Yes, another Hispanic, Latino/a, or Spanish origin
11. What is your primary language? *(please select only one)*
- English
- Spanish
- Portuguese
- French
- Other
- Choose not to answer

If you answered “other” for the previous question regarding your primary language, please specify here:

12. How did you find out about our peer recovery specialist program? *(please select only one)*
- A doctor or other health care provider
- A friend or relative
- A peer recovery specialist
- On-line
- Other
- Choose not to answer

If you answered “other” for the previous question regarding how you found out about our peer recovery specialist program, please specify here:

13. In which of the following areas are you seeking recovery support from a Peer Recovery Specialist? *(check all that apply)*
- Mental Health
- Substance use (alcohol and other drugs)
- Addiction (such as: sex, gambling, food, etc.)
- Tobacco
- Other
- Choose not to answer

If you answered “other” for the previous question regarding the areas you are seeking recovery support from a Peer Recovery Specialist, please specify here:

14. How do you usually connect with your Peer Recovery Specialist? *(please select only one)*
- Phone
- Email
- In-person
- This is my 1st visit (Not applicable)
15. In the past 30 days, where have you been living most of the time? (please select only one)

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel [skip to question 17]
- Staying or living with family/friends (e.g., room, apartment, or house) [skip to question 17]
- Transitioning housing [skip to question 17]
- Substance abuse treatment facility or detox center [skip to question 17]
- Residential treatment (substance abuse or mental health) [skip to question 17]
- Therapeutic community or halfway house [skip to question 17]
- Psychiatric hospital or other psychiatric facility [skip to question 17]
- Long-term care facility or nursing home [skip to question 17]
- Hospital or other residential non-psychiatric medical facility [skip to question 17]
- Permanent supportive housing [skip to question 17]
- Foster care home or foster care group home [skip to question 17]
- Jail, prison, or juvenile detention facility [skip to question 17]
- House rented by consumer [skip to question 17]
- House owned by consumer [skip to question 17]
- Other [skip to question 17]
- Choose not to answer [skip to question 17]

If you answered “other” for the previous question regarding where you have been living most of the time over the last 30 days, please specify here:

16. In the past 30 days, approximately how many nights have you been homeless? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.”

   a. [___][___] nights

17. Over the past 30 days, in what city/town have you been living in for most of the time? (please select only one)

   - Exeter
   - Foster
   - Glocester
   - Hopkinton
   - Jamestown
   - Johnston
   - Lincoln
   - Little Compton
   - Middletown
   - Narragansett
   - Newport
- North Kingston
- North Providence
- North Smithfield
- Pawtucket
- Portsmouth
- Providence
- Richmond
- Scituate
- Smithfield
- South Kingstown
- Tiverton
- Warwick
- Warwick
- West Greenwich
- West Warwick
- Woonsocket
- Out of State
- Unknown
Employment / Education

18. What is the highest level of education you have finished (whether or not you have received a degree)? (*please select only one*)

- Preschool
- Kindergarten
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade /High school diploma/Equivalent
- Some college or university
- Bachelor’s degree (BA, BS) or higher
- Vocational/Technical diploma after high school
- I never attended school or a job training program
- Don’t know/information not available
- Choose not to answer

19. Are you currently employed? (*please select only one*)

- Employed, full time (35+ hours per week, or would have been)
- Employed, part time
- Unemployed, looking for work
- Unemployed, disabled
- Unemployed, volunteer work
- Unemployed, retired
- Unemployed, not looking for work
- Other
- Don’t know/information not available
- Choose not to answer

If you answered “other” for the previous question regarding where you are currently employed, please specify here:

____________________________________________________________________

20. Are you currently enrolled in school or a job training program? (*please select only one*)

- No, not enrolled
- Enrolled, full time
- Enrolled, part time
- Other
- Don’t know/information not available
- Choose not to answer

If you answered “other” for the previous question regarding whether you are enrolled in school or a job training program, please specify here:
21. Do you meet with an employment specialist? (please select only one)
   - Yes
   - No [if yes, skip to question 23]
   - Choose not to answer [if yes, skip to question 23]

22. Has meeting with an employment specialist helped you to find employment? (please select only one)
   - Yes
   - No
   - Choose not to answer

**Crime and Criminal Justice**

23. In the past 30 days, have you been arrested? (please select only one)
   - Yes
   - No [if yes, skip to question 25]
   - Choose not to answer [if yes, skip to question 25]

24. If yes, in the past 30 days, approximately how many times have you been arrested? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.”
   a. [ ] times

**Social Connectedness**

25. Who do you rely on for support? (please select all that apply)
   - Myself
   - Spouse
   - Family
   - Friends
   - Therapist
   - Support group(s)
   - Clergy/spiritual leader
   - Case manager
   - Peer specialist
   - Other
   - Choose not to answer

   If you answered “other” for the previous question regarding who you rely on for support, please specify here:

___________________________________________________ ____________________

26. Are you a parent? (please select only one)
27. Are you currently working on improving your relationship with your child (or children)? (please select only one)

- Yes
- No [if yes, skip to question 28]
- Choose not to answer [if yes, skip to question 28]

Access / Capacity

28. In the past 30 days, have you used street or illicit drugs (including non-medical use of prescription drugs)? (please select only one)

- Yes
- No [if yes, skip to question 30]
- Choose not to answer [if yes, skip to question 30]

29. In the past 30 days, approximately how many days did you use any illegal drugs, including prescription drugs that were taken for reasons or in doses other than prescribed? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.”

a. |____|____| Days

30. In the past 30 days, have you used alcohol? (please select only one)

- Yes
- No [if yes, skip to question 32]
- Choose not to answer [if yes, skip to question 32]

31. In the past 30 days, approximately how many days have you used alcohol beverages? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.”

a. |____|____| Days

32. In the past 30 days, have you used cigarettes? (please select only one)

- Yes
- No [if yes, skip to question 36]
- Choose not to answer [if yes, skip to question 36]

33. In the past 30 days, approximately how many days have you used cigarettes? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.”

a. |____|____| Days

34. During the past 30 days, have you stopped smoking for one day or longer because you were trying to quit smoking? (please select only one)
35. How much do you smoke? (20 cigarettes = 1 pack) (please select only one)

☐ Less than 10 cigarettes a day
☐ 11-20 cigarettes per day (20 cigarettes = 1 pack)
☐ 21-39 cigarettes a day (More than 1 pack, but less than 2 packs a day)
☐ More than 2 packs a day (more then 40)
☐ Don’t know
☐ Choose not to answer

36. During the past 30 days, for which of the following have you been hospitalized (stayed overnight or longer in a hospital)? (please select all that apply)

☐ Physical illness or injury [if yes, answer question 37]
☐ Mental health or emotional issues [if yes, answer question 38]
☐ Alcohol or substance use [if yes, answer question 39]
☐ None [if yes, skip to question 40]
☐ Choose not to answer [if yes, skip to question 40]

[Physical illness or injury]
37. If yes, approximately how many times have you been hospitalized for a physical illness or injury in the last 30 days? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.”

a. |____|____| Times

[mental health or emotional issues]
38. If yes, approximately how many times have you been hospitalized for mental health or emotional issues in the last 30 days? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.”

a. |____|____| Times

[Alcohol or substance use]
39. If yes, approximately how many times have you been hospitalized for alcohol or substance use in the last 30 days? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.”

a. |____|____| Times

40. During the past 30 days, for which of the following did you receive outpatient treatment (non-emergency visits to a doctor or clinic)? (please select all that apply)

☐ Physical illness or injury [if yes, answer question 41]
☐ Mental health or emotional issues [if yes, answer question 42]
☐ Alcohol or substance use [if yes, answer question 43]
☐ None [if yes, skip to question 44]
☐ Choose not to answer [if yes, skip to question 44]
[Physical illness or injury]
41. If yes, approximately how many times did you receive outpatient treatment for physical illness or injury in the last 30 days? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.” a. |____|____| Times

[Mental health or emotional issues]
42. If yes, approximately how many times did you receive outpatient treatment for mental health or emotional issues in the last 30 days? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.” a. |____|____| Times

[Alcohol or substance use]
43. If yes, approximately how many times did you receive outpatient treatment for alcohol or substance use in the last 30 days? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.” a. |____|____| Times

44. During the past 30 days, for which of the following did you receive treatment in the emergency department/emergency room? (please select all that apply)

- Physical illness or injury [if yes, answer question 45]
- Mental health or emotional issues [if yes, answer question 46]
- Alcohol or substance use [if yes, answer question 47]
- None [if yes, skip to question 48]
- Choose not to answer [if yes, skip to question 48]

[Physical illness or injury]
45. If yes, approximately how many times did you receive emergency department treatment for physical illness or injury in the last 30 days? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.” a. |____|____| Times

[Mental health or emotional issues]
46. If yes, approximately how many times did you receive emergency department treatment for mental health or emotional issues in the last 30 days? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.” a. |____|____| Times

[Alcohol or substance use]
47. If yes, approximately how many times did you receive emergency department treatment for alcohol or substance use in the last 30 days? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.” a. |____|____| Times

48. During the past 30 days, for which of the following did you receive treatment at an urgent care/walk-in clinic? (please select all that apply)
☐ Physical illness or injury [if yes, answer question 49]
☐ Mental health or emotional issues [if yes, answer question 50]
☐ Alcohol or substance use [if yes, answer question 51]
☐ None [if yes, skip to question 52]
☐ Choose not to answer [if yes, skip to question 52]

[Physical illness or injury]
49. If yes, approximately how many times did you receive urgent care/walk-in clinic treatment for a physical illness or injury in the last 30 days? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.” 
  a. |____|____| Times

[Mental health or emotional issues]
50. If yes, approximately how many times did you receive urgent care/walk-in clinic treatment for mental health or emotional issues in the last 30 days? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.”
  a. |____|____| Times

[Alcohol or substance use]
51. If yes, approximately how many times did you receive urgent care/walk-in clinic treatment for alcohol or substance use in the last 30 days? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.”
  a. |____|____| Times

52. During the past 30 days, have you been to a detox facility? (please select only one)
  ☐ Yes
  ☐ No [if yes, skip to question 54]
  ☐ Choose not to answer [if yes, skip to question 54]

53. If yes, approximately how many times have you been to a detox facility during the last 30 days? Please enter 99 to indicate “Don’t know” or 98 for “Choose not to answer.”
  a. |____|____| Times

Perception of Care

For the following questions, please rate how often each statement applies to you.

54. I have a say in what happens to me when I am in crisis. (please select only one)
  ☐ Almost Always/Always
  ☐ Often
  ☐ Sometimes
  ☐ Never/Rarely
55. My peer recovery specialist believes that I can grow, change and recover. *(please select only one)*

- Does not apply to me
- Choose not to answer

- Almost Always/Always
- Often
- Sometimes
- Never/Rarely
- Does not apply to me
- Choose not to answer

56. My peer recovery specialist treats me with respect regarding my cultural background (think of race, ethnicity, religion, language, age, sexual orientation, etc.). *(please select only one)*

- Almost Always/Always
- Often
- Sometimes
- Never/Rarely
- Does not apply to me
- Choose not to answer

57. My family, or the people important to me, gets the education or supports they need to be helpful to me. *(please select only one)*

- Almost Always/Always
- Often
- Sometimes
- Never/Rarely
- Does not apply to me
- Choose not to answer

58. What type(s) of assistance are you looking for from a Peer Recovery Specialist? *(please select all that apply)*

- Housing
- Health benefits/insurance (Medicaid, Medicare, etc.)
- Monitory assistance (SSI, cash payment, etc.)
- Non-monetary assistance (housing, food stamps, daycare, transportation, heating assistance, etc.)
- Education/training
- Computer skills
- Creating a resume
- Finding work
- Navigating the peer recovery community
- Accessing medical healthcare system
- Navigating the mental health and substance use system
- Becoming an advocate for myself
- Developing better connections with family and friends
- Supporting me in a crisis
- Connecting me with support groups (AA, NA, etc.)
☐ Improving my quality of life
☐ Relapse prevention/reoccurrence
☐ Staying out of the hospital
☐ Staying out of jail
☐ Serving as a role model for me
☐ Goal setting
☐ Problem solving
☐ Other
☐ Choose not to answer

If you answered “other” for the previous question regarding what type(s) of assistance you are looking for from a Peer Recovery Specialist, please specify here:

___________________________________________________

59. How has a Peer Recovery Specialist helped you? *(please select all that apply)*
☐ Housing
☐ Health benefits/insurance (Medicaid, Medicare, etc.)
☐ Monitory assistance (SSI, cash payment, etc.)
☐ Non-monetary assistance (housing, food stamps, daycare, transportation, heating assistance, etc.)
☐ Education/training
☐ Computer skills
☐ Creating a resume
☐ Finding work
☐ Navigating the peer recovery community
☐ Accessing medical healthcare system
☐ Navigating the mental health and substance use system
☐ Becoming an advocate for myself
☐ Developing better connections with family and friends
☐ Supporting me in a crisis
☐ Connecting me with support groups (AA, NA, etc.)
☐ Improving my quality of life
☐ Relapse prevention/reoccurrence
☐ Staying out of the hospital
☐ Staying out of jail
☐ Serving as a role model for me
☐ Goal setting
☐ Problem solving
☐ Other
☐ Choose not to answer

If you answered “other” for the previous question regarding how a Peer Recovery Specialist has helped you, please specify here:

___________________________________________________

If you have elected to only complete Section A, you may end the survey here.
Thank you for completing the Peer Recovery Specialist Consumer Survey. Your responses will help us understand what improvements can be made to the program to better meet the needs of consumers.

If you have elected to also complete Section B, please proceed.

Introduction to Section B

The final few questions of this survey ask about your overall health and other health conditions that may impact your life. Individuals who face multiple health concerns may have additional needs or challenges in dealing with these health-related conditions. We are asking these questions to better understand what needs and challenges people working with a peer recovery specialist may have, as well as the opportunity to link, or refer you to additional care that may assist you in your recovery.

Getting feedback from our consumers is important to understanding what improvements can be made to better meet the needs of ALL our consumers. It should take about 5 minutes of your time. Let your voice be heard. It is valued and appreciated.

Remember, your responses are voluntary and will be confidential. Responses will not be identified by individual. All responses will be compiled together and looked at as a group.

Section B

Part I

60. How would you rate your overall health right now? (please select only one)

☐ Excellent
☐ Very good
☐ Good ☐ Poor ☐ Don’t know
☐ Choose not to answer

61. Are you currently pregnant? (please select only one)

☐ Yes ☐ No ☐ Don’t know
☐ Choose not to answer

62. Are you interested in sexual health education? (please select only one)

☐ Yes
☐ No
☐ Choose not to answer

63. Have you ever been tested for HIV? (please select only one)

☐ Yes
☐ No
☐ Don’t know
☐ Choose not to answer

64. Do you have access to HIV testing services? (please select only one)
☐ Yes ☐ No ☐ Don’t know
☐ Choose not to answer
**Part II**

65. Do you currently have health insurance? *(please select only one)*

- Yes
- No [if yes, skip to question 67]
- Don’t know [if yes, skip to question 67]
- Choose not to answer [if yes, skip to question 67]

66. What type of insurance do you currently have? *(please select all that apply)*

- Medicaid (offered by government)
- Medicare (offered by government)
- Veteran Insurance (offered by government)
- Private Insurance (paid by an employer or an individual)
- Other
- Don’t Know
- Choose not to answer

If you answered “other” for the previous question regarding what type of insurance you currently have, please specify here:

________________________________________________________________________

67. Has a doctor or health care provider ever told you that you have any of the following? *(please select all that apply)*

- Arthritis
- Asthma
- Cancer
- Heart problems (such as heart disease, hypertension (high blood pressure), high cholesterol, heart attack, or stroke)
- Hepatitis
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Epilepsy and Seizures
- HIV/AIDS
- Kidney Disease
- Liver Disease
- Obesity
- Dental Health Problems
- Tuberculosis (TB)
- Other
- None of the above [end survey]
- Choose not to answer

If you answered “other” for the previous question regarding if your doctor or health care provider ever told you that you have any of the following, please specify here:

________________________________________________________________________

68. For which of the following condition(s) are you currently receiving care from a doctor or health care provider? *(please select all that apply)*

- Arthritis
☐ Asthma  
☐ Cancer  
☐ Heart problems (such as heart disease, hypertension (high blood pressure), high cholesterol, heart attack, or stroke)  
☐ Hepatitis  
☐ Chronic Obstructive Pulmonary Disease (COPD)  
☐ Diabetes  
☐ Epilepsy and Seizures  
☐ HIV/AIDS  
☐ Kidney Disease  
☐ Liver Disease  
☐ Obesity  
☐ Dental Health Problems  
☐ Tuberculosis (TB)  
☐ Other  
☐ Choose not to answer

If you answered “other” for the previous question regarding if you are currently receiving care from a doctor or health care provider for each of the condition(s) that you were told that you have, please specify here:

_____________________________________________________________________________________

Thank you for completing the Peer Recovery Specialist Consumer Survey. Your responses will help us understand what improvements can be made to the program to better meet the needs of consumers.