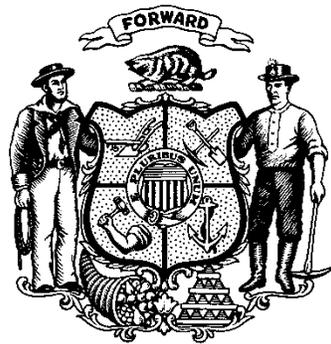


GRANT REQUEST FOR PROPOSAL

STATE OF WISCONSIN

DEPARTMENT OF HEALTH SERVICES

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES



RFPG # G-0284 DMHSAS-14

Peer Run Respite

PROPOSALS MUST BE RECEIVED BY 4:30 PM CT 5/16/2014

LATE PROPOSALS WILL BE REJECTED

FAXED PROPOSALS WILL NOT BE ACCEPTED

THE STATE RESERVES RIGHT TO REJECT ANY AND ALL PROPOSALS

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1.0 GENERAL INFORMATION

1.1 Introduction and Background

The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal for the development and operation of a Regional Peer Run Respite (PRR). Peer Run Respite are home-like facilities run by and for individuals who have lived experience of mental health and/or substance use disorders. These programs are intended to serve as a short-term, residential resource for individuals who are experiencing an increase in symptoms, stressors or exacerbations, and who are in need of support and supportive services to aid in their recovery and thereby avert crises and avoid hospitalization. Proposals must be submitted by qualified applicants, defined as: incorporated public or non-profit organizations that are community-based and consumer-directed, with board representation of at least fifty-one percent consumers with mental health and/or substance use disorders. Agencies should have experience with coordinating and providing peer support and sufficient infrastructure to establish and operate a facility available to consumers 24 hours a day, every day of the year (24/7). The Department of Health Services (DHS) intends to use the results of this solicitation to award up to three contracts that meet federal and state requirements, in the amount of \$441,666 each.

Wisconsin is dedicated to increasing recovery options for consumers and their families. In 1997 the Blue Ribbon Commission developed a vision for recovery-oriented mental health services in Wisconsin that “strengthen self-determination and self-sufficiency by promoting health and wellness, improvement and recovery, quality of life and dignity” (Blue Ribbon Commission on Mental Health Care, 1997). The Commission recommended an emphasis on outcomes such as empowerment and self-esteem, social relations and supports, and personal safety. Peer support and consumer involvement in governance, planning and delivery were cited as fundamental components of this transformed service system, which would need to be focused on rebuilding full and productive lives while decreasing dependence on formal systems of care.

The State of Wisconsin has also long recognized the benefit of peer-run organizations. For over a decade, a significant portion of Mental Health Block Grant funds have been allocated to support such agencies. The Department of Mental Health and Substance Abuse Services (DMHSAS) currently funds a network of eleven peer-run recovery centers across the state. By offering peer support to individuals within the local community, these centers promote recovery and have an impact on increased meaningful participation in society. These eleven unique peer-run recovery organizations work with their members on such things as ways to increase independence, employment options, peer based support groups / services, and educational opportunities.

In Wisconsin, consumers and advocates began raising awareness about Peer Run Respite in 2012. In response, DMHSAS made a commitment to engage in further research on this innovative program. The Division coordinated several informational conference calls with representatives from successful Peer Run Respite operating in other states. In early 2013, Wisconsin Governor Scott Walker met with consumers of mental health services and advocates to explore areas of need for mental health services. Many recommendations from this group were added to the Governor’s mental health budget initiative. On June 30, 2013 the biennial budget, 2013 Act 20, was signed into law. (Reference: <http://docs.legis.wi.gov/related/acts/20>). That bill contained a nearly \$30 million dollar investment of funds to enhance and expand mental health services to state residents with mental illness. According to Governor Walker, the new policies and programs funded therein were designed to “improve and expand care, as well as give support to, those living with mental illness.” One such program is the Peer Run Respite project, for which approximately \$1.2 million of GPR funding was allocated. On February 6,

2014, the enactment of 2013 Act 129, provided for an additional \$125,000 of funding for the project. (Reference: <http://docs.legis.wi.gov/2013/related/acts/129>).

The development of Peer Run Respite is a key step in the implementation of the Governor's state-wide budget initiative to improve Community Mental Health services. PRRs align with current systems transformation efforts focused on improving quality of care and outcomes for individuals with mental health and substance use disorders. It is anticipated that individuals will reduce their utilization of crisis resources and psychiatric hospitalizations as a result of the Peer Run Respite services. Through these grants, the Division of Mental Health and Substance Abuse Services (DMHSAS) will also expand meaningful consumer involvement, as consumer participation and self-direction are central to the Peer Run Respite programs.

Such peer support is the foundational component of the Peer Run Respite concept. A generally accepted definition of Peer in this context is an individual who has lived experience of mental health and/or substance use disorders to a degree that it has affected his or her quality of life. According to expert Shery Mead, peer support is defined as "a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful" (Mead, Defining Peer Support, 2003). It is rooted in empathic understanding of shared experiences of psychological or emotional distress, rather than the medical model of treatment. Numerous studies have demonstrated the efficacy of peer support in improving outcomes and quality of life for individuals with mental illness (Davidson, Bellamy, Guy, & Miller, 2012). Furthermore, peer support has been shown to be an effective method of reducing hospital readmission rates, with one recent study revealing that consumers who had access to peer support spent less time in psychiatric hospitals (Sledge, Lawless, Sells, Wieland, O'Connell, & Davidson, 2011).

Peer Run Respite have emerged as a specialty type of peer-run organization, designed to offer short-term, residential support to individuals who are experiencing an increase in symptoms, stressors or exacerbations in order to prevent further crises and avoid hospitalization. Several 24/7 Peer Run Respite are currently in operation throughout the nation, providing positive places for healing and growth that benefit their communities. Though each of the programs operates with a unique model according to funding sources, community culture and environment; some common themes do emerge through a review of these existing programs. Facilities are generally between four and six beds in private rooms, serving adults of both genders with mental health and/or substance use disorders free of charge. Entry is through self-referral, and the respite do not provide medication management and other formal medical services. Wellness and recovery-oriented activities are offered within the program, along with opportunities for guests to participate in the community as a whole. The importance of staff training in peer support and knowledge and skills necessary for safe operation of a group living facility are emphasized. Though formal documentation and data collection is minimal, most Peer Run Respite collect feedback and satisfaction surveys from guests.

Peer-run (also known as 'consumer-run') services are effective tools to expand access to this valuable peer support, to increase engagement in mental health services and substance abuse services and to provide recovery resources (Substance Abuse and Mental Health Services Administration, 2011). Such organizations are consumer-run, independent, not-for-profit entities with Boards of Directors that are comprised of at least fifty-one percent consumers with mental health and/or substance use disorders.

A similar Peer-run support is Warmlines. Warmlines, non-crisis, peer-run support lines for and by people with mental health and/or substance use disorders, and relapse prevention/wellness recovery supports

such as those offered by peer-run organizations are included within SAMHSA's Good and Modern continuum of care as components of effective prevention services (Substance Abuse and Mental Health Services Administration, 2011).

Between September and December of 2013, the DMHSAS convened an approximately twenty-five member committee to advise on the development and implementation of the Peer Run Respite initiative. In keeping with the peer run value of the Peer Run Respite concept and the Division's fundamental value of meaningful consumer participation, the advisory committee's makeup was a majority of individuals with lived experience of mental health and/or substance use disorders. Family members, providers, representatives from both the Mental Health Council and the State Council on Alcohol and Other Drug Abuse, county staff, and state staff also participated. The committee's role was to advise the Division on how Wisconsin could implement a successful model of Peer Run Respite. The committee reviewed successful Peer Run Respite models throughout the nation, existing peer-run programs in the state, and current mental health crisis services in Wisconsin. The group considered goals of the project and program design elements, as well as potential quality assurance, utilization, and outcome measures. These robust discussions provided guidance to the Division on the future direction of Peer Run Respites. Additionally, an online survey was disseminated in December 2013 to garner broader, statewide stakeholder input related to the goals and outcomes of the Peer Run Respite project. Responses indicated a high level of agreement with the work of the advisory committee.

The goals of the project are to promote self-directed recovery through provision of recovery-oriented peer support, to provide a safe, stable, and supportive environment, to provide resources and linkages to community, and to improve outcomes and quality of life for peers utilizing the Peer Run Respite services.

DMHSAS intends to provide funding to non-profit, peer-run organizations for development and operation of up to three short-term, residential Peer Run Respites regionally throughout the state. The purpose of the project is to provide recovery-oriented peer support for consumers of mental health and/or substance use disorder services in a safe and stable environment. Services are to be provided at no cost to the consumer. Peer Run Respites will promote self-directed recovery from mental health and/or substance use disorders, with the goal of preventing crises and reducing hospitalizations. The PRRs will provide resources and linkages to community supports and services to assist consumers in achieving recovery.

DMHSAS is soliciting proposals to provide regional Peer Run Respite services in Wisconsin. The goal is to promote convenient access to respite services across the state. DMHSAS has not defined regions or geographical locations where the respite services are to be located. DMHSAS will use proposals received through this procurement to determine viable locations for Peer Run Respite services. DMHSAS will not support multiple Peer Run Respite programs in one geographic area. It is anticipated that this procurement will produce sufficient interest in the development of Peer Run Respite services to produce three geographically distinct respite programs. Evaluation processes for this procurement are designed to choose the most qualified proposal should there be multiple proposals for the same geographic service area.

1.2 Procuring and Contracting Agency

The Department of Health Services, Division of Mental Health and Substance Abuse Services issued this Request for Proposal (RFP). DMHSAS will administer any contract resulting from this RFP. The Contract Administrator will be:

Faith Boersma

Peer Services Coordinator
Department of Health Services
Division of Mental Health and Substance Abuse Services
1 W. Wilson Street, Room 951
Madison, WI 53704

1.3 Definitions

Throughout the RFP, the following terms are defined as:

1. **ADA**: Americans with Disabilities Act.
2. **BPTR**: Bureau of Prevention Treatment and Recovery.
3. **Certified Peer Specialist (CPS)**: A person who has not only lived the experience of mental illness, but also has had formal training in the peer specialist model of mental health supports. A CPS uses his or her unique set of recovery experiences in combination with solid skills training to support peers who have mental illness.
4. **Consumer**: An individual who currently utilizes (or has previously utilized) mental health and/or substance use disorder services.
5. **Department / DHS**: the Wisconsin Department of Health Services.
6. **Division / DMHSAS**: the Division of Mental Health and Substance Abuse Services that administers mental health and substance abuse policy in Wisconsin.
7. **DOA**: the Wisconsin Department of Administration.
8. **Guest**: a participant in services offered by the Peer Run Respite.
9. **HIPAA**: the Health Insurance Portability and Accountability Act of 1996.
10. **MBE**: is defined as Minority Business Enterprise.
11. **Peer**: an individual with lived experience of mental health and/or substance use disorders to a degree that it has affected his or her quality of life.
12. **Peer Run Organization (Consumer Operated Service)**: a peer-run program that is owned, administratively controlled, and operated by consumers of mental health and/or substance use disorders that emphasizes self-help as its operational approach.
13. **Peer Run Respite (PRR)**: A home-like facility run by and for individuals with mental health and/or substance use disorders. The respite is intended to serve as a resource for individuals who are experiencing an increase in symptoms, stressors or exacerbations and are in need of support and supportive services, to aid in their recovery and thereby avert crises and avoid hospitalization.
14. **Peer Support**: a mutually supportive relationship based on two or more people's shared experiences.

15. **Proposer:** an entity responding to this RFP.
16. **Recovery:** defined by SAMHSA as “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” <http://blog.samhsa.gov/2012/03/23/definition-of-recovery-updated/>
17. **Regional:** serving individuals from more than one county, generally, but not limited to a contiguous group of counties.
18. **RFP:** is defined as Request for Proposal.
19. **SAMHSA:** Substance Abuse and Mental Health Services Administration.
20. **State:** the State of Wisconsin.
21. **Subcontract:** A written agreement between the contractor and a subcontractor to provide services.
22. **Subcontractor:** A third party who contracts with the awarded contractor for the provision of services, which the contractor has contracted with the Department to perform.
23. **Warmline:** a non-crisis, peer-run support line for and by people with mental health and/or substance use disorders.

1.4 Clarification and/or Revisions to the Specifications and Requirements

Any questions concerning this RFP must be submitted to:

Elizabeth Schweitzer, Purchasing Agent for DMHSAS at DHSProcurement@wisconsin.gov

Written questions must be submitted before 4:00 PM CT on Friday, 4/11/2014. Questions should be submitted via email with the following subject line:

Subject: Question RFP G-0284 DMHSAS-14 Proposer Name

Telephone questions will not be accepted. Any oral responses, information, dates, and/or technical assistance received by a prospective Proposer from the Department or Department staff shall not, in any manner whatsoever whether before or after the release of this RFP, be binding on the State of Wisconsin, unless followed-up and explicitly confirmed and stated in writing by the State.

Proposers are expected to raise any questions, exceptions, or additions they have concerning the RFP document at this point in the RFP process. If a Proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, the Proposer should immediately notify the *Purchasing Agent* of such error and request modification or clarification of the RFP.

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFP, revisions/amendments and/or supplements will be provided to those entities that have completed the Notice of Intent to Apply procedure referenced in section 2.5.

Contact with State employees and/or members of the review committee concerning this RFP is prohibited except as authorized by the Contract Administrator during the period from date of release of the RFP until the notice of intent to award is released.

1.5 Contract Quantities / New or Deleted Items

The procuring and contracting agency does not guarantee to purchase any specific quantity of services. Proposals that state that the purchasing agency must guarantee a specific quantity or dollar amount may be disqualified.

The contractor shall not have exclusive rights to provide all services covered under this contract during the term of the contract or any extension of the contract.

1.6 Reasonable Accommodations

DHS will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities upon request. If you think you need accommodations at any time during the RFP process, contact **Jamie McCarville**, Program Coordinator at 608-267-7712 or **Jamie.mccarville@wisconsin.gov**.

1.7 Calendar of Events

The table below lists specific and estimated dates and times of actions related to this RFP. The actions with specific dates must be completed as indicated unless otherwise changed by the State. In the event that the State finds it necessary to change any of the specific dates and times in the calendar of events listed below, it will do so by issuing a notice to those entities who have submitted a Notice of Intent to Apply as detailed in section 2.5. There may or may not be a formal notification issued for changes in the estimated dates and times.

DATE	EVENT
March 24, 2014	RFP Posted to DHS Website
April 9, 2014, 2:00 – 4:00PM	Proposers Conference (Reference Section 1.8)
April 11, 2014 4:00PM	Deadline for Written Questions
April 18, 2014	All Questions and Answers Posted to DHS Website
Friday, May 16, 2014 3:30PM CT	Proposals Due
June 13, 2014	Notification of Intent to Pursue Contract Negotiations
June 20, 2014	Contract Execution Date

July 1, 2014	Contract Start Date
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1.8 Proposer Conference

DHS will hold a Proposers Conference on **Wednesday, April 9** from 2:00-4:00 PM. The conference will occur at DHS, 1 W. Wilson, Madison, WI, conference room 850A. Teleconference access is available by calling the designated conference line at 877-820-7831, access code 114851#.

1.9 Contract Term and Available Funding

The contract shall be effective on the date indicated in the contract and shall run for one year from that date with an option by mutual agreement of the Department and contractor, to renew for two additional one-year periods. The total amount of funds available through this RFP is **\$1,325,000**, (\$441,666 for each Peer Run Respite) for each approved contract year. Renewal of the contract for years two and three will be based upon the Proposer's satisfactory performance, audit findings and the availability of funds. Any contract resulting from this RFP shall not, in whole or in part, be subcontracted, assigned, or otherwise transferred to any other contractor without prior written approval from the Division.

1.10 Retention of Rights

The State of Wisconsin retains the right to accept or reject any or all proposals if it is deemed to be in the best interest of the State of Wisconsin.

If mutually agreed to by the contractor and the State, the results of this solicitation may be used by other Wisconsin agencies or other states.

All proposals become the property of DHS upon receipt.

1.11 Who May Submit an Application

Incorporated public or non-profit organizations that are community-based and consumer-directed, with board representation of at least fifty-one percent consumers with mental health and/or substance use disorder are eligible to apply.

2.0 PREPARING AND SUBMITTING A PROPOSAL

2.1 General Instructions

The selection of a contractor is based on the information submitted in the contractor's Proposal. Failure to respond to each of the requirements in the RFP may be the basis for rejecting a Proposal.

Elaborate Proposals (e.g., expensive artwork), beyond what is sufficient to present a complete and effective Proposal, are not necessary or desired.

The State of Wisconsin is not liable for any cost incurred by Proposers in replying to this RFP.

Proposers must submit Proposals in strict accordance with the requirements set forth in this section. All materials must be submitted to:

Elizabeth Schweitzer

Purchasing Agent Department of Health Services

Division of Mental Health and Substance Abuse Services

1 W. Wilson Street, Room **655**

Madison, WI 53701

(608) 267-5156

All materials must be received in the prescribed formats by 3:30 PM CT, 05/16/2014.

Proposals must be received in the above office by the specified date and time. Receipt of a Proposal by the State mail system does not constitute receipt of a Proposal. No Proposals are allowed to be submitted by fax or email. All such Proposals will be rejected.

There are two components needed for complete submission of the Proposals: Paper (Hard Copies) and Electronic. Both components are due to the address above by the stated date and time. The following submission requirements must be followed for each of the components:

Paper (Hard Copy) Proposal Component

This component must contain the original and Number six (6) paper copies of the entire Technical Proposal (see Section 2.2 Proposal Organization and Format) including any proprietary information.

Electronic Proposal Component

In addition to the paper documents described above, the entire Proposal must be submitted in non-password protected Portable Document Format (.pdf), (except for the proposed budget, which must be submitted using the required Microsoft Excel template) on a reproducible CD(s) labeled as follows:

Title

Name and Address of Proposer

RFP XXXX-DMHSAS-XX

Disc X of Y

2.2 Proposal Organization and Format

Technical proposals must be organized into clearly delineated sections, as shown below. Each heading and subheading should be separated by tabs or otherwise clearly marked.

Tab 1. Cover Sheet

Table of Contents

Transmittal Letter

Vendor Information Form DOA-3477

Tab 2. Goals, Objectives and Performance Expectations – Section 6.1

Tab 3. Program Design and Methodology – Section 6.2

Tab 4. Work Plan – Section 6.3

Tab 5. Organizational Experience and Capacity – Section 6.4

Tab 6. Reporting, Performance Measurement & Quality Improvement – Section 6.5

Tab 7. Budget – Section 7.0

Tab 8. Appendix – Letters of Support, Letters of Commitment, Memorandums of Understanding, Contracts, etc.

All materials must be received in the prescribed formats by Friday, 4:30 PM CT, 5/16/2014

2.2.1 **Transmittal Letter**

A Transmittal Letter must accompany the RFP package. It must be on official business letterhead of the proposer submitting the Proposal, and must be signed in ink by an individual authorized to legally bind the vendor.

- The Transmittal Letter must stipulate the following: The Proposer is the primary Vendor and is a corporation or other legal organization.
- Services that the Vendor intends to sub-contract to another entity.
- No attempt has been made or will be made by the Vendor to induce any other person or firm to submit or not to submit a Proposal.
- The vendor certifies they have neither directly nor indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that this Proposal has been independently arrived at without collusion with any other Vendor, competitor or potential competitor; that this proposal has not been knowingly disclosed prior to the opening of proposals to any other vendor or competitor.
- A Statement of Qualifications that the vendor is able to meet all the Mandatory Requirements and Special Terms and Conditions in Sections 4.0.
- The Proposal is valid for a minimum of 60 Days from the Proposal due date.
- The person signing this letter and all RFP documents is authorized to make decisions on behalf of the Proposing organization and that the person has not participated, and will not participate, in any action contrary to the this statement.

- Assurance that the vendor will agree to execute and fulfill a contract according to the conditions and terms specified in this RFP.
- That the Proposal is predicated upon the requirements, terms, and conditions of this RFP, the posted Questions and Answers, all its attachments, and any supplements or revisions thereof; and
- That an individual authorized to bind legally the vendor has signed this Transmittal Letter.

2.3 Multiple Proposals

Submission of multiple Proposals from Proposers is only permissible if the Proposer is targeting different geographical areas of Wisconsin for development of Peer Run Respite programming.

2.4 Withdrawal of Proposals

Proposals shall be irrevocable until contract award unless the Proposal is withdrawn. Proposers may withdraw a Proposal in writing at any time up to the Proposal closing date and time or upon expiration of five (5) business days after the due date and time if received by Name. The written request must be signed by an authorized representative of the Proposer and submitted to Name at the address listed in Section 2.1 General Information. If a previously submitted Proposal is withdrawn before the Proposal due date and time, the Proposer may submit another Proposal at any time up to the Proposal closing date and time.

2.5 Notice of Intent to Apply

Prospective Proposers are requested, but not required, to submit a notice of intent to apply to the Division. The notice of intent should be submitted to the Division at the mailing address below by 4:00 PM CT on 04/21/14. Submission of the notice of intent does not commit a prospective Proposer to submission of a Proposal.

Any supplemental written information related to this RFP developed by the Division will be provided only to those agencies who have filed a Notice of Intent, or to agencies who request such information. Notices should be mailed, emailed, faxed, or hand delivered to:

Faith Boersma, Peer Services Coordinator
Division of Mental Health and Substance Abuse Services
1 W. Wilson Street, Room 951
Madison, WI 53703
Fax: (608) 267-4865
Email: Faith.Boersma@wisconsin.gov

3.0 PROPOSAL SELECTION AND AWARD PROCESS

3.1 Preliminary Evaluation

The purpose of the preliminary evaluation is to determine if each Proposal is sufficiently responsive to the RFP to permit a complete evaluation. Proposals must comply with the instructions to Proposers contained in this RFP. Failure to comply with the instructions may cause the Proposal to be rejected

without further consideration. The state reserves the right to waive any minor irregularities in the Proposal.

3.2 Proposal Scoring

Proposals accepted through the preliminary evaluation process are reviewed by an evaluation committee and scored against chosen criteria. A Proposer may not contact any member of an evaluation committee except with the Contract Administrator's written approval.

3.3 Proposal Evaluation Criteria

The proposal evaluation committee will review all proposals against stated criteria. Proposals from eligible applicants will be scored according to the following competitive criterion:

Maximum Points (100 Total)

PROPOSAL EVALUATION CRITERIA	MAXIMUM POINTS
• Goals, Objectives and Performance Expectations	15 points
• Program Design and Methodology	20 points
• Work Plan	20 points
• Organizational Experience and Capacity	10 points
• Reporting, Performance Measurement and Quality Improvement	20 points
• Budget	15 points
TOTAL	100 points

3.4 Notification of Intent to Pursue Contract Negotiations

All Proposers who respond to this RFP will be notified via email of the State's intent to pursue contract negotiations as a result of this RFP.

After notification of the intent is made and under the supervision of agency staff, copies of Proposals will be available for public inspection from 8:00 a.m. to 4:00 p.m. at One West Wilson Street, Room 850, Madison, Wisconsin. Vendors should schedule reviews with [Faith Boersma](#) or Designee, at (608) 267-4865.

3.5 Right to Reject Proposals and Negotiate Agreement Term

The State reserves the right to reject any and all Proposals. The State may negotiate the terms of the contract, including the award amount, with the selected Proposers prior to entering into a contract. If contract negotiations cannot be concluded successfully with the recommended Proposer or upon unfavorable review of the Proposer's references, the Department may terminate contract negotiations.

The Contract Administrator or designee will review each RFP Response Package and Statement of Proposer Qualifications to verify the Proposer meets the requirements specified in this RFP based on a pass or fail protocol. This determination is the sole responsibility of the Department.

3.6 Letters of Support (Optional)

Proposers are encouraged to submit letters of support. Letters may originate from stakeholder organizations, businesses, educational institutions, and/or other health and human service provider agencies. Letters of support should address the potential for success in providing mental health and substance abuse programming in a shared services delivery system. The evaluation committee will consider letters of support in review of the proposals.

4.0 MANDATORY REQUIREMENTS

To be eligible for further evaluation consideration Proposers must certify their ability to meet all MANDATORY REQUIREMENTS as specified. Additional requirements may apply upon contract execution specific to the services provided.

4.1 Proposal Format, Electronic Data Base/Spreadsheet reporting

Proposers are required to submit their proposal in single-sided, single-spaced, 12-point standard font (prefer Times New Roman), with a minimum of 1-inch margins. Please limit proposals to 20 pages, not including budget, appendices, and letters of support. Budgets are to be submitted on the required Excel spreadsheet specified in Appendix A. The work plan is required to be coordinated with the budget and the performance monitoring reporting tool specified in Appendix B. For the overarching goals and objectives of this project, defined herein, data will be reported either into the PPS or on an Excel spreadsheet for those data not captured in PPS.

4.2 Statutory requirements

This RFP is guided by Wisconsin statute, ch.46.48 (31) and (32):
<https://docs.legis.wisconsin.gov/statutes/statutes/46.pdf>

The Proposer must comply with all licensure, zoning, and local ordinances applicable to operation of the Peer Run Respite.

4.3 Patient's/Client's Rights Policy

Each Proposer shall have a written policy stating that the service will comply with client's rights requirements as specified in DHS 94, Wisconsin Administrative Code.

4.4 Security of Electronic Data

Procedures must be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the identity of participants will be safeguarded (e.g., through the use of a coding system on data records; limiting access to records; storing identifiers separately from data).

4.5 Affirmative Action Plan and Civil Rights Compliance

Affirmative Action Plan

Grant recipients who are awarded contracts of fifty thousand dollars (\$50,000) or more shall have included in their contracts the following clause: "A written affirmative action plan is required as a condition for the successful performance of the contract. Excluded from this requirement are grant recipients whose annual workforce amounts to less than fifty (50) employees. The affirmative action plan shall be submitted to the Contract Administrator within fifteen (15) working days following the award of the contract."

Civil Rights Plan

Grant recipients who are awarded contracts of fifty thousand dollars (\$50,000) or more with an annual work force of twenty-five (25) employees or more shall complete and keep on file a Civil Rights compliance plan compliant with the most recent DHS Civil Rights Compliance Requirement publication. All Grantees must submit a Civil Rights Compliance Letter of Assurance to the Office of Affirmative Action and Civil Rights Compliance within fifteen (15) working days of the award date.

4.6 Tobacco Smoke Free Environment

Public Law 103-227, also known as the Pro-Children Act of 2001, prohibits tobacco smoke in any portion of a facility owned, leased, or contracted for by an entity that receives federal funds, either directly or through the State, for the purpose of providing services to children under the age of 18.

5.0 PROPOSER INFORMATIONAL SECTION

Section 5.0 contains information for Proposers regarding the responsibilities, deliverables and outcomes the contractor is responsible for providing as part of this project.

The following requirements are the minimum specifications and responsibilities. If no Proposers are able to comply with any given specification, condition of proposal or provide a specific item, the state reserves the right to delete that specification, condition of proposal or item.

5.1 Goals, Objectives and Performance Expectations

The Proposer should have clear, achievable goals and objectives for this project. The Proposer's goals and objectives should be consistent with DMHSAS' goals for this grant stated in Section 1.1.

The Proposer should identify each goal, objective, related activities, timelines, measures and performance and person(s) responsible for the objectives. Goals should be agreed-upon, concrete, observable measures to know what was accomplished.

5.1.1 Goal One: Promote self-directed recovery through provision of recovery-oriented peer support.

Objective 1: Operate the Peer Run Respite with a recovery orientation

A recovery orientation refers to the process by which services and supports value and promote the ability of individuals to build a meaningful and satisfying life, as uniquely self-defined. Strength-based services are person-centered, offering choices and honoring each person's capability for growth in every stage of the recovery process.

Objective 2: Promote self-direction and empowerment within the Peer Run Respite

The core principles of self-directed care are personal responsibility and control over one's own life, and the freedom to choose from accessible services and supports that one wants or needs. The self-directed philosophy promotes self-determination and empowerment as individuals are afforded the opportunity to pursue their own goals in building meaningful lives (DHHS Publication No. SMA-05-3982, 2005). Self-direction at the Peer Run Respite includes allowing guests the freedom and support to control their own schedules, activities, and money, and have access to food at any time. Guests must also be able to have visitors of their choosing at any time.

Objective 3: Provide peer support services in the Peer Run Respite

Peer support is characterized by respect, mutuality and equality. Within the Peer Run Respite, peer support is provided by a peer, who not only has lived experience with mental health and/or substance use disorder but uses his or her unique recovery experiences in combination with training to relate and provide support to individuals who use the Peer Run Respite. An individual who can empathize by virtue of a common experience supports a peer through a non-hierarchical approach. All peer staff must abide by the Wisconsin Certified Peer Specialist Code of Conduct:

http://www.wicps.org/uploads/1/8/1/4/1814011/cps_code_of_conduct.pdf

5.1.2 Goal Two: Provide a safe, stable, and supportive environment.

Objective 1: Operate and adequately staff a 24/7 facility

The respite must be continuously open, and peer staff must be available to provide peer support to guests twenty-four hours a day. The organizations must establish roles and responsibilities for staff, including identification of individuals in positions of responsibility, such as a director and house manager. A supervision structure must be in place, and staff in supervisory positions must be Certified Peer Specialists.

Objective 2: Maintain Americans with Disabilities Act (ADA) compliance in the facility and program

Standards and guidelines for accessible design are available from the Department of Justice:

<http://www.ada.gov/regs2010/2010ADAStandards/2010ADAstandards.htm#titleIII>

Objective 3: Create an environment for the Peer Run Respite where people feel safe and welcomed

The atmosphere of the Peer Run Respite should be such that guests and staff feel physically and emotionally safe. It is important that guests feel welcomed and supported upon arrival and throughout their stay.

Objective 4: Provide a physically secure and safe environment within the Peer Run Respite

Prior to use, all PRR facilities are licensed or approved as required by law or regulation, and regularly inspected to evaluate:

- Fire, health, and safety hazards, safety precautions should include but are not limited to communicable disease, food contamination, theft and other criminal activity, unauthorized trespass, and severe weather conditions
- Cleanliness,
- Adequacy of space and furnishings, and
- Safety and appropriateness of materials and equipment

Overnight sleeping accommodations include:

- Sleeping arrangements appropriate to the number, special needs, and gender of the individuals served in the facility, ideally to ensure the privacy of guests, individual sleeping arrangements will be offered
- Rooms are adequately and attractively furnished, with entrance doors lockable by guests with only appropriate staff having keys to doors as needed
- A safe lockable place to store personal belongings including medications

Facility space and amenities are adequate for the scope of the PRR service:

- Dining, bathing, toileting, and personal hygiene facilities
- Private areas for meetings with individuals and visitors
- Space for resting
- Rooms for providing on site services

The Peer Run Respite will adhere to guest rights and confidentiality policies and grievance procedures, which must be provided to all guests, and in which all staff must be trained.

Objective 5: Provide services free of charge to guests

Peer Run Respite services are provided at no cost to the consumer so that financial barriers do not affect an individual's ability to access these services.

Objective 6: Ensure access to services for guests statewide

Peer Run Respite services must be available to guests locally, regionally, and statewide. Length of stay must be short enough, and frequency of stays for each individual must be regulated to ensure that a significant number of guests are able to utilize the facility.

5.1.3 **Goal Three: Provide resources and linkages to community**

Objective 1: Develop collaborative local relationships

The Peer Run Respite should function as an integral part of the larger community. The respite should work in partnership with other agencies and institutions that serve consumers of mental health and substance use disorder services.

Objective 2: Provide information and education for the community at large

It is essential that the Peer Run Respite provide outreach to the community in order to educate and inform community members of the services provided and the unique function of the respite.

Objective 3: Provide information, education, linkage and follow-up for guests

The Peer Run Respite must inform guests about opportunities to enhance their recoveries in the community. The Peer Run Respite should facilitate guests' access to a full range of services and supports within that community.

5.1.4 **Goal Four: Improve outcomes and quality of life for peers utilizing the Peer Run Respite services**

Objective 1: The Peer Run Respite will support guests to decrease their utilization of other crisis services

As a result of utilizing the Peer Run Respite prior to experiencing acute crises, it is expected that guests will avert such crises; thereby reducing the need for various other crisis services.

Objective 2: The Peer Run Respite will result in self-reported improvement in recovery and quality of life for guests

As a recovery-oriented service, the Peer Run Respite should support individuals in their individual recovery journeys, ultimately having a positive impact on quality of life for its guests.

5.2 Program Design and Methodology

DMHSAS is soliciting a Proposal that demonstrates a high quality, innovative and cost effective approach for the provision of specify services.

5.2.1 Goal One: Promote self-directed recovery through provision of recovery-oriented peer support.

Objective 1: Self-referral and Admission: Admission to and participation in the PRR is voluntary and will be provided within a mutual relationship between staff and participant. Services will be accessible through self-referral. The respite must have a pre-stay interview process in order to determine whether and how the Peer Run Respite would fit into an individual's recovery plan.

Objective 2: Recovery-Oriented Services: The PRR should foster hope and promote health and healing. High quality peer support provided by individuals with lived experience must be offered both individually and in a group setting. **Within the second year of the grant, the PRR will provide peer support via a telephonic warmline and/or texting and/or virtual technology; these services should be available during hours that meet the needs of the community.** The PRR will provide peer support services that encourage guests to explore their strengths, barriers, and resources. Staff at the Peer Run Respite should utilize authentic, empathic listening, and encourage guests to move beyond their diagnoses towards the guests' unique definition of recovery. Peer support services will be available twenty-four hours a day, seven days a week to address the needs of the individuals staying in the PRR. The PRR should offer a variety of peer support services that are both structured and unstructured.

Objective 3: Self-Direction: Guests must be able to choose to participate in a wide range of activities focused on wellness and recovery, such as arts and music, physical activity, and social interactions. The availability of resources and materials regarding housing, education, employment and other services will provide opportunities for guests to participate in a meaningful and fulfilling life of recovery. Guests must be responsible for managing their own medications, which must be secured and accessible only to the guest to whom they belong. Guests must also have the freedom to manage their own money. Food must be available at all times for guests. Guests must also be informed about the policy regarding visitors.

5.2.2 Goal Two: Provide a safe, stable, and supportive environment.

Objective 1: Access: Admissions to PRRs are to be brief in nature, from one to five days. It will be essential to develop admission, length of stay, and frequency of stays policies and procedures. For transparency and planning purposes, it is recommended to address the length of stay within the pre-stay interview process. The PRR must also have a policy regarding services to people who are homeless. Involuntary discharge policies must also be in place and fully explained to all guests. The Peer Run Respite should utilize a person-centered approach that promotes choice and engages guests in planning next steps.

This Request for Proposal does not define regions or geographical locations where the respite services are to be located. DMHSAS will use proposals received through this procurement to determine viable locations for Peer Run Respite services. DMHSAS will not support multiple Peer Run Respite programs in one geographic area. It is anticipated that this procurement will produce sufficient interest in the development of Peer Run Respite services to produce three geographically distinct respite programs.

Since transportation may be a significant barrier to some individuals seeking Peer Run Respite services, an access plan addressing this issue must be developed. Regional accessibility to the Peer Run Respite might include arrangements for mobile outreach and coordination of transportation for guests to and from the facility. Should the access plan include provision of transportation, grant funds may be utilized for these costs. Physical accessibility must meet ADA standards. Staffing patterns including at a minimum of one to two staff at all times will ensure availability of services and supports to guests twenty-four hours a day, seven days a week.

Objective 2: Staffing Plan: At least one peer staff must be on location whenever guests are present. The Peer Run Respite must establish policies and procedures that define staff roles and clearly delineate responsibilities, identifying which individuals are responsible for managerial, administrative and supervisory functions. Staff in supervisory positions must, at a minimum, be Certified Peer Specialists with experience providing peer support. All peer staff, whether certified or not, must abide by the Wisconsin Certified Peer Specialist Code of Conduct:

http://www.wicps.org/uploads/1/8/1/4/1814011/cps_code_of_conduct.pdf

Objective 3: Staff Training: Staff must be provided with adequate training, education and support for successful delivery of peer services, and should be empowered through their work at the Peer Run Respite. Training must include:

Recovery principles (see SAMHSA definition and guiding principles of recovery:

<http://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf>)

Trauma Informed Care

Cultural competence

Ethics and boundaries

Strengths-based wellness planning

Facilitation of referrals and linkages to other services

Appropriate use of self-disclosure

General knowledge of mental health and substance use disorders

Recognizing and managing crisis and emergency situations

Guest Rights & Confidentiality

Ensuring health and safety in a congregate environment, such as first aid, safe food handling, and prevention of communicable diseases

Adequate safety procedures for incidences such as weather, fire, and criminal activity

Objective 4: Physical Safety and Security: The PRR must provide at least three and no more than six individual, self-locking guest rooms and a sufficient number of bathrooms to ensure privacy for both males and females. These rooms should be comfortable, clean, and home like. Ensuring a safe environment will include the development of clear and comprehensive house rules, including policies and procedures addressing possession and use of alcohol and drugs. Guests must be informed of guest rights and responsibilities policies, which must be adhered to by all staff. Grievance procedures must also be provided to all guests.

The facility must also develop and implement adequate safety precautions and policies including but not limited to those for communicable disease, food contamination, theft and other criminal activity, unauthorized trespass, fire, and weather conditions.

5.2.3 Goal Three: Provide resources and linkages to community

Objective 1: Community collaboration: Community collaboration should include good working partnerships between the Peer Run Respite and local crisis services, private and public providers of mental health and substance use disorder services, existing peer organizations and groups, and law enforcement. The Peer Run Respite must make good faith efforts to develop Memorandums of Understanding (MOUs) with these local agencies and organizations. An effective community education and marketing plan will foster understanding and appropriate utilization of the Peer Run Respite.

Objective 2: Linkage and follow-up: All guests must be provided any needed linkages and follow-up to community resource including but not limited to mental health and/or substance use services. The Peer Run Respite must develop policy and procedures regarding linkages and follow-up that assist guest to access to additional services in the community

Objective 4: Effectively fulfilling community need: The Peer Run Respite will demonstrate effectiveness in fulfilling needs in the community. The Peer Run Respite must monitor utilization of the facility by recording daily utilization rates. The number of individuals turned away due to capacity issues must also be documented, and the organization must have a plan for monitoring and addressing unmet needs.

5.2.4 Goal Four: Improve outcomes and quality of life for peers utilizing the Peer Run Respite services

Objective 1: Follow up: The Peer Run Respite must develop a process for follow up with all guests to assess satisfaction with services and outcomes. Successful proposers will work with the DMHSAS to create uniform reporting standards utilized at all Peer Run Respite funded by this grant.

5.3 Work Plan

A work plan is an organizational tool that identifies significant goals, objectives, activities, measures, timelines, and responsible parties for a project. The Proposer must develop target dates for acquisition and adaptation of a facility and development of community partnerships by no later than September 30, 2014. Draft policies and procedures must be submitted to DHS for review and technical assistance by no

later than September 1, 2014, and finalized by October 31, 2014. Staff must be hired and trained by October 1, 2014. The Peer Run Respite must be open and operational prior to December 1, 2014. **The Warmline component must be operational prior to December 1, 2015.** Each Proposer, through their work plan and budget detail, should provide sufficient justification for proposed staffing and other resources funded through the project.

DHS is looking for a Proposer that has the capacity to implement the expectations of the RFP and the Proposer's objectives and work plan. The Proposer is expected to have a thoughtful plan for assuring adequate staff or contractor resources are in place in a timely way to complete objectives according to the proposed work plan.

5.4 Organizational Experience and Capacity

Incorporated public or non-profit agencies or organizations that are community-based and consumer-directed with a board representation of at least fifty-one percent consumers with mental health and/or substance use disorders are eligible to apply. Agencies must have the capacity to recruit, train, and retain qualified staff and to offer services regionally. The organizations must be fiscally stable, with qualified individuals responsible for financial management and accounting functions. Applicants should have prior experience providing peer support, education, and advocacy for individuals with mental health and/or substance use disorders. Previous successfully contracting experience, including data collection and reporting, particularly with a state agency, is desired. Organizations should also have established relationships within the community, as well as the capacity for community education and linkages to community services.

5.5 Reporting, Performance Measurement & Quality Improvement

5.5.1 Contractual Accountability:

The Proposer will need to provide three quarterly reports and an annual report. The reports will include the status of the project, including the progress on the identified objectives and work plan, along with any barriers to the implementation of the accepted proposal.

5.5.2 Project Evaluation: Respite in relation to the four goals of the RFP (Section 5.1) and below:

The Proposer will need to clearly identify its approach to contributing to this evaluation, including the responsible individual(s) or organization(s) that will be actively involved in the evaluation. This will include reviewing the indicators and working with the Bureau of Prevention Treatment and Recovery to further clarify and improve the measures and to monitor the project performance on those indicators on an ongoing basis. Each of the four primary goals below includes a list of project evaluation measures on which DMHSAS will be assessing the project. Projects will be evaluated against the criteria laid out in the Goals and Objectives of this RFP and the individual project goals established and reported on using DMHSAS Form F-20389 in Appendix C. Proposers are to frame their objectives as "SMART" deliverables: Specific, Measurable, Attainable, Relevant, and Time-Bound.

5.5.3 Goal One: Promote self-directed recovery through provision of recovery-oriented peer support.

- 1) A wide array of services and activities supporting recovery are offered, and the proposer can explain how each supports recovery.
- 2) By the second year of the grant, the proposer provides peer support via a telephonic warmline and/or texting and/or virtual technology. These services are available during hours that meet the needs of the community, presumably during weekends and evenings.
- 3) Policies and procedures are in place that support self-direction, including those regarding visitors, food, and money management; and do not include coercive policies and practices.
- 4) Medication management is not provided: guests manage and administer their own medications, which must be secured in a locked space.
- 5) All paid peer support staff are peers with lived experience of mental health and/or substance abuse disorders.
- 6) Staff in supervisory positions are Certified Peer Specialists.
- 7) All peer support staff have experience providing peer support, and formal training in the following:
 - *Recovery principles (see SAMHSA definition and guiding principles of recovery: <http://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf>)*
 - *Trauma Informed Care*
 - *Cultural competence*
 - *Ethics and boundaries*
 - *Strengths-based wellness planning*
 - *Facilitation of referrals and linkages to other services*
 - *Appropriate use of self-disclosure*
 - *General knowledge of mental health and substance use disorders*
 - *Recognizing and managing crisis and emergency situations*
 - *Guest Rights & Confidentiality*
 - *Ensuring health and safety in a congregate environment, such as first aid, safe food handling, and prevention of communicable diseases*
 - *Adequate safety procedures for incidences such as weather, fire, and criminal activity*
- 8) Individual and group peer support is offered

5.5.4 **Goal Two: Provide a safe, stable, and supportive environment.**

5.5.5 **Goal Three: Provide resources and linkages to community**

- a. Law enforcement
- b. Emergency personnel
- c. Local crisis services
- d. Local providers of mental health and substance use disorder services
- e. Other local peer-run organizations as applicable

1. The Peer Run Respite tracks utilization of the facility, use of the warmline and submits this data on a quarterly basis
2. The Peer Run Respite develops and implements an adequate plan to make information available to the community, including at least one community outreach activity quarterly
3. Annual feedback from the community indicates awareness and understanding of the Peer Run Respite
4. Policies are in place and materials and resources are readily available, ensuring that guests are provided with information regarding other services in the community

5.5.6 **Goal Four: Improve outcomes and quality of life for peers utilizing the Peer Run Respite services**

A procedure is developed for follow up with guests to collect data on outcomes and quality of life

5.6 Project Performance Measures

The performance reporting requirements for the Project Evaluation defined in this section correspond to the goals and objectives defined in Section 5.1. Each of the four primary goals includes a list of performance measures on which DMHSAS will be assessing the project. The performance measures will be monitored on a quarterly basis to assess the Proposer's status. Proposers will be responsible for collecting the performance measure data, submitting it to the BPTR and using it for quality improvement to inform project development.

5.6.1 Goal One: Promote self-directed recovery through provision of recovery-oriented peer support.

1. Guest feedback (submitted quarterly) indicates that no less than seventy-five percent of guests agree that the Peer Run Respite was recovery-oriented.
2. Guest feedback (submitted quarterly) indicates that at least seventy-five percent of guests are satisfied with the quality of peer support.

5.6.2 Goal Two: Provide a safe, stable, and supportive environment.

Guest feedback (submitted quarterly) indicates that at least seventy-five percent of guests agree that they felt welcome and safe while at the Peer Run Respite.

5.6.3 Goal Three: Provide resources and linkages to community

1. At least fifty percent of guests are provided with referrals to other community resources.
2. Guest feedback (submitted quarterly) indicates that at least seventy-five percent of guests who received referrals found them to be useful.

5.6.4 Goal Four: Improve outcomes and quality of life for peers utilizing the Peer Run Respite services

At 90-day follow-up, the majority of guests with previous experience utilizing crises services such as contact with law enforcement, psychiatric inpatient hospitalizations and emergency room visits self-report decreased utilization of these services.

1. At 90-day follow-up, the majority of guests report improvement in recovery and quality of life.

5.7 Data Quality Reporting Standards

The Proposer will need to collect and submit the required data to DMHSAS. As part of the quarterly reports, all data required for the performance indicators must be submitted in a complete, accurate, and timely manner. The Proposer must work with DMHSAS to establish uniform reporting standards across all Peer Run Respite.

5.8 Implementing a Quality Improvement Process

The Proposer will need to have a quality improvement system in place during the project grant period that uses the performance indicator data described in Section 5.5. The Proposer should have a system in place for assuring the program is administered appropriately and contains a mechanism for quality

improvement. The Proposer is responsible for the design, development, implementation, and evaluation of a system of quality assurance. The Proposer will monitor activities to ensure compliance with applicable federal and state requirements.

6.0 TECHNICAL RESPONSE SECTION

Listed below are the technical proposal response requirements. The section(s) referenced within the response requirement provide detail concerning the required and/or desired objectives, work requirements, and standards to meet the needs of this program. This detail represents the minimum level of service requirements and objectives sought in this procurement. Many of the sections in this RFP are interrelated and may contain overlapping information. Proposers should incorporate the goals, objectives, work requirements, and standards stated throughout this RFP into their proposal.

Proposers must respond to each of these requirements with a descriptive narrative (appropriately labeled in accordance with the numbering scheme below) that includes methodology to the level of detail deemed appropriate by the Proposer.

6.1 Goals, Objectives and Performance Expectations

Proposers describe goals, objectives and performance expectations for each year of the grant, and fulfill the requirements described in Section 1.1 and 5.1. This response should include but is not limited to:

1. A statement of the Proposer's goals and objectives for the proposed project.
 - a. The Proposer clearly states how grant funds will be utilized for the development and operation of the Peer Run Respite. The strategies described are logical and appropriate responses to the description of the stated goals and expectations in Section 1.1 and 5.1
 - b. The Proposers will describe how they will achieve outcomes and performance expectations. The Proposer will discuss how they will address and overcome potential obstacles\barriers.
 - c. The Proposer will describe the criteria used to measure the success of the project.

6.2 Program Design and Methodology

Proposers describe and define a viable model for the project that addresses the specifications noted in this RFP. Proposers should address the following information in the response to this section:

6.2.1 **Goal One: Proposers should describe their plan to provide recovery-oriented peer support and services that promote self-direction.**

Proposers should include a description of the self-referral procedure that the Peer Run Respite will utilize, including a pre-stay interview process. Proposers should provide a description of the activities, resources, and services that will be offered at the Peer Run Respite, and how they will ensure that guests have access to activities, resources, and services in the community. **Proposers should provide their strategic plan for developing and implementing warmline services.** Proposers should explain their plan for ensuring that guests manage their own medications and money, including security procedures. Proposers should also describe the Peer Run Respite's policy regarding visitors. Proposers should detail their plan to provide recovery-oriented peer support in both individual and group settings, including information on how they will ensure access to peer support on a continuous basis.

6.2.2 Goal Two: Proposers should describe their plan to provide a safe, stable, and supportive environment.

Proposers should describe length of stay, frequency of stays, and involuntary discharge procedures. Proposers should describe their policies and procedures regarding provision of services to people who are homeless. Proposers should describe an access plan addressing transportation issues to ensure regional accessibility to the Peer Run Respite. Proposers must provide an adequate staffing plan to ensure availability of services and supports to guests twenty-four hours a day, seven days a week. Proposers must define staff roles, responsibilities, and qualifications; identifying individuals responsible for managerial, administrative, and supervisory functions. A plan for recruiting qualified staff, including Certified Peer Specialists, should be provided. Proposers should also describe their staff training plan. Proposers should describe their plan to acquire and develop a suitable physical facility for the Peer Run Respite that is ADA accessible and meets the expectations outlined in 5.1.2. Proposers explain how they will address the possession and use of alcohol and drugs. Proposers should define guest rights and responsibilities and outline a grievance procedure. Proposers should provide a description of the process for ensuring that all guests are informed of these policies. Proposers should describe their plan to develop and implement adequate safety precautions and policies.

6.2.3 Goal Three: Proposers should describe their plan to provide resources and linkages to community

Proposers should explain community collaboration strategies and include MOUs or an adequate plan to develop MOUs with local crisis services, private and public providers of mental health and substance use disorder services, existing peer organizations and groups, and law enforcement. Proposers should also provide a community education plan. Proposers should describe their plan to provide resources and linkages to additional services in the community for guests. Proposers should explain their plan to monitor utilization of the Peer Run Respite and address unmet need in the community.

6.2.4 Goal Four: Proposers should describe how they plan to follow up with guests to assess satisfaction and to document improvement in outcomes and quality of life for peers utilizing the Peer Run Respite services.

Contractual Accountability: The Proposer will need to provide three quarterly reports and an annual report. The reports will include the status of the project, including the progress on the identified objectives and work plan, along with any barriers to the implementation of the accepted proposal.

6.3 Work Plan

The work plan described in the proposal relates directly to the goals listed in Section 1.1, facilitates program accomplishments, and is sequentially reasonable. Activities in the work plan are assigned to specific personnel. The work plan is consistent with the objectives and can be accomplished in stated timeframes and proposed budget. Timeframes for tasks and activities in the work plan are appropriate to ensure that sufficient effort is planned. This response should include, but is not limited to:

1. A detailed description of significant tasks, activities and strategies to be used to achieve the goals in a logical progression.

2. The assignment of responsibility for work plan tasks to specific personnel and the timetable for significant tasks or activities to be started and to be completed.

6.4 Organizational Experience and Capacity

Proposers should submit a response that describes their experience, demonstrated abilities, and technical expertise to develop and operate a successful Peer Run Respite. This response includes but is not limited to:

- 6.4.1 Evidence of incorporation as a non-profit, community-based organization with at least fifty percent Board of Directors representation of consumers of mental health and/or substance use disorders.
- 6.4.2 Descriptions of capacity to recruit, train, and retain qualified staff.
- 6.4.3 Explanation of ability to provide services regionally.
- 6.4.4 Demonstration of financial stability and identification of qualified individuals responsible for accounting functions.
- 6.4.5 Demonstration of experience providing peer support, education, and advocacy for individuals with mental health and/or substance use disorders.
- 6.4.6 Description of previous successful contracting experience, including data collection and reporting.
- 6.4.7 Evidence of established community relationships and explanation of the capacity for community education and establishment of linkages to community services.

Proposers should submit a response that describes their experience, demonstrated abilities, and technical expertise to fulfill the requirements described in Section 5.5. The Proposer has demonstrated to have an efficient system in place to assure quality and improvement for services. The Proposer clearly describes what their current quality assurance and improvement process is and what changes, if any, will be included for the project in order to fulfill the requirements described in Section 5.5. This response should include, but is not limited to:

- 6.4.8 A description of who will be responsible to submit the quarterly reports. The reports will include the status of the project, performance data, and include the progress on the identified objectives and work plan, along with any barriers to the implementation of the accepted proposal. A detailed description of the Proposer's current quality improvement and assurance processes that assures financial accountability, program quality, and regulatory compliance.
- 6.4.9 A description of who will be the Proposer's lead in working with DHS on the Project Evaluation, including the name of the responsible individual(s) or organization (s) that will be actively involved in the evaluation.
- 6.4.10 A discussion of who would be in charge of quality improvement and assurance for this RFP and what role they would play, if any, in this process.

- 6.4.11 A description, if applicable, of any changes to the current quality assurance, improvement, and monitoring processes that would be needed for the project.

7.0 PROJECT BUDGET

DMHSAS has developed a budget template (Appendix A) to be used for submitting the project budget. Use of this budget template is required. The budget template is an Excel spreadsheet containing three tabs. The first tab summarizes the detailed budget information entered on the second tab of the worksheet. The third and final tab contains the instructions for completing the budget worksheet. Please review the instructions prior to completing the budget template. Please provide sufficient justification in the designated areas of the second tab to enable reviewers to understand both the level of planned expenditures and the need for the funds. The budget template and instructions are included as an appendix to this document.

The proposed budget must be on the budget template and submitted as a Microsoft Excel file. Please save your budget with a file name that identifies your agency.

All budget costs must comply with the DHS Allowable Cost Policy Manual, The Allowable Cost Policy Manual can be found on the DHS web site at:

<http://www.dhs.wisconsin.gov/grants/Administration/AllowableCost/ACPM.htm>

8.0 REQUIRED FORMS

The following pages contain the ancillary forms required to be submitted as part of the Proposal packet. Please reference Section 2.2 for information related to the proper order of these forms in the Proposal packet.

VENDOR INFORMATION

1. PROPOSING COMPANY NAME

FEIN

Phone ()

Toll Free Phone()

Fax ()

Email Address

Address

City, State Zip + 4

2. Name the person to contact for questions concerning this Proposal.

Name

Title

Phone ()

Toll Free Phone()

Fax ()

Email Address

Address

City, State Zip + 4

3. Any vendor awarded over \$50,000 on this contract must submit affirmative action information to the department. Please name the Personnel / Human Resource and Development or other person responsible for affirmative action in the company to contact about this plan.

Name

Title

Phone ()

Toll Free Phone()

Fax ()

Email Address

Address

City, State Zip + 4

4. Mailing address to which state purchase orders are mailed and person the department may contact concerning orders and billings.

Name

Title

Phone ()

Toll Free Phone()

Fax ()

Email Address

Address

City, State Zip + 4

5. CEO / President Name

APPENDIX A

Budget Template

APPENDIX B

DMHSAS Program Performance Report Template Budget Template

APPENDIX C

References

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