

External Evaluation Services

SAMHSA Clinical High Risk for Psychosis (CHR-P) Program

RFP Number	16849
Issue Date	8/28/26
Proposal Deadline	9/15/26 by 5:00 pm ET
Procurement Contact	Purchasing@horizonbh.org

I. Objective

Horizon Behavioral Health (Horizon) is soliciting proposals from qualified independent evaluators to provide comprehensive evaluation services for its Substance Abuse and Mental Health Services Administration (SAMHSA) Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis (CHR-P) grant. The selected evaluator will support implementation, performance measurement, continuous quality improvement (CQI), federal reporting, and assessment of process, implementation, fidelity, and outcomes throughout the anticipated four-year project period while maintaining sufficient independence to provide objective findings and recommendations.

II. Procurement Schedule

Milestone	Date / Instructions
RFP issued	8/28/26
Deadline for written questions	9/8/26 at 5:00 pm ET
Deadline for responses/addenda posted or distributed	9/11/26 at 5:00 pm ET
Proposals due	9/15/26 at 5:00 pm ET

Questions must be submitted in writing to Purchasing@horizonbh.org. In the subject line, include "16849 – Questions". Only written addenda issued by Horizon may modify this solicitation. Offerors are responsible for ensuring they have received all addenda.

III. Background and Program Context

Horizon is the public behavioral health authority serving the City of Lynchburg and Amherst, Appomattox, Bedford, and Campbell Counties in Central Virginia. The CHR-P program is intended to identify and serve youth and young adults not more than 25 years old who are at clinical high risk for psychosis, provide evidence-based screening and assessment, and deliver stepped-care interventions designed to prevent or delay the onset of psychosis or lessen its severity.

The federal notice requires provider training; community outreach and education; use of the Prime Screen or Prodromal Questionnaire-Brief (PQ-B) and the Structured Interview for Prodromal Syndromes (SIPS) or Mini-SIPS, as appropriate; bidirectional referral relationships with First Episode Psychosis/Coordinated Specialty Care (FEP/CSC) programs; implementation of a trauma-informed, community-based, family-driven, youth-guided stepped-care model; youth and family participation; individualized crisis planning; and timely collection and reporting of client- and grantee-level performance data.

Project period: Anticipated four years, subject to final contract dates, continued federal funding, satisfactory performance, and annual appropriations/renewal.



IV. Scope of Services

The selected evaluator will work collaboratively with Horizon project leadership and partners and will be responsible for the following activities, at a minimum:

A. Evaluation design and governance

- Develop and maintain a four-year evaluation and performance-measurement plan aligned with the Notice of Award, approved project goals and objectives, SAMHSA requirements, and Horizon priorities.
- Develop a logic model or theory of change, evaluation questions, indicators, operational definitions, data sources, collection schedules, analytic methods, benchmarks, and responsibility assignments.
- Maintain evaluator independence while participating in regular implementation, CQI, and leadership meetings and documenting decisions that affect evaluation methods.

B. Implementation, process, fidelity, and outcomes evaluation

- Evaluate implementation of provider training, outreach and education, referral pathways, evidence-based screening and assessment, stepped care, youth and family participation, crisis planning, and coordination with FEP/CSC and other community services.
- Monitor reach, timeliness, service access, engagement, retention, service intensity, transitions, and completion across the screening-to-service pathway.
- Assess fidelity to selected evidence-based or evidence-informed practices, including ongoing CHR-P symptom assessment; psychoeducation; substance-use assessment; CBT-p, CBT for CHR-P, or another effective behavioral intervention; academic/vocational support; peer and family support; and psychiatric consultation.
- Measure client and program outcomes, including symptomatic and behavioral functioning, social/academic/vocational functioning, hospitalization and crisis utilization where available, transition to first-episode psychosis, and duration of untreated psychosis for participants who develop psychosis.

C. Data collection, SPARS, and data quality

- Establish compliant workflows for client-level SPARS data collection and submission at intake, six months post-intake, 12 months post-intake and annually thereafter for active clients, and administrative closeout, including tracking due dates and follow-up completion.
- Support or perform timely entry and validation of SPARS data no later than 30 days after collection and quarterly submission of required grantee-level indicators within 30 days after each reporting period, consistent with current SAMHSA guidance.
- Develop data dictionaries, secure data-management procedures, quality-control checks, missing-data protocols, reconciliation processes, and documentation sufficient for audit and replication.
- Coordinate, as authorized, with Horizon information technology, compliance, clinical, and quality teams to integrate relevant EHR, referral, service, training, outreach, fidelity, and outcome data.

D. Mixed-methods inquiry and stakeholder engagement

- Design and administer surveys and conduct qualitative interviews or focus groups with youth/young adults, family members, program staff, referral partners, and other stakeholders, as approved by Horizon.
- Use developmentally appropriate, trauma-informed, accessible, and ethically sound methods; protect confidentiality and obtain required approvals and consents.
- Meaningfully incorporate youth and family perspectives into interpretation, CQI recommendations, and dissemination.

E. Analysis, CQI, reporting, and dissemination

- Produce dashboards and concise analyses that compare performance with grant goals, benchmarks, timelines, and prior periods and identify actionable improvement opportunities.
- Facilitate periodic data-review and CQI discussions and document recommendations, decisions, tests of change, and results.
- Prepare required reports, presentations, and evaluation products for Horizon, SAMHSA, partners, and other approved audiences.
- Support dissemination through conference abstracts, presentations, manuscripts, or practice briefs when requested, with authorship and data-use decisions governed by Horizon policy and the resulting contract.



V. Required and Preferred Qualifications

A. Minimum qualifications

- At least five years of experience conducting behavioral health, public health, or human-services program evaluation, including responsibility for multi-year evaluation design and reporting.
- Demonstrated experience evaluating a SAMHSA-funded or comparably regulated federal behavioral health initiative and interpreting federal performance-measurement and reporting requirements.
- At least one proposed team member with direct, hands-on experience collecting, entering or submitting, validating, and monitoring client-level data in SPARS, or in a SAMHSA-designated successor system. General familiarity, oversight without direct responsibility, or experience limited to reviewing SPARS reports does not satisfy this requirement.
- Demonstrated quantitative and qualitative or mixed-methods capability, including interviews or focus groups, outcome analysis, data visualization, and clear reporting to technical and nontechnical audiences.
- Capacity to protect sensitive behavioral health information and comply with applicable privacy, security, record-retention, and data-use requirements.

B. Preferred qualifications

- A doctoral degree for the lead evaluator in evaluation, psychology, counseling, public health, social work, research methods, or a closely related field.
- Direct experience evaluating a Coordinated Specialty Care or First Episode Psychosis program; experience evaluating a CHR-P program is especially valued.
- Experience with psychosis-risk screening and assessment, stepped-care models, fidelity monitoring, youth and family engagement, implementation science, and cross-system referral networks.
- Demonstrated knowledge of Central Virginia's public behavioral health system, populations, service infrastructure, and referral environment is strongly preferred. Relevant experience may include work involving community services boards, schools and higher education institutions, crisis and emergency services, hospitals, primary care providers, families, and rural communities. Offerors without direct Central Virginia experience should describe comparable experience in mixed rural and small-city service areas and explain how they will rapidly develop the local knowledge necessary to perform the evaluation.
- Experience producing peer-reviewed publications, conference presentations, and practical CQI products from federally funded evaluations.

VI. Deliverables

Deliverable	Minimum expectation	Anticipated timing
Evaluation and performance-measurement plan	Final evaluation questions, logic model, measures, methods, data sources, benchmarks, roles, and calendar	Within 60 days of contract start; update annually
Data-management and SPARS protocol	Collection, due-date tracking, entry/submission, validation, security, reconciliation, and missing-data procedures	Within 45 days; update as guidance changes
Performance dashboard	Grant objectives, outreach, screening, assessment, referral, service, fidelity, SPARS completion, and outcome indicators	Monthly or as mutually agreed
Quarterly evaluation/CQI brief	Progress, interpretation, risks, disparities or access patterns where legally permissible, and recommended actions	Quarterly
Annual evaluation report and presentation	Process, implementation, fidelity, outcome, qualitative, and CQI findings with recommendations	Annually
Final evaluation report	Cumulative methods, results, limitations, sustainability lessons, and recommendations	By contract closeout
Dissemination support	Approved presentation, abstract, manuscript, or practice brief support	As requested

Final schedules and formats will be established during contract negotiations and may be revised to reflect the Notice of Award, SAMHSA guidance, or mutually agreed project needs.



VII. Proposal Content and Organization

Proposals should be concise, responsive, and organized in the following order. Evaluators may use appendices for resumes, work samples, and required forms.

- Transmittal letter signed by an authorized representative, including the offeror's legal name, address, primary contact, email, telephone number, acknowledgment of all addenda, and Virginia State Corporation Commission identification number (or a statement explaining why the offeror is not required to be authorized to transact business in Virginia).
- Executive summary and statement of understanding of the CHR-P grant, Horizon's service environment, and the proposed evaluator role.
- Organizational experience, including up to three directly relevant projects. For each project, identify the client, funder, dates, population, evaluator responsibilities, key personnel, methods, SPARS responsibilities, products, and reference contact.
- Key personnel and staffing plan, including resumes/CVs, degrees, named roles, level of effort, availability, subcontractors, and clear identification of the team member(s) satisfying the required SPARS qualification.
- Technical approach and work plan addressing every scope area, deliverable, schedule, collaboration method, evaluator independence, risks, and proposed mitigation.
- Data/SPARS/CQI plan describing collection points, follow-up tracking, data entry/submission, validation, security, integration, analysis, dashboards, and use of findings.
- Itemized cost proposal by project year, staff member/role, hours or level of effort, rate, task/deliverable, travel, indirect costs, and all other expenses. State assumptions and a not-to-exceed total.
- At least three professional references for comparable work and disclosure of actual or potential conflicts of interest.
- Exceptions to the RFP or proposed contract terms, clearly identified.

VIII. Evaluation and Selection

Horizon will first determine whether each proposal is timely, complete, responsive, and satisfies all minimum qualifications. Proposals that do not demonstrate the required hands-on SPARS experience may be found nonresponsive and excluded from scoring. Responsive proposals will be evaluated using the following published criteria:

Criterion	What reviewers will assess	Points
Organizational experience	Comparable federal behavioral health evaluation; direct CHR-P/CSC/FEP experience; youth/young-adult psychosis expertise; named projects, dates, roles, products, and references.	20
Key personnel and staffing	Relevant qualifications; doctoral degree preferred, not required; CHR-P/CSC/FEP expertise; direct SPARS responsibility; roles, level of effort, availability, and continuity.	20
Technical approach and work plan	Understanding of the grant; complete and feasible evaluation design; implementation/process/fidelity/outcome methods; stakeholder engagement; independence; schedule and risk management.	30
Data, SPARS, reporting, and CQI	Specific SPARS workflows and timelines; data governance and validation; follow-up tracking; integration and analysis; dashboards; actionable CQI and federal reporting support.	20
Cost and value	Completeness, reasonableness, transparency, and value of the proposed cost in relation to approach, staffing, effort, and deliverables.	10
TOTAL		100

IX. Submission Instructions

Electronic submission: Email the complete proposal to Purchasing@horizonbh.org with the subject line "16849 CHR-P External Evaluator RFP - [Offeror Name]." The proposal should be attached as one searchable PDF when practicable. The email and all attachments must be received by Horizon no later than the proposal deadline. Offerors are responsible for confirming successful delivery; a sent timestamp or delivery attempt does not establish receipt.



Hard-copy submission: Deliver or mail one signed original and 3 copies in a sealed package marked “16849 CHR-P External Evaluator RFP” to: Horizon Behavioral Health, Attn: Procurement, 2241 Langhorne Road, Lynchburg, VA 24501. Hard copies must be received, not merely postmarked, by the proposal deadline.

Late proposals: Proposals received after the stated date and time will not be considered, regardless of delivery method. Telephone, text-message, telegraph, and facsimile proposals are not accepted.

File security: Do not transmit protected health information or other client-identifying data with the proposal. Contact Purchasing@horizonbh.org before submission if encrypted delivery is necessary.

X. Contract Requirements and General Terms

1. The resulting contract will be contingent on successful negotiation, availability of grant and other authorized funds, satisfactory performance, and any required approvals. Horizon may amend, cancel, reject any or all proposals, waive informalities, or request additional information when permitted by law and in Horizon’s best interest.
2. The RFP, written addenda, successful proposal, negotiated clarifications, and final contract will constitute the agreement in the order of precedence stated in the contract.
3. The contractor must maintain evaluator independence, disclose actual or potential conflicts promptly, and avoid organizational or personal conflicts that could impair objectivity.
4. The contractor must comply with applicable federal and Virginia law; SAMHSA terms and conditions; Horizon privacy, security, records, quality, and information-technology requirements; and, when applicable, HIPAA and 42 C.F.R. Part 2. A business associate agreement or other data-use agreement may be required.
5. All client-level data, project records, instruments developed specifically for Horizon, analyses, and deliverables produced under the contract will be handled as specified in the final contract. No external presentation, publication, or release of project information is permitted without prior written authorization.
6. The successful offeror may be required to provide certificates of insurance, including at least \$1,000,000 in commercial general liability coverage and statutory workers’ compensation coverage, and other coverage reasonably required for the work.
7. Invoices must be accurate, itemized, tied to accepted work, and submitted as provided in the contract. Unless otherwise negotiated, payment will be due within 30 days after receipt of a correct invoice and acceptance of services.
8. No contract or material subcontract may be assigned without Horizon’s prior written consent. The contractor remains responsible for all subcontractor performance, confidentiality, security, and compliance.
9. Trade secrets or proprietary information must be identified at or before submission, with the specific material designated and the reason protection is necessary. A blanket designation of the entire proposal is not acceptable. Disclosure remains subject to applicable Virginia law.
10. By submitting a proposal, the offeror certifies that the proposal is made without collusion or fraud and that it will comply with applicable nondiscrimination, equal employment, immigration, debarment, and procurement-integrity requirements.
11. Horizon will not reimburse costs incurred in preparing, submitting, presenting, or negotiating a proposal. Submitted materials become Horizon property, subject to applicable public-record and confidentiality laws.
12. Horizon may terminate the resulting contract as provided in the final agreement, including for cause, loss or reduction of funding, or convenience upon written notice.

XI. Offeror Certification

In compliance with this RFP and the conditions stated herein, the undersigned offers and agrees to furnish the proposed services, subject to a mutually executed contract.

Legal company/organization name:

Address: _____

Authorized representative name and title:

Email and telephone: _____



Signature: _____

Date: _____