



## **Request for Qualifications**

### **Project Evaluation Services for Mississippi's Project to Build Local 988 Capacity Supplement Grant Funds**

**Contact: Toni Johnson**  
**Mississippi Department of Mental Health**  
**293 N. Lamar Street**  
**Jackson, Mississippi 39201**  
**601-359-6244**  
**[Toni.Johnson@dmh.ms.gov](mailto:Toni.Johnson@dmh.ms.gov)**

**DATE: June 6, 2022**

Section A - Introduction

The Mississippi Department of Mental Health (DMH) seeks an independent contractor to provide ongoing project evaluation services for a project to Build Local 988 Capacity. DMH is utilizing competitive sealed Request for Qualifications (RFQ) 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 received federal funding for the project from the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA). 988 grantees (states and sub-recipients) are required to report a series of data elements that will enable SAMHSA to determine the intended outcomes are met. On July 16, 2022, the National Suicide Prevention Lifeline will change to an easy to remember, three-digit number, 988, and will be promoted as a suicide prevention and behavioral health crisis line. The purpose of these cooperative agreements is to improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory by: (1) recruiting, hiring and training behavioral health workforce to staff local 988/Lifeline centers to respond, intervene, and provide follow-up to individuals experiencing a behavioral health crisis; (2) engaging Lifeline crisis centers to unify 988 response across states/territories; and (3) expanding the crisis center staffing and response structure needed for the successful implementation of 988. It is expected that these grants will: (1) ensure all calls originating in a state/territory first route to a local, regional and/or statewide Lifeline crisis call center; (2) improve state/territory response rates to meet minimum key performance indicators; and (3) increase state/territory support capacity to meet 988 crisis contact demand. The Project Evaluator will oversee project data collection, management, analysis, and storage to evaluate the effectiveness of our program and to identify opportunities for improvement. The program evaluator helps supervise, hire, and train staff that aid with the evaluation. Lastly, they are responsible for preparing reports for the co-directors, who interface with SAMHSA.

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	June 6, 2022
SOQ Submission Deadline	June 21, 2022
Selection Completed	June 24, 2022

### **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 988 Capacity evaluation. Evidence that the proposed vendor meets the stated qualifications below must be submitted as part of the SOQ.

1. The candidate should possess a knowledge of program evaluation methods and their use, knowledge of statistical programs and methods including longitudinal analyses, knowledge of social science research and procedures, knowledge of quantitative and qualitative analysis methods, strong verbal and written communication skills. A PhD in a social science related field is required. The candidate should possess skills in qualitative and quantitative statistical approaches, excellent data management skills, excellent research skills including data collection, cleaning, analysis, and maintenance.
2. It is preferred that the vendor has documented experience in the utilization of SAMHSA’s data collection and management tools. 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**

Ongoing project evaluation services for the 988 project are to be provided in accordance with the approved 988 Project Proposal, specifically Section D: Data Collection and Performance Measurement (See Appendix A). The 988 state evaluator will collect and report data on all required performance measures using the designated data collection tools, Google docs, and Excel, in addition to instruments to be developed under this project. Project evaluation services must include, but are not limited to, process, performance, and outcome evaluation to meet the overall evaluation goals. This involves measures at the federal, 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.

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.

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

Upon execution of a contract, the successful vendor will:

1. Ensure that the 988 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 988 Project Director (i.e., Senior Project Manager and Project Manager).
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 continuing project evaluation services for the DMH's, project. Funding for the project is awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA), and runs from the date the contract is signed to April 29, 2024.

To ensure continuity in project evaluation services, DMH seeks to enter into one contract with one vendor for twenty-four (24) months. 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 \$95.81 per hour, not to exceed a total 529 work hours per year invested by the evaluation team; for a total of \$50,683 per twelve (12) months for a total not to exceed 1,058 hours and \$101,366 for two-year project term.

### **Section G – Evaluation of Statements of Qualifications**

Through an established evaluation committee, DMH will evaluate each SOQ submitted as set forth in Section C. 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 1-3.

Any page of the SOQ, inclusive of the appendices, that the proposed vendor considers containing 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 **4:00 p.m. CST June 21, 2022**. **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 Street, 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**

### **Section D: Data Collection and Performance Measurement**

**D-1:** Data will be collected to support grant activities to ensure the intended outcomes are met. DMH will collect data on the number of people hired by these funds; the number of people supported by these funds in the mental health and related workforce trained in mental health-related practices/activities at the Lifeline Centers; the number of individuals screened for mental health or related interventions; and the number of organizations that entered into formal written/intra-organizational agreements on a monthly basis from the Mississippi Lifeline Centers, CONTACT The Crisis Line and CONTACT Helpline. This information will be due to the Project Coordinator by the tenth day of the month following the reporting month. This data will be reviewed by the grant project team, which consists of a Co-Project Directors, a Project Coordinator, and a Project Evaluator, to determine if grant deliverables are on track. Data will be input into internal spreadsheets that will be password protected to maintain confidentiality and evaluated to determine the effectiveness of activities in meeting the grant deliverables. DMH will report quarterly data on the following performance measures in SAMHSA's Performance and Accountability Reporting System (SPARS) database: the number of people supported by these funds in the mental health and related workforce trained in mental health-related practices/activities at the Lifeline Centers; the number of individuals screened for mental health or related interventions; and the number of organizations that entered into formal written/intra-organizational agreements. Evaluation of this data will be used to manage the project to assure our goals and objectives are being achieved. Additionally, the CONTACT The Crisis Line and CONTACT Helpline will report to DMH the software, phone equipment, and computers purchased from these funds each month. This information will also be input into an internal spreadsheet and data will be reviewed monthly to monitor the effectiveness of the increased technology purchases as it relates to the state maintaining target answer rates for calls, chats, and texts. Reports provided by the NSPL Administrator will be reviewed in the method described in D-2 to monitor Goal 2's objectives. By the end of the first year, written agreements between the Lifeline Centers and at least nine of the 13 Community Mental Health Centers (70%) will be executed. Grant funds will be used to train newly hired Lifeline Center staff in applied suicide intervention skills. It is expected that this training will be conducted within the first three months of hire. Proof of completion of this training will be provided by the Lifeline Centers to DMH.

Additional trainings will be developed to address referral protocols, resources, and crisis response to present to employees of 988 call centers, Mobile Crisis Response Teams, and Crisis Stabilization Units. The number trained will be entered into the database within three days of completion of each training by utilizing registration information and sign-in sheets.

Mississippi Lifeline Centers use iCarol, a non-profit and charity helpline software for crisis, referral and emotional support lines, and to ensure that monthly data on contacts that result in emergency rescue, suicide attempts in progress, and /or mobile crisis outreach referrals, will train the lead NSPL crisis counselors to track this information and provide the monthly reports that would be generated by the 10<sup>th</sup> of the following month. This data will be reported to the Department of Mental Health each month to be reviewed and analyzed by the grant project team and reported quarterly in the Project Performance Assessment. Data will be used to enhance grant deliverables by tracking and monitoring 988 and mobile crisis outreach referral collaboration. Protocols and processes will be revised if the data suggests it is needed to ensure that callers in need of emergency rescue and referral are provided with seamless, effective care.

Data will be reviewed monthly by the grant project team and evaluated to determine if the intended outcomes of the grant are being met. If the increase in staffing and technology does not ensure that calls routed to the state are answered primarily in state, the project team will meet with Lifeline Center staff to determine what changes need to be made. These changes will be implemented after data shows a quarterly trend of unmet objectives. Quarterly reports of the data will be submitted to SAMHSA, DMH leadership including the Board of Mental Health, and grant partners. DMH will highlight the grant's progress in agency newsletters, strategic plan highlights flyers, press releases, and social media.

**D-2:** The Department of Mental Health (DMH) will collect data on the number of calls, chats, texts received and answered; the phone, chat, text average speed to answer; abandonment rates; and direct/rollover calls to backup centers from the Lifeline administrator each month. Data will be reviewed by the grant project team and with the Directors of CONTACT The Crisis Line and CONTACT Helpline to evaluate effectiveness of activities to meet the minimum targets of the Key Performance Indicators. Data will be input into internal spreadsheets for monthly analysis to determine if goals and objectives are being met and to monitor trends in data. Action plans will be developed to assist the Lifeline Centers in reaching minimum targets for any Key Performance Indicators that are not being met during the project period.