



Request for Qualifications

Project Evaluation Services for Mississippi's State Opioid Response (SOR) Grant

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Section A - Introduction

The Mississippi Department of Mental Health (DMH) seeks an independent contractor to provide project evaluation services for DMH’s State Opioid Response (SOR) project. DMH is utilizing a Competitive Sealed Qualifications Process to request and obtain Statements of Qualifications (SOQs) from interested parties. DMH is seeking the best combination of price, experience and quality of service.

DMH receives federal funding for the SOR project from the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA). SOR grantees (states and sub-recipients) are required to report a series of data elements that will enable SAMHSA to determine the impact of the program on opioid use, and opioid-related morbidity and mortality. Grantees must report client-level data on elements including but not limited to: diagnosis, demographic characteristics, substance use, services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing. Data will be collected by grantees via a face-to-face interview at four data collection points: intake to services, three-month post-intake, six-month post-intake, and at discharge. Recipients will be expected to complete an interview on all clients in their specified unduplicated target number and are also expected to achieve a three-month follow-up rate of 80 percent and a six-month follow-up rate of 80 percent.

Project evaluation services must meet all applicable state and federal requirements for cross-site assessment, location evaluation, and reporting. DMH intends to select a vendor that has the proven experience and expertise to perform the services described in this request for qualifications (RFQ) within the allocated budget already approved by SAMHSA.

Section B – Deadlines/Timelines

RFQ Issue Date	January 16, 2019
SOQ Submission Deadline	January 31, 2019
Selection Completed	February 8, 2019

Section C - Minimum Qualifications

The following minimum qualifications are required for the chosen vendor. These qualifications represent the specialized skills and past record of performance necessary to effectively perform the SOR evaluation. Evidence that the proposed vendor meets the stated qualifications below must be submitted as part of the SOQ.

1. The successful vendor must maintain a sufficient number of employees with the expertise and experience (as outlined) to meet stated contractual obligations.

2. As required by SAMHSA, the successful vendor must have documented experience in the implementation of cross-site evaluation projects. Any publications (e.g., project annual and quarterly reports) should be submitted as appendices to the SOQ as evidence of the experience required.
3. The successful vendor must have documented experience in the utilization of SAMHSA's data collection and management tools. Again, any publications (e.g., project annual and quarterly reports) should be submitted as appendices to the SOQ as evidence of the experience required.

Section D - Description of Services To Be Provided

Project evaluation services for the SOR are to be provided in accordance with the approved SOR Project Proposal, specifically Section E: Data Collection and Performance Measurement (See Appendix A). The SOR state evaluator will collect and report data on all required performance measures using the designated data collection tools, including instruments to be developed under SOR (e.g., grade 3-4 pre/post). Project evaluation services must include, but are not limited to, process, performance and outcome evaluation in order to meet the overall evaluation goals. This involves measures at the state and sub-recipient level.

The evaluator will have expertise in, or the capacity to learn, the use of data collection tools required by the State and/or federal government, the ability to train local staff on the use of these tools, and familiarity with the Mississippi treatment infrastructure. Client demographic information (e.g., gender, race, living situation, income), planned and actual treatment activities, recovery services, and other relevant points of data will be gathered. In addition, these instruments will be used to analyze the degree to which the program reduces health disparities in service access (intervention proximity, convenience, suitability, etc.), service use (enrollment, retention, dosage, etc.), and outcomes (health impacts). The evaluator will collaborate with the project team to create a Disparities Impact Statement (DIS) that clearly assesses grant-related health disparities by race, age, sub-state region, rural/urban locale, etc. The DIS will be structured to align with the project work plan. Proprietary prevention surveys developed by the program evaluator will consist of a variant of the Mississippi Participant-Level Instrument (PLI), adapted and validated for use with preadolescents. Mississippi's SmartTrack and Young Adult Surveys will be used to measure and monitor community outcomes (attitudes and use patterns).

Data will help assess progress toward the achievement of proposed goals, objectives, and outcomes and to monitor any necessary adjustments as implementation proceeds. The evaluator will have a record of managing and reporting all data in compliance with SAMHSA protocols (e.g., incentive systems to maximize data collection, data security protocols, timely data entry, 80% follow-up rate, and cooperation with a cross-site evaluation team). Because there are multiple categories of services or service combinations eligible to be supported by SOR funds, the evaluator will adhere to category-specific reporting requirements as feasible. The state evaluator will establish a project Management Information System (MIS) to ensure that all key implementation processes and outcomes are carefully monitored. Discrete activities and achievements (staff hired and certified, numbers and types of clients served, etc.) will be mapped onto the MIS. Client outcomes will also be monitored to assess the magnitude of effects in relation to service category, intensity of service receipt, and potential mediating factors (race-

ethnicity, gender, etc.). Consistent with continuous quality improvement (CQI) standards, monthly reporting meetings will be held between the evaluator and project team to ensure correspondence between MIS benchmarks and actual implementation activities/achievements. Should fidelity threats emerge, options for remediation will be considered, prioritized, and selected with GPO input.

Reports to the state and SAMHSA will feature various statistical techniques. Univariate descriptive statistics such as frequencies (cumulative totals) and means (averages) will be used to track the number and types of clients served and related achievements. More sophisticated repeated measure analyses will gauge program effectiveness. Thus, t-tests with statistical significance will be used to determine the direction and magnitude of client change over time, as well as the degree of confidence associated with such changes (e.g., $p < .05$). Multivariate statistical techniques (e.g., regression) will be enlisted to determine if effects are observed consistently across social groups by race, gender, age, etc. Multivariate techniques are useful for ascertaining the presence and persistence of health disparities in client access to care, service utilization, and outcomes across social groups. The evaluator will also attend to considerations of validity (measurement accuracy) and reliability (consistency of results) throughout the project.

Upon execution of a contract, the successful vendor will:

1. Ensure that the SOR Project Evaluation Goals are assessed and reported to all state and federally required reporting entities.
2. Collect, analyze and report all state and sub-recipient level performance measures required by the State and/or SAMHSA.
3. Provide training and technical assistance to sub-recipients as requested by the DMH SOR Project Director (i.e. State Opioid Coordinator).
4. Serve as the Subject Matter Expert (SME) for project evaluation – both state and local.
5. Attend grantee meetings as required by DMH and/or SAMHSA.

Section E - Type of Contract and Service Timelines

DMH seeks to reach an agreement with one vendor as an independent contractor to provide project evaluation services for DMH's Mississippi State Opioid Response (SOR) project. Funding for the project is awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA), and runs from January 1, 2019 to September 29, 2020.

In order to ensure continuity in project evaluation services, DMH seeks to enter into a multi-term contract with one vendor for two (2) years. DMH expects project evaluation services to be initiated upon execution of an approved and signed contract.

Section F - Method of Pricing

Pricing for this project is set by DMH as approved and funded by SAMHSA. The chosen evaluator will be paid at a rate of \$145.00 per hour, not to exceed a total of \$46,400.00.

Section G – Evaluation of Statements of Qualifications

Through an established evaluation committee, DMH will evaluate each SOQ submitted as set forth in Section F. Utilizing a one hundred (100) point scale, SOQs will be evaluated on the following criteria:

1. ***Qualifications of project personnel (up to 60 points):*** General qualifications of personnel identified to participate in the description of services to be provided as defined in this RFQ.
2. ***Relevant experience (up to 25 points):*** Experience of project team with projects of similar type and scale.
3. ***Past performance (up to 15 points):*** If a proposed vendor has done prior work for DMH, an award of up to 15 points will be made based on past performance. This will include adherence to deadlines, attendance at meetings with DMH personnel, and quality of work.

Section H - Submission of Statements of Qualifications (SOQ)

The following must be included and/or addressed in the SOQ:

- Name of proposed vendor, location of business, and place of performance of the contract
- Age of business and average number of employees over the past year
- Qualifications, including licenses, certifications, and education of all persons who would be assigned to provide the services outlined in Section C – Description of Services To Be Provided
- Listing of other contracts, agreements, and projects under which similar services in scope are performed. This listing must include the name of the project, brief project description, and the length of time respondent has been engaged in the project.
- Section B – Minimum Qualifications – items 1-5

Any page of the SOQ, inclusive of the appendices, that the proposed vendor considers to contain proprietary data should be **clearly** marked in the upper right hand corner with the word “CONFIDENTIAL.”

Proposed vendors should submit 2 hard copies of the SOQ (including any appendices) to DMH. Additionally, an electronic version identical to the hard copies should be submitted on a USB flash drive/thumb drive. Both hard copies and the USB drive should be submitted in one sealed package.

The following format must be utilized for the hard copies:

- All margins should be one inch.
- Font must be Times New Roman 12pt.
- Each page of the SOQ and all attachments shall be identified with the name of the proposed vendor.
- Pages should be numbered in the bottom right.

All submissions must be received by the Mississippi Department of Mental Health by 5:00 CST p.m. on Thursday, January 31, 2019. SOQs received after the specified time may be rejected and returned to the offeror unopened. Address all submissions to:

**Mississippi Department of Mental Health
Attention: Toni Johnson
239 North Lamar St.
Suite 1102
Jackson, MS 39201**

Other Conditions:

1. *The release of this RFQ does not constitute an acceptance of any offer, nor does such release in any way obligate DMH to execute a contract with any other party. DMH reserves the right to accept, reject, or negotiate any or all offers on the basis of the evaluation criteria contained within this document. The final decision to execute a contract with any party rests solely with DMH.*
2. *DMH accepts no responsibility for any expense(s) incurred by the proposed vendor in the preparation and presentation of an offer. Such expense(s) shall be borne exclusively by the proposed vendor.*

Appendix A

(Note: mCORR corresponds to the SOR grant)

Section E: Data Collection and Performance Measurement

The mCORR state evaluator will collect and report data on all required performance measures using the GPRA Tool and proprietary prevention surveys, including instruments to be developed under mCORR (e.g., grade 3-4 pre/post). The evaluator will have expertise on GPRA Tool administration, previous experience training local staff on this tool, and familiarity with the MS treatment infrastructure. The GPRA Tool permits face-to-face data collection at service intake, six-month follow-up, and discharge. This tool will be used to collect data on (1) abstinence from use, (2) housing status, (3) employment status, (4) criminal justice system involvement, (5) access to services, (6) retention in services, and (7) social connectedness. The GPRA Tool also features client demographic information, planned treatment activities, actual treatment activities, etc. These instruments will also be used to analyze the degree to which the program reduces health disparities in (1) service access (intervention proximity, convenience, suitability, etc.), (2) service use (enrollment, retention, dosage, etc.), and (3) outcomes (health impacts). The evaluator will collaborate with the project team to create a Disparities Impact Statement (DIS) that clearly assesses grant-related health disparities by race, age, sub-state region, rural/urban locale, etc. The DIS will be structured to align with the project work plan. Proprietary prevention surveys developed by the program evaluator consist of a variant of the MS Participant-Level Instrument (PLI), adapted and validated for use with preadolescents. MS's SmartTrack and Young Adult Surveys will be used to measure and monitor community outcomes (attitudes and use patterns).

Data will be used to assess progress toward the achievement of proposed goals, objectives, and outcomes and to monitor any necessary adjustments as implementation proceeds. The intended impact on behavioral health disparities will also be ascertained. The evaluator will have a record of managing and reporting all data in compliance with SAMHSA protocols (e.g., incentive systems to maximize data collection, data security protocols, timely data entry, 80% GPRA follow-up rate, and cooperation with a cross-site evaluation team). Because there are multiple categories of services or service combinations eligible to be supported by mCORR funds, the evaluator will adhere to category-specific reporting requirements as feasible.

The state evaluator will establish a project MIS (Management Information System) to ensure that all key implementation processes and outcomes are carefully monitored. Discrete activities and achievements (staff hired and certified, numbers and types of clients served, etc.) will be mapped onto the MIS. Client outcomes will also be carefully monitored, and will permit assessments of the magnitude of effects (impacts) in relation to (1) service category, (2) intensity of service receipt, and (3) potential mediating factors (race-ethnicity, gender, etc.). Consistent with continuous quality improvement (CQI), monthly reporting meetings will be held between the evaluator and project team to ensure correspondence between MIS benchmarks and actual implementation activities/achievements. Should fidelity threats emerge, options for remediation will be considered, prioritized, and selected with GPO input.

Reports to the state and SAMHSA will feature various statistical techniques. Univariate descriptive statistics such as frequencies (cumulative totals) and means (averages) will be used to track the number and types of clients served and related achievements. More sophisticated repeated measure analyses will gauge program effectiveness. Thus, t-tests with statistical significance will be used to determine the direction and magnitude of client change over time, as well as the degree of confidence associated with such changes (e.g., $p < .05$). Multivariate statistical techniques (e.g., regression) will be enlisted to determine if effects are observed consistently across social groups by race, gender, age, etc. Multivariate techniques are useful for ascertaining the presence and persistence of health disparities in client access to care, service utilization, and outcomes across social groups. The evaluator will also attend to considerations of validity (measurement accuracy) and reliability (consistency of results) throughout the project.