

June 26, 2026

TO: ALL OFFERORS

FROM: LaTonya Norris  
Management Analyst III

SUBJECT: ADDENDUM #1 Questions and Answers for HSS 26-079 – Behavioral Health Resource Development

**ADDENDUM #1**

THE ATTACHED SHEETS HEREBY BECOME APART OF THE ABOVE-MENTIONED SOLICITATION.

All other terms and conditions remain the same.

If you have any questions, please contact me at [LaTonya.Norris1@delaware.gov](mailto:LaTonya.Norris1@delaware.gov)

## **1. Budget Format**

**Question:** In the budget workbook, is a fully loaded hourly rate acceptable in lieu of personnel, fringe, and indirect broken out separately?

**Answer:** No. Vendors must complete the required corresponding Budget Workbook for each component in the format provided with the RFP. Costs must be presented with sufficient detail for DSAMH to determine that they are allowable, reasonable, allocable, and consistent with the proposed scope of services.

## **2. Component #2 – Current State/Data**

**Question:** At this time, how many individuals obtain or renew their CPRS or CSPA certifications each year?

**Answer:** Information on CPRS and CSPA certification is administered by the Delaware Certification Board. At this time, DSAMH does not have access to that direct information.

## **3. Component #2 – Current State/Data**

**Question:** How many individuals are currently waitlisted for training?

**Answer:** The current vendor does not maintain a waitlist.

## **4. Component #2 – Current State/Data**

**Question:** How many peer support professionals are currently operating within Delaware, and what is the state's target for the future size of the peer support workforce?

**Answer:** As of May 2026, self-reported information collected by the Delaware Certification Board reflected the following active Certified Peer Recovery Specialist (CPRS) and Certified Supervisor of Peer Specialists (CSPA) counts:

- For CPRS certifications by residence, there were 142 individuals in New Castle County, 33 individuals in Kent County, 79 individuals in Sussex County, and 25 individuals out of state.
- For CPRS certifications by employer, there were 140 individuals in New Castle County, 25 individuals in Kent County, 68 individuals in Sussex County, and 4 individuals out of state.
- For CSPA certifications by residence, there were 25 individuals in New Castle County, 1 individual in Kent County, and 11 individuals in Sussex County.
- For CSPA certifications by employer, there were 25 individuals in New Castle County, 1 individual in Kent County, and 11 individuals in Sussex County.

DSAMH's realistic workforce target is to maintain approximately 275 to 325 active Certified Peer Recovery Specialists statewide. For Component #2, DSAMH expects the selected vendor to support this workforce target by conducting 12 CPRS training cohorts annually, enrolling

approximately 15 to 25 participants per cohort, and training approximately 180 to 240 CPRS participants annually.

## **5. Component #2 – Current State/Data**

**Question:** Is DSAMH able to provide target numbers for each certification?

**Answer:** Yes. DSAMH's realistic workforce target is to maintain approximately 275 to 325 active CPRS statewide. Target indicators has not been created to date for CSPS. Outcome indicators and target considerations may be refined collaboratively with DSAMH

## **6. Component #2 – Current State/Data**

**Question:** How many individuals, if any, are currently receiving job readiness support?

**Answer:** Presently, DSAMH supports two apprenticeship cohorts annually (12 per cohort).

## **7. Component #2 – Current State/Data**

**Question:** Is Delaware able to provide target numbers?

**Answer:** Yes. DSAMH's realistic workforce target is to maintain approximately 275 to 325 active CPRS statewide. Target indicators has not been created to date for CSPS. Outcome indicators and target considerations may be refined collaboratively with DSAMH and also negotiated upon award.

## **8. Component #2 – Current State/Data**

**Question:** Is DSAMH able to provide a list of rural and underserved communities for the purpose of this requirement?

**Answer:** No. Vendors should describe how they will ensure statewide access.

## **9. Component #2 – Current State/Data**

**Question:** If so, how many certified peer support professionals are currently operating in each region?

**Answer:** As of May 2026, self-reported information collected by the Delaware Certification Board reflected the following active Certified Peer Recovery Specialist (CPRS) and Certified Supervisor of Peer Specialists (CSPS) counts:

- For CPRS certifications by residence, there were 142 individuals in New Castle County, 33 individuals in Kent County, 79 individuals in Sussex County, and 25 individuals out of state.
- For CPRS certifications by employer, there were 140 individuals in New Castle County, 25 individuals in Kent County, 68 individuals in Sussex County, and 4 individuals out of state.
- For CSPA certifications by residence, there were 25 individuals in New Castle County, 1 individual in Kent County, and 11 individuals in Sussex County.
- For CSPA certifications by employer, there were 25 individuals in New Castle County, 1 individual in Kent County, and 11 individuals in Sussex County.

## **10. Component #2 – Current State/Data**

**Question:** What are DSAMH's targets for each region?

**Answer:** DSAMH does not have any specific expectations for targets by region.

## **11. Component #2 – Current State/Data**

**Question:** Is there a current official provider of CPRS and CSPA certification training?

**Answer:** Yes. DSAMH has a contracted provider under a previous RFP for CPRS/CSPA training. DSAMH staff are also CSPA trainers.

## **12. Component #2 – Training Course Provision**

**Question:** Will the State provide the awardee with access to current course material?

**Answer:** The selected vendor will be expected to deliver DCB- and DSAMH-approved CPRS and CSPA training curriculum. Access to any DSAMH-developed or approved materials will be addressed with the selected vendor following award, as applicable.

## **13. Component #2 – Training Course Provision**

**Question:** For virtual and hybrid training courses, is there a preferred or required Learning Management System?

**Answer:** The RFP does not identify a required Learning Management System.

## **14. Component #2 – Training Course Provision**

**Question:** If the contractor is expected to propose a Learning Management System, are there any technical, security, or access requirements?

**Answer:** Any contractor-proposed Learning Management System or virtual platform must support secure, reliable, and accessible delivery of training; protect participant information; support documentation and reporting; and comply with applicable State, federal, privacy, accessibility, and security requirements.

## **15. Component #2 – Training Course Provision**

**Question:** Would a contractor-provided LMS need to connect to any state-owned databases or systems?

**Answer:** No. The RFP does not require a contractor-provided Learning Management System to connect to state-owned databases or systems. If any data exchange or system interface is later determined to be necessary, it would be addressed with the selected vendor after award and subject to applicable State and DSAMH requirements.

## **16. Component #2 – Training Course Provision**

**Question:** For in-person training courses, will DSAMH provide classrooms for contractor use?

**Answer:** The RFP does not state that DSAMH will provide classrooms for contractor use, but DSAMH does have classrooms in New Castle County. Vendors should describe their proposed approach for securing appropriate training space, including any in-person training locations, correctional facility coordination, accessibility considerations, and related logistical plans.

## **17. Component #2 – Training Course Provision**

**Question:** If the contractor is expected to provide classrooms, are there any requirements for location, type of facility, and capacity?

**Answer:** Vendors proposing in-person training locations should ensure that facilities are appropriate for the proposed training, accessible to participants, compliant with applicable requirements, and sufficient in size and function for the training format. For training in DOC facilities, vendors must coordinate with DOC and comply with facility-specific requirements, security protocols, onboarding, and scheduling.

## **18. Component #2 – Training Course Provision**

**Question:** Are facility rental and/or maintenance costs allowable?

**Answer:** Facility rental costs may be allowable if they are necessary, reasonable, allocable to the proposed services, included in the approved budget, and not otherwise prohibited. Costs for acquisition, renovation, or improvement of facilities or land are not allowable. Ongoing facility maintenance and repair may be allowable when distinguished from facility improvement and when properly justified and approved.

## **19. Component #2 – Training Course Provision**

**Question:** Do the CPRS and CSPA certifications require certification exams after course completion?

**Answer:** Vendors should refer to Delaware Certification Board requirements for CPRS and CSPA certification.

## **20. Component #2 – Training Course Provision**

**Question:** If so, is the contractor expected to provide these certification exams?

**Answer:** The RFP requires the vendor to provide exam preparation support. The RFP does not state that the contractor will administer official certification exams, though support may be needed for DOC peer participants in conjunction with the Delaware Certification Board.

## **21. Component #2 – Training Course Provision**

**Question:** Is in-person or virtual proctoring required for the certification exams?

**Answer:** The RFP does not specify proctoring requirements for certification exams. Vendors should refer to Delaware Certification Board requirements and describe how their proposed training and exam preparation approach will support participants pursuing certification.

## **22. Component #2 – Contractual**

**Question:** What constitutes an established partnership with the Delaware Department of Correction (DOC)?

**Answer:** For Component #2, vendors must provide a letter of support that demonstrates the established partnership with DOC. Vendors should also describe how they will coordinate with DOC leadership and facility points of contact, complete required background checks and security clearances, comply with facility onboarding and protocols, and adapt to DOC scheduling and security requirements.

## **23. Component #2 – Statewide Engagement and Outreach**

**Question:** What level of responsibility is expected for campaign strategy, content development, outreach execution, and media placement, and are paid media and advertising costs allowable?

**Answer:** Component #2 requires statewide recruitment and outreach activities to build awareness of peer support career pathways and increase entry into CPRS and CSPA pipelines. Vendors should describe their proposed outreach strategy, content development approach, execution plan, and methods for measuring effectiveness. Paid media or advertising costs may be allowable if they are necessary, reasonable, allocable, included in the approved budget, comply with DSAMH and State requirements, and are not prohibited costs.

## **24. Component #2 – Statewide Engagement and Outreach**

**Question:** Will the State provide access to information (contact lists, data and KPIs for measuring campaign success) and advertising material from previous outreach campaigns?

**Answer:** Actual campaign creation for this component is not a requirement. Component #2 requires statewide recruitment and outreach activities to build awareness of peer support career pathways and increase entry into CPRS and CSPA pipelines. Vendors should describe their proposed outreach strategy, content development approach, execution plan, and methods for measuring effectiveness.

## **25. Component #2 – Statewide Engagement and Outreach**

**Question:** Would connecting interested individuals to volunteer opportunities to support them in qualifying for the certification be an allowable activity under this contract?

**Answer:** Career pathway support, recruitment, outreach, and workforce readiness activities are included under Component #2. Connecting interested individuals to appropriate volunteer, employment, or experiential opportunities may be allowable if the activity supports certification readiness or workforce entry, complies with applicable requirements, is clearly described in the proposal, and is included in the approved scope and budget.

## **26. Component #3 – Scope & Coverage**

**Question:** Can DSAMH clarify expectations regarding statewide coverage versus targeted or phased approaches, including any priority populations or geographic areas?

**Answer:** Component #3 is intended to strengthen Delaware's prevention and recovery support ecosystem through system-level, non-direct strategies. Vendors may propose statewide, targeted, or phased approaches, but should clearly describe the rationale, populations or geographic areas to be reached, implementation strategy, and how the approach will support statewide goals, access, and system capacity.

## **27. Component #3 – Scope & Coverage**

**Question:** Can DSAMH clarify whether the State is seeking strategic planning, implementation support, technical assistance, public education, or a combination of these functions under Component #3?

**Answer:** Component #3 may include a combination of system development functions, including prevention-based partnership and network development, community and recovery support outreach strategies, public education, planning and coordination, technical assistance, campaign development, and capacity-building activities. Vendors are not required to provide all service functions (prevention, community and recovery support outreach activities, or public education) or their associated service function activities outlined in Component #3. However, vendors should clearly identify the service function or functions for which they are applying and describe the activities they propose to implement.

## **28. Component #3 – Multi-Vendor Coordination**

**Question:** How many vendors may be awarded for Component #3?

**Answer:** The RFP states that multiple vendors may be selected based on DSAMH's needs for each component and the availability of funding. Component #3 notes that during FFY 2026, three vendors support the service functions outlined under Component #3. DSAMH does not guarantee a specific number of awards.

## **29. Component #3 – Multi-Vendor Coordination**

**Question:** If multiple vendors are awarded, how will work be divided and coordinated to ensure alignment and avoid duplication?

**Answer:** If multiple vendors are awarded under Component #3, DSAMH will coordinate with selected vendors to support alignment, avoid unnecessary duplication, and ensure activities are consistent with the approved scope, service functions, work plans, reporting requirements, and statewide goals.

## **30. Component #3 – Campaign / Costs**

**Question:** What level of responsibility is expected for campaign strategy, content development, outreach execution, and media placement, and are paid media and advertising costs allowable?

**Answer:** Service functions under Component #3 are for non-direct system development and may include vendors who provide coordination and support of statewide prevention of existing media campaigns to reach individuals, families, and communities who are at risk for behavioral health challenges or in need of enhanced recovery support environments. Vendors proposing coordination and/or the development of campaigns or public education activities under Component #3 should describe their level of responsibility for strategy, outreach execution, dissemination, media placement, and evaluation. Paid media or advertising costs may be allowable if they are necessary, reasonable, allocable to the approved scope, included in the approved budget, comply with DSAMH and State communication requirements, and are not prohibited costs.

## **31. Component #3 – Campaign / Costs**

**Question:** Will the State provide access to existing data, stakeholder contacts, campaign assets, or prior planning documents to support implementation, and what approval processes and timelines should vendors anticipate for public-facing materials?

**Answer:** Service functions under Component #3 are for non-direct system development and may include vendors who provide coordination and support of statewide prevention of existing media campaigns to reach individuals, families, and communities who are at risk for behavioral health challenges or in need of enhanced recovery support environments. If applicable, the state will provide existing data, stakeholder lists, campaign assets, or prior planning documents. Vendors

should identify their proposed strategy to coordinate and support statewide prevention media campaigns, and information and resources they propose to use and describe any assumptions in their proposal. Public-facing materials must comply with DSAMH and State communication requirements and should be submitted for review and approval as directed by DSAMH following award.

### **32. Component #3 – Service Clarification**

**Question:** Can DSAMH further define the boundary between allowable outreach/education activities and prohibited direct client services, including whether community events or trainings with public participants are permitted?

**Answer:** Component #3 is restricted to non-direct resource development activities. Allowable activities include system development, capacity-building, public education, community-level strategies, outreach, training, technical assistance, and awareness activities. Prohibited activities include clinical services, direct client services, direct contact for the purpose of providing individual services, and individual or group treatment or service delivery. Community events, public education sessions, coalition meetings, trainings, and informational activities may be allowable if they are system-level, educational, or capacity-building in nature and do not constitute direct client services.

### **33. Component #3 – Deliverables**

**Question:** Can DSAMH clarify required deliverables and outputs (e.g., strategic plans, implementation roadmaps, toolkits, campaign assets, dashboards, training/TA, and evaluation products)?

**Answer:** Required deliverables will depend on the service function or functions proposed and awarded. Vendors should identify proposed deliverables in their response and work plan. Potential deliverables may include work plans, outreach materials, public education products, campaign assets, coalition or partnership activities, training or technical assistance products, resource guides, reports, data summaries, evaluation products, and quality improvement updates, as applicable to the proposed service function.

### **34. Component #3 – Deliverables**

**Question:** How does DSAMH define success for this component at a system level?

**Answer:** Success for Component #3 will be measured by the vendor's ability to strengthen prevention and recovery support infrastructure, increase community and partner capacity, improve coordination, expand public awareness, support prevention and recovery-oriented environments, produce required deliverables, and meet the reporting and performance measures applicable to the awarded service function. Final outcome indicators and target considerations may be refined collaboratively with DSAMH and also negotiated upon award.

### 35. Components 3 and 4 – Facility Engagement

**Question:** For Components 3 and 4, can DSAMH clarify whether the scope includes any expectation for awarded vendors to engage with Department of Corrections facilities (e.g., partnerships, service delivery, or on-site activities), or if all work is limited to non-correctional settings?

**Answer:** Component #3 does not include a specific requirement for engagement with Department of Correction facilities. Component #4 focuses on statewide CIT training for Delaware-based law enforcement officers and, subject to funding availability, may include other first responders and first-to-respond community partners. The RFP does not specifically require DOC facility-based service delivery under Components #3 or #4. Any facility engagement proposed by a vendor must be consistent with the awarded component scope, applicable requirements, and DSAMH approval.

### 36. Conflict of Interest

**Question:** Can DSAMH verify if a bidder that currently holds a contract with DHSS's Division of Developmental Disabilities Services for Targeted Case Management services would be precluded from bidding on this opportunity due to a conflict of interest?

**Answer:** Holding a current contract with another DHSS division does not automatically preclude a bidder from submitting a proposal for this opportunity. Vendors are responsible for disclosing any actual, potential, or perceived conflicts of interest in accordance with the RFP and applicable State requirements. DSAMH and the State will review disclosures and determine whether a conflict exists and whether any mitigation is required.

**37. Question:** For the MH Court Component, is there an estimate of the number of clients to be expected per county.

**Answer:** DSAMH does not administer Mental Health Court directly. Per the current provider, there current active census per county is 29 for New Castle County, 17, high 25 for Kent County, and 26, high 35 for Sussex County.

**38. Question:** How should vendor staff demonstrate training in trauma informed care (required in component 3)

**Answer:** Vendors should demonstrate trauma-informed care training through documentation such as staff resumes or bios, , policies and procedures, supervision protocols, or other formal documentation showing staff knowledge and application of trauma-informed principles. Vendors should also describe how trauma-informed practice will be incorporated into service design, communication, outreach, public education, quality assurance, and staff supervision.

**39. Question:** Who is the current vendor of Component 2?

**Answer:** DSAMH has a contracted provider under a previous RFP for CPRS/CSPS training. DSAMH staff are also CSPS trainers. Vendors should respond to the requirements in Component

#2 and demonstrate their qualifications to deliver peer support workforce development and certification training aligned with Delaware Certification Board and DSAMH expectations.

**40. Question:** Component 3, if there are multiple components proposed, is it possible that it might get split? Could proposals be split based on your needs?

**Answer:** Yes. Component #3 includes multiple service functions, and vendors are not required to apply for all service functions or associated activities. Vendors must clearly identify the service function or functions and associated activities for which they are applying. DSAMH may select multiple vendors based on the Division's needs, the proposals received, the service functions proposed, and the availability of funding. If multiple vendors are awarded, DSAMH will coordinate the work to support alignment and avoid duplication.

**41. Question:** Are there any suggested word lengths or word caps in any of the questions for the RFP?

**Answer:** The Scope of Work does not establish specific word counts or word caps for responses. Vendors should provide complete, clear, and concise responses that fully address each requirement. If the procurement portal or any RFP instruction establishes character limits, page limits, attachment limits, or formatting requirements, vendors must follow those instructions.

**42. Question:** On behalf of FSARR: is providing education within the DOC required?

**Answer:** Yes, for Component #2. The Scope of Work includes peer support workforce development and certification training for eligible individuals within Department of Correction facilities, including Baylor Women's Correctional Institution, Howard R. Young Correctional Institution, James T. Vaughn Correctional Institution, and Sussex Correctional Institution. Vendors applying for Component #2 must describe how they will provide or coordinate training access within DOC facilities, including required background checks, security clearances, facility onboarding, scheduling, and compliance with DOC protocols. This requirement applies to Component #2 and does not create a DOC education requirement for components where DOC-based training is not included in the Scope of Work.