Solicitation Information
June 19, 2019

RFP# 7598854

TITLE: Family Residential Treatment for Substance Use Disorder

Submission Deadline: July 24, 2019 at 10:00 AM Eastern Time (ET)

PRE-BID/ PROPOSAL CONFERENCE: Yes
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: June 27, 2019 at 2:00 PM
LOCATION: ESH/Zambarano Campus; 2018 Wallum Lake Road, Burrillville, RI

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than **June 28, 2019 at 2:00 PM (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, provide long term residential treatment and recovery support services for four families including the parent(s) and their dependent children 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 October 1, 2019 for one year with up to two annual option periods, dependent upon the availability of funds. Funds are meant to support start-up costs with a new program and any costs which are not typically reimbursed by insurers.

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.

   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.

    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 BHDDH, is responsible for the licensing of behavioral health, developmental disabilities and traumatic brain injury programs for the State of Rhode Island.

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

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

BHDDH was awarded a State Opioid Response Grants (Short Title: SOR) grant in September 2018. The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). SOR funds will support this service.

Goals of the Service

BHDDH will award startup funding for a newly licensed residential substance use treatment facility to provide this specialty family service for four families experiencing substance use disorder by the participating parent. Services delivered in this setting will blend the American Society of Addiction Medicine's placement criteria at level 3.5, 3.3 and 3.1 as clinically appropriate: see https://www.asam.org/resources/level-of-care-certification. These funds will provide start-up costs necessary to open a safe, multi-bedroom handicap-accessible residential facility that has a shared common area that can house four families, including parents and their children. The goal of the service is to reduce opioid overdose, reduce 30-day past use of opioids,

alcohol and other drugs, stabilize and treat the entire family as a unit in recovery, coordinate with and reduce involvement child welfare, and reduce child maltreatment including neglect and abuse and build recovery capital for the entire family. It is the state's expectation that, over time, the successful applicant will be able to by billing for reimbursable services.

Current Service Outcomes

There is currently a gap in family residential treatment services available for individuals experiencing substance use disorder. Many parents experiencing substance use disorders are often unable to seek residential treatment due to potential issues related to the separation from their children. Parents who have an active substance user disorder, often have co-occurring mental health disorders and/or trauma. Children whose parents have complex opioid use disorder issues are more likely to experience maltreatment, with children of first-time parents with an opioid use disorder experiencing rates of maltreatment at 8 times higher and are 5.6% that of the general population. Based on this state data, the lack of family treatment availability can lead to the removal of the child and negative impact on the child's development as well as the parent's potential to find sustainable recovery.

Adverse Childhood Experiences (ACEs) like child maltreatment can have lasting effects throughout the life course of an individual and has proven to be strongly associated with negative health and well-being outcomes including generational substance use, depression, unintended pregnancies, poor academic achievement, and financial stress, among others. This new innovative family treatment program will allow treatment for both the parent and the child(ren).

Glossary of Terms

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

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

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

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

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

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

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

SECTION 3: SCOPE OF WORK AND REQUIREMENTS

General Scope of Work

Expected Service Outcomes

BHDDH is seeking applications that propose to open a long-term residential facility for families where the adult parent has a history of substance use disorder, specifically use of opioids. The primary outcomes of this service are projected to be:

1. Reduction in 30-day past use of opioids, alcohol or drugs,
2. Increase in education, support and resiliency for the child living within the family; and
3. An increase in social and recovery supports and connectedness for the entire family.

These services may be delivered in the following options:

Option 1. A residential setting provided by the offeror; or

Option 2. A residential setting provided by the State for the duration of the award or lease period.

The State-owned properties available as Option 2 for use by the offeror consist of Buildings 2078 and 2082 located on the grounds of Zambarano Hospital, 2090 Wallum Lake Rd., Pascoag, RI 02859. Building 2078 consists of four apartments with kitchens and potential opportunities for on-site staff. Building 2082 consists of classrooms and facilities suitable for programming and clinical services.

The pre-proposal conference will be scheduled at the Zambarano site so that vendors can review the location and space. For additional details about the pre-proposal conference, see page 1 of this RFP.

The State will act in its own best interest when reviewing options 1 and 2 for award. Currently there is no funding to rehabilitate the buildings located on the grounds of Zambarano Hospital, should a vendor elect to submit a proposal for Option 2. In the event that the State chooses Option 2 for award, the State would need to prepare the space for the delivery of the program, therefore, option 2 is contigent upon the availability of funding.

Funds available through BHDDH are designed to support start-up costs associated with developing and implementing a new, licensed family treatment facility until such time as services can be sustained by establishing a new Medicaid specialty rate sufficient to reimburse costs. In the interim, services would be supported by braided funding streams consisting of Medicaid or private insurance and SOR funding for the parent; and, child focused funding sources administered by the Department of Children, Youth and Families including Title IV-E (Families First, see below) funds and Foster Care maintenance payments for children services in a Licensed Residential Family Based Treatment Facility. Foster care maintenance payments can be utilized, expecting that the child does not have to meet the AFDC related income requirement, if the child is:

- Placed with a parent in a licensed residential family-based treatment facility for substance abuse;
- The recommendation for the placement is documented in the case plan prior to placement;
- The treatment facility provides parenting skills training, parent education and individual and family counseling; and
- The treatment program and parenting program are provided under an organizational structure and treatment framework that is trauma-informed.

For additional information on the family residential model and funding models to support these programs associated with the 2018 federal Family First Prevention Services Act see https://www.voa.org/pdf_files/family-based-residential-treatment-directory. This law presents an opportunity for child welfare professionals to work together with family-focused residential treatment program staff to keep families together during treatment for substance use disorders BEFORE separation occurs. Under the new law, effective October 1, 2018, states can receive federal Title IV-E foster care maintenance reimbursement for children placed in family-based residential treatment programs with their parent(s) just as they do for placement in traditional foster placement. For more information on the Family First Prevention Services Act, visit the Child Welfare League of America, the Children's Defense Fund, or review the November 2018 briefing from the Administration on Children, Youth, and Families.

Metrics:

- # of people reporting reduced past 30 day use of substances
- # of children served
- # and type of resiliency services provided per child
- # of people completing the GPRA Client Outcome Instrument
- # of formal, written agreements to demonstrate partnerships with educational facilities, housing and employments, treatment and recovery service providers

Target and priority populations:

A parent who has minor child(ren), whose income is at 200% of the federal poverty level with a diagnosis of a substance use disorder, especially opioid use disorder.

Specific Activities / Tasks

Task 1: Establish a BHDDH licensed, family residential treatment program that is accessible by public transportation or be able to arrange for appropriate transportation.

Deliverables:

- A license to provide services as a Behavioral Health Organization (BHO license) issued by BHDDH
- Lease agreement or purchase and sales agreement for building documenting that a location for residential program has been secured.[1]
- Copy of bus schedule or plan to arrange for appropriate transportation

[1] SOR grant funds may not be used for the purchase of real estate or construction costs.

Task 2: Create a policy and procedure manual outlining trauma responsive policies and procedures for eligibility, admission, discharge, provision of services and practices utilized specific to the target population including policies for safe family care addressing needs of children living in the residential setting, and compliance with relevant federal statute and state regulations including but not limited to those outlined in the referenced Appendices.[2]

Deliverables:

- A Program Policy and Procedure Manual addressing issues related to the needs of both the parent and the child(ren).

Task 3: Provide linguistically and culturally responsive clinical and specialty care services[3] for parents and child(ren) based on their person-centered plan, in accordance with federal and state statute or regulations, BHO regulations, standards, policies and practices including but not limited to those included in the appendices which include compliance with Title 45 Code of Federal Regulations and Women's Services Standards and Core Values/Policies for Women's Services. Please note that this includes coordinating interim services for families on the waiting list.

Deliverables:

- Completed biopsychosocial assessments on all participants, including an ACE evaluation
- Completed person centered plan for each family member served, including MAT services as clinically indicated.
- Completed GPRA client level outcome survey at baseline, 3-month, 6 month and discharge (parent only)
- MOU's with local Opioid Treatment Programs as well as Center of Excellences for complex cases and MAT services
- Contract with Medicaid Managed Care Organizations: coordinate, contract and credential
- Locator forms containing information collected from clients to assist with locating them for follow up data collection (template will be provided by BHDDH); and
- Follow up plan and outreach to parent and family members.

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[2] The policy and procedure manual must be submitted to BHDDH for review prior to admission of clients. The policy and procedure manual shall also include policies and procedures addressing: assessing appropriateness for the level of care provided; provision of interim services for families on the wait list; coordination for local education services or provision of tutors as needed for the child(ren); screening for domestic violence, history of sex offenses to determine eligibility and safety concerns; and coordinating physical exams prior to face to face biopsychosocial assessments to access for any communicable diseases (including service referrals as needed).

[3] Services include but are not limited to: individualized family centered planning for each person served; psychiatry access; counseling for co-occurring substance use disorder and mental illness; individual and group psychotherapy; family therapy; parent and child education; nursing services; care coordination with behavioral healthcare providers including referrals to higher levels of care as clinically indicated; including access to Mental Health Professionals for behavioral health support and linkage to higher levels of care; peer recovery support; parenting skills to develop/strengthen developmentally-appropriate, effective parenting strategies and connection to other supportive options including Family Care Community Partnership (FCCP) and/ or RI Department of Health's Home Visiting programs; childcare; early identification and intervention service for children in care with their parent; emergency financial assistance and assistance with a wide variety of needs, including applying for benefits (e.g., SNAP, SSI, TDI, TANF), accessing education and employment options, completing housing applications, transportation, navigating public transportation and accessing RipTiks and completing activities of daily living. Children's services should include appropriate educational coordination, age appropriate recreational opportunities such as YMCA participation and other family bonding activities.

Part V. Administration
Required meetings, calls, conferences and tasks

- Enter client admission and discharge data into BHOLD on a weekly basis
- Collect GPRA Client Level Outcome data at baseline, 3 months, 6 months and discharge and provide to BHDDH in the format required, or if required, enter into SAMHSA's SPAR system
- Documentation in client record to show they were asked to complete confidential satisfaction survey at discharge. Instrument will be provided by BHDDH and completed surveys will be retrieved by BHDDH staff at an interval to be determined.
- Submit monthly report to include progress toward implementation, barriers to implementation and how those barriers were addressed
- A minimum of one representative responsible for this contract will participate in quarterly provider meetings convened by BHDDH or its subcontractor
- Collect data and report on no more than 3 additional measures to be determined by the SOR evaluator
- Credit BHDDH on all promotional items and program materials associated with SOR funding. All materials bearing the BHDDH logo must be approved by the BHDDH Communications Office prior to distribution.

VI. Performance Measures

- Facility opened on or before projected stated date
- Policy and Procedure manual completed on or before stated date
- 100% of target enrollment achieved on or before stated date
- 80% of parents will complete follow up GPRA client outcome survey
- 90% of clients will report reduced use of substances
- 80% of clients will be asked to complete perception of care survey
- 90% of clients responding to perception of care survey will report favorable perceptions of care
- 75% of quarterly provider meetings will be attended
- 100% of school aged children will be enrolled in school and receive tutoring to maintain grade level
- 100% of children will receive resiliency training and individual counseling as clinically indicated.

Part VII. Timeline

Identify physical location for facility	**Within 60 days of award**
Apply for Behavioral Health Organization license	**Within 90 days of award**
Submit Policy and Procedure Manual	**Within 60 days of award**
Open Facility	**TBD**
Admit clients	**Within 90 days of facility opening**
Submit Monthly Progress Report	**Within 15 days of prior month end**
Submit timely BHOLD data	**As required by BHDDH but not less than monthly**
Collect and Submit GPRA Client Outcome data	**Per GPRA Guidelines**

Submit Sustainability Plan	**Within 180 days of award of opening date**
Attend provider meetings	**Once quarterly**

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. Applicants are encouraged to consider use of existing technology such as texting applications and language lines to assist in reducing health disparities. The successful vendor must also demonstrate adherence to CLAS standards.

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

SECTION 4: PROPOSAL

A. Technical Proposal

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

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

2. Staff Qualifications

a. Describe qualifications and experience of key staff who will be involved in this project, including their experience in the field.
b. Provide job descriptions for positions which will be hired, and curriculum vitae or resumes for any staff proposed in the technical proposal.

3. Proposed Approach

a. Service Methodology

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

b. Feasibility of Success

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

c. Sustainability

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

4. Workplan

a. Please describe in detail how the requested services (key tasks) will be performed including staffing patterns (including level of effort), staffing ratios for service delivery, supervision and administration.

b. Describe for which components of the proposed service the Offeror intends to be primary provider, and for which, if any, and with whom the Offeror intends to subcontract, and describe any relationships established with other organizations that will have a significant role in the development, delivery, or evaluation of services. BHDDH seeks

proposals that demonstrate the existence of any necessary organizational relationships, and describe the nature of such relationships, including but not limited to contractual and/or financial obligations.

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

B. Cost Proposal

Provide a proposal for fees charged for the services outlined in this proposal using the Budget Form (Appendix C) provided AND, a budget narrative that provides detailed information on each cost category covered in the budget form. Any contract resulting from the proposal will be cost reimbursement. Please insure that any charges to the contract are included in the cost proposal. The general guidance below describes the items that should generally be contained in the cost category.

Please describe whether the cost proposal for these services is for (Option 1) a setting provided by the offeror; or (Option 2) in a setting provided by the state. Please note that if the offeror is proposing Option 2 – providing services in a setting provided by the state, the cost for any renovations needed to deliver the programs and services will be borne by the state.

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 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.

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.

12) Agency Overhead-Indirect

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

C. ISBE Proposal

See Appendix A for information and the MBE, WBE, and/or Disability Business Enterprise Participation Plan form(s). Bidders are required to complete, sign and submit these forms with

their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.

SECTION 5: EVALUATION AND SELECTION

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

Technical proposals must receive a minimum of 55 (79%) out of a maximum of 70 points to advance to the cost evaluation phase. Any technical proposals scoring less than 55 points shall not have the accompanying cost or ISBE participation proposals opened and evaluated. The proposal will be dropped from further consideration.

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

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

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

Criteria	Possible Points
Capability, Capacity, and Qualifications of the Offeror	15 Points
Staff Qualifications	10 Points
Approach Proposed	25 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:

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

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

$65,000 / $100,000 x 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:

(Vendor's ISBE participation rate ÷ Highest ISBE participation rate

X Maximum ISBE participation points)

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% ÷ 20%) x 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 # 7598854** 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:

   A. One completed and signed RIVIP Bidder Certification Cover Form (included in the original copy only) downloaded from the Division of Purchases website at www.purchasing.ri.gov. *Do not include any copies in the Technical or Cost proposals.*

   B. One completed and signed Rhode Island W-9 (included in the original copy only) downloaded from the Division of Purchases website at /documents/Forms/Misc Forms/13_RI Version of IRS W-9 Form.docx. *Do not include any copies in the Technical or Cost proposals.*

   C. Two (2) completed original and copy versions, signed and sealed Appendix A. MBE, WBE, and/or Disability Business Enterprise Participation Plan. Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation. *Do not include any copies in the Technical or Cost proposals.*

   D. Technical Proposal - describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The technical proposal is limited to fifteen (15) pages (this excludes any appendices and as appropriate, resumes of key staff that will provide services covered by this request).

      1. One (1) Electronic copy on a CD-R, marked "Technical Proposal - Original".
      2. One (1) printed paper copy, marked "Technical Proposal - Original" and signed.
      3. Five (5) printed paper copies

   E. Cost Proposal - A separate, signed and sealed cost proposal reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project.

      1. One (1) Electronic copy on a CD-R, marked "Cost Proposal - Original".

2. One (1) printed paper copy, marked "Cost Proposal -Original" and signed.
3. Five (5) printed paper copies

2. Formatting of proposal response contents should consist of the following:
   A. Formatting of CD-Rs – Separate CD-Rs are required for the technical proposal and cost proposal. All CD-Rs submitted must be labeled with:
      1. Vendor's name
      2. RFP #
      3. RFP Title
      4. Proposal type (e.g., technical proposal or cost proposal)
      5. 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.

3. 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 in the document.

   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# 7598854 Family Residential Treatment for Substance Use Disorder**" 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://rules.sos.ri.gov/regulations/part/220-30-00-13

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

B. 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.

C. 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**

M/W/Disability Business Enterprise Utilization Plan - RFPs - Rev. 5/24/2017

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,

1. A separate Program Budget is required for each contract service, e.g. outpatient services, prevention services or, residential services.
2. 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
3. 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/Diposition	
Reviewer	Date

Attachment - Supplemetary Budget Information

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

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

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

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

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

Appendix C - Compliance with Title 45 Code of Federal Regulations

Please note that the following federal regulations apply to residential programs licensed by the RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals:

§87.3 Equal Treatment for Faith Based Organizations – Grants

https://www.ecfr.gov/cgi-bin/text-idx?SID=c15737ba49d65afa2753a77a722afab4&mc=true&node=se45.1.87_13&rgn=div8

§96 – BLOCK GRANTS

§96.121 Definitions - Interim Services Required

https://www.ecfr.gov/cgi-bin/text-idx?SID=3ff9e4d962a1a925fd6af4127751470f&mc=true&node=se45.1.96_1121&rgn=div8

§96.124 Certain allocations which describes requirements for Women's Service and programs

https://www.ecfr.gov/cgi-bin/text-idx?SID=9b418e83dbef693e0fcdab7852ed1188&mc=true&node=se45.1.96_1124&rgn=div8;

§96.126 Capacity of treatment for intravenous substance abusers

https://www.ecfr.gov/cgi-bin/text-idx?SID=9b418e83dbef693e0fcdab7852ed1188&mc=true&node=se45.1.96_1126&rgn=div8;

§96.127 Requirements regarding tuberculosis.

https://www.ecfr.gov/cgi-bin/text-idx?SID=9b418e83dbef693e0fcdab7852ed1188&mc=true&node=se45.1.96_1127&rgn=div8;

§96.128 Requirements regarding human immunodeficiency virus.

https://www.ecfr.gov/cgi-bin/text-idx?SID=a3f8fb19903635f0da66e7dfe9f5a3b2&mc=true&node=se45.1.96_1128&rgn=div8

§96.131 Treatment services for pregnant women.

https://www.ecfr.gov/cgi-bin/text-idx?SID=9b418e83dbef693e0fcdab7852ed1188&mc=true&node=se45.1.96_1131&rgn=div8

Appendix D: Women's Service Standards and Core Values

Standards
To meet the specific needs of women, successful programs begin with an understanding of the emotional growth of women. Current thinking describes women's development in terms of the range of relationships in which women can engage. This is very different from the theories of emotional growth which have been the basis of substance abuse treatment and which apply to the psychological growth of men. The relationship theories for women suggest that the best context for stimulating emotional growth comes from an immersion in empathic, mutual relationships.

The strongest impetus for women seeking treatment is problems in their relationships, especially with their children. A woman's self-esteem is often based on her ability to nurture relationships. Her motivation and willingness to continue treatment is likely to be fueled by her desire to become a better mother, partner, daughter, etc. Programs that meet the needs of women acknowledge this desire to preserve relationships as a source of strength to be built upon, rather than see this as "treatment resistance." When a program operates from this theoretical point of view, the characteristics of the clinical treatment program and its objectives and measures of success are defined very differently from those of traditional treatment programs. Programs that are designed to meet women's needs tend to be more successful in retaining women clients. For an agency to be able to offer women-specific treatment, its programs must include the following criteria:

I. Accessibility
Many barriers exist that may critically inhibit attendance and follow-through for women with children, including child care, transportation, hours of operation and co-occurring mental health issues.
Standard: Agencies/programs shall demonstrate a process to reduce barriers to treatment by providing those ancillary services or ensuring that appropriate referrals to other community agencies are made. Agency policies should be updated to reflect this focus.
Core Values: Team Approach across Agencies: Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creative, and flexible resources of a diversified, committed team. Team member strengths, skills, experience, and resources are utilized to select strategies that will support the family in meeting their needs. All clients, formal and informal team members share responsibility, accountability, authority, and understand and respect each other's strengths, roles, and limitations.

II. Assessment
Women with children need to be assessed and treated as a unit. Women often enter and leave treatment because of their children's needs.
Standard: Assessment shall be a continuous process that assesses the client's psychosocial needs and strengths within the family context and through which progress is measured in terms of increased stabilization/function of the individual/family. In addition, all assessments shall be strength-based, trauma informed and conducted through motivational interviewing.
Core Value: Family-Centered: A family-centered approach means that families are a family of choice defined by the consumers themselves. Families are responsible for their children and are respected and listened to as they are supported in meeting their needs, reducing system barriers, and promoting changes that can be sustained over time. The goal of a family-centered team and system is to move away from the focus of a single client represented in systems, to a focus on the functioning, safety, and well-being of the family as a whole. A primary focus of a family-centered approach is unconditional care. Unconditional care means that the agency will care for the family, not that they will care "if." It means that it is the responsibility of the service team to adapt to the needs of the family - not of the family to adapt to the needs of a program. If difficulties arise, the individualized services and supports change to meet the family's needs
Core Value: Consumer Involvement: The family's involvement in the process is empowering and increases the likelihood of cooperation, ownership, and success. Families are viewed as full and meaningful partners in all aspects of the decision-making process affecting their lives including decisions made about their service plans.

1. **Core Value: Builds on Natural and Community Supports**: Recognizes and utilizes all resources in communities creatively and flexibly, including formal and informal supports and service systems. Every attempt should be made to include the families' relatives, neighbors, friends, faith community, co-workers or anyone the family would like to include in the team process. Ultimately families will be empowered and have developed a network of informal, natural, and community supports so that formal system involvement is reduced or not needed at all.

III. Psychological Development
Many of the traditional therapeutic techniques reinforce women's guilt, powerlessness, and "learned helplessness," particularly as they operate in relationships with their children and men.
Standard: Agencies/programs shall demonstrate acknowledgement of the specific stages of psychological development and modify therapeutic techniques according to client needs, especially to promote independence/autonomy.
Core Value: Strengths-Based: Strengths-based planning builds on the woman's unique qualities and identified strengths that can then be used to support strategies to meet her needs. Strengths should also be found in the family's environment through their informal support networks as well as in attitudes, values, skills, abilities, preferences and aspirations. Strengths are expected to emerge, be clarified and change over time as the family's initial needs are met and new needs emerge with strategies discussed and implemented.
Core Values: Self-sufficiency: Clients will be supported, resources shared, and team members held responsible for assisting clients to move toward self-sufficiency in essential life domains. (Domains include but are not limited to, safety, housing, and employment, financial, educational, psychological, emotional, and spiritual.)
Core Value: Belief in Growth, Learning and Recovery: Clients' improvement begins by integrating formal and informal supports that instill hope and are dedicated to interacting with individuals with compassion, dignity, and respect. Team members operate from belief that every client desires change and can take steps toward attaining a productive and self-sufficient life.

IV. Abuse/Violence/Trauma
A history of abuse, violence, trauma and sexual exploitation often contributes to the behavior of substance abusing and dependent women.
Standard: Agencies/programs must develop a process to identify and address past and current abuse/violence/trauma/exploitation issues. Services will be delivered in a trauma-informed, trauma-sensitive setting and provide safety from abuse and exploitation, stalking by partners, family, other participants, visitors, and staff.
Core Value: Ensuring Safety: In any service environment funded through this grant where children are present, priority and focus must be placed on the safety of the children. Consideration will be given to whether the identified threats to safety are still in effect, whether the child is being kept safe by the least intrusive means possible, and whether the safety services in place are effectively controlling those threats. When safety concerns are present, a primary goal of the family team is the protection of clients from crime and the fear of crime. The presence of individuals who are potentially dangerous requires that protection and supervision be sufficiently effective to dispel the fears of the public.
Core Value: Gender/Age/Culturally Responsive Treatment: Services will reflect an understanding of the issues specific to gender, age, disability, race, ethnicity, sexual orientation, military service, and reflect support, acceptance, and understanding of cultural and lifestyle diversity.

V. Family Orientation
Many women present in a family context with major family ties and responsibilities that will continue to define their sense of self. Drug and alcohol use in a family puts children at risk for physical and emotional growth and developmental problems. Early identification and intervention for the children's problems is essential.
Standard: Agencies/programs must identify and address the needs of family members through direct service, referral, and/or other processes. Families are a family of choice defined by the clients themselves and agencies will include informal and natural supports in the treatment process when it is in the best interest of the client.
Core Value: Family-Centered: A family-centered approach means that families are a family of choice defined by the consumers themselves. Families are responsible for their children and are respected and listened to as they are supported in meeting their needs, reducing system barriers, and promoting changes that can be sustained over time. The goal of a family-centered team and system is to move away from the focus of a single client represented in systems, to a focus on the functioning, safety, and well-being of the family as a whole. A primary focus of a family-centered approach is unconditional care. Unconditional care means that the agency will care for the family, not that they will care "if." It means that it is the responsibility of the service team to adapt to the needs of the family - not of the family to adapt to the needs of a program. If difficulties arise, the individualized services and supports change to meet the family's needs

VI. Mental Health Issues
Women with substance abuse problems often present with concurrent mood, personality disorders, and other mental health problems.
Standard: Agencies/programs must demonstrate the ability to identify concurrent mental health disorders and develop a process to have the treatment for these disorders take place in an integrated fashion with substance abuse treatment and other health care services. All programs are expected to be either Co-occurring Capable or Co-occurring Enhanced and must identify themselves as such in their applications.
Core Value: Collaboration across Systems: An interactive process in which people with diverse expertise, along with families, generate solutions to mutually defined needs and goals building on identified strengths. All systems working with the family understand each other's programs and a commitment and willingness to work together to assist the family in obtaining their goals. The substance abuse, mental health, child welfare, Human Services and other identified systems collaborate and coordinate a single system of care for clients involved with their services
Core Value: Team Approach across Agencies: Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creative, and flexible resources of a diversified, committed team. Team member strengths, skills, experience, and resources are utilized to select strategies that will support the family in meeting their needs. All clients, formal and informal team members share responsibility, accountability, authority, and understand and respect each other's strengths, roles, and limitations

VII. Physical Health Issues
Substance abusing women and their children are at high risk for significant health problems. They are at greater risk than the general population for substance abuse and violence related injuries, communicable diseases such as HIV, TB, Hepatitis, and sexually transmitted diseases. Prenatal care for substance abusing women is especially important as their babies are at risk for serious physical, neurological, and behavioral problems. Equally as important is to provide screening and information for Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Spectrum Disorders (FASD). Early identification and intervention for children's physical and emotional growth and development and for other health issues in a family is essential.
Standard: Agencies/programs shall:
1. Inquire about health care needs of the client and her children;
2. Provide appropriate referrals, coordination of services, and case management services
3. Document client and family health needs, referrals, and outcomes.
4. Assess, treat or refer for Eating Disorders

Core Value: Team Approach across Agencies: Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creative, and flexible resources of a diversified, committed team. Team member strengths, skills, experience, and resources are utilized to select strategies that will support the family in meeting their needs. All clients, formal and informal team members share responsibility, accountability, authority, and understand and respect each other's strengths, roles, and limitations

VIII. Legal Issues
Women entering treatment may be experiencing legal problems, including custody issues, civil actions, criminal charges, and probation and parole. Interaction with the legal system may further complicate a woman's sense of victimization and her trauma related issues.
Standard: Agencies/programs shall document an individual's compliance and facilitate required communication to appropriate authorities within the guidelines of federal confidentiality laws. Additionally, programs will reduce barriers to individual compliance with legal authorities. Program staff shall remain cognizant of and provide trauma informed services according to the woman's clinical needs.
Core Value: Team Approach across Agencies: Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creative, and flexible resources of a diversified, committed team. Team member strengths, skills, experience, and resources are utilized to select strategies that will support the family in meeting their needs. All clients, formal and informal team members share responsibility, accountability, authority, and understand and respect each other's strengths, roles, and limitations

IX. Sexuality/Intimacy/Exploitation
A high rate of treatment non-compliance among female substance abusers with a history of sexual abuse has been documented. The frequent incidence of sexual abuse among women substance abusers necessitates the inclusion of problem specific questions during the initial evaluation (assessment) process. Lack of recognition of a sexual abuse history or improper management of disclosure can contribute to a high rate of non-compliance in this population.

Standard: Agencies/programs shall:

1. Conduct an assessment that is sensitive to sexual abuse issues and sexual exploitation;
2. Demonstrate training and competence to address these issues;
3. Make appropriate referrals and ensure coordination of services;
4. Acknowledge and incorporate these issues into the treatment and discharge plans;
5. Assure that the client will not be exposed to exploitive situations that continue abuse patterns within the treatment process (co-ed groups are not appropriate early in treatment, physical separation of sexes is required in inpatient/residential treatment

Sexual Exploitation is legally defined as: A commercial sex act induced by force, fraud or coercion, or in which the person performing the act is under age 18.

- *Victims can be found working in massage parlors (spas), brothels, strip clubs, escort services, street prostitution, domestic brothels and pornography, phone sex lines, private parties, gang-based prostitution, interfamilial pimping and forms of internet-based exploitation.*

Core Value: Ensuring Safety: In any service environment funded through this grant where children are present, priority and focus must be placed on the safety of the children. Consideration will be given to whether the identified threats to safety are still in effect, whether the child is being kept safe by the least intrusive means possible, and whether the safety services in place are effectively controlling those threats. When safety concerns are present, a primary goal of the family team is the protection of clients from crime and the fear of crime. The presence of individuals who are potentially dangerous requires that protection and supervision be sufficiently effective to dispel the fears of the public.

X. Survival Skills

Women's treatment is often complicated by a variety of problems that must be addressed and integrated into the therapeutic process.

Standard: Agencies/programs must identify and address the client's needs in the following areas, including but not limited to:

1. Education and Literacy (Including Technology)
2. Job Readiness and Job Search (Including Non-Traditional Jobs for Women)
3. Parenting Skills
4. Housing
5. Language and Cultural Issues
6. Basic Living Skills
7. Criminogenic Risk Factors, and Criminal Thinking and Behaviors
8. Core beliefs leading to continuation in role of victim
9. Eating Disorders

The agency/program shall refer to appropriate services and document both the referrals and outcomes.

Core Values: Self-sufficiency: Clients will be supported, resources shared, and team members held responsible for assisting clients to move toward self-sufficiency in essential life domains. (Domains include but are not limited to, safety, housing, and employment, financial, educational, psychological, emotional, and spiritual.)

Core Value: Education and Employment Focus: Dedication to positive, immediate, and consistent education, employment, and/or employment-related activities which results in resiliency and self-sufficiency, improved quality of life for self, family, and the community. Referrals for participation in vocational programs through Network Rhode Island and the Office of Rehabilitation Services (ORS) are expected based on the needs and goals of participants

XI. Transitional Case Management

In order for a woman to remain in recovery after treatment, she needs to be able to retain a connection to the treatment staff and to receive support from appropriate services in the community.

Standard: Agencies/programs shall:

1. Conduct an assessment prior to discharge to address and plan for the client's continuing care needs;
2. Design a written plan with the client to meet those needs;
3. Make and document appropriate referrals as part of the continuing care plan;
4. Remain available to the client as a resource for support and encouragement for at least one year following discharge.

All levels of care must provide trauma- informed gender -specific services. Each must have a plan to engage state-wide referral sources and provide them with eligibility criteria and program information. Each provider must maintain a list of community resources and document referrals for clients' children to ensure they have access to services including pediatric care, early childhood intervention services, and interventions that address issues of abuse or neglect. Providers must be able to demonstrate that all direct care staff have knowledge how and where to refer for pregnancy related complications, and community resources that serve women and their children, including Medicaid, TANF, and Rite Care, and Domestic Violence shelters. All new direct care staff must complete and document completion within 60 days of employment the online Fetal Alcohol Syndrome Center of Excellence course on Fetal Alcohol Spectrum Disorders (http://www.fascenter.samhsa.gov). Existing direct care staff must complete and document completion of this training within 60 days of the start of this contract. Treatment Programs must use a trauma-informed curriculum, such as Seeking Safety or a similar model with Departmental approval. They must provide counseling and education to all female parents and women of child-bearing age on the effects of their substance use on the fetus, their children and on their parenting issues.

Each provider must maintain a waiting list and documented system to track all eligible women who have been screened but cannot be admitted because of insufficient capacity. Assessments must take place within 72 hours of referral; the expectation is that clinical treatment occurs within two weeks of the assessment and according to BHDDH Priority Population Guidelines. The provider must make and document referrals to services for women on their waiting lists such as testing, counseling and treatment for HIV, TB and STDs, prenatal care, domestic violence, and services for their children. Providers must immediately notify BHDDH of any pregnant woman who is unable to be admitted or referred into treatment within the specified time frame and advise the Department of the interim services provided, and the outcome of referrals they have made for her.

Core Value: Outcome-oriented: From the onset of the client and family team meetings, clients' formal and informal supports are discussed, agreed-upon, and maintained. All team members should identify their roles and levels of personal responsibility and accountability in the clients' recovery process. Identified outcomes are understood and agreed upon by all team members. Legal, education, employment, child-safety, and other applicable mandates are considered in developing outcomes, progress is monitored and each team member participates in assisting the client to identify her meaning of success. Selected outcomes are standardized, measurable, based on the life of the family and its individual members.

Appendix E: BHDDH Policies related to Regulations for Women's Services

1. All Women's SUD programs must and prominently display the BHDDH Pregnant Women as Priority flyer or poster.

2. Refer pregnant women to the Department of BHDDH Behavioral Health Services within 48 hours of contact when such women cannot be admitted due to insufficient capacity.

3. Encourage entry into treatment when indicated, including medication assisted treatment when appropriate.

4. Submit wait list to BHDDH or its' subcontractor on a weekly and timely basis in accordance with policy and procedures for monitoring the wait list established by BHDDH.

5. Make continuing education available to employees who provide those services and provide related documentation of such education.

6. Coordinate with other appropriate services such as health, social, correctional and criminal justice, educational, vocational, and employment service systems.

7. Systems must be in place to ensure the protection of client records from inappropriate disclosure compliant with all applicable State and Federal laws and regulation that include provisions for employee education on the confidentiality requirements, including cyber communication, and the fact that legal and disciplinary action may occur upon inappropriate disclosures.

8. Programs providing clinical services to women of child bearing age will implement policies and procedures to ensure compliance with provisions of the Child Abuse Prevention and Treatment Act 42 U.S.C. 5101; 42 U.S.C 5116 et seq,, and 45 CFR 1340 https://www.acf.hhs.gov/sites/default/files/cb/capta2016.pdf including the following:

   a. Routinely asking the "one key question" regarding a woman's plans to become pregnant in the next year.

   b. Developing policies and procedures to address needs of to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder per 42 U.S.C. 5101 §106(b)(2)(B)(ii)

   c. Developing a family plan of safe care for the infant born with and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant with per 42 U.S.C. 5101 §106(b)(2)(B)(iii)

   d. Ensuring that the person-centered plan documents and includes:

i. Education provided to the family about The Plan of Safe Care and review progress.

ii. Referrals for prenatal and post-partum care and other services

iii. Progress and status updates

e. Programs should demonstrate the capacity to provide or refer children of parents in treatment or referred to therapeutic services and document such in the treatment record.