



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: April 2, 2018

RFP# HSS-18-009

PEER SUPPORT AND RECOVERY CENTERS

For

The Division of Substance Abuse & Mental Health

Date Due: **04/23/2018** at 11:00 AM (Local Time)

ADDENDUM # 1- QUESTION AND ANSWER SUMMARIES

PLEASE NOTE:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE MENTIONED RFP.

All other terms and conditions remain the same.

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Procurement Administrator

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RFP Coordinator
The Division of Substance Abuse & Mental Health

**REQUEST FOR PROPOSAL # HSS-18-009-
PEER SUPPORT AND RECOVERY CENTERS
Addendum #1**

Questions and Answers

1. Is there a maximum Dollar amount allocated for the services which are being requested in this RFP for the entire peer support center program?
 - a. Our current center services' costs range from \$231,000-\$850,000.
2. Do you know who will be on the review committee? Will there be any Peers involved in the proposal review?
 - a. The exact persons on the review panel are subject to FOIA, per Delaware Procurement Law, they all need to be state personnel.
3. Pertaining to the drop in program, is there a minimum number of hours per day or per week, or Set hours of operation that the drop in center has to be open not including the warm line?
 - a. The expectation is that individuals can access centers seven (7) days a week with consideration given to hours when other supports tend to be unavailable.
4. On page 47, referencing peer support specialists, being supervised. Do you have any minimum requirements for these supervisors?
 - a. The minimum requirements for supervising peers is based on the supervision requirements set for the Peer Recovery Specialist certification. <https://www.decortboard.org/certifications>
5. Do you have reciprocity with Pennsylvania's peer certification program?
 - a. **CLARIFICATION---Incorrect information was provided for attendees regarding reciprocity at the Pre-bid Meeting.** Corrected information: There is no reciprocity with Pennsylvania as Pennsylvania does not offer the IC & RC credential. Delaware uses the IC&RC model and thus has reciprocity with: Arizona, Arkansas; California; Colorado; Connecticut; Georgia; Idaho; Illinois; Indiana; Iowa; Kentucky; Louisiana; Maryland; Michigan; Minnesota; Missouri; Nevada; New Jersey; New York; Oklahoma; Oregon; Rhode Island; Texas; Virginia; and West Virginia.
6. Page 44, referencing "Peer Involved" The board has to have a majority of peers represented, is this the agency's board or for the program?
 - a. For this specific service, at minimum, an advisory board represented by a majority of peer individuals should be established. This board provide non-binding strategic advice regarding these services to the awarded contractor's Management/Board of Directors (depending on awarded contractor's composition).
7. Do you have a number of centers in mind, throughout counties- 1 per county 2 per county etc.?
 - a. There is no specific number in mind however; we are aiming to have these service represented across all counties in Delaware.
8. Is there an estimate of how many people this program will be able to serve daily? (References Staffing Capabilities of organization.)
 - a. For New Castle County, the historical experience has been a range of an average of 30 to 85 drop-in visits daily
 - b. For Kent County, the historical experience has been a range of an average of 10 to 30 drop-in visits daily

- c. For Sussex County, the historical experience has been a range of an average of 30 to 65 drop-in visits daily
9. Program needs to maintain statistical data, obviously attendance will be a part of this programs Statistical Data, are there any other statistics the selected vendor will be required to maintain in addition to attendance?
 - a. The selected vendor will be required to maintain statistical data such as attendance, services offered to clients, specific services provided each month and how many clients took part in these offered services, to get an indication of how many people are accessing at the various drop-in centers.
 10. You have a notice of award date, do you have an implementation date when the centers will need to be opened by and begin offering services?
 - a. We hope to have services implemented by July 1, 2018, but this is tentative depending on contract negotiations.
 11. Are you interested in having transportation provided by the center, if someone wanted to partake in the services but they could not access public transportation?
 - a. It is not required as a part of any proposal however this would most definitely be considered a value added service for this program and will be
 12. What is the relationship between the drop in centers and the "Promise" or "EEU" programs, would there NEED to be any?
 - a. There is no formal relationship between the drop-in centers, PROMISE Assessment Centers, and the Eligibility Enrollment Unit. Clients that go to the drop-in centers may also be associated with other DSAMH services. No referrals or authorizations are required for clients to partake in the services under this RFP.
 13. If there is no need for a referral from another program such as Promise, the states' reimbursement for these services and centers would be program funded reimbursement per month, would the state have a required minimum of clients served or any expectations?
 - a. Payments for services in compliance with contractual requirements and services outlined in the RFP will be made on a cost-reimbursement basis.
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Emailed Questions

14. What is the daily capacity expectation for this program?
 - a. See answer to number 8 above.
15. Is there a particular expectation of hours of operation or are we able to create our own hours of operation?
 - a. The expectation is that individuals can access centers seven (7) days a week with consideration given to hours when other supports tend to be unavailable
16. Can the provider of services be a newly established agency looking to start services with this program as its initial launch in the community?
 - A. Yes
17. Are there specific expectations/productivity measurements of the warm line service besides 24/7 availability?
 - A. No
18. Is there a specific expectation for the amount of administrative staff? The bid mentions peer support and supervisor position? Or is the agency free to create that as needed?

Is there a specific expectation for the amount of administrative staff? No.

The bid mentions peer support and supervisor position? Yes.
Or is the agency free to create that as needed? Yes.

19. Is there a specific expectation of client record keeping? If so what is it? Since there are no clinical staff in the proposal, record keeping of client files will be important to ensure we meet the needs of DSAMH for auditing purposes.
 - a. Most data will be reported in aggregate. Individual records may be kept to document assistance with personal recovery, diversion and crisis plans. These records are not considered clinical or medical records and should not be construed as such.