



Solicitation Information
April 10, 2019

RFP# 7598739

TITLE: Projects for Assistance in Transition from Homelessness (PATH)

Submission Deadline: May 15, 2019 at 10:30 AM Eastern Time (ET)

PRE-BID/ PROPOSAL CONFERENCE:

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 **April 24, 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 Behavioral Healthcare, Developmental Disabilities and Hospitals (“BHDDH”), is soliciting proposals from qualified firms to provide Projects for Assistance in Transition from Homelessness (PATH) services to assist individuals experiencing homelessness with serious mental illness (SMI) or co-occurring SMI and a substance use disorder (COD) in securing safe and stable housing, improving their health, and living a self-directed, purposeful life, 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 July 1, 2019 for one year. Contracts may be renewed for up to four additional 12-month periods 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.EEO@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.
 - a. 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

Projects for Assistance in Transition from Homelessness (PATH) was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 1101.645) in recognition that homeless, behaviorally disordered individuals frequently are unable to access mainstream services and require additional specialized services in order to improve access. The federal statute which created the PATH formula grant program requires States receiving PATH grants to subcontract with sub-state-level government entities and/or private nonprofit entities for the purpose of providing authorized PATH services to eligible recipients. BHDDH administers the PATH formula grant through a designated State PATH Contact (SPC) located within the Division of Behavioral Healthcare Services. BHDDH is required under the terms of the PATH grant agreement to contract with a nonprofit entity for the provision of allowable PATH-funded services.

The ultimate goal of the PATH program is to assist individuals experiencing homelessness with serious mental illness (SMI) or co-occurring SMI and a substance use disorder (COD) to secure safe and stable housing, improve their health, and live a self-directed, purposeful life. While individuals experiencing chronic homelessness represent only 24% of all individuals experiencing homelessness (2017 Annual Homeless Assessment Report), individuals who are chronically homeless have a mortality rate 4-9 times higher than that of the general population.

Through its services, PATH links a vulnerable population who experience persistent and pervasive health disparities to mainstream and other supportive services.

According to the U.S. Department of Housing and Urban Development's (HUD) 2018 Annual Homeless Assessment Annual Report, Point-in-Time (PIT) Estimates of Homelessness, RI identified an estimated 747 individuals experiencing homelessness; and, of these, 233 were considered to be chronically homeless.

Data from Rhode Island's Homeless Management Information System (HMIS) show that 4,000 to 5,000 individuals experience homelessness on an annual basis. In 2018, there were 4501 individuals who spent at least one night in a homeless shelter or transitional housing. A disproportionate number of these individuals experience serious mental illness or a co-occurring mental illness and substance use disorder.

Compliance with applicable federal and state health information confidentiality regulations, including the regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR, Part 2) is required when submitting data to the Homeless Management Information System (HMIS) or other electronic health record. 42CFR, Part 2 applies to all federally-funded individuals or entities that "hold themselves out as providing, and provide, alcohol or drug abuse diagnosis, treatment, or treatment referral."

Goals of the Service

BHDDH will award funds to a community non-profit organization that has demonstrated experience and capacity to provide effective outreach and intensive case management to chronically-homeless adults who are experiencing serious mental illness (SMI) or co-occurring SMI and substance use disorder (SMI/SUD); that have established relationships with other service providers, including other entities providing housing services; that currently provide housing, housing support, referral to and coordination of basic medical and behavioral health care treatment services; that operate, independently or in collaboration with one or more established entities, day services for individuals experiencing chronic homeless (such as self-care services, employment assistance, transportation); and that train and seek to employ individuals with lived experience in the provision of required services.

Funding will be awarded to implement outreach and intensive case management services as described in Section 3: Scope of Work and Requirements to literally and chronically homeless adults with serious mental illness or co-occurring serious mental illness and a substance use disorder. These services are intended to identify such individuals and to engage them in treatment and social support services necessary to assist in their recovery from homelessness, behavioral health disorders, poverty, and other disabling conditions.

Metrics:

At a minimum, the successful applicant will be required to collect and report accurate data, **in a timely manner**, on the following measures:

- Percentage of homeless persons in the PATH program who receive community mental health services
- Number of persons experiencing homelessness contacted

- Percentage of persons experiencing homelessness with SMI or SMI/SUD who become enrolled in PATH
- Number of PATH providers trained in SSI/SSDI Outreach, Access and Recovery (SOAR) to ensure eligible homeless clients are receiving benefits
- Number of individuals referred to and attaining housing
- Number of individuals referred to and attaining mental health services
- Number of individuals referred to and attaining substance use disorder services

Please note that the above outcome measures, as determined by the Government Performance and Results Act (GPRA), currently are under review by SAMHSA. The successful applicant will be required to collect and report data on measures as determined by SAMHSA which, following review, may be different than those listed in this RFP.

Current Service Outcomes

RI has had success in housing many chronically homeless individuals through the State's Coordinated Entry System with funding provided through multiple federal sources. However, a lack of available affordable housing options has meant that there remains a pool of individuals chronically experiencing homelessness, many of whom have a serious mental illness or a co-occurring mental illness and substance use disorder. PATH-eligible individuals experience significant challenges in accessing behavioral healthcare services as well as safe and stable housing to support their recovery.

In addition, most federal funding sources require program services to be focused on areas where the majority of chronically-homeless individuals reside. The majority of individuals in Rhode Island experiencing chronic homelessness reside within the Providence metropolitan area because available social services, including shelters, are clustered in this area. This has resulted in uneven geographical access to outreach, case management, behavioral health, and other medical and social support services.

Expected Service Outcomes

The primary outcomes of this service are expected to be:

- An increase in the number of adult individuals experiencing homelessness receiving outreach services conducted by PATH outreach workers over baseline
- An increase in the number of PATH-eligible individuals becoming enrolled in the PATH program over baseline
- Achievement of the SAMHSA target of a minimum 50% enrollment rate for PATH-eligible individuals engaged by PATH outreach workers
- An increase in the number of PATH enrollees receiving SOAR assistance over baseline
- An increase in the number of PATH enrollees receiving assistance in obtaining and maintaining safe and secure housing over baseline
- An increase in the number and percentage of PATH-eligible individuals identifying as Latino/Hispanic engaged and enrolled in PATH program over baseline

Target and priority populations:

Consistent with requirements imposed on PATH grant recipients by Section 522(a) (U.S. Code §290cc-22(a)), grants made to subrecipients through this RFP will be made to a nonprofit entity for the purpose of providing certain services as specified in Sections 522(b) to individuals who: are suffering from serious mental illness; are suffering from serious mental illness and have a substance use disorder; and are homeless or at imminent risk of homelessness. SAMHSA has provided additional guidance that individuals who meet criteria for being “chronically homeless” and “literally homeless” should be designated as priority populations for PATH-funded services.

PATH grant funding recipients are expected to provide funding to organizations serving geographic areas with highest concentration of homeless individuals; and, to the extent possible, currently underserved identified high-need geographic areas and/or target populations. For the purposes of this RFP, veterans experiencing homelessness also are considered to be a priority population. |

SECTION 3: SCOPE OF WORK AND REQUIREMENTS

General Scope of Work

This solicitation requires the successful applicant to design and implement required activities in the following areas: outreach and case management services to adults experiencing homelessness with serious mental illness (SMI) or serious mental illness and a co-occurring substance use disorder (SUD) (SMI/SUD); coordination with other service providers; staff training; peer participation, and reporting.

The successful applicant will be expected to implement services to literally and chronically homeless adults in accordance with federal and state PATH grant requirements. These requirements include:

- Outreach including street outreach
- Screening and diagnostic treatment services
- Case management services
- Supportive and supervisory services in residential settings
- Referral for primary health services, job training, educational services, and relevant housing services
- Housing services

Please refer to Appendix B: PATH RFP SUPPLEMENTAL INFORMATION for a detailed description of the required services by PATH and any disallowed costs or services. The applicant must be prepared to address all of the required services, in detail, in their technical proposal.

Please note that, at a minimum, outreach and case management services must be provided by the contracted PATH service provider, utilizing PATH funds or matching funds to support these activities. PATH services also may be delivered by contract employees of the PATH program utilizing PATH funds. Other services such as primary healthcare, behavioral healthcare, housing, employment may be provided through a formal agreement with one or more non-PATH providers. Any non-PATH-funded services are expected to produce the same quality of outcomes as those that are directly funded through the PATH grant.

The successful applicant must either maintain their membership in the Continuum of Care (CoC) for the duration of the PATH contract or must make application to become a member of the CoC immediately upon contract award. In addition, the successful applicant will be required to participate in existing placement committees of the Coordinated Entry System and in the statewide Outreach Committee for the duration of the PATH contract.

Research has demonstrated that peer involvement in service design and delivery, particularly with respect to outreach and engagement, is a key element in the development of more effective services for individuals experiencing homelessness. Therefore, the successful applicant must address how individuals with lived experience will be recruited, trained, and incorporated into the provision of PATH-funded services.

The PATH service provider will be required to report all PATH-supported service activities and PATH participant information into the State's Homeless Management Information System (HMIS). In addition, the PATH service provider will be required to report quarterly and annually all required information into the PATH Data Exchange (PATH PDX).

PATH funds and PATH staff alone are insufficient to provide the full range of services and to achieve the outcomes required by federal funding mandates. It is incumbent on the applicant to propose how PATH services and funding can be leveraged through agreements with other entities so that services to eligible PATH participants are as comprehensive and effective as possible. Strategies such as sharing resources with service partners and tailoring PATH services to most effectively interface with other resources should be explored in the process of responding to this RFP. Proposals will be evaluated for their comprehensiveness and for the specificity of any plans to integrate and enhance PATH services within the larger homeless services system.

Glossary of Terms

Please refer to Appendix B for the Glossary of Terms and Definitions applicable to this solicitation.

Specific Activities / Tasks

Task 1: Hire staff

Within 30 days of grant award, hire/identify staff who will provide and oversee provision of direct PATH services, including individuals who will serve in the 3 required PATH-funded positions.

At a minimum, the successful applicant will be required to employ staff in three positions: PATH Coordinator, Case Manager, and Outreach Worker. In addition, the successful applicant may employ or contract for other positions such as psychiatrists, nurses, employment specialists, and/or properly trained SOAR specialists to carry out its proposed implementation plan. The technical proposal must address how the mix of positions will best serve PATH participants. In addition, the proposal must address the working hours for these positions and provide a brief rationale for this proposal.

The minimum requirements for the three required staff positions are:

- Coordinator: minimum bachelor's degree in psychology, social work or other related field (Master's level degree with license preferred) and extensive experience in providing services to individuals experiencing homelessness and in building collaborations within the homeless service system
- Case Manager: minimum bachelor's degree in social work or related field (Master's level degree preferred)
- Outreach Workers: completed training in conducting street outreach (such as that provided by the Rhode Coalition for the Homeless/RIHAP), data collection and reporting experience, lived experience with homelessness preferred.

Deliverables:

- Updated contact list identifying PATH staff members, updated annually or as there are changes in staff.

Task 2: Provide outreach and case management services

- Provide outreach and case management services to adults with SMI or SMI/SUD who are experiencing homelessness consistent with federal and state PATH grant requirements as detailed in this RFP.
- The successful applicant must provide SSI/SSDI Outreach, Assistance and Recovery (SOAR) services. These services may be provided by SOAR-trained PATH staff, other agency SOAR-trained staff, or by formal arrangement with other entities providing SOAR services. Any such arrangements must ensure that the program is able to meet performance standards as specified in this RFP.
- Connect PATH enrollees with suitable housing options and appropriate housing support services

Deliverable:

- Accurate and timely data entry of required data items related to the provision of outreach and case management services into RI's HMIS; monthly monitoring reports submitted to BHDDH.

Task 3: Establish Agreements and Partnerships

Establish formal agreements with other organizations to expand/enhance provision of PATH-authorized services to increase effectiveness of these services (e.g., SOAR, outreach, mental health and substance use disorder treatment providers, and entities providing primary health care, housing, and/or employment services).

Deliverable:

- Fully executed formal agreements (e.g., contracts, MOUs, MOAs).

Task 4: Complete Competency Based Training

PATH staff providing direct outreach and case management services will successfully complete training in the following areas in the time frames identified in the table below.

60 days post award	90 days post award	120 days post award
<ul style="list-style-type: none"> • Outreach and case management best practices • Conducting street outreach • PATH grant requirements • Conducting a VI • Conducting a SPDAT • Utilizing HMIS 	<ul style="list-style-type: none"> • Motivational interviewing • Cultural and linguistic competency • Crisis response and suicide prevention • Critical time intervention 	<ul style="list-style-type: none"> • Person-centered thinking • Trauma informed care • Recovery
60 days PATH Coordinator only		
<ul style="list-style-type: none"> • Housing First • Utilizing PATHPDX 		

Deliverables:

- Certificate of training attendance or completion; or submission of training curricula and an attestation if no training certificate is available.

Task 5: Provide and monitor delivery of SOAR services to all potentially-eligible PATH enrollees, either directly or indirectly through formal agreement with other entity(ies) no later than 60 days following grant award.

Deliverables:

- Certificate of SOAR training attendance or completion for training for identified staff; or submission with training curriculum/materials and an attestation if no training certificate is available.
- Quarterly report documenting the number of SOAR-related applications made for PATH enrollees and status of those applications.
- Written documentation of the agreement within 14 days of grant award for SOAR services provided through formal agreement with an outside entity.

Task 6: Convene Staff Meetings

Convene meetings a minimum of twice monthly of organization staff involved in the provision of PATH-related services. Utilizing HMIS data, progress in achieving identified program outcomes should be addressed during these meetings

Deliverables:

- Meeting agendas,
- Meeting minutes

Part V. Administration

Required meetings, calls, conferences and tasks

- Participation in the RICoC by the PATH service provider, including obtaining and maintaining membership in the RICoC and active participation in RICoC committees,

including the state Outreach Committee and all PATH-relevant placement committees. (Note: if the successful vendor is not current a member of the RICoC, they must apply for membership as a condition of award).

- Prepare and submit an annual Intended Use Plan, budget and budget narrative as part of the Annual PATH Grant Application and assist SPC in completing the Annual Application as required.
- Obtain HMIS licenses for all PATH-funded staff.
- Enter data into HMIS and PATHPDX for all PATH-involved individuals no later than 10 days following the end of the month during which data were collected; data quality review provided no later than 15 days following the end of each month of the contract period; data quality issues to be resolved no later than 30 days following the end of each month of the contract period.
- Submit HMIS data quality report to SPC; electronic submission of PATHPDX reports to SPC review.
- Furnish the SPC with data and other information necessary to complete the annual Disparities Impact Statement to comply with the submission deadline established by SAMHSA.
- Quarterly and annual PATH service provider reports for PATHPDX.
 - Quarterly reports are due no later than 15 days following the close of quarter
 - Annual PATH program service reports are due no later than December 1st of the contract period unless otherwise stipulated by SAMHSA
- Submit monthly program reports to BHDDH to include progress made toward implementation, challenges encountered, and plans to address challenges to ensure that expected program outcomes are achieved

VI. Performance Measures – Annual

- A minimum of 600 individuals will receive outreach contacts by PATH outreach workers/case managers
- A minimum of 1000 contacts will be made by PATH outreach workers annually
- Diagnostic assessments/screenings will be made to a minimum of 175 individuals
- A minimum of 160 eligible individuals will be enrolled in PATH
- A minimum of 200 referrals for community-based services will be made for PATH-eligible individuals Case management services will be provided to a minimum of 60 PATH enrollees A minimum of 12 PATH enrollees will be enrolled in SOAR A minimum of 6 PATH enrollees will be enrolled in medical benefits
- A minimum of 32 peer specialists will be trained
- A minimum of 1 trained specialist will be employed at contracted agency
- A minimum of 50 PATH enrollees will be referred to permanent supportive housing
- A minimum of 20 PATH enrollees will obtain permanent supportive housing
- A VI-SPDAT will be completed for 100% of case-managed PATH enrollees and results will be accurately and promptly entered into HMIS

- A minimum of 25 PATH enrollees will access medical care
- A minimum of 100 PATH enrollees will access mental health services
- A minimum of 24 PATH implementation team meetings will be convened
- The PATH-contracted agency’s representative on the RICoC will attend a minimum of 75% of CoC meetings
- At a minimum, one PATH direct service staff will attend 75% of CoC committee meetings (statewide Outreach Committee, relevant placement committees)
- At a minimum, the PATH Coordinator will participate in all required trainings, webinars and conference calls
- All required applications and reports will be submitted in accordance with submission requirements

Part VI. Timeline

Task	Due
Hire/identify PATH staff	Within 30 days of grant award
Complete trainings listed under Task	Within 60 days of grant award
Complete trainings listed under Task	Within 90 days of grant award
Complete trainings listed under Task	Within 120 days of grant award
Complete trainings listed under Task	Within 60 days of grant award
Obtain HMIS licenses for PATH staff	Within 60 days of grant award
Provide outreach and case management services by trained staff	Within 60 days of grant award
Provide SOAR services to PATH-eligible individuals	Within 60 days of grant award
Participate in CoC	Upon membership
Participate in CoC committee meetings	Within 60 days of grant award; immediately upon grant award if currently participating in these meetings
Prepare and submit IUP, budget and budget narrative for PATH Grant Annual Application	Deadline will be established to meet SAMHSA application deadline
Submit monthly program reports to BHDDH	Within 15 days after the end of the prior month
Submit client data into HMIS	No later than 10 days following the end of the month during which the data were collected
Run HMIS data quality reports and submit to BHDDH	No later than 30 days following the end of the prior month
Complete quarterly reports on PATH PDX	No later than 30 days following the end of the reporting quarter
Complete Annual PATH Report	Deadline will be established to meet SAMHSA submission deadline

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. |

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 providing services to individuals with SMI or SMI/SUD.
 - b. Provide staff resumes/CVs and describe experience of current staff who will be involved with the PATH program. For positions included in the application for which a specific individual has not been identified, a detailed job description should be included.
 - c. Provide a proposed organizational chart indicating job responsibilities for each staff member, including part-time and contracted staff and time devoted to the program expressed as hours or portions of an FTE (1 FTE = 35 hours weekly). Indicate how many hours per week or per month the individual will devote to program activities. Where specific service partnerships are being proposed, the Applicant should include the resumes/CVs of partner organization staff who will play a significant role in providing services.

- a. Describe how staff providing PATH services will be sensitive to age, sexual identity, disability, and racial/ethnic differences of PATH-eligible individuals. Describe staff training in cultural sensitivity and health disparities
- b. Describe extent to which PATH-eligible individuals are employed as staff, volunteers, or who serve on the organization's advisory board
- c. Describe how proposed PATH-funded services will support the recovery of individuals with SMI, SUD, and SMI/SUD who are experiencing homelessness

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, population served including numbers served. Please address the number of literally and chronically homeless as well veterans to be 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.
- iii. Address the all of the service elements described in Section 3: Scope of Work and Requirements (including the administrative tasks) as well those described in Appendix B of this RFP. Please be sure to address the following in the proposed work plan:
 - The demographics of PATH-eligible individuals currently served by the organization; the projected number of individuals to be served by the PATH program, including the percentage of individuals who are literally and chronically homeless; and the number of individuals proposed to be served who are veterans
 - How PATH-funded services will target geographic areas of the State where the largest number of literally and chronically homeless individuals reside and plans to address geographic areas of the State not currently served by the PATH program
 - The plan to provide coordinated and comprehensive services to PATH-eligible individuals including how PATH resources will be utilized to target street outreach and case management as priority services and how this will maximize serving individuals who are literally and chronically homeless. Describe how PATH eligibility is and/or will be determined and how eligibility will be documented. Indicate when PATH enrollment occurs in the process.

- The proposed strategies for increasing PATH enrollment rates, particularly the enrollment rate for individuals identifying as Hispanic/Latino. SAMHSA has encouraged states to increase PATH enrollment rates.
- The partnerships, collaborations and coordinated activities with local organizations that provide key services (including mental health treatment, substance use disorder treatment, primary health care, housing, and employment) to PATH-eligible individuals, including:
 - How coordination with other outreach teams will be achieved.
 - Current service system gaps and plan(s) to address these gaps.

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

Provide a proposal cost proposal for fees charged for the year 1 services outlined in this proposal. The Cost Proposal contains two parts: the budget template from Appendix C: Budget Form with cost categories and supplemental information, AND, a budget narrative that provides detailed information on each cost category covered in the budget template by line item.

SAMHSA has encouraged PATH grant recipients to utilize PATH funds to support street outreach, case management, and other eligible services which are not financially supported by mainstream services and/or behavioral health programs. **Recipients must use third-party and program income to the extent possible.** 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.

Please note the following restrictions or budgetary limitations associated with the PATH grant:

- Funds utilized to support eligible housing services may not exceed 20% of the grant award as specified in Section 522(h)(1) of the PHA, as amended (42 U.S.C. §290cc-22(h)).
- Administrative expenses may not exceed 4% of the total grant award as specified in (Section 522(f) of the Public Health Services Act (PHA), as amended (42 U.S.C. §290cc-22(f)).
- Cost-sharing is required as specified in Section 523(a) of the PHA, as amended (42 U.S.C. §290cc-22(a)). PATH grant recipients must match directly, or indirectly, non-federal contributions in an amount that is not less than \$1 for every \$3 in federal PATH funds. Non-federal matches may be cash or in-kind, fairly evaluated, including plant, equipment, or services. The cost proposal must accommodate for **\$100,000 in non-federal match, including identifying the source(s) for the match and providing an assurance that the matching funds will be available at the beginning of the contract and will be utilized to support PATH activities will not be considered.**

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 (not applicable to this solicitation)

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 is 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. (Cost of HMIS licenses must be included).

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. Please refer to page 18 second bullet which references the PATH specific maximum of 4% for administrative costs.

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 60 (85.7%) out of a maximum of 70 points to advance to the cost evaluation phase. Any technical proposals scoring less than 60 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 60 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	25 Points
Staff Qualifications	15 Points
Approach Proposed	10 Points
Work Plan	20 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 # 7598739** 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

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 twenty (20) 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”.
 - b. One (1) printed paper copy, marked “Technical Proposal -Original” and signed.
 - c. 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.
 - a. One (1) Electronic copy on a CD-R, marked “Cost Proposal -Original”.
 - b. One (1) printed paper copy, marked “Cost Proposal -Original” and signed.
 - c. Four (4) printed paper copies

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:
 - a. Vendor’s name
 - b. RFP #
 - c. RFP Title
 - d. Proposal type (e.g., technical proposal or cost proposal)
 - e. 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:

- a. 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.
- b. 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.

- c. The cost proposal shall be typed using the formatting provided on the provided template.
- d. 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 # 7598739 Projects for Assistance in Transition from Homelessness (PATH)**” 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 – PATH RFP SUPPLEMENTAL INFORMATION

PATH Background

PATH is a formula grant made available to states, the District of Columbia, Puerto Rico and 4 U.S. territories. The purpose of the formula grants to states and other identified governmental entities is to fund eligible services which are provided to individuals experiencing homelessness or imminent risk of homelessness who have a SMI or co-occurring SMI and SUD. The federal statute which created the PATH formula grant program requires States receiving PATH grants to subcontract with sub-state-level government entities and/or private nonprofit entities for the purpose of providing authorized PATH services to eligible recipients.

Services authorized through the PATH formula grant, including street outreach/engagement, case management, housing and social supports, typically are not covered by existing programs and insurance. While federal statute and its resulting regulations which govern the PATH grant allow for states to provide a range of services to PATH-eligible individuals, each state receiving PATH grant funds must submit an annual implementation plan describing its proposed use of PATH funds to SAMHSA for review and approval.

As specified in Section 522(d) of the Public Health Services Act (PHA), as amended (42 U.S.C. 290cc-22(d)), the State must give special consideration in making grants to organizations with a demonstrated effectiveness in serving PATH-eligible veterans.

BHDDH administers the PATH formula grant through a designated State PATH Contact (SPC) located within the Division of Behavioral Healthcare Services. BHDDH is required under the terms of the PATH grant agreement to contract with a nonprofit entity for the provision of allowable PATH-funded services.

While the PATH Program is a separate and distinct autonomous program administered by the State's SSA and MHA, PATH Program services are a component of the State's Continuum of Care (CoC) which, as required by the HEARTH Act, establishes a governance structure oversee Rhode Island's homeless and housing service system.

Glossary of Terms/Definitions

CLAS	Culturally and Linguistically Appropriate Services
CoC	Continuum of Care
DIS	Disparities Impact Statement
EHR	Electronic Health Record
GPRA	Government Performance and Results Act
HEARTH	Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program
HHRN	SAMHSA's Homeless and Housing Resource Network

HIPAA	Health Insurance Portability and Accountability Act of 1996
HMIS	Homeless Management Information System
HUD	U.S. Department of Housing and Urban Development
IUP	Intended Use Plan
PATH	Projects for Assistance in Transition from Homelessness
PDX	PATH data exchange
PHS	Public Health Service
PSH	Permanent Supportive Housing
SAMHSA	Substance Abuse and Mental Health Services Administration
SOAR	SSI/SSDI Outreach, Access and Recovery
SPC	State PATH Contact
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
VA	U.S. Department of Veterans Administration

Case Management: For the purposes of this RFP, PATH-eligible case management services are described in SECTION 3 (PATH Grant Requirements)

Certified Peer Recovery Specialist: A behavioral healthcare professional credentialed by the Rhode Island Certification Board (RICB). Peer Recovery Specialists must meet the qualifications in the CMS State Medicaid Director Letter, #07-11, <https://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD081507A.pdf>. Individuals must acknowledge a mental illness, addiction, chronic illness, or intellectual/developmental disability (I/DD), and have received or are currently receiving treatment and/or community support for it. Or, individuals must acknowledge personal experience with a family member with a similar mental illness and/or substance use disorder. For the purposes of this RFP, a certified peer recovery specialist must have lived experienced with homelessness.

Chronically Homeless (modified HUD definition): (1) An individual who: (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i); and (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, co-occurring serious mental illness and substance use....;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility....

Continuum of Care (COC)

The State's CoC is "a united coalition of community and state systems and providers that assist homeless and at-risk residents in the State of Rhode Island to obtain housing, economic stability,

and an enhanced quality of life through comprehensive services and support. RICoC addresses critical issues related to homelessness through a coordinated community-based process of identifying and addressing needs utilizing not only HUD dollars, but also mainstream resources and other sources of funding. Services through the RICoC are prioritized toward those with the greatest vulnerabilities, length of time homeless and severity of service need.” *Please see Rhode Island Continuum of Care Policies and Procedures adopted June 7, 2018 and as updated October 4, 2018.*

https://www.rihousing.com/filelibrary/Rhode_Island_Continuum_of_Care_Policies_and_Procedures_10.4.2018.pdf

Operating under the umbrella of the CoC, a statewide Outreach Committee has been established to coordinate outreach to individuals experiencing homelessness, to provide training and materials to outreach workers, and to ensure that the needs of individuals experiencing homelessness are recognized and addressed. Membership on the Committee includes outreach workers and case managers from community-based organizations providing outreach services statewide as well as individuals who have lived experience with homelessness.

The CoC developed and operates under the framework of its Plan to End Homelessness commonly referred to as “**Opening Doors RI.**” As part of Opening Doors RI, Rhode Island’s current housing service system has adopted the ‘Housing First’ model, which is based on the theory that housing individuals first provides the stability necessary to permit them to access and benefit from social supports such as intensive case management, behavioral healthcare services, medical care, and employment.

Co-occurring Disorder: For the purposes of this RFP and consistent with federal PATH grant requirements, a co-occurring disorder which makes an individual eligible for PATH participation shall be a diagnosed serious mental illness (SMI) and a diagnosed substance use disorder (SUD) where the mental health disorder and substance use disorder can be diagnosed independent of each other.

Coordinated Entry System

The RICoC is required by the HEARTH Act to implement a coordinated entry system. The CES is designed to ensure that “communities prioritize people who are most in need of assistance” and “strategically allocate their current resources and identify the need for additional resources.” (Coordinated Entry Notice p. 2; Coordinated Entry Core Elements, p.8). Through development and implementation of uniform assessment and referral processes, the CES attempts to determine and secure the most appropriate response to each household’s immediate and long-term housing needs (RICoC Statewide Coordinated Entry System for Homeless Services, Policy and Procedures Manual 12/7/17, p.7-8). The CES framework developed by the RICoC is consistent with the Housing First model.

The successful applicant will be required to seek or maintain membership in the CoC for the duration of the contract and to participate in the statewide Outreach Committee (or equivalent committee/workgroup). In addition, the successful applicant will be required to participate in all

relevant CoC-sponsored placement committees. The successful applicant must follow relevant policies and procedures adopted by the CoC consistent with the PATH federal statute and resulting rules and regulations; and federal and State contract requirements, particularly as they relate to outreach, engagement and assessment. *Please see Rhode Island Continuum of Care Policies and Procedures adopted June 7, 2018 and as updated October 4, 2018. [Include link](#)*

Disparities Impact Statement (DIS): the use of data to identify subpopulations vulnerable to health disparities; and implementing strategies to decrease the differences in access, service use, and outcomes among those populations

Imminent Risk of Homelessness: Household who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The household lacks the resources or support networks needed to obtain other permanent housing

Literally Homeless: 1) Household who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Outreach Services:

The **Street Outreach** component of PATH is used by PATH projects that provide outreach and engagement to those living in places **not meant** for human habitation. These PATH activities are designed to meet the immediate needs of unsheltered homeless persons by connecting them with emergency shelter, housing, and/or critical health services. Examples of persons who are living in places **not meant** for human habitation are those who sleep on the streets, under bridges, in camps, camp grounds, abandoned buildings, structure meant for animals, vehicles, and public places. The PATH outreach process includes the following components:

- **Contact:** An interaction between a PATH-funded worker(s) and an individual who is potentially PATH eligible or enrolled in PATH. Contacts may range from a brief conversation between the PATH-funded worker and the client about the client's well-being or needs, to a referral to service. A contact must always include the presence of the client—the facilitation of a referral between a PATH-funded worker and another case manager or service provider without the involvement of the client would not be considered a contact. A contact may occur in a street outreach setting or in a service setting such as an emergency shelter or drop-in center.
- **Engagement:** The point at which an interactive client relationship results in a deliberate client assessment or the beginning of a case plan. Engagement is a one-time event, may occur on or after the project start date, and must occur prior to PATH enrollment and project exit. Clients cannot be enrolled in PATH without being engaged. Although some

interactions with a client may result in a positive outcome such as assisting a client to access a shelter bed, without a deliberate client assessment or the beginning of a case plan, those interactions are not considered to be an engagement. The assessment does not have to be of a clinical nature, and neither HUD nor SAMHSA have established minimum criteria for what the assessment must include, other than the client deliberately engaging with the worker(s) to resolve the housing crisis.

- **Enrollment:** The point at which the PATH-funded worker can determine if a person is eligible for the PATH Program. Only persons eligible for PATH can receive a PATH-funded service or referral. Additionally, the PATH-eligible individual and a PATH provider have mutually and formally agreed to engage in services and the provider has initiated an individual file or record for that individual. HMIS Data Element P3 (formerly 4.20- PATH Status) provides additional information regarding PATH enrollment.

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential

Referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service. Referrals are only reported for PATH-funded referrals provided to a PATH-enrolled individual.

Serious Mental Illness (SMI): For the purposes of this RFP, SMI refers to adults, 18 years of age or older, with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially

SPDAT: *Service Prioritization Decision Assistance Tool (SPDAT) is an evidence-informed case management tool developed by Org Code Consulting and Community Solutions used to assess household acuity and highlight areas in which clinical staff and households may work together to set goals and identify where additional support may be needed. The SPDAT series currently includes the SPDAT, the F-SPDAT for families and the Y-SPDAT for youth.*

VI-SPDAT: *The VI-SPDAT is an assessment tool developed by Org Code Consulting and Community Solutions used to assess household vulnerability and identify appropriate levels of housing assistance based on acuity. The VI-SPDAT inclusive of its versions specific to subpopulations will be considered the single assessment tools and will be the primary tools used in creating housing prioritization models. The VI-SPDAT should be completed whenever a change in a household's situation occurs, and therefore should be conducted during the household's current episode of homelessness whenever possible to help support accuracy of prioritization. The VI-SPDAT series currently includes the Family VI-SPDAT and the Next Step Tool for Homeless Youth both of which are acceptable for use with their associated subpopulations as the assessment to inform prioritization. Please note: throughout this document the term VI-SPDAT is used, however, in all instances of that terminology any of the three (3) VI-SPDAT series tools is allowable depending on the subpopulation being assessed.*

PATH Required Services

Section 522(b) of the Public Health Services Act (42 U.S.A.C. §290cc-22(b) describes the array of services which may be supported with PATH funding; however, in accordance with direction

provided by SAMHSA to recipient states, funds awarded through this RFP must be utilized to support the provision of the following services to PATH -eligible individuals:

- Outreach including street outreach
- Screening and diagnostic treatment services
- Case management services including:
 - Preparing a plan for the provision of community mental health services to eligible homeless individuals, and reviewing such plan not less than once every 3 months
 - Providing assistance in obtaining and coordinating social and maintenance services for eligible individuals who experience homelessness, including services related to daily living activities, peer support, personal financial planning, transportation, habilitation and rehabilitation, pre-vocational and vocational training, and housing
 - Providing assistance to eligible individuals who experience homelessness in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits
 - Referring eligible individuals who experience homelessness for such other services as may be appropriate
 - Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act if the eligible individuals who experiencing homelessness are receiving aid under title XVI of such act and if the applicant is designated by the Secretary to provide such services
- Supportive and supervisory services in residential settings
- Referral for primary health services, job training, educational services, and relevant housing services
- Housing services as specified in Section 522(b)(10) of the PHS Act, as amended (U.S.C. §290cc-22(b), including:
 - Minor renovation, expansion, and repair of housing
 - Planning of housing
 - Technical Assistance in applying for housing assistance
 - Improving the coordination of housing services
 - Security deposits
 - Costs associated with matching eligible individuals experiencing homelessness with appropriate housing situations
 - One-time rental payments to prevent eviction.

PATH Required Delivery Model

- PATH requires inclusion of peers in program design, implementation and oversight.

PATH Preferred Services

- Day center services

PATH Disallowed Costs

PATH Grant funds may NOT be used:

- To support emergency shelters
- For inpatient psychiatric treatment
- For inpatient substance use disorder treatment
- To make cash payments to intended recipients of mental health or substance use disorder services; or
- For lease arrangements in association with the proposed project utilizing PATH funds beyond the project period, nor may the portion of the space leased with PATH funds be used for purposes not supported by the grant

Please note that, at a minimum, outreach and case management services must be provided by the contracted PATH service provider, utilizing PATH funds or matching funds to support these activities. PATH services also may be delivered by contract employees of the PATH program utilizing PATH funds. Other services such as primary healthcare, behavioral healthcare, housing, employment may be provided through a formal agreement with one or more non-PATH providers. Any non-PATH-funded services are expected to produce the same quality of outcomes as those that are directly funded through the PATH grant.

Attachment C
Budget

Contract Agency: _____

Contract Service: PATH

Category /Item	Proposed Budget	Leveraged or 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	Leveraged/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	Leveraged/Other	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	Leveraged/Other	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	Leveraged/Other	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