ATTACHMENT D: BIDDER RESPONSE FORM		
This form is broken into Seven sections: Section 1. Administrative Response; Section 2. EO 18-03 Response; Section 3. Wash		
Small Business; Section 4. Certified Washington Veteran-owned Business; Section 5. Management Response; Section 6. Techr Response; and Section 7. Quotation/Cost Proposal. Bidders must respond to all questions in the order and in the expandable		
part of your response to this Attachment D.		
1 BIDDER INFORMATION (ADMINISTRATIVE RESPONSE)	MAXIMUM	
Bidder's response to the questions in this Section 1, combined with the information provided in Bidder's Sub	mittal TOTAL	
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	2.	
2. Michael Pollack, CEO, The Depression and Bipolar Support Alliance, <u>mpollock@dbsalliance.org</u> , (312)	988-	
1179		
	 This form is broken into Seven sections: Section 1. Administrative Response; Section 2. EO 18-03 Response; Section and Section 4. Certified Washington Veteran-owned Business; Section 5. Management Response; Sect Response; and Section 7. Quotation/Cost Proposal. Bidders must respond to all questions in the order and in the order of your response to this Attachment D. BIDDER INFORMATION (ADMINISTRATIVE RESPONSE) Bidder's response to the questions in this Section 1, combined with the information provided in Bidder's Sub Letter and Certifications and Assurances, comprise Bidder's Administrative Response to this Solicitation. Whi Administrative Response is not given a number score, the information provided as part of Bidder's qualifications are experience. Please indicate whether you employ or Contract with current or former state employees. If the answer is yee provide the following information with respect to each individual: 1. name of employee or contractor; 2. the individual's employment history with the State of Washington; 3. a description of the Individual's involvement with the response to this Solicitation; and 4. the Individual's proposed role in providing the services under th Contract that may be awarded. ANSWER: No Please list the names and contact information of three individuals you agree may serve as Bidder references may freely provide information to DSHS regarding the reference's experience and impressions of Bidder. In providing these names, Bidder represents that it shall hold both DSHS and the organizations and individuals providing such reference ANSWER: Allison Fine, MSW, LICSW, Executive Director & Founder, Center for Chronic Illnesses, <u>executivedirector@thecenterforchronicillness.org</u>, (425) 296-2705 Michael Pollack, CEO, The Depression and Bipolar Support Alliance, <u>mpollock@dbsalliance.org</u>, (312) 	

	 Bill Cawley, Director, Peer & Family Support, Christopher & Dana Reeve Foundation, <u>bcawley@reeve.org</u>, 800-225-0292 	
С	Please indicate whether your Response contains any variations from the requirements of the Solicitation Document. If the answer is yes, list each variation with specificity and include the pertinent page numbers containing the variation.	NOT SCORED
	ANSWER: None	
d	Please indicate whether you are requesting that DSHS consider any exceptions and/or revisions to the sample contract language found in Attachment A. If so, state the page of Attachment A on which the text you request to change is found, and state the specific changes you are requesting. DSHS shall be under no obligation to agree to any requested changes, and will not consider changes to contract language or negotiate any new language not identified in response to this question.	NOT SCORED
	ANSWER: No	
e	If Bidder considers any information that is submitted as part of its Response to be proprietary, please identify the numbered pages of Bidder's Response containing such information and place the word "Proprietary" in the lower right-hand corner of each of these identified pages.	NOT SCORED
	ANSWER: Nothing in Response is proprietary	
f	Please indicate whether you have had a contract terminated for cause or default within the past five (5) years. If so, please provide the terminating party's name, address and telephone number and provide a summary describing the alleged deficiencies in Bidder's performance, whether and how these alleged deficiencies were remedied and any other information pertinent to Bidder's position on the matter. "Termination for Cause" refers to any notice to Bidder to stop performance due to Bidder's asserted nonperformance or poor performance and the issue was either (a) not litigated; (b) litigated with a resulting determination in favor of the other party; or (c) is the subject of pending litigation.	NOT SCORED
	ANSWER: We have not had any contracts terminated for cause or default within the past five years.	
g	Please identify any prior contracts Bidder has entered into with the State of Washington within the past ten (10) years and identify the dates and nature of the contract and primary agency contact for each.	NOT SCORED
	ANSWER: We have been providing Virtual Peer Support Group services to DSHS since September 2020. First, hosting groups that DSHS TBI Council was facilitating and then in the last year also staffing the groups.	

h	DSHS 2031-89482 – 8/15/2020 to 6/30/2021 Scope: Hosting DSHS TBI Council Virtual Facilitated Groups. DSHS 2131-24358 – 7/1/2024 to 6/30/2024 Scope: Hosting DSHS TBI Council Virtual Facilitated Groups. DSHS 2431-57487 - 7/1/2024 to 6/30/2025 Scope: Hosting and staffing DSHS TBI Council Facilitated Groups. Please indicate whether Bidder has been the subject of a lawsuit or administrative proceeding alleging a failure to comply with laws relating to the types of services Bidder proposes to provide pursuant to this Competitive Solicitation. If the answer is yes, please list the nature of the allegations, docket number, disposition and date (if applicable) and Bidder's explanation of how it has changed its practices or operations relative to any alleged	NOT SCORED
	deficiencies since that proceeding was filed. ANSWER: No	
i	ANSWER: NO Please describe your proposed plans for the use of Subcontractors in performing this Contract, listing each Subcontractor, its proposed role, and the estimated percentage of the Contract that will be performed by each Subcontractor. Please indicate whether each Subcontractor self-identifies or is certified as a Washington small business, a minority-owned business, a woman-owned business, a disadvantaged business enterprise, or a veteran-owned business. If the answer is yes, please identify the type of organization(s) and provide details of any certifications. Note that all Subcontractors must be approved by DSHS.	NOT SCORED
	ANSWER: We will contract with TBI experts to conduct quarterly webinar-type meetings on topics of interest to participants. The topics will be identified with the help of DSHS.	
J	Please describe any programs, policies or activities of your organization that support human health and environmental sustainability in your business practices. If a program, policy or activity is specifically applicable to this Contract, please indicate so.	NOT SCORED
	ANSWER: Our entire business was founded and has been designed to support human health via Virtual Support Groups (VSGs). We have been helping individuals toward wellness for over 15 years. At this point we have assisted over 1.2 million individuals via VSGs. Our main types of VSGs are in the area of Behavioral Health, Chronic Illnesses and Rare Diseases.	

2	BIDDER EO 18-03 CERTIFICATION	MAXIMUM TOTAL POINTS:
EO	Are your employees required to sign, as a condition of employment, a mandatory individual arbitration clause and/or a class or collective action waiver? Please Note: Points for this question will be awarded to bidders who respond that they do not require these clauses and waivers. If you certify here that your employees are NOT required to sign these clauses and waivers as a condition of employment, and you are the successful Bidder, a term will be added to your Contract certifying this response and requiring notification to DSHS if you later require your employees to agree to these clauses or waivers during the term of the Contract.	10
	ANSWER: No	
3	BIDDER CERTIFICATION – WASHINGTON SMALL BUSINESS	MAXIMUM TOTAL POINTS
	 Are you a Washington Small Business as defined under RCW 39.26.010? According to Chapter 39.26.010 RCW, to qualify as a Washington Small Business, Bidder must meet three requirements: a. Location. Bidder's principal office/place of business must be located in and identified as being in the State of Washington. A principal office or principal place of business is a firm's headquarters where business decisions are made and the location for the firm's books and records as well as the firm's senior management personnel. b. Size. Bidder must be owned and operated independently from all other businesses and have either: (a) fifty (50) or fewer employees; or (b) gross revenue of less than seven million dollars (\$7,000,000) annually as reported on Bidder's federal income tax return or its return filed with the Washington State Department of Revenue over the previous three consecutive years. c. WEBS Certification. Bidder must have certified its Washington Small Business status in 	25

	Washington's Electronic Business Solution (<u>WEBS</u>).	
	ANSWER: No	
4	BIDDER CERTIFICATION – CERTIFIED WASHINGTON VETERAN-OWNED BUSINESS	MAXIMUM TOTAL POINTS
	Are you a Certified Washington Veteran-Owned Business as defined under RCW 43.60A.190?	25
	According to Chapter 43.60A.190 RCW , to qualify as a Certified Washington Veteran-Owned Business, Bidder must meet four requirements:	
	a. 51% Ownership. Bidder must be at least fifty-one percent (51%) owned and controlled by:	
	 A veteran is defined as every person who at the time he or she seeks certification has received a discharge with an honorable characterization or received a discharge for medical reasons with an honorable record, where applicable, and who has served in at least one of the capacities listed in RCW 41.04.007; 	
	2. A person who is in receipt of disability compensation or pension from the Department of Veteran's Affairs; or	
	3. An active or reserve member in any branch of the armed forces of the United States, including the national guard, coast guard, and armed forces reserves.	
	b. Washington Incorporation/Location. Bidder must be <u>either</u> an entity that is incorporated in the state of Washington as a Washington domestic corporation <u>or, if not incorporated</u> , an entity whose principal place of business is located within the State of Washington.	
	c. WEBS Certification. Bidder must have certified its Veteran-Owned business status in Washington's Electronic Business Solution (<u>WEBS).</u>	
	d. WDVA Certification. Bidder must have provided certification documentation to the Washington Department of Veterans' Affairs WDVA) and be certified by WDVA and listed as such on WDVA's website (<u>WDVA – Veteran-Owned Businesses</u>).	

ANSWER: No

5	BIDDER QUALIFICATIONS AND EXPERIENCE (MANAGEMENT RESPONSE)	MAXIMUM
		TOTAL POINTS:
	MANDATORY EXPERIENCE AND QUALIFICATIONS	
А	Describe your organization's experience in conducting virtual support groups for individuals with traumatic brain	30
	injuries and/or other disabilities. Provide specific examples of past programs, including participant engagement strategies, challenges encountered, and outcomes achieved.	
	ANSWER:	
	Our HeyPeers platform has been meeting the Virtual Platform Reqs per RFP Scope b(2): Virtual Platform Requirements:	
	(a) Provide a platform capable of hosting up to 13 meetings per month with up to 15 participants per meeting.	
	(b) Ensure the platform includes features for breakout rooms, chat functionality, and analytics.	
	(c) Provide training and administrative access to the TBI Coordinator and designated staff.	
	The HeyPeers platform and its functionality is optimized to engage participants. It is easy to register for support meetings, add a meeting to a personal calendar, be reminded to attend via email and text and simple to join a meeting. In our meetings we can provide handouts, obtain participant feedback and participants can track their progress.	
	Our meeting process and facilitation is also designed to engage TBI participants. In every meeting participants are made to feel welcome. The meetings have a consistent simple structure that includes reviewing meeting guidelines, a low-key participant check-in, reading meeting norms, a guided discussion on the session topic, open dialogue for participant concerns, and a closing segment summarizing key takeaways.	
	Because the TBI meetings are free, as are most of the meetings on HeyPeers, we normally have about half of registrants attend a meeting. To increase attendance at meetings we set the registration cap above the number of desired attendees. We also have waitlist functionality to have as many participants as possible in each	

	session. In addition, because of the large number and variety of meetings on HeyPeers we have a significant "network effect." Organizations that hold their meetings on HeyPeers, on average, experience a 48% registration growth and a 57% increase in attendance.	
	Aside from the on-going attendance challenge associated with a free service, the other major issue that this new contract would help with is referrals. It is not clear at this point that all of the potential connections to TBI audiences are working well. A review of some of the websites that referrals should come from reveals that links to the DSHS VSGs are notably absent. We will actively work with DSHS and the TBI Council to do the following:	
	(1) Establish collaborations with tribal governments, community organizations, healthcare providers, and educational institutions to increase awareness of VSG offerings and support broader outreach efforts.	
	(2) Disseminate information about VSGs and support services statewide, leveraging digital marketing, social media campaigns, and traditional outreach methods (e.g., flyers, newsletters).	
	(3) Highlight the availability of resources such as the Washington State Mobile Hotspot program to ensure equitable access to virtual sessions for participants with limited internet connectivity."	
	We will accomplish these deliverables through meetings, presentations, discussions, and by providing promotional material that can be used online and printed material. As we collaborate, we will also be listening for suggestions from partners that might improve different aspects of our services.	
В	Provide details on the qualifications and expertise of the team members who will be assigned to this project. How does their experience align with the requirements of this RFP, particularly in psychoeducational facilitation,	20
	trauma-informed care, and virtual support group management? The bidder should note that if awarded a contract, it may not reassign its key personnel from the Project without prior approval of DSHS.	
	ANSWER:	

Our team is made up of highly qualified professionals who have years of experience with psychosocial group facilitation, trauma-informed care and virtual peer support group facilitation and management. Here are the team members who will personally work on this contract:

Vincent F Caimano, PhD is the Founder and President of Support Groups Central. In the HeyPeers organization he serves as Chief Innovation Officer. Vince is an Organizational Psychologist with over 30 years' experience. His most relevant areas of expertise for this proposal include virtual support group facilitation and management, virtual psychoeducational support group design and social research.

Geneveve Matundan, LCSW, serves as the Director of Peer Support at HeyPeers. With over 10 years of experience in trauma-informed care, group facilitation, and virtual program management and supervision, Geneveve provides clinical oversight of policies and procedures, supervision, and guidance to peer specialists. Relevant areas of expertise for this proposal include virtual support group facilitation and management, crisis response, and culturally responsive care.

Valerie Harris CPSS, MSW-LCSW, serves as the Peer Support Manager at HeyPeers. With over 17 years of experience as a peer support specialist and four years in a management role, Valerie brings deep expertise in trauma-informed care, group facilitation, and peer-led support models. She oversees the implementation of our policies and procedures and offers guidance and mentorship to peer support facilitators. Valerie's relevant areas of expertise for this proposal include virtual support group facilitation, crisis response, and three years of experience working in the trauma center of an emergency room.

John Hegarty is the HeyPeers Senior Client Relations Manager. He has been working with a variety of our clients for almost three years, two years working with the TBI team. His background also includes five years working in the operating rooms at Harborview Medical Center, where he was exposed to the immediate issues surrounding trauma as well as a culture of support and care for better long-term results.

Phil King is the HeyPeers Operations Director and Board Secretary for Support Groups Central. Having transitioned from working as a Human Capital Management Consultant for a Big 4 Professional Services firm, Phil oversees many of the internal logistics and day-to-day functions at the organization. His most relevant areas of expertise include HR policy, change and project management, and training/onboarding coordination.

C	Explain your team and facilitators' familiarity with person-centered, trauma-informed, and psychoeducational facilitation of virtual support groups. What specific training and certifications have they completed in these areas? How do you ensure ongoing professional development for facilitators?	40
	ANSWER:	
	Two of our key team members, Geneveve Matudan and Valerie Harris, are Licensed Clinical Social Workers and two, John Hegarty and Valerie Harris, have worked in trauma care facilities. All our current facilitators are all Certified Peer Specialists (CPS) who have extensive training and experience with person-centered, trauma- informed peer support and VSG facilitation. Any facilitator assigned to this service will also have lived TBI or TBI caregiver experience, and a Bachelor's Degree or equivalent years of experience. In addition to their certification training, they also have experience facilitating our psychoeducational VSGs which we call HeyPeers Certified (HPC) Support Groups.	
	Our LCSWs and CPSs are all required to complete continuing education units of 12 to 40 hours per year. Our facilitators also have additional training and certifications e.g. Trauma-Informed Peer Support, Intentional Peer Support, Crisis Prevention Intervention, Wellness Recovery Action Planning, Whole Health Action Management, Motivational Interviewing, etc. Many of them have already taken the Mental Health First Aid training, all will complete that training or the DSHS Mental Health Level 1 Course before being assigned to any DSHS TBI group.	
	When a candidate facilitator has had a successful interview with our Peer Supporter Manage, and supplied proof of certifications / degrees and completed a background check they then must complete our training. Our training consists of three parts. First, self-study to acquaint facilitators with our platform and to understand our facilitator policies and practices as described in our facilitator handbook. Second, participate in a live skill practice and demonstration session. Third, facilitating two sessions with a trainer "shadowing" them for coaching and final evaluation before being assigned to facilitate solo.	
	In addition, our facilitators are required to meet monthly with our Director of Peer Services for education and support. Those sessions include discussion of various topics e.g. strengths-based methods, emotional regulation, creating a safe space, etc.	

6	BIDDER'S SOLUTION AND PROPOSED APPROACH (TECHNICAL RESPONSE)	MAXIMUM TOTAL POINTS:
A	Describe the methodology your team will use to assess and integrate best practices for psychoeducational	40
	virtual support groups, ensuring that content delivery is structured, interactive, and accessible for individuals	
	with TBI, families, and caregivers?	
	ANSWER:	
	We have 15+ years of experience designing and delivering psychoeducational VSGs. Our HeyPeers Certified (HPC) meetings follow our design to make our psychoeducational VSGs interactive, accessible and effective. HPC sessions are done in three parts. The first section welcomes, reviews meeting guidelines and gives participants an opportunity to check-in. The second section is built on an interactive psychoeducational module. Here the facilitator encourages the group to share its relevant knowledge and lived-experience, filling in knowledge gaps as needed. Slides are used to explain key concepts with words and graphics. The third section opens up discussion to whatever participants would like to discuss and then we end with a "positive close" and summary. The positive close gives participants an opportunity to share a self-care or fun activity that they will do in the next week. The summary reviews and reinforces key points from the psychoeducational module.	
	A study we conducted among our HPC Depression Recovery Group participants (N=142) documented the impact of our approach. In that study participants reported a 34% decrease in symptoms, and reductions in the use of Urgent Care for depression (-48%), use of an Emergency Room (-49%) and hospital readmissions (-69%), see HeyPeers White-Paper (attached).	
	We have developed a library of 39 psychoeducational modules that feature evidence-based content and can be part of a series for a particular VSG, e.g. Stress Management, Good Sleep Habits, Self-Advocacy, etc. In addition, we have partnered with client organizations to develop modules for their particular audience.	

	Our psychoeducational meeting process and facilitation is designed to reduce anxiety by gradually developing trust and participation in each session. The meeting process initially encourages comfortable participation to build toward more in-depth discussion of the presented evidence-based material. Open-ended questions are used to solicit a variety of inputs and promote a broad discussion. Each meeting also reserves a significant amount of time to talk about whatever is most concerning for the participants at the time of the meeting. We promote participant responsibility for their wellness in a low-key but consistent basis. There is also a closed captioning option for our meetings to provide a second communications channel for participants. The slides we use in our meetings are based on a consistent template with large fonts, simple uncluttered layout, and concept reinforcing graphics.	
В	Explain the methodology you will use to conduct a gap analysis related to the availability of services for individuals experiencing TBI. How will you assess current service offerings, identify gaps, and recommend data-driven solutions?	40
	ANSWER: We will work with DSHS to develop specific utilization goals for each TBI group. On HeyPeers we will capture participant demographic and outcome data that aligns with the stated goals. Real-time group attendance, user feedback, and population analytics data is continuously available on HeyPeers to designated administrators and the data can be downloaded for further periodic reporting. With DSHS we will measure progress against those goals via demographic analysis of participants and their behavior. Some of these measures can include registrations, attendance, attendance rate by demographic category, meeting satisfaction ratings, reported learning outcomes, and feedback by demographic category, meeting type, etc. We propose to do this type of analysis monthly and report results to DSHS, TBI stakeholder groups, the TBI Council, and other stakeholders to discuss any adjustments or community outreach work that may need to be accomplished.	

С	How will your team evaluate the effectiveness of potential solutions for addressing identified service gaps?	40
	What criteria and data sources will be used to determine efficacy?	
	ANSWER:	
	There are several measures that can indicate the degree to which identified service gaps in virtual TBI support groups are being filled and if they are having their intended impact (efficacy).	
	 To measure the participation efficacy of our TBI VSGs for high risk and underserved communities we will use the reporting capabilities already available on HeyPeers. HeyPeers tracks and reports the number of registrants and attendees for identified demographic categories, e.g. black, LGBTQ+, etc. We can also look at utilization of support groups that are specifically for a designated demographic group e.g. Veterans, Native Americans, etc. All these data are downloadable for further analysis. The survey feedback data from the TBI VSGs measure participant satisfaction as well as learning and development outcomes. All these data are downloadable from the HeyPeers Administration area for further analysis. We can ask participants to identify how they were referred to the DSHS VSGs and see which sources are underperforming. This could suggest where further outreach could increase utilization and decrease service gaps. 	
D	Describe your approach to identifying, assessing, and mitigating potential risks that could impact the success of the project. Consider factors such as participant retention, technological barriers, and engagement challenges.	10
	ANSWER:	
	There are several ways that we routinely work with our client organizations to ensure the success of their VSG work with us on HeyPeers. Our experience suggests that many of these potential levers for success need to be addressed proactively.	

HeyPeers.com is a purpose-built platform for optimizing the use of VSGs. It has many features and mechanisms that are designed to make registration and attendance easy. One of these is the participant notification and reminder process where a person receives an email upon registration, a reminder two days beforehand and two hours before a meeting. The emails give participants the option of adding the meeting to their personal calendar. This automation helps to increase attendance.

Another feature is a customizable client service page that participants are directed to via unique links that can be placed on any referring site. The current DSHS TBI service page has a bright, friendly banner, the organization's logo, information about their groups, and a link to two videos that explain what TBI is and cognitive changes that a person may experience. Additional information and resource links can be added to address participant needs or engagement opportunities as they are identified.

We also have a Customer Care team and an extensive knowledgebase that can help participants with the use of HeyPeers. Our Senior Client Relations Manager meets regularly with the DSHS point of contact to discuss opportunities or any issues.

Our Director of Peer Supporters and our Manager of Peer Supporters interact regularly with our facilitators, and we also use these connections to assess how a service and particular VSGs are doing. Our facilitators can identify both potential issues and opportunities that can be discussed with our DSHS point of contact.

In our experience, VSG utilization is driven by publicity and referrals. We work closely with our client organizations to help them to educate and promote potential sources for reference and referral. It will be key that these reference and referral sources provide clear, simple instructions about how to access the DSHS TBI VSGs.

	We have also found that retention of individual participants varies greatly based on some demographic and idiosyncratic variables. For example, individuals identifying as female are more likely to attend than are those whose gender preference is male. It is also true that some individuals attend a VSG for a few months, get the help they believe they need and discontinue. Other participants make giving and getting peer support a regular part of their self-maintenance and might attend the same group or groups every week. In summary, we have the experience and capabilities that can make the DSHS TBI VSGs even more successful over time.	
E	Describe the virtual platform you utilize, ensuring that it aligns with the accessibility needs of individuals with TBI. How does your platform accommodate cognitive, visual, and auditory impairments to ensure full participation?	30
	ANSWER: During that extensive use of TBI HeyPeers services, participants have not reported any accessibility issues. Our platform, HeyPeers.com, was purpose-built to provide VSGs to a wide range of participants. HeyPeers is both HIPAA and 508C compliant. Its design is logically and simply laid out. The site is also responsive i.e. it displays in a consistent and easy to use manner on any size screen. Our navigation is consistent with a simple menu bar across the top of every page and large obvious buttons for selecting key functions. HeyPeers.com has many features and mechanisms that are designed to make registration and attendance easy. One of these is the participant notification and reminder process where a person receives an email upon registration, a reminder two days beforehand and two hours before a meeting. The emails give participants the option of adding the meeting to their personal calendar. This automation helps to increase attendance.	
	Another feature is a customizable client service page that participants are directed to via unique links that can be placed on any referring site. An organization's service page includes a banner, the organization's logo,	

information about their groups, and a links to videos that explain a service further. Additional information and resource links can be added to address participant needs or engagement opportunities as they are identified.	
We also have a Customer Care team and an extensive knowledgebase that can help participants with the use of HeyPeers. Our Senior Client Relations Manager will meet regularly with the DSHS point of contact to discuss opportunities or any issues.	
In our psychoeducational meetings, the structure of each meeting is consistent, and the slides use large fonts and practice an economy of information, focusing on key ideas which also promotes discussion to enhance understanding. One of our senior people holds an MFA in Visual Art and works to make the appearance of our slide deck templates visually appealing and easy to understand. We also use the Accessibility functionality in Microsoft PowerPoint to review and improve our presentations.	
Our psychoeducational meeting process and facilitation is designed to reduce anxiety by gradually developing trust and participation in each session. The meeting process initially encourages low key participation to build toward more in-depth discussion of the presented evidence-based material. Open-ended questions are used to solicit a variety of inputs and promote a broad discussion. We also have a closed captioning option for our meetings to provide a second communications channel for participants.	
We continuously make improvements in HeyPeers.com to improve the user experience. We work with our client organizations to identify changes and new features that can improve our services for their customer segment.	
Explain how you will present findings, recommendations, and potential solutions in a manner that is clear, actionable, and accessible to diverse stakeholders, including individuals with TBI, caregivers, and policymakers. ANSWER:	20
	resource links can be added to address participant needs or engagement opportunities as they are identified. We also have a Customer Care team and an extensive knowledgebase that can help participants with the use of HeyPeers. Our Senior Client Relations Manager will meet regularly with the DSHS point of contact to discuss opportunities or any issues. In our psychoeducational meetings, the structure of each meeting is consistent, and the slides use large fonts and practice an economy of information, focusing on key ideas which also promotes discussion to enhance understanding. One of our senior people holds an MFA in Visual Art and works to make the appearance of our slide deck templates visually appealing and easy to understand. We also use the Accessibility functionality in Microsoft PowerPoint to review and improve our presentations. Our psychoeducational meeting process and facilitation is designed to reduce anxiety by gradually developing trust and participation in each session. The meeting process initially encourages low key participation to build toward more in-depth discussion of the presented evidence-based material. Open-ended questions are used to solicit a variety of inputs and promote a broad discussion. We also have a closed captioning option for our meetings to provide a second communications channel for participants. We continuously make improvements in HeyPeers.com to improve the user experience. We work with our client organizations to identify changes and new features that can improve our services for their customer segment. Explain how you will present findings, recommendations, and potential solutions in a manner that is clear, actionable, and accessible to diverse stakeholders, including individuals with TBI, caregivers, and policymakers.

	We have made hundreds of presentations about HeyPeers services to a great variety of audiences. The	
	professionals on our team have made hundreds of reports of research to various types of groups. We tailor	
	each presentation to the particular audience we are addressing, and the material being presented. We also	
	use the Accessibility functionality in Microsoft PowerPoint to review and improve our presentations.	
	We make use of slides, discussions, and hand-outs to help communicate our findings, recommendations, and	
	potential solutions to different stakeholder groups. One regular report of our findings is our Quarterly Data	
	Report that we prepare for each client organization on HeyPeers - a sample is attached. In this report we use	
	an infographic page to provide the number of new subscribers, percent subscriber growth, the total number of	
	meetings, registrations, the average registrations per meeting, the total number of attendees, attendee	
	growth versus the previous quarter, the average meeting attendance, the number of unique attendees, the	
	number of repeat attendees, the repeat attendance per meeting and the average number of meetings per	
	attendee. The report also includes a "participant comment that stood out" and news about technical /	
	functional updates on the HeyPeers platform.	
	We are also attaching an example of a monthly utilization report that we prepare for and present to a large	
	client. The report includes detailed graphs as well as all the data that was used to produce the graphs. In a	
	monthly meeting we review the entire report looking at trends to identify progress and areas of concern.	
	HeyPeers will report metrics on group attendance, user feedback, and population analytics in a manner	
	appropriate to the intended audience. For the general public we may utilize social media posts with easily	
	understandable graphics while we may utilize more detailed charts and reporting for a more professional	
	audience.	
G	Describe any previous collaborations or partnerships with government agencies, non-profit organizations, or	20
	other entities in delivering virtual support groups for individuals with TBI and/or other disabilities. Provide	
	examples of successful outcomes from these partnerships.	

	ANSWER:	
	Since 2009 we have been providing VSGs for people with various types of physical and behavioral health disabilities. We have worked with Wake-Up Narcolepsy, The Christopher & Dana Reeve Foundation, The Center for Chronic Illnesses, The State of Washington, DSHS Traumatic Brain Injury Council (among others) providing virtual peer support services to the great variety of people with disabilities that these organizations assist. Across the four highlighted customer organizations we have had over 40,000 registrants and almost 19,000 participants in the last five to six years.	
	Over the last three years (2022 to 2024) the organizations listed above have experienced an average of 41% growth in meeting registrations. The increases range from 24% to 52%. Looking at some of the differences between these organizations during this period of time it would seem that increasing the number of meetings, hence the number of times that meetings are available, is related to higher level of attendance growth. This appears to be both a function of increasing the likelihood that a meeting is available at a convenient time as well as just increasing the volume of registrations available.	
	A study we conducted among our HPC Depression Recovery Group participants (N=142) documented the impact of our approach. In that study participants reported a 34% decrease in symptoms, and reductions in the use of Urgent Care for depression (-48%), use of an Emergency Room (-49%) and hospital readmissions (-69%), see HeyPeers White-Paper (attached).	
Η	Describe your strategy for engaging with stakeholders, including service recipients, to ensure a comprehensive understanding of service needs and challenges. How will you ensure that diverse communities, including underserved populations such as Native American, Black, Latino, Asian, rural communities and LGBTQ+ individuals, are engaged in the project?	40
	ANSWER:	

	The TBI Comprehensive Plan 2025 identifies a broad list of stakeholder groups and organizations. We will	
	partner with DSHS to meet with stakeholders groups and to reach out to organizations that are serving the TBI	
	community. We have reached out to several individuals at the University of Washington and a county	
	nonprofit organization to begin to explore how we can effectively engage stakeholders and service recipients.	
	Our point of contact for this contract and other appropriate HeyPeers team members can attend TBI Council	
	meetings and also meet with key and underrepresented stakeholder groups. These meetings can provide	
	information about the specific needs of various stakeholders and how to engage them. Where possible	
	HeyPeers VSG presentations will be used to inform and engage stakeholder groups. As needed, we will partner	
	with DSHS to conduct focus groups with high priority stakeholders to identify their specific needs and by doing	
	so also engage these stakeholders. These connections will also assist us to engage diverse and underserved	
	communities e.g. Native American, Black, Latino, Asian, and LGBTQ+. They will also help us to recruit	
	facilitators from these communities.	
	On the HeyPeers DSHS service page we will also place a link to a suggestions and comments survey form to	
	invite service recipients and stakeholders to help shape their services. The link to this form can also be utilized	
	on stakeholder websites. The data collected via this means will be summarized in real time on a dashboard	
	designed for this purpose and regularly reviewed at monthly meetings with DSHS.	
	Participants in each meeting also can provide feedback during and after meetings via a TBI participant	
	feedback survey. The participant survey will include questions designed to elicit views of gaps and	
I	Describe your organization's experience with data collection and reporting. How will you track participation,	30
	collect satisfaction surveys, measure program success, and ensure continuous improvement based on data-	
	driven insights?	
	ANSWER:	

	The HeyPeers platform continuously tracks utilization, demographic information and participant feedback data. This information is immediately available via administrative access and is downloadable for further analysis. The attachment "HeyPeers Screenshots of TBI Service Page and Online Reporting" shows some of the information available to designated account Administrators. HeyPeers data collection functionality includes a customizable, one-time account creation survey and customizable pre and post meeting surveys that can also be completed by participants during a meeting. Survey question types include short answer, Likert scale, quality scale, binary, rating, drop down choice. Each type of meeting can include its own specific questionnaire. A survey can be created with the help of DSHS to assure that it meets the RFP requirement to "track progress in knowledge gain, coping strategies, and social support". These data can also be parsed by demographic category so that underserved community or other subgroup participant experiences can be evaluated. Our service will include a monthly or quarterly client organization report with insights and recommendations that we will develop from a review of client data. For DSHS TBI it will include attendance data, key discussion themes, participant feed-back, challenges and successes, and recommendations for improvement where	
	needed. We routinely do a similar report on a quarterly basis for all our clients - see attached Sample Report - HeyPeers Quarterly Data Report.	
J	How does your organization ensure a trauma-informed approach in facilitation? What protocols or guidelines are in place to prevent re-traumatization and maintain a safe, structured, and supportive environment for participants?	30
	ANSWER: We have both human and technical protocols for maintaining a safe, structured and supportive environment for participants. Our people, policies, facilitator handbook, training and systems combine to create a very emotionally and technically secure HeyPeers VSG experience.	

We create a safe and supportive meeting space for participants to share their experiences and challenges. In part we do this by reviewing Support Group Guidelines in every meeting. The guidelines are designed to ensure group norms that emphasize confidentiality, respect, and inclusivity.

Our meetings follow a consistent process that is guided and reinforced by the slides we use. Our facilitators are carefully selected and then trained on how to facilitate using our slide deck reinforced meeting process. Our facilitators take note of any participant's need for further assistance and will provide follow-up support to participants as needed, including referrals to additional resources or one-on-one consultations for complex issues. We have clear protocols in place to immediately alert our clinical leaders who are Licensed Clinical Social Workers, our Director of Peer Supporters and Manager of Peer Supporters, if there is a serious concern about a participant.

All our current facilitators are Certified Peer Specialists (CPS) who have extensive training and experience with person-centered, trauma-informed peer support and VSG facilitation. Any facilitator assigned to this service will also have lived TBI or TBI caregiver experience. We require that all our facilitators complete our own training on the use of our platform and group facilitation skills. This includes "shadowing" by a trainer as the facilitator begins to lead groups. We regularly review participant feedback and any performance information that might be received by our Customer Care people.

In addition to their certification and HeyPeers training, our facilitators also have experience in facilitating our psychoeducational VSGs which we call HeyPeers Certified Support Groups. Each of these meetings begins with a review of meeting guidelines that help reinforce respectful, cooperative and safe behavior. Facilitators can remove participants who do not follow the meeting guidelines if they fail to do so after being confronted. Our facilitators also have additional training and certifications e.g. Crisis Prevention Intervention, Wellness Recovery Action Planning, Whole Health Action Management, Motivational Interviewing, etc. – they are very skillful.

	Our LCSWs and CPSs are all required to complete continuing education units. In addition, our facilitators are required to meet monthly with our Director of Peer Services for education and support. Technically, participants can easily report any concerning behavior at key places on HeyPeers or to our Customer Care team. We promptly investigate these issues. In our chat rooms our technology ferrets out problematic language and prevents it from being posted.	
К	How will you train and supervise facilitators to ensure they follow the structured session framework outlined in the SOW (e.g., introduction, psychoeducational content, skills practice, open support, and takeaways)? Provide details on your facilitator performance evaluation process.	30
	ANSWER: Our facilitators must all be Certified Peer Specialists and have appropriate lived experience. They are screened and selected by our Manager of Peer Supporters, a LCSW. She also works with them on a day-to-day basis and answers any immediate questions they may have about a particular meeting or topic. We use a consistent template that we put psychoeducational modules into. This ensures that each session follows the framework in the SOW: introduction, psychoeducational content, skills practice, open support, and takeaways. The psychoeducational VSG slide decks that we develop are annotated with instructions for each slide on how to best use the slide to accomplish its purpose. We use these slide decks in our training to familiarize our facilitators with our psychoeducational meeting process. The training includes practice with feedback. Before facilitating on a solo basis each facilitator is "shadowed" by a trainer in a meeting i.e. the trainer attends the meeting to observe and provide feedback. The trainer also uses this as the occasion for granting a final approval for the facilitator to work solo.	

	Our facilitators are required to meet with our Director of Peer Support, a LCSW, at least monthly for supervision. Our Director reviews the facilitator's work, any feedback received from participants and any issues that the facilitator may want to discuss. If any concerns arise about a facilitator's work at any time the Director reaches out to them to meet as soon as practical. Annually, our Director of Peer Support uses a more structured process to more formally review each facilitator's performance. This includes a role evaluation, an assessment of their strengths, areas for further development, a development plan, and an overall rating of their performance.	
L	Describe how your program integrates multi-modal learning approaches to accommodate different cognitive and learning styles of participants with TBI. What strategies will you use to make psychoeducational content engaging and accessible?	30
	ANSWER: There are many techniques that we incorporate into the design of psychoeducational VSGs that can be helpful for the TBI participant. In general we use a simple, logical, and consistent slide deck template to frame each meeting. Our meeting process design gradually involves participants so they are comfortable and relaxed. We typically begin with an introductory segment that covers a welcome, facilitator(s) introductions, a meeting overview, meeting guidelines and brief participant check-ins. Next the psychoeducational segment usually starts with an open-ended question designed to elicit participant experiences with the topic and to further involve the participants in the meeting. Slides with evidence-based material usually follows, with the facilitation focused on participant sharing of their experience with the content.	
	To make our meetings engaging we add relevant elements to a particular meeting to support the learning objectives for that session e.g. music, guided meditations, short videos, interactive exercises, movement breaks, brief surveys, use of HeyPeers in-meeting personal journaling functionality, etc. Our meeting space	

	also includes chat and captioning capabilities which can help enhance learning at all meetings. The use of a visual count-down timer helps participants track meeting segment length and time parameters for contributing to a discussion. We use a "positive close" process that gives each participant the opportunity to share something helpful they will do in the next week. This way of closing also interjects an accountability mechanism into the meeting process for those who choose to share a self-care activity they are committing to complete.	
М	What measures will you take to monitor participant engagement and retention in the virtual support groups? How will you adapt programming to address engagement challenges if they arise?	20
	ANSWER: In meetings, our facilitators are trained to notice participant engagement and give everyone the opportunity to participate. They utilize active listening skills and observe non-verbal cues to encourage or support individuals who may need additional attention. It is important to note however that individuals are never forced to participate. One of the Support Group Guidelines we utilize reinforces this idea - "It's OK not to share – people don't need to actively participate; much can be gained by just listening".	
	A survey can be created with the help of DSHS to assure that it meets the RFP requirement to "track progress in knowledge gain, coping strategies, and social support". These data can also be parsed by demographic category so that underserved community or other subgroup participant experiences can be evaluated. Trends can be assessed over time for specific TBI subgroups. This data can also be combined with utilization data to identify which meetings are working well, what is driving positive outcomes, and what can be improved.	
	Depending on the nature of any specific engagement challenges, programming changes might range from meeting process redesign to utilization of different psychoeducational elements or learning processes.	

7	BIDDER'S PROPOSED PRICING (QUOTATION OR COST RESPONSE)	MAXIMUM TOTAL POINTS: 30
A	Provide a detailed budget proposal that outlines all costs associated with the project. How will you ensure cost- efficiency without compromising the quality of service delivery, facilitator training, and participant engagement? 20 pts.	20
	ANSWER: TOTAL MAXIMUM BID AMOUNT: \$217,278.00	
	See attached budget detail spreadsheet by deliverable and by year - "Support Groups Central dba HeyPeers TBI Virtual Support Groups Budget".	
В	Identify the total amount the Bidder is willing to accept in consideration of the full performance of the Contract.	10
	ANSWER:	
	\$217,278.00	
С	Please fully describe any assumptions Bidder has made that affect its proposed total charges, if those assumptions are not explicitly addressed in Attachment A, Sample Contract.	NOT SCORED
	ANSWER:	
	 We will meet all the SOW requirements not specifically mentioned in this document – Attachment D. The length of each VSG is not specified in the RFP documentation. Currently we are providing meetings that 	
	are one hour in length and for budgeting purposes we have assumed that they will continue to be one hour (60 minutes).	

HeyPeers

Sample Administrative Report Examples

DSHS TBI Virtual Support Groups Contract Proposal

Support Groups Central, Inc.



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 ☐ Referral Companies ⊕ Donation Amounts Organization 	Making Exercise Fun - HeyPeers Certified	other	Exercise tips, techniques & strategies	Vincent Caimano		7:00 PM 09 Apr 2025	8:00 PM 09 Apr 2025	3	3	Ο	0	0	-	\$ 0
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Coupons Integration Hub	Anxiety Support Group	anxiety	Different Science-Based Tips Each Week	Tim Long		5:00 PM 08 Apr 2025	6:00 PM 08 Apr 2025	7	8	2	0	0	:	\$1
	Sleep Like a Baby - HeyPeers Certified	other	Sleep Tips, techniques and strategies	Vincent Caimano		7:00 PM 07 Apr 2025	8:00 PM 07 Apr 2025	1	1	0	0	0	2	\$1

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Re:Mind

QUARTERLY DATA REPORT Quarter 1, 2021



We are excited to share your Quarterly Data Report for Quarter 1, 2021.

Please review the information provided here. If you have further questions or would like to schedule a zoom check-in, please contact your Client Success Manager at cblackwell@heypeers.com.



PER MEETING







A PARTICIPANT COMMENT THAT STOOD OUT:

"Ashley is a great facilitator."

Announcements





We are updating our Admin log-in process for a smoother experience—more details soon!



Do you like Data? We do! We updated the way the backend processes your data requests so things would be much more accessible in your admin module moving forward.



If you haven't talked to your Client Success Manager about our Hey Peers platform yet, we have lots to tell you! We are so excited to continue the launch of our new platform.

Get in Touch

Overall Re:Mind had a great quarter! If you have any questions, please reach out to your Client Success Manager at cblackwell@heypeers.com.