



**Solicitation Information
December 5, 2018**

RFP# 7597678

TITLE: Behavioral Healthcare Recovery Community Centers (RCC) |

Submission Deadline: January 3, 2019 at 11:30 AM Eastern Time (ET) |

PRE-BID/ PROPOSAL CONFERENCE: NO

DATE:

LOCATION:

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than **December 13, 2018 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 Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

BID SURETY BOND REQUIRED: NO

PAYMENT AND PERFORMANCE BOND REQUIRED: NO |

**David J. Francis
Interdepartmental Project Manager**

Note to Applicants:

1. Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov
2. Proposals received without a completed RIVIP Bidder Certification Cover Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION COVER FORM

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SECTION 1. INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), is soliciting proposals from qualified firms to provide recovery support services within a Recovery Community Center (RCC) in accordance with the terms of this Request for Proposals (“RFP”) and the State’s General Conditions of Purchase, which may be obtained at the Division of Purchases’ website at www.purchasing.ri.gov.

The initial contract period will begin approximately March 2019 for one year. Contracts may be renewed for up to one additional 12-month period based on vendor performance and the availability of funds.

This is a Request for Proposals, not a Request for Quotes. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to cost; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this solicitation, 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 RFP are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP may be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP or for providing oral or written clarification of its content, shall be borne by the vendor. The State assumes no responsibility for these costs even if the RFP is cancelled or continued.
4. Proposals are considered to be irrevocable for a period of not less than 180 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 in the proposal.
6. 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. 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.
7. The purchase of goods and/or services under an award made pursuant to this RFP will be contingent on the availability of appropriated funds.

8. Vendors are advised that all materials submitted to the Division of Purchases for consideration in response to this RFP may be considered to be public records as defined in R. I. Gen. Laws § 38-2-1, *et seq.* and may be released for inspection upon request once an award has been made.
 - a. Any information submitted in response to this RFP that a vendor believes are trade secrets or commercial or financial information which is of a privileged or confidential nature should be clearly marked as such. The vendor should provide a brief explanation as to why each portion of information that is marked should be withheld from public disclosure. Vendors are advised that the Division of Purchases may release records marked confidential by a vendor upon a public records request if the State determines the marked information does not fall within the category of trade secrets or commercial or financial information which is of a privileged or confidential nature.
9. 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.
10. By submission of proposals in response to this RFP vendors agree to comply with R. I. General Laws § 28-5.1-10 which mandates that contractors/subcontractors doing business with the State of Rhode Island exercise the same commitment to equal opportunity as prevails under Federal contracts controlled by Federal Executive Orders 11246, 11625 and 11375.
 - a. Vendors are required to ensure that they, and any subcontractors awarded a subcontract under this RFP, undertake or continue programs to ensure that minority group members, women, and persons with disabilities are afforded equal employment opportunities without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability.
 - b. Vendors and subcontractors who do more than \$10,000 in government business in one year are prohibited from engaging in employment discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability, and are required to submit an “Affirmative Action Policy Statement.”
 - c. Vendors with 50 or more employees and \$50,000 or more in government contracts must prepare a written “Affirmative Action Plan” prior to issuance of a purchase order.

For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation.

Vendors further agree, where applicable, to complete the “Contract Compliance Report” (<http://odeo.ri.gov/documents/odeo-eeo-contract-compliance-report.pdf>), as well as the “Certificate of Compliance” (<http://odeo.ri.gov/documents/odeo-eeo-certificate-of-compliance.pdf>), and submit both documents, along with their Affirmative Action Plan or

an Affirmative Action Policy Statement, prior to issuance of a purchase order. For public works projects vendors and all subcontractors must submit a “Monthly Utilization Report” (<http://odeo.ri.gov/documents/monthly-employment-utilization-report-form.xlsx>) to the ODEO/State Equal Opportunity Office, which identifies the workforce actually utilized on the project.

For further information, contact Vilma Peguero at the Rhode Island Equal Employment Opportunity Office, at 222-3090 or via e-mail at ODEO.EOO@doa.ri.gov.

11. In accordance with R. I. Gen. Laws § 7-1.2-1401 no foreign corporation has the right to transact business in Rhode Island until it has procured a certificate of authority so to do from the Secretary of State. This is a requirement only of the successful vendor(s). For further information, contact the Secretary of State at (401-222-3040).
12. In accordance with R. I. Gen. Laws §§ 37-14.1-1 and 37-2.2-1 it is the policy of the State to support the fullest possible participation of firms owned and controlled by minorities (MBEs) and women (WBEs) and to support the fullest possible participation of small disadvantaged businesses owned and controlled by persons with disabilities (Disability Business Enterprises a/k/a “DisBE”)(collectively, MBEs, WBEs, and DisBEs are referred to herein as ISBEs) in the performance of State procurements and projects. As part of the evaluation process, vendors will be scored and receive points based upon their proposed ISBE utilization rate in accordance with 150-RICR-90-10-1, “Regulations Governing Participation by Small Business Enterprises in State Purchases of Goods and Services and Public Works Projects”. As a condition of contract award vendors shall agree to meet or exceed their proposed ISBE utilization rate and that the rate shall apply to the total contract price, inclusive of all modifications and amendments. Vendors shall submit their ISBE participation rate on the enclosed form entitled “MBE, WBE and/or DisBE Plan Form”, which shall be submitted in a separate, sealed envelope as part of the proposal. ISBE participation credit will only be granted for ISBEs that are duly certified as MBEs or WBEs by the State of Rhode Island, Department of Administration, Office of Diversity, Equity and Opportunity or firms certified as DisBEs by the Governor’s Commission on Disabilities. The current directory of firms certified as MBEs or WBEs may be accessed at <http://odeo.ri.gov/offices/mbeco/mbe-wbe.php>. Information regarding DisBEs may be accessed at www.gcd.ri.gov.

For further information, visit the Office of Diversity, Equity & Opportunity’s website, at <http://odeo.ri.gov/> and see R.I. Gen. Laws Ch. 37-14.1, R.I. Gen. Laws Ch. 37-2.2, and 150-RICR-90-10-1. The Office of Diversity, Equity & Opportunity may be contacted at, (401) 574-8670 or via email Dorinda.Keene@doa.ri.gov

13. HIPAA - Under HIPAA, a “business associate” is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A “business associate” also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA

protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement

SECTION 2. BACKGROUND

Agency Context

Per RI General Law Title 40.1, the Director of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) is empowered as the State Mental Health Authority and as the Co-Single State Authority for Substance Abuse with the Executive Office of Health and Human Services for the purposes of determining the Maintenance of Effort for the substance abuse education, prevention and treatment programs as a result of the state consolidating the behavioral health Medicaid funding. The Office of Facilities and Program Standards and Licensure, within the Department, is responsible for the licensing of behavioral health, developmental disabilities and traumatic brain injury programs for the State of Rhode Island.

The Division of Behavioral Healthcare Services (DBH) maintains the overall responsibility for planning, coordinating and administering a comprehensive State-wide system of mental health promotion and substance abuse prevention, intervention and treatment activities. The Division provides a comprehensive approach to attainment of the Substance Abuse and Mental Health Services Administration's (SAMHSA's) key strategic initiatives:

- Prevention of Substance Abuse and Mental Illness
- Health Care and Health Systems Integration
- Trauma and Justice
- Recovery Support
- Health Information Technology
- Workforce Development

BHDDH employs a recovery-oriented system of care in support of this vision. Recovery oriented systems of care are designed to support individuals seeking to overcome substance use disorders across the lifespan.¹ 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.*"² SAMHSA has been leading efforts to advance recovery supports through a wide variety of approaches, including use of Recovery Community Organizations (RCOs) 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 that are part of the work of a (RCO), where an individual in

¹ Halvorson A., Skinner J., and Whitter M., Provider Approaches to Recovery-Oriented Systems of Care: Four Case Studies. HHS Publication No. (SMA) 09-4437. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009.

² SAMHSA's Working Definition of Recovery: 10 Guiding Principles of Recovery, p. 3 Publication ID. PEP 12-RECDEF. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012

recovery may seek peer-led or peer-delivered services which might include mentoring and support groups, as well assistance.³

Community Recovery Organizations (CROs) or Recovery Community Organizations (RCOs) are synonymous and defined as:

... an independent, non-profit organization led and governed by representatives of local communities of recovery. These organizations organize recovery-focused policy advocacy activities, carryout recovery-focused community education and outreach programs, and/or provide peer-based recovery support services (P-BRSS). The broadly defined recovery community – people in long-term recovery, their families, friends and allies, including recovery-focused addiction and recovery professionals – includes organizations whose members reflect religious, spiritual and secular pathways of recovery. The sole mission of an RCO is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery from alcohol and other drug addiction. Public education, policy advocacy and peer-based recovery support services are the strategies through which this mission is achieved.⁴

The role of peer-based recovery services (P-BRSS) within a Recovery Community Organization has 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. A recent trend is to deliver these services through Recovery Community Centers. One model for a Recovery Community Center can be found on the CCAR website at <http://ccar.us/recoverycntrs.htm> along with links to that organization's four Recovery Community Centers.⁴

The field of Peer-Based Recovery Support Services has grown rapidly and BHDDH is committed to insuring that PBRSS 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 ensure that individuals providing these services meet the highest standards of practice in delivery of services. BHDDH will require RCOs who receive state or federal funding seek accreditation to ensure that programs or organizations providing PBRSS meet national standards for best practice in delivery of services.

³ Center for Substance Abuse Treatment, What are Peer Recovery Support Services? HHS Publication No. (SMA) 094454. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

⁴ Valentine, P., White, W. & Taylor, P. (2007) The recovery community organization: Toward a definition. Posted at http://www.facesandvoicesofrecovery.org/pdf/valentine_white_taylor_2007.pdf

The Council on Accreditation of Peer Recovery Support Services described the evolving need for accreditation among Peer Recovery Support Services as follows:

As these services have been conceived, defined, and developed, organizations have realized that they need to address the most effective ways to ensure the highest quality of care, while keeping intact the values, principles, and contexts that were the underpinnings of their work and that would give integrity and fidelity to peer recovery practice. PRSS accreditation has emerged in this context. Accreditation is an evaluation and approval process for organizations or programs to deliver a specific type of services or set of services. The focus is on the organization/program providing the service(s). Accreditation is sponsored by a non-governmental agency, in which trained external peer and expert reviewers evaluate an organization's compliance with preestablished performance standards. Although it is usually voluntary, it can be a requirement set by many diverse funders and purchasers of services.⁵

Goals of the Service

SAMHSA introduced State Opioid Response Grants (Short Title: SOR) and BHDDH received a two-year award commencing October 2018. The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). This procurement is meant to (1) increase access to recovery supports by expanding availability of Recovery Community Centers to three locations including the East Bay, Washington County and Northern Rhode Island; and (2) increase the number of accredited Community Recovery Centers within the state.

Current Service Outcomes

There are currently three Recovery Community Centers that are funded by BHDDH in Providence County, Kent County and Newport County serving those regions of the state.

Expected Service Outcomes/Metrics

The addition of three (3) more Recovery Community Centers will increase access to recovery supports in three additional regions within the state. Accessibility of recovery supports statewide will assist the Department in meeting the following goals:

- Reduced drug/alcohol use
- Increase/retain employment or return to/stay in school
- Decrease criminal involvement; and
- Increase social supports/social connectedness

⁵ <http://www.manula.com/manuals/caprss/accreditation/resource.book/en/topic/preface>

SECTION 3: SCOPE OF WORK AND REQUIREMENTS

General Scope of Work

Glossary of Terms

BHOLD –the Behavioral Health On-Line Database is BHDDH’s management information system. Licensed behavioral healthcare organizations (BHOs) are required to enter admission, discharge and event data on their clients into BHOLD.

GPRA – the Government Performance Results Act was designed to improve program management throughout the Federal government.

HDIS – Health Disparities Impact Statement – the use of data to: (1) identify subpopulations (i.e., racial, ethnic, sexual and gender minority groups) vulnerable to health disparities; and (2) implement strategies to decrease the differences in access, service use, and outcomes among those subpopulations.

Perception of Care data – refers to data that suggests the extent to which clients were satisfied with their care in terms of access to and quality of the services received.

SAMHSA – the Substance Abuse and Mental Health Services Administration is a branch of the U.S. Department of Health and Human Services.

SOR – the State Opioid Response is a formula grant awarded to Single State Agencies and territories to address the opioid crisis.

SPARS – SAMHSA’s Performance and Accountability System is an online data entry, reporting, technical assistance request, and training system to support grantees in reporting timely and accurate data to SAMHSA. The GPRA Client level outcome data is entered into SPARS.

The successful vendor(s) will provide the following scope of work:

A. Task 1 – Project Start Up not more than 60 days (2 months) from the Effective Date of Award/Contract award (EDOC)]

- 1) Hire key staff including a director, PRS supervisor who has attained certification as CPRS and a minimum of 1-2 CPRS or 1 CPRS with PRS who is in the process of acquiring certification but has completed the PRS training. Alternative staffing patterns may be proposed but must be justified and provide for adequate oversight and supervision.
- 2) Create a consumer engagement strategy.
- 3) Create a consumer advisory board (if one did not exist prior to award).
- 4) Coordinate with referral sources to ensure a stream of referrals.
- 5) Create a communication plan to publicize availability of PBRSS offered by the RCO on a website including a calendar of events and services offered at the Center.

B. Task 2 – Deliver Recovery Support Services coordinated in a Recovery Community Center (RCC) Setting (not more than 60 days EDOC – ongoing)

Applicants are encouraged to consider collaborations that result in co-location of the Center with public or private service providers to increase accessibility both to consumers and community members. This has the benefit of decreasing stigma while increasing community integration and sustainability. Co-location examples could include but are not limited to: college campuses, NetworkRI Centers, health centers, community recreation centers or other community-based service providers.

- 1) Coordinate with a wide variety of local organizations seeking CPRS.
- 2) Coordinate with BHDDH contractors to identify training needs of PRS both certified and non-certified and also commit to providing opportunities for aspiring PRS who are seeking additional practice hours in support of certification.
- 3) Coordinate with BHDDH, RI Department of Health, RI Department of Elderly Affairs and other relevant state agency partners in order to provide specialty training for PRS on areas such as pregnant/parenting women and elders.
- 4) Work with other contracted agencies currently receiving state or federal funds to train peers throughout the state at no cost to the trainee and provide suitable peers referred by the contractor with internship/volunteer opportunities that will assist in accruing hours needed for certification.
- 5) Deliver a range of PRBSS services at the Center based on consumer-identified needs and recommendations of the consumer advisory board, which include but are not limited to:
 - a. Overdose prevention education
 - b. Recovery support groups
 - c. Faith-based recovery groups
 - d. 12-step fellowship groups
 - e. Grief Recovery After Substance Abuse Passing (GRASP) groups⁶
 - f. Re-entry or home comers groups⁶
 - g. Latino-specific recovery groups⁶
 - h. LGBT-specific groups
 - i. HIV education and services
 - j. Education about treatment options available throughout the state including but not limited to:
 - i. Medication Assisted Treatment (MAT) such as Opioid Treatment Programs that provide methadone and Health Home services, Centers of Excellence (COEs), various counseling options, residential, intensive outpatient, partial hospitalizations, outpatient and detoxification services.
 - k. Referrals to treatment and services (including but not limited to housing, food resource services, employment, education, faith-based support, benefits eligibility and emergency services) throughout the state⁷

⁶ Groups to be offered as needed.

⁷ Referrals should include but not be limited to detox, MH and SUD treatment including Medication-Assisted Treatment (MAT), PATH, housing, food resource services, employment, education, faith-based support, benefits eligibility 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

- l. Trainings and workshops⁸ (at least one per quarter). The Provider must use BHDDH's Registration and Tracking System for all trainings related to Peer Recovery Specialists⁹ Health and Wellness¹⁰
 - m. Recreational activities that provide a sober alternative to other celebratory events¹¹
 - n. Student intern program in which student nurses and CNA's (Certified Nursing Assistant) provide health care screenings¹² and nutritional guidance
 - o. Based on annual consumer surveys results, current groups may be revised and new groups introduced.
- 6) Present data to consumer advisory board on a quarterly basis as part of continuous quality improvement efforts.
 - 7) Credit BHDDH on all promotional items and program materials associated with SOR funding. All materials bearing the BHDDH logo must be approved by the BHDDH Communications Office prior to distribution.

C. Task 3- Monitor, collect and evaluate delivery of PBRSS services provided.

- 1) Collect data for evaluation plan using either the Recovery Oriented Measures, attached as Appendix B, as determined by the Department. (Monthly)
- 2) Submit data to BHDDH in a format to be determined by the Department as required by the federal funder.
 - a. Entry of data by the 15th day of the following month to BHDDH on a platform and format to be determined by the Department including but not limited to:
 - i. Consumer demographic information (age, gender, sexual orientation, race, ethnicity, city of residency).
 - ii. Number and type of services utilized at the Recovery Community Center (RCC) by consumers
 - iii. Number of consumers who received a referral for mental health/substance use treatment to a community provider
 - iv. Number, frequency and type of contacts with consumer outside of RCC
- 3) Work with an evaluator identified by the Department to analyze data and create evaluation reports to be shared with consumer advisory board and other key stakeholders, including the Department. Adjustments will be made based on the evaluation. (Ongoing)

⁸ These may include but are not limited to training peers to be Peer Recovery Specialists, Ethics training, Recovery 101, Mental Health, Trauma-informed care, emergency room department training, Health Insurance, Naloxone administration and stigma reduction.

⁹ Free training and consultation regarding this new system will be provided by BHDDH or its contractor.

¹⁰ To include but not be limited to Recovery Yoga, Circuit Training, Zumba, swimming, calisthenics, basketball, Hip Hop and breakdancing.

¹¹ Such as Mardis Gras, Cookout, Halloween, Cookies with Santa, Political events, Health Fairs and Karaoke.

¹² To include but not be limited to blood pressure, glucose and cholesterol screenings, and heart monitoring.

D. Task 4 – Apply for Accreditation by the Council on Accreditation of Peer Recovery Support Services (CAPRSS)

The vendor must become a candidate for CAPRSS core accreditation during Year-2 of the award. Please see <http://www.manula.com/manuals/caprss/accreditation/resource.book/> p.17 for the steps to accreditation. Please ensure that fulfilling the steps for accreditation within the 2-year award period are included workplan described in Section 4 - Technical Proposal as described on page 14 and include costs associated with applicancy fees in the budget and narrative.

E. Task 5 - 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 that 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/Outputs

1. Quarterly narrative reports on progress and barriers to implementing task and activities (including progress towards accreditation by CAPRSS) in a format to be determined by BHDDH by the 15th after the close of the quarter.

G. Performance Targets

1. Access/Capacity/Retention
 - a. Ten percent (10%) increase in services delivered for between year 1 and year 2
 - b. Twenty (20%) increase in baseline over year 1 in retention in services as defined by consumers reporting on-going participation in PBRs at 30 days, 60 days and 90 days
2. Social connectedness
 - a. At least 65% of participants of the Center who participate on follow up surveys will identify that the Recovery Center has helped in their personal recovery.
3. Timeliness of data entry (due 15th of month following service)

H. Administration

1. Participate in meetings of a Recovery Community Center Collaborative and State Opioid Response grant meetings convened by BHDDH.

Applicants applying for funding through this RFP must have a smoke-free workplace policy in place in all facilities. The successful applicant(s) will need to demonstrate adherence to standards for Culturally- and Linguistically-Appropriate Services (CLAS) as defined by the Office of Minority Health. See <https://www.thinkculturalhealth.hhs.gov/clas>. Improving cultural and linguistic competence is an important strategy for addressing persistent behavioral health disparities experienced by diverse communities, including lesbian, gay, bisexual, and transgender populations as well as racial and ethnic minority groups. These diverse populations tend to have less access to services and poorer physical and behavioral health outcomes. Applicants are encouraged to consider use of existing technology such as texting applications to assist in reducing health disparities. The successful vendor must also demonstrate adherence to CLAS standards.

BHDDH is required to provide a Health Disparities Impact Statement (HDIS) as part of the SOR award. Providers who receive SOR funding will be expected to incorporate findings of the HDIS as relevant and appropriate to their services.

SECTION 4: PROPOSAL

A. Technical Proposal

Narrative and format: The proposal should address specifically each of the following elements:

1. Capability, Capacity, and Qualifications of the Offeror
 - a. Describe Offeror's previous experience with delivering the services requested or with similar scopes of work.
 - b. Describe Offeror's information technology infrastructure, staffing, and operational practices for managing client, program, fiscal, and billing data and information. BHDDH seeks proposals that demonstrate resources and ability to securely and accurately collect, store, analyze, and share data in accordance with confidentiality requirements
 - c. Describe Offeror's practices for required data collection, insuring data quality and submission of data or reports as required or requested by BHDDH.
 - d. Describe the physical infrastructure in place to support service delivery.
 - e. Describe Offeror's financial management and internal control practices.
 - f. Describe Offeror's ability to properly invoice for services rendered. BHDDH seeks proposals that describe practices to ensure invoices to the Department are accurate and timely, and supported by required documentation, and demonstrate ability to reconcile claims and resolve discrepancies between amounts billed and services rendered.
 - g. Demonstrate compliance with all state and federal regulations and statutes, including but not limited to licensing regulations.

2. Staff Qualifications

- a. Describe qualifications and experience of key staff who will be involved in this project, including their experience in the field.
- b. (add requirement of job descriptions, cv or resumes).

3. Proposed Approach

a. Service Methodology

- i. Describe the specific service, program or intervention the Offeror proposes to provide. BHDDH seeks proposals with detailed information on service components, intensity and duration of service, frequency and setting service, and population served-
- ii. Describe how the proposed service fits into and/or connects with the array of services provided by the Offeror, other community organizations, BHDDH, educational institutions, or other entities. BHDDH seeks proposals that demonstrate robust program linkages to related services, supports, and resources that collectively increase the likelihood of achieving successful outcomes.

b. Feasibility of Success

- i. Describe why the proposed service model is likely to cause the achievement of desired outcomes for the target population. BHDDH seeks proposals that cite specific rigorously-designed, replicated, and peer-reviewed research – or, for locally-developed programs, a well-constructed theory of change supported by the best available research – that credibly supports causal links between services delivered and achievement of desired outcomes. Provide URLs or other details sufficient for verification of cited research.
- ii. Describe the Offeror’s prior experience delivering the proposed service to the described target population. BHDDH seeks proposals that reflect successful track record of effectively delivering services similar to those proposed to clients similar to those of the target population.
- iii. Describe how the Offeror will assess performance related to delivery of services as proposed and insure that they are delivered in a manner consistent with the service model. BHDDH seeks proposals that offer comprehensive fidelity monitoring strategies and demonstrate that data and feedback on services and performance are systematically analyzed and regularly used to share learnings, remedy performance deficits, and inform performance improvement.

c. Sustainability

- i. Describe how the services or outcomes would be sustained at the conclusion of the award period. Do not include cost information but rather a description of the approach or strategy to be implemented.

4. Workplan

- a. Please describe in detail how the requested services (key tasks) will be performed including staffing patterns (including level of effort), staffing ratios for service delivery, supervision and administration.
- b. Describe for which components of the proposed service the Offeror intends to be primary provider, and for which, if any, and with whom the Offeror intends to subcontract, and describe any relationships established with other organizations that will have a significant role in the development, delivery, or evaluation of services. BHDDH seeks proposals that demonstrate the existence of any necessary organizational relationships, and describe the nature of such

relationships, including but not limited to contractual and/or financial obligations.

- c. Please provide a graphic depiction (table or chart) that describes time frames for completion of key tasks, deliverables and lead parties for year 1 of implementation. This may be appended as attachment or included in the body of the proposal.

B. Cost Proposal

Detailed Budget and Budget Narrative:

Provide a Cost Proposal for fees charged for Year-1 services outlined in this proposal using APPENDIX C Budget Form and APPENDIX D: Budget Narrative Template that provides detailed information on each cost category covered in the budget template.

Any contract resulting from the proposal will be cost reimbursement. Please insure that any charges to the contract are included in the cost proposal. The general guidance below describes the items that should generally be contained in the cost category.

1) Salaries

This line is meant to capture salaries of individuals who are employed directly by the applicant. Provide the name of employee (if available), position/title, full time equivalency (FTE) status or level of effort/percentage of time on the contract service and total amount of salary to be charged under the contract.

Describe key responsibilities of each of the positions funded (1-2 sentences).

2) Fringe Benefit

Describe the fringe benefit rate and how it is calculated. Fringe is usually expressed as a percentage of salary.

Describe the amount of fringe associated with the position/title described in salaries.

Make sure that the fringe charged to the contract reflects the percentage of time described for the position. For example, if staff is 100% on the contract, then 100% of their fringe can be charged to it. If the position is 50% on the contract, only 50% of their fringe is charged to the contract.

3) Contractual Services

Describe all services associated with the contract that are obtained by contract, memorandum of understanding/agreement, purchase order or other procurement mechanisms.

4) Travel

Briefly describe the nature of local travel undertaken for contracted service (for example: Mileage reimbursement at .56/mi for personal vehicle. Mileage is associated with attendance at required contract meetings, attending trainings and workshops, monitoring implementation of contract services).

5) Conference

Describe any travel out of state to attend conferences, training or meetings.

6) Postage/Office Supplies/Printing

Costs for postage and office supplies are included in this category. For large scale print jobs exceeding a cost of \$500, please provide a brief description of the types of print materials that are required.

7) Telephone/Cable/Internet

Telephone and internet use related to the project may be charged if its' use is exclusively in support of the contract. Cable television is not chargeable to the contract. If telephone and internet come as a bundle or package of services from a provider, only the monthly cost of telephone and internet can be charged. If use of these services are not exclusive to the contract, it should be included under the overhead-indirect line.

8) Information System

If the contract requires use of an information system to submit data, the costs or fees associated with its use should be captured on this line.

9) Property Rent

Include costs for any property or equipment rental necessary for administration of the project. If the property (either space or equipment) is rented specifically for the contract, then it is appropriate to charge on this line, otherwise it can be captured under the overhead –indirect line.

10) Heat & Utilities

Include costs such as heat and electric in this line. If the heat and utilities are specifically attributable to contract it is appropriate to include the costs in this line, otherwise it can be included under overhead - indirect line.

11) All Other

Include any other major costs necessary for the contracted service but not otherwise covered by the categories 1-10 in this category. Client incentives associated with follow up data collection are capped at \$30 per person.

12) Agency Overhead-Indirect

Other costs necessary to the administration of the project, but not otherwise captured in other direct cost lines may be included in this category. Generally, overhead or indirect charges cannot exceed 10% of the direct cost budget unless there is a federally approved, indirect cost rate.

C. ISBE Proposal

See Appendix A for information and the MBE, WBE, and/or Disability Business Enterprise Participation Plan form(s). Bidders are required to complete, sign and submit these forms with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.

SECTION 5: EVALUATION AND SELECTION

Proposals shall be reviewed by a technical evaluation committee (“TEC”) comprised of staff from State agencies. The TEC first shall consider technical proposals.

Technical proposals must receive a minimum of 55 out of a maximum of 70 points to advance to the cost evaluation phase. Any technical proposals scoring less than 55 points shall not have the accompanying cost or ISBE participation proposals opened and evaluated. The proposal will be dropped from further consideration.

Technical proposals scoring 55 points or higher will have the cost proposals evaluated and assigned up to a maximum of 30 points in cost category bringing the total potential evaluation score to 100 points. After total possible evaluation points are determined ISBE proposals shall be evaluated and assigned up to 6 bonus points for ISBE participation.

The Division of Purchases reserves the right to select the vendor(s) or firm(s) (“vendor”) that it deems to be most qualified to provide the goods and/or services as specified herein; and, conversely, reserves the right to cancel the solicitation in its entirety in its sole discretion.

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

Criteria	Possible Points
Capability, Capacity, and Qualifications of the Offeror	15 Points
Staff Qualifications	10 Points
Proposed Approach	20 Points
Work Plan	25 Points
Total Possible Technical Points	70 Points
Cost proposal*	30 Points
Total Possible Evaluation Points	100 Points
ISBE Participation**	6 Bonus Points
Total Possible Points	106 Points

*Cost Proposal Evaluation:

The vendor with the lowest cost proposal shall receive one hundred percent (100%) of the available points for cost. All other vendors shall be awarded cost points based upon the following formula:

(lowest cost proposal / vendor's cost proposal) x available points

For example: If the vendor with the lowest cost proposal (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly costs and service fees and the total points available are thirty (30), Vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 \times 30 = 19.5$$

****ISBE Participation Evaluation:**

a. Calculation of ISBE Participation Rate

1. ISBE Participation Rate for Non-ISBE Vendors. The ISBE participation rate for non-ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of non-ISBE vendor's total contract price that will be subcontracted to ISBEs by the non-ISBE vendor's total contract price. For example if the non-ISBE's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs, the non-ISBE's ISBE participation rate would be 12%.
2. ISBE Participation Rate for ISBE Vendors. The ISBE participation rate for ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of the ISBE vendor's total contract price that will be subcontracted to ISBEs and the amount that will be self-performed by the ISBE vendor by the ISBE vendor's total contract price. For example if the ISBE vendor's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs and will perform a total of \$8,000.00 of the work itself, the ISBE vendor's ISBE participation rate would be 20%.

b. Points for ISBE Participation Rate:

The vendor with the highest ISBE participation rate shall receive the maximum ISBE participation points. All other vendors shall receive ISBE participation points by applying the following formula:

$$\begin{aligned} & (\text{Vendor's ISBE participation rate} \div \text{Highest ISBE participation rate} \\ & \quad \times \text{Maximum ISBE participation points}) \end{aligned}$$

For example, assuming the weight given by the RFP to ISBE participation is 6 points, if Vendor A has the highest ISBE participation rate at 20% and Vendor B's ISBE participation rate is 12%, Vendor A will receive the maximum 6 points and Vendor B will receive $(12\% \div 20\%) \times 6$ which equals 3.6 points.

General Evaluation:

Points shall be assigned based on the vendor's clear demonstration of the ability to provide the requested goods and/or services. Vendors may be required to submit additional written information or be asked to make an oral presentation before the TEC to clarify statements made in the proposal.

SECTION 6. QUESTIONS

Questions concerning this solicitation must be e-mailed to the Division of Purchases at david.francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. No other contact with State parties is permitted. Please reference **RFP # 7597678** on all correspondence. Questions should be submitted in writing in a Microsoft Word attachment in a narrative format with no tables. Answers to questions received, if any, shall be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to monitor the Division of Purchases website for any procurement related postings such as addenda. If technical assistance is required, call the Help Desk at (401) 574-8100.

SECTION 7. PROPOSAL CONTENTS

2. Proposals shall include the following:

- a. One completed and signed RIVIP Bidder Certification Cover Form (included in the original copy only) downloaded from the Division of Purchases website at www.purchasing.ri.gov. *Do not include any copies in the Technical or Cost proposals.*
- b. One completed and signed Rhode Island W-9 (included in the original copy only) downloaded from the Division of Purchases website at <http://www.purchasing.ri.gov/rivip/publicdocuments/fw9.pdf>. *Do not include any copies in the Technical or Cost proposals.*
- c. Two (2) completed original and copy versions, signed and sealed Appendix A. MBE, WBE, and/or Disability Business Enterprise Participation Plan. Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation. *Do not include any copies in the Technical or Cost proposals.*
- d. 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 and as appropriate, resumes of key staff that will provide services covered by this request).
 - a. One (1) Electronic copy on a CD-R, marked "Technical Proposal - Original".
 - a. One (1) printed paper copy, marked "Technical Proposal -Original" and signed.
 - b. Five (5) printed paper copies
- e. Cost Proposal - A separate, signed and sealed cost proposal reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project.
- f. One (1) Electronic copy on a CD-R, marked "Cost Proposal -Original".
 - One (1) printed paper copy, marked "Cost Proposal -Original" and signed.
- g. Five (5) printed paper copies

3. Formatting of proposal response contents should consist of the following:

- Formatting of CD-Rs – Separate CD-Rs are required for the technical proposal and cost proposal. All CD-Rs submitted must be labeled with:
 - Vendor’s name
 - RFP #
 - RFP Title
 - Proposal type (e.g., technical proposal or cost proposal)
 - If file sizes require more than one CD-R, multiple CD-Rs are acceptable. Each CD-R must include the above labeling and additional labeling of how many CD-Rs should be accounted for (e.g., 3 CD-Rs are submitted for a technical proposal and each CD-R should have additional label of ‘1 of 3’ on first CD-R, ‘2 of 3’ on second CD-R, ‘3 of 3’ on third CD-R).

Vendors are responsible for testing their CD-Rs before submission as the Division of Purchase’s inability to open or read a CD-R may be grounds for rejection of a Vendor’s proposal. All files should be readable and readily accessible on the CD-Rs submitted with no instructions to download files from any external resource(s). If a file is partial, corrupt or unreadable, the Division of Purchases may consider it “non-responsive”. USB Drives or any other electronic media shall not be accepted. Please note that CD-Rs submitted, shall not be returned.

- Formatting of written documents and printed copies:
 - For clarity, the technical proposal shall be typed. These documents shall be single-spaced with 1” margins on white 8.5”x 11” paper using a font of 12 point Calibri or 12 point Times New Roman.
 - All pages on the technical proposal are to be sequentially numbered in the footer, starting with number 1 on the first page of the narrative (this does not include the cover page or table of contents) through to the end, including all forms and attachments. The Vendor’s name should appear on every page, including attachments. Each attachment should be referenced appropriately within the proposal section and the attachment title should reference the proposal section it is applicable to.
 - a. The cost proposal shall be typed using the formatting provided on the provided template.
 - Printed copies are to be only bound with removable binder clips.

SECTION 8. PROPOSAL SUBMISSION

Interested vendors must submit proposals to provide the goods and/or services covered by this RFP 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, shall not be accepted.

Proposals should be mailed or hand-delivered in a sealed envelope marked “**RFP# 7597678 Behavioral Healthcare Recovery Community Centers (RCC)**” 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 shall not be accepted. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time shall be determined to be late and shall not be accepted. Proposals faxed, or emailed, to the Division of Purchases shall not be accepted. The official time clock is in the reception area of the Division of Purchases.

SECTION 9. CONCLUDING STATEMENTS

Notwithstanding the above, the Division of Purchases reserves the right to award on the basis of cost alone, to accept or reject any or all proposals, and to award in the State's 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.

If a Vendor is selected for an award, no work is to commence until a purchase order is issued by the Division of Purchases.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded for this RFP. The State's General Conditions of Purchases can be found at the following URL: <https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>.

APPENDIX A. PROPOSER ISBE RESPONSIBILITIES AND MBE, WBE, AND/OR DISABILITY BUSINESS ENTERPRISE PARTICIPATION FORM

- **Proposer's ISBE Responsibilities (from 150-RICR-90-10-1.7.E)**

1. Proposal of ISBE Participation Rate. Unless otherwise indicated in the RFP, a Proposer must submit its proposed ISBE Participation Rate in a sealed envelope or via sealed electronic submission at the time it submits its proposed total contract price. The Proposer shall be responsible for completing and submitting all standard forms adopted pursuant to 105-RICR-90-10-1.9 and submitting all substantiating documentation as reasonably requested by either the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to the names and contact information of all proposed subcontractors and the dollar amounts that correspond with each proposed subcontract.
2. Failure to Submit ISBE Participation Rate. Any Proposer that fails to submit a proposed ISBE Participation Rate or any requested substantiating documentation in a timely manner shall receive zero (0) ISBE participation points.
3. Execution of Proposed ISBE Participation Rate. Proposers shall be evaluated and scored based on the amounts and rates submitted in their proposals. If awarded the contract, Proposers shall be required to achieve their proposed ISBE Participation Rates. During the life of the contract, the Proposer shall be responsible for submitting all substantiating documentation as reasonably requested by the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to copies of purchase orders, subcontracts, and cancelled checks.
4. Change Orders. If during the life of the contract, a change order is issued by the Division, the Proposer shall notify the ODEO of the change as soon as reasonably possible. Proposers are required to achieve their proposed ISBE Participation Rates on any change order amounts.
5. Notice of Change to Proposed ISBE Participation Rate. If during the life of the contract, the Proposer becomes aware that it will be unable to achieve its proposed ISBE Participation Rate, it must notify the Division and ODEO as soon as reasonably possible. The Division, in consultation with ODEO and Governor's Commission on Disabilities, and the Proposer may agree to a modified ISBE Participation Rate provided that the change in circumstances was beyond the control of the Proposer or the direct result of an unanticipated reduction in the overall total project cost.

- **MBE, WBE, AND/OR Disability Business Enterprise Participation Plan Form:**

Attached is the MBE, WBE, and/or Disability Business Enterprise Participation Plan form. Bidders are required to complete, sign and submit with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION
ONE CAPITOL HILL
PROVIDENCE, RHODE ISLAND 02908**

MBE, WBE, and/or DISABILITY BUSINESS ENTERPRISE PARTICIPATION PLAN

Bidder's Name:

Bidder's Address:

Point of Contact:

Telephone:

Email:

Solicitation No.:

Project Name:

This form is intended to capture commitments between the prime contractor/vendor and MBE/WBE and/or Disability Business Enterprise subcontractors and suppliers, including a description of the work to be performed and the percentage of the work as submitted to the prime contractor/vendor. Please note that all MBE/WBE subcontractors/suppliers must be certified by the Office of Diversity, Equity and Opportunity MBE Compliance Office and all Disability Business Enterprises must be certified by the Governor's Commission on Disabilities at time of bid, and that MBE/WBE and Disability Business Enterprise subcontractors must self-perform 100% of the work or subcontract to another RI certified MBE in order to receive participation credit. Vendors may count 60% of expenditures for materials and supplies obtained from an MBE certified as a regular dealer/supplier, and 100% of such expenditures obtained from an MBE certified as a manufacturer. This form must be completed in its entirety and submitted at time of bid. **Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.**

Name of Subcontractor/Supplier:

Type of RI Certification: MBE WBE Disability Business Enterprise

Address:

Point of Contact:

Telephone:

Email:

Detailed Description of Work To Be Performed by Subcontractor or Materials to be Supplied by Supplier:

Total Contract Value (\$):

Subcontract Value (\$):

ISBE Participation Rate (%):

Anticipated Date of Performance:

I certify under penalty of perjury that the forgoing statements are true and correct.

Prime Contractor/Vendor Signature

Title

Date

Subcontractor/Supplier Signature

Title

Date

APPENDIX B - RECOVERY ORIENTED MEASURES SURVEY (ROMS)

1. **PRS:** Select your agency and location.
 - a. Anchor-Pawtucket RCC
 - b. Anchor-Warwick RCC
 - c. PSN-Parent Support Network RCC
 - d. CCA-AGAPE, Providence
 - e. CCA-AGAPE, Woonsocket
 - f. AIDS Care Ocean State
 - g. AIDS Project Rhode Island
 - h. Youth Pride Rhode Island
 - i. PSN-Parent Support Network
 - j. RI Family Court- Family Treatment Drug Court
 - k. CCA-Community Support Program, 55 John A. Cummings Way
 - l. CCA-General Outpatient Program, 245 Main St.
 - m. The Providence Center, Providence
 - n. Newport County Community Behavioral Health
 - o. East Bay
 - p. Gateway/Lifespan
 - q. The Kent Center
 - r. Anchor-MORE
 - s. Anchor-Warwick (Emergency Department)
 - t. Recovery Housing
 - u. I-Teams
 - v. Opioid Treatment Program (list):

 - w. Center of Excellence (list):

 - x. Other (list):

2. **PRS:** When is this survey being administered?
 - a. Initial
 - b. 30 days
 - c. 90 days
 - d. 90+ days
3. **PRS:** How many days have you been working with the consumer?
 - a. Initial
 - b. 30 days
 - c. 90 days
 - d. 6 months
 - e. 1 year & over
4. **PRS:** Enter the consumer's survey ID. This ID will differ from the Id used to identify consumers at your agency. Consumer's survey ID consists of: the first two letters of the first name + the first two letters of the last name + DOB in MMDDYYYY format.
Example: Ana Smith, Date of Birth is September 4, 1987. (09/04/1987) ID looks like: ANSM09041987

5. What is your race/ethnicity? (Please select all that apply)
 - a. _____ White (Caucasian)
 - b. _____ Black or African American
 - c. _____ American Native/Alaskan Native
 - d. _____ Hawaiian/Pacific Islander
 - e. _____ Asian
 - f. _____ Hispanic
 - g. _____ Other
 - h. _____ Don't know
 - i. _____ Choose not to answer
6. What is your veteran status?
 - a. Active – currently on active duty in the uniformed services
 - b. Veteran – previously served on active duty in the uniformed services
 - c. No service – has not served in the uniformed services
 - d. Choose not to answer

APPENDIX B - RECOVERY ORIENTED MEASURES SURVEY (ROMS)

7. What is your highest education level?
- Never attended school/no formal education
 - Some elementary school (grades 1-7)
 - Some high school or vocational education
 - High school diploma or GED
 - Some education beyond high school
 - Associates/Bachelor's degree
 - Graduate degree (MA, MS, PhD., MD, JD, etc...)
 - Unknown/Choose not to answer
8. What is your gender? (Please select only one)
- Male
 - Female
 - Transgender M-F
 - Transgender F-M
 - Other
 - Choose not to answer
9. What is your employment status? Check all that apply
- _____ Employed Full Time (35+ hours/week)
 - _____ Employed Part Time
 - _____ Volunteer
 - _____ Unemployed (laid off or looking for work)
 - _____ Unemployed (not looking for work)
 - _____ Full time school or job training
 - _____ Retired
 - _____ Disabled
 - _____ Choose not to answer
10. What is your zip code? _____ Please enter 99 for currently homeless.
11. How many people reside in your home, in addition to you? _____ Please answer 99 homeless; 98 staying with a friend; 97 group living situation such as: sober house; group home
12. What is your income level?
- Less than \$9,999
 - \$10,000 - \$14,999
 - \$15,000 - \$24,999
 - \$25,000 - \$34,999
 - \$35,000 - \$49,999
 - \$50,000 - \$74,999
 - \$75,000 - \$99,999
 - \$100,000 – or above
13. In the past 30 days, have you experienced homelessness?
- Yes If Yes, how many days? _____
 - No Please enter 99 to indicate 'Do not know', 98 to indicate 'Choose not to answer'
14. In the past 30 days, have you been arrested?
- Yes If Yes, how many days? _____
 - No Please enter 99 to indicate 'Do not know', 98 to indicate 'Choose not to answer'

APPENDIX B - RECOVERY ORIENTED MEASURES SURVEY (ROMS)

15. Do you have health insurance?

- a. No
- b. Yes If Yes, what type do you have? (Check all that apply)
 - i. _____ Medicaid (offered by government) i.e. Neighborhood, Tufts, United
 - ii. _____ Medicare (offered by government)
 - iii. _____ Veteran Insurance (offered by government) i.e. TRICARE, VA Health Care
 - iv. _____ Private Commercial Insurance (paid by an employer or an individual) i.e. Blue Cross/Blue Shield, Cigna
 - v. _____ Other
 - vi. _____ Don't know
 - vii. _____ Choose not to answer

16. In the past 30 days, how many times have you used any of the following?

- a. _____ Alcohol
- b. _____ Crack/Cocaine
- c. _____ Marijuana, hashish, THC and any other cannabis sativa preparations
- d. _____ Heroin
- e. _____ Fentanyl
- f. _____ OxyContin, Oxycodone; Other Opioid/Synthetics
- g. _____ Hallucinogens: (e.g. PCP, LSD, mescaline, peyote, psilocybin, etc.)
- h. _____ Amphetamines: (e.g. Adderall, Ritalin, etc.)
- i. _____ Benzodiazepines: (e.g. Diazepam, Flurazepam, Clonazepam, Lorazepam, Xanax, Alprazolam, etc.)
- j. _____ Inhalants: (e.g. ether, glue chloroform, nitrous oxide, gasoline, paint thinner, etc.)
- k. _____ Ecstasy, MDMA, "E"
- l. _____ Bath salts; Synthetic cannabis/marijuana
- m. _____ Prescriptions not prescribed to you (e.g. methadone; suboxone); Other illicit/non-prescribed medications
- n. _____ Cough syrup or other OTC medication (over the counter for purpose other than intended)
- o. _____ Unknown
- p. _____ Choose not to answer

17. In the past 30 days, approximately how many times did you visit the Hospital Emergency? Please enter 98 for 'Choose not to answer' in each of the following.

- a. _____ Times for Treatment of Mental Health or Emotional Issues
- b. _____ Times for Alcohol or Substance Use Treatment
- c. _____ Times for Overdose
- d. _____ Times for Other Medical treatment

18. Has the Peer Recovery Specialist assisted or provided a referral to you for any of the following? (Check **ALL** that apply)

- a. _____ Mental Health Services
- b. _____ Substance Use Services
- c. _____ Detox Facility
- d. _____ Immunology Services
- e. _____ Smoking Cessation
- f. _____ Mutual Assistance Groups (AA, NA, Faith Based, SMART, NAMI, CBT etc.)
- g. _____ School / Job Program / Volunteer Work/Employment
- h. _____ Benefit Applications (SNAP, SSI, Medicaid, SSA, SSDI, etc.)
- i. _____ Relapse prevention
- j. _____ Staying out of jail/prison
- k. _____ Other Medical services
- l. _____ MAT (Medicated Assisted Treatment): Needle Exchange; Naloxone
- m. _____ Court support
- n. _____ Transportation assistance (Logisticare, public transportation, etc.)
- o. _____ Other (Housing, Food, Clothing, Education, etc.)
- p. _____ None

APPENDIX B - RECOVERY ORIENTED MEASURES SURVEY (ROMS)

19. In which of the following areas are you seeking support from a Peer Recovery Specialist? (Check ALL that apply)

- a. _____ Mental Health
- b. _____ Substance Use
- c. _____ Other Chronic Illness Management (e.g. HIV, Diabetes, Hepatitis C)
- d. _____ Tobacco Use
- e. _____ Re-entry to Community
- f. _____ Domestic Violence/Trauma
- g. _____ Homelessness
- h. _____ DCYF Involvement
- i. _____ Weight Management/Nutrition
- j. _____ Other Health Related Issues
- k. _____ Support/Mentoring
- l. _____ Choose not to answer

20. Was the Peer Recovery Specialist able to re-engage you with any of the following? (Check ALL that apply)

- a. _____ Mental Health Services
- b. _____ Substance Use Services
- c. _____ Immunology Services
- d. _____ Other Medical Services

21. Since meeting your Peer Recovery Specialist how many times have you been for each of the following? (Mark ALL that apply)

- a. _____ Times for Mental Health Treatment
- b. _____ Times for Substance Use Treatment
- c. _____ Times for Other Medical Treatment

22. In the past 30 days, how many times did you receive outpatient treatment (non-emergency visits to a doctor or clinic or urgent-care/walk-in clinic) for the following?

- a. _____ Times for Physical Illness or Injury
- b. _____ Times for Mental Health or Emotional Issues
- c. _____ Times for Alcohol or Substance Use
- d. _____ Times for Other Medical Treatment
- e. _____ None
- f. _____ Choose not to answer

23. Has the Peer Recovery Specialist made it easier for you to access and better manage HIV related health issues?

- a. Yes
- b. No
- c. Does not apply

24. In which of the following areas did you receive support from a Peer Recovery Specialist? (Check ALL that apply)

- a. _____ Mental Health
- b. _____ Substance Use
- c. _____ Other Chronic Illness Management
- d. _____ Tobacco Use
- e. _____ Re-entry to Community
- f. _____ Domestic Violence/Trauma
- g. _____ Homelessness
- h. _____ DCYF Involvement
- i. _____ Weight Management/Nutrition
- j. _____ Other Health Related Issues
- k. _____ Support/Mentoring
- l. _____ Choose not to answer

APPENDIX B - RECOVERY ORIENTED MEASURES SURVEY (ROMS)

25. Has the Peer Recovery Specialist provided any of the following? (Check **ALL** that apply)
- a. _____ Health Education (e.g. Diabetes; Nutrition; HIV/STD; General Overall Health)
 - b. _____ HIV Testing
 - c. _____ HIV Counseling

26. Who do you rely on for support? (Check **ALL** that apply)
- a. _____ Myself
 - b. _____ Spouse
 - c. _____ Family
 - d. _____ Friends
 - e. _____ Therapist
 - f. _____ Support group(s)
 - g. _____ Clergy/spiritual leader
 - h. _____ Case manager
 - i. _____ Peer specialist
 - j. _____ Other
 - k. _____ Choose not to answer

27. Rate your overall health on a scale from 1 to 5. (1 Poor; 2 Fair; 3 Good; 4 Very Good; 5 Excellent) _____

28. Has the Peer Recovery Specialist assisted you with improving your relationships with your family and/or children?
- a. Yes
 - b. No
 - c. Does not apply

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. My peer recovery specialist believes that I can grow, change and recover.	1	2	3	4	5
2. I believe that I can grow, change and recover.	1	2	3	4	5
3. I feel motivated to manage my health and recovery process.	1	2	3	4	5
4. My peer recovery specialist assisted me with increased community engagement.	1	2	3	4	5
5. My peer recovery specialist assisted me with decreasing self-stigma.	1	2	3	4	5
6. My peer recovery specialist assisted me with increased quality of life and life satisfaction.	1	2	3	4	5
7. My peer recovery specialist assisted me with increased engagement and activation in treatment.	1	2	3	4	5

APPENDIX B - RECOVERY ORIENTED MEASURES SURVEY (ROMS)

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
8. My peer recovery specialist assisted me with increased empowerment and hope.	1	2	3	4	5
9. My peer recovery specialist assisted me with increased social functioning.	1	2	3	4	5
10. I have a say in what happens to me when I am in crisis.	1	2	3	4	5
11. My peer recovery specialist treats me with respect regarding my cultural background (think of race, ethnicity, religion, language, age, sexual orientation).	1	2	3	4	5
12. My family, or the people important to me, gets the education or supports they need to be helpful to me.	1	2	3	4	5

APPENDIX C. BUDGET FORM

Contract Agency: _____

Contract Service: _____

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

Notes,

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

for departmental use	
Action/Disposition	
Reviewer	Date

APPENDIX C. BUDGET FORM - Supplementary Budget Information

Item # 1 Salary Costs					
Position Title	Total FTE	Total Annual Salary [contract year earnings]	Salary Chargeable to Program		
			BHDDH	Other	Combined
Total Salaries		N/A	\$0.00	\$0.00	\$0.00

Item # 2 Fringe Benefits & Other Personnel Costs	Fringe Benefits Chargeable to Program		
	BHDDH Share	Other Funds	Combined
Total Fringe Benefits	\$0.00	\$0.00	\$0.00

Item # 3 Contractual Costs (list each contract consultant service)	# of Hours	Hourly Rate	Consultants Chargeable to Program		
			BHDDH Share	Other Funds	Combined
Total Consultant Costs		N/A	\$0.00	\$0.00	\$0.00

Item #11 All Other (list each cost item)	Other Costs Chargeable to Program		
	BHDDH Share	Other Funds	Combined
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Total Other Costs	\$0.00	\$0.00	\$0.00

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

Appendix D: Budget Narrative Template

The following guidance is provided to you to assist with the development of required budget narratives. The general guidance below describes the items that should generally be contained in the cost category.

1) Salaries

This line is meant to capture salaries of individuals who will perform grant funded activities. Provide the name of employee, position/title, percentage of time on the contract service and total amount of salary charged under the contract service.

Describe key responsibilities of each of the positions funded (1-2 sentences).

2) Fringe Benefit

Describe the fringe benefit rate and how it is calculated. Fringe is usually expressed as a percentage of salary.

Describe the amount of fringe associated with the position/title described in salaries.

Make sure that the fringe charged to the contract reflects the percentage of time described for the position. For example, if staff is 100% on the contract, then 100% of their fringe can be charged to it. If the position is 50% on the contract, only 50% of their fringe is charged to the contract.

3) Contractual Services

Describe all services associated with the contract that are obtained by contract, memorandum of understanding/agreement, purchase order or other procurement mechanisms. This can include, but is not limited to: media buys, project management services (e.g., an individual is paid a flat fee or an hourly rate to manage a project), other professional services such as web site design or hosting, detail rates for law enforcement efforts, and paying for training associated with an evidence based practice.

4) Travel

Briefly describe the nature of local travel undertaken for contracted service (for example: Mileage reimbursement at .56/mi for personal vehicle. Mileage is associated with attendance at required contract meetings, attending trainings and workshops, monitoring implementation of contract services).

5) Conference

Describe any travel out of state to attend conferences or trainings.

6) Postage/Office Supplies/Printing

Costs for postage and office supplies are included in this category. For large scale print jobs exceeding a cost of \$500, please provide a brief description of the types of print materials that are required.

7) Telephone/Cable/Internet

Telephone and internet use related to the project may be charged if its' use is exclusively in support of the contract. Cable television is not chargeable to the contract. If telephone and internet come as a bundle or package of services from a provider, only the monthly cost of telephone and internet can

Appendix D: Budget Narrative Template

be charged. If use of these services are not exclusive to the contract, it should be included under the overhead-indirect line.

8) Information System

Include any costs incurred that are necessary for any data entry platform or other management information system.

9) Property Rent

Include costs for any property or equipment rental necessary for administration of the project. If the property (either space or equipment) is rented specifically for the contract, then it is appropriate to charge on this line, otherwise it can be captured under the overhead –indirect line.

10) Heat & Utilities

If the heat and utilities are specifically attributable to contract it is appropriate to include the costs in this line, otherwise it can be included under overhead - indirect line.

11) All Other

Include any other major costs necessary for the contracted service but not otherwise covered by the categories 1-10 in this category. Common items may include stipends for teachers who attend a training, parent or student workbooks associated with a program and purchase of promotional items.

12) Agency Overhead-Indirect

Other costs necessary to the administration of the project, but not otherwise captured in other direct cost lines may be included in this category. Generally, overhead or indirect charges cannot exceed 10% of the direct cost budget unless there is a federally approved, indirect cost rate. Please note that indirect is calculated only on the direct cost budget, meaning the sum of cost categories 1) through 11), not on the total budgeted amount.