

*Promoting Comprehensive Partnerships in Behavioral Health*

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[**https://region5systems.net/**](https://region5systems.net/)

Request for Proposal

Voluntary Crisis Response Center

January 20, 2023

**Region V Systems**

**Request for Proposal**

**Voluntary Crisis Response Center**

**Release Date:** Wednesday, February 1, 2023 **Contact:** Amanda Tyerman-Harper

**Submittal Deadline:** April 7, 2023 402-441-4354

 **No later than 4:00 p.m.**  atyerman@region5systems.net

**Submit To:** Region V Systems

 1645 ‘N’ Street

 Lincoln, NE 68508 Submission by fax, telephone, or e-mail is not permitted

Region V Systems (RVS) is pleased to announce the release of a Request for Proposal (RFP) for entities interested in providing services for adults within a Voluntary Crisis Response Center.

The “Request for Proposal” can be found at [www.region5systems.net](http://www.region5systems.net). The application must contain all required information. Applicants should submit the RFP in the following formats by Friday, April 7, 2023, no later than 4:00 p.m.:

* Electronically to Amanda Tyerman-Harper with RVS at atyerman@region5systems.net
* One (1) original and
* Five (5) copies of the proposal to Region V Systems

RVS reserves the right to request clarification or additional information from any Applicant. This solicitation does not obligate RVS to award a contract to any Applicant. RVS, 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 Amanda Tyerman-Harper at atyerman@region5systems.net. Questions to the identified contact person regarding this RFP may be made by e-mail using the “*Request for Information*” form available electronically at [www.region5systems.net](http://www.region5systems.net). Written responses to questions will be made by RVS 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 RVS’ website at [www.region5systems.net](http://www.region5systems.net). RVS 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 RVS, with the exception of clarifying questions, prospective Applicants are prohibited from contacting personnel of RVS, the Department of Health and Human Services, members of RVS’ 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, Vietnam era or 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 V Systems**

Region V Systems, a political subdivision of the state of Nebraska, has the statutory responsibility for organizing and supervising comprehensive behavioral health services in the Region V Systems area which includes 16 counties in southeast Nebraska. The service area for Region V Systems includes Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York counties in southeast Nebraska.

Region V Systems, one of six regional behavioral health authorities in Nebraska, along with the state’s three Regional Centers, make up the state’s public behavioral health system, also known as the Nebraska Behavioral Health System (NBHS). Region V Systems is governed by a board of county commissioners, who are elected officials from each of the 16 counties represented in the service area. The Regional Governing Board (RGB) is under contract with the Nebraska Department of Health and Human Services System, the designated authority for administration of behavioral health 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 V systems, the Behavioral Health Advisory Committee (BHAC) is comprised of 15-20 members including consumers, concerned citizens, and representatives from other community systems in the Region.

Region V Systems’ purpose is to provide coordination, program planning, financial and contractual management, and evaluation of all mental health and substance services funded through a network of behavioral health providers. Currently, Region V Systems has 13 providers in its network who have met the minimum standards required to be a member of the network; each provider has a contract with Region V Systems to deliver a variety of behavioral health services. Region V Systems, as payor of last resort, primarily serves financially eligible adults and youth with or at risk of serious mental illness, substance use disorder, and/or substance dependence.

**SECTION II – STATEMENT OF PURPOSE**

Lancaster County Nebraska and Region V Systems have partnered on a project to identify a service provider who will operate a Voluntary Crisis Response Center (VCRC) in Lincoln, Nebraska. The VCRC will provide services for individuals who exhibit a psychiatric and/or substance use disorder crisis with a moderate to high risk for harm to self/others and are in need of voluntary short-term, protected, supervised, residential services.

Many communities across the United States have limited or no access to true “no wrong door” crisis services; defaulting to law enforcement operating as community-based mental health crisis response teams with few options to connect individuals experiencing a mental health crisis to care in real time. The Substance Abuse and Mental Health Administration (SAMHSA) highlighted this concern in their document, National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit. It was noted that available alternatives represent systemic failures in responding to those in need; including incarceration for misdemeanor offences or drop-off at hospital emergency departments that far too often report being ill-equipped to address a person in mental health crisis. Unacceptable outcomes of this healthcare gap are (1) high rates of incarceration for individuals with mental health challenges, (2) crowding of emergency departments that experience lost opportunity costs with their beds and (3) higher rates of referral to expensive and restrictive inpatient care with extended lengths of stay because lower levels of intervention that better align with person’s needs are not available. For many others in crisis, individuals simply fail to get the care they need, contributing to mental illness’s designation as the most prevalent disability in the United States and one of the greatest causes of lost economic opportunity in communities throughout the nation.

The vision for the Voluntary Crisis Response Center (VCRC) developed in response to the strain on the law enforcement and health care systems within the Region V Systems service area. Law enforcement routinely transports many individuals in crisis to hospital emergency departments or to jail due to the lack of facilities designed specifically for behavioral health crises. The overarching goal for the VCRC is to provide a safe, accessible, healing environment that promotes the recovery and well-being of individuals experiencing a behavioral health crisis.

The VCRC is not intended to duplicate services that currently exist in the Region V Systems service area, such as acute inpatient hospitalization, involuntary crisis stabilization (aka emergency protective custody), social detoxification, and medically monitored inpatient withdrawal management. Individuals in need of these services will be referred to existing service providers. Rather, the intent of the Crisis Stabilization program (within the VCRC) is to treat and support the individual throughout a behavioral health crisis; provide crisis assessment and interventions; make linkages to needed behavioral health services; and assist in transition back to the individual’s typical living situation. The intent of the Mental Health Respite program is to provide a safe, protected, supported residential environment for people with a serious mental illness who could benefit from continued support to assist with a timely transition into the community.

To meet this intent, it will be critical for the service provider to operate the VCRC to implement policies and/or procedures to screen for suicide risk, comorbid medical conditions, and substance use to eliminate unnecessary barriers. In addition, establishment of continuous quality improvement initiatives, including collaborative structures in which the VCRC meets with law enforcement, behavioral health professionals, physical health/medical providers, and other stakeholders on a regular basis to establish and continually improve screening procedures and review instances of poor outcomes or treatment barriers and delays.

In March 2021, the National Council for Wellbeing published the report, *Roadmap to the Ideal Crisis System* authored by the Committee on Psychiatry and the Community for the Group for the Advancement of Psychiatry. This report highlighted the need for crisis services to have safety and security practices that are both safe and welcoming. Emphasizing safety first is a foundational principle.

Crisis services serve people during the most acute periods of their mental health and/or substance use illnesses when the risks of suicide, homicide and other serious adverse outcomes are at their peak. In addition, the high burden of chronic medical illness among people with serious mental illnesses and/or substance use disorders results in a higher likelihood of premature death from chronic medical conditions especially during a crisis when people may not be able to engage in optimal self-care. A foundation of safety implies safety for individuals receiving crisis services, staff providing crisis services, community referents (including law enforcement) and the community as a whole. Safety, however, is not in conflict with the other values – welcoming, hopeful, trauma-informed, person/family-centered – it is fully intertwined.

The more welcoming and hopeful services are, the safer they are. Creating trauma-informed services implies that individuals are safe from being re-traumatized. People who experience welcoming and hope (i.e., recovery-oriented services) are less likely to become agitated. Staff who provide welcoming, hopeful, trauma-informed services are less likely to get injured. While it is challenging to design services in which all these values are incorporated, it is feasible. This also applies to providing services to racial, cultural, and ethnic minorities, who frequently experience all types of health and behavioral health services as traumatizing, in both overt and covert ways. Designing services that are proactively welcoming, intentionally focused on avoiding re-traumatization is the cornerstone of successful experiences for both service recipients and service providers.

Finally, it is important to acknowledge the inherent unpredictability in crisis services. There cannot be a pre-written rule for every scenario that may arise in a crisis setting. When rules fail, frontline crisis workers should be equipped with a firm understanding of core system values, and given the trust, support, and skill (usually through role playing and rehearsal, as well as constant supervision) needed to engage in creative problem solving when confronted with challenging scenarios.

**SECTION III – TARGETED SERVICE AREA / POPULATION**

**Service Area**

The Voluntary Crisis Response Center will be located in Lincoln, Nebraska and will be accessible and available to persons from the 16 counties that comprise the service area for Region V Systems (Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York).

**Utilization Guidelines**

All of the following guidelines are necessary for admission into the Crisis Stabilization program:

* The individual is 19 years of age and older and resides within the aforementioned service area, and
* The individual demonstrates a significant incapacitating or debilitating disturbance in mood/thought interfering with ADLs to the extent that immediate stabilization is required: and
* The individual demonstrates active symptomatology consistent with a DSM (current version) diagnosis which requires and can reasonably be expected to respond to intensive, structured intervention; and
* Clinical evaluation of the individuals’ condition indicates dramatic and sudden decompensation with a strong potential for danger (but not imminently dangerous) to self or others and the individual has no available supports to provide continuous monitoring; and
* The individual requires 24-hour observation and supervision but not the constant observation of an inpatient psychiatric setting; and
* Clinical evaluation indicates that the individual can be effectively treated with short-term intensive crisis intervention services and returned to a less intensive level of care within a brief time frame; and
* A less intensive level of care has been considered/tried *or* clinical evaluation indicates the onset of a life-endangering psychiatric condition, but there is insufficient evidence to determine the appropriate level of care.

All of the following guidelines are necessary for individuals to remain in treatment within the Crisis Stabilization program

* The individual’s condition continues to meet admission guidelines at this level of care.
* The individual’s treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
* Care is rendered in a clinically appropriate manner and is focused on the individual’s changing condition with realistic and specific goals and objectives stated.
* All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.
* Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.
* When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
* There is documented active discharge planning.

Individuals must meet all of the following guidelines to be admitted into the Mental Health Respite program:

* The individual is 19 years of age and older and resides within the aforementioned service area.
* The individual has a current diagnosis of a serious mental illness.
* The individual is at risk of needing a higher level of care if support is not provided.

Individuals must meet all of the following guidelines to remain in treatment in the Mental Health Respite program:

* The individual continues to meet admission guidelines.

**SECTION IV – ELIGIBILITY CRITERIA**

The applicant:

* Will locate the Voluntary Crisis Response Center (VCRC) in Lincoln, Nebraska. The VRCR will be accessible and available to persons from the 16 counties that comprise the Region V Systems service area (Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York).
* May be a state, county, or community-based public, private not-for-profit, private for-profit agency, or faith-based organization.
* Must be a legal entity already established and functioning with paid personnel and demonstrable experience in working with the identified target population.
* Is currently a member in Region V System’s Provider Network or, for new applicant, demonstrate how it meets all the requirements outlined in the Minimum Standards for Enrollment in Region V System’s Behavioral Health Provider Network (see Section XII) to be included as a member of Region V System’s Provider Network.
* Must have the capacity to register services through the State of Nebraska Centralized Data System (CDS) and Electronic Billing System (EBS). The use of an Electronic Health Record platform is preferred.
* Must agree to collect and report data, such as outcomes, to Region V Systems.
* Has been in operation and in good standing (based on a current independent audit) for at least 12 months.
* Is enrolled with Nebraska Medicaid and is contracted with all Medicaid Managed Care Organizations (MCOs) as a provider of Treatment Crisis Intervention or is willing/able to enroll with Nebraska Medicaid and contract with all Medicaid MCOs.
* Will demonstrate the capacity to bill primary funding sources, including private insurance and Medicaid.
* Must hold accreditation by a nationally recognized accreditation organization (i.e., CARF, COA, TJC) or have an accreditation development plan that outlines the agency’s timeline (maximum two years) of applying for national accreditation.
* Will contract separately with Lancaster County if the applicant wishes to utilize American Rescue Plan Act (“ARPA”) funds that Lancaster County received from the United States Treasury to acquire real property, make real property improvements, and/or acquire office furnishings and equipment. Utilizing ARPA funds to acquire real property and/or make real property improvements may be conditioned upon applicant agreeing to land use restrictions, Lancaster County retaining ownership in the property, and/or minimum years of service requirements.
* If ARPA funds will be utilized to acquire property, make real property improvements, and/or acquire office equipment and furnishings, the applicant will be required to comply with the United States Treasury’s ARPA award terms and conditions, sections 602 and 603 of the Social Security Act, and all applicable federal procurement guidelines.
* Limited capacity development funding is available to the selected provider.

**SECTION V - SCOPE OF SERVICE**

The Voluntary Crisis Response Center will be a 16-bed facility that provides a friendly, welcoming, safe environment. Individuals entering the VCRC will experience a warm hand-off to a peer or staff who will assist with meeting immediate basic needs in a quiet, comfortable setting. The VCRC will be a trauma-informed service; trauma-informed services implies that individuals are safe from being re-traumatized. Welcoming, customer-oriented, hopeful, strength-based, and person/family-centered services will provide the foundation for a trauma informed service.

The VCRC will be comprised of two residential services, Crisis Stabilization and Mental Health Respite. The service provider selected to operate the VCRC will, in collaboration with Lancaster County and Region V Systems, create an initial screening process inclusive of the Admission and Continued Stay Guidelines for Crisis Stabilization and for Mental Health Respite as noted in the Nebraska Continuum of Care Manual for Mental Health and Substance Use. It is anticipated that some individuals will be admitted into the Crisis Stabilization program and will be discharged into the community or into another setting. Other individuals will transition from the Crisis Stabilization program into the Mental Health Respite program prior to being discharged. And some individuals will be admitted directly into the Mental Health Respite program. The initial screening process should be inclusive of these (and other) scenarios.

The service provider will be expected to develop a person-centered, client driven, strength-based treatment plan that contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions.

The VCRC’s role includes:

* Triaging individuals in crisis and directing them to the most appropriate facility in the community.
* Diverting non-violent mentally ill adults from jail and into the public behavioral health system.
* Accepting transfers from the Lancaster County Mental Health Crisis Center.
* Diverting persons in crisis from already crowded hospital emergency departments when behavioral health services are a more appropriate option for the individual.
* Mobilizing resources and ensuring coordination after discharge.

Effective crisis evaluation and planning takes time, even in relatively straightforward cases. This requires a safe space designed for individuals in behavioral health crisis where crisis team members can engage clients and their natural support to conduct a useful evaluation and determine the next best steps. For this reason, one of the essential features of a crisis residential facility is the space and time to provide for an effective evaluation.

The clinical picture can be very fluid during a crisis, especially within the first 12-24 hours. Individuals often present late at night at the culmination of a series of difficulties, many times in the context of intoxication and/or lack of sleep. At the time of presentation, the individual may express thoughts of violence or self-harm and/or may be agitated and/or disorganized in their speech and behavior. Conversely, individuals can present in a way that suggests the only problem they have is intoxication, but that presentation may be masking serious suicidality or psychosis. Access to the Crisis Stabilization program allows individuals in acute decompensation to receive a more thorough evaluation and initiation of treatment. Similar to individuals who present with medical crises, the response to initial interventions during the crisis can significantly determine the best next step. Often an opportunity to sleep may mitigate decompensation. Engagement of collaterals in crisis intervention can determine whether the individual can safely return home or if an alternative disposition is required.

The Crisis Stabilization program will focus on behavioral health services for adults to:

* Divert people in behavioral health crisis away from jail.
* Accept transfers from the Lancaster County Mental Health Crisis Center
* Divert people from the emergency room.
* Reduce emergency department visits and psychiatric hospitalizations by preventing further progression of a crisis situation.
* Provide a place for crisis stabilization that offers the needed resources and multidisciplinary support.
* Reduce disruption of adults from their home/family.
* Improve client outcomes.
* Reduce recidivism.
* Save law enforcement time on behavioral health calls, limiting officer engagement when transporting someone to the VCRC.

It is anticipated that the average length of stay within the Crisis Stabilization program will be about three to seven days. For some individuals, this episode of treatment will be all that is necessary for them to stabilize and recover from the worst (or one of the worst) days of their lives.

The Mental Health Respite program will be available to those individuals who are no longer in crisis; however, need additional monitoring and support to prevent the recurrence of the crisis. This may include assistance in accessing community-based services and resources.

Individuals admitted into the Mental Health Respite program will participate in respite programming to address their immediate and long-term needs. If they are actively engaged in programming, individuals are welcome to remain in the respite service up to 28 days.

Case management services will be provided to all individuals admitted and will assist with various needs, including but not limited to:

* Enrolling in Medicaid or another health insurance plan
* Transportation to medical, behavioral health, and other community-based services
* Transportation to meet the discharge needs of the individual
* Medical assessments and appointments
* Behavioral Health assessments and appointments
* Wellness recovery planning
* Coordination with Lancaster County Community Corrections and other jurisdictions for any legal/criminal justice requirements

The VCRC service provider will record demographic and programmatic data pertaining to each person served. The aggregated data will be used to drive future program planning, to identify trends, to identify areas of strength, and to identify areas in need of improvement. The VCRC service provider will develop specific goals and benchmarks (in collaboration with Lancaster County and Region V Systems) with regard the perception of service effectiveness, program accessibility, satisfaction, quality of life improvements, and reduction in symptomology as reported by the person served.

The applicant’s proposal should describe how they plan to meet the non-emergency transportation needs (including at the time of discharge) of individuals served in the VCRC and how prescribed medications will be obtained during overnight hours and on weekends.

A working group comprised of representatives from Lancaster County and from Region V Systems will collaborate with the service provider selected to operate the VCRC to review design and construction details. The document, *Roadmap to the Ideal Crisis System* indicated that safe spaces maximize the safety of clients, staff, and visitors, while keeping the client

experience as pleasant as possible. The following criteria was recommended to determine whether the space is safe, welcoming, and therapeutic: While acknowledging that the design of specific facilities must be tailored to state and local building codes, regulatory requirements, existing physical plant constraints and the level of acuity of the population to be served, the following criteria are general principles to guide the planning and design of crisis facilities in an ideal system.

* Layout allows easy visual observation of clients by staff, without compromising client dignity and respect.
* Ligature and other safety risks are minimized via the use of specialized hardware and fixtures with special

attention to bathrooms, as these are the highest risk areas within behavioral health facilities.

* Furniture is comfortable, heavy (i.e., hard to throw) and easy to clean.
* Elopement risks are minimized.
* Quiet rooms that are separate from the common milieu are available where clients can de-escalate.
* Interview areas that permit privacy while permitting safe exit if agitation occurs.
* Cameras both enhance the ability to provide real-time monitoring and also allow video review of safety incidents

for compliance and quality improvement purposes.

It is expected that the principles of trauma informed care will be utilized in the design of the VCRC to create a safe physical environment, including the use of private bedrooms or, if two-person bedrooms are to be utilized, the availability of private rooms to allow for de-escalation when needed. Design and safety should work together to create a therapeutic milieu that enhances behavioral health care.

Within the overall framework of a customer-oriented, value-based service design, it is important to create a welcoming experience for all customers, including law enforcement personnel. Law enforcement are often the first responders to behavioral health crisis and will provide transportation for individuals to the VCRC. To enable officers to return quickly to their duties, information should be obtained efficiently, and protocols should ensure that medical triage/screening for clearance, if needed before drop-off, is completed in a timely manner.

The following information is from the Nebraska Continuum of Care Manual for Mental Health and Substance Use Disorders from the Nebraska Department of Health and Human Services, Division of Behavioral Health:

| **Service Name** | **CRISIS STABILIZATION UNIT** |
| --- | --- |
| **Funding Source** | Behavioral Health |
| **Setting** | Facility Based  |
| **Facility or Professional Licensure** | As required by DHHS Division of Public Health  |
| **Basic Definition** | Crisis Stabilization provided immediate, short-term, individualized, crisis-oriented treatment to stabilize acute psychiatric symptoms, alcohol or other drug use, and/or significant emotional distress for voluntary and involuntary admitted individuals. The psychiatric and/or substance use disorder crisis results in potentially disruptive or dangerous behaviors and impaired functioning that needs a short-term, stabilizing, structured environment. The service treats and supports the individual throughout the crisis by providing crisis assessment and interventions; medication management; linkages to needed behavioral health services; and assistance in transitioning back to the individual’s typical living situation.  |
| **Service Expectations**  | * Within 24 hours of admission, a mental health assessment and/or a substance use assessment that includes a risk assessment completed by a licensed mental health clinician or prescriber. If the individual has an assessment from a hospital stay immediately preceding the CSU admission, an assessment related to that hospital admission is acceptable if received within 24 hours. If one is not received, the admission assessment must be completed.
* Multidisciplinary/bio-psychosocial assessments, including a history and physical, within 36 hours of admission
* Assessments and treatment must include input from the individual and integrate strengths and needs in both MH/SUD domain as applicable
* A crisis stabilization plan that is developed within 24 hours of admission and adjusted as indicated and includes relapse/crisis prevention and discharge plan components. The plan should consider community, family, and other supports as applicable.
* Interdisciplinary treatment team meeting daily or as often as medically necessary including the individual, family, and other supports as appropriate to assess individual progress through stabilization and implement any needed treatment changes
* Psychiatric nursing interventions are available 24/7
* Medication Management and education
* Individual, group, and family therapy available and offered as tolerated and/or appropriate using a brief therapy/solution focused approach
* Intense discharge and recovery planning beginning at admission. Provide coordination with resources to meet biopsychosocial needs, including legal, to assist in establishing treatment and recovery supports
* Consultation services available for medical, dental, pharmacology, psychological, dietary, pastoral, recreation therapy, laboratory, and other diagnostic services as needed
* All services must be culturally sensitive
 |
| **Length of Services** | Until the individual no longer meets criteria for this level of care |
| **Staffing** | * Medical Director/Supervising Practitioner: Psychiatrist or APRN or PA
* Clinical Director: Psychiatrist, Psychologist, APRN or RN with psychiatric experience
* Therapist: Psychologist, APRN, LIMHP, PLMHP, LMHP, LADC, PLADC
* Nursing: APRN, RNs (psychiatric experience preferred), LPNs under the direct supervision of appropriately licensed medical professional
* Direct Care staff shall have demonstrated skills and competencies in treatment with individuals with a behavioral health diagnosis, demonstrated by at least one of the following: two years lived experience; two years direct care experience in a human service field; two years of training in a human service field; or a bachelor’s degree or higher in psychology, sociology, or related human service field, which is preferred.
 |
| **Staffing Ratio** | * 1 staff to 4 individuals during awake hours (day and evening shifts);
* 1 awake staff to 6 individuals with on-call availability of additional support during overnight hours; access to on-call, licensed mental health professionals 24/7
* RN services and therapist services are provided in a staff to client ratio sufficient to meet client care needs
 |
| **Hours of Operation** | 24/7 |
| **Desired Individual Outcome** | * Symptoms are stabilized and the individual no longer meets clinical guidelines for crisis stabilization.
* The precipitating condition and relapse potential is stabilized such that individual’s condition can be managed with professional external supports and interventions outside of the crisis stabilization facility.
* The individual has been connected to additional services for treatment needs and is knowledgeable on how to access those resources.
 |

Applicants may also review the Medicaid Behavioral Health Service Definition for Treatment Crisis Intervention. This service definition can be found on the Nebraska Department of Health and Human Services website (<https://dhhs.ne.gov>). At the time this RFP was issued, the webpage with the Medicaid Behavioral Health Service Definitions could be accessed via this link: <https://dhhs.ne.gov/Pages/Medicaid-Behavioral-Health-Definitions.aspx>

The following information is from the Nebraska Continuum of Care Manual for Mental Health and Substance Use Disorders from the Nebraska Department of Health and Human Services, Division of Behavioral Health:

| **Service Name**  | **MENTAL HEALTH RESPITE** |
| --- | --- |
| **Funding Source** | Behavioral Health  |
| **Setting**  | Residential Facility  |
| **Facility or Professional License** | As required by DHHS Division of Public Health |
| **Basic Definition**  | Mental Health Respite is a short-term program designed to provide shelter and assistance to address immediate needs for individuals transitioning between residential settings or who benefit from a break from the current home or residential setting. Mental Health Respite provides a safe, protected, supported residential environment for people with a serious mental illness. The service supports an individual throughout the transition or break, provides linkages to needed behavioral health services, and assists in timely transition back into the community.  |
| **Service Expectations** | * Provide the following services on-site: periodic safety checks and monitoring, personal support services, medication monitoring, assistance with activities of daily living, limited transportation, and overnight accommodations including food and lodging
* Linkages to behavioral health services, psychiatric treatment, pharmaceutical services, healthcare services, and emergency care
* Referrals to community services and supports, such as community housing
* Provide 24-hour staff
* Opportunities to be involved in a variety of community activities and services
* All services must be culturally sensitive
 |
| **Length of Services**  | Brief, transition focused care.  |
| **Staffing**  | * Program Manager: Bachelor’s degree or higher in human services or equivalent course work, 2 years of experience/training with demonstrated skills and competencies in treatment of individuals with a behavioral health diagnosis.
* Direct Care staff shall have demonstrated skills and competencies in treatment with individuals with a

behavioral health diagnosis, demonstrated by at least one of the following: two years lived experience; two years’ direct care experience in a human service field; two years of training in a human service field; or a bachelor’s degree or higher in psychology, sociology, or related human service field, which is preferred.* A consultative arrangement with a licensed behavioral health professional, physician, dietician, and Registered Nurse.
* All staff must be trained in trauma-informed care, recovery principles, and crisis management.
* Personal recovery experience preferred for all positions.
 |
| **Staffing Ratio**  | Direct care ratios are no more than 12 individuals per one staff member during 1st and 2nd shift and 1:16 on 3rd shift, with on-call support staff available. \*\*See special staffing note below. \*\* |
| **Hours of Operation** | 24/7 |
| **Individual Desired Outcome**  | * Individual is able to transition successfully to previous or a new community setting.
* Individual has a community-based support system arranged to assist in the current home environment.
* Initial need for respite has resolved.
* Individual has been connected to more intensive, longer term behavioral health care if required.
 |

Special Staffing Note: The co-location of Crisis Stabilization and Mental Health Respite services within the Voluntary Crisis Response Center (VCRC) is intended to provide flexibility to meet the complex needs of individuals who could benefit from these services. Region V Systems acknowledges that these two services have different staffing and staffing ratio requirements and encourages applicants to exceed the minimum staffing ratio for Direct Care staff required by the Mental Health Respite service definition.

**SECTION VI - FINANCIAL SPECIFICATIONS**

**Total Region V Systems Funds Available**

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

|  |  |
| --- | --- |
| **Project** | **RVS Available Funds** |
| Voluntary Crisis Response Center  | $1,147,058.00 |

**Total Lancaster County ARPA Funds Available**

The allocation of funds available to purchase of real property, make real property improvements and/or purchase office equipment and furniture is as follows:

|  |  |
| --- | --- |
| **Project** | Lancaster County ARPA Funds |
| Voluntary Crisis Response Center | $2,300,000.00 |

Terms and conditions will apply to the use of Lancaster County ARPA funds as explained in Section IV above.

**Funding Sources**

Funding for this RFP may include the following sources:

STATE GENERAL FUNDING: The contract amount includes funds contracted to Region V Systems by the Nebraska Department of Health and Human Services, Division of Behavioral Health. Funds are passed through to the Regional Behavioral Health Authority and subsequently passed through from the Regional Behavioral Health Authority to the Network Provider(s).

FEDERAL BLOCK GRANT FUNDING: The contract amount includes funds that are contracted to the Nebraska Department of Health and Human Services, Division of Behavioral Health, by the Department of Health and Human Services, Substance Abuse and Mental Health Administration (SAMHSA). Funds are passed through to the Regional Behavioral Health Authority and subsequently passed through from the Regional Behavioral Health Authority to the Network Provider(s).

LANCASTER COUNTY ARPA FUNDING: ARPA funds must be obligated, meaning contracts must be secured, no later than August 1, 2024. Any unobligated funds remaining after August 1, 2024, will remain with Lancaster County and may be utilized in any matter Lancaster County deems appropriate and in compliance with the rules of the U.S. Department of Treasury. All payment for eligible costs which are intended to be paid using Lancaster County ARPA funds must be disbursed by December 31, 2026.

**Reimbursement Methods**

Services are reimbursed as follows:

NON-FEE FOR SERVICE (NFFS): Services will be reimbursed on an expense reimbursement basis.

NOTE: Funding for Crisis Stabilization from Region V Systems will be dedicated to initial start-up and capacity development with ongoing funding from Region V Systems to be assessed on a regular basis based on other revenue streams.

The provider selected to operate the Voluntary Crisis Response Service shall be enrolled with Nebraska Medicaid and contracted with all Medicaid Managed Care Organizations as a provider for Treatment Crisis Intervention services. The provider will bill Nebraska Medicaid or one of the Medicaid Managed Care Organizations for all individuals enrolled in Nebraska Medicaid.

**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. Use of treatment subcontractors and the terms and conditions of the subcontract must be approved by RVS 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**

The RFP is designed to solicit proposals from qualified applicants who will be responsible for the operation of the Voluntary Crisis Residencial Center (VCRC) to clinically and financially eligible individuals in the Region V Systems service area. Only those providers who submit a *Letter of Intent* are eligible to respond to this Request for Proposal (RFP).

All events related to the RFP process will follow the timeline outlined below:

**Schedule of Events and Deadlines**

Request for Proposal (RFP) Released February 1, 2023

Bidders Conference February 15, 2023 (start time: 9:30 am)

Letters of Intent Due to Region V Systems February 22, 2023 (by 4:00 pm)

Request for Proposal Application Deadline April 7, 2023 (by 4:00 pm)

Review Committee Reviews Applications April 10 to 14, 2023

Behavioral Health Advisory Committee Meeting April 26, 2023

(Review Committee Recommendations)

Regional Governing Board May 8, 2023

(Motion to Approve Funding)

Award Announcement Disseminated and Contract May 8, 2023

Negotiations Begin

**Bidders Conference**

All interested parties are required to attend the Bidders Conference at the Region V Systems office located at 1645 N Street, Lincoln, Nebraska 68508. The Bidders Conference is scheduled to begin at 9:30 am. The purpose of the Bidders Conference is to disseminate and review the contents of the RFP. Interested parties will have the opportunity to ask oral questions regarding the RFP. However oral responses from representatives of Region V Systems to questions asked at the Bidders Conference shall not be considered binding. Attendance at the Bidders Conference is a prerequisite for acceptance of proposals.

**Letter of Intent**

Region V Systems must receive a Letter of Intent (applicant must use Region V Systems’ “*Letter of Intent*” form, Appendix A) by 4:00 p.m., February 22, 2023. 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:

Amanda Tyerman-Harper

Region V Systems

1645 N Street

Lincoln, NE 68508

(402) 441-4343

atyerman@region5systems.net

**Limits on Communications**

Questions to the identified contact person regarding this RFP may be made by email using Appendix B, “*Request for Information*” form, available electronically at [www.region5systems.net](http://www.region5systems.net). Written responses to questions will be made by RVS 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 V Systems, the Nebraska Department of Health and Human Services, Lancaster County, and members of Region V System’s Behavioral Health Advisory Committee (BHAC) and 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.

**SECTION VIII – RFP SUBMISSION INSTRUCTIONS**

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

1. The closing date for receipt of proposals is April 7, 2023. All proposals must be received in the Region V Systems office by 4:00 p.m., April 7, 2023. The Applicant may choose and is responsible for the method of delivery to Region V Systems, except that submission by facsimile will not be accepted at any time. Electronic transmission is required but does not replace the need to submit hard copies of the proposal.

**Proposals must be sent or delivered in person to:**

 Region V Systems

 1645 N Street

 Lincoln, NE 68508

* Information provided must be sufficient for review.
* Applicants shall not be allowed to alter or amend their proposals.
* FAX copies will not be accepted.
* Two-sided copying is NOT allowed.
* No requests for extensions of the due date will be approved.
* The RGB accepts no responsibility for mislabeled/mis-sent mail.
* Proposals received late will not be accepted and will be returned to the sender unopened.
1. Replies not received by the Contact Person at the specified place and by the specified date and time will be rejected as non-responsive and returned unopened to the Applicant. Region V Systems will retain one (1) original proposal for use in the event of a dispute.
2. All proposals received by the date and time specified become the property of Region V Systems and Region V Systems shall have the right to use all ideas, or adaptation of ideas, contained in any response to this RFP. Selection or rejection of the proposal shall not affect this right.
3. Applicants must submit one (1) original and five (5) copies of each proposal. In addition, an electronic submission of the RFP should be made to atyerman@region5systems.net.

1. Proposals must be typed in 12-point font or less, submitted on standard white 8.5” by 11" paper, numbered consecutively on the bottom right-hand corner of each page, starting with the “Cover Page” through the last page of the document, including required appendices and attachments (NOTE: The “Minimum Standards” section should be stapled and numbered separately. Only one copy of the “Minimum Standards” is required).
2. Use black ink.
3. Staple or clip the original and each copy of the proposal at the upper left-hand corner. Do not use covers or add unsolicited attachments to your proposal.
4. All information must be provided using the actual Region V Systems’ forms (the appendices provided in this RFP). All required forms are posted on the Region V System website: [www.region5systems.net](http://www.region5systems.net).
5. All instructions, conditions, and requirements included in this document are considered mandatory unless otherwise stated. RFP responses that do not conform to the items provided in this document will not be considered.
6. Any costs incurred in the submission of proposals are the responsibility of the Applicant.
7. The applicant may withdraw its proposal, with written notification, at any time in the process.

**SECTION IX – PROPOSAL FORMAT**

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

1. **Cover Page**: Complete the entire “*Cover Page*” (Appendix C) 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. **Executive Summary**: Complete the entire “*Executive Summary*” (Appendix D). The “*Executive Summary*” should summarize the program narrative and budget justification narrative.
3. **Capacity Development Plan Guidelines:**

A Capacity Development Plan for Behavioral Health Services must be submitted and approved before state and/or federal funds can be used to develop a new service. The format specified in the Guidelines for Capacity Development must be used to apply for approval to fund a new service. The Capacity Development Plan must include the following:

1. Program Narrative
2. Development and Implementation Plan
3. Budget (Note: the applicant must submit separate budgets for Crisis Stabilization and Mental Health Respite).

**PROGRAM NARRATIVE**

The **Program Narrative** is a written plan that describes, in detail, the Voluntary Crisis Response Center program being proposed. The following information must be provided in as thorough and complete detail as possible:

1. Name and address of the **provider agency** with an explanation of why the provider can provide this program. Identify the specific amount of time (up to a maximum of 12 months) needed to develop the service and the dates of the service development period requested.
2. Describe the **purpose** of the program. Explain the reason for developing the program in terms of the result expected to meet the needs of consumers.
3. Thoroughly 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 period for the data. Include an explanation of why this need would logically lead to the development of the program being proposed.
4. Describe the **target population** to be served and provide specific details about gender, ages, ethnicity, geographic location, school grades (if appropriate), mental illness(es) and/or substance use disorder needs, medical needs, and other relevant information about the persons to be served in this program.
5. Provide a general overview of **how the program will be organized.** Include information about how the provider's resources (facility space, personnel­-current/new, equipment, other) and administrative structure are coordinated and directed to meet the needs of the consumers through the proposed program.
6. List and explain the **goals of the program** which describe specific, measurable desired outcomes **from a consumer's point of view.** Explain what a consumer will want to gain from this program. The goals should have a direct relation to the program purpose and should deal specifically with issues related to the services to be delivered in the program. The goals should address expected short- and long-term benefits for the target population. Program goals do not include organization management or program development goals. These goals are **different than those identified on the BH-5.**
7. Thoroughly describe **admission criteria** and procedures for consumers to access the program or how the Behavioral Health clinical criteria will be used in this program.
8. Describe the **assessment process** and procedures which will be used in the program. Include an explanation of what information will be gathered for each consumer and how consumers in this program will be screened for other problems.
9. List and include complete explanations of the **specific services** to be provided directly to the consumer:
10. How individual treatment or rehabilitation planning will be done with the consumer and what is included in this individual plan.
11. What is involved in the services to be provided within this program.
12. How the services will be coordinated with other programs.
13. The provisions for periodic reassessment and individual plan revision.
14. Discharge planning procedures, criteria, and follow-up.
15. The projected average length of stay in the program for the consumer to successfully reach the desired results as specified in the goals (see F above).
16. How the program activities are designed for and appropriate to the developmental stage of the consumers to be served.
17. Describe the procedures for direct consumer involvement in the program. Include an explanation of:
18. How potential consumers will be informed about the program and consumer rights.
19. How meaningful participation of consumers will be incorporated into the development, evaluation, and ongoing modification of the program.
20. Discuss the **capacity** anticipated for the program. Program capacity means the total number of individual consumers considered "active" in the program at any given time. Daily census means the number of individual consumers who can be served on a single business day. Estimate the total number of consumers who can be served during the capacity development period, and, in a normal 12-month period (if the capacity development period is less than one year).
21. Discuss the **program staffing** proposed. Include an explanation of the qualifications and supervision of the positions which will provide any services (direct and indirect) in the program. Please attach copies of any relevant job descriptions.
22. Describe the **quality assurance plan** which will be used for this program and directed at desired outcomes for the consumer. Explain how information and data will be gathered to evaluate the program, what quality indicators will be used, how they will be used, who will be involved in making this happen, and timeframes for progress reports. Include the details of the quality improvement functions the agency plans to use in this program.
23. Describe how the program will work or is working to make progress toward **co-occurring capability** through assessment using the Compass-EZ, improvement plan, etc.
24. Identify the specific **facility needs** of the program and explain how this program will meet those needs. How will the provider secure adequate square footage? Include an explanation of the relationship of this program within the operation of the provider agency.
25. If **facility needs** require purchasing real property and/or making real property improvements, explain why such expenditure(s) is/are appropriate for the operation of the program. Provide a comparison of the proposed capital expenditure(s) against at least two alternative capital expenditures and demonstrate why the proposed capital expenditure(s) is superior.

**DEVELOPMENT and IMPLEMENTATION PLAN**

The **Development and Implementation Plan** will be developed on **Form BH-5.** The development plan includes an implementation schedule. The information will explain in detail the development process and show a clear step-by-step plan of how the program will be developed over a given period. The Program Development Plan will conclude with consumers receiving services and a formal evaluation of the program plan, the process, and the services provided.

The Development and Implementation Plan may have several BH-5 forms that will identify the goals and objectives needed to develop and implement service capacity. Use a separate form for each goal. The Nebraska Department of Health and Human Services, Division of Behavioral Health will provide approved capacity development funding to accomplish the capacity development goals that include, at a minimum, the following:

1. Develop administrative structures and personnel for service.
2. Develop program plan, program operating policies and procedures, operation plan, authorization/referral system for service.
3. Develop reporting, financing, and quality assurance systems.
4. Develop a plan to begin to serve people.
5. State certification development plan/timeline and an infectious disease policy and disaster plan.

Instructions for completing **Form BH-5 (Appendix E)**

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 specific **activities** that have to be accomplished to fulfill the objective.

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

Column D. Each activity must have a specific **beginning and ending time** identified. This period must be within the proposed servicedevelopment time period. 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, financial, and programmatic development through successful completion of each activity.

**BUDGET**

The applicant will prepare separate budgets for Crisis Stabilization and Mental Health Respite. Each budget should include the following five sections:

1. Itemized Annual Operating Budget (Appendix F)

Use Form BH-20 to develop the detailed budget for the service. Also included is a list of the specific items that would be in that budget section.

1. BH-20a-b Budget Summary page details the Revenue and Expenses Summary
	1. Revenue Summary [Ensure revenues expected for the service are reported from ALL other funding sources (i.e., Medicaid)]
	2. Expenses Summary [Include the federally approved indirect cost rate or approved de minimis rate from DBH]
2. BH-20c – Personnel Services Expenses [Ensure that all staff to be employed to provide the service are

 reported on this form]

1. BH-20d – Operations Expenses
2. BH-20e – Travel Expenses
3. BH-20f – Capital Outlays
4. BH-20g – Administrative Expenses
5. One Time Development/Start-up Budget

Use Forms BH-20 to develop the one time start up budget for the services.

1. BH-20a-b Budget Summary page details the Revenue and Expenses Summary
	1. Revenue Summary [Ensure revenues expected for the service are reported from ALL other funding sources (i.e., Medicaid)]
	2. Expenses Summary [Include the federally approved indirect cost rate or approved de minimis rate from DBH]
2. BH-20c – Personnel Services Expenses [Ensure that all staff to be employed to provide the service are

 reported on this form]

1. BH-20d – Operations Expenses
2. BH-20e – Travel Expenses
3. BH-20f – Capital Outlays [Projected capital improvement expenses for the purchase of real property,

 making real property improvements and/or purchasing office equipment and furniture.

1. BH-20g – Administrative Expenses
2. Budget Justification Narrative: This narrative will detail why the costs listed on the budget itemization forms for sections A and B are necessary and how those costs were calculated. Please address the following items separately in the narrative:
3. Describe the project’s facility and space requirements and explain why the amount is needed.
4. Identify amounts and sources of any other revenues to be used or received with this project, in addition to the state and/or federal funds being requested with this proposal.
5. Annual Operating Budget: Explain and justify all items included in the annual operating budget including:
6. Staffing needs by position, number of full-time equivalents (FTEs), and their respective salary and fringe costs separately.
7. How ongoing operational, travel, capital outlay, personnel, professional fees, consultant needs, and costs were determined.
8. Describe the project’s facility and space requirements and explain why the amount is needed.
9. Identify amounts and sources of any other revenues to be used or received with this project, in addition to state and/or federal funds being requested with this proposal.
10. One Time Development/Start Up Budget: Explain and justify all items included in the start-up (one-time) cost budget.
11. Staffing needs by position, number of full-time equivalents (FTEs), and their respective salary and fringe costs separately.
12. How long it will take to develop the service and why.
13. How ongoing operational, travel, capital outlay, personnel, professional fees, consultant needs, and costs were determined.
14. Describe how the agency will procure the project’s facility and space requirements and explain why the amount is needed.
15. Identify amounts and sources of any other revenues to be used or received with this project, in addition to the state and/or federal funds being requested with this proposal.

**Capacity Development Progress Reports**

Monthly Capacity Development reports will be required for any service approved for capacity development. The Capacity Development report must communicate details of the progress made toward completion of goals, the progress in developing and providing the service, and the progress made to move the payment method from Non-Fee for Service (NFFS) funding to Fee for Service (FFS) funding.

* Format for Monthly Progress Report – a BH-5 should be used to report progress and should include details and data on progress toward meeting each goal, objective, and activity identified on the BH-5.
* The Monthly Progress Reports will be due by the 7th of the month for the preceding month.

**SECTION X – MINIMUM STANDARDS FOR ENROLLMENT IN REGION V SYSTEMS’ BEHAVIORAL HEALTH PROVIDER NETWORK**

Any applicant, not a current member of Region V Systems’ Behavioral Health Provider Network, shall meet the requirements for the Minimum Standards for Enrollment in Region V Systems’ Behavioral Health Provider Network (See Appendix G - Minimum Standards for Enrollment in Region V Systems’ Behavioral Health Provider Network.)

The ***Network Provider Enrollment Form***, and supporting documentation, is a separate document which must be submitted at the same time as the proposal. Only **one** copy of the Enrollment Plan is required with submission of the proposal.

**SECTION XI – REVIEW AND EVALUATION PROCESS**

**Mandatory Requirements**

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

1. Attendance at Bidders Conference
2. Letter of Intent
3. Executive Summary
4. Capacity Development Plan
	1. Program Narrative
	2. Development and Implementation Plan
	3. Budget

**Review Committee**

All proposals that include all required components will then be evaluated by members of the Review Committee. This committee may include, but is not limited to, consumers, members of the community, representatives from the Behavioral Health Advisory Committee (BHAC), the Regional Governing Board (RGB), the Division of Behavioral Health (DBH), representatives from Lancaster County, and/or Region V Systems. 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 for final 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.

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

**Evaluation and Scoring**

A contract award will be made based on the highest quality of service that meets the RGB’s requirements. The RGB shall consider the following in its evaluation of the proposal submitted:

1. Cover Page (required, not scored).
2. Executive Summary (required, not scored)
3. Project Narrative (60 points)
4. Development and Implementation Plan (15 points)
5. Budget (25 points)

**Oral Interviews and/or Presentations**

The Review Committee may conclude, after the completion of the evaluation process, that oral interviews and/or presentations are required in order to make final determinations. Applicants may be invited to appear before the RGB and/or Review Committee to respond to questions regarding their proposal(s).

**Presentations**

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

**Interviews**

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

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

Once the oral interviews and/or presentations have been completed, the RGB reserves the right to make a final determination without any further discussion with the applicant regarding the proposal received. Any cost incidental to the oral interviews and/or presentations shall be borne entirely by the applicant and will not be compensated by the RGB.

**Selection and Award**

1. The final decision regarding the award of the contract will be made by RVS’ Regional Governing Board and is subject to approval by DHHS. All decisions regarding funding allocations will be made on May 8, 2023, by the Regional Governing Board. Notification of the final funding decisions will be mailed to applicants upon approval.
2. The RGB 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.

Region V Systems may deliver services only after:

1. A competitive bidding process has been completed and a determination has been made that bids received do not adequately address the requirements of the RFP,
2. A determination by the RGB that such services can be more reasonably and beneficially provided by RVS, and/or
3. Approval by the DHHS, Division of Behavioral Health Services.
4. The RGB reserves the right to void its intent to select and negotiate with an Applicant if the Applicant’s proposal is not approved by DHHS.
5. Notification of contractor selection or non-selection will be made in writing by RVS.
6. Issuance of this RFP in no way constitutes a commitment by RVS 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.
7. RVS reserves the right to reject any and all proposals or to make multiple awards.
8. RVS 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 RGB 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.