REQUEST FOR PROPOSALS

Functional Active Threat Exercise

Issuing Organization: Rhode Island Health Center Association (RIHCA)
Issue Date: September 21, 2026
Proposal Due Date: October 12, 2026
Point of Contact: Gail Stout
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About RIHCA

RIHCA serves as the state's primary care association and supports Rhode Island's eight community health centers. Our support provides technical assistance to the health centers in the areas of chronic care collaboratives, emergency preparedness, recruitment and retention of staff, outreach and enrollment, and public policy.

For more information: rihca.org

RIHCA's Emergency Preparedness & Response Committee

RIHCA leads and facilitates the health centers' Emergency Preparedness & Response (EP&R) Committee, which is comprised of key leadership from across the health centers as well as representatives from the Rhode Island Department of Health (RIDOH) and the Healthcare Coalition of Rhode Island (HCRI). The EP&R Committee meets quarterly. The Center for Medicaid & Medicare Services (CMS) requires health centers to conduct one full-scale community-based exercise or an individual facility-based functional drill every year. In the alternating years, health centers may replace the full-scale exercise with a tabletop exercise or a workshop. RIHCA provides our member organizations with training & technical assistance that meets CMS requirements for emergency preparedness training & testing. Training subjects are determined by the results of the Hazard Vulnerability Assessment and input from the committee members.

1. PURPOSE

RIHCA is soliciting proposals from qualified emergency preparedness, exercise design, and active threat training professionals to plan, facilitate, and evaluate a **Functional Active Threat Exercise** for participating health center facilities.

The purpose of this exercise is to test and evaluate each participating facility's active threat plans, policies, procedures, and staff response capabilities. The exercise will focus on the

facility's ability to effectively activate, notify, respond, communicate, de-escalate when appropriate, and coordinate with internal and external partners during an active threat event.

The exercise is intended to provide a realistic but controlled opportunity for staff and participating partners to evaluate current procedures, identify gaps, and develop corrective actions to improve the safety and preparedness of the facility.

2. Participating Health Center Facilities

Participating health centers may include:
Comprehensive Community Action Program (two sites requesting)
East Bay Community Action Program (four sites requesting)
Providence Community Health Centers (three sites requesting)
WellOne Primary Medical & Dental Care (one site requesting)

Each health center has multiple sites. Exercises have been requested at ten sites which are subject to change.

3. Pre exercise training

The participating health centers will be participating in a 90-minute onsite active threat/de-escalation training being facilitated by the Cybersecurity and Infrastructure Services Agency (CISA). The functional exercise is intended to allow health center staff to test the skills learned during the training. **The selected facilitator will participate in one of the pre-exercise de-escalation/active threat trainings to ensure alignment with the functional exercise. If participation in one of the pre-exercise trainings is not possible, the selected contractor will meet with the trainer to ensure alignment.**

4. EXERCISE FORMAT

The exercise will be conducted as a **functional exercise** designed to evaluate operational response capabilities without creating an actual hazardous situation. A functional exercise is defined as an operations-based simulation that tests command, control, and coordination in a real-time environment without deploying physical field resources.

The anticipated duration of the exercise should be approximately **90–180 minutes**. The exact duration will depend upon participant actions, the progression of the scenario, exercise objectives, and the length of the hot wash.

The contractor shall coordinate with RIHCA to establish the exercise schedule, participating facilities, exercise boundaries, controllers/evaluators, and participating community partners.

a. SCENARIO DEVELOPMENT

The contractor shall develop and facilitate one of two active threat scenarios for each participating health center site, as determined in coordination with RIHCA.

Scenario 1 – Front Lobby

An active threat begins in the health center's front lobby and subsequently escalates, requiring staff to recognize the threat, activate applicable procedures, communicate information, and respond in accordance with established policies and procedures.

The scenario should be designed to require participants to make decisions regarding appropriate protective actions and coordination as the situation develops.

Scenario 2 – Patient Room

An active threat begins in a patient room and subsequently escalates, requiring staff to recognize the threat, activate applicable procedures, communicate information, and respond in accordance with established policies and procedures.

The scenario should be designed to challenge participants with the additional considerations associated with a threat occurring within a patient-care environment.

b. SIMULATION AND EXERCISE ACTORS

The exercise may utilize designated actors to portray the active threat and/or other scenario participants.

The contractor shall ensure that the use of any exercise effects are communicated during the safety briefing and are conducted in a manner that does not create a safety concern.

The contractor shall provide or coordinate all required actors, controllers, and evaluators unless otherwise specified in the proposal.

c. PRE-EXERCISE SAFETY BRIEFING

A mandatory safety briefing shall be conducted immediately before the exercise begins.

The briefing shall include all applicable exercise participants, including but not limited to:

- Facility staff and players
- Exercise actors
- Controllers
- Evaluators
- Security personnel
- Community partners/emergency response personnel (if participating)
- Other individuals participating in the exercise

The safety briefing shall establish:

- The purpose and scope of the exercise

- Exercise start and stop procedures
- Safety procedures
- Exercise boundaries
- Areas that are off limits
- Identification of actors, controllers, and evaluators
- How exercise communications will be distinguished from real emergencies
- Procedures for reporting an actual emergency
- Procedures for stopping the exercise if a safety concern arises and
- Any other facility-specific safety requirements.

A clear method shall be established for any participant or controller to immediately stop the exercise if an actual emergency or unsafe condition occurs.

d. CONTROLLERS AND EVALUATORS

The contractor shall provide appropriately trained controllers and evaluators to manage and document the exercise.

Controllers shall:

- Manage scenario progression
- Provide approved scenario injects
- Maintain exercise safety
- Monitor participant actions
- Ensure the exercise remains within established boundaries and
- Coordinate with facility leadership as needed

Evaluators shall observe participant actions and document performance against the established exercise objectives.

5. HOT WASH

A structured **hot wash shall be conducted immediately following the exercise**.

The hot wash shall provide an opportunity for participants, controllers, evaluators, facility leadership, and other appropriate stakeholders to discuss:

- What occurred during the exercise

- What worked well
- What did not work as intended
- Communication successes and challenges
- Policy and procedure issues
- Staff training needs
- Coordination challenges
- Resource or equipment concerns
- Safety concerns
- Opportunities for improvement and
- Recommended corrective actions

The contractor shall facilitate the hot wash and document the information necessary to support development of the After-Action Report/Improvement Plan.

6. FACILITY RESPONSIBILITIES

The health centers will provide:

- Facility access
- Appropriate staff participants
- Existing active threat plans and relevant policies for contractor review
- Designated exercise points of contact
- Access to participating community partners
- Designated areas for the exercise and hot wash and
- Other resources mutually agreed upon during planning

Proposers shall clearly identify any additional resources or responsibilities required of the facility.

7. PROPOSAL REQUIREMENTS

Interested contractors shall submit a proposal containing the following:

a. Company/Organization Information Limit: 2 pages

- Company name

- Address
- Primary contact
- Years in business
- Relevant certifications or qualifications and
- Description of services provided

b. Relevant Experience Limit 2 pages

Describe previous experience designing, facilitating, and evaluating:

- Active threat exercises
- Healthcare emergency preparedness exercises
- Functional exercises
- Multi-agency exercises and
- Exercises involving de-escalation, emergency response, or facility-wide coordination

Provide at least three relevant references, including contact information.

c. Proposed Approach Limit 5 pages

Describe the proposed approach for:

- Exercise planning
- Scenario development
- Participant preparation
- Safety management
- Actor/controller management
- Exercise evaluation
- Hot wash facilitation

d. . Staffing Limit 2 pages

Identify the personnel who will participate in planning and conducting the exercise, including their qualifications and relevant experience.

e. **Deliverables Limit 1 page**

Provide a list and description of all deliverables included in the proposal.

f. Schedule

Provide an estimated timeline from contract award through completion.

g. Cost Proposal *Per Health Center Site*

Provide a detailed cost proposal identifying:

- Planning and preparation costs
- Exercise facilitation costs
- Actor/controller/evaluator costs
- Travel expenses, if applicable
- Materials or equipment
- Hotwash facilitation
- Any other anticipated costs.

All proposed costs should be clearly identified as fixed, estimated, or reimbursable.

8. EVALUATION CRITERIA

Proposals may be evaluated using the following criteria:

Evaluation Category	**Suggested Weight**
Relevant experience and qualifications	25%
Quality and appropriateness of proposed exercise methodology	25%
Understanding of healthcare and active threat preparedness	25%
Safety and risk-management approach	15%
Cost	10%
Total	**100%**

RIHCA reserves the right to modify evaluation criteria as appropriate.

9. CONFIDENTIALITY AND PRIVACY

The selected contractor shall maintain the confidentiality of all facility information, policies, procedures, patient information, security-sensitive information, and other non-public information obtained during the engagement.

The contractor shall not photograph, record, publish, distribute, or otherwise disclose information related to the exercise or facility without prior written authorization from RIHCA.

10. RESERVATION OF RIGHTS

RIHCA reserves the right to:

- Reject any or all proposals
- Request clarification or additional information
- Modify the scope of work
- Negotiate with one or more proposers
- Cancel or amend this RFP and
- Award the contract to the proposer determined to provide the best overall value to the organization

Issuance of this RFP does not obligate RIHCA to award a contract or reimburse any proposer for costs incurred in preparing or submitting a proposal.

11. SUBMISSION INSTRUCTIONS

Bids due	**October 12, 2026, by 12:00pm**
Deadline for questions	**October 5, 2026, by 12:00pm**
Questions answered by	**October 7, 2026 by 5:00pm**
Bidders notified	**October 23, 2026, by 12:00pm**

Proposals shall be submitted electronically to:

Contact: Gail Stout, Administrative/IT Services Manager
Email: gstout@rihca.org
Subject Line: Functional Active Threat Exercise – RFP Response

Responses to substantive questions may be shared with all prospective proposers as appropriate.