Region 6 Behavioral Healthcare
Request for Proposals
For System of Care (SOC) Youth Peer Support Services

Guidelines
FY17

SECTION I – INTRODUCTION

Region 6 Behavioral Healthcare
Region 6 Behavioral Healthcare (Region 6), a political subdivision of the State of Nebraska, has the statutory responsibility for organizing and supervising comprehensive mental health and substance use 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 use 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 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 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 10 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 use services funded through a network of providers.

Responsibility of RGB
Each Regional Governing Board is responsible for determining which services would best meet the needs identified in the planning process. The RGB is also responsible for issuing a Request for Proposals (RFP) consistent with DHHS guidelines, state regulations and other applicable requirements.

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 20 providers in its network to deliver a variety of behavioral health services.

Population Served
Region 6, as a payer of last resort, primarily funds services for financially eligible adults and youth, with or at-risk of serious mental illness and/or substance use, residing in the Region 6
geographical area of Cass, Dodge, Douglas, Sarpy and Washington Counties in eastern Nebraska.

SECTION II – REQUEST FOR PROPOSALS

Purpose/Summary of Service Requested
The purpose of this Request for Proposals (RFP) is to seek qualified, interested providers to engage in negotiations regarding the development of System of Care (SOC) Youth Peer Support Services.

The Department of Health and Human Services, Division of Behavioral Health was a recipient of the System of Care (SOC) Expansion and Sustainability Cooperative Agreement four year grant awarded on September 30, 2016. This grant is supporting the development of a System of Care for children and youth with serious emotional disturbances and their families throughout the state of Nebraska. System of Care is a framework for designing mental health services and supports for children and youth who have a serious emotional disturbance and their families through collaboration across-and-involving public and private agencies, families, and youth. It is a new way of doing business that brings together committed partnerships under one umbrella. A System of Care connects and coordinates the work of state child-serving agencies, nonprofit and local governments, behavioral health care providers, families and patient advocates. It helps children, youth, and families function better at home, in school, in the community, and throughout life.

As part of the System of Care grant, Region 6 Behavioral Healthcare will be developing a Parents and Children Together (PACT) program to improve outcomes for youth who have a serious emotional disturbance and reside in Cass, Dodge, Douglas, Sarpy or Washington Counties. The program provides in-home counseling/therapy, skill building, and social support development to high-risk families who are experiencing multiple problems such as parenting difficulties, family violence, child abuse/neglect, serious child behavior/emotional problems at home and/or in school, and mental health issues. These children are at high risk of school failure and involvement with the public child welfare and/or juvenile justice systems, out of home placement and other negative outcomes.

The focus of this Request for Proposals is the development of a System of Care Youth Peer Support Service. This service will work with consumers transitioning from PACT in order to provide extended, non-clinical, support. It is estimated that the PACT team will work with 112 families over a 12 month period, however the number of youth and families that will choose to become involved with the Youth Peer Support Program will vary. To support statewide System of Care Grant efforts, SOC Youth Peer Support staff and supervisors will receive training focused on the PACT model, System of Care framework, and a variety of related topics.

The Region 6 SOC Youth Peer Support Program will employ 1 full time Youth Peer Support, and may or may not be housed with the same agency providing PACT services.

Youth Peer Support promotes recovery through the development of a relationship based on shared experience and mutuality. It is consumer focused and supports dignity, self-advocacy, and empowerment and provides some assistance in crisis/relapse prevention through encouragement of continuing recovery goals and action planning.
In addition to existing Youth Peer Support practices, services provided under this contract will be designed to incorporate principles and practices consistent with the System of Care model. This will include a strong focus on coordination and communication across systems and advocating on behalf of consumers served to ensure strengths-based and self-driven care delivered in the least restrictive means possible.

The service will:

- Work with youth transitioning from PACT services and their family members.
- Serve consumers using a variety of methods as determined by consumer age and family involvement. These will include:
  - Peer mentoring based upon the Nebraska Peer Support Specialist Training Model
  - Facilitation of Wellness Recovery Action Planning (WRAP) for kids, teens, adults, and families.
  - Development, implementation, and facilitation of ongoing Peer Generation support groups.
- Promote holistic wellness through education and empowerment
- Fight stigma and promote understanding at individual, family, and cultural levels
- Have knowledge of community resources serving the youth population.

The Youth Peer Support provider will work in close coordination with the Region 6 System of Care team including the Region 6 System of Care Grant Manager and participate in local and regional System of Care activities to include meetings and trainings. The Youth Peer Support provider will also be responsible to track and report all applicable data pertaining to the System of Care grant.

The Youth Peer Support provider will also work in close coordination with the PACT program to provide consultation and coordination. An integral part of the Region 6 System of Care grant involving the PACT Provider and Youth Peer Support program is related to a seamless transition of youth and families from the PACT team to the Youth Peer Support program. The coordination between the PACT team and Youth Peer Support Program will be an active process throughout the duration of working with the youth and families and will include routine communication, cross-training, and collaboration.

This service will be paid on an expense reimbursement basis for the current fiscal year. It is anticipated that the second fiscal year will be paid on an expense reimbursement basis but this will be determined based on direction from the Division of Behavioral Health. **Current funds are available up to $27,061.00 for the remainder of the current federal fiscal year (October 2016 – September 2017). It is anticipated that current funds for second fiscal year (October 2017 – September 2018) of the System of Care Grant will be available up to $57,192.00.**

**Population**
The population for the above services is:

- Children and youth from birth up to 19 years of age and their families
- Youth experiencing behavioral, social, and/or emotional problems at home, school, and in the community
- Youth and families who meet Nebraska Division of Behavioral Health financial eligibility criteria guidelines and do not have insurance to pay for the cost of care.
Youth and families who are legal residents of Nebraska and living in the Region 6 area
Youth and families who are involved with the PACT team.

SECTION III – ELIGIBILITY CRITERIA

The applicant:

- May be a state, county, or community-based not-for-profit agency.
- Must be a legal entity already established and functioning with paid personnel and demonstrable experience in working with the target population identified in this application process as evidenced by the following:
  - Must be able to agree to items in the ‘Minimum Standards for Enrollment’ in Region 6 Behavioral Healthcare Provider Network document.
  - Must hold national accreditation in the provision of behavioral health services, in the process of applying for national accreditation, or eligible for an exemption through the Division of Behavioral Health.
  - Must follow established staffing requirements as outlined in the service description.
  - Must be experienced in working collaboratively with community agencies serving youth and families and other key stakeholders.
  - Must demonstrate a sound financial position based on audited financial statements from the past year.
  - Must be able to provide programs/services to residents of the Region’s entire geographical area.

SECTION IV – USE OF FUNDS

Allocation of Funds

System of Care Youth Peer Support will be funded using a Non-Fee for Service (NFFS) structure. Non-Fee for Service programs are reimbursed based upon actual monthly expenditures up to the designated amount specified in the contract. It is anticipated that the SOC Youth Peer Support program will be using a NFFS structure throughout the duration of the System of Care grant but this determination will be based on the direction of the Nebraska Division of Behavioral Health System of Care grant team.

Region 6 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
- Purchase or improvement of land, purchase or permanently improve any building or other facility, **vehicles**, or purchase major medical equipment
- 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.

**SECTION V – 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 limit, reduce, or withdraw any part(s) in this RFP.

**SECTION VI – APPLICATION PROCESS**
The Regional Governing Board (RGB) will ensure a fair and comprehensive evaluation of all Request for 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. Request for Proposals that do not conform to the items provided in this document will not be considered.

These Request for Proposals are designed to solicit proposals from qualified applicants who will be responsible for providing community-based services at a competitive and reasonable cost.

We will post any additional information that we feel may be helpful on the Region 6 website: [www.regionsix.com](http://www.regionsix.com). It will be the responsibility of the applicant to check the website to obtain additional information. Additional information may be added up to the date the Request for Proposals are due.

**Schedule of Events**

- **Posted Notification of Request for Proposals to Interested Persons** -- Posted in *Omaha World-Herald*, Region 6 Website and Region 6 E-mail Distribution List

- **Formal Release of Request for Proposals at 12:00 noon (CST)** -- Monday, February 27, 2017
- **posted Guidelines and Forms on Region 6 Webpage**

- **Letters of Interest due to Region 6 by 4:00 pm (CST)** -- Monday, March 6, 2017

- **Request for Proposals Due to Region 6 by 4:00 p.m. (CST)** -- Monday, April 10, 2017

- **Request for Proposals Review Committee Meets and Oral Interviews Conducted (if needed)** -- Tuesday, April 11, 2017 - Monday, May 1, 2017

- **Review and Recommendations of RFPs by Behavioral Health Advisory Committee** -- Wednesday, May 3, 2017
Approval of Selected Request for Proposals by Region 6 Governing Board: Wednesday, May 10, 2017

Written Allocation Announcements of Funding Disseminated by Regional Governing Board and Contract Negotiations Begin: Thursday, May 11, 2017

Service Development and Implementation: Thursday, June 1, 2017

Limits on Communication

After the release of the Request for Proposals, 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 Request for Proposals must be presented in writing in order to be answered. Applicants may submit written questions to the Senior Manager of System Coordination at mglasgow@regionsix.com. Responses to all written questions will be posted on the Region 6 website: www.regionsix.com. All applicants are responsible for reviewing the questions and answers on the website. Note: Posts can be made to the website up to the closing date/time or the RFP.

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 these Request for Proposals, during the proposal evaluation period and until a determination is made and announced regarding the selection of a contractor(s).

Rejection of Request for Proposals

Prior to the evaluation of the Request for 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 may include:

- Request for Proposals were 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, or not stapled or clipped in the upper left-hand corner.
- One original and 10 copies, in the format specified, were not received.
- All sections required in the Request for Proposals were not addressed.
- The Request for Proposals exceeded the 10 page limit or was not numbered consecutively. Please note that only the narrative must be numbered. BH-5 and budget sheets do not need to be numbered and are not considered part of the 10 page limit.
- A Program Development and Implementation Schedule (BH-5) was not included.
- An annual budget was not submitted using BH-Summary and BH c-g forms.
- A Budget Justification Narrative was not included.
- A copy of the applicant’s financial audit was not included. This only applies to agencies not currently in the Region 6 provider network.
- A signed copy of the ‘Minimum Standards for Enrollment’ in Region 6 Behavioral Healthcare Provider Network was not included. This only applies to agencies not currently in the Region 6 provider network.

The Region 6 Governing Board retains the right to reject any and all Request for Proposals. The RGB shall provide written notice to the applicant whose proposal was rejected during this
stage of review at the time of notification of funding allocation. All proposals will be available to the public.

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 the Request for Proposals Guidelines and its attachments reflect the best and most accurate information available to Region 6 Behavioral Healthcare at the time of the guideline preparations. 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 Request for Proposals Guidelines, a supplement will be issued on the Region 6 website: www.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 staff. 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.

Clarification Questions/Oral Interviews
The Review Committee may conclude, after the completion of the evaluation process, that clarification questions and/or oral interviews are required in order to make final determinations. Clarification questions will be submitted directly to providers following evaluation by the Review Committee.

If oral interviews are needed, the provider will be contacted and a date/time will be arranged. Only representatives of the RGB, Review Committee, designated Region 6 personnel, and the employees from the presenting applicant’s agency will be permitted to attend the interviews.

Once the interviews 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 interviews 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. All decisions regarding funding allocations will be made on Wednesday, May 10, 2017 by the Regional Governing Board.

Opportunities for appeal should be made after the recommendation phase at the Region 6 Behavioral Health Advisory Committee meeting by contacting the Senior Manager of System Coordination Miles Glasgow prior to the Regional Governing Board meeting where the award is made. Contact to the Senior Manager of System Coordination must be in writing through email.
Indemnification
The applicant shall assume all risk of loss in the performance of the contract and shall indemnify and hold harmless Region 6 Behavioral Healthcare, 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 REQUEST FOR 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 due date for receipt of Request for Proposals is Monday, April 10, 2017. All proposals must be received in Region 6 Behavioral Healthcare’s office by 4:00 p.m. (CST).

Request for Proposals must be mailed OR delivered in person to:

Region 6 Behavioral Healthcare
3801 Harney Street
Omaha, NE 68131
Attention: Miles Glasgow

- Applicants shall not be allowed to alter or amend their proposals.
- FAX or e-mailed 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 all required documents.

3. Applicants must be typed in 10-point font or larger, submitted on standard 8 ½” by 11” paper.

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 must be provided using the actual Region 6 Behavioral Healthcare forms. An electronic version of the forms will be available via the Region 6 website: [www.regionsix.com](http://www.regionsix.com). The forms may be retyped by the applicant; however, the form must look EXACTLY the same, including, but not limited to, headings, required information categories, number of pages, and font size.

**SECTION VIII – REQUEST FOR PROPOSALS FORMAT**

Please note that this Request for Proposals is being released at the same time as the separate Request for Proposals for Youth Peer Support. If an agency is interested in applying for both Request for Proposals, the provider must complete a separate Request for Proposal, Program and Implementation Schedule (BH-5), Budget (BH 20 Summary and c-g) and Budget justification for each proposal.

Applicants must complete a Request for Proposal, Program and Implementation Schedule (BH-5), Budget (BH 20 Summary and c-g) and Budget justification

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

A. **Request for Proposals** – (not to exceed 10 pages)

**Organizational Capability**: Describe the organization’s capability to provide the program/service, including:

- Provide name and title of contact person and their phone number/e-mail address.

- Explanation of why provider is capable of providing the program/service (i.e. experience, expertise, values, etc.) and describe your willingness to serve youth and families from all five Region 6 counties (Cass, Dodge, Douglas, Sarpy, and Washington).

- Identify the specific amount of time needed to develop the program/service. The target date for service development and implementation is June 1, 2017 with an anticipated date of July 1, 2017 to begin to accept referrals to the program. Region 6 understands that this is an aggressive time frame. Please explain how your agency can meet this expectation and any challenges your agency may face in meeting the timeframe expectation.

- Describe your agency’s ability to collect demographic information and willingness to collect information and data as required by the SOC grant.

**Specific Services:**

- Describe your agency’s experience working with youth ages birth up to 19 and their families.

- Describe your agency’s ability to work with youth and families in their home and community.
- Describe your agency’s experience providing peer support services. If you have not provided peer support services in the past, describe specific steps you will take to ensure supervisory staff will be prepared to oversee this service.

- Describe the program structure you would use to deliver Youth Peer Support Services, including specific activities, hours of operation, anticipated length of stay, discharge planning, and supervision.

  Program structure should:
  - Enable peer support staff to maintain a primary focus on the development of mutual relationships with consumers served.
  - As much as possible, avoid activities, practices, and policies that alter the power dynamics of the “peer” relationship.
  - Promote consumer choice and engagement at all times.

- Describe your agency’s experience working collaboratively with other agencies and systems.

**Consumer Involvement:** Explain procedures for consumer and family involvement in service provision, development, and evaluation including both process and format in the following areas:

- Describe how consumers will be engaged in self-directed goal setting;

- Describe how your agency will develop policies and procedures that are consumer and family centered and allow for youth and families to have voice and choice in the service.

- Describe how potential consumers and their family/guardian(s) will be informed about the program and consumer rights;

- Describe how your agency will develop policies and procedures that provide consumers and families to provide meaningful input into the development, evaluation, and ongoing modification of the service.

**Capacity:** Explain what the service capacity will be. This explanation must include:

- Maximum caseload of consumers receiving individual face-to-face support;

- Number of consumers served in WRAP and/or other support groups over a one year period;

**Service Staffing:** The funds will support 1 FTE Youth Peer Support Specialist. Describe the specific characteristics and qualifications your agency will require for Youth Peer Support staff including, training, experience, and certifications which will enable them to effectively serve the target population and meet program-specific goals.
Administrative Structure: Briefly describe the administrative structure for the agency/program.

Quality Improvement: Include a statement verifying your agency will develop a Quality Improvement plan, which includes gathering data to evaluate the service and the staff position responsible for the Quality Improvement activities in order to adhere to the requirements of the System of Care grant.

B. Program Development and Implementation Schedule, BH-5

Several copies of the BH-5 form may be required to identify the goals and objectives necessary to develop and implement the service capacity. Complete a separate BH-5 for each program/service goal.

Instructions for completing form BH-5
Identify specific goals to address development issues.

Column A – Each goal should include several time-limited, measurable objectives 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 end time identified.

Column E – Each activity must identify the expected outcome that demonstrates that development activity has been accomplished.

Goals should address the following:

- Development process/implementation schedule: Region 6 Behavioral Healthcare’s expectation is for the applicant to begin developing the service on June 1, 2017 with an anticipated date of accepting referrals beginning July 1, 2017. Explain in detail a clear step-by-step plan of how the program/service will be developed over the 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.

- The applicant must communicate how they plan to work with the identified PACT provider. For the purposes of this section, assume that PACT services will be provided by another agency.

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

- How the agency will develop an infectious disease and disaster plan.
B. Budget and Budget Justification Narrative

Budget Forms -BH-20 Summary and BH c-g (Attachment C) – Use forms BH-20 Summary and BH c-g to develop the detailed budget for the service that your agency is applying. Two separate budgets must be submitted as part of this proposal. The two budgets must be based upon 1) a 5 month contract term for federal FY17 (5/1/17 – 9/30/17) and 2) a full year contract term for federal FY18 (10/1/17 – 9/30/18). The funding amounts presented as part of this Request for Proposals must be used in preparing budget documents. Costs for the 5 month contract term for federal FY17 should be based upon the anticipated start-up costs and provided during the fiscal year. (Example: If a contract is signed and on 5/1/17 but the successful applicant begins working with consumers on 7/1/17 then the cost proposal should be based upon any anticipated start-up costs for 5/1/17 through 6/30/17 and the months of services between 7/1/17 and 9/30/17). The use of funds provided under the Region 6 Network Provider Contract are limited to the employment of personnel, technical assistance, operation of programs, leasing, renting, maintaining of facilities, minor improvements, and for the initiation and continuation of programs and services.

Revenue Summary (BH-20 Summary)
List the revenue requested from Region 6 under Section (C) STATE FUNDS, on the MH-general or SU-general line depending upon whether the service is mental health (MH) or substance use (SU). List any other program/service revenue on the appropriate line. List any other anticipated revenue if applicable.

Expense Summary (BH-20 Summary)
This form is a re-cap of detailed budget forms, BH-20 c-g. The total from each detailed budget form will transfer to the BH-20 Summary, Expense Summary, on the appropriate expense category line. List indirect administration expenses in column 1, if applicable. Note: No more than 15% of funds may be used for indirect expenses/costs unless applicant has a federally approved cost rate. A copy of the letter stating the federally approved cost rate must accompany the budget forms (if applicable).

Detailed Budget Forms (BH-20 c-g)
In the column titled, “Total HHS/BH Funds Requested,” show the funds you are requesting from Region 6 through this Request for Proposals 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:

Personnel Services (BH-20c)
• 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 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)
• Minor Improvements to buildings
• Office equipment
• 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

1) Budget Justification Narratives – Each budget submitted must contain a budget justification narrative. These narratives will help explain the rationale behind the budgeted items, justify all costs clearly.

• Specific start-up (one-time) costs
• The budget justification narrative should break down each expense.
• Personnel, the narrative should identify staff positions, number of full time equivalents, their respective salary and calculation of fringe benefits, etc.
• Operations should show items included in the budget, monthly cost and the total.
• Travel should break down the expense by # of days in month x the daily rate x number of staff.
• Explanation of how ongoing operational, travel, capital outlay, personnel, professional fees, and consultant needs and costs were determined. Expenses should be detailed and justified and show how those costs were calculated.
• 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 funds requested in this proposal.
3. **Financial Audit**
   A copy 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 most recent financial audit must be included with the proposal(s) submission. This does not apply to applicants who are already in the Region 6 Provider Network (as we already have copies of this information).

**SECTION IX – MINIMUM STANDARDS FOR ENROLLMENT IN REGION 6 BEHAVIORAL HEALTHCARE PROVIDER NETWORK**

Any applicant, not a current member of Region 6 Behavioral Healthcare Provider Network, shall attest that they can meet the minimum requirement for enrollment in Region 6 Behavioral Healthcare’s Provider Network by reading and signing the ‘Minimum Standards for Enrollment’ form. Please include a signed copy of the form with your application packet.

**SECTION X – REQUEST FOR PROPOSALS EVALUATION**

**Selection Process**

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

All complete 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 Request for Proposals Guidelines.

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

**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. **REQUEST FOR PROPOSALS (40 POINTS)**
   Did the applicant explain why their agency was able to provide this service? Did the applicant describe their experience working with youth and families? Did the agency discuss their willingness and ability to work with the Region 6 System of Care Grant Manager and PACT team? Did the agency address their willingness to participate in initial and ongoing trainings and fulfill the grant requirements as they are determined which will include data collection and outcome measures? Do youth and families have active participation throughout the program? Did the agency provide clear detail as to how they will include youth and families in program development evaluation and ongoing modification? Does the applicant state their expected capacity? Does the applicant describe the program structure, supervision, anticipated length of stay, and staffing requirements? Does the applicant have a history of providing a quality improvement program and communicate the recognition that they will develop a quality improvement process for this service?

B. **PROGRAM DEVELOPMENT AND IMPLEMENTATION SCHEDULE-BH-5 (20 POINTS)**
   Did the provider complete each column on the BH-5? Were goals reasonable and realistic? Does the timeframe appear realistic and thought out?

C. **BUDGETS AND BUDGET JUSTIFICATION NARRATIVES (40 POINTS)**
Did the applicant submit two budgets for the remainder of federal FY17 and a full federal FY18 for the full year of operations? Did the budget appear complete? Were other revenue sources included (if appropriate)? Was a budget justification narrative submitted? Were expenses and/or costs explained in detail?

SECTION XII: ADDITIONAL INFORMATION

Services that require authorization are subject to the Division of Behavioral Health's authorization process and will need to be authorized through the state’s Centralized Data System (CDS). Services that require registration will need to be registered through the state’s Centralized Data System (CDS). All services are subject to the availability of funds.