



**Solicitation Information
February 21, 2019**

RFP# 7598635

TITLE: Seven Challenges - Youth and Young Adult Treatment

Submission Deadline: March 22, 2019 at 10:00 AM Eastern Time (ET)

PRE-BID/ PROPOSAL CONFERENCE: No

MANDATORY: No

If YES, any Vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory Pre-Bid/ Proposal Conference. The representative must register at the Pre-Bid/ Proposal Conference and disclose the identity of the vendor whom he/she represents. A vendor's failure to attend and register at the mandatory Pre-Bid/ Proposal Conference shall result in disqualification of the vendor's bid proposals as non-responsive to the solicitation.

DATE:

LOCATION:

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than **March 5, 2019 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 Seven Challenges, an evidence based practice which can be delivered in a variety of service settings as an outpatient therapeutic approach to treat substance use disorder and co-occurring disorder for youth, young adults and their families 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 June 2019 for one year. Contracts may be renewed for up to two (2) additional 12-month periods and one (1) 6-month period (ending on March 29, 2021) dependent upon vendor performance and 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

- i. 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.
- ii. 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.
- iii. 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.
- iv. 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.
- v. All pricing submitted will be considered to be firm and fixed unless otherwise indicated in the proposal.
- vi. 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.

- vii. The purchase of goods and/or services under an award made pursuant to this RFP will be contingent on the availability of appropriated funds.
- viii. 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.

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.

- ix. 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.
- x. 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.

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.

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."

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.

- a. 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.
- b. 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's units provide a comprehensive approach to attainment of six overarching goals. These goals are consistent with SAMHSA's National Behavioral Health Quality Framework. They are:

1. Promote the most effective prevention, treatment and recovery practices for behavioral health disorders
2. Assure behavioral healthcare is person, family and community centered
3. Encourage effective coordination within behavioral healthcare and between behavioral healthcare and primary care and other healthcare, recovery and social supports
4. Support communities to use best practices to enable healthy living
5. Make behavioral healthcare safe by reducing harm caused in delivery of care
6. Foster affordable, high quality behavioral healthcare through a new and recovery oriented delivery model

Rhode Island State Youth Treatment Implementation Cooperative Agreement (RI-SYTI)

RI was awarded a cooperative agreement from the Substance Abuse and Mental Health Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT) entitled Rhode Island State Youth Treatment Implementation (RI-SYTI). The SYT-I project will increase statewide access to evidence-based screening, assessment, treatment and recovery services for adolescents ages 12-17 and/ or young adults ages 18-25, or both, who are at risk for or are experiencing substance use disorders (SUD) and/or co-occurring substance use and mental health disorders (COD). The project will provide services to 1,160 youth and young adults statewide over a four-year period using evidence-based practices for all the sites. The vision of this project is to create a seamless, comprehensive system of care and establish a range of person-centered, evidence based services that are easily accessible and promote recovery.

RI completed a comprehensive planning process as a precursor to its application for SYT-I and is implementing several infrastructural and capacity building activities to the strengthen the system serving youth and young adults who are experiencing substance use disorders (SUD) and/or co-occurring substance use and mental health disorders. The predecessor grant, State Youth Treatment Planning, brought together stakeholders across the systems serving youth and young adults to strengthen an existing network that will enhance and expand treatment services, develop policies, expand workforce capacity, disseminate evidence-based practices, and implement financial mechanisms and other reforms to improve the integration and efficiency of the SUD / COD treatment

and recovery support services. Over the course of two years, stakeholders reviewed the current operation of the system and made recommendations to improve the system and outcomes for youth and young adults.

The stakeholder group recommended that CRAFFT and AUDIT be utilized as the evidence based screening instruments and implement the Seven Challenges as the evidence based counseling intervention to be implemented in outpatient settings after a review of numerous evidence based tools and practices. Seeking Safety was also identified as a complementary evidence based counseling intervention as resources may permit. This solicitation provides funding and other resources necessary to implement this recommendation.

Goals of the Services

BHDDH is proposing to fund providers to utilize standardized screening and assessment tools and implement the Seven Challenges, an evidence-based treatment program for youth and young adults offered in outpatient settings. A total of 1,160 youth and young adults will be served statewide, across multiple provider sites. Two sites have already been funded and this solicitation seeks two or more sites that will each be able to reach a minimum of 50 youth per site in the first year and 80 youth per site for the remaining option periods.

RI SYT-I will implement the CRAFFT and AUDIT statewide as assessment tools for youth and young adults. These tools are being used cross departmentally and would facilitate their adoption as a universal tool for the populations of focus. Each provider site will be trained on the assessment tools and on the Seven Challenges and is expected to implement them with fidelity, utilizing any fidelity tools and coaching provided by the developer.

Current Service Outcomes

Rhode Island experiences capacity gaps in treatment services for youth and young adults. It continues to need to expand its capacity to meet the treatment needs of adolescents and young adults. As a state, RI experiences rates of substance use disorders that are higher than the national average particularly among young adult populations.

Rates of Youth and Young Adults Meeting Criteria for a Substance Use Disorder Exceed National Averages

RI is consistently above the national averages for individuals who meet the diagnostic criteria for a substance use disorder across the 12-17 and 18-25 age groups. The 18-25 age range is consistently higher than the 12-17 for each year of data reported and in many cases the percentages are double, triple or quadruple that of the 12-17 age range.

Table 1 - Abuse or Dependence Diagnosis (%); Time-trend

Alcohol Abuse/Dependence (%)	2007-2008		2011-2012		2012-2013		2013-2014	
	12-17	18-25	12-17	18-25	12-17	18-25	12-17	18-25
RI	5.33	17.93	3.87	19.22	3.19	17.86	2.86	16.39
US	5.16	17.13	3.61	14.36	3.11	13.67	2.76	12.64
RI/US Ratio	1.03	1.05	1.07	1.34	1.03	1.31	1.04	1.30
Drug Abuse/Dependence (%)	2007-2008		2011-2012		2012-2013		2013-2014	
	12-17	18-25	12-17	18-25	12-17	18-25	12-17	18-25
RI	4.93	12.54	4.89	8.11	4.97	8.99	4.04	8.11
US	4.48	7.90	4.31	7.66	3.76	7.59	3.50	7.00

RI/US Ratio	1.10	1.59	1.13	1.06	132	1.18	1.15	1.16

Note: Ratios greater than 1 indicate that RI exceeds the national average.

Source: National Survey on Drug Use and Health, SAMHSA

Rates of Youth and Young Adults Who Need but Don't Receive Treatment for Substance Use Exceed National Averages for Many Time Points

Rhode Island exceeds national averages across the relevant age groups for both alcohol and drug use. The percentage of the 18-25 age group needing but not receiving treatment for alcohol use is double, triple and in some select time frames almost quadruple that of 12-17-year olds. The ratios of RI to US are consistently higher among the 18-25 age group as well.

Table 2-Needing but Not Receiving Treatment for Substance Use (%), Time-trend

Alcohol Use (%)	2007-08		2011-12		2012-13		2013-2014	
Age Groups	12-17	18-25	12-17	18-25	12-17	18-25	12-17	18-25
RI	5.27	17.88	3.72	18.75	3.10	17.03	2.74	15.50
US	4.98	16.52	3.46	13.94	2.96	13.34	2.62	12.22
RI/US Ratio	1.06	1.08	1.08	1.35	1.05	1.28	1.05	1.27
Drug Use (%)	2007-08		2011-12		2012-13		2013-2014	
Age Groups	12-17	18-25	12-17	18-25	12-17	18-25	12-17	18-25
RI	4.91	12.00	4.05	7.06	4.28	8.05	3.69	7.18
US	4.19	7.37	3.97	7.03	3.49	6.94	3.29	6.40
RI/US Ratio	1.17	1.63	1.02	1.00	1.23	1.16	1.12	1.12

Note: Ratios greater than 1 indicate that RI exceeds the national average.

Source: National Survey on Drug Use and Health, SAMHSA

Geographic Disparity in Access to Services for Substance Use and Co-Occurring Disorders

The largest city in the state (Providence) has the greatest number of admissions of the target population, followed by the second largest city (Warwick). The third and fourth largest cities, Pawtucket and Cranston, were the next two most significant contributors to the treatment population. Many of the treatment facilities in Rhode Island are located in or near the largest communities. However, several communities in RI's less populated communities in South County (Narragansett, North Kingstown and Westerly) had admission rates that were disproportionate to their overall population. Unlike the other communities with highest rates of admission, there are few or no treatment facilities in these communities, suggesting a service gap in the southern part of the state. See Appendix B - *Map of Rhode Island Treatment Facilities by Municipality* for a geo-map of facilities in the state of Rhode Island.

Age Related Differences in Primary Substance of Abuse and Types of Treatment Provided

Information available about primary substance of abuse for admissions into BHDDH licensed facilities reveal some age-related differences with the majority of 12-17 identifying marijuana as the primary (80%) with alcohol being the second most frequently reported substance (10%), with each of the remaining substances reported being less than 3%. Among 18-25-year-olds, heroin (34%) is the most frequently reported substance, followed by marijuana (28%), alcohol (21%) and other opiates (9%).

In terms of the types of treatment provided to youth and young adults in BHDDH licensed/funded facilities between the years 2012-2014, the majority were receiving general outpatient treatment (57% among 12-17-year-olds; 41% for 18-25). Youth 12-17 were admitted into intensive outpatient treatment 6% of the time as compared to 12% of young adults 18-25. Other patterns emerged based on age, with 12-17-year-olds having much higher rates of residential long-term treatment (27% of admissions) and outpatient continuing care (10%) than 18-25-year-olds (only 5% and 3% respectively). 18-25-year-olds had much higher rates of

freestanding detoxification at 27% and methadone maintenance at 10% with no admissions for either service reported for 12-17-year-olds.

Expected Service Outcomes

A total of **1,160** unduplicated youth and young adults will be served over the four-year period using the Seven Challenges, an evidence-based practice which can be implemented in a wide variety of setting that offer outpatient treatment for substance use and co-occurring mental health disorders. In year one, the goal is to serve 200 youth and young adults (ages 12-25). In years two, three and four, the number served will be increased to 320 per year at each site youth and young adults (ages 12-25). Seven Challenges can be offered in any of the following types of sessions: individual, group, family, couples in outpatient, intensive outpatient, home based and partial hospitalization settings.

The population of Rhode Island is 52% women, 81% Caucasian and 4.5% gay/lesbian/transgender. We expect our services to be delivered in these approximate numbers of men, women, racial/ethnic minorities, gay/lesbian/transgender individuals.

Number Served	Yr 1 Men	Yr 1 Women	Yr 2 Men	Yr 2 Women	Yr 3 Men	Yr 3 Women	Yr 4 Men	Yr 4 Women
Caucasian (81%)	78	84	124	135	124	135	124	135
Hispanic/Latino (12%)	12	12	18	20	18	20	18	20
African American (5%)	5	5	8	8	8	8	8	8
Asian (2%)	2	2	3	3	3	3	3	3
Native/Pac Islander (<1%)	0	0	1	0	1	0	1	0
Total	Yr 1: 200		Yr 2: 320		Yr 3: 320		Yr 4: 320	
Total served over 4 year program: 1,160								

Outcomes related to this procurement include the following long term and intermediate outcomes:

End Service Outcome Areas

- Admissions to Seven Challenges program
Measure: # admissions
- Integrated care/treatment (co-occurring disorders)
Measure: # clients receiving integrated care
- Abstinence
Measure: % individuals that report decreased use of substances in the past 30 days at 6 month follow up

Intermediate Service Outcomes Areas

- Improved Access to treatment services in underserved geographic areas
Measure: # services offered in previously underserved areas (see Appendix X- Map of Rhode Island Treatment Facilities)
- Access to peer recovery services and other recovery supports
Measure: # and % of individuals receiving services after referral
- Collaborations with housing, employment/education programs and other support services
Measure: # of organizations that enter into formal written agreement to improve Collaboration

Target and priority populations:

- Adolescents ages 12-17 and young adults ages 18-25 who are at risk for or are

experiencing substance use disorders (SUD) and/or co-occurring substance use and mental health disorders (COD).

SECTION 3: SCOPE OF WORK AND REQUIREMENTS

General Scope of Work

Provider sites will utilize standardized screening tools (CRAFFT and AUDIT) and implement outpatient services utilizing the Seven Challenges. For information on the CRAFFT https://www.integration.samhsa.gov/clinical-practice/sbirt/CRAFFT_Screening_interview.pdf and AUDIT https://www.integration.samhsa.gov/AUDIT_screener_for_alcohol.pdf. For information on implementation of The Seven Challenges please see <http://www.sevenchallenges.com/implementation/>. Each provider site will be provided training on the screening tools and on implementation of the Seven Challenges. The provider may seek permission to complement the Seven Challenges by adding Seeking Safety <https://www.treatment-innovations.org/seeking-safety.html> in years 2-3 of funding if they have demonstrated ability to implement the Seven Challenges with fidelity. The Project Director will determine whether there are sufficient resources to implement Seeking Safety.

A total of 1,160 youth and youth adults will be served statewide, across the provider sites. In year one, the goal is to serve 200 youth and young adults (ages 12-25). In years two, three and four, the number served will be increased to 320 per year at each site youth and young adults (ages 12-25). A provider may offer Seven Challenges across multiple sites in differing geographic locations to meet the targets. A provider may apply to serve populations aged 12-17, 18-25 or 12-25.

Seven Challenges is implemented as the counseling component of an outpatient program and can be delivered in a variety of settings with different levels of intensity to meet the needs of the client. Key to the intervention is the use of a set of “Seven Challenges” to frame the dialogue between the client and therapist. The Seven Challenges are:

1. We decided to open up and talk honestly about ourselves and about alcohol and other drugs.
2. We looked at what we liked about alcohol and other drugs.
3. We looked at our use of alcohol and other drugs to see if had caused harm or could cause harm.
4. We looked at our responsibility and the responsibility of others for our problems.
5. We thought about where we seemed to be headed, where we wanted to go, and what we wanted to accomplish.
6. We made thoughtful decisions about our lives and about our use of alcohol and other drugs.
7. We followed through on our decisions about our lives and our drug use. If we saw problems, we went back to earlier challenges and mastered them.

Clients are provided a book of readings describing common substance use knowledge, attitudes and behaviors as well as possible outcomes stemming from use. The readings are organized or arrayed based on the concepts covered in each of the Seven (7) Challenges listed above.

Client/participant journals are a unique feature of Seven Challenges intervention used to elicit information related to each of the Seven Challenges and assist the client expressing his/her thoughts and feelings related to the challenge. The clinician reviews the journal and provides a therapeutic response to the information covered in the journal. The journaling activities are spread across nine sessions. Journal responses may be processed in either group or individual

sessions depending upon the setting and clinician judgement. Groups cannot exceed eight individuals. Sample materials for the Book of Readings, Journals and Implementation Manual may be accessed at <http://www.sevenchallenges.com/materials/>.

The successful vendor must be fully licensed or certified and in compliance with state rules and regulations, must be accredited by one of the recognized accreditation bodies (The Joint Commission, CARF or COA) and maintain compliance with all applicable state and federal statutes. The successful vendor(s) must meet all applicable certification standards and best practice guidelines pertaining to the programs and clinical services offered.

Vendors 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.

Preference will be given to providers who: (1) demonstrate an unmet need in their community and who propose to deliver services in under-served to address geographic disparities in access to treatment capacity (see *Appendix B - Map of Rhode Island Treatment Facilities by Municipality*), (2) have experience working with racial and ethnic minorities, LGBTQ youth/young adults and/or youth who are at risk for out of home placement or residential substance abuse treatment, (3) demonstrate their ability to provide Medication Assisted Treatment (MAT) and psychological services for youth and young adults as needed, (4) demonstrate a strong working relationship with other community-based providers of youth and young adult services, (5) demonstrate experience and/or readiness to implement an comprehensive family-based intervention such as Seven Challenges and have an understanding of how to implement the CRAFFT and AUDIT tools into their admissions process, and (6) partner with other organizations within their community. Providers who propose to serve youth ages 12-17 will be given an additional five points for the “Approach” section of their application due to the paucity of services available for this age group. Providers who propose to bring on private practice clinicians as a part of their service array will be given an additional five points for the “Approach” section of their application due to the paucity of services available in certain areas.

Please note that providers will be eligible to receive this funding for youth in care based on current Medicaid and third-party payment structures. Should the current reimbursement structure change, the State reserves the right to renegotiate the payment structure.

Specific Activities / Tasks

- 1. Task 1** - Utilize CRAFFT and AUDIT as standard screeners and participate in training to ensure that the screeners are administered properly.
- 2. Task 2** - Implement Seven Challenges with fidelity (including the annual Fidelity visit) as determined by the program developer including participation in training provided by the developer.
- 3. Task 3** - Provide other services to support implementation and long-term sustainability of CRAFFT, AUDIT and the Seven Challenges, including but not limited to:
 - a. Offer or link with recovery services and supports (i.e. peer-to-peer supports, parent/family/caregiver support, and vocational, educational, and transportation services)

designed to improve long-term recovery and post-treatment outcomes and to re-engage youth in treatment as necessary, either directly or through relationships with other youth serving providers.

b. Provide outreach and other engagement strategies, including the development of a marketing plan, to increase participation in and give access to treatment for adolescents and their families.

c. Screen and assess clients for the presence of co-occurring mental health and substance use disorders.

d. Utilize an appropriate staffing pattern for clinicians (1 clinician per every 10 clients).

e. Provide appropriate clinical supervision (one hour per week per the Seven Challenges developer for fidelity to the model).

f. Begin operation within 90 days of receiving the award.

g. Participate in the State Youth Treatment Planning (SYT) Youth and Young Adult Provider Collaborative.

h. Attend any meetings or trainings required by the SYT Project Director.

i. Create a sustainability plan by middle of year 2.

j. Conduct baseline, six month and discharge Client Outcome interviews using Government Performance and Results Act (GPRA) interview tool

<https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpradiscretionary-services>.

k. Collect, and report required data to the Behavioral Health Online Data Base (BHOLD) weekly or more frequent basis. Please note that during the contract period, a new online system with real time capacities and dashboard capabilities will be implemented and utilized by providers and the Department.

l. Participate in all evaluation activities associated with the grant.

m. Comply with reporting deadlines set forth by the Project Director, Project Program Evaluator, and The Seven Challenges Staff during the duration of the grant period.

n. Utilize third party and other revenue realized from the provision of substance abuse treatment services to the extent possible. SAMHSA grant funds should be used only for services to individuals who are ineligible for public health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds). Local treatment provider sites are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients and provide documentation to support this activity.

4. Task 4 – Special Enhancement Task

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, to perform activities which require similar expertise and work functions as those in Section 3: 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.

Performance Targets

100% of patients will have an individualized treatment plan

100% of patients will be outreached for 6-month follow up client outcome interview

80% of patients will complete 6-month follow up client outcome interview

100% of patients will be made aware of appropriate recovery support 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.

**Please note that providers who propose to serve youth 12-17 will receive up to an additional 5 points as part of their score on the proposed approach.*

**Please note that providers who propose to bring on private practice clinicians as a part of their service array will be given an additional 5 points as part of their score on the proposed approach.*

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.

a. 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 proposal for fees charged for the year one services outlined in this proposal using Appendix C: Budget and Supplemental Form. The Cost Proposal contains two parts: the budget template with cost categories and supplemental information, AND, a budget narrative that provides detailed information on each cost category covered in the budget template. Please note that these funds are payer of last resort and can only be used to reimburse for services which are not covered by insurance. It is BHDDH's expectation that Seven Challenges will be implemented with fidelity and some of the activities ARE NOT reimbursable by insurance. Please provide detailed information **in the budget narrative** concerning the NON-REIMBURSABLE COSTS associated with implementation of Seven Challenges. This should include your best estimate of costs associated with serving uninsured or underinsured clients. **Please show the implementation costs you would expect to be covered by insurance as Leveraged Funds on the budget template form (Appendix C).**

Examples of possible non-reimbursed costs:

Salaries or fringe:

- Clinician/therapist time to
 - Attend trainings for CRAFFT, AUDIT and Seven Challenges
 - Conduct screenings
 - Review the journal entries and provide comments (times nine sessions)
- Supervision time (Supervisor hourly rate and if applicable, clinician hourly rate in proportion to time spent in supervision meeting)
- No-shows for appointments
- Participation in the Youth and Young Adult Provider Collaborative
- Costs of administering the GPRA Client Outcome Interview, particularly staff time to locate and administer six-month GPRA Client Outcome Interviews for youth and young adults who are no longer in treatment
- Data entry for BHOLD if not otherwise reimbursed
- Costs associated with the three-day annual Fidelity visit (including staff time to participate in the visit)
- Any other personnel costs associated with monitoring fidelity including participation in quarterly calls with the developer

Travel

- Clinician travel to satellite provider sites or to provide home based services (if not otherwise reimbursed)
- Travel to meetings with funder or required by funder

Supplies

- Materials costs for the journals and training materials (after year 1)
- Promotional/marketing materials (flyers, brochures)

All Other

- Client incentives to complete GPRA Client Outcome Interview

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.

Any contract resulting from the proposal will be cost reimbursement. Please insure that any charges to the contract are included in the cost proposal.

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 (79.7%) 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
Staff Qualifications	10 Points
Capability, Capacity, and Qualifications of the Offeror	10 Points
Work Plan	20 Points
Approach Proposed	30 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:

$$(\text{lowest cost proposal} / \text{vendor's cost proposal}) \times \text{available points}$$

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 # 7598635** 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

1. Proposals shall include the following:

- 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.*
- 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.*
- 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.*
- 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).
 - One (1) Electronic copy on a CD-R, marked “Technical Proposal - Original”.
 - One (1) printed paper copy, marked “Technical Proposal - Original” and signed.
 - Four (4) printed paper copies
- 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.
 - One (1) Electronic copy on a CD-R, marked “Cost Proposal - Original”.
 - One (1) printed paper copy, marked “Cost Proposal -Original” and signed.
 - Four (4) printed paper copies

2. 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.
 - 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# 7598635 Seven Challenges - Youth and Young Adult Treatment**” 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

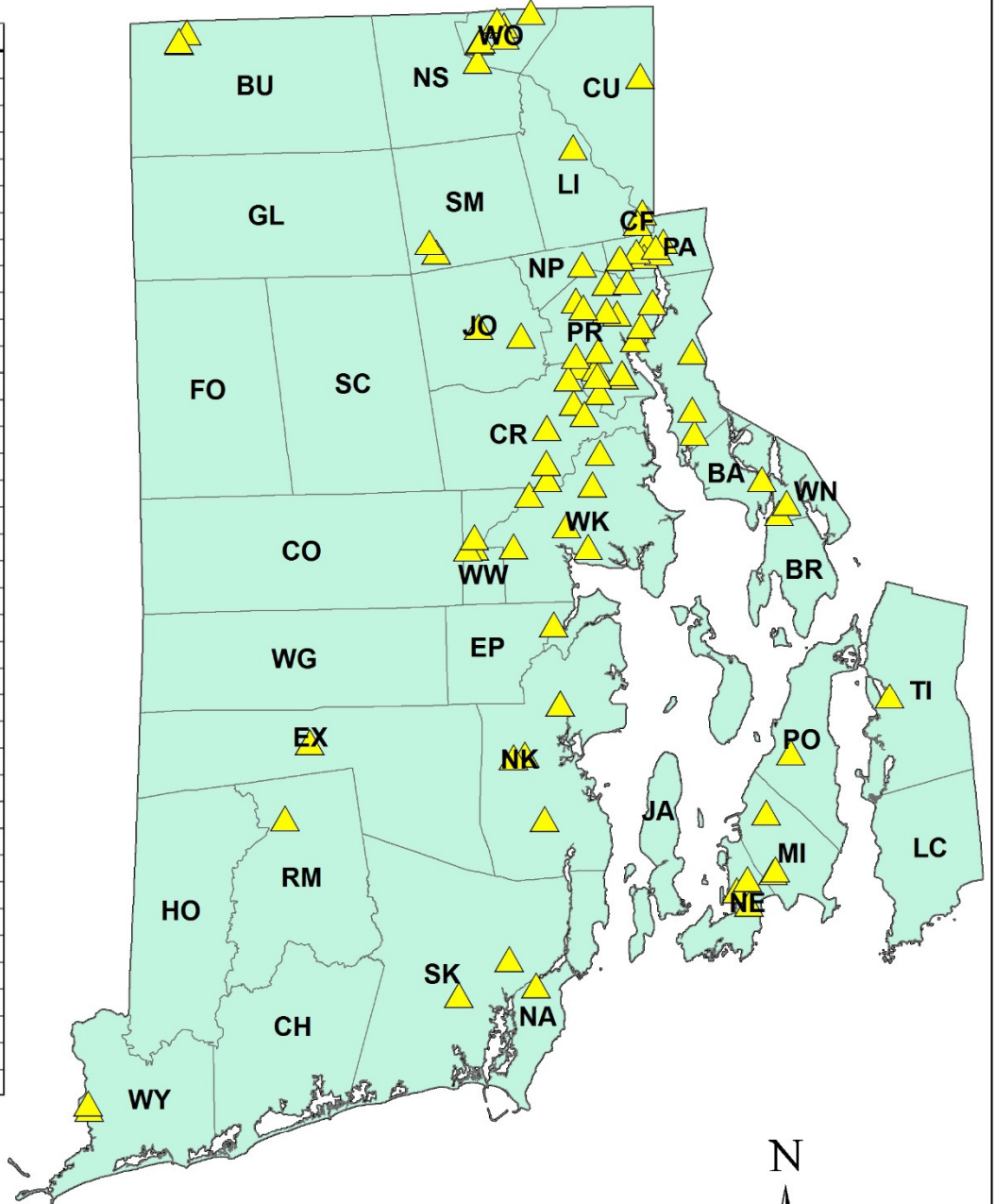
Subcontractor/Supplier Signature



Title

Date

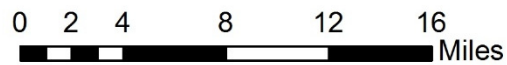
Appendix B - Map of Rhode Island Treatment Facilities by Municipality

NAME	LABEL
BARRINGTON	BA
BRISTOL	BR
BURRILLVILLE	BU
CENTRAL FALLS	CF
CHARLESTOWN	CH
COVENTRY	CO
CRANSTON	CR
CUMBERLAND	CU
EAST GREENWICH	EP
EAST PROVIDENCE	EP
EXETER	EX
FOSTER	FO
GLOCESTER	GL
HOPKINTON	HO
JAMESTOWN	JA
JOHNSTON	JO
LINCOLN	LI
LITTLE COMPTON	LC
MIDDLETOWN	MI
NARRAGANSETT	NA
NEW SHOREHAM	BI
NEWPORT	NE
NORTH KINGSTOWN	NK
NORTH PROVIDENCE	NP
NORTH SMITHFIELD	NS
PAWTUCKET	PA
PORTSMOUTH	PO
PROVIDENCE	PR
RICHMOND	RM
SCITUATE	SC
SMITHFIELD	SM
SOUTH KINGSTOWN	SK
TIVERTON	TI
WARREN	WN
WARWICK	WK
WEST GREENWICH	WG
WEST WARWICK	WW
WESTERLY	WY
WOONSOCKET	WO



 Treatment Facilities*
 Municipalities

*Treatment facilities were mapped by locatable street address. Other locations located by ZIP Code.



Attachment I
Budget

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

Attachment - 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

Budget Narrative
Agency Name
Title of Agreement
Period of Performance

PERSONNEL		\$6,534.00
<u>Sally Smith, Director</u>		
\$24.79 per hour for 86 hours	\$2,132.00	
Ms. Smith will work with community partners to achieve the goals and objectives of this proposal. She will attend monthly trainings/meetings as required by the RFP.		
<u>John Jones, Assistant Systems Development</u>		
\$33.76 per hour for 64.50 hours	\$2,178.00	
Mr. Jones will specifically review operating protocols related to systems development, implementation and operation performance.		
<u>John Doe, RN, C. MS, Project Coordinator</u>		
\$51.72 per hour for 43 hours	\$2,224.00	
Mr. Doe will assume responsibility for oversight of the project and all project-reporting requirements.		
FRINGE BENEFITS		\$1,901.00
Fringe is calculated at 29.1% of personnel and includes FICA, Life/Disability, Health, Payroll/ Unemployment Taxes, Pension Expense and Worker's Compensation Insurance		
CONSULTANTS		\$30,000.00
<u>Sue Smith, PhD</u>		
Psychologist for RI Hospital		
\$150.00 per hour for 200 hours		
Dr. Smith will provide technical assistance with reports, data collection and infrastructure of the ABC Home		
IN-STATE TRAVEL		\$450.00
Mileage reimbursement for all staff members to be calculated at \$0.535/mile for 842 miles. *Rate is effective through December 31 st , 2017		
OUT OF STATE TRAVEL		\$1,000.00
2 Staff members to attend annual meeting in Atlanta, GA. All travel related reimbursement must follow State or RI Travel Guidelines for reimbursement		
PRINTING/COPYING		\$700.00
Printing expenses for printing of monthly flyers, brochures, and information sheets		
SUPPLIES		\$800.00
General office supplies to include paper, pens, file folders, etc.		
TELEPHONE/INTERNET		\$1,200.00
Cell phones for 2 staff associated with this contract at \$50/mo. for 12 months		
EDUCATION/RESOURCE MATERIALS		\$1,000.00
Update of books and reference manuals in the school library		
POSTAGE		\$500.00
Postage for flyers and mailings associated with this contract		
OTHER		\$400.00
<u>Refreshments</u>	\$200.00	
All refreshments for the program/event will meet the RIDOH'S Healthy Eating and Events Policy		

<u>Incentives</u>	\$200.00	
40 - \$5.00 Gift Cards for participation in after- hours meetings		
EQUIPMENT		\$3,412.00
2 Laptop computers for use by all office staff		
SUBCONTRACTS		\$4,000.00
John Hope Settlement House and the Center for Hispanic Policy & Advocacy will partner with St. Joseph Health Services of RI in this project. They will conduct a community assessment on tobacco use.		
<u>John Hope Settlement House</u>		
\$25 per hour x 80 hours	\$2,000.00	
<u>Center for Hispanic Policy & Advocacy</u>		
\$25 per hour x 80 hours	\$2,000.00	
	SUB-TOTAL	\$51,897.00
	ADMINISTRATIVE COST	\$4,449.00
10% of all direct expenses less equipment and subcontracts		
	TOTAL	\$56,346.00
In Kind Contribution \$ 5,634.60		
Description of In-Kind Contribution:		