

**APPENDIX E- VENDOR WORK PLAN TEMPLATE  
BEHAVIORAL HEALTH RESOURCE DEVELOPMENT  
COMPONENT #1: BUILDING AND REFINING SERVICES FOR TARGETED  
SUBPOPULATION  
MENTAL HEALTH COURT PEER SUPPORT**

**Parts of RFP HSS-26-079, Appendix B-Scope of Work and Technical Requirements are restated for vendor completion of this Work Plan Template.**

Nationally, the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA's) leads public health efforts to advance behavioral health. Its recent strategic priorities have focused on preventing substance misuse and addiction, addressing serious mental illness, expanding crisis services, and improving access to evidence-based treatment and recovery support programming for substance use, mental, and co-occurring disorders. These priorities are further strengthened by the SUPPORT Act Reauthorization (2025) which prioritizes scalable recovery infrastructure and non-clinical supports for individuals with substance use disorders.

A single state agency for behavioral health is the designated state-level entity responsible for managing federal funds designated to achieve identified federal priorities and administering programs for substance use and mental health services within a state. It is the official body that applies for, receives, and oversees funds for prevention, treatment, and recovery, though it may delegate operational responsibilities to other state, local, or private entities. The State of Delaware, Department of Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH) is responsible for adhering to the responsibilities assigned in the role of the single state agency for the State of Delaware.

As the single state agency, DSAMH is responsible for the development, implementation, maintenance, and oversight of a state plan for prevention, treatment, and recovery support; coordination of state and federal funding; and development of standards for the certification and approval of prevention, treatment, and recovery support programs. The Federal Fiscal Year (FFY) 2026-2027, "Delaware Behavioral Health Assessment and Plan" aligns to key federal priorities and emphasizes the need for an effective, person-centered, system of integrated care and behavioral health resource development.

**Administrative Note of Reference: To review DSAMH's state plan "Delaware Behavioral Health Assessment and Plan" please take the following steps:**

- Go to <https://bgas.samhsa.gov>
- Enter the username and password (these are case sensitive):
- Username - citizende
- Password - citizen
- Select "View Existing Applications" from the top tabs
- Select "FFY 2026-2027 Behavioral Health Assessment and Plan"
- Select "View Application"

- [To review the plan, click to download the pdf file.](#)

## Overview

The mission of DSAMH is to promote health and recovery by ensuring that Delawareans have access to quality prevention and treatment for mental health, substance use, and gambling conditions. To accomplish its mission, DSAMH aims to strengthen and broaden Delaware's behavioral health system through a comprehensive behavioral health resource development initiative. This initiative supports the priorities outlined in DSAMH's state plan and aligns with federal goals related to behavioral health system transformation, justice diversion, peer-led service integration, and community-based recovery supports. Behavioral health resource development involves building and enhancing the assets, funding mechanisms, and infrastructure necessary to promote the mental, emotional, and social well-being of a population. Through this initiative, DSAMH seeks to advance prevention efforts, expand access to recovery supports, build workforce capacity, strengthen cross-system collaboration, and integrate family and natural support-focused strategies to improve overall behavioral health outcomes across diverse communities.

The initiative is structured around four interrelated components that work collectively to enhance the availability, quality, and sustainability of behavioral health resources statewide:

1. Component 1: Building and Refining Services for Targeted Subpopulations – Mental Health Court Peer Support. Focuses on strengthening peer support services within the judicial system to improve engagement, reduce recidivism, and promote recovery for individuals participating in the Mental Health Court.
2. Component 2: Workforce Development – Peer Workforce Development and Certification Training. Expands the capacity of Delaware's peer recovery workforce through certification training, competency development, and continuing education aligned with the Delaware Certification Board standards.
3. Component 3: Prevention-Based and Recovery Support Non-Direct System Development Strategies. Builds statewide prevention and recovery support capacity through community/partnership development activities (such as marketing and communication), planning and coordination of services and public education activities to create healthy and recovery-oriented communities.
4. Component 4: Partnership and System Integration – Crisis Intervention Team Training. Enhances collaboration between law enforcement and behavioral health systems by equipping officers with the skills and knowledge to safely de-escalate behavioral health crises and connect individuals to appropriate community resources.
5. Component 5: Service Delivery and Integration – The Community Reinforcement Approach and Family Training (CRAFT). Strengthens the capacity of family members, friends, and other natural supports to support individuals with substance use challenges through skill-building, education, and non-confrontational engagement strategies that promote positive change and wellbeing.

Together, these components support DSAMH's goal of building a coordinated and sustainable behavioral health system that increases access to recovery-oriented services, strengthens community readiness, and enhances outcomes for individuals and families across Delaware. By investing in service development, workforce training, community capacity-building, cross-system collaboration, and family and natural support-focused strategies, the initiative ensures a more resilient, person-centered, and effective behavioral health landscape statewide.

**Name of VENDOR** is a bidder for RFP HSS-26-079, Behavioral Health Resource Development to perform the service functions required to successfully implement and maintain Component #1: Building and Refining Services for Targeted Subpopulations – Mental Health Court Peer Support.

Peer support services are non-clinical, strengths-based supports provided by individuals with lived experience of mental health and/or substance use challenges. These services promote recovery by fostering hope, self-determination, and community integration. Peer support is recognized as a core component of behavioral health systems. Community-based organizations led by peers are increasingly central to helping individuals navigate recovery, reduce stigma, and access natural supports.

In 2023, SAMHSA and HHS released the National Model Standards for Peer Support Certification, reinforcing the role of peer workers in behavioral health systems. These standards build on the foundational Core Competencies for Peer Workers, which include:

- Recovery-Oriented: Peer workers inspire hope and support individuals in achieving self-defined recovery goals.
- Person-Centered: Services are tailored to the individual's unique needs, values, and preferences.
- Voluntary: Participation is always based on choice; peer workers act as collaborators, not authorities.
- Relationship-Focused: Trusting, mutual relationships are central to effective support.
- Trauma-Informed: Services prioritize safety, empowerment, and resilience using a strengths-based approach.

These competencies guide training, supervision, and professional development, ensuring peer workers are equipped to support others while maintaining their own wellness.

SAMHSA defines recovery as a dynamic process through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Peer support plays a vital role in this journey by offering lived experience, mutual understanding, and practical guidance across SAMHSA's four dimensions of recovery:

- Health: Peer workers model and support strategies for managing symptoms, reducing substance use, and making healthy lifestyle choices.
- Home: They help individuals navigate housing systems and build routines that support stability and safety.
- Purpose: Through shared experience, peers inspire hope and help others engage in meaningful roles, whether through work, education, or creative pursuits.
- Community: Peer support fosters connection, reduces isolation, and strengthens social networks that are essential for long-term recovery.

By aligning with these dimensions, peer support not only complements clinical care but also empowers individuals to take charge of their well-being and thrive in their communities.

**Component #1 Overview**

Delaware’s Mental Health Court is a specialized judicial initiative designed to divert individuals with serious mental illness from traditional criminal justice processing into structured, community-based treatment and recovery services. Operating under the Superior Court, the program identifies eligible defendants early in the adjudication process, confirms clinical diagnoses, and coordinates care through behavioral health providers and case managers.

Critical to its success in reducing incarceration and improving treatment engagement, Delaware’s Mental Health Court requires access to peer support services, an evidence-based intervention, shown to improve outcomes for justice-involved individuals. Embedding Certified Peer Recovery Specialists (CPRS) into the court system increases participant engagement, assists with reduced recidivism, and promotes long-term recovery.

This component directly supports DSAMH’s state plan and aligns with federal priorities for justice diversion, peer-led recovery services, and system integration. Building and refining services for this targeted subpopulation will ensure the sustainability and scalability of peer support within the judicial system, improve individual well-being for one of the state’s most vulnerable populations, and foster functional skills and community integration.

***BRIEF VENDOR DESCRIPTION***

Directions: In the box below, Vendor shall provide the name of their organization, the organization mission, the address where the Vendor is administratively based, the location(s) of intended service delivery, how the vendor shall facilitate accommodation needs for the target population, and a description of operational hours and scheduling plan for the project.

Name of Vendor	
State Mission of Organization	

Address where Vendor Administrative Services is Based	
Address(es) where Vendor shall conduct Component #1 service function(s)	
Describe operational hours and scheduling plan for proposed service activities within the service function(s)	

\*Vendor may add additional rows as needed.

### **Client Target Population**

**Name of VENDOR** agrees to serve adults (age 18 and over) statewide participating in Delaware’s Mental Health Court who:

- have a confirmed diagnosis of a serious mental illness or co-occurring mental health and substance use disorder.
- are at risk of continued justice involvement, incarceration, or treatment non-engagement without enhanced recovery support services.
- have been referred by Delaware’s Superior Court and/or the Mental Health Court Team.

### **Service Functions**

The vendor shall deliver peer support services in alignment to National Model Standards designed to improve treatment engagement, increase participation in court-mandated activities, and support long-term recovery for the identified client target population. The primary functions of Component #1- Building and refining services for targeted subpopulation, Mental Health Court Peer Support for the target population include, at a minimum:

- a. **Peer Support Engagement:** Peer Recovery Specialists provide individualized and group-based support rooted in shared lived experience. Services focus on building trust, fostering hope, and promoting recovery through regular one-on-one meetings, peer-led groups, and informal check-ins. Engagement is voluntary and designed to meet participants where they are emotionally, physically, and in their recovery journey. Peer Recovery Specialists model recovery, offer encouragement, and help participants navigate challenges related to mental health, substance use, and justice involvement.
- b. **Court System Navigation:** Peer Recovery Specialists assist participants in understanding the structure, expectations, and goals of the Mental Health Court. This includes explaining court processes, preparing for hearings, as applicable, advocating client needs within the fidelity of peer support, and reinforcing compliance with court conditions. They serve as a bridge between participants and the court team, helping reduce anxiety, increase court engagement, and promote accountability through non-judgmental support.

- c. Recovery Planning: Peer Recovery Specialists collaborate with participants to develop personalized recovery and wellness plans that reflect their goals, strengths, and values. These plans are client-driven and aligned with clinical recommendations and court mandates. They help participants identify recovery pathways, set achievable goals, and track progress, while reinforcing autonomy and self-determination.
- d. Warm Handoffs: Peer Recovery Specialists facilitate seamless transitions between systems of care by coordinating with case managers, treatment providers, housing agencies, and other community resources. They accompany participants to appointments when appropriate, ensure follow-through on referrals, and help build sustainable support networks. This approach reduces service fragmentation and promotes continuity of care.
- e. Crisis Support and Relapse Prevention: Peer Recovery Specialists provide non-clinical support during emotional distress, relapse episodes, or life disruptions. They offer early intervention, de-escalation strategies, and recovery maintenance tools, while encouraging participants to access clinical or emergency services when needed. They also help develop individualized wellness recovery action plans and coping strategies to support long-term stability.
- f. Trauma-Informed and Responsive Care: All services are delivered through a trauma-informed lens that prioritizes safety, empowerment, and social responsiveness. Peer Recovery Specialists recognize the impact of trauma on behavior and recovery, and use strengths-based, person-centered approaches to foster healing and resilience. Services are equitable and inclusive, respecting the varied identities and experiences of participants.
- g. Collaboration with Court Teams: Peer Recovery Specialists are integrated members of the Mental Health Court team and may participate in staffing meetings, case reviews, and court hearings as appropriate and recommended by the Delaware Superior Court. They provide insight into participant progress, advocate for recovery-oriented approaches, and help ensure that services remain person-centered. They maintain professional boundaries while serving as a voice for lived experience within the justice system.
- h. Documentation and Reporting: Peer Recovery Specialists maintain accurate, timely, and confidential records of all services provided. Documentation includes participant contacts, progress toward recovery goals, referrals made, and outcomes achieved. Reports are submitted in accordance with Mental Health Court program protocols and may be used to inform case planning, team discussions, and program evaluation.

The vendor must use the Delaware Treatment and Referral Network (DTRN) E-referral module when making referrals for Mental Health Court Peer Support participants requiring access to behavioral health treatment and other recovery support services as applicable. Vendors can refer to Appendix F of this RFP for information on the DTRN User Agreement and Provider Standards.

## VENDOR RESPONSE TO SERVICE FUNCTIONS

**Name of VENDOR** agrees to conduct the primary service functions for Behavioral Health Resource Development, Component #1, serving the target population as outlined.

**Name of VENDOR** agrees use the DTRN E-referral module when making referrals for Mental Health Court Peer Support participants requiring access to behavioral health treatment and other recovery support services as applicable. **Name of VENDOR** agrees to comply with terms outlined in the DTRN User Agreement and DTRN Provider Standards.

**Name of VENDOR** shall submit any policies, processes, marketing documentation, curriculum, etc. in place that support the operation of the intended service function(s) and associated service function activities as requested by the Division as part of its contract monitoring process.

Directions: Vendor can add any additional content as needed, in the box below, that supports adherence to Service Functions:

### **Staffing Requirements**

The vendor shall ensure staffing levels sufficient to meet the needs of the Mental Health Court docket(s). Requirements include:

- Certified Peer Recovery Specialists (CPRS) who hold active state certification and meet Delaware Certification Board credentialing standards. Peer Recovery Specialists hired who do not hold the CPRS credential must be actively pursuing the credential and receive certification within nine (9) months of hire. Information on CPRS can be found at [Certified Peer Recovery Specialist \(CPRS\) | Delaware Certification Board](#).
- Lead/Supervisory Staff with experience supervising peer recovery specialists, providing coaching, and ensuring adherence to evidence-based practices. It is preferred that supervisors of peer recovery specialists acquire certification as a supervisor of peer specialists (CSPS) through the Delaware Certification Board. Information on CSPS can be found at [Certified Supervisor of Peer Specialists \(CSPS\) | Delaware Certification Board](#).

Vendors must maintain adequate staff–participant ratios to ensure accessibility, engagement, and timely response to referrals and participant needs. Staff background checks, credential verifications, and continuing education must comply with DSAMH policies and procedures and requirements under the Delaware Certification Board.

## VENDOR RESPONSE TO STAFFING REQUIREMENTS

**Name of VENDOR** agrees to comply with the staffing requirements.

## VENDOR IMPLEMENTATION PLAN

Directions: In the chart below, Vendor shall identify the intended Implementation Plan in chart format (shade the appropriate contract month (1-12) including:

- Milestones, Target Dates, and Expected Completion Dates: Identify key milestones, target dates, and expected completion dates for all planned activities.
- Activities from Start-Up through Full Implementation: Describe activities required for each service function, including start-up tasks, recruitment, hiring, onboarding, and orientation of key staff.
- Metrics for Tracking Progress and Outcomes: Include tracking of measurable indicators outlined for Component #1.

Key Activities	1	2	3	4	5	6	7	8	9	10	11	12
Recruitment and hiring												
Orientation of staff												
Implementation of project												
ENTER OTHER ACTIVITIES THAT SUPPORT COMPONENT #1 IMPLEMENTATION AND SERVICE FUNCTION COMPLETION												
Monthly performance reports												
Monthly provider/DSAMH meetings												
Monthly invoices												

\*Vendor may add additional rows as needed.

Directions: Vendor can add any additional content, in the box below, that supports the implementation of the project:

**Adherence to Policies and Procedures**

The Vendor is required to adhere to all federal, state and DSAMH policies, processes, procedures, requirements, rules, laws, and regulations, including, but not limited to, those listed within RFP# HSS-26-079, Behavioral Health Resource Development for Component #1. In settings where these policies do not apply in part or full, the Vendor must detail this and obtain written approval from DSAMH. Such policies include but are not limited to:

- DSAMH004 – Community Access Standards
- DSAMH007 – Contracted Religious Organizations
- DSAMH009 – Nicotine Policy
- DSAMH011 – Trauma Informed Care
- DSAMH012 – Provision of Culturally and Linguistically Appropriate Services
- DSAMH013 – Discharge From Services Policy
- DSAMH026 – Client Complaint and Grievance
- DSAMH026A – Sample Posting
- DSAMH026B – Clients Rights and Responsibilities
- DSAMH026C – Complaint Response Letter
- DSAMH029 – Community Incident Reporting Policy

- DSAMH030 – PCWFD Program Closure Policy
- [Criminal Background Check](#)
- [Human Subjects Review Board](#)
- [Inclusion](#)
- Title VI of the Civil Rights Act of 1964, as amended (codified at 42 USC 2000d et seq.).
- The Drug-Free Workplace Act of 1988.
- The Americans with Disabilities Act (PL 101-336).
- HIPAA and 42 CFR, Part 2.
- State of Delaware, Office of Management and Budget, Budget and Accounting Manual. <https://budget.delaware.gov/accounting-manual/index.shtml>.
- Any applicable policy, regulation, or terms and conditions that falls under compliance with credentials for Peer Recovery Specialists (CPRS) and Supervisors of Peer Specialists (CSPS) with the Delaware Certification Board [Home | Delaware Certification Board](#).

***VENDOR RESPONSE TO ADHERENCE TO POLICIES AND PROCEDURES***

**Name of VENDOR** agrees to adhere to the Policies and Procedures outlined. In settings where these policies do not apply in part or full, the Vendor can detail this in the box below.

**Name of VENDOR** shall submit any policies in place that support the agreeance of identified policies, processes, and regulations as requested by the Division as part of its contract monitoring process.

**Name of VENDOR** acknowledges that the Division reserves the right to modify, replace, or add to these policies with 60 days’ written notice to **Name of VENDOR**. In the event of a policy modification or addition of new policy, **Name of VENDOR** agrees to formulate a plan, in writing, regarding its compliance strategy with the modified or new policy.

Directions: Vendor can add any additional content as needed, in the box below, that supports adherence to Policies and Procedures:

**Fiscal Requirements and Funding Restrictions**

Selected vendor(s) will be paid on a cost reimbursement basis. Annual funding amount determination is contingent to availability of funds and funding source priorities.

***VENDOR RESPONSE TO ADHERENCE TO FISCAL REQUIREMENTS AND FUNDING RESTRICTIONS***

**Name of VENDOR** shall submit any policies in place that support the agreeance of fiscal requirements and funding restrictions identified in the RFP Scope of Work for Component #1

and outlined in the contract as requested by the Division as part of its contract monitoring process.

**Name of VENDOR** shall prominently display on all materials related to and developed for this project: *“Funding for this project has been provided by Delaware Health and Social Services’ Division of Substance Abuse and Mental Health through state general funding. Contents are solely the responsibility of the authors and do not necessarily represent the official views of the Delaware Health and Social Services’ Division of Substance Abuse and Mental Health.”*

**Evaluation and Performance Measures**

The following content establishes sustainable systems to understand the program and its outcomes as simply as possible, integrating data collection into current systems wherever possible. DSAMH has the right to conduct any onsite evaluation and monitoring of the Vendor’s activity at any time.

The extension of the service period of the contract is based on, but not limited to, the past performance of the Vendor. The determination shall be based on, but not limited to, considerations of the following factors:

<b>Performance Objective</b>	<b>Method of Assessment</b>
Provide services as identified in Scope of Services.	Monthly provider meeting participation, Review of program reports, third-party feedback, on-site monitoring, as applicable.
Compliance with all State and Federal statutes and regulations as applicable for the operation of services identified in this Scope of Work.	Review of program reports, third-party feedback, on-site monitoring, as applicable.
Adhere to requirements in Professional Service Agreement, Divisional Requirements, Scope of Services, and Contract Budget information.	Monthly provider meeting participation, Review of program reports, third-party feedback, Annual submission of policies, procedures, and plans outlined in scope of work, on-site monitoring as applicable.
Reconcile accounts before submitting invoices.	Review of Vendor invoices and back-ups to the invoices.
Submit required invoices on time.	Review of Invoices.
Deliver required reports.	Review of Reports and Deadlines.

***VENDOR RESPONSE TO EVALUATION AND PERFORMANCE MEASURES***

**Name of VENDOR** agrees to the following responsibilities as outlined for Evaluation and Performance Measures:

- Participate in all meetings, as scheduled, related to program/project management and contractual administrative functions.

- Coordinate and communicate all work product efforts in conjunction with the Division's designated Project Lead(s).
- Submit a Continuity of Operations (COOP) Plan annually as part of the Division's contract monitoring process. COOP Plans shall guide the Vendor in maintaining essential operations and restoring critical business functions during and after a disaster.
- Comply with all performance objectives for Component #1 as well as all contractual requirements outlined in the executed contract.

### **Quality Improvement**

Vendor shall implement a method for identifying, evaluating, and correcting deficiencies in the quality and quantity of services to be provided under any resulting contract arising out of the RFP. The quality assurance plan shall include the proposed indicators essential to assess the Vendor's performance and the overall adequacy of services being provided to individuals in the target population.

1. Vendor must comply with HIPAA and 42 CFR, Part 2.
2. Vendor must comply with regular program and service reporting.

### ***VENDOR RESPONSE TO QUALITY IMPROVEMENT***

**Name of VENDOR** agrees to submit an updated quality assurance plan annually as part of the Division's contract monitoring process.

This plan should include a description of how the fidelity of the services provided will be sustained (i.e. methodology, reporting mechanisms used, etc.). This plan shall include performance targets and how these will be evaluated, tracked, and reported. Additionally, this plan shall include how client satisfaction and stakeholder satisfaction will be assessed.

### **Measurement and Key Outcome Indicators**

The Vendor shall implement a structured monthly reporting cadence, established at contract initiation, to monitor progress toward project milestones, outputs, and outcomes. DSAMH may request supplemental reporting as necessary. The monthly provider report shall contain the following performance measures:

#### **a. Participant Retention and Completion**

Monthly census tracks aggregate number of client referrals for Mental Health Court peer support participation to Vendor, including basic client demographics (gender, age (Young People (18-24); Young Adults (25-35); Older Adults (36-60); Seniors (60+), race and ethnicity), dates of referrals and referral status. Includes rate of successful vs. involuntary discharges.

#### **b. Engagement and Participation**

Performance indicators:

- Number of peer support sessions completed (individual and group)
- Percentage of participants actively engaged in services
- Retention rate in peer support over 90 days

Targets consideration for indicators:

- ≥60% of enrolled participants engage in peer support services as recommended
- ≥60% retention rate over a 3-month period

c. Recovery and Wellness Outcomes

Performance indicators:

- Participant-reported improvements in hope, empowerment, and self-efficacy
- Reduction in psychiatric symptoms or emotional distress (self-assessed)

Targets consideration for indicators:

- ≥75% of participants report increased hope and empowerment within 90 days
- ≥50% report improved emotional regulation or symptom management

d. Service Access and Coordination

Performance indicators:

- Number and type of referrals made to community services
- Participant-reported ease of accessing services

Targets consideration for indicators:

- ≥70% of participants receive at least one referral within 30 days
- ≥60% report improved access to needed supports

e. Crisis Support and Relapse Prevention

Performance indicators:

- Number of crisis interventions provided
- Percentage of participants with wellness recovery action plans

Targets consideration for indicators:

- ≥60% report using peer support during crisis situations
- ≥80% of participants have a documented wellness recovery action plan

f. Quality Improvement Review

As part of the quality improvement plan, the monthly program report must also highlight issues raised either by the Vendor as continuous improvement objectives along with recommendations to address these objectives.

Presently, the Vendor shall submit monthly program reports to [DSAMH\\_peer@delaware.gov](mailto:DSAMH_peer@delaware.gov) by the 10th of each month for the preceding month of service. DSAMH shall establish the

content and format structure of the report. As DSAMH reviews its various reporting mechanisms for the purpose of standardization across its behavioral health ecosystem, DSAMH reserves the right to shift the mechanism of how monthly program information is submitted which may include submission via a state contracted cloud-based survey platform. DSAMH shall provide the Vendor 60 days' notice of any report submission changes in writing.

DSAMH reserves the right to claw back or hold funds for program reports not submitted.

***VENDOR RESPONSE TO MEASUREMENT AND KEY OUTCOME INDICATORS***

**Name of VENDOR** agrees to submit all required metrics as outlined for Component #1.

**Name of VENDOR** acknowledges that the Division reserves the right to shift the mechanism of how monthly program information is submitted provided **Name of VENDOR** receive 60 days' notice of any report submission changes in writing.