

Request for Proposals for Peer Specialists

Issued December 28, 2011

SECTION I – INTRODUCTION

Region 6 Behavioral Healthcare

Region 6 Behavioral Healthcare, a political subdivision of the State of Nebraska, has the statutory responsibility for organizing and supervising comprehensive mental health and substance abuse services in the Region 6 service area which includes Cass, Dodge, Douglas, Sarpy and Washington counties in eastern Nebraska.

Region 6, one of six mental health regions in Nebraska, along with the state's regional centers, make up the state's public mental health and substance abuse system, also known as the Nebraska Behavioral Health System (NBHS). Region 6 is governed by a board of county commissioners, who are elected officials from each of the counties represented in the Regional geographic area. The Regional Governing Board (RGB) is under contract with the Nebraska Department of Health and Human Services System (DHHS), the designed authority for administration of mental health and substance abuse 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 Board regarding the provision of coordinated and comprehensive behavioral health services within the Region to best meet the needs of the general public. In Region 6, the Behavioral Health Advisory Committee (BHAC) is comprised of 12 members including consumers, concerned citizens, and representatives from other community systems in the Region.

The purpose of Region 6 Behavioral Healthcare is to provide coordination, program planning, financial and contract management and evaluation of mental health and substance abuse services funded through a network of providers.

Current Region 6 Behavioral Healthcare Provider Network

Region 6 is responsible for the development and management of a provider network that serves the behavioral health needs of eastern Nebraska. Currently, Region 6 has 16 providers in its network to deliver a variety of behavioral health services.

Population Served

Region 6 Behavioral Health Services, as a payer of last resort, primarily serves financially eligible adults and youth with or at-risk of serious mental illness, substance abuse and/or substance dependence.

Region 6's geographical area includes Cass, Dodge, Douglas, Sarpy and Washington Counties in eastern Nebraska.

Brief Statement

Each individual and family has dignity and worth, is resilient, and can contribute to their community. Individuals and families should be afforded the opportunity for self-determination and choice; have their legal and human rights protected, and live in their community of choice.

SECTION II – REQUEST FOR PROPOSALS

Purpose/Summary of Service Requested

Region 6 Behavioral Healthcare seeks to enter into a contractual agreement with one or more qualified, interested, provider(s) for peer support services. Region 6 Behavioral Healthcare has a total of \$220,000 in our behavioral health system to expand peer support services in our behavioral health network.

Since we are looking to add more peer support positions within our behavioral health system, we are looking for applications that will add new positions. We are not looking to fund existing positions.

Region 6 Behavioral Healthcare is issuing this RFP to create 4 new FTE or 8 new part-time or a combination of the two) peer support specialist positions. These positions are designed to be filled by a person who is willing to self-disclose that they are a consumer. For the purpose of this project, we are defining a consumer as ‘a former or current recipient of behavioral health services which have led toward recovery from mental illness, substance abuse and/or problem gambling.’

While we are looking for innovative ways to position a peer support specialist within your agency, there are some parameters for the positions. Priority will be given to an agency that develops a management position for the peer support specialist. The peer support specialist must:

- be willing to self-disclose that they are a consumer
- have experience in developing and using WRAP plans
- be an advocate for self and others
- be certified as a Peer Support and Wellness Specialist in Nebraska or obtain such certification within 12 months of hire
- have positions where the consumer’s lived experiences are carried into their work
- be in a position where they can teach and model self-help and coping skills
- be able to assist consumers in accessing community resources
- help others through their experiences by offering support, encouragement and motivation to identify self-recovery goals and achieve them

What a peer specialist is not:

- a position that is used for jobs unrelated to their experiences of being a consumer (i.e. van driver, junior clinician, mowing lawns, med. tech, etc.)

It will be necessary for an agency to lay out what the peer support specialist would be doing differently from what their current staff is doing. This is especially important for any service that is covered by Medicaid reimbursement. The peer support position can not do functions that are expected to be covered under the Medicaid rate for a Medicaid reimbursed service.

At this time, peer support specialists are not a Medicaid reimbursed service in Nebraska. This service is considered a non fee for service (NFFS) and will be paid on an expense reimbursement.

SECTION III – ELIGIBILITY CRITERIA

The applicant:

May be a state, county, or community-based agency.

Must be a legal entity already established and functioning with paid personnel and demonstrable experience in working with the identified target population as evidenced by the following:

- Experience working with the populations described in this RFP.
- Experience working collaboratively with community agencies, hospitals, and other key stakeholders.
- Demonstrate a sound financial position based on audited financial statements from the past two years.
- Be able to provide programs/services within the Region's geographical area.

SECTION IV – FUNDING CRITERIA

The Regional Governing Board (RGB) will conduct a fair and comprehensive evaluation of all proposals in accordance with the criteria set forth in this document.

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.

Funds available through this RFP will not fund:

- Financial contributions to individuals
- Fund-raising events
- Lobbying
- Abortion
- Laboratory or clinical research
- Projects which do not serve the Region 6 geographical area

Non-Transfer of Funding Award

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

SECTION V – RFP CHANGES OR TERMINATIONS

In the event that anticipated funds for the programs/services described in this RFP are not available or are not approved by DHHS, Region 6 Behavioral Healthcare may add to, limit, reduce, or withdraw any part(s) in this RFP.

We will post any additional information that we feel may be helpful to the applicant on the Region 6 website, which is regionsix.com. **It will be the responsibility of the applicant to check the website to obtain additional information. Information may be added at any time up to the due date.**

The RGB retains the right to seek additional proposals or not allocate funding for that particular service.

SECTION VI – APPLICATION PROCESS

This RFP is designed to solicit proposals from qualified applicants who will be responsible for providing peer support services.

Schedule of Events

Release of RFP	December 28, 2011
Proposals Due to Region 6 by 5:00 pm.	January 19, 2012
RFP Review Committee Meets and Oral Interviews Conducted (if applicable)	January 23 – 30, 2012
Review and Recommendations of Proposals By Behavioral Health Advisory Committee	February 1, 2012
Approval of Selected Proposals by Region 6 Governing Board	February 15, 2012
Written Allocation Announcements of Funding Disseminated by Region 6 and Contract Negotiations Begin	February 16, 2012

Limits on Communication

After the December 28, 2011 release of the RFP, no verbal statements made by individual members of the RGB, Region 6 Behavioral Healthcare personnel, or members of the Review Committee shall be binding by the RGB. Questions regarding this RFP must be presented in writing in order to be answered. Applicants may submit written questions to the Manager of Consumer Affairs at ktimmerman@regionsix.com. Questions and responses will be posted on the region 6 webpage at www.regionsix.com. It is the responsibility of the applicant to check for submissions throughout the RFP time period.

With the exception of written communication as outlined above, prospective applicants are prohibited from contacting Region 6 Behavioral Healthcare personnel, DHHS' personnel, BHAC members, or RGB members regarding this RFP solicitation during the period following the release of this RFP, during the proposal evaluation period, and until a determination is made and announced regarding the selection of a contractor(s).

Rejection of Proposals

Prior to the evaluation of the proposals by the Review Committee, a specific review of each proposal will be completed to determine if the submission has followed the basic standards for the bid. Reasons for rejection at this stage may include:

- Proposal was not received by the deadline posted or at the location specified.
- The proposal was not submitted on 8 ½" x 11" paper, was smaller than 10-point font, was not numbered consecutively, or not stapled or clipped in the upper left-hand corner.
- One original and 10 copies, in the format specified, were not received.
- The cover page was incomplete or the appropriate Region 6 form was not used.
- All sections required in the Program Narrative were not addressed.
- Program Narrative exceeded the 10-page limit.
- BH-5 form(s) was not included.
- Budget forms, BH-20 Summary, BH-20c, BH-20d, BH-20e, BH-20f, BH-20g were incomplete and/or calculations did not balance.
- Budget Justification Narrative was not included.
- A copy of the applicant's financial audit was not included. This applies to agencies that are not currently in the Region 6 network.
- "Assurances" were not present or were not signed by authorizing agent. This applies to agencies that are not currently in the Region 6 network.

The Region 6 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 any stage of the review at the time of notification of funding allocation (February 16, 2012).

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 DHHS.

Cost Liability

Region 6 Behavioral Healthcare assumes no responsibility or liability for costs by the Bidder, or any Bidder prior to the execution of an agreement between the organization and Region 6 Behavioral Healthcare.

Disclaimer

All the information contained within this RFP and its attachments reflect the best and most accurate information available to Region 6 Behavioral Healthcare at the time of the RFP preparation. No inaccuracies in such information shall constitute a basis for legal recovery of

damages, either real or punitive. If it becomes necessary to revise any part of this RFP, a supplement will be issued on the Region 6 webpage at regionsix.com.

Evaluation of Proposals

Each proposal will be independently evaluated by members of the Review Committee, established by the RGB. This committee may include, but is not limited to: consumers, representatives of the BHAC, the RGB, DHHS, and Region 6 Behavioral Health Services. Review Committee names and any working documents, including applicant's proposal scores, will not become public information nor will be released to individual applicants. Recommendations from the Review Committee will be forwarded to the RGB for final determination. Applicants may be invited to appear before the RGB and/or Review Committee to respond to questions regarding their proposal(s).

Additional Clarification/Questions by the Review Committee (if needed)

The Review Committee may have the need to communicate with an applicant during the evaluation phase of the RFP. If this communication is needed, a representative from the Review Committee will contact the applicant to obtain further clarification.

Once the clarification has been sought, the RGB reserves the right to make a final determination without any further discussion with the applicant regarding the proposal received.

Announcement of Funding Allocations

Applicants will be notified by mail of the final funding decisions. All decisions regarding funding allocations will be made on February 15, 2012 by the Regional Governing Board.

Withdrawal of Application

The applicant may withdraw its proposal, with written notification, at any time in the process. In such an instance, a typewritten letter of withdrawal with an original signature by an authorized officer/executive must be received at Region 6 Behavioral Healthcare, 3801 Harney Street, Omaha, NE 68131, Attention: Ken Timmerman, either by hand delivery or by certified mail. Region 6 Behavioral Healthcare will not accept 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 6 Behavioral Health Services, 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 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.

SECTION VII – 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. All proposals must be received in Region 6 Behavioral Healthcare office by 5:00 p.m. on Thursday, January 19, 2012.

Proposals must be sent or delivered in person to:

Region 6 Behavioral Healthcare
3801 Harney Street
Omaha, NE 68131
Attention: Ken Timmerman

- Applicants shall not be allowed to alter or amend their proposals.
 - FAX copies will not be accepted.
 - 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 and will be returned to the sender unopened.
2. Applicants must submit one (1) original and ten (10) copies of each proposal.
 3. Proposals must be typed in 10-point font or larger, submitted on standard 8 ½” by 11” paper, numbered consecutively on the bottom right-hand corner of each page, starting with the “Cover Page” through the last document, including required appendices and attachments. The budgets and the narratives are not included in the 10 page maximum.
 4. Originals and each copy must be stapled or clipped at the upper left-hand corner. Do not use covers or add unsolicited attachments to your proposal.
 5. All information should be provided on the actual Region 6 Behavioral Healthcare forms. If the forms must be retyped by the applicant, the form must look EXACTLY the same, including, but not limited to, headings, appendix number, required information categories, number of pages, and font size.

SECTION VIII – PROPOSAL FORMAT

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

1. **Cover Page (Attachment 1)**
Complete the entire “Cover Page” and obtain 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 program/service.

2. Capacity Development Plan

A. **Program Narrative**

The Program Narrative is a written plan that describes, in detail, the service to be funded. The narrative should include a response to the following requirements as they relate to the Service Specifications. Using a 10-point font or larger, 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 service, including:
 - Brief organizational history
 - Address of the provider and geographic location to be served
 - Explanation of current or previous experience in working with individuals who have a mental illness and/or substance abuse.
 - Ability to collect demographic information
 - Cultural/gender competency
 - Identify the specific amount of time needed to develop the service.
- 2) **Purpose:** Explain the purpose of the service in terms of the results expected to meet the needs of the consumers. Also explain how this service will be different from other staff positions. For services that receive reimbursement from Medicaid, it will be important to show how the duties/functions of the peer support specialist position are not part of the original service model.
- 3) **Need:** Describe how this service will help support the needs of consumers.
 - Thoroughly describe the need for the service using current, valid data to justify why this service should be developed at the agency applying. Include an explanation of why this need would logically lead to development of this service.
- 4) **Target Population and Geographic Area:** Describe the target population and geographic area to be served, including:
 - Relevant information about the persons to be served in this service.
- 5) **General Overview:** Provide a general overview of how the service will be organized. Include the number of hours per week the peer specialist will be working.

- 6) **Goals:** List and explain the goals of the service and process and outcome indicators that are measurable from a consumer's point of view. What will a consumer want to gain from this service?

Goals must:

- directly relate to the service purpose
- deal specifically with issues related to service delivered
- address expected short- and long-term benefits for consumers

Goals listed here should not include organizational management or service development goals. The goals discussed in this section are different than those identified on the BH-5.

Process indicators must:

- measure the quality of service delivery
- include measures of what service was delivered, to whom, by whom, for how long and how often
- ensure that the service will be implemented as intended

Outcome indicators must:

- measure the results achieved or the effectiveness of the service as related to the consumer and consistent with the service goals
- account for service effectiveness
- identify what consumers are expected to achieve as a result of the service provided
- be expressed in terms of behavior, condition, or things that are attainable by an individual consumer who is served by the service

- 7) **Capacity:** Discuss the capacity for the service. Estimate the number of consumers who can be served by the peer support specialist in a month.

- 8) **Specific Services:**

- List and include complete explanations of the specific services to be provided by the peer specialist directly to the consumer. Explain how the responsibilities of the peer support specialist will be documented.
- Describe how individual recovery or rehabilitation planning will be done with the consumer and what is included in this individual plan.

- Describe how the services will be coordinated with other programs.
 - Describe the provisions for assessment and periodic reassessment (if applicable to the role of the peer support specialist) and individual plan revision.
 - Describe discharge planning procedures, criteria, and follow-up (if applicable to the role of the peer support specialist).
 - Describe the projected average length of stay that a consumer would work with a peer support specialist for the consumer to successfully reach the desired results as specified in the goals.
- 9) **Facility Needs:** Describe the specific facility needs for this position and explain how the agency will meet those needs. Identify how the provider will secure adequate square footage. Include an explanation of the relationship of this program within the operation of the provider agency.
- 10) **Consumer Involvement:** Describe the procedures for direct consumer involvement in the service, including:
- how meaningful participation of consumers will be incorporated into the development, evaluation and ongoing modification of the service
- 11) **Staffing:**
- An explanation of the supervision of the position.
- 12) **Quality Assurance:** Describe the quality assurance plan which will be used for this service and directed at desired outcomes for the consumer, including:
- How information and data will be gathered to evaluate the service, how it will be used, and who will be involved in making this happen
 - What quality indicators will be used, how it will be used, and who will be involved in making this happen
 - Details of the quality improvement functions the agency plans to use in this service
- B. **Program Development and Implementation Schedule, BH-5 (Attachment 2)**
Several copies of the BH-5 form may be required to identify the goals and objectives necessary to develop and implement the service. Complete a separate BH-5 for each goal.
- Development process/implementation schedule: Explain in detail a clear step-by-step plan of how the service will be developed over a given period of time. List reasonable and necessary goals and objectives needed to develop and implement the service capacity. Activities stated should be

comprehensive, can be accomplished, and have clearly identified time frames, staff responsibility assigned, and outcome indicators.

- Explain how the applicant organization will complete a formal evaluation of the service, including steps in the process, and services provided.

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, and authorization/referral system for service
- Develop reporting, financing, and quality assurance systems
- Develop an infectious disease policy and disaster plan

Instruction for completing Form BH-5

Identify specific goals to address development issues (different from program goals for consumers as stated above).

Column A: Each goal should include several time-limited, measurable objectives (including specific measurement indicators) which will all work together to successfully attain the goal.

Column B: Each objective will need to have several specific activities that have to be accomplished in order to fulfill the objective.

Column C: Each activity must include the name of the staff person or the title of the position which will be primarily responsible for completing that activity.

Column D: Each activity must have a specific beginning and ending time identified. Please be as specific as possible.

Column E: Each activity must identify the expected outcome that demonstrates that development activity has been accomplished. This will measure if the program is progressing toward full administrative and financial successful completion of each activity.

C. Budget and Budget Justification Narrative

- 1) Budget Forms (**BH-20 Summary and BH20c-g – Attachment 3**) –Use forms BH-20 Summary and BH-20c-g to develop the detailed budgets for the service.

Two separate budgets for this service must be submitted as a part of the proposal. Use forms BH-20Summary and BH-20c-g to develop the detailed budgets for the program/service. The proposal must include:

- a) A 4 month contract term for FY12 (3/1/12 – 6/30/12) - costs for FY12 should be based upon the anticipated start-up costs and on the number of months the applicant anticipates the program/services will actually be provided during the Region's FY12 budget period.
- b) A one-year contract term for FY13 (7/1/12 – 6/30/13) - costs for FY13 should be based upon a full year, assuming the service is at full capacity.

Revenue and Expense Summary (BH-20 Summary)

List the revenue requested from Region 6 under Section (C) STATE FUNDS, on the MH-general line. List any other service revenue on the appropriate line.

List a summary of program expenses which are a re-cap of detailed budget forms, BH-20c, BH-20d, BH-20e, BH-20f, and BH-20g. The total from each detailed budget form will transfer to the Revenue and Expense Summary Form (BH Summary). List indirect administration expenses, if applicable.

Detailed Budget Forms (BH-20c, BH-20d, BH-20e, BH-20f, and BH-20g)

In the column titled, "Total HHS/BH Funds Requested," show the funds you are requesting from Region 6 through this RFP process. In the column titled, "Total Project Funds (includes HHS and other)," show the total cost of the line item expense which may include revenue from another source.

The following outlines specific items to use within each expense category:

Personal Services (BH-20c)

- Direct personnel (includes all personnel directly related to the provision of services, including direct supervision)
- Permanent salaries/sages
- 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 compensation insurance
- Employee assistance program
- Management salaries/wages/fringe benefits
- Accounting support
- Personnel/human resources support
- Clerical Support
- Operations personnel support

Operations (BH-20d)

- 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
- Educational services
- Accounting/auditing expenses
- Janitorial/security expenses
- Board meeting support
- Building/auto insurance
- Professional liability insurance
- Directors and officers insurance
- Medications
- Other operating expenses

Travel (BH-20e)

- Board and lodging
- Meals
- Commercial transportation
- Personal vehicle mileage
- Miscellaneous travel expense

Capital Expense (BH-20f)

- Office equipment
- Motor vehicles

- Equipment on purchase agreements
- Medical equipment
- Hardware (data processing)
- Software (data processing)
- Communications equipment
- Household/institution equipment
- Photo/media equipment
- Security system
- Other property/equipment

Other (BH-20g)

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

2) Budget Justification Narrative – Please describe in detail:

- Why the costs listed on the budget itemization forms are necessary.
- How those costs were calculated.

The following items should be addressed separately in the narrative:

- Ongoing staffing needs by position, number of employees, and their respective salary and fringe costs (as applicable) separately
- Explanation of how ongoing operational, travel, capital outlay, personnel, professional fees, and consultant needs and costs were determined
- Include a description of other sources of funding currently committed to the service and other sources being pursued and how they are to be utilized in addition to the state and/or federal funds requested in this proposal.

3. **Financial Audit**

A photocopy of the most recent audit of its financial operation by certified public accountants, using generally accepted auditing techniques, principles, and standards. **NOTE: A copy of the applicant's financial audit must be included in the proposal application. If you are currently a Region 6 behavioral healthcare network provider, we already have a copy of your annual audit; therefore you would not need to send an additional copy.**

SECTION IX – ASSURANCES (Attachment #4)

Any applicant, not a current member of Region 6 Behavioral Healthcare Provider Network, must agree to meet Region 6's Assurances (see attached Assurances form). The signed Assurances form must be submitted at the same time as the proposal. One copy of the signed

Assurances form is required. **Note: This must be completed by new agencies that are not currently enrolled as a network provider in the Region 6 behavioral health system.**

SECTION X – 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 the APPLICATION 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 asked of the proposal:

- A. PROGRAM NARRATIVE (50 POINTS)
- B. DEVELOPMENT/IMPLEMENTATION TIMELINE PLAN (10 POINTS)
- C. BUDGET AND BUDGET JUSTIFICATION NARRATIVE (40 POINTS)

NOTE: Regular capacity development reports will be required for the selected agencies. Details of what is included in the reports, as well as when the reports are due, will be worked out with the selected agency(ies).