APPENDIX E- VENDOR WORK PLAN TEMPLATE
BEHAVIORAL HEALTH RESOURCE DEVELOPMENT
COMPONENT #4: PARTNERSHIP AND SYSTEM INTEGRATION
CRISIS INTERVENTION TEAM 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 #4- Partnership and System Integration: Crisis Intervention Team Training.

Effective behavioral health resource development relies not only on the creation of programs and services but also on the strength and integration of partnerships across systems. Collaboration between behavioral health providers, law enforcement, community organizations, and other stakeholders is essential to ensure that services are accessible, coordinated, and responsive to the needs of individuals in crisis. System integration allows for streamlined referral pathways, shared protocols, and consistent application of evidence-based practices, which together enhance both the efficiency and effectiveness of behavioral health interventions. Within Delaware's Behavioral Health Resource Development initiative, fostering these partnerships ensures that workforce development, prevention, recovery support, and crisis response efforts are mutually reinforcing, creating a cohesive system capable of improving outcomes for diverse populations. By embedding partnership and system integration as a core component, DSAMH strengthens cross-sector collaboration, promotes sustainability, and ensures that behavioral health services are delivered in a coordinated, person-centered, and recovery-oriented manner.

Component #4: Partnership and System Integration – Crisis Intervention Team (CIT) Training is a critical element of DSAMH's broader effort to strengthen cross-system collaboration and improve community responses to behavioral health crises. This component focuses on advancing coordinated, trauma-informed, and recovery-oriented interactions between law enforcement, behavioral health providers, and community partners. Through the implementation of nationally recognized CIT training principles, this component seeks to enhance the capacity of first responders to safely de-escalate crisis situations, recognize signs of mental health and substance use conditions, and facilitate timely diversion to appropriate treatment and support services. By embedding CIT training within Delaware's behavioral health and public safety systems, Component #4 supports justice diversion goals, promotes public safety, and reinforces a shared, systemwide approach to crisis response that prioritizes health, dignity, and recovery.

Component #4 Overview

CIT training, as defined and supported by CIT International, is a nationally recognized, evidence-based approach that enhances law enforcement capacity to respond safely and effectively to individuals experiencing behavioral health crises. Based on the Memphis Model and guided by CIT International's best practice standards, CIT combines specialized training, community partnerships, and system-level coordination to improve public safety, support

officer well-being, and increase diversion to appropriate mental health and substance use services.

CIT training provides officers with the knowledge and skills to:

- Identify and understand the signs and symptoms of mental health conditions, substance use disorders and co-occurring behavioral health challenges.
- Apply trauma-informed, de-escalation, and communication strategies during crisis encounters.
- Navigate local behavioral health systems, connecting individuals to appropriate community-based services instead of relying solely on arrest or emergency department interventions.
- Collaborate with behavioral health providers, crisis response teams, and community stakeholders to ensure coordinated, recovery-oriented responses.

Implementation of CIT training, in alignment with CIT International standards, strengthens partnerships between law enforcement and behavioral health systems, supports justice diversion efforts, and fosters safer, more compassionate outcomes for individuals and communities. The structured curriculum, scenario-based exercises, and integration with local behavioral health resources reflect CIT International's model for effective, sustainable crisis response.

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 #4 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 a statewide comprehensive Crisis Intervention Team (CIT) training program aligned with CIT International best practices and Delaware's behavioral health system needs. The primary target population includes statewide Delaware-based law enforcement officers at all levels (patrol, supervisory, and specialized units) who routinely respond to individuals experiencing mental health, substance use, or co-occurring behavioral health crises.

Subject to funding availability, participation may be expanded to include other first responders and "first-to respond" community partners, including, but not limited to, emergency medical services, fire personnel, public safety dispatchers, school personnel, healthcare and public health staff, social service and nonprofit providers, housing and shelter staff, transit and library staff, faith leaders, crisis line staff, and community volunteers. Including these partners supports coordinated, safe, and recovery-oriented responses, strengthens diversion to treatment, and enhances continuity of care.

Service Functions

The primary service functions of Component #4 for the target population include:

a. Curriculum Development:
   - Basic CIT: 40-hour curriculum covering mental health and substance use disorders, co-occurring conditions, crisis de-escalation, trauma-informed care, legal and safety considerations, and community resource navigation, in alignment with the CIT International framework and adapted to Delaware's context with DSAMH approval.
   - Advanced CIT: DSAMH approved curriculum in alignment with the CIT Internation framework for officers who completed basic CIT, focusing on complex/high-acuity crises, advanced de-escalation, trauma-informed approaches, risk assessment, system navigation, scenario application, and mentorship skills.

b. Training Delivery (including logistical coordination):
   - CIT Training for Law Enforcement: Delivered twice per contract term year using interactive, scenario-based methods aligned with CIT International standards.
   - Advanced CIT Training for Law Enforcement: Delivered once per contract term year applying the advanced curriculum in real-world scenarios.

c. Community Integration and System Linkages:
   - Include panels with behavioral health professionals, advocacy organizations, and individuals with lived experience.
   - Train officers on local resources, referral pathways, and interagency collaboration to support diversion from emergency or justice pathways.

d. CIT Training for Other Responders and Community Partners (Pending Funding):
   - First responders and community partners likely to be first on-scene, including: EMS, fire, dispatch, school personnel, healthcare and public health staff, social service and nonprofit providers, housing and shelter staff, transit and library staff, faith leaders, crisis line staff, and volunteers.

- Focus on safe, recovery-oriented response, diversion to treatment, and continuity of care, consistent with CIT International standards.

e. Training Materials and Documentation: Manuals, handouts, and certificates of completion.

f. Evaluation and Continuous Improvement: Pre/post assessments, scenario evaluations, and participant feedback to measure knowledge, skills, and training effectiveness.

VENDOR RESPONSE TO SERVICE FUNCTIONS

Name of VENDOR agrees to conduct primary service functions for Behavioral Health Resource Development, Component #4, serving the target population as outlined. Name of VENDOR shall submit any policies, processes, marketing documentation, training curricula, etc. in place that support the operation of the service functions 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 provide qualified personnel to design, coordinate, and deliver the CIT training program in alignment with CIT International standards and Delaware-specific requirements. Staffing shall, at minimum, include:

a. Lead CIT Training Coordinator:
   - Oversees overall program management, curriculum alignment with CIT International, coordination with DSAMH and law enforcement agencies, and quality assurance.
   - Provides oversight, coaching, and performance review for training staff.
   - Ensures alignment with DSAMH expectations, CIT International standards, and approved curricula.
   - Monitors training delivery for accuracy, consistency, and adherence to competency-based instruction.
   - Manages all operational and administrative aspects of the CIT program, including:
   - Scheduling trainings and coordinating logistics
     - Managing registration and participant communications
     - Preparing instructional materials
     - Maintaining training records, attendance, documentation, and reporting
     - Ensuring compliance with DSAMH documentation requirements

b. Certified CIT Trainers:
   - Experienced trainers who have received CIT International-approved Train-the-Trainer certification or equivalent.

- Demonstrated expertise in crisis intervention, de-escalation techniques, trauma-informed approaches, and behavioral health crisis response.
- Experience delivering training across multiple modalities, including hybrid, virtual, and in-person formats.

All staff must complete ongoing professional development in the following areas:

- Trauma-informed pedagogy and instruction
- Ethical standards and boundaries
- Competency-based education methods and evaluation tools
- Socially responsive and population-based approaches

Administrative Note of Reference: The vendor is responsible for identifying and coordinating the participation of behavioral health professionals, advocacy representatives, and individuals with lived experience as guest presenters or panelists in the CIT training. These individuals are not considered vendor staffing.

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 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 #4

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 #4 IMPLEMENTATION AND SERVICE FUNCTION COMPLETION												
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 #4. 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, funding source, 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 #4 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 funds. 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:

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

a. Participant Retention and Completion
   Performance indicators:
   - Number of law enforcement officers enrolled in each Basic and Advanced CIT cohort

- Number of officers completing the full Basic CIT (minimum 40 hours) and Advanced CIT training
- Attendance consistency across all training sessions

Targets consideration for indicators:
- ≥90% of enrolled officers complete the full CIT training
- ≥95% average attendance across training sessions

b. Engagement and Participation
Performance indicators:
- Active participation in scenario-based exercises and role-plays
- Engagement in discussions, panels, and interactive components of the training
- Demonstrated application of de-escalation techniques during exercises

Targets consideration for indicators:
- ≥85% of participants actively engage in all training components
- ≥80% of participants demonstrate competency in scenario-based exercises

c. Knowledge and Skills Acquisition
Performance indicators:
- Pre- and post-training knowledge assessment scores for both Basic and Advanced CIT curricula
- Skills competency evaluation through practical exercises and simulations
- Self-reported confidence in responding to behavioral health crises

Targets consideration for indicators:
- ≥75% improvement in post-training knowledge assessment scores compared to pre-training
- ≥80% of participants demonstrate competency in crisis intervention and de-escalation techniques
- ≥85% of participants report increased confidence in responding to behavioral health crises

d. System Integration and Community Linkages
Performance indicators:
- Officer understanding of local behavioral health resources and referral pathways
- Number of partnerships or collaborations established with behavioral health providers for CIT response
- Participation of behavioral health professionals, community partners, and individuals with lived experience in training panels

Targets consideration for indicators:
- ≥85% of participants demonstrate knowledge of local behavioral health resources
- ≥100% of trainings include participation of behavioral health professionals and individuals with lived experience

- ≥75% of participants report improved ability to connect individuals in crisis to appropriate services

e. Training Quality and Satisfaction
Performance indicators:
- Participant satisfaction with overall training content and delivery
- Feedback on relevance, clarity, and applicability of scenarios and exercises

Targets consideration for indicators:
- ≥85% of participants report high satisfaction with training quality
- ≥80% of participants report the training will positively impact their field response to behavioral health crises

f. Optional Responders and Community Partners (Pending Funding)
Performance indicators:
- Number and type of additional first responders and community partners trained
- Engagement, knowledge acquisition, and satisfaction outcomes for these participants, consistent with CIT International standards

Targets consideration for indicators:
- ≥80% of participating responders and community partners demonstrate knowledge and skills appropriate for crisis response
- ≥85% report satisfaction with training and understanding of local behavioral health resources

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 program reports to DSAMH_peer@delaware.gov as agreed by the designated DSAMH lead. 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 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.