APPENDIX E - VENDOR WORK PLAN TEMPLATE
BEHAVIORAL HEALTH RESOURCE DEVELOPMENT
COMPONENT #3- PREVENTION-BASED AND RECOVERY SUPPORT NON-DIRECT SYSTEM DEVELOPMENT STRATEGIES

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 #3- Prevention-Based and Recovery Support Non-Direct System Development Strategies.

Component #3 focuses on strengthening Delaware's behavioral health system through prevention-based, community-driven, and recovery-supportive strategies that do not involve direct clinical service delivery. This component aims to expand the capacity of communities, organizations, and networks to identify behavioral health needs early, respond effectively, and foster environments that promote wellness, resilience, and long-term recovery.

Through community/partnership development, community outreach, planning and coordination of services, and public education, this component supports the creation of coordinated, healthy, and recovery-oriented communities that reduce stigma, increase awareness of behavioral health challenges, build resiliency, and improve access to supportive resources. Efforts under this component will build community readiness, enhance prevention infrastructure, promote culturally responsive and trauma-informed practices, and expand public understanding of mental health and substance use issues.

By investing in non-direct system development strategies, DSAMH aims to strengthen the statewide prevention and recovery support ecosystem, improve cross-system collaboration, and create sustainable pathways that support individuals, families, and communities in achieving and maintaining behavioral health and wellness.

DSAMH uses SAMHSA's Strategic Prevention Framework (SPF) as the process and basis for its prevention strategy. The SPF is based on a comprehensive model for planning, implementation, and evaluation of prevention practices and programs, and outlines five key steps, detailed below, including:

- Assess needs: Profile population needs, resources, and readiness to address needs and gaps in service delivery.
- Build Capacity: Identify, enhance, or build competency and resources for state and community partners to sufficiently detect and address identified needs.
- Plan: Develop an iterative, responsive, and practical strategic and implementation plan for prevention policies, practices, and programs.
- Implement: Implement evidence-based prevention policies, practices, and programs
- Evaluate: Systematically monitor, assess, and adjust all prevention policies, practices, and programs.

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 #3 service function(s) and associated service activities.	
Describe operational hours and scheduling plan for proposed service activities within the proposed service function(s)	

*Vendor may add additional rows as needed.

Client Target Population

Name of VENDOR agrees to design and implement system-level strategies that benefit individuals, families, and communities affected by mental health and substance use disorders. The target population includes:

- Communities with identified behavioral health disparities or limited prevention/recovery infrastructure.
- Community partners, local organizations, and stakeholders engaged in prevention, recovery support, and behavioral health promotion.
- General public audiences requiring improved knowledge, awareness, and understanding of behavioral health issues.

Service Functions

The primary functions of Component #3-Prevention-based and recovery support non-direct system development strategies for the target population include:

a. Prevention-based partnerships and network development: Delaware is committed to focusing on prevention strategies to address behavioral health concerns (such as substance use disorders, mental health and suicide) before they manifest or escalate. DSAMH has created a prevention infrastructure that includes surveillance, data collection and analysis, coordination, and strategic vision, as well as funding for state and community-level grants and contracts to support resource development, and direct prevention programs and activities across Delaware.

As part of Delaware's prevention infrastructure, DSAMH recognizes the need to efficiently coordinate, promote and market prevention activities across the state, increase the capacity of the prevention workforce to plan, implement, deliver, and evaluate quality prevention services to individuals, families, and communities through communication and education, and provide community networking opportunities for prevention partners to share ideas and collaborate efforts. To support the strategic vision of DSAMH's prevention infrastructure, the selected vendor shall establish and strengthen a community-based partnership/coalition infrastructure to:

- Provide substance use disorder (SUD) prevention public education, marketing, and awareness of services through shared media promotion, distribution of prevention information, and media productions.
- Coordinate activities across prevention providers and stakeholders through community/network development activities.
- Support DSAMH's strategic planning efforts and capacity building within the prevention workforce by coordinating, marketing, and hosting quarterly coalition meetings, workforce development activities, keynote assemblies, and interactive workshops.
- Provide support and collaboration for large-scale statewide prevention activities
- Coordinate and support statewide prevention media campaigns.
- Facilitate cross-system collaboration that promotes early identification of behavioral health needs and coordinated community responses.
- Engage stakeholders in the development of prevention and recovery support frameworks aligned with state and federal best practices.
- Support capacity building for community partners through training, technical assistance, and shared resource development.
- Promote community-based, responsive and trauma-informed approaches within community networks.

b. Community and recovery support outreach strategies: In Delaware, the escalating SUD crisis is marked by a stark increase in overdose deaths and a significant burden on healthcare and economic resources. As the process of recovery is unique to each individual and can occur by a variety of pathways there is a need for more recovery solutions to be offered in Delaware. The diverse needs of individuals with SUDs, point to the critical gap in multiple supportive networks, and education that focus on developing a sense of purpose within the community. The selected vendor shall:
   - Conduct outreach to promote awareness of behavioral health risks, protective factors, and recovery support resources.
   - Implement strategies to increase visibility and accessibility of recovery support services, particularly in underserved communities.
   - Organize and support community events, informational sessions, and local engagement activities that promote recovery-oriented environments.
   - Develop and distribute outreach materials tailored to varied populations.

- Foster partnerships that increase linkages between prevention, treatment, risk mitigation, and recovery support services.

c. Public education: The selected vendor shall:
- Develop and disseminate educational campaigns that improve community understanding of mental health, substance use, recovery pathways, and stigma reduction.
- Utilize multiple communication platforms (i.e., print, digital, social media, community events) to reach varied audiences.
- Ensure materials are accessible, population specific, and compliant with DSAMH and state communication guidelines.
- Provide training or informational sessions to community partners, employers, schools, and other stakeholders on behavioral health topics, including early intervention and recovery support principles.
- Evaluate the reach and effectiveness of public education campaigns and modify strategies as needed.

* 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 must clearly specify the service function(s) and associated service function activities for which they are applying and provide a detailed description of how they will implement all required activities associated with those function(s) and activities. Vendors must also demonstrate their ability to meet all additional requirements outlined in RFP HSS-26-079, to be considered eligible for funding.

VENDOR RESPONSE TO SERVICE FUNCTIONS

Name of VENDOR agrees to conduct the following selected primary service functions and associated service function activities for Behavioral Health Resource Development, Component #3, serving the target population as outlined. (Check all that apply in accordance with vendor submission):

☐ a. Prevention-based partnerships and network development:

☐ Provide substance use disorder (SUD) prevention public education, marketing, and awareness of services through shared media promotion, distribution of prevention information, and media productions.

☐ Coordinate activities across prevention providers and stakeholders through community/network development activities.

☐ Support DSAMH's strategic planning efforts and capacity building within the prevention workforce by coordinating, marketing, and hosting quarterly coalition meetings, workforce development activities, keynote assemblies, and interactive workshops.

☐ Provide support and collaboration for large-scale statewide prevention activities

☐ Coordinate and support statewide prevention media campaigns.

☐ Facilitate cross-system collaboration that promotes early identification of behavioral health needs and coordinated community responses.

☐ Engage stakeholders in the development of prevention and recovery support frameworks aligned with state and federal best practices.

☐ Support capacity building for community partners through training, technical assistance, and shared resource development.

☐ Promote community-based, responsive and trauma-informed approaches within community networks.

☐ b. Community and recovery support outreach strategies:

☐ Conduct outreach to promote awareness of behavioral health risks, protective factors, and recovery support resources.
☐ Implement strategies to increase visibility and accessibility of recovery support services, particularly in underserved communities.
☐ Organize and support community events, informational sessions, and local engagement activities that promote recovery-oriented environments.
☐ Develop and distribute outreach materials tailored to varied populations.
☐ Foster partnerships that increase linkages between prevention, treatment, risk mitigation, and recovery support services.

☐ c. Public education:

☐ Develop and disseminate educational campaigns that improve community understanding of mental health, substance use, recovery pathways, and stigma reduction.
☐ Utilize multiple communication platforms (i.e., print, digital, social media, community events) to reach varied audiences.
☐ Ensure materials are accessible, population specific, and compliant with DSAMH and state communication guidelines.
☐ Provide training or informational sessions to community partners, employers, schools, and other stakeholders on behavioral health topics, including early intervention and recovery support principles.
☐ Evaluate the reach and effectiveness of public education campaigns and modify strategies as needed.

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 must maintain qualified staff capable of leading system development and community engagement activities, including:

- Program or Project Leads with experience in behavioral health prevention, community development, public health, or recovery support systems.
- Community Engagement or Outreach Specialists experienced in working with diverse populations and community stakeholder groups.
- Public Education/Communications Staff capable of creating accessible and culturally responsive materials.
- Subject Matter Experts (as needed) to provide training, technical assistance, and resource development.

Staff must be trained in trauma-informed practice, ethical communication, and social responsive 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: For each proposed service function, 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 for each proposed service function and proposed associated service activities outlined in Component #3.

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 #3 IMPLEMENTATION AND SERVICE FUNCTION/ASSOCIATED SERVICE ACTIVITY 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 #3. 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 of1964, as amended (codified at 42 USC 2000d et seq.).
- The Drug-Free Workplace Act of 1988.
- The Americans with Disabilities Act (PL 101-336).
- State of Delaware, Office of Management and Budget, Budget and Accounting Manual. https://budget.delaware.gov/accounting-manual/index.shtml.

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:

- *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
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 (i.e. quarterly, annually). The monthly provider report shall contain the following performance measures for the service functions outlined:

1. Prevention-Based Partnerships and Network Development
   a. Partnership/Coalition Development:
      - Number of active community-based prevention partners/coalitions engaged per reporting period.
      - Number of new partners or coalitions added to DSAMH's network annually.
      - Attendance rates for coalition meetings, including demographic breakdown of participating organizations (sector type: healthcare, law enforcement, education, nonprofits, peer networks, etc.).
      - Number of cross-system collaborative meetings facilitated (schools, justice system, public health, community centers, treatment providers).
      - Percentage of partners agreeing that coalition engagement increased collaboration, as measured through quarterly/annual surveys.

   b. Workforce Development and Capacity Building:
      - Number of workforce development events held (trainings, keynote assemblies, workshops).
      - Number of attendees, with demographics (role, sector, county).
      - Pre/post knowledge or competency gains measured through standardized assessments.
      - Percentage of participants reporting increased capacity to plan, implement, or evaluate prevention strategies.
      - Number of technical assistance (TA) sessions provided and summary of TA themes.

   c. Prevention Infrastructure Strengthening:

- Number of shared prevention media materials distributed (digital toolkits, flyers, public service announcements).
- Number of collaborative prevention-related work products created (toolkits, resource guides, strategic recommendations).
- Documentation of policy, protocol, or process improvements supported through prevention partnerships.
- Qualitative case examples demonstrating how network collaboration improved identification or response to behavioral health needs.

2. Community and Recovery Support Outreach
   a. Outreach Activity Metrics:
      - Number of outreach events conducted, categorized by type (community event, workshop, tabling, informational session, etc.).
      - Total number of community members reached, with demographic breakdown when feasible.

   b. Engagement and Community Response Outcomes:
      - Pre/post participant awareness measures related to behavioral health risks, protective factors, and available recovery supports.
      - Percentage of participants reporting improved understanding of recovery pathways after events.
      - Testimonials or qualitative summaries documenting community experiences and perceived impacts.
      - Event-specific outcome summaries (e.g., increased naloxone awareness, increased knowledge of recovery support activities, and/or treatment access points).

3. Public Education (Behavioral Health Awareness and Stigma Reduction)
   a. Public Education Campaign Metrics:
      - Number of public education campaigns launched, categorized by topic (mental health, substance use disorder, suicide prevention, stigma reduction, recovery, early identification).
      - Reach and impressions across communication platforms (social media analytics, print circulation, digital engagement, website traffic).
      - Click-through rates, engagement rates, or video views, depending on media type.
      - Number of materials produced, including multilingual products.

   b. Accessibility, Social Responsiveness and Compliance:
      - Percentage of materials that meet accessibility standards (i.e. 508 compliance).
      - Vendor compliance rate with DSAMH/state branding and communication guidelines.

   c. Public Education Impact Outcomes
      - Pre/post knowledge measurement for training or informational sessions delivered to schools, employers, community groups, or partners.
      - Percentage of audiences reporting increased understanding of mental health, substance use, risk factors, and recovery supports.

- Narrative summaries or success stories highlighting increased awareness or changes in community attitudes.

Key outcome indicators and target considerations for indicators will be finalized collaboratively with DSAMH to align with statewide goals and federal guidance.

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.

VENDOR RESPONSE TO MEASUREMENT AND KEY OUTCOME INDICATORS

Name of VENDOR agrees to submit all required metrics as outlined for the selected service function(s) and associated service activities awarded. 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.