



**Region 1 Behavioral Health Authority  
Request for Proposal  
Emergency Psychiatric Observation– Mental Health  
Northern Tier  
Behavioral Health Services**

**SECTION I – INTRODUCTION**

**Region 1 BHA**

Region 1, a political subdivision of the State of Nebraska and has the statutory responsibility under Neb. Rev. Stat. 71-802-71-820 for organizing and supervising comprehensive mental health and substance use services in the Region 1 geographical area which includes the eleven counties of the Panhandle of Nebraska; Sheridan, Dawes, Sioux, Box Butte, Morrill, Scottsbluff, Banner, Cheyenne, Deuel, Garden, and Kimball. Region 1, one of six (6) behavioral health authorities in Nebraska, along with the state’s three (3) Regional Centers, make up the state’s public mental health and substance use system, also known as the Nebraska Behavioral Health System (NBHS).

Region 1 is governed by a board of county commissioners, who are elected officials, one (1) from each of the counties represented in the Region 1’s geographic area. The Regional Governing Board (RGB) is under contract with the Nebraska Department of Health and Human Services System (DHHS), the designated authority for administration of mental health and substance use programs for the state.

Each RGB appoints a Regional Administrator (RA) to be the chief executive officer responsible to the RGB. The RGB also appoints an advisory committee for the purpose of advising the RGB regarding the provision of coordinated and comprehensive behavioral health services within Region 1’s geographical area to best meet the needs of the general public. In Region 1, the Behavioral Health Advisory Committee (BHAC) is comprised of 11-20 members including consumers, concerned citizens, and representatives from other community systems in the Region.

Region 1’s purpose is to provide coordination, program planning, financial and contractual management, and evaluation of all mental health and substance services funded through a network of providers.

**Current Region 1 Provider Network**

Region 1 is responsible for the development and management of a provider network that serves the behavioral health needs of the Panhandle of Nebraska. Currently, Region 1 has twelve providers in its network who have met the state’s minimum standards required to be a member of the network and have contracts with the Region to deliver a variety of behavioral health services.



### **Population Served**

Region 1, as payer of last resort, primarily serves financially eligible adults and youth with or at risk of serious mental illness and/or substance use disorder.

Region 1's geographical area includes Sheridan, Dawes, Sioux, Box Butte, Morrill, Scottsbluff, Banner, Cheyenne, Deuel, Garden, and Kimball counties in the Panhandle of Nebraska.

## **SECTION II - REQUEST FOR PROPOSALS**

### **Purpose**

It is the intent of this Request for Proposal (RFP) to ensure that consumers receive access to high quality behavioral health services regardless of the payer source. Region 1 is seeking a qualified provider(s) who is interested in developing and providing Emergency Psychiatric Observation primarily in Sioux, Dawes, and Sheridan counties and surrounding areas in the Region 1 geographical area with an emphasis on a Recovery-Oriented System of Care, Trauma Informed Care (TIC) and using an Evidence Based Practice (EBP) methodology. The RFP process is designed to be a competitive selection process, where cost is not required to be the sole determining factor. The following is the program/service eligible for funding:

#### **❖ SERVICE #1**

- Emergency Psychiatric Observation – adult population – see attachment D for complete service definition, service expectations, and desired outcomes.
- **GEOGRAPHICAL AREA**
- Services shall be offered primarily in Sheridan, Sioux, and Dawes county.
- **POPULATION** - Applicants should be able to deliver selected behavioral health services to eligible individuals in the priority target population defined:

## **SECTION III - ELIGIBILITY CRITERIA**

The applicant:

May be a state, county, or community-based public, private not-for-profit, private for-profit agency, faith-based organization, or individual.

Must be a legal entity already established and functioning with paid personnel and demonstrable experience in working with the identified target population as regulated by according to 206 Nebraska Administrative Code (NAC), evidenced by the following:

- Currently a member in the Region 1 Provider Network or, for new applicants, demonstrate how they meet all the requirements outlined in the Minimum Standards (Appendix 15) for Enrollment in Region 1's Behavioral Health Provider Network to become a member of the Region 1 Provider Network;

- In operation and in good standing (based on a current independent audit) for at least 12 months;
- Have approval as a Medicaid provider and participating with the Heritage Health organization; for services reimbursable by Medicaid.
- Provide services in accordance with state regulations (i.e., comply with procedures as outlined in state regulations 206 NAC and/or qualify to receive appropriate Alternative Compliance Waiver as stated in 206 NAC 3.)
- Provide services in accordance with licensure regulations as required by the DHHS Division of Public Health.
- Must meet minimum standards for contract provisions in regard to required education or apply for and receive a Waiver of Contract Provisions from the Nebraska Behavioral Health Services (NBHS).
- Provide programs/services within the Region 1's geographical area which is the eleven counties of the Nebraska Panhandle. The physical location of the building must be within Region 1's geographical area.

#### **SECTION IV – FUNDING CRITERIA**

The RGB will conduct a fair and comprehensive evaluation of all proposals in accordance with the criteria set forth below.

Applicants must comply with all instructions and conditions and meet all the requirements included in this document to be eligible for funding. Proposals that do not conform to the items provided in this document will not be considered.

#### **SECTION V - USE OF FUNDS**

##### **Allocation of Funds**

Nebraska Behavioral Health Services are reimbursed in one of two ways:

**NON FEE FOR SERVICE (NFFS):** Services are reimbursed based on actual monthly expenditures up to the designated amount specified in the contract.



FEE FOR SERVICE (FFS): Services are reimbursed based on a unit of service up to the designated capacity specified in the contract

ENHANCED RATE: Additional reimbursement to an identified service that has an established Region or State rate (FFS). This rate will assist in promoting improved outcomes for consumer recovery in community based services. Furthermore, the enhanced rate funding is intended to provide distinctly defined additional intervention to consumers which minimize the use of higher levels of care. It is not intended to pay for additional or alternative personnel to perform any duty required by the base service definition. Not all services that have an established Region or State rate will have an enhanced rate.

Below are the budgeted amounts for each service listed in this RFP. This service will be paid on a fee for service reimbursement. Contracted providers will be reimbursed based on actual units provided. Service Development funding helps to support certain expenses of the program while capacity is built. Service Development funding for this service is included in the total allocation. Service Development must be used within the first three months of the service start date. Service start date is April 15, 2022.

*\*funding allocations are subject to change\**

***Emergency Psychiatric Observation***

<b>Service</b>	<b>Contract Amount</b>	<b>FFS/NFFS</b>
Emergency Psychiatric Observation	\$7,698.30	FFS
Service Development	\$25,000	NFFS

***Services are expected to start on or after September 1, 2022 through June 30, 2023.***

**The Region is to be the payer of last resort.** The Region will not reimburse: (1) for Medicaid eligible services provided to Medicaid consumers or, (2) for services covered under other health insurance benefits. For clients without other sources of payment, the providing agency must determine the client’s annual income and determine the client’s ability to pay from the attached Financial Eligibility Schedule (Appendix 3). Those qualifying clients must be registered on the Nebraska Department of Behavioral Health Centralized Data System (CDS) secure website.

Reimbursement of services will be paid by the 27<sup>th</sup> of the month following the month of service. For example, services delivered in July will be reimbursed by August 27<sup>th</sup>. The provider must report the services delivered on a Turn Around Document (TAD) obtained on the CDS’s secure web site or by any document required by Region 1 Behavioral Health Authority. This document must be completed with the actual services provided and submitted to the Region by the 6th of the following month, along with a Provider Reimbursement Form specific to the service or within the Electronic Billing System managed by the Division of Behavioral Health, (Appendix 4) that will be provided if funding is awarded. The Region will then submit that form to the State for reimbursement. The provider will be reimbursed as soon as the Region is reimbursed by the State.

Costs should be based on the anticipated start-up costs and on the number of months the applicant anticipates the programs/services will actually be provided during the current grant year.

The use of funds provided under Region 1's Network Provider Contract are limited to the employment of personnel, technical assistance, operation of programs, leasing, renting, maintenance of facilities, minor improvements, and for the initiation and continuation of programs and services.

An agency may be reimbursed on a Non-Fee-for-Service status during the period of start-up and move to a Fee-for-Service status in the next fiscal year. The decision to reimburse the agency on a NFFS or FFS will be made by Region 1 and will be finalized during the contract negotiation period.

Region 1 will not fund:

- Financial contribution to individuals
- Fund-raising events
- Lobbying
- Abortion
- Laboratory or clinical research
- Projects which do not serve the Region 1 geographical area
- Land purchases or improvements
- Building purchases or improvements
- Vehicle Purchase
- Major medical equipment purchases
- Cash payments to intended recipients of health service.

### **Non-Transfer of Funding Award**

The contract awarded to the successful applicant may not be transferred or assigned by the applicant/contractor to any other organization or individual.

### **Use of Subcontractors**

The applicant may be permitted to subcontract for the performance of certain required administrative or programmatic functions. Planned use of subcontractors must be clearly explained in the Program Narrative identifying the proposed subcontractors, describing the qualifications of the proposed subcontractors and the estimated dollar amount of each subcontract. Use of treatment subcontractors and the terms and conditions of the subcontract must be approved by Region 1 in advance of execution of any subcontract.

The successful applicant is fully responsible for all work performed by subcontractors. No subcontract into which the successful applicant enters with respect to performance under the contract will, in any way, relieve the successful applicant of any responsibility for performance of its duties.



## **SECTION VI - RFP CHANGES OR TERMINATIONS**

In the event that anticipated funds for the programs/services described in this RFP are not available to fulfill all the obligations outlined in this RFP or the RGB's plan, including service priorities, or is not approved by DHHS, Region 1 may add to, limit, reduce, or withdraw any and all of the services listed in this RFP.

## **SECTION VII - PROPOSAL PROCESS**

This RFP is designed to solicit proposals from qualified applicants who will be responsible for providing Emergency Community Support services at a competitive and reasonable cost. Proposals shall conform to all instructions, conditions, and requirements included in the Request for Proposal.

If the applicant's proposal is presented in such a fashion that makes evaluation difficult or overly time consuming, it is likely that points will be lost in the evaluation process. Elaborate and lengthy proposals are neither necessary nor desired.

Applicants may submit proposals requesting a portion of or the entire capacity of any service. The RGB retains the right to seek additional proposals, not allocate funding for that particular service, or provide the service directly.

Region 1 BHA may deliver services only after:

- A competitive bidding process has been completed and a determination has been made that bids received do not adequately address the requirements of the RFP;
- A determination by the RGB "that such services can be more reasonably and beneficially provided by the RGB"; and
- Approval by the Director of the Division of Behavioral Health.

### **Timeline for Request for Proposals**

1. Notice of Letter of Intent published to interested parties	July 1,2022
2. Letter of Intent due to Region 1 BHA	July 7, 2022
3. RFP sent to interested parties	July 11, 2022
4. Applicants submit full proposal to Region 1 BHA	July 29, 2022
5. Technical Review of proposals by review committee due	August 1-3, 2022
6. Regional Behavioral Health Advisory Committee review and recommendations	August 4, 2022
7. Review of recommendations by Division of Behavioral Health	August 1-3, 2022



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| 8. Regional Governing Board Determines Funding Allocations          | August 11, 2022    |
| 9. Contract developed between Region 1 and Provider between         | August 11-25, 2022 |
| 10. Funds available/Start Date for service development on or after  | September 1, 2022  |
| 12. Interested Parties oral interviews/presentations, if determined | TBD                |

**Communications about the RFP**

From the date the Request for Proposal is issued until the contract is awarded, contact regarding this Request for Proposal shall not be considered unless they are presented in writing or electronically to Lisa Simmons, Network Manager, at the Region 1 office. The Regional Governing Board shall not consider oral responses by staff as binding. Questions may be submitted in writing (Appendix 1) or by mailing them to Region 1 Behavioral Health Authority Attn: Lisa Simmons, Network Manager, at 4110 Ave D, Scottsbluff, NE 69361 or via email to [lsimmons@region1bhs.net](mailto:lsimmons@region1bhs.net). Questions with responses will be posted to the Region 1 Behavioral Health Authority’s website, [www.region1bhs.net](http://www.region1bhs.net), within 2 business days following the request.

**Letter of Intent**

Region 1 must receive a Letter of Intent by **July 7th, 2022** from applicants interested in completing a full proposal. Applicants must submit a Letter of Intent to be eligible for funding; however, submitting a Letter of Intent does not bind the organization to submit an application. If there are changes or important interpretations to be communicated to prospective applicants prior to the proposal due date, those will be communicated in writing to only those organizations which have submitted a Letter of Intent. Letters of Intent will also be accepted electronically by emailing them to **[lsimmons@region1bhs.net](mailto:lsimmons@region1bhs.net)**.

**Review for Technical Merit**

Prior to the evaluation of the proposals by the Review Committee, a specific review of each proposal for technical merit will be completed to determine if the submission has followed the basic standards for the bid. This review will consider the following:

- “Letter of Intent” was received by the deadline posted, at the location specified
- Proposal was received by the deadline posted, at the location specified
- “Executive Summary” Appendix 14 is present, not exceeding two pages, and addressing all elements of the proposal
- All sections required in the Program Narrative are addressed
- Program Narrative is within the 10-page limit

- ❑ The BH-5 form (Appendix 5) was completed and included in Excel format
- ❑ “Budget/Revenue Summary” (Appendix 6) was complete and calculations balanced
- ❑ Budget forms (BH 20b, BH 20c, BH 20d, BH 20e, BH 20f, and BH 20g) (Appendices 7 through 12) are complete and calculations balanced
- ❑ Budget Justification Narrative is included
- ❑ “Assurances” (Appendix 13) is present and signed by authorizing agent
- ❑ Compliance with “Minimum Standards” requirements have been included and is complete (for providers not currently in the Region 1 Network)

The Regional Governing Board retains the right to reject any and all proposals. The RGB shall provide written notice to the applicant whose proposal is rejected during this stage of review at the time of notification of funding allocation (May 13, 2021).

The RGB also reserves the right to void its intent to select and negotiate with an applicant if the applicant’s proposal is not approved by the Nebraska Health and Human Services System (DHHS).

### **Evaluation of Proposals**

Each proposal will be independently evaluated by members of the Region 1 Review Committee. This committee may include, but is not limited to, consumers, representatives from the Region 1 Behavioral Health Advisory Committee (RIBHAC), and Region 1 personnel. Review Committee names and any working documents, including applicants’ proposal scores, will not become public information nor will be released to individual applicants. Recommendations from the Region 1 Review Committee will be forwarded to the Region 1 Behavioral Health Advisory Board on August 4, 2022 and to the RGB for final determination on August 11, 2022. Applicants may be invited to appear before the RGB and/or Review Committee to respond to questions regarding their proposal(s).

### **Oral Interviews and/or Presentations**

The Review Committee may conclude, after the completion of the evaluation process, that oral interviews and/or presentations are required in order to make final determinations.

**PRESENTATIONS** – The presentation process will allow the applicant the opportunity to demonstrate, at a minimum, its understanding of the requirements of the proposal, its authority and reporting relationships within its organization, and its management style and philosophy.

**INTERVIEWS** – The RGB / Review Committee may request that the applicant participate in a structured interview to provide clarifying information.





**NOTE:** Only representatives of the RGB, Review Committee, designated Region 1 personnel, and the presenting contractor will be permitted to attend the oral interviews and/or presentations.

Once the oral interviews and/or presentations have been completed, the RGB reserves the right to make a final determination without any further discussion with the applicant regarding the proposal received.

Any cost incidental to the oral interviews and/or presentations shall be borne entirely by the applicant and will not be compensated by the RGB.

### **Announcement of Funding Allocations**

Applicants will be notified by mail of the final funding decisions with notification also posted on the Region 1 Behavioral Health website and Facebook page. All decisions regarding funding allocations will be made on August 11, 2022 by the Regional Governing Board unless either the Review Committee or the RGB determines that oral reviews and/or presentations are necessary.

### **Withdrawal of Application**

The applicant may withdraw its proposal, with written notification, at any time in the process. In such an instance, a written letter of withdrawal with an original signature by an authorized officer/executive must be received by Lisa Simmons, Network Manager, at Region 1 Office, 4110 Ave D, Scottsbluff, NE 69361 electronically to [lsimmons@region1bhs.net](mailto:lsimmons@region1bhs.net). Region 1 will not accept as final, a verbal communication or a faxed letter of withdrawal.

### **Indemnification**

The applicant shall assume all risk of loss in the performance of the contract and shall indemnify and hold harmless Region 1, its Governing Board, Advisory Committee members, and employees from all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments and all expenses incident thereto, for injuries to persons and for loss of, damage to, or destruction of property arising out of or in connection with the contract and the performance of the contract, and proximately caused by the negligent or intentional acts or omissions of the applicant, its officers, employees or agents; for any losses caused by failure of the applicant to comply with the terms and conditions of the contract; and for any losses caused by other parties which have entered into agreements with the applicant in connection with the performance of the contract.

### **Terms and Conditions**

Terms and conditions of the contract resulting from this RFP can be referred to in Attachment B of this RFP. Attachments that are identified in the sample contract are available upon electronic request. Requests can be made to [lsimmons@region1bhs.net](mailto:lsimmons@region1bhs.net).



### **Appeal Process**

The applicant has the right to appeal the decision of this RFP. The applicant must formally write a request for appeal letter to Region 1 Behavioral Health Authority within 14 calendar days of the decision. The letter must include why she/he feels the decision is incorrect. Upon receiving the request for appeal Region 1 Behavioral Health Authority will schedule a conference between the applicant and the appropriate Region 1 staff, which will be held at the soonest possible mutually convenient time for all necessary participants. The meeting may be held in person, by video conference, or by telephone. Region 1's Regional Governing Board serves as the decision maker for the appeals process, who will issue a written decision within 14 calendar days following the appeals conference.

### **Notice of Award**

Upon notice of award to the successful bidder, proposals for this RFP will be open for public inspection. To request an inspection of this proposal contact:

Region 1 Behavioral Health Authority  
Lisa Simmons, Network Manager  
4110 Ave D  
Scottsbluff, NE 69361  
(308) 635-3173  
lsimmons@region1bhs.net

## **SECTION VIII - GENERAL INSTRUCTIONS ON SUBMISSION OF PROPOSALS**

All instructions, conditions, and requirements included in this document are considered mandatory unless otherwise stated. Proposals that do not conform to the items provided in this document will not be considered.

All applicants must adhere to the following guidelines for submission of proposals:

1. The closing date for receipt of proposals is July 29, 2022 at 5:00 p.m.
2. All proposals must be received by the Region 1 Behavioral Health Authority Network Manager or designee by 5:00 p.m. on July 29, 2022. Proposals must be sent electronically in .pdf format, **EXCEPT for the BH5 and BH20** attachments. These attachments must be received in Excel format.

**Proposals may be mailed, delivered in person, or emailed to:**

**Lisa Simmons  
Region 1 Network Manager  
Region 1 Behavioral Health Authority  
4110 Ave D  
Scottsbluff, NE 69361  
lsimmons@region1bhs.net**

- FAX copies will not be accepted as having met the deadline.
  - No requests for extensions of the due date will be approved.
  - The RGB accepts no responsibility for mislabeled/missent mail.
  - Proposals received late will not be accepted.
3. Proposals must be typed in 12-point font and numbered consecutively starting with the cover page through the last document, including required appendices and attachments. **(NOTE: The “Minimum Standards” section should be numbered separately.)**
  4. Do not add unsolicited attachments to your proposal.
  5. All information must be provided on the Region 1 forms (the appendices in this RFP).

## **SECTION IX – PROPOSAL FORMAT**

Proposals must be organized in the following sections in the following order:

1. **Cover Page**  
Submit a cover page with the signature of the Chief Executive Officer, Board Chairperson, or other individual with the authority to commit the applicant to a contract for the proposed service category.
2. **Executive Summary**  
Complete the “Executive Summary” according to Appendix 14. The applicant must be able to administer, manage and provide the service as identified for those eligible for this service. It must manage and account for funding and other requirements of Region 1 or DHHS. At a minimum, the applicant must be able to identify, track and report allowable and non-allowable expenses and utilization for required state and federal reporting and implement quality improvement and quality management mechanisms that ensure the delivery of a cost effective quality service for eligible consumers. The organization must be able to meet all the administrative requirements related to appropriate licensure, solvency, reporting and compliance with applicable state and federal laws and regulations.

Executive Summary must include;

- A. Name and address of the applicant organization, service area and service.
- B. Names and titles of applicant’s corporate CEO, CFO, CIO and Director. Provide the names titles, job descriptions, qualifications/credentials and full time employee (FTE) requirements of key personnel for the contract.
- C. Description of target populations and the service to be provided.

- D. Description of applicant's current capacity in the provision of service applied for in this RFP; i.e. service type, number served annually, and utilization revenue source(s).
- E. Description of why the applicant believes that their organization, from the professional and technical perspective, is the best fit.
- F. Description of the distinctive features that should be known about the applicant's services and organization, as well as an overview of the applicant's proposal.

### **3. Program Development Plan**

#### **A. Program Narrative**

The Program Narrative is a written plan that describes, in detail, the program service to be funded. The narrative should include a response to the following requirements as they relate to the Program/Service Specifications. Using a 12 point font, the Program Narrative should not exceed ten (10) typed pages. The Program Narrative shall cover the following points in a clear and concise manner, prepared in the following order using headings as listed below:

- 1) **Organizational Capability:** Describe the organization's capability to provide the program/service, including:
  - Organizational history
  - Address of the provider and geographic location to be served
  - Explanation of why provider is capable of providing the program/service
  - Ability to collect demographic information
  - Cultural/gender competency
  - Identify the specific amount of time (up to a maximum of 12 months) needed to develop the program/service and the dates the program/service will begin.
- 2) **Purpose:** Explain the purpose of the program/service in terms of the result expected to meet the needs of the consumers.
- 3) **Target Population and Geographic Area:** Describe the target population and geographical area to be served, including:
  - Specific details about gender, age, ethnicity
  - Mental illness(es) and/or substance use needs
  - Other relevant information about the persons to be served in this program/service
  - Specify whether applicant will serve the entire Region 1 area, or sections as identified in the Program/Service Specifications

- 4) **General Overview:** Provide a general overview of how the program/service will be organized.
- Include information about how the applicant's resources (facility space, personnel (current/new), equipment, other) and administrative structure are coordinated and directed to meet the needs of the consumers through the proposed program/service.
- 5) **Goals:** List and explain the goals of the program/service and process and outcome indicators that are measurable.

Goals must:

- Directly relate to the program/service purpose
- Deal specifically with issues related to program/service delivered
- Address expected short- and long-term benefits

Process indicators must:

- Measure the quality of program/service delivery
- Focus on the efforts expended rather than the results achieved
- Include measures of what service was delivered, to whom, by whom, for how long and how often
- Ensure that the program/service will be implemented as intended

Outcome indicators must:

- Measure the results achieved or the effectiveness of the program as related to the consumer and consistent with the program goals
- Account for program effectiveness
- Identify what consumers are expected to achieve as a result of the service provided by the program/service
- Be expressed in terms of behavior, condition, or thing that is attainable by an individual client who is served by the program/service being evaluated

6) **Admission Criteria:**

- Thoroughly describe procedures for consumers to access the program/service
- Describe how the program/service specifications criteria will be used in this program/service to determine client appropriateness for admission

7) **Assessment process:**

- Describe the assessment procedures which will be used in the program/service
- Include an explanation of what information will be gathered for each consumer and how consumers in this program/service will be screened for other problems (i.e., substance use problems if developing a mental health program, or mental illness if developing a substance use program.) If more detailed procedures need to be developed, include this in the Program Development/Implementation Timeline Plan

**8) Specific Services:**

- List and include complete explanations of the specific services to be provided directly to the consumer
- Describe how individual treatment or rehabilitation planning will be done with the consumer and what is included in this individual plan
- Describe what is involved in the services to be provided within this program
- Describe how the services will be coordinated with other programs
- Describe the provisions for periodic reassessment and individual plan revision
- Describe discharge planning procedures, criteria, and follow-up
- Describe the projected average length of stay in the program for the consumer to successfully reach the desired results as specified in the goals
- Describe how the program activities are designed for and appropriate to the developmental stage of the consumers to be served

**9) Consumer Involvement:**

A recovery- oriented system of care (ROSC) supports positive and meaningful involvement of persons served and their family members in all aspects of the service delivery. This includes rights at the individual consumer level, as well as, meaningful involvement at the organizational and system level. Describe the procedures for direct consumer involvement in the program/service, including:

- Applicant's experience and history of positive program involvement by consumers and family members in the following areas; program planning, training and staffing, informed consent, program evaluation/quality improvement and peer-to-peer services.
- The consumer's involvement in the development of the applicant's response to this RFP.

- The applicant's commitment and activities to maximize positive and meaningful involvement by persons served and their families in the design, development implementation operation and evaluation of services proposed in the applicant's response to this RFP.
- The applicant's inclusion of consumers on coalitions, boards, advisory committees, etc.
- How consumers are informed about what they might expect and possible outcomes of the service available to them.
- How consumers are invited to report their level of satisfaction with care on a regular basis.
- How consumers will participate in treatment planning.

#### **10) Recovery Model:**

DHHS and Region 1 are committed to ensuring a Recovery-Oriented System of Care (ROSC) that adheres to recovery-based principles and is responsive to the needs of individual consumers and families seeking services. A ROSC integrates the language, culture and essence of recovery into its organization. ROSC supports person-centered and self-directed approaches to care that build on the strengths of the individual. Services help consumers stabilize and sustain recovery. Applicant's services must be based on the values and principles of a recovery model and trauma informed care. Describe procedures and processes based on ROSC and trauma informed care.

- Describe how the organization incorporates the principles and elements of a ROSC into their organizational culture and in the service applied for in this RFP.
- Describe the organization's recovery measurement tool(s) it proposes to utilize by service type. Describe what the tool(s) measures and the frequency of data collection.
- Describe the organization's approach to ensuring integrated treatment for co-occurring disorders (mental health and substance use)

#### **11) Trauma Informed Care (TIC):**

A trauma informed system which accommodates the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid re-traumatization and will facilitate consumer participation in the treatment. It also requires, to the extent possible, close collaborative relationships with other public sector service systems serving the consumer.

- Describe how the organization incorporates the principles and elements of TIC into their organizational culture and in the service applied for in this RFP.
- Describe how the organization demonstrates a commitment to trauma informed care.
- Describe the trauma specific services to be offered by the organization.
- Describe the organization's approach to ensuring the delivery of services to ensure that trauma survivors are not traumatized.

### **12) Evidenced-based Practice/Outcomes:**

DHHS and Region 1 are committed to increasing the application of evidenced-based practice(s) in Nebraska. Evidence – based practice (EBP), generally refers to approaches to prevention and treatment that are validated by documented scientific based evidence. EBP stands in contrast to approaches that are based on tradition, convention, belief or anecdotal evidence. Providers will be expected to identify and implement EBP, ensure fidelity to EBP and measure outcomes.

- Describe/identify the EBP to be implemented to support Substance Use Disorder Community Service.
- Describe how the evidence indicates this EBP is effective with the target population.
- Describe the outcomes to be achieved and how the EBP selected will aid in achieving those outcomes.
- Describe how fidelity to the EBP will be guaranteed.
- Describe the data elements and frequency of data collection to measure the identified outcomes, and evaluate and ensure fidelity to the EBP; including how the information will be utilized and communicated to the Region and consumer.

### **13) Capacity:**

Discuss the capacity anticipated for the program/service, including:

- Program capacity – the total number of individual consumers considered “active” in the program at any given time
- Daily census – the number of individual consumers who can be served on a single business day



- 12-month period – estimate the total number of consumers served during a normal 12-month period

#### **14) Service Staffing:**

Applicants must demonstrate evidence of a fully staffed, professionally qualified organization capable of providing the identified service or plans to achieve qualifications. Discuss program/service staffing proposed, including:

- An explanation of the qualifications and supervision of the positions that will provide any services (direct and indirect) in the program.
- Any use of subcontractors to fulfill staffing requirements

#### **15) Quality Assurance:**

DHHS and Region 1 are committed to the delivery of quality care in all of its activities to maximize the benefits of services and minimize the risk to consumers. The applicant will be expected to demonstrate a quality improvement culture that fosters and supports learning, change, identification of quality problems quickly and resolving them promptly, challenging sacred principles and implementing new ideas. Applicant must know and be able to articulate how it is performing and the outcomes it is achieving compared to the goals it has set for itself, taking into account the person served, Region 1, DHHS and other stakeholders. Applicant will be expected to have a clearly defined Quality Improvement (QI) program that provides meaningful involvement of personnel, persons

served and other stakeholders and use quality measures such as consumer and provider surveys, National Outcomes Measurements (NOMs), etc. as a means to evaluate quality assurance and provide opportunities for quality improvement. Applicant is expected to implement performance measures and consumer measures that satisfy different audiences and purposes. A detailed QI/management plan showing the processes, indicators and steps taken to track and improve quality will be required of the successful applicant.

Quality Assurance/QI plan must include;

- A. A description of the applicant's approach and implementation of a QI program which shall include the use of individual outcomes, consumer/stakeholder satisfaction, grievances and complaints.
- B. A sample of proposed performance measures by service type.

- C. A description how the quality improvement plans includes the use of evidenced-based practice(s) and recovery outcomes.
- D. A Description of the role of consumers in the evaluation of service.
- E. A Description of the current data collection, analysis and reporting system, including types of data collected, source, management, analysis and reporting. This includes tracking of service utilization, quality of care, access to services, costs and outcomes.
- F. A Description of how information related to the process and outcomes will be routinely communicated to consumers, Region 1, staff and governing body of the organization.

**16) Facility/Accessibility:**

Services will be provided according to the service definition and accessible to all persons served. Identify the specific facility needs of the program/service and explain how this program/service will meet those needs, including:

- How the applicant will secure adequate square footage
- Any required renovations
- An explanation of the relationship of this program within the operation of the applicant organization

**B. Development/ Implementation Timeline Plan (Appendix 5, “Form BH-5”)**

Several copies of the Appendix 5 form may be required to identify the goals and objectives necessary to develop and implement the service capacity, as one Appendix 5 should be completed for each goal as per instructions noted on the Appendix 5. Goals should address the following:

- Development process/implementation schedule: Explain in detail a clear step-by-step plan of how the program/service will be developed over a given period of time
- How the applicant organization will complete a formal evaluation of the program/service, including steps in the process, and services provided.
- Reasonable and necessary goals and objectives needed to develop and implement a service capacity. Activities stated should be comprehensive, can be accomplished, and have clearly identified time frames, staff responsibility assigned, and outcome indicators

If start-up time is required, capacity development goals should include, at a minimum, how the applicant will do the following:

- Develop administrative structures and personnel for service
- Develop facility for providing service, if needed
- Develop program plan, program operating policies and procedures, operation plan, authorization/referral system for service
- Develop reporting, financing, and quality assurance systems
- Develop an infectious disease policy and disaster plan
- Indicate when consumers will be served

**C. Budget:** Budgets should be submitted consistent with established rates and service definitions.

1. “Budget Summary” (See Appendix 6)

- Column 1 – Include total agency indirect administration (revenue and expenses). The net amount (expenses minus revenue) is allocated to each service on the Indirect Admin. Line. Indirect Administration staff examples include: secretarial, financial, executive director, or other personnel not directly supervising or providing the service.
- Column 2 – This column is the budget for this proposal.
- Column 3 – This column includes all programs in your organization that currently receive Region 1 funds.
- Column 4 – This column includes all other programs in your organization that are not included in column 2 and 3.
- Column 5 – This column is the total organization budget.
- Revenue Row – Indicate the amounts received from each of the revenue sources that apply.
- Expenses Row – Indicate the amounts to be used for each of the expense categories. These amounts should be the same as those listed on the BH-20 b-h, Appendices 6-12, respectively.
- Agency Unit Capacity Row – This should reflect the agency’s total capacity. Please note this is not the capacity purchased by Region 1.
- Cost/Unit Row – This is the total expenses divided by the total capacity.

2) Itemized Budget BH 20 b-h (Appendices 6 – 12). The following outlines categories to use within each appendix.

**Personnel (Appendix 7)**

- Direct personnel (includes all FTEs directly related to the provision of services, including direct supervision)
- Permanent salaries/wages
- Temporary salaries/wages
- Overtime pay

- Compensatory time paid
- Vacation leave expense
- Sick leave expense
- Holiday leave expense
- Military leave expense
- Civil leave expense
- Injury leave expense
- Administrative leave expense
- Retirement plans expense
- Social Security benefits expense
- Life/accident insurance
- Health insurance
- Unemployment comp insurance
- EAP
- Management salaries/wages/fringe
- Accounting support
- Personnel human resources support
- Clerical support
- Operations personnel support

#### **Operations (Appendix 8)**

- Postage
- Communication (i.e. phone/voice mail)
- Data processing/computer hardware/software
- Publications/newsletters/printing
- Training booklets, pamphlets, curriculum, videos, etc.
- Copying
- Dues/subscriptions
- Conference/professional development
- Job applicant expense
- Utilities (i.e. electric/water/gas)
- Rental expenses (i.e. building/equipment/vehicle)
- Office supplies
- Office equipment
- Workshops/retreats/trainings/classes
- Program marketing advertising
- Equipment supplies
- Legal services expenses
- Education services
- Accounting/auditing expenses
- Janitorial/security expenses
- Board meeting support
- Other operating expenses
- Building/auto insurance

- Professional liability insurance
- Directors and officer's insurance

**Travel (Appendix 9)**

- Board and lodging
- Meals – one-day travel
- Commercial transportation
- Personal vehicle mileage
- Miscellaneous travel expenses

**Capital Outlays (Appendix 10)**

- Improvements to buildings
- Improvements to land
- Office equipment
- Equipment on purchase agreements
- Medical equipment
- Hardware-data processing
- Software-data processing
- Communications equipment
- Household/institution equipment
- Photo/media equipment
- Other property/equipment

**Other Expenses (Appendix 11)**

- Consultants
- Contracts for other services (i.e. accounting/auditing services)
- Indirect personnel costs
- Other

**Indirect Administration (Appendix 12)**

- Administrative overhead that is not associated with direct client care

3. Budget Justification Narrative – The narrative must explain in detail why the costs listed on the budget itemization forms are necessary and how those costs, including indirect costs were calculated. Please explain each area in a separate narrative.

The following items should be addressed separately in the narrative.

- Specific start-up (one-time) costs

- Ongoing staffing needs by position, number of full-time equivalents (FTEs), and their respective salary and fringe costs separately
- Explanation of how ongoing operational, travel, capital outlay, personnel, professional fees, and consultant needs and costs were determined
- Description of the organization’s facility and space requirements and explain why the amount is needed
- Include a description of other sources of funding currently committed to the program/service and other sources being pursued and how they are to be utilized in addition to the state and/or federal funds.

#### **4. Financial Audit**

Agencies funded under \$75,000 providing any type of Behavior Health services funded through a contract with the Region may comply with one of the following and submit it with the proposal:

- a) An Annual audit by a CPA firm; or
- b) Quarterly management financial statements including a detailed annual financial statement providing a review of receipts and disbursements including a use of funds statement and a statement of fund balances for all fund sources.

#### **5. Assurances**

Applicants must agree to all conditions of Appendix 13, “Assurances,” which must be signed by a duly authorized representative of the applicant and submitted as a part of the proposal.

## **SECTION X – MINIMUM STANDARDS FOR ENROLLMENT IN REGION 1 BEHAVIORAL HEALTH PROVIDER NETWORK**

Any applicant, not a current member of Region 1 Behavioral Health Provider Network, shall meet the requirements for the Minimum Standards for Enrollment in Region 1 Behavioral Health Provider Network (See Minimum Standards for Enrollment in Region 1 Behavioral Health Provider Network, Appendix 15).

The Enrollment Plan is a separate document that must be submitted at the same time as the proposal(s). One copy of the Enrollment Plan (“Enrollment Plan Checklist”, copies of actual documents, and the “Enrollment Plan Narrative(s)”) is required and shall be numbered consecutively, and stabled or bound.

## **SECTION XI – RFP EVALUATION**

### **Selection Process**

The RGB shall conduct a fair and comprehensive evaluation of all applications received in accordance with criteria set forth below.

All proposals will be scored as part of the evaluation process. Each proposal will initially be reviewed to ensure it meets the basic standards for the bid as outlined in Section VII, PROPOSAL PROCESS.

Proposals that meet all the requirements of this initial review will be forwarded to the Review Committee for an evaluation of the proposal.

### **Evaluation and Scoring**

The following identifies point values for each section of the proposal’s Capacity Development Plan and outlines specifically the questions that each reviewer will be asking of the proposal:

#### **A. PROGRAM NARRATIVE (50 POINTS, POINT DETERMINATION LISTED BELOW)**

- Is the applicant’s purpose for the program/service clearly stated? (2.5 POINTS)
- Is the applicant’s proposed program/service well organized? (2.5 POINTS)
- Are the Applicant’s goals clearly stated and appropriate? (4 POINTS)
- Are the applicant’s process and outcome objectives measurable? (4 POINTS)
- Are the applicant’s goals and objectives consistent with the stated objectives described in the program/service specifications? (2.5 POINTS)
- Are the admission criteria consistent with the program/service specifications? (2.5 POINTS)
- Is applicant’s assessment process appropriate for the target population? (4 POINTS)
- Are the applicant’s specific services to the consumer clearly identified and consistent with the program/service specifications? (4 POINTS)
- Does the applicant’s proposed program/service involve an appropriate amount of direct consumer involvement? (2.5 POINTS)
- Does the applicant’s proposed service/program have adequately trained and experienced staff? (4 POINTS)
- Does the applicant’s proposed program/service have an effective quality assurance plan? (2.5 POINTS)

- ❑ Does the applicant’s proposal show a plan for coordination of services with other Region 1 Behavioral Health providers? (4 POINTS)
- ❑ Does the applicant’s proposal include Recovery –Oriented System of Care (ROSC) focus? (4 POINTS)
- ❑ Does the applicant’s proposal include a focus on Trauma Informed Care (TIC)? (4 POINTS)
- ❑ Does the applicant’s proposal identify the use of an EBP to include evaluation and outcomes? (3 POINTS)

**B. DEVELOPMENT/IMPLEMENTATION TIME LINE PLAN (25 POINTS, 5 POINTS EACH)**

- ❑ Are the applicant’s BH-5s attached?
- ❑ Has the applicant provided a “workable” development process/implementation schedule?
- ❑ Has the applicant formally stated the steps in its evaluation process?
- ❑ Are the applicant’s goals and objectives reasonable and necessary?
- ❑ Is the time frame for the development and delivery of services acceptable?

**C. BUDGET AND BUDGET JUSTIFICATION NARRATIVE (25 POINTS, 5 POINTS EACH)**

- ❑ Is the applicant’s itemized budget appropriate for the program/services proposed?
- ❑ Has the applicant produced a complete itemized budget?
- ❑ Has the applicant adequately justified the expenses listed in the budget?
- ❑ Has the applicant clearly provided time frames for becoming operational to serve new consumers?
- ❑ Does the organization’s independent audit demonstrate fiscal stability sufficient to ensure consistent operation of this program/service?