



SOLICITATION INFORMATION

21 APRIL 10

RFP # 7323646

TITLE: Transition from Prison To Community

Submission Deadline: 17 May 10 @ 11:00 AM (Eastern Time)

PRE-BID/ PROPOSAL INFORMATION CONFERENCE: No

Questions concerning this solicitation may be e-mailed to the Division of Purchases at questions@purchasing.state.ri.us no later than **3 May 10 at 12:00 Noon (EDT)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP/LOI #TBD on all correspondence. Questions received, if any, will be posted on the Department web site as an addendum to this solicitation. It is the responsibility of each applicant to monitor the Department web site and comply with any instructions or requirements relating to the RFP. full Request for Proposals is available on the Department web site.

SURETY REQUIRED: No

BOND REQUIRED: No

Jerome D. Moynihan, C.P.M., CPPO
Administrator of Purchasing Systems

Vendors must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Vendors:

Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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**REQUEST FOR PROPOSALS FOR
Transition from Prison To Community**

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Mental Health, Retardation, and Hospitals is soliciting proposals from qualified firms to deliver **Recovery Support Services for Persons Transitioning from Prison to Community**.

PART I INSTRUCTIONS AND NOTIFICATIONS TO APPLICANTS

Any responses received after that date and time shall be returned unopened to the applicant. Proposals misdirected to other State locations or that are otherwise not present in the Division of Purchases at the submission deadline for any cause will be determined to be late and may not be considered. The “Official” time clock is in the reception area of the Division of Purchases.

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price. There will be no public opening and reading of responses received by the Office of Purchases pursuant to this Request, other than to name those applicants who have submitted proposals.

Acceptable Applicants

Any public or private agency, non-profit or for-profit, that wishes to reply to this RFP may do so in the form of a single response from both the prime contractor and any subcontracting agencies. It is expected that services will take place in a licensed or licensable location in the State of Rhode Island. Applicant must be a current provider of CR17, Transition from Prison To Community (TPTC) services. The following link lists these providers:

<http://www.purchasing.ri.gov/RIVIP/CRQualifiedVendors.asp?BidNumber=CR-17>

Proposal Submission Requirements

All applications must be typed on 8 ½ by 11 inch paper using 12-point font type, Times New Roman font, and at 100% magnification. The entire proposal should be typed in black ink on white paper, with the exception of letterhead stationery for letters of support. The proposal must be typed, single-spaced, on one side of the page with a 1-inch margin on all sides. The proposal should meet the following requirements:

The entire application should be sequentially page numbered and bound. Applicants must submit one original signed proposal and six copies of the proposal. Proposals that are faxed, handwritten, and/or late will not be accepted and will immediately be disqualified. A CD containing an electronic version of all the documents will also be submitted.

MHRH is under no obligation to review applications that do not comply with the above requirements.

Proposal Costs

All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content, shall be borne by the applicant. The State assumes no responsibility for these costs.

Pre-Proposal Questions

Questions concerning this solicitation may be e-mailed to the Division of Purchases at questions@purchasing.state.ri.us no later than the date & time indicated on page one of this solicitation.. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP/LOI # on all correspondence.

Proposal Review and Evaluation

MHRH will conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this request for proposals. There will be two separate levels of review.

Level I Review: During this phase, proposals will be reviewed to determine whether they are sufficiently responsive to the minimum RFP requirements to permit a complete evaluation of the technical and business proposal. Potential applicants are advised to review all sections of this Request for Proposals carefully, and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal. MHRH reserves the right to waive minor irregularities.

Minimum requirements for a proposal to receive consideration are:

1. The proposal must have been received by the closing data and in the number of copies specified.
2. The proposal must comply with all of the requirements outlined in this RFP.

Level II Review: Only those proposals that have met minimum requirements will be considered for Level II review. Proposals will undergo review by a panel established by MHRH. Panel members will include MHRH staff familiar with the requirements of the program. MHRH reserves the right to alter the composition of this team.

Panel members will read and evaluate applications using guidelines furnished by MHRH, and participate in review panel meeting(s) during which proposals will be discussed and scored. MHRH reserves the right to consider factors other than the Applicant's final score in determining final contract recommendations. Such factors may include, but not be limited to, geographic service areas and past performance.

Award: A Notice of Intent to Award Contract will be issued on or about April 1, 2010, with funding to begin by April 15, 2010. The State reserves the right to renegotiate programmatic and contractual requirements on an annual basis with the selected vendor, based on Departmental priorities.

Active Date of Proposals

Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the submission deadline, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.

Modification of Proposals by Applicants

To make a modification to a proposal once it has been submitted, the Applicant must submit a complete replacement RFP package as described under "Proposal Submission Requirements," accompanied by a letter requesting that the replacement proposal be considered. Modified proposals must be received by the deadline date and time indicated under "Proposal Submission Requirements."

Modification of Proposal by Division of Purchases

If it becomes necessary for the Division of Purchases to modify any part of this RFP, modification to the RFP will be posted on the website www.purchasing.ri.gov and issued to all known recipients of the RFP. The State reserves the right to reject any and all proposals submitted as a result of this request and pursue other options as it deems necessary.

Clarifications, Negotiations, or Discussions Initiated by MHRH

MHRH may contact any applicant prior to the final award: 1) as part of the review process; 2) for clarification of the proposal. An applicant will not be allowed to materially change its bid or proposal in response to a request for clarification.

Firm and Fixed Pricing

All pricing submitted are considered to be firm and fixed unless otherwise indicated herein.

Funding Available and Estimated Term of Agreement

MHRH expects to approve one application from a community behavioral health care organization to increase the State's capacity for short-term and long-term residential and intensive outpatient substance abuse treatment needed by individuals eligible for parole from the correctional system. The total amount of funding available is \$239,221 to cover the period of April 15, 2010 through October 30, 2010 or until the funds under this procurement are expended.

The funded community behavioral health care organizations will use these funds to hire and/or retain the services of numerous professionals, including but not limited to: Psychiatrists, Registered Nurses, Licensed Independent Social Workers, Master's Level Counselors, Chemical Dependency Professionals, Counselors in Training, Certified Community Support Professionals, Case Managers, and Residential Treatment Workers that otherwise would not be hired or would be laid off from their positions due to lack of funding for these substance abuse rehabilitation programs serving individuals on parole with substance abuse treatment as a condition for release from prison. Also, by providing these parolees with the substance abuse treatment they need, these funds will contribute to attaining the overall goal of the project to equip offenders with the skills and tools necessary to successfully reintegrate into the community, including achieving meaningful employment and developing pro-social behavioral skills, and to reduce recidivism.

It is anticipated that payments will be made monthly based on client service records pulled from MHRH's new Behavioral Health On-Line Data (BHOLD) system. Monitoring of contract performance may result in penalties of up to 5% of cumulative payments, or termination of contract for failure to meet American Reinvestment and Recovery Act (ARRA) or GPRA reporting requirements as specified by MHRH and incorporated into the contract.

Certificate of Authority

In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation shall have the right to transact business in the state until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This will be a requirement only of the successful bidder (s).

Proposals on Public Record

Applicants are advised that all materials submitted to the State of Rhode Island for consideration in response to this Request for Proposals will be considered to be on the public record, as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception, and will be released for inspection immediately upon request, once an award has been made.

Responsibilities of Prime Contractor

It is intended that an award pursuant to this Request will be made to one prime contractor, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered, but subcontracts are permitted, provided that their use is clearly indicated in the applicant's proposal, and the subcontractor(s) proposed to be used are identified in the proposal.

Alternative Service Approaches

The allowable activities for this RFP are listed under project model. Proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.

Participation in Training and Technical Assistance

The successful applicant(s) must agree to receive consultation, technical assistance, and training from authorized representatives of MHRH. The prime contractor(s) and any relevant subcontractor(s) must participate in all consultation, technical assistance visits, and training provided by MHRH or its authorized representatives.

Minority Business Enterprise (MBE) Goal

The State of Rhode Island has a goal of ten per cent (10%) participation by MBE's in all State procurements. For further information, visit the web site www.mbe.ri.gov. To speak with an M.B.E. Officer, call (401) 574-8253 or cnewton@gw.doa.state.ri.us

Equal Employment Opportunity (RIGL 28-5.1

§ 28-5.1-1 Declaration of policy. – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies in all areas where the state dollar is spent, in employment, public service, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Employment Opportunity Office, at (401) 222-3090. via email raymond1@gw.doa.state.ri.us

ARRA SUPPLEMENTAL TERMS AND CONDITIONS

For contracts and sub-awards funded in whole or in part by the American Recovery and Reinvestment Act of 2009. Pub.L.No. 111-5 and any amendments thereto, such contracts and sub-awards shall be subject to the Supplemental Terms and Conditions For Contracts and Sub-awards Funded in Whole or in Part by the American Recovery and Reinvestment Act of 2009. Pub.L.No. 111-5 and any amendments thereto located on the Division of Purchases website at www.purchasing.ri.gov."

PART II NATURE AND SCOPE OF PROJECT

Statement of Intent

MHRH, through the Division of Behavioral Healthcare (DBH), intends to procure the services of providers to fulfill the obligations of the Byrne/JAG American Recovery and Reinvestment Act. Providers will offer short-term and long-term residential and intensive outpatient substance abuse treatment to individuals for whom substance abuse treatment is a condition of parole.

Need for Services

According to reports from the RI Department of Corrections, approximately 20% of offenders sentenced to their facilities were sentenced for a substance abuse related offenses and that 70% of inmates at the Adult Correctional Institutions have substance abuse problems. On average, there are approximately 30 inmates per day awaiting the availability of a residential substance abuse treatment bed in order to be released per the conditions of their parole. The state provides MHRH with some funding to provide the necessary assessment and referrals needed to expedite their transition into either a short-term or long-term residential or intensive outpatient substance abuse treatment program. Unfortunately, the funds appropriated by the state for these much needed programs are not adequate when compared to the number of individuals that are waiting to start treatment. These additional funds would allow MHRH to increase the program capacity by 30 percent, thereby reducing waiting times for available treatment; and to increase residential bed capacity to expedite the release of many parolees with substance abuse treatment as a condition for their parole.

MHRH also believes that these additional funds will help to address the problem of recidivism and/or relapse of this population by increasing the number of individuals with access to the appropriate and indicated level of rehabilitation services and support that will help them re-adjust to society and live lives less motivated by crime and substance abuse. The treatment services that these community behavioral health care agencies will provide under this initiative address issues such as: anger and hostility management, identity issues, life skills, criminal and addictive thinking, dealing with denial, guilt, shame, and stigma, establishing boundaries, relapse prevention, and drug and alcohol education. In addition these individuals would be connected with affordable and stable sober housing and employment opportunities as part of their treatment goals.

In its first year of implementation, MHRH was able to provide a 45-55 residential treatment beds to this population, exceeding the entire year's target population (120) in a six month period. In its second year, the excess demand resulted in increased wait time as available bed capacity was utilized. With increased funding, MHRH would once again be able to increase bed capacity and decrease parolee wait time.

Project Goals

The RI MHRH proposes to utilize these funds to provide short-term and long-term residential, and intensive outpatient substance abuse treatment to individuals for whom substance abuse treatment is a condition of parole.

Program Model

MHRH, through the Division of Behavioral Healthcare (DBH), intends to procure the services of providers to fulfill the obligations of the Byrne/JAG American Recovery and Reinvestment Act. Providers will offer short-term and long-term residential, and intensive outpatient substance abuse treatment to individuals for whom substance abuse treatment is a condition of parole. Upon determination of level of service needed, individuals will be placed in one of the following levels of care:

A. Long-term residential substance abuse treatment

Long-term residential substance abuse treatment services must:

- Include room and board with appropriate 24 hour, 7 day per week coverage
- Provide at least 12 hours of clinical treatment services, e.g., group counseling, individual counseling, family counseling, etc. education on HIV/AIDS transmission, prevention, and treatment
- Provide access to primary health care
- Provide services up to 9 months in duration.

B. Short-term residential substance abuse treatment

Short-term residential treatment consists of all of the treatment services listed above, but is up to 3 months in duration.

C. Intensive outpatient services

Intensive outpatient services must include:

- no less than nine (9) hours per week of clinically indicated and appropriate treatment services, including at least one (1) hour of individual counseling, education on HIV/AIDS transmission, prevention, and treatment
- access to primary health care
- an initial treatment plan for which covers a 60 – 90 day period.

In addition to the above, funded agencies will be required to offer other services proven to enhance achievement of positive treatment outcomes. These innovative approaches fall, largely, into two categories: evidence-based treatment strategies and supportive recovery strategies. For example, Family Behavior Therapy is an evidence-based strategy “aimed at reducing drug and alcohol use in adults and youth along with common co-occurring problem behaviors such as depression, family discord, school and work attendance, and conduct problems in youth” (National Registry of Evidence-based Programs and Practices); and person-centered, individualized care plans in support of abstinence and resiliency are important principles of recovery services. Also, funded agencies will be required to use cultural sensitivity when deciding the best course of treatment for an individual to meet the needs of the tapestry of ethnicities that compose the RI prison population.

In 2007 state prison population reached an all-time high of 3,889 of which 70% presented substance abuse dependency. In state fiscal year 2009, 167 prison inmates were paroled under conditional substance abuse treatment, and assessed and referred by MHRH. The RI MHRH will utilize these additional funds to increase the number of individuals assessed and referred to treatment.

All appropriate inmates will receive a comprehensive assessment of treatment needs prior to release from the ACI. This standardized assessment will be conducted by a substance abuse treatment professional that will use the assessment to identify a clinically appropriate level of care based on the American society of Addiction Medicine Patient Placement Criteria (ASAM PPC). It is anticipated that 220 inmates will be assessed for this program.

The MHRH assessor will initiate a referral to the indicated level of care and appropriate community behavioral health care organization that meets the needs of each individual.

All the community behavioral health care organization participating in this initiative will be required to be licensed by MHRH and to participate in data collection activities to measure the program’s outcomes. Programs will furnish MHRH with data on treatment completion rates; rates of abstinence, criminal activity, employment and housing will be collected at discharge and three months after treatment.

Anticipated Contract Outcomes

This contract is designed to help clients achieve recovery and become a contributing member of the community. It is anticipated that the provision of substance abuse treatment will decrease recidivism and the need for higher level acute services such as inpatient psychiatric and medical detoxification services. Ultimately this will result in improvements in consumers’ quality of life, through enhancing the overall capacity of the service system to deliver recovery-oriented care.

Specifically, MHRH anticipates seeing the following outcomes:

Goal #1 Reduce prison population of individuals with substance abuse history	
Objective 1 Decrease wait time from parole to release	Performance Measure The wait time will be reduced by 40%
Objective 2 Increase number of assessment and referral to treatment by MHRH	Performance Measure Will increase by 24%
Objective 3 Increase bed capacity	Performance Measure Will increase by 8 beds
Goal #2: Provide parolees with services that promote healthy lifestyle to reduce crime and substance abuse relapses	
Objective 1 Increase number of individuals engaged in active recovery	Performance Measure Will be measured by the number of individuals completing the program and abstinence at discharge
Objective 2 Increase Employment	Performance Measure Will be measured by the rate of employment from individuals going through the program
Objective 3 Increase stable housing attainment	Performance Measure Will be measured by number of individuals moving into sober housing upon completion of the program, number of clients reporting

	stable housing and decrease in homeless days.
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Funding Restrictions and other Required Applicant Characteristics:

Grant recipients must comply with the following funding restrictions:

- Grant funds must be used for purposes supported by the program.
- Applicants must document the provision of services in the State’s Behavioral Health On-Line Data System.
- Applicants must be licensed substance abuse treatment provider.
- Applicants must be current participants in MHRH’s Continuous Recruitment #17.

Data collection: Providers will be required to complete a Government Performance and Results Act (GPRA) survey at five months post intake into the program whether or not the client is still active in their program. Providers will receive financial penalties if they do not complete surveys with at least 80 percent of their referrals.

ARRA Reporting and Registration Requirements: In accordance with Section 1512 of the American Recovery and Reinvestment Act of 2009, Public law 111-5, the provider will be required to comply with the following reporting and registration requirements:

- (a) This award requires the sub-recipients to complete projects or activities which are funded under the American Recovery and Reinvestment Act of 2009 (“Recovery Act”) and to report on use of Recovery Act funds provided through this award. Information from these reports will be made available to the public.
- (b) The reports are due no later than ten calendar days after each calendar quarter in which the sub-recipient receives the assistance award funded in whole or in part by the Recovery Act.
- (c) Sub-Recipients must maintain current registrations in the Central Contractor Registration (www.ccr.gov) at all times during which they have active federal awards funded with Recovery Act funds. A Dun and Bradstreet Data Universal Numbering System (DUNS) Number (www.dnb.com) is one of the requirements for registration in the Central Contractor Registration.

The sub-recipient shall report the information described in section 1512 (c) using the reporting instructions and data elements that will be provided online at www.FederalReporting.gov and ensure that any information that is pre-filled is corrected or updated as needed.

In addition, the subrecipient will be required to report on all staff hours worked on this project to MHRH. This data must be provided to MHRH for each work week that falls within each quarter on a quarterly basis no later than the end of each quarter. An Excel spreadsheet will be provided to subrecipients who will be trained on its use to facilitate accurate and timely reporting.

Failure to comply with these reporting requirements will result in withdrawal of funding to subrecipients and could lead to the loss of Federal funding to MHRH.

PART III INSTRUCTIONS FOR COMPLETION OF PROPOSAL

Applicants should present information in the following format. A description of each application section is included below.

Proposal Abstract

The proposal should clearly summarize the proposed project so that reviewers can quickly understand the proposed approach to delivering Sober Housing, Recovery Coaching, and Transportation.

The abstract should not exceed 15 single-spaced typed lines.

Program Narrative and Budget

The Program Narrative (Sections A – D, below) must be clear, concise, and **must not exceed 15 single-spaced pages**, exclusive of budget forms and appendices, which have no page limits. Letters of support from individuals or organizations on behalf of the applicant, resumes, letters of staff commitment, memoranda of understanding, or other materials should be included as appendices. The Program Narrative and Budget consists of the following sections.

A. Project Description/Justification of Need (10 points)

1. Provide a current mission/vision statement for the applicant agency.
2. Clearly state the purpose of the proposed program and demonstrate your understanding of the needs of persons who are transitioning from prison to the community in the State of Rhode Island.

B. Project Plan (40 points)

1. Provide a brief description of the provider organization applying for Recovery support Services funds including name, type of organization, services provided by the organization, service capacity and region served.
2. Describe the organization's plan to provide coordinated and comprehensive services to eligible clients to assist them in their recovery.
3. Describe how you will transition clients into the community as the funding under this program runs out.
4. Describe: (a) the demographics of the staff serving the clients; (b) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (c) the extent to which staff receive periodic training in cultural competence. (See Appendix I: "SAMHSA Guidelines for Cultural Competence.")

C. Government Performance and Results Act (GPRA) Survey and ARRA reporting (25 points)

1. Describe how the organization will track clients to complete the GPRA survey at 5 months post intake regardless of whether or not they have engaged in services.

2. Describe how the organization will comply with the ARRA reporting requirements, including the staffing coverage to ensure that reporting takes place regardless of staff absences.

D. Project Management (25 points)

1. Describe the organization's current infrastructure and its ability to provide sober housing, recovery coaching and transportation. Include any existing policies and procedures, memorandum of agreement regarding continuity of treatment and discharge issues.
2. Discuss the capability, administrative expertise, and experience of the primary applicant organization in developing and delivering such services.
3. Describe the roles and qualifications of all organizations involved in providing these services under this application.
4. Provide a staffing plan that includes supervision and level of effort and qualifications of a Program Director and other key personnel.
5. Document that the qualifications of proposed staff are appropriate to address the needs of the population.
6. Provide details of staff training planned regarding increasing competence to provide effective services for persons with substance abuse disorders or co-occurring SMI and substance abuse who are transitioning from prison to the community.

E. Budget

No budget is required as this is a fee for service contract.

Appendices

Only the appendices specified below should be included in the application. These materials must not be used to extend or replace any of the required sections of the Program Narrative.

Appendix 1: Organizational Experience, Qualifications and Capacity

Appendix 2: Job Descriptions

Appendix 3: Resumes and Biographical Sketches

Appendix 4: Letters of Support

Appendix 5: Organizational Chart

Appendix 6: Most Recent Audited Financial Statements

Responses **(an original plus five(5) copies)** should be mailed or hand-delivered in a sealed envelope marked “**RFP # 7323646: Transition from Prison to Community**” 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 may not be considered. Proposals misdirected to other State locations or which are otherwise not presented in the Division of Purchases by the scheduled due date and time will be determined to be late and may not be considered. Proposals faxed or emailed to the Division of Purchases will not be considered. The official time clock is located in the reception area of the Division of Purchases

Proposals should include the following:

1. A completed and signed three-page RIVIP Bidder Certification Cover Form, available at www.purchasing.ri.gov
2. A Technical Proposal describing the qualifications and background of the applicant and experience with similar programs, as well as the work plan or approach proposed for this requirement. See instructions in Attachment B.
3. A completed and signed W-9 (taxpayer identification number and certification). Form is downloadable at www.purchasing.ri.gov.
4. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in electronic format (CDRom, Diskette, flash drive). Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested. This CD or diskette should be included in the proposal marked “original”.

ATTACHMENT A

DEFINITIONS AND KEY TERMS

Applicant - The party or parties submitting a proposal under this RFP.

Behavioral Healthcare Services - In FY 2000, the Division of Substance Abuse was formally linked with the Division of Integrated Mental Health Services of the Rhode Island Department of Mental Health, Retardation and Hospitals (MHRH) under a new organizational entity, the Division of Behavioral Healthcare Services. In accordance with Chapter 40.1-1 et seq of the General Laws of Rhode Island, the statutory authority for the delivery of services for individuals with mental illness, substance abuse or gambling prevention and treatment needs continues to rest within MHRH.

Bidder(s) – (see “*Applicant*”).

Case Management/Manager – A service provider who coordinates a client’s care through diagnosis, treatment, and recovery.

Co-occurring Disorder – In the current proposal, co-occurring disorder refers to having at least one mental disorder in addition to a substance use disorder. At least one disorder of each type can be diagnosed independently of the other. Related terms also include co-morbidity and dual diagnosis.

Cooperative proposal- (see “*Joint Venture*”).

Cultural Competency - An understanding of the linguistic or social characteristics of a population and the ability to utilize that knowledge in the provision of services.

Department – The Rhode Island Department of Mental Health, Retardation and Hospitals.

Evidence-based practices - (see “*Best Practices/Standards*”).

Joint venture - An alliance between two or more organizations who are otherwise unaffiliated for the purpose of sharing risk and responsibility for a particular project.

Primary Diagnosis - The condition established after study to be chiefly responsible for occasioning a client’s visit for services.

Prime contractor - A successful applicant or its successor approved by the Department.

Provider - A person, firm, or corporation that provides behavioral health or medical services or supplies to recipients.

Qualified Firm - Any public or private agency, non-profit or for-profit that is licensed or licensable to deliver services in a location in the State of Rhode Island.

Recovery-Oriented Treatment/Service – Treatment and services that reflect a paradigm shift from the medical model of mental illness, which is focused primarily on symptom relief, to a focus on the process of recovery. Recovery-oriented treatment/service is marked by efforts to enhance client’s quality of life and efforts to assist clients in attaining a meaningful role in society.

Start Date - The first date on which recipients are eligible for behavioral health services under the operational Agreement, and on which the Prime Contractor is at risk for providing behavioral health services to recipients.

Subcontract - Any contract (except provider agreements, utilities, and salaried employees) between the Prime Contractor and an individual, firm, university, governmental entity, or nonprofit organization to perform part or all of the Prime Contractor's responsibilities.

Uninsured Individuals – those individuals who do not have coverage under private insurance, employer-sponsored insurance or another government health plan.

Acronyms

CMHO	Community Mental Health Organization
CSP	Community Support Program
DBH	Division of Behavioral Healthcare Services (RI Department of Mental Health, Retardation, and Hospitals)
DMHRH/MHRH	RI Department of Mental Health, Retardation, and Hospitals.
FY	Fiscal year
GOP	General Outpatient Population
LOI	Letter of Intent
LOS	Length of Stay
MBE	Minority Business Enterprise
PATH	Projects for Assistance in Transition from Homelessness
RFP	Request for Proposal
SSTAR	Stanley Street Treatment and Recovery
TIP	Treatment Improvement Protocol

ATTACHMENT B PROPOSAL CONTENT CHECKLIST

RFP # _____
Applicant

The proposal should contain the following in this order:

- Applicant Cover Sheet
- Proposal Content Checklist
- Proposal Abstract
- Program Narrative
- Appendix 1: Organizational Experience, Qualifications and Capacity
- Appendix 2: Job Descriptions
- Appendix 3: Resumes and Biographical Sketches
- Appendix 4: Letters of Support
- Appendix 5: Organizational Chart
- Appendix 6: Most Recent Audited Financial Statements

Center for Mental Health Services

www.mentalhealthpractices.org

The federal CMHS and the Robert Wood Johnson Foundation initiated the Evidence-Based Practices Project provides information on the following EBPs:

1. Illness Management and Recovery
2. Family Psycho-education
3. Medication Management Approaches to Psychiatry
4. Assertive Community Treatment
5. Supported Employment
6. Integrated Dual Disorders Treatment

NASMHPD Research Institute, Inc.

<http://www.nri-inc.org/CMHQA.cfm>

The NRI Center for Mental Health Quality and Accountability explores the issues surrounding, and activities related to, the adoption and implementation of evidence-based practices.

CSAT Effective Substance Abuse Treatment Practices

www.samhsa.gov/centers/csat2002/publications.html

The federal Center for Substance Abuse Treatment has identified a series of publications and resources on effective treatment practices for use by treatment professionals.