



Region II Human Services

110 N Bailey Ave, North Platte, Nebraska 69101

308-534-0440 Fax: 308-534-8775

<https://www.r2hs.com/>

Request for Proposal

**Peer Support – Mental Health
and/or Substance Use**

March 3, 2026

**Region II Human Services
Request for Proposal
For Peer Support - Mental Health and/or Substance Use**

Release Date: March 3, 2026	Contact: Jordan Rickett 308-534-0440 jordanrickett@r2hs.com
Proposal Deadline: March 30, 2026	
No later than 4:00 p.m., To: Region II Human Services 110 N Bailey Ave, PO BOX 1208 North Platte, NE 69103	

Submission by fax or telephone is not permitted

Region II Human Services (R2HS) is pleased to announce the release of a Request for Proposal (RFP) for entities interested in providing **Peer Support for Mental Health and/or Substance Use** services. The “Request for Proposal” can be found at www.r2hs.com. The application must contain all required information. Applicants should submit the RFP in the following formats by Monday March 30, 2026 no later than 4:00 p.m.:

- Electronically to Jordan Rickett with R2HS at jordanrickett@r2hs.com
- One (1) original and
- Five (5) copies of the proposal to Region II Human Services

R2HS reserves the right to request clarification or additional information from any Applicant. This solicitation does not obligate R2HS to award a contract to any Applicant. R2HS, 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 shall be made in writing using the “*Request for Information*” form available on the R2HS website. Completed forms shall be emailed to Jordan Rickett at jordanrickett@r2hs.com. Written responses to questions will be made by R2HS personnel via email to the inquiring party and all interested parties.

All notices, decisions, documents and other matters relating to the RFP process will be electronically posted on R2HS’ website at www.r2hs.com. R2HS 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 R2HS, with the exception of clarifying questions, prospective Applicants are prohibited from contacting personnel of R2HS, the Department of Health and Human Services, members of R2HS’ 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 II Human Services

Region II Human Services, a political subdivision of the state of Nebraska, has the statutory responsibility for organizing and supervising comprehensive behavioral health services in the Region II Human Services area which includes 17 counties in west central Nebraska. Region II's geographical area includes Arthur, Chase, Dawson, Dundy, Frontier, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow, and Thomas counties in Nebraska.

Region II Human Services, 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 II Human Services is governed by a board of county commissioners, who are elected officials from each of the counties represented in the Regional geographic area. The Regional Governing Board (RGB) is under contract with the Nebraska Department of Health and Human Services System, 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 II the Behavioral Health Advisory Committee (BHAC) is comprised of 10-15 members including consumers, concerned citizens, and representatives from other community systems in the Region.

Region II Human Services' purpose is to provide coordination, program planning, financial and contractual management, and evaluation of all mental health and substance use disorder services funded through a network of behavioral health providers. Currently, Region II Human Services has 8 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 II to deliver a variety of behavioral health services. Region II Human Services, 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

The purpose of this Request for Approval (RFA)/Request for Proposals (RFP) is to seek qualified providers for the development and provision of Peer Support for Mental Health and/or Substance Use services. It is the intent of this Request for Proposal (RFP) to ensure that consumers receive access to high quality behavioral health services. The selected provider(s) will be responsible for delivering personalized Peer Support that aligns with best practices and adheres to established service guidelines. These services are intended to assist individuals and families in initiating and maintaining the process of recovery and resiliency to improve quality of life, increase resiliency, and to promote health and wellness.

Through this RFP process, we are committed to enhancing access to behavioral health services that prioritize the unique needs of consumers, fostering a collaborative approach to care that involves both the individuals served and their broader healthcare team. Our goal is to promote positive treatment outcomes, improve the quality of life for individuals living with mental health and/or substance use challenges, and ensure that services are culturally sensitive, accessible, and inclusive.

SECTION III – TARGETED SERVICE AREA / POPULATION

Service Area

Services shall be accessible & available to persons located in all 17 counties in Region II's geographical area.

Utilization Guidelines

All of the following guidelines are necessary for admission into Peer Support:

- Presence of a mental health and/or a substance use disorder that would benefit from this service; and

- The individual is enrolled in active behavioral health services; and
- Presents with symptoms and/or functional deficits that interfere with the individual's ability to maintain a routine of wellness and sustained recovery.
- For Family Peer Support, caregiver of a child/adolescent living with a severe emotional disturbance, substance use disorder, who is experiencing urgent behavioral/emotional challenges in the home, school and/or community. Serious Emotional Disturbance is evidenced by significant functional impairments due to their behavioral health diagnosis.

SECTION IV – ELIGIBILITY CRITERIA

The applicant:

- 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.
- Currently a member in Region II System’s Provider Network or, for new applicant, demonstrate how it meets all the requirements outlined in the Minimum Standards for Enrollment in Region II System’s Behavioral Health Provider Network (see Section XII) to be included as a member of Region II System’s Provider Network.
- Has been in operation and in good standing
- Must have appropriate staff per the service definition.
- Must possess appropriate state licensure and credentialing by appropriate State of Nebraska Departments, Divisions, or Boards, as approved by NE DHHS or have a plan in place to achieve such licensure/credentialing before the Agreement is awarded.
- Is enrolled with Nebraska Medicaid and is contracted with all Medicaid Managed Care Organizations (MCOs) or is willing/able to enroll with Nebraska Medicaid and contract with all Medicaid MCOs for all NAVIGATE interventions that can be reimbursed by Nebraska Medicaid.
- Will demonstrate the capacity to bill third party insurance, including private insurance and Medicaid for all interventions that can be reimbursed by third party insurance.
- Must be experienced in collaborating with community agencies, and other key stakeholders.
- Must demonstrate a sound financial position based on audited financial statements from the past year.
- Must be able to provide service to consumers within the Region’s 17 county geographical area.
- Must agree to provide data to Region II, as well as agree to collaborate with the Quality Improvement Department within Region II for further development of outcome measures as necessary and required.

SECTION V - SCOPE OF SERVICE

In Region II, the selected provider(s) will be responsible for the provision of Peer Support for Mental Health and/or Substance Use services to the target population as outlined in the service definition below. Applicants must demonstrate the ability to assume responsibility for the administration, management, and provision of these behavioral health services as required in the RFP:

SERVICE CATEGORY: OUTPATIENT SERVICES

SERVICE DEFINITION

Service Name	PEER SUPPORT
Funding Source	Behavioral Health
Setting	Peer support services may be provided in an outpatient office/clinic, individual's home and/or community setting.
Facility or Professional License	As required by DHHS Division of Behavioral Health
Basic Definition	The provision of Peer Support services facilitates recovery as the person served defines it. The service is designed to assist individuals and families in initiating and maintaining the process of recovery and resiliency to improve quality of life, increase resiliency, and to promote health and wellness. The core element of the service is the development of a relationship based on shared lived experience and mutuality between the provider and the individual/family. Services facilitate effective system navigation, empowerment, hope, resiliency, voice and choice, and system of care values. This service can be provided to individuals and families in individual and group settings.
Program Expectations	<ul style="list-style-type: none"> • A mental health or substance use disorder assessment describing the service needs of the individual, completed by a licensed clinician authorized to perform this service, must have been completed prior to initiating peer support services and recommends this level of care. A copy of the assessment(s) should be found in the individual's peer support file; if unable to obtain, documentation will be found describing efforts to obtain. • A Wellness and Recovery Service Plan (WRSP) is developed through shared decision making inclusive of the individual/family and must identify specific areas to be addressed; clear and realistic goals and objectives; strategies, and recovery support services to be implemented; criteria for achievement; target dates; methods for evaluating the individual's progress; a discharge plan, wellness plan, and crisis prevention plan that includes defining early warning signs and triggers and response. • The Wellness and Recovery Service Plan (WRSP) is developed within 30 days following admission, reviewed and updated a minimum of every 90 days, or more frequently as clinically necessary. The clinical consultant is responsible for reviewing and signing off on the Wellness and Recovery Service Plan. • Clinical consultation between a licensed provider and the peer support provider must occur every 90 days or as often as necessary to update progress or revise the WRSP. Clinical consultation shall be available to provide consultation as needed, including for crisis needs.
Service Name	PEER SUPPORT
	<ul style="list-style-type: none"> • Care coordination activities must include collaboration with other treatment providers, including obtaining copies of treatment/service plans to aid in development of the WRSP. • Family Peer Support Services provided to care-givers/family supports the acquisition of skills to assist in improved outcomes for youth with complex needs, education of the family to support building parenting skills and understanding trauma. • Developmentally appropriate screenings are used to identify strengths, ability, and at-risk behavior, including suicide risk, at admission and throughout program; if imminent danger is identified appropriate steps must be taken to minimize risk. • Interventions include: Person centered-strength based planning; system navigation, accessing community resources, and engagement with formal and informal resources and supports through coaching/mentoring; assisting individuals in locating and joining existing self-help groups; education about topics such as healthy personal boundaries, individual rights, self-management, and the significance of shared decision making; and self-advocacy activities that enhance problem solving abilities and improve health and well-being. • Crisis support to advocate and liaison with other crisis response services. • Collaborate as a member of the individual/family/guardian's care team. • Adapts services to be person centered and fit the needs of particular individuals, such as veterans, transitional age youth, families, and those with law enforcement contact. • Face to face service delivery is preferable. If in person service delivery is unavailable, telephone is acceptable with documentation regarding the barriers preventing in person service delivery
Length of Services	As identified by the individual, the coordinated treatment team, and as determined clinically necessary.
Staffing	<p>The peer support provider must meet the following criteria:</p> <ul style="list-style-type: none"> • Be 19 years of age or older; • Self-identify as having lived experience as an individual with a mental health/substance use disorder or as a parent/care-giver to a child with a mental health/substance use disorder; for family peer support providers must have experience parenting a child/youth with a behavioral health challenge. • Have a high school diploma or equivalent with two years of lived recovery. • Have certification as described by the Division of Behavioral Health. <p>The clinical consultant assumes professional responsibility for the services provided by the peer support provider. Clinical consultants must be licensed as one of the following:</p>

Service Name	PEER SUPPORT
	<ul style="list-style-type: none"> • Psychiatrist; • Licensed Psychologist; • Provisionally Licensed Psychologist; • Advanced Practice Registered Nurse (APRN), Nurse Practitioner (NP); or Registered Nurse (RN) • Licensed Independent Mental Health Practitioner (LIMHP); • Licensed Mental Health Practitioner (LMHP); • Provisionally Licensed Mental Health Professional (PLMHP); • Licensed Alcohol and Drug Counselor (LADC) for substance use only; and • Provisionally Licensed Alcohol and Drug Counselor (PLADC) for substance use only.
Staffing Ratio	<ul style="list-style-type: none"> • The ratio for clinical consultant to peer support provider as needed to meet clinical consultation expectations described above. • Caseloads for peer support providers must not exceed 1:25. • Peer support groups are a minimum of three participants and a maximum of twelve
Hours of Operation	Peer support services will be available during times that meet the need of the individual and families served which may include evenings and weekends.
Individual Desired Outcome	<ul style="list-style-type: none"> • The individual/family's recovery and wellness plan is sustainable. The individual/family demonstrates the ability to identify their strengths, needs, access resources and successfully navigate various systems to engage with those resources; • The individual/family has formal and informal supports in place; • Improved stability as indicated by using support system to reduce crisis contacts as appropriate and safe

UTILIZATION GUIDELINES
PEER SUPPORT

I. Admission Guidelines

Individual must meet all of the following admission guidelines to be admitted to this service

1. Presence of a mental health and/or a substance use disorder that would benefit from this service; and
2. The individual is enrolled in active behavioral health services; and
3. Presents with symptoms and/or functional deficits that interfere with the individual's ability to maintain a routine of wellness and sustained recovery.
4. For Family Peer Support, caregiver of a child/adolescent living with a severe emotional disturbance, substance use disorder, who is experiencing urgent behavioral/emotional challenges in the home, school and/or community. Serious Emotional Disturbance is evidenced by significant functional impairments due to their behavioral health diagnosis.

II. Continuing Stay Guidelines

All of the following Guidelines are necessary for continuing treatment:

1. The individual/family continues to meet the admission guidelines for peer support services; and
2. There is reasonable likelihood of substantial benefit as a result of active continuation of this service as demonstrated by objective behavioral measurements of improvements; and
3. The individual/family is making progress toward their goals and is actively participating in the interventions.

SECTION VI - FINANCIAL SPECIFICATIONS

Total Region II Human Services' Funds Available

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

Service Category	R2HS Available Funds
Peer Support for Mental Health and/or Substance Use	Up to \$15,000*, at the rate of \$15.15 per 15 minute unit for Individual and \$10.42 per 15 minute unit for Group

*If the contract is awarded to an existing Network Provider, existing contract funds will be used, and shifted as needed, before allocation of new funds to this service.

Funding Sources

Funding for this RFP is from the following sources:

STATE GENERAL FUNDING: The contract amount includes funds contracted to Region II Human Services 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).

Reimbursement Methods

Services are reimbursed as follows:

FEE FOR SERVICE (FFS): Services are reimbursed at the Division of Behavioral Health statewide rate of **\$15.15** per 15 minute unit up to the designated amount specified in the contract.

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 R2HS in advance of execution of any subcontract.

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

SECTION VI – RFP PROCESS

The RFP is designed to solicit proposals from qualified applicants who will be responsible for provision of Peer Support services to clinically and financially eligible individuals who are lawfully in the United States, in the Region II service area.

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

Schedule of Events and Deadlines

- Request for Proposal (RFP) Released March 3, 2026
- Request for Proposal Application Deadline March 30, 2026 (by 4:00 pm)
- Review Committee Reviews Applications..... March 31 – April 3, 2026
- Region Submits Proposal Applications to DBH April 6, 2026
- Behavioral Health Advisory Committee Meeting April 15, 2026
(Review Committee Recommendations)
- Regional Governing Board April 23, 2026
(Motion to Approve Funding)
- Award Announcement Disseminated and Contract April 23, 2026
Negotiations Begin

Contact Person

The contact person for all communication regarding this RFP is:

Jordan Rickett
Region II Human Services
110 N Bailey Ave
North Platte, NE 69103-1208
(308)534-0440
jordanrickett@r2hs.com

Limits on Communications

Questions to the identified contact person regarding this RFP may be made by email using Appendix A, “*Request for Information*” form. Written responses to questions will be made by R2HS personnel via email to the inquiring party and other inquiring providers within two business days.

With the exception of clarifying questions, Applicants are prohibited from contacting personnel of Region II Human Services, the Department of Health and Human Services, members of Region II’s 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.

SECTION X – RFP SUBMISSION INSTRUCTIONS

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

1. The closing date for receipt of proposals is March 30, 2026. All proposals must be received in Region II Human Services’ office by 4:00 p.m., March 30, 2026. The Applicant may choose and is responsible for the method of delivery to R2HS except that facsimiles 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 II Human Services
110 N Bailey, PO BOX 1208
North Platte, NE 69103

- 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.
2. 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 by R2HS. Region II will retain one (1) original proposal for use in the event of a dispute.
 3. All proposals received by the date and time specified become the property of R2HS. R2HS 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.
 4. 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 jordanrickett@r2hs.com.

5. Proposals must be typed in 12-point font or less, submitted on standard white 8 ½" by 11" paper, numbered consecutively on the bottom right-hand corner of each page, starting with the "Cover Page," through the last document, including required appendices and attachments. (NOTE: The "Minimum Standards" section should be stapled and numbered separately. Only one copy of the "Minimum Standards" is required.)
6. Use black ink.
7. 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.
8. All information must be provided on the actual Region II Human Services' forms (the appendices provided in this RFP). All required forms can be requested from Jordan Rickett at 308-534-0440 or jordanrickett@r2hs.com.
9. 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.
10. Any costs incurred in the submission of proposals are the responsibility of the Applicant.
11. The applicant may withdraw its proposal, with written notification, at any time in the process.

SECTION XI – PROPOSAL FORMAT

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

1. **Cover Page:** Complete the entire "*Cover Page*" (Appendix B) 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 C). The "*Executive Summary*" should summarize the program narrative and budget justification narrative.
3. **Capacity Development Plan:**
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:
 - A. Program Narrative
 - B. Development and Implementation Plan

PROGRAM NARRATIVE

The **Program Narrative** is a written plan that describes, in detail, how the applicant will provide the service (Peer Support) being proposed. The following information must be provided in as thorough and complete detail as possible:

- A. Name and address of the **provider agency** with an explanation of why the provider is capable of providing this program.
- B. 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.

- C. 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.
- D. 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.
- E. 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.
- F. 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 (i.e., substance use problems, if developing a mental health program or mental illness, if developing a substance use program). If more detailed procedures need to be developed, include this in the Program Development/Implementation Schedule.
- G. List and include complete explanations of the **specific services** to be provided directly to the consumer:
 1. What is involved in the service to be provided within this program.
 2. How the service will be coordinated with other programs.
 3. The provisions for periodic reassessment and individual plan revision.
 4. Discharge planning procedures, criteria, and follow-up.
- H. Describe the procedures for direct consumer involvement in the program. Include an explanation of:
 1. How potential consumers will be informed about the program and consumer rights.
 2. How meaningful participation of consumers will be incorporated into the development, evaluation, and ongoing modification of the program.
- I. 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 in a normal 12-month period.
- J. Discuss the **program staffing** proposed. Include an explanation of the qualifications, education/training and supervision of the positions which will provide any services (direct and indirect) in the program. Please attach a copy of any relevant job descriptions.
- K. 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.

SECTION XII – MINIMUM STANDARDS FOR ENROLLMENT IN REGION II HUMAN SERVICES’ BEHAVIORAL HEALTH PROVIDER NETWORK

Any applicant, not a current member of Region II Human Services’ Behavioral Health Provider Network, shall meet the requirements for the Minimum Standards for Enrollment in Region II Human Services’ Behavioral Health Provider Network (See Appendix D - Minimum Standards for Enrollment in Region II Human Services’ Behavioral Health Provider Network.). The *Network Provider Enrollment Form*, and supported 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 XIII – 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 II 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. Following are required items necessary for a proposal to be forwarded to the Review Committee:

1. Executive Summary

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), and/or Region II Human Services. 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.

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:

- A. Cover Page (required, not scored).
- B. Executive Summary (required, not scored)
- C. Project Narrative (60 points)
- D. Development/Implementation Timeline (15 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 II Human Services 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

- A. The final decision regarding the award of the contract will be made by R2HS' Regional Governing Board and is subject to approval by DHHS. All decisions regarding funding allocations will be made on April 23, 2026 by

the Regional Governing Board. Notification of the final funding decisions will be mailed to applicants upon approval.

- B. 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 II Human Services 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 R2HS; and/or
 3. Approval by the DHHS, Division of Behavioral Health Services.
- C. 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.
- D. Notification of contractor selection or non-selection will be made in writing by R2HS.
- E. Issuance of this RFP in no way constitutes a commitment by R2HS 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. R2HS reserves the right to reject any and all proposals or to make multiple awards.
- G. R2HS 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.

SECTION XIV – APPENDICES

- Appendix A: Request for Information
- Appendix B: Cover Page
- Appendix C: Executive Summary
- Appendix D: Minimum Standards for Enrollment