



Behavioral Health Services

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www.region3.net*

Request for Proposal Crisis Response Services

**Issue Date
July 22, 2022**

Release Date:	July 22, 2022	Contact:	Beth Reynolds-Lewis
Letter of Intent Deadline:	July 29, 2022		308-440-9113
Submittal Deadline:	August 26, 2022		breynolds@region3.net
	No later than 5:00 p.m. CDST		
Submit To:	Beth Reynolds-Lewis		
	Region 3 Behavioral Health Services		
	breynolds@region3.net		

Region 3 Behavioral Health Services (Region 3) is pleased to announce the release of a Request for Proposal (RFP) for entities interested in providing **Crisis Response** services for individuals across the lifespan in the following counties in central Nebraska: Buffalo, Furnas, Harlan, Kearney, Phelps, Hall, Custer, Greeley, Merrick, Howard, Garfield, Hamilton, Blaine, Loup, Sherman, Valley and Wheeler Counties.

The “Request for Proposal” can be found at www.region3.net. The application must contain all required information. Proposals are due to Region 3 by Monday, August 22, 2022, no later than 5:00 p.m. CDST. Proposals are to be sent electronically to Beth Reynolds-Lewis at breynolds@region3.net.

Region 3 reserves the right to request clarification or additional information from any Applicant. This solicitation does not obligate Region 3 to award a contract to any Applicant. Region 3, at its option, reserves the right to waive as informality any irregularities in and/or reject any or all applications.

All questions regarding this RFP should be made in writing to Beth Reynolds-Lewis at breynolds@region3.net. Written responses to questions will be made by Region 3 personnel via email to the inquiring party within one (1) business day and emailed to all parties that submitted a Letter of Intent.

All notices, decisions, documents, and other matters relating to the RFP process will be electronically posted on Region 3’s website at www.region3.net. Region 3 reserves the right to amend, modify, supplement, or clarify this RFP at any time at its sole discretion.

Under the parameters of the RFP process coordinated by Region 3, with the exception of clarifying questions, prospective Applicants are prohibited from contacting personnel of Region 3, the Department of Health and Human Services, members of Region 3’s Behavioral Health Advisory Committee (BHAC) or Regional Governing Board (RGB) regarding this solicitation during the period following the release of this RFP, during the proposal submission and evaluation period, and until a determination is made and announced. Violation of these provisions may be grounds for rejecting a reply to this RFP.

Note: No Applicant shall be excluded from participation in, denied the benefit of, subject to discrimination under, or denied employment in the administration of or in connection with this RFP because of race, color, creed, marital status, familial status, religion, sex, sexual orientation, national origin, disabled veteran’s status, age, or disability. The Applicant shall comply with all applicable federal, state, and local nondiscrimination laws, regulations, and policies.

SECTION I - INTRODUCTION

Region 3 Behavioral Health Services (Region 3), a political subdivision of the state of Nebraska, has the statutory responsibility for organizing and supervising comprehensive behavioral health services in the Region 3 service area which includes the following twenty-two (22) counties in central and southcentral Nebraska: Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler. Region 3 is one of six Regional Behavioral Health Authorities (RBHA) (Attachment 1) in Nebraska responsible for the coordination and delivery of behavioral health services within their respective geographic

areas (71-807 to 71-809). Each Regional Behavioral Health Authority is responsible for the development and coordination of publicly funded behavioral health services within the behavioral health region pursuant to rules and regulations adopted and promulgated by the Department of Health and Human Services.

Region 3 manages a nationally accredited Network built upon the core values of a Recovery Oriented System of Care that call for services to be trauma-informed, culturally responsive, community-based, co-occurring disorders competent, and incorporates person and family-centered and self-directed approaches to care that build upon the strengths and resilience of individuals and families. The mission of Region 3 Network is to foster recovery and resiliency for individuals and their families who experience a behavioral health challenge. The Region 3 Behavioral Health Services Network provides a comprehensive array of behavioral health services delivered by skilled professionals designed to address mental health and substance use disorders.

It is the intent that every aspect of the Region 3 Network support high quality services and supports that promote recovery for adults and resiliency for children, prevent problem behavioral across an individual's life span, and facilitate community competency, leadership and partnership.

SECTION II - STATEMENT OF PURPOSE

The purpose of this Request for Proposals (RFP) is to seek a qualified provider to develop, facilitate and maintain a Crisis Response Team Hub (CRTH) to respond and provide 24/7 dispatch of the CRTH provider's employed Crisis Response Team (CRT) members. Team members may include; licensed clinicians, behavioral health professionals, nurses and Behavioral Health Peer Specialists, and others as identified in the Nebraska Department of Behavioral Health's Interim Service Definition for the provision of Crisis Response Services in the identified counties stated in Section III of the RFP

Crisis Response is designed to use natural supports and resources to resolve an immediate mental health or substance use crisis in the least restrictive environment by creating a plan with the individual and family (as appropriate) to develop a plan to resolve the crisis. The goal of the service is to develop and begin implementation of a crisis intervention plan, ensure safety, and access the necessary level of care.

The Crisis Response service is designed to use natural supports and resources to build upon an individual's strengths to help resolve an immediate behavioral health crisis in the least restrictive environment by assisting the individual and family (as appropriate) to develop a plan to resolve the crisis. This service is provided by CRT members who complete brief mental health status exams and substance use disorder screenings, assess risk, and providing crisis intervention, crisis stabilization, referral linkages, safety planning and consultation. The Crisis Response service is available 24/7 and is provided face-to-face (in-person) at a location safe to meet the individual, via secure video conferencing, or via phone as appropriate.

SECTION III - TARGET POPULATION / SERVICE AREA

Target Population

Individuals across the lifespan/of all ages experiencing an immediate/urgent behavioral health crisis.

Service Area

Region 3 is seeking qualified proposals for the provision Crisis Response services in the following counties in central Nebraska: Buffalo, Furnas, Harlan, Kearney, Phelps, Hall, Custer, Greeley, Merrick, Howard, Garfield, Hamilton, Blaine, Loup, Sherman, Valley and Wheeler Counties

SECTION IV - ELIGIBILITY CRITERIA

The Applicant:

May be a state, county, or community-based agency and 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:

- Currently a member of a Region Behavioral Health Network Provider (See Attachment 1 for map) or, for new Applicants, demonstrate how they meet the requirements outlined in the Minimum Standards for Enrollment in the Region 3 Provider Network. (See Section XII Minimum Standards for Enrollment)
- Be enrolled as a Nebraska Medicaid provider or be eligible and willing to enroll as a Nebraska Medicaid provider.
- Be credentialed by all Heritage Health Managed Care Organizations in Nebraska or be eligible and willing to be credentialed by all Heritage Health Managed Care Organizations.
- Must hold accreditation by a national accrediting body or become accredited within 2 years of contract date or be an approved group practice in Nebraska. (i.e., CARF, The Joint Commission, etc.)
- Hold relevant professional licenses for psychologist, licensed independent mental health practitioner licensed mental health practitioner, or other related professional licenses through the Division of Public Health.
- Successful experience working with individuals experiencing a mental health and/or substance use crisis with demonstrable outcomes.
- Experience working collaboratively with law enforcement, behavioral health providers, probation, parole, community agencies, child welfare, hospitals, and other key stakeholders.
- Demonstrate a sound financial position based on audited financial statements from the past two years.
- Be legally able to provide programs/services within Nebraska.

SECTION V - SCOPE OF SERVICES

The selected provider will be responsible for the provision of Crisis Response services as stated below. Applicants must demonstrate the ability to assume responsibility for the administration, management, and provision of this behavioral health service as required in this RFP.

The following information is identified as the Interim Crisis Response Service Definition from The Nebraska Department of Health and Human Services, Division of Behavioral Health:

The Crisis Response service definition is in the process of being revised to meet the needs of the 988 crisis response system. The following information is anticipated to be included in the revised service definition: The preferred method is a face-to-face meeting with the individual in crisis within one hour of initial contact. Phone, secure video conferencing (Telebehavioral health) is allowable when necessary to meet the immediate needs of the individual. In-person response by 2 team members preferred and can include trained, Peer Support Specialists and Direct Care Staff.

INTERIM CRISIS SERVICE DEFINITION

Service Name	CRISIS RESPONSE
Funding Source	Behavioral Health
Setting	Community-based setting
Facility or Professional License	As required by DHHS Division of Public Health
Basic Definition	<ul style="list-style-type: none"> • Crisis Response is designed to use natural supports and resources to resolve an immediate mental health or substance use crisis in the least restrictive environment by creating a plan with the individual to resolve the crisis. The goal of the service is to develop and begin implementation of a crisis intervention plan, ensure safety, and access the necessary level of care.

Service Name	CRISIS RESPONSE
Service Expectations	<ul style="list-style-type: none"> • Face-to-face meeting with individual in crisis within one hour of initial contact. In-person response by 2 team members preferred. • Evaluation on site including brief mental health status and substance use disorder screening such as SBQR, ASQ, CAGE-AID, CSSRS • Brown-Stanley Safety Plan developed with individual and support system • Onsite mental health and/or substance use disorder interventions and crisis management • Provide linkage to information and referral including appropriate community-based mental health and/or substance use disorder services • Consultation to hospital emergency personnel, law enforcement, and community agencies as needed • Provide post crisis follow-up support with first attempt made within 24 hours and three total attempts made within 72 hours including crisis disposition • Arrange for alternatives to psychiatric hospitalization if appropriate • Contact 988 and advise the crisis counselor of the outcome of the crisis response event • All services must be culturally sensitive • A licensed clinician must be available at all times to provide support, guidance, and direction to the responding team members. The clinician will respond within 30 minutes of contact by the team member(s). Response may indicate a need for the clinician to arrive in-person. • Non-licensed Certified Peer Support Specialists and Direct Care Staff must respond with another staff member until they have completed all of their training.

SECTION VI – FINANCING SPECIFICATIONS

Total Region 3 Funds Available

The annual allocation available for a twelve-month period/Region fiscal year (July 1-June 30) is specified below:

Service	Region 3 Available Funds
Crisis Response	\$250,000

Reimbursement Methods

Services are reimbursed on an expense reimbursement basis.

Non-Transfer of Funding Award

Any contract awarded to a successful Applicant may not be transferred or assigned by the Applicant/contractor to any other organization or individual.

Use of Subcontractors

The successful Applicant may be permitted to subcontract for the performance of certain required administrative or programmatic functions. Anticipated use of subcontractors must be clearly explained in the RFP identifying the proposed subcontractors and their proposed role. The request for the use of any subcontract must be submitted to Region 3 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 VII - RFP PROCESS

Schedule of Events and Due Dates

- Release of RFP and Notice of Letters of Intent July 22, 2022
- Letters of Intent due to Region 3 by 5:00 p.m. CDST July 29, 2022
- Proposals due to Region 3 by 5:00 p.m. CDST August 23, 2022
- Review of proposals and recommendation of winning proposal August 24 & 25, 2022
- Selected proposal forwarded to the Division of Behavioral Health for approval August 25, 2022
- Proposal presented to RGB for review and approval August 26, 2022
- Once proposal approval has been received from DBH, the funding announcement will be disseminated by Region 3 and contract negotiations begin TBD
- Contract awarded TBD

Letter of Intent

Region 3 must receive a Letter of Intent (applicant must use Region 3's "*Letter of Intent*" form, (Attachment 2) by 5:00 p.m., July 29, 2022, from applicants interested in completing a 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 to only those organizations which have submitted a Letter of Intent.

Contact Person

The contact person for all communication regarding this RFP is:

Beth Reynolds-Lewis
Region 3 Behavioral Health Services
4009 6th Ave., Suite 65
PO Box 2555
Kearney, NE 68848-2555
breynolds@region3.net

Limits on Communications

Questions to the identified contact person regarding this RFP may be made by email. Written responses to questions will be made by Region 3 personnel via email to the inquiring party and other providers who submitted a Letter of Intent within one business day.

With the exception of clarifying questions, Applicants are prohibited from contacting personnel of Region 3, the Department of Health and Human Services, members of Region 3 Behavioral Health Advisory Committee (BHAC), or Regional Governing Board (RGB) 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. Violation of these provisions may be grounds for rejecting a reply to this RFP.

Region 3 Behavioral Health Services 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 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 VIII – RFP CHANGES OR TERMINATIONS

In the event that anticipated funds for the Crisis Response Program described in this RFP are not available or are not approved by the Department of Health and Human Services, Division of Behavioral Health (DBH),

Region 3 may add to, limit, reduce, or withdraw any part(s) or all of this RFP. Region 3 will notify all Applicants who submitted a Letter of Intent.

SECTION IX – RFP SUBMISSION INSTRUCTIONS

This RFP is designed to solicit proposals from qualified Applicants who will be responsible for providing a community-based Crisis Response Program at a competitive and reasonable cost.

Emphasis should concentrate on the programmatic, operational functions of the program, conformance to the RFP instructions, responsiveness to requirements, and completeness and clarity of content. 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.

Region 3 retains the right to seek additional proposals or not allocate funding for this particular service.

Rejection of Proposals

Prior to the full evaluation of the proposals by the Region 3, 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 include:

- Letter of Intent was not received by the deadline posted or in the required manner.
- Proposal was not received by the deadline posted.
- The proposal was not submitted via email in PDF format using 11-point font or larger and was not numbered consecutively.
- The cover page was incomplete or the appropriate form was not used.
- “Executive” Summary is not present, exceeds two pages, or does not address all elements of the proposal.
- All sections required in the Program Narrative were not addressed.
- Program Narrative exceeded the 10-page limit.
- BH-5 (Attachment 7) forms listing the goals and objectives for the development plan of this service were not included.
- A separate budget for start-up costs (Attachment 6-2) (if applicable) and an annual ongoing budget (Attachment 6-1) was not included in the proposal using the appropriate BH-20 forms as listed below.
- Budget forms (Attachments 6-1 and 6-2), BH-20 Summary, BH-20c, BH-20d, BH-20e, BH-20f, BH-20g, and BH-20h (if applicable) were incomplete and/or calculations did not balance. (A complete set (Attachment 6-2) must be completed for the start-up budget if applicable and separate set of forms (Attachment 6-1) (if applicable) must be completed for the annual budget.)
- Budget Justification Narratives were not included. One narrative specific to start-up costs and another for the annual budget.
- A copy of the Applicant's financial audit was not included.
- “Assurances” (**Attachment 5**) was not present or was not signed by authorizing agent.
- Compliance with “Minimum Standards” requirements have not been included or are not complete (for providers not currently in a Regional Behavioral Health Provider Network).

Region 3 retains the right to reject any and all proposals. Region 3 shall provide written notice to the Applicant whose proposal is rejected during this stage of review at the time of notification of funding allocation by August, 29, 2022.

Region 3 reserves the right to void its intent to select and negotiate with an Applicant if the Applicant's proposal is not approved by DBH.

Cost Liability

Region 3 does not assume any responsibility or liability for costs by the Applicant, or any Applicant prior to the execution of an agreement between the organization and Region 3.

Disclaimer

All the information contained within this RFP and its attachments reflect the best and most accurate information available to Region 3 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 emailed to those entities who submitted a Letter of Intent as stated in this RFP (see Section VIII RFP Changes or Terminations).

Evaluation of Proposals

Each proposal will be independently evaluated by Region 3. The names of those conducting the review and any working documents, including Applicant's proposal scores, will not become public information nor will be released to individual Applicants. Recommendations will be forwarded to the RGB or its designee for final determination.

Announcement of Funding Allocations

Applicants will be notified by mail of the final funding decisions. All decisions regarding funding allocations will be made by the RGB.

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 by Beth Baxter, Region 3 Administrator, 4009 6th Ave., Ste 65, P.O. Box 2555, Kearney, NE 68848-2555, either by hand delivery or by certified mail. Region 3 will not accept a verbal communication, an email 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 the RGB and Region 3 including Region 3 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.

Appeal Process

An appeal of the decision must be submitted in writing within five (5) business days of the award announcement to Beth Baxter, Regional Administrator, Region 3 Behavioral Health Services, P.O. Box 2555, Kearney, NE 68848-2555. The appeal will be reviewed within three business days and a response to the Applicant will be provided in writing within five business days.

SECTION X – 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 emailed to Beth Reynolds-Lewis at breynolds@region3.net by 5:00 p.m. Central Daylight Savings Time, July 29, 2022.
 - Applicants shall not be allowed to alter or amend their proposals once they are received by Region 3.
 - No requests for extensions of the due date will be approved.
 - Region 3 accepts no responsibility for mislabeled/mis-sent emails. The Applicant is encouraged to contact Beth Baxter at 308-440-5481 to ensure receipt of their proposal.
 - Proposals received late will not be accepted and will be returned to the sender.
2. Applicants must submit their proposal via email in PDF format. Applicants are encouraged to contact Beth Reynolds-Lewis at 308-440-9113 to ensure the proposal has been received.
3. Proposals must be typed in 11-point font or larger, on standard 8 ½” by 11” document, 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. (Note: If the Applicant is not currently a member of a Regional Behavioral Health Provider Network, the “Region 3 Network Provider Enrollment Minimum Standards” section should be numbered separately from the proposal. See Section XII.)
4. All information must be provided on the forms included in this RFP (the attachments provided in this RFP) typed in 11-point font print or larger.

SECTION XI – PROPOSAL FORMAT

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

1. **Cover Page (Attachment 3)**
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 service.
2. **Executive Summary (Attachment 4)**
Complete the entire “Executive Summary”. The Executive summary is not to exceed the two (2) pages provided.
3. **Capacity Development Plan**
 - A. **Program Narrative**
The Program Narrative is a written plan that describes, in detail, the Crisis Response 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 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 Crisis Response program/service, including:
 - Brief organizational history
 - Address of the provider and geographic location to be served
 - Explanation of current or previous experience in providing emergency psychiatric services or why provider is capable of providing the Crisis Response program/service
 - Ability to collect demographic information

- Cultural/gender competency
 - Identify the specific amount of time needed to develop the program/service
- 2) **Purpose:** Explain the purpose of the program/service in terms of the result expected to meet the needs of the consumers.
- 3) **Need:** Describe the need for the program using current, valid data and to justify why this program/service should be developed by the agency applying and for the purpose detailed above.
- 4) **Target Population and Service Area:** Describe the target population and geographic area to be served, including:
- Relevant information about the persons to be served in this program/service
 - Name and address of the **provider agency** with an explanation of why the provider is capable of providing this program. Identify the specific amount of time needed to develop the service and the dates of the service development period requested
 - Describe the **need** for the program using current, valid data to justify why this program should be developed at the agency applying, in this geographic area, and for the purpose detailed above. Report the source and time period for the data. Include an explanation of why this need would logically lead to the development of the program being proposed
 - Describe the **target population** to be served and provide specific details about gender, ages, ethnicity, geographic location, mental illness(es) and/or substance dependence needs, medical needs and other relevant information about the persons to be served in this program
- 5) **General Overview:** Provide a general overview of how the program/service will be organized.
- 6) **Goals:** List and explain the goals of the program/service and process and outcome indicators that are measurable.
Goals must be measurable and:
- Directly relate to the program/service purpose
 - Deal specifically with issues related to program/services 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 Crisis Response program/service
 - Be expressed in terms of behavior, condition, or thing that is attainable by an individual consumer who is served by the program/service being evaluated
- 7) **Admission Criteria:**
- Thoroughly describe procedures for consumers to access the program/ service. Applicant must include assurances that no individual who meets the criteria for the Crisis Response Program will be denied service
 - Describe how the Program/Service Specifications criteria will be used in this program/service to determine consumer appropriateness for admission
- 8) **Assessment Process:**
- Describe the assessment procedures that will be used in the program/service
- 9) **Specific Services:**
- List and include complete explanations of the specific services to be provided directly to the consumer
 - Describe how individual crisis planning will be done with the consumer and what is included in this plan
 - Describe what is involved in the services to be provided within the program
 - Describe how the services will be coordinated with other programs as appropriate
 - Describe follow-up activities
- 10) **Consumer Involvement:** Describe the procedures for direct consumer involvement in the program/service, including:
- How consumers will participate in crisis planning
 - How the community will be informed about the program and consumer rights
 - How meaningful participation of consumers will be incorporated into the development, evaluation and ongoing modification of the Crisis Response Program.
- 11) **Service Staffing:** Describe program/service staffing proposed, including:
- An explanation of the qualifications and supervision of the positions which will provide any services (direct and indirect) in the program
- 12) **Quality Assurance:** Describe the quality assurance plan, which will be used for this program/service, including:
- How information and data will be gathered to evaluate the program/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 program/service

B. Program Development and Implementation Schedule, BH-5 (Attachment 7)

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. 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 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
- How the Applicant organization will complete a formal evaluation of the program/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 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

C. **Budget and Budget Justification Narrative**

When developing the cost proposal for the Crisis Response Program, the Applicant should include a budget that covers the program/service for a full one-year term (Attachment 6-1). If the Applicant needs a period of time to develop the service, this start-up period should not exceed 60 days. If a start-up period is needed a separate budget (Attachment 6-2) must be completed for this start-up period. Region 3's fiscal year runs from July 1 to June 30. The use of funds provided by Region 3 are limited to the employment of personnel, technical assistance, operation of programs including purchases of necessary equipment, and for the initiation and continuation of the Crisis Response Program.

Region 3 will not fund:

- Financial contributions to individuals
- Fund-raising events
- Lobbying
- Abortion
- Laboratory or clinical research
- Capital construction
- Medical / physical health care
- Projects which do not serve the Regions geographical area
- Purchase or improvement of land, purchase or permanently improve any building or other facility or purchase major medical equipment
- Purchase of vehicles
- Cash payments to intended recipients of health service

- 1) Budget Forms (BH-20 Summary and BH-20c-h – **Attachments 6-1 and 6-2 (if applicable)**) – use forms BH-20c through BH-20h to develop the detailed budget for the program/service.

Revenue Summary (BH-20 Summary)

List the revenue requested from the Regions’ under Section (C) STATE FUNDS, on the MH-general line. List any other program/service revenue on the appropriate line.

Expense Summary (BH-20 Summary)

This form is 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 BH-20 Summary, Expense Summary, on the appropriate expense category line. Unless your organization has a federally approved cost rate, administrative costs must be included as direct cost on the appropriate BH20c-g category form. Only use BH-20h form if your organization has a federally approved cost rate.

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 3 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 FTEs 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

Other (BH-20f)

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

Indirect Administration (BH-20g)

Unless your organization has a federally approved cost rate, administrative costs must be included as direct cost on the appropriate BH20c-g category form. Only use BH-20g form if your organization has a federally approved cost rate. Administrative overhead that is not associated with direct client care

2) Budget Justification Narrative – this narrative should explain 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:

- 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 requested in this proposal. As stated earlier, the applicable Region is anticipating that Medicaid will pay for this level of care.

4. **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 must be included with the submission of the Crisis Response Program proposal format.

5. **Assurances (Attachment 5)**

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

SECTION XII– MINIMUM STANDARDS FOR ENROLLMENT

The successful Applicant must be a member of a Regional Behavioral Health Provider Network. If the successful Applicant is not a member of a Regional Behavioral Health Provider Network, the Applicant must be willing to become a member of the Region 3 Behavioral Health Provider Network and shall meet the requirements of Region 3’s Network Provider Enrollment Minimum Standards. (**Attachment 8**).

SECTION XIII – RFP EVALUATION

Mandatory Requirements

Prior to the evaluation of the proposals by Region 3, a specific review of each proposal will be completed by Region 3 staff to determine if the submission includes the required components. If the requirements are not met, the proposal can be rejected and returned to the Applicant. The following are required items necessary for a proposal to be forwarded to the Review Committee:

- Letter of Intent
- Executive Summary
- Capacity Development Plan
- Budget/Cost Proposal.

Review Committee

All proposals that include all required components will then be evaluated by members of the Review Committee. The Review Committee will conduct a fair, impartial, and comprehensive evaluation of all proposals.

Recommendations from the Review Committee will be forwarded to the RGB or it’s designee for determination and award. Working documents of the Review Committee, including applicants’ proposal scores, will not become public information nor will they be released to individual applicants. Proposals, however, are open to public inspection upon request.

Evaluation and Scoring

A contract award will be made based on the highest quality of service that meets Region 3’s requirements. The following shall be considered during the evaluation of the proposal submitted:

- A. Cover Page (required, not scored).
- B. Executive Summary (required, not scored)
- C. Project Narrative (60 points)
- D. Development/Implementation Timeline (15 points)
- E. Budget/Cost Proposal (25 points)

Selection and Award

- A. The final decision regarding the award of the contract will be made by the Region 3 Governing Board or official designees and is subject to approval by DHHS. Notification of the final funding decisions will be mailed to applicants upon approval.
- B. Region 3 retains the right to seek additional proposals, approve a portion of a proposal, not allocate funding for a particular service, or provide the service directly.
- C. Region 3 reserves the right to void its intent to select and negotiate with an Applicant if the Applicant's proposal is not approved by DHHS.
- D. Notification of contractor selection or non-selection will be made in writing by Region 3.
- E. Issuance of this RFP in no way constitutes a commitment by Region 3 to award a contract, to pay costs incurred in the preparation of a response to this request, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel, or any other costs incurred by the Applicant.
- F. Region 3 reserves the right to reject any and all proposals or to make multiple awards.
- G. Region 3 reserves the right to withdraw the RFP at any time, including after an award is made and by doing so assumes no liability to any Applicant.

Appeal Process

An appeal of the award decision must be submitted in writing within five days of the award announcement to the identified contact person. The appeal will be reviewed within three business days and a response will be provided in writing within five business days

SECTION XIV – CAPACITY DEVELOPMENT PROGRESS REPORTS

The provider will be required to submit a report on the progress of the development and implementation of the service.

A **BH-5** (Attachment 7) should be used to report progress and should include details and data on specific progress completed toward successfully meeting each goal, objective, and activity identified on the BH-5.

Attachment 1

Behavioral Health Regions



Attachment 2

**Letter of Intent to Submit
Proposal for
Crisis Response Services**

Region 3 Behavioral Health Services (Region 3) is seeking Letters of Interest from qualified organizations for the provision of Region 3 is seeking qualified proposals for the provision Crisis Response services in the following counties in central Nebraska: Buffalo, Furnas, Harlan, Kearney, Phelps, Hall, Custer, Greeley, Merrick, Howard, Garfield, Hamilton, Blaine, Loup, Sherman, Valley and Wheeler Counties

All parties interested in submitting a proposal for Crisis Response Services must complete and return this *Letter of Interest* by 5:00 p.m. July 29, 2022 to:

Beth Reynolds-Lewis
Region 3 Behavioral Health Services
4009 6th Avenue, Suite 65, P.O. Box 2555
Kearney, NE 68848-2555
308-236-7669 (fax)
breynolds@region3.net

Submitting a Letter of Interest does not bind the organization to submit a proposal.

*Name of Applicant Organization _____

Street Address _____

City _____ State _____ ZIP _____

Name of Director _____ Phone Number _____

Contact Person _____ Phone Number _____

Fax Number _____ E-Mail _____ Federal ID Number _____

Legal Status (check one): Non Profit For Profit Quasi-Governmental Other (specify)

Signature, Title

Date

Attachment 3

**Cover Page
Request for Proposal for
Crisis Response Program
July 22, 2022**

A. Applicant Information

Name of Organization

Address

City State Zip Code

Telephone No. FAX No. Email Address

Contact Person: _____ Title: _____

Telephone No: Office: _____ Mobile: _____

Total Annual Program Cost: \$ _____

I certify that to the best of my knowledge and belief, the information contained in this proposal is true and correct. The proposal has been duly authorized by the governing body of the applicant, the applicant has the legal authority to submit a proposal for funding, the applicant will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the applicant.

Signature of Authorizing Official Date

Typed Name and Title

**Executive Summary
Crisis Response Program
2022**

Name of Applicant/Organization _____

Anticipated Date Project is Operational _____

Briefly summarize the following section from the applicant’s proposal:

Program Narrative:

Attachment 5

**Assurances
Request for Proposal for
Crisis Response Program
Dated July 22, 2022**

As the duly authorized representative of the applicant, I certify that the applicant:

1. Possesses the legal authority to submit this proposal; that a resolution motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the submission of this proposal, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the proposal and to provide such additional information as may be required.
2. Will comply with all regulations issued by Nebraska Department of Health and Human Services (DHHS), Region 3 Behavioral Health Services (Region 3), and other responsible state and federal agencies regarding the provision of funds and services under this project.
3. Agrees to comply with federal, state, and local laws and regulations as they relate to affirmative action, equal employment opportunities, sexual harassment, and chronic infectious diseases.
4. Will abide by the Federal Civil Rights Act of 1964, the Federal Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and all other federal and state laws, regulations, rules or orders which prohibit discrimination because of race, color, religion, sex, national origin, ancestry, age, marital status, political affiliation, or physical or mental disability.
5. Agrees to operate a drug-free workplace.
6. Is an active member of one or more of the Regional Behavioral Health Provider Networks to assure a comprehensive system of care exists or if not a current member, agrees to become an active member of the Region 3 Provider Network. Participation in a Regional Behavioral Health Provider Network does not, in any way, preclude participation by the applicant in any other service network.
7. Agrees to complete timely on-line registration of individuals served through the Co-Responder Program into the DHHS' centralized data system (CDS).
8. Agrees to participate in the state's behavioral health consumer survey (MHSIP).
9. Agrees to serve all individuals who meet eligibility criteria for the Co-Responder Program.
10. Agrees that in no event shall it deny such services on the basis that it has exhausted the funding budgeted or provided the capacity identified in the Region 3 Network Provider Contract.
11. Agrees to adhere to the accountability requirements of Region 3 and DHHS. The applicant agrees to permit inspection of all clinical, programmatic, and fiscal records of services provided under Region 3's Network Provider Contract. The applicant agrees to provide certified reports of income and expenses and to provide, at its own cost, an annual independent financial audit.
12. Agrees to adhere to the terms and conditions and agrees to sign a Region 3 Network Provider contract upon successful contract negotiations regarding service provision.

- 13. Agrees to abide by federal, state, and local laws, regulations, and policies regarding confidentiality.

- 14. Agrees to maintain current licenses, insurance coverage, etc., as outlined in the Region 3 Network Provider Contract and the Region 3 Network Provider Enrollment Minimum Standards.

- 15. Agrees to adhere to NE DHHS Title 206 NAC Behavioral Health Services and any updated or revised regulations regarding the provision of true, accurate, and complete information.

As applicant I agree to abide by all assurances as stated above:

Applicant

Typed/Printed Name of Authorized Representative

Typed/Printed Title

Signature of Authorized Representative

Date