

**REQUEST FOR APPLICATIONS RFA # \_\_\_\_\_**

**TITLE:** Peer Operated Respite Service

**FUNDING AGENCY:** Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

**ISSUE DATE:** January 12, 2017

**FUNDING AGENCY:** Physical- Bath Building, 306 North Wilmington Street, Raleigh, NC 27601

Mailing- Adult Mental Health Team, Community Mental Health Section, 3004 Mail Service Center, Raleigh, NC 27699-3004

**IMPORTANT NOTE:** Indicate agency or organization name and RFA number on the front of each application envelope or package, along with the date for receipt of applications specified below.

Applications, subject to the conditions made a part of hereof, will be received until 5:00 p.m., February 22, 2017, for furnishing services described herein.

SEND ALL APPLICATIONS DIRECTLY TO THE FUNDING AGENCY ADDRESS SHOWN ABOVE.

Direct all inquiries concerning this RFA to: *Stacy A. Smith*

*Community Mental Health Section, Adult Mental Health Team*

*306 North Wilmington Street*

*Raleigh, NC 27601*

[Stacy.smith@dhhs.nc.gov](mailto:Stacy.smith@dhhs.nc.gov)

*919-715-2368*

**PLEASE NOTE:** We will accept applications submitted via email as official submissions. They must be received by the above listed email prior to 5:00 p.m., February 22, 2017.

**NOTE:** All prospective applicants are ENCOURAGED to attend a VIRTUAL BIDDER'S CONFERENCE on Thursday, January 26, 2016 from 10:00 a.m. to 12:00 p.m. Please contact Brenda T. Smith at [Brenda.t.smith@dhhs.nc.gov](mailto:Brenda.t.smith@dhhs.nc.gov) for the webinar information. A summary of all questions and answers will be mailed to agencies and organizations sent a copy of this Request for Applications.

**INTRODUCTION**

The purpose of this Request for Application (RFA) is for DMHDDSAS to procure Peer Operated Respite Services (PORS) in one pilot site in the state.

DMHDDSAS anticipates awarding one contract as a result of this RFA.

Peer Operated Respite Services:

- Provide temporary services (typically three to four days) to support persons served in emotional distress and/or urgent or emergent crisis.
- Employ Certified Peer Specialists who are able to use their lived experiences to assist individuals.
- Utilize a recognized and emerging best practice model, such as the Intentional Peer Support Model or other compatible model that assists persons served through mutual problem solving.
- Are provided in a short term community based living arrangement.
- Are provided by an award recipient that is a Consumer-Run-Organization.

The award recipient must have a physical site that accommodates two (2) to four (4) beds. DMHDDSAS in the RFA review process will give preference to the bidders that meet the definition of a Consumer-Run Organization as of the date that the responses are due. Preference will also be given to bidders meeting the first definition of Consumer-Run-Organization (Board of Directors is composed of a majority of individuals who are Consumers). Bidders that are not currently Consumer-Run-Organizations must submit with their bid a plan for becoming such and must meet the requirements as of the Service Start Date. See also staff requirements in Sub Section D.5.

The award recipient must be able to demonstrate stable administrative, programmatic and financial stability and planning over time. Applicants must demonstrate the following:

- Must be a non-profit organization, and provide current IRS Form 990, as well as letters documenting NC Non-Profit and IRS 501(c)(3) status; provide IRS EIN#; provide a DUNS #.
- Must demonstrate a three month fund balance, as documented by a bank balance that will cover three months operating expenses, or a letter from a financial institution that shows access to a line of credit equaling at least three months operating expenses.

Peer Operated Respite Service is a new service model for DMHDDSAS. Therefore, it is expected that the service model and standards will need to be developed, reviewed, and revised as needed.

The Division of MHDDSAS would like to work with one (1) award recipient that is a non-profit organization in the state. The award recipient will be well established and connected to the recovery community for adults living with serious mental illness. The award recipient will be required to develop a contracting relationship with DMHDDSAS. Awards will be made based upon a thorough review of all submitted and completed applications, and will be allocated and monitored through the DMHDDSAS. The award recipient will be required to work closely with DMHDDSAS and an array of community-based providers. Collaboration with local hospital emergency departments, inpatient psychiatric units, and other health, social service, faith-based agencies, and various community

stakeholders will be expected.

Approximately \$350,000 in federal Community Mental Health Services Block Grant funds will be used to provide one (1) award. The maximum award will be up to \$350,000 for state fiscal year 2016 – 2017.

The award recipient shall receive a contract for State Fiscal Year 2016-2017 which represents the grant period for Year 1. Funds for State Fiscal Year 2017-2018 are contingent upon funding availability and performance.

**For further information regarding funding, please see Funding Availability and Duration and Funding Methodology.**

### **BACKGROUND**

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), North Carolina Department of Health and Human Services (NC DHHS) began the “Crisis Solutions Initiative” in December 2013. The Crisis Solutions Initiative (CSI) focuses on identifying and implementing the best known strategies for crisis care throughout the continuum of prevention, intervention, response, and stabilization. Initiative projects are intended to support the development of appropriate levels of intervention for individuals in behavioral health crises and to reduce avoidable visits to emergency departments (EDs). The Initiative is built upon the key strategies of finding what is working in locations across the state and nation and finding ways to replicate and sustain successful models by eliminating barriers, and establishing policy and funding to support those models.

Consumer and family voices and engagement are highly valued by DMHDDSAS. DMHDDSAS views self-sustaining non-profit consumer run organizations as vital to the successful implementation of a statewide recovery oriented system of care.

Certified Peer Support Specialists (CPSSs) already contribute meaningfully throughout the crisis intervention continuum by providing support, education, navigation, and other services to individuals experiencing a crisis episode. North Carolina has examples of this occurring in the context of peer-operated agencies as well as in settings which are integrated into traditional behavioral health service providers and within Local Management Entity/Managed Care Organization (LME/MCO) teams.

Eleven states have supported the development of peer-operated or peer-run hospital diversion services as part of a continuum of crisis services, with the goal of decreasing the overuse of EDs and promoting a more therapeutic and helpful recovery-oriented approach to adults experiencing a behavioral health crisis. North Carolina seeks to eliminate the current gap for this service in its crisis intervention continuum and join those other states in offering this evidence-based practice model of crisis care.

## **SCOPE OF SERVICES**

PORS provides a temporary place where persons served in urgent emotional distress, and/or emergent crisis appropriate for a voluntary setting, can come to stay overnight on average of three (3) or four (4) days. These support services are provided in a home-like environment operated by a Consumer-Run-Organization. All direct care staff are Certified Peer Specialists. The services are not intended for individuals who require hospital level of care. It is a voluntary service. Persons served may come and go to work, school, or to participate in other activities. It supports the continuity of the persons served community relationships, including relationships with mental health and medical providers. Through mutual relationship building, the PORS creates an opportunity for persons served to learn and grow with the staff and to find ways to support one another, and remain connected and engaged in their own lives and communities. DMHDDSAS expects PORS will be an effective early intervention to prevent hospitalization and to facilitate recovery.

PORS must meet the Service Specifications and Standards set forth in Section C 1. In addition, the award recipient must fully integrate the following principles into its service delivery structure:

- a. Service delivery emphasizes shared responsibilities, mutual learning, flexibility, and reciprocal relationships between the persons served and the staff.
- b. Services are based on the choices, strengths and vision of recovery of the person served.
- c. The persons served involvement in PORS is voluntary.
- d. Services are trauma-informed. PORS staff has an understanding of the vulnerabilities or triggers of persons served impacted by trauma. Services are delivered in a manner that is supportive and avoids re-traumatization.
- e. The personal and community relationships of the persons served are supported, including those with current service providers.
- f. Services are culturally and linguistically competent.

## **SERVICE MODEL**

DMHDDSAS supports the principles of recovery and the importance of peers and the power of lived experience to facilitate individuals reaching their goals. Within the context of a mutually responsible relationship with trained staff, persons served in the PORS will have the opportunity to gain an improved understanding of themselves and the personal and relational patterns and habits they have developed; to determine what strategies are useful to them and to explore new ways of thinking.

The most recognized model is the Intentional Peer Support (IPS) Model. The IPS model, developed by Shery Mead ([Peer Support and Peer-Run Crisis Alternatives in Mental Health - Shery Mead](#)), is currently being used in peer-run respite services in Georgia, New York, New Hampshire, Vermont, California and Maine. IPS provides connections and relationships that both supports individuals in

crisis and encourages them to evaluate old patterns and explore new ways to think and act. It emphasizes mutual learning and responsibility between the individuals in crisis (persons served) and the peers that operate the service. Both are viewed as teachers and learners, givers and receivers. IPS “is about relational change; a commitment to mutuality, negotiation, noticing power dynamics, and a transparent agreement that both people are there to learn through the process of their relationship” ([Intentional Peer Support: What Makes it Unique](#), State of Maine Department of Health and Human Services in consultation with Shery Mead, June, 2006).

## **SERVICE SPECIFICATIONS AND STANDARDS**

The award recipient must meet the Service Specifications and Standards set forth in this Section, and all applicable DMHDDSAS regulations and policies. There will be a four (4) month start-up period that starts from the date the award is announced. The award recipient must be a Consumer-Run-Organization (See C 1), and services must be fully operational within 90 days of receiving the award

### *A. Consumer-Run-Organization (CRO)*

The award recipient of this Service must be a Consumer-Run-Organization, or have the capacity to develop or transition to a CRO prior to the implementation of services. Preference will be given to agencies that meet CRO requirement.

A Consumer-Run-Organization must meet one of the following requirements:

- a) Its Board of Directors is composed of a majority (51% or more) of individuals who are consumers; OR
- b) It has an advisory committee made up primarily of consumers (not employees of the award recipient) that reports directly to the award recipient’s Board of Directors; OR if there is no Board of Directors the president of the organization who has an active and direct role in establishing policy for the Peer Operated Respite Services.

For detailed information on Consumer Run Organizations, please reference the SAMHSA Toolkit Getting Started with Evidence Based Practices- Consumer Operated Services that can be found at <http://store.samhsa.gov/shin/content/SMA11-4633CD-DVD/GettingStarted-COSP.pdf>

### **Access and Admission Criteria**

- a. Peer Operated Respite Services are voluntary.
- b. Peer Operated Respite Services are for individuals eighteen (18) and older, who are living with behavioral health challenges and are experiencing urgent emotional distress and/or emergent crisis.
- c. The person served does not present imminent harm to self or others.
- d. The person served and the PORS staff must both agree that the individual can benefit from the Service.

- e. The person served is able to self-administer medication.
- f. The person served has a living situation to which they can return.

### **Referrals**

It is expected that referrals will come from a wide range of sources. The PORS provider shall make consistent efforts to ensure that community stakeholders are aware of their service and how to support individuals in accessing it. Referral sources can include, but not be limited to: the individual, family member/informal supports, current behavioral health service providers, LME-MCOs, local hospitals, behavioral health urgent care centers (BHUCs), primary/medical care providers, law enforcement, and paramedics/EMS.

Potential referrals should be directed to the PORS staff, and the person served will complete the orientation to the program. PORS staff will determine if the person served meets the Access and Admission Criteria, in addition to any policies and procedures the PORS has developed. Once interest and eligibility for services has been established, that person will enter the PROS. There will be no preference for funding source or referral source given. If a bed is available, it will be offered to the person seeking services at that time.

The person served must be provided sufficient information about the services to support informed decision making. In sharing information about the services, the person served must be notified that PORS are DMHDDSAS funded and therefore DMHDDSAS will have access to his/her record. The PORS staff and the individual must determine if the individual meets the service criteria set forth in subsection C 2 of this RFA. If the individual does not meet the service criteria, the PORS staff must suggest and, if the individual agrees, work with the individual to obtain other services appropriate for the current situation, including working with the LME/MCO and other providers as needed. For all individual requesting PORS, the PORS staff must document the decision made. If the individual does not enter into PORS, the documentation must include the reason PORS were not provided, as well as any relevant referral information made.

When a person is determined to meet the service criteria, they can be admitted to Peer Operated Respite Services upon completion of a. through d. below. In completing these tasks the PORS staff must review and utilize the persons served Proactive Interview record. If the person served has a Proactive Interview record, PORS staff should update and amend this document to reflect the persons' served current life circumstances. The PORS staff must:

- a. Provide the persons served with an orientation which shall include the following written information:
  - a description of services
  - hours of operation
  - confidentiality policy
  - Program Participation Agreement (Rights and Responsibilities)
  - nondiscrimination provisions

- telephone number(s) of Emergency Services Program(s)
- the name and responsibilities of the human rights officer
- grievance and appeal procedures, including how to file a human rights complaint with the DMHDDSAS Consumer Empowerment Team
- visiting hours policy

All forms will be in the persons served (and the guardian's or legally authorized representative's, if applicable) primary language, if feasible.

- b. Provide the persons served (and guardian/legally authorized representative, if applicable) with a copy of the most current DMHDDSAS Privacy Notice, and have the individual sign a Notice of Privacy Practices Acknowledgement Forms.
- c. Obtain from the persons served (and guardian/legally authorized representative, if applicable) a signed Program Participation Agreement. By this agreement, the person served acknowledges that he/she has been informed of the rights and responsibilities of participating in the PORS and agrees to such.
- d. Identify and address immediate health and safety concerns.

### **Discharge**

- a. When a person served reaches his/her goals and transitions out of the Peer Operated Respite Service, he/she shall be discharged by the PORS.
- b. The PORS shall also discharge a person served from services on the occurrence of any of the following:
  1. Person served no longer desires Peer Operated Respite Services;
  2. Person served requires a higher level of care (i.e.- hospitalization for medical or psychiatric care, skilled nursing facility);
  3. Person served is incarcerated;
  4. Person served has received Peer-Run Respite Services within 48 hours of last contact;
  5. Person served whereabouts are unknown;
  6. Person served is deceased.
- c. If at any time the PORS staff determines that the person served poses a significant and current threat to the general safety of anyone at the Peer Operated Respite Services, or the property itself, the PORS staff may discharge the person served. The PORS must have a policy regarding these situations involving safety and security, with procedures for consultation and procedures for referral to higher level of care as needed, and follow them.

### **Administrative Notification of Service Admission and Discharge**

The award recipient shall notify DMHDDSAS on a weekly basis of the admissions and discharges that occurred the previous week. The Peer-Run Respite Services Admission/Discharge Form shall be used for this purpose.

## **Physical Site**

The award recipient must provide temporary community-based living arrangements, in a distinct physical site away from the current living situation of the Person Served. PORS cannot be delivered in the same setting that the individual resides in, and can only be provided by the award recipient. The physical site must accommodate two (2) to four (4) beds, based on the award recipients cost modeling and any relevant local zoning restrictions. Knowledge of and compliance with local zoning ordinances for the physical site are the responsibility of the award recipient.

Inherent to the Peer Operated Respite model, the physical site must be a residential site that is not co-located with other mental health or medical services. The site shall provide a warm, friendly, home-like environment.

The physical site does not require facility licensure by **the Division of Medical Assistance (DMA) or the Division of Health Services Regulation (DHSR.)**

If a site is not ADA compliant the following physical site requirements must be met:

- a. a minimum of one first floor entrance and exit must be handicapped accessible to allow entry into and exit from the building;
- b. there must be one bedroom on the first floor that is handicapped accessible;
- c. first floor common living areas, including private space as noted above, must be handicapped accessible;
- d. first floor bathroom must be handicapped accessible;
- e. kitchen and dining areas must be handicapped accessible;
- f. kitchen facilities must be modified to allow use of the kitchen to obtain food and drink outside of meal times.

## **Hours of Operations and Length of Stay**

- a. Services must be available and accessible on a twenty-four (24) hour per day, seven (7) day per week basis. When PORS staff is not present at the physical site, there must be a mechanism for persons served, DMHDDSAS and other potential referring agencies, to be able to contact and access the Services.
- b. The physical site must be open 24 hours a day, seven (7) days a week when a person served is admitted to the PORS.
- c. Admission in Peer Operated Respite Services cannot exceed seven (7) days.

## **Service Delivery**

### Goal Planning

As soon as it is appropriate, but no later than forty-eight (48) hours after admission, the award recipient must, in conjunction with the person served, develop a Goal Plan. The Goal Plan must:

- a) be an explicit statement of what the person being served hopes to accomplish during his/her time with Peer Operated Respite Services;
- b) document the proposed recovery oriented activities that will be undertaken during his/her time with Peer Operated Respite Services;

The plan must be developed and signed by the person served, if possible, or the guardian/legally authorized representative, if applicable. The plan must be updated during the course of the person's stay as needed. If the person served had a Proactive Interview, the Proactive Interview record must be reviewed as part of the planning process and, if appropriate can be utilized as the Goal Plan.

### Recovery Oriented Activities

Services are designated to be individualized and person centered. When appropriate for the person served, the award recipient must be able to provide the following:

- a. empowerment and self-advocacy,
- b. the provision of resources and support for the development of recovery plans (e.g., Wellness Recovery Action Planning- WRAP),
- c. recovery education including, but not limited to:
  - 1. engaging persons served in the use of self-help and wellness tools, and;
  - 2. providing information about the range of mental health services and treatment options, and alternatives available to persons served, creating opportunities for persons served to learn about healthy living approaches and explore social recreational interests.
- d. assistance with:
  - 1. finding, securing and/or maintaining housing, health insurance and other entitlements and benefits,
  - 2. accessing psychiatric and other community mental health services,
  - 3. accessing medical and dental care,
  - 4. maintaining and accessing general community resources (e.g., home care services, self-help), including complementary healing practices, and
  - 5. transportation,
- e. linkage to and coordination with:
  - 1. natural supports,
  - 2. other behavioral health services, such as recovery learning communities, clubhouses, self-help or 12 step recovery groups, emergency services, etc., and
  - 3. educational, social and vocational activities.

### Community Orientation to Peer-Run Respite Services and Proactive Interviews

During start-up activities and ongoing once services begin, the award recipient must engage with a range of available community-based supports, recovery-oriented communities, clubhouses, etc., and with other entities, including but not limited to, behavioral health providers, emergency services program providers and community organizations, hospital emergency departments, any mobile crisis providers, and law enforcement, for the purposes of informing the above about the availability of Peer Operated Respite Services. The goal of the interaction must be to educate both the potential persons served and staff members of the entities. The information to be shared shall consist of, but not be limited to, written materials describing Peer Operated Respite Services, including the Proactive Interview process, the location of the service, and contact information for questions and referrals. The award recipient is expected to focus on the providers and entities located within their identified catchment area, and coordinate with the local LME/MCO and DMHDDSAS as needed.

If, during the community education process or at any other time, a person indicates that he/she would be interested in using the Peer Operated Respite Services, the award recipient will explore circumstances in which Peer Operated Respite Services may meet the potential person's needs. This planning may include informal conversations and visits by a potential person served to the Peer Operated Respite Services site. The intent of outreach activities is to ensure potential persons served are given sufficient information about Peer Operated Respite Services, may engage in a Proactive Interview, and are informed of all the options included in this service.

A Proactive Interview is an interactive dialogue between PORS staff and a person served to establish a relationship, to talk about how the Peer Operated Respite Service differs from other types of services and together begin to identify what might be different for the person if they use the program. The Proactive Interview is intended to take place prior to the individual experiencing emotional distress or an emergent crisis and can take place either at the service site or another mutually agreed upon location.

If an person and the Peer Operated Respite Services staff agree that the individual can benefit from Peer Operated Respite Services, the staff at the Peer Operated Respite Services shall maintain a record indicating such and, as available and/or appropriate, shall include in the record any supporting documents and/or crisis plans or Wellness Recovery Action Plans for the person.

Future participation in the Peer-Run Respite Services is not contingent on the completion of a Proactive Interview.

## Medication

Persons receiving Peer Operated Respite Services must be able to self-administer medication or make alternative arrangements to receive their medications. For persons served who bring their medications into the program, the award recipient must supply a locked box for the person to store their medications in their bedroom or other private area.

## Staffing

The Program Director and all Staff who provide direct services to persons served must be Certified Peer Specialists. Certification may be completed within three (3) months of beginning to offer services. Staffing patterns must be adequate to meet the needs of the persons served and the requirements of the award recipient.

Staff must be knowledgeable about trauma-informed practices, self-help groups, person centered planning and recovery principles. Staff must be knowledgeable about and trained in the selected Service Model (e.g., Intentional Peer Support or similar model).

Staff must be able to implement the service criteria set forth in Section C Service Specifications and Standards.

Staff must be knowledgeable of community services available to persons served, including medical, emergency, housing, rehabilitation services, etc. Staff must be knowledgeable regarding other community-based adult mental health services.

Staffing patterns must be diverse and culturally sensitive and reflect the cultural and linguistic needs of the persons served. Staff must be fluent in the preferred language of persons served or professional interpreters must be available to work with the persons served around engagement, re-engagement, and developing a relationship sufficient to support services.

Each staff position must have a written job description that clearly delineates roles and responsibilities. Staff must receive a mandatory orientation that includes initial job training and instruction on the award recipient's policies and procedures, particularly in regard to human rights and protected health information, privacy and security, and DMHDDSAS regulations and policies.

Employees must receive regular and competent supervision. Job performance must be reviewed periodically, in accordance with the award recipient's written protocol for such.

## Records

The award recipient must maintain a Peer Operated Respite Services file for each person served containing; Notice of Privacy Practices Acknowledgement Forms, Program Participation Agreement, the Person's Goal Plan, any accompanying assessments, and other documents developed that are relevant to the person served, or shared by the person served with the award recipient (e.g. Wellness Recovery Action Plan, or Psychiatric Advance Directive). In addition, the award recipient must maintain a Peer Operated Respite Services file for each individual who has

participated in a Proactive Interview and for which the Service was deemed appropriate and desired by the individual.

Notes related to the Person's Goal Plan must be written and maintained in accordance with the Contractor's policy and procedure regarding the maintenance of records for Persons Served.

Confidentiality of records must be maintained in accordance with *ASPM 45-2* and, if applicable, the DMHDDSAS Business Associate Terms and Conditions that are a part of the contract.

### Policies & Procedures

At a minimum, the award recipient must have written policies and procedures regarding the following:

- a. the provision of backup emergency medical and psychiatric services
- b. use of prescription and non-prescription medications taken by persons served
- c. record documentation and maintenance
- d. Human Rights
- e. Critical Incident Reporting
- f. Business Continuity of Operations Planning, in compliance with DMHDDSAS
- g. Suicidality

### **The Procurement Process**

The following is a general description of the process by which an agency or organization will be selected to complete the goal or objective.

1. The RFA will be posted on the DHHS website, and announcements will be made across the LME-MCOs, as well as multiple community stakeholder groups.
2. All prospective agencies and organizations are ENCOURAGED to attend the BIDDER'S CONFERENCE. A written summary of all questions and answers will be mailed to all agencies and organizations sent a copy of the RFA.

### **General Information on Submitting Applications**

1. Award or Rejection  
All qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities is deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by 3/1/17.
2. Decline to Offer  
Any agency or organization that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency. Failure to respond as

requested may subject the agency or organization to removal from consideration of future RFAs.

3. Cost of Application Preparation

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

4. Elaborate Applications

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

5. Oral Explanations

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

6. Reference to Other Data.

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

7. Titles

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

8. Form of Application

Each application must be submitted on the form provided by the funding agency, and will be incorporated into the funding agency's Performance Agreement (contract).

9. Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and condition by any agency and organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

10. Advertising

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

11. Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

12. Competitive Offer

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

13. Agency and organization's Representative

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

14. Subcontracting  
Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.
15. Proprietary Information  
Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.
16. Participation Encouraged  
Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled including utilization as subcontractor(s) to perform functions under this Request for Applications.
17. Contract  
The Division will issue a contract to the recipient of the grant that will include their application. Expenditures can begin immediately up receipt of a completely signed contract.

Please be advised that successful applicants may be required to have an audit in accordance with G. S. 143-6.2 as applicable to the agency or organization's status. Also, the contract may include assurances the successful applicant would be required to execute when signing the contract. Agencies or organizations receiving Federal funds would be required to execute a Consolidated Federal Certification form (as applicable). Private not for profit agency contracts would also include a conflict of interest policy statement.

### **Application Requirements**

Assemble the Application in the following order. If providing hard copies, use a binder clip at top left corner on each copy of the application. Number each page consecutively beginning with the Application Face Sheet.

Application Face Sheet

#### **1. Proposal Summary/Project Objectives**

Provide a brief overview of the proposal. Identify the target group of individuals the Peer Operated Respite program will seek to engage, as well as a strategy to engage these individuals. Describe the specific challenges you are attempting to address with this proposal. Include your vision of how individuals in your identified target group will be better served should this project be selected for funding.

## 2. Organizational Capacities

### LME-MCO:

- Briefly describe how your LME-MCO is structured and managed, focusing on the relevant organizational supports for this project.
- Provide the Name and Position and contact information of the LME-MCO Management Team member who will be directly responsible for implementation of this initiative.

### Provider Agency Selection:

- If the provider(s) has already been selected, identify the agency, name, position, and contact information of the management team member who will be directly responsible for implementation of this initiative.
- Provide details about the process by which the provider(s) were or will be selected.
  - It is not necessary to include routine contracting requirement language.
  - Instead, describe the Scope of Work expectations you will have of your provider(s).  
Include information about:
    - Your criteria for the provider's experience in serving your identified client population
    - Other criteria that will help you make your decision
- Describe any other community partners – NAMI, local hospitals, behavioral health urgent cares, facility based crisis centers, magistrates, Sheriffs Association, Association of Chiefs of Police, NC Hospital Association, individual organizations or community coalitions that will participate in this project. Include membership, history and current area(s) of focus.
  - How will this project leverage the relationships amongst community partners to ensure successful implementation of PORS?

## 3. Program Narrative

Funding is available for programs that plan to use Peer Operated Respite as an effective strategy which can be well integrated into an existing service array, and which will improve outcomes and access to community based peer operated support for individuals experiencing mental health and/or substance use crisis.

Please provide a comprehensive description of your proposed implementation of PORS. At a minimum, include the following points in your description.

- Detailed service implementation timeline for FY16-17.
- Describe the specific target group of individuals for whom this strategy is intended.
- Describe the specific geographical areas within which the identified target group is found.

- Describe how the LME-MCO and/or provider(s) will identify individual consumers within the target group for whom PORS will be effective.
- How many individuals will be impacted?
- Describe the data and data analysis process used to identify the needs of the target group.
- Describe plans to educate, engage, and collaborate with the other providers, resources, community partners, and referral sources that will be essential to the successful implementation of PORS within your network.
- Include a discussion of factors that will indicate the efficacy of the interventions and strategies implemented within the program design.
- Describe how your intended outcomes will be met in measureable terms.
- Describe how data will inform quality management, quality improvement, and fiscal management of the program.

#### 4. Project Implementation Plan, Timeline, and Schedules

Provide a project implementation plan and a project timeline that includes specific activities, action steps and the responsible parties who will assure the project's timely implementation. At a minimum, address the following:

- Hiring and training of staff
- Anticipated date of implementation
- Resolution of challenges: an analysis of the project's risks and limitations including how these factors will be addressed or minimized
- Plan for sustainability of program: Steps taken to ensure future successes for continuing the project beyond the awarded period.

The LME-MCO will provide quarterly status reports to the NC DMH/DD/SAS Adult Mental Health Team Lead and other identified DMH/DD/SAS staff. Status reports will include at a minimum a discussion of project progress, problems encountered and recommended solutions, identification of policy or management questions, and requested project plan adjustments.

#### 5. Budgets

Two (2) separate budget proposals must be submitted with this application. A budget should be submitted effective March 1, 2017 through June 30, 2017, as well as for next state fiscal year 17-18. Each budget should be based on anticipated actual costs, and cannot exceed \$350,000 with the maximum available, per fiscal year. The budget should specify how funds will be spent, why these costs are justified and necessary to conduct the proposed initiative and that the costs are reasonable and appropriate for the level of effort proposed.

For the first year allocation (remainder of state fiscal year 16-17) distinction should be made between start-up costs and an ongoing operating budget for this fiscal year.

Funding may be used for start-up costs and for ongoing operational costs related to direct provision of services. Until the policies and procedures are established, LME-MCOs and service providers will continue to receive non-UCR funding, be required to submit operating budgets, and submit FSRs for reimbursement.

Recipients and sub-recipients must be non-profit entities. Allowable expenditures are limited to direct project-related costs and cannot supplant any existing funding. State funds must also be directed toward programmatic service components and are not available for capital expenditures. Applicants are not allowed to include indirect cost in the budget, as this is not an allowable cost for State funds.

The applicant must submit a detailed line item budget and budget narrative to support or justify the expenditure/cost utilizing the attached budget template.

#### 6. Letters of Support

LME-MCOs must demonstrate collaboration with their identified Peer Operated Respite provider, NAMI affiliate, any other local and/or regional consumer run organizations, and local and/or regional consumer advocacy groups, as well as with other providers of services, housing providers, or other partners who are routinely engaged with clients in the PORS project's identified target group. Evidence of such collaboration can be provided through attached letters of support or other similar attestations.

**APPLICATION FACE SHEET**

Name of Agency:  
Address:

Telephone Number:  
Fax Number:  
Email Address:

Agency Status: ( ) Public ( ) Private , Non-Profit ( ) Private, For Profit

Agency Federal Tax ID Number:

Agency's Financial Reporting Year \_\_\_\_\_ through \_\_\_\_\_

Name and Title of Contract Administrator:

Name of Program (s):

SERVICE DELIVERY SITE(S):

AREA TO BE SERVED:

**Signature of agency/program representative:**