

**APPENDIX E - VENDOR WORK PLAN TEMPLATE
BEHAVIORAL HEALTH RESOURCE DEVELOPMENT
COMPONENT #2: WORKFORCE DEVELOPMENT – PEER WORKFORCE DEVELOPMENT
AND CERTIFICATION TRAINING**

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 #2: Workforce Development – Peer Workforce Development and Certification Training.

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, the Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the U.S. Department of Health and Human Services (HHS), released the National Model Standards for Peer Support Certification, reinforcing the essential role of Peer Recovery Specialists within behavioral health systems. These model standards and associated core competencies establish a unified framework for effective, ethical, and recovery-oriented peer support practice.

The National Model Standards emphasize the following foundational principles that guide peer support services:

- Lived Experience: Peer support is grounded in the authentic lived experience of individuals who have navigated substance use and/or mental health challenges, providing credibility, connection, and mutual understanding.
- Hope, Recovery, and Wellness: Promoting hope and supporting recovery-oriented and wellness-focused outcomes are central tenets of peer support.
- Person-Centered and Voluntary Support: Services are driven by the individual receiving support, tailored to their goals, preferences, and strengths, and participation is entirely voluntary.
- Empowerment and Advocacy: Peer Recovery Specialists support individuals in identifying strengths, exercising self-advocacy, understanding their rights, and navigating complex behavioral health and justice systems.

The model standards further define core competency areas required for effective peer support practice:

- Ethics and Boundaries: Adherence to ethical guidelines, maintenance of professional boundaries, and the appropriate use of self-disclosure.

- Communication and Interpersonal Skills: Use of respectful, inclusive language; development of effective working relationships with individuals served and multidisciplinary teams; and application of conflict resolution techniques.
- Cultural and Structural Competence: Recognition of health disparities and systemic inequities, with demonstrated cultural humility and responsiveness in practice.
- Trauma-Informed Care: Application of trauma-informed principles, including awareness of the impacts of trauma, grief, compassion fatigue, and burnout.
- Resource Navigation: Coaching individuals in accessing community-based resources, navigating healthcare and social service systems, and building sustainable support networks.
- Wellness and Self-Care: Promotion of resiliency and modeling of self-care strategies to support peer well-being and prevent burnout and compassion fatigue.

These competencies guide training, supervision, and professional development, ensuring peer recovery specialists 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.

Aligned with SAMHSA's definition of recovery, peer support drives measurable progress in health, housing stability, purpose, and community connection by transforming lived experience into actionable guidance and sustained motivation. By reinforcing strengths, fostering accountability, and building social connection, peer support extends beyond clinical care to empower individuals to take ownership of their recovery and succeed in their communities.

Component #2 Overview

Delaware is working to strengthen its behavioral health system by expanding and professionalizing its peer support workforce. Peer support professionals, individuals who draw on lived experience of mental health and/or substance use recovery, play a crucial role in providing trauma-informed, person-centered services. Certified Peer Recovery Specialists (CPRS) and Certified Supervisors of Peer Specialists (CSPS) serve as essential connectors between clinical services and community-based recovery supports.

Despite their importance, Delaware faces significant challenges in developing a strong peer workforce. Current barriers include limited training access, inconsistent supervision quality, unclear career advancement pathways, and ongoing role ambiguity across service settings.

Component #2 directly addresses these gaps by:

- Investing in statewide workforce infrastructure, training capacity, and technical assistance to build a sustainable peer workforce pipeline.
- Developing, training, and certifying peer professionals to expand recovery-oriented care.
- Supporting certification, continuing education, and competency development for individuals pursuing CPRS and CPCS credentials in alignment with Delaware Certification Board (DCB) standards.

The overarching goal is to increase the number of qualified peer support professionals, enhance access to evidence-based and recovery-oriented services, and ensure a high-quality, trauma-informed peer support system across Delaware. Through expanded training opportunities, clear workforce pathways, and structured professional supports, Component #2 aligns with SAMHSA federal priorities and advances DSAMH’s strategic goal of building a resilient, high-quality peer support workforce that contributes to individual recovery and statewide behavioral health system transformation.

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 #2 service functions.	
Describe operational hours and scheduling plan for proposed service activities within the service functions as outlined for Component #2	

*Vendor may add additional rows as needed.

Client Target Population

Name of VENDOR agrees to provide peer support workforce development and training services for:

- Individuals pursuing CPRS or CSPS certification through the Delaware Certification Board.
- Current CPRS and CSPS professionals seeking continuing education, recertification, or advanced learning.
- Individuals with lived experience of mental health or substance use challenges who meet DCB eligibility requirements and wish to enter the peer support workforce, including those residing in the community and within the Department of Correction (DOC) within Baylor Women's Correctional Institution, Howard R. Young Correctional Institution, James T. Vaughn Correctional Institution, and Sussex Correctional Institution.

Service Functions

The vendor shall design, deliver, and coordinate peer support workforce development activities that meet or exceed all Delaware Certification Board (DCB) requirements. Under Component #2, the Vendor is responsible for offering high-quality, trauma-informed, recovery-oriented training that prepares individuals for certification as Certified Peer Recovery Specialists (CPRS) and Certified Supervisors of Peer Specialists (CSPS) as well as provides the ongoing education needed to maintain and sustain these certifications. Primary service functions include the following:

- a. **Core CPRS Training**-The Vendor shall deliver DCB and DSAMH approved CPRS curriculum grounded in the five domains of peer recovery education domains. Curriculum delivery must include instructional content, applied learning activities, skills practice, and assessment aligned with competency-based standards.
 - **Advocacy**-This domain prepares peer recovery specialists to empower individuals to exercise autonomy, self-determination, and informed choice in their recovery. It emphasizes dignity, equity, and support for diverse recovery pathways. Key competencies include:
 - Promoting dignity, respect, inclusion, and stigma reduction across service settings.
 - Partnering with peers to identify needs, reduce barriers, and connect with relevant community and clinical resources.
 - Supporting multiple pathways to recovery, including abstinence-based, harm reduction, medication-assisted, faith-based, and culturally specific approaches.
 - **Ethical Responsibility**-Ethical Responsibility ensures peer recovery specialists maintain safety, professionalism, and integrity in all interactions. Key competencies include:
 - Maintaining confidentiality, ethical boundaries, dual relationship awareness, and role clarity.
 - Recognizing and addressing personal bias and systemic inequities that impact peer support delivery.
 - Identifying and responding appropriately to risk factors, safety concerns, or crisis indicators.
 - Understanding the limits of the peer role and knowing when referral, consultation, or collaboration is required.

- Mentoring and Education-This domain focuses on using lived experience to inspire hope, model recovery values, and support peers in developing skills for long-term wellness. Key competencies include:
 - Demonstrating leadership through authenticity, mutuality, and positive role modeling.
 - Sharing lived experience purposefully to build trust and enhance learning.
 - Supporting peers in developing communication, conflict resolution, problem-solving, and self-advocacy skills.
 - Providing guidance that is culturally responsive, strengths-based, and person-centered.
 - Recovery/Wellness Support-This domain encompasses direct support that helps peers build, maintain, and enhance individual recovery and wellness practices. Key competencies include:
 - Using evidence-informed coaching strategies such as motivational interviewing, goal setting, and recovery planning.
 - Encouraging development of coping skills, self-care routines, and holistic wellness practices.
 - Recognizing early signs of distress, crisis, or relapse risk and facilitating access to appropriate supports.
 - Applying strengths-based, trauma-informed approaches that center peer voice, choice, and pace.
 - Harm Reduction- As the newest domain, Harm Reduction equips peer professionals with evidence-based strategies to reduce the risks associated with substance use, consistent with public health principles. Key competencies include:
 - Understanding harm reduction philosophy, principles, tools, and evidence base.
 - Applying practical risk mitigation strategies such as overdose prevention, and linkage to supportive services.
 - Integrating harm reduction philosophy within broader recovery frameworks, recognizing that risk mitigation strategies and recovery can coexist and complement each other.
 - Supporting peers in making informed decisions that prioritize dignity, safety, and personal wellbeing.
- b. CSPS Training-Training based on the approved CSPS curriculum (Appendix G of this RFP), preparing individuals for supervisory-level certification with emphasis on:
- Peer supervision competencies
 - Administrative and leadership skills
- c. Exam Preparation-Structured exam support aligned with DCB requirements, which can include:
- Study groups
 - Tutoring
 - Practice assessments and test reviews
- d. Continuing Education (CEU)-Development and delivery of DCB and DSAMH approved CEUs focused on:
- Peer support best practices

- Emerging evidence-based approaches
 - Ethics, boundaries, and trauma-informed care
- e. Recruitment and Outreach-Statewide engagement activities targeting communities statewide to build awareness of peer support career pathways and increase entry into CPRS and CSPA pipelines.
- f. Career Readiness and Placement Support-Services to prepare individuals for certification and employment, including:
- Resume and interview coaching
 - Professional development skill-building
 - Job placement assistance and employer linkage
- g. Training Accessibility-Flexible delivery formats (in-person, virtual, hybrid) to ensure statewide, equitable access, including logistical coordination and facility access for CPRS training within Baylor Women’s Correctional Institution, Howard R. Young Correctional Institution, James T. Vaughn Correctional Institution, and Sussex Correctional Institution in compliance with Department of Corrections procedures.
- h. Documentation and Reporting-Accurate collection and maintenance of all required documentation, including:
- Participant training and certification records
 - Attendance and competency evaluations
 - Compliance tracking and reporting to DSAMH

VENDOR RESPONSE TO SERVICE FUNCTIONS

Name of VENDOR agrees to conduct the primary service functions for Behavioral Health Resource Development, Component #2, serving the target population as outlined.

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 employ or subcontract a qualified team capable of delivering high-quality, certification-aligned peer workforce development services. At minimum, the Vendor must staff the following roles:

- a. Qualified Trainers/Facilitators: Trainers must possess credentials and experience that meet or exceed Delaware Certification Board (DCB) standards, including
- Instructor/Trainer certification for CPRS and/or CSPA curriculum, with demonstrated expertise in:
 - Peer support practice and recovery-oriented systems of care
 - Adult learning principles and effective facilitation
 - Trauma-informed, socially responsive, and person-centered instructional approaches
 - Experience delivering training across multiple modalities, including hybrid, virtual, and in-person formats.
 - Compliance with Delaware Department of Correction (DOC) requirements for conducting CPRS/CSPA peer workforce development training within DOC facilities. This includes, but is not limited to:
 - Required background checks
 - Security clearances
 - Facility-specific onboarding procedures and protocols
- b. Supervisory Staff: The Vendor must designate supervisory personnel responsible for ensuring the quality and fidelity of all training activities. Duties include:
- Providing oversight, coaching, and performance review for training staff.
 - Ensuring alignment with DCB standards, DSAMH expectations, and approved curricula.
 - Monitoring training delivery for accuracy, consistency, and adherence to competency-based instruction.
- c. Administrative and Coordination Staff: Administrative staff shall support all operational aspects of the workforce development program, including:
- Scheduling trainings, coordinating logistics, and managing registration (to include considerations for DOC Correctional Institutions).
 - Preparing instructional materials and managing participant communications.
 - Maintaining training records, attendance, training curricula, documentation, and reporting.
 - Ensuring compliance with DCB and DSAMH documentation requirements.

Trainers and supervisors must complete ongoing professional development in the following areas:

- Trauma-informed pedagogy and instruction
- Ethical standards and boundaries, including DCB ethical guidelines
- ADA accessibility and inclusive training practices
- Competency-based education methods and evaluation tools
- Socially responsive and population-based approaches

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, particularly those responsible for CPRS and CSPS training and supervision.
- Metrics for Tracking Progress and Outcomes: Include tracking of measurable indicators as outlined for Component #2.

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 #2 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

Vendors are required to adhere to all federal, state and DSAMH policies, processes, procedures, requirements, rules, laws, and regulations, including, but not limited to, those listed under RFP# HSS-26-079, Behavioral Health Resource Development for Component #2. 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:

- [DSAMH007 – Contracted Religious Organizations](#)
- [DSAMH009 – Nicotine Policy](#)
- [DSAMH011 – Trauma Informed Care](#)
- [DSAMH012 – Provision of Culturally and Linguistically Appropriate Services](#)
- [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 training needs for the credentialing of Peer Recovery Specialists (CPRS) and Supervisors of Peer Specialists (CSPS) with the Delaware Certification Board [Home | Delaware Certification Board](#).

DSAMH reserves the right to modify, replace, or add to these policies with 60 days' notice to Vendor. In the event of a policy modification or addition of new policy, the Vendor agrees to formulate a plan, in writing, regarding the Vendor's compliance strategy with the modified or new policy.

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 #3 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*
- *Grant number (to be provided in executed contract) from the State Opioid Response 4.0 grant administered by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment.*
- *Grant number (to be provided in executed contract) from the Substance Use Prevention, Treatment, and Recovery Services Block Grant administered by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment.*
- *Grant number (to be provided in executed contract) from the Block Grants for Community Mental Health Services grant administered by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, Division of State and Community Systems Development.*

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 or SAMHSA.”

Name of VENDOR shall complete and submit the Federal Funding Accountability and Transparency Act (FFATA) Form referenced in the RFP, as required under the federal funding requirements outlined therein.

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:

Performance Objective	Method of Assessment
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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 selected service functions and associated service activities, 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.

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. All indicators when describing participants must be disaggregated by gender, age group (18–24, 25–35, 36–60, 60+), race/ethnicity, county of residence, and out-of-state participation to support an inclusive analysis. The monthly provider report shall contain the following performance measures:

a. Engagement and Participation

Performance Indicators

- Number of individuals enrolled in each training type (CPRS, CSPS).
- Enrollment-to-completion rate for CPRS and CSPS (percentage and number).
- Participant demographics for all enrollees and completers (gender, age group, race/ethnicity, county of residence or if out-of-state as applicable).
- Average attendance rate per cohort.
- Waitlist volume and average wait time for entry into training (measure of demand).

Target Considerations

- ≥ 80% attendance rate across all training cohorts.
- ≥ 70% completion rate for CPRS and CSPS training cohorts.
- Increased geographic and participant demographic pool over time.

b. Training Quality and Participant Satisfaction

Performance Indicators

- Participant satisfaction score (standardized survey) for each training module and cohort.
- Net Promoter Score (NPS) or comparable indicator of training satisfaction.
- Percentage of participants reporting increased knowledge or competency in core DCB domains (pre/post comparison).
- Trainer performance ratings from participant evaluations.
- Accessibility and inclusivity score (participants' rating of ADA access, trauma-informed facilitation, social responsiveness).

Targets consideration for indicators:

- ≥ 85% of participants rate training as “satisfactory” or above.
- ≥ 80% demonstrate measurable knowledge/competency gain in pre/post assessments.
- ≥ 90% of trainings meet ADA and cultural responsiveness standards based on participant feedback.

c. Certification Outcomes (CPRS and CSPS)

Performance Indicators

- Number and percentage of training completers who apply for DCB certification.

- Number and percentage who pass the DCB CPRS/CSPS exam on the first attempt.
- Time from training completion to certification (median and range).
- Barriers to certification identified through participant surveys or follow-up.

Targets consideration for indicators:

- ≥ 60% of completers apply for certification within 90 days.
- ≥ 70% first-time exam pass rate.
- Reduction in time-to-certification over the contract period.

d. Continuing Education (CEU) Delivery and Outcomes

Performance Indicators

- Number and type of CEU courses delivered (including ethics, trauma-informed care, supervision, etc.).
- Number of participants enrolled in CEU offerings.
- CEU completion rates by course type.
- Participant satisfaction and learning outcomes for CEU courses.
- Number of peers who meet annual CEU requirements for renewal due to Vendor-provided courses.

Targets consideration for indicators:

- ≥ 85% CEU course satisfaction rate.
- ≥ 75% CEU completion rate across all courses.
- Demonstrated increase in CEU access for rural and underserved communities.

e. Workforce Readiness and Employment Outcomes

Performance Indicators

- Number of participants receiving job readiness support (resume review, interview prep, career coaching).
- Number and percentage of certified training graduates placed in peer support roles within 6 months.

Targets consideration for indicators:

- ≥ 50% of training graduates are placed into peer employment or apprenticeship within 6 months.

f. Training Accessibility and Monitoring

Performance Indicators

- Number of training sessions by delivery format (in-person, virtual, hybrid).
- Accessibility accommodations provided (ADA, language, alternative formats).
- Geographic distribution of training access, including rural reach.
- Statewide analysis of participation and completion data.

Targets consideration for indicators:

- Demonstrated reduction in disparities across counties and demographic groups.
- 100% of participants receive appropriate accommodations upon request.

g. 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 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.

Substance Abuse and Mental Health Services Administration (SAMHSA) Unified Performance Reporting Tool (SUPRT)

Select vendors awarded contracts with SOR federal funding are generally required to administer the intake (baseline), follow-up (six months), annual (one year from baseline) reassessment and discharge SUPRT client outcomes measure tool, achieving a 100% follow-up (six-months) and 100% annual reassessment expectation currently set forth by SAMHSA.

Due to the nature of the services outlined in Component #2, SUPRT data collection is not applicable.

VENDOR RESPONSE TO MEASUREMENT AND KEY OUTCOME INDICATORS

Name of VENDOR agrees to submit all required metrics as outlined for Component #2.

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.