

Question & Answers

Youth Treatment Services – Section II.A.

- Q. Housing Vouchers – Do you specify the numbers needed?
A. No, housing is separate; however, you should note the anticipated cost for housing needs and any training necessary.
- Q. Do we need to find an agency for housing vouchers then?
A. Not necessarily, there may be existing capacity to tap into and agencies to coordinate with.
- Q. Can outreach services be included in the proposal?
A. Outreach that leads to treatment is okay.
- Q. What funding is dedicated for “Youth Treatment Services”?
A. Youth Treatment Services includes funding from three areas: \$160,000 for Youth Outpatient Chemical Dependency; \$160,000 for Youth Outpatient Mental Health; and \$81,150 for Youth Residential Chemical Dependency. Feel free to propose any combination – be creative in designing a program to meet a current unmet need for youth.
- Q. Can proposals include billable hours for parents?
A. Can be included in proposal.

Adult/Older Adult Outpatient Mental Health – Section II.B.

- Q. The RFP mentions a fifteen hour reimbursement limitation for treatment services; are there exceptions to this hourly limitation?
A. The hourly limitation applies only to outpatient mental health services to adults. Any exceptions to this would need to be discussed with the County. The 15 hour limitation is the equivalent to the cost of 15 individual session hours; group counseling hours are generally billed at a rate equivalent to ¼ of the cost of an individual session.
- Q. If client is financially eligible for Medicaid, but does not meet medical necessity/Access to Care Standards, can they be served with this funding?
A. Yes, they are eligible for this funding
- Q. How does the GAU Expansion of Mental Health Benefits affect this funding?
A. Remember, this is last resort funding (if there is another funding source that will pay for the services you’re providing these funds should not be used). This funding may be an option for services the other funding source won’t cover, (housing etc.). This may also be determined by capacity; if you have capitated GAU mental health funding this may be an option for services.

Note: The overall funding amount for adult/older adult outpatient mental health is \$312,000. In the RFP on page 2 (Request for Proposal Process) regarding Availability of Funds, the total was identified as \$392,000, however the Family Dependency Treatment Court and Drug Court Mental Health Services program is utilizing \$80,000 of this funding.

Family Dependency Treatment Court and Drug Court Mental Health Services – Section II. C.

Q. Does the agency provider have to be a Licensed Community Mental Health Center or Federally Qualified Health Plan?

A. Services must be provided by a Licensed Mental Health clinician – regardless of the provider agency type. The intent of this funding is to bring mental health services to the client with the expectation that these services would be provided at locations where the client is already engaged and required to attend (chemical dependency treatment locations, CPS office, etc).

Q. Where should we provide Mental Health treatment services?

A. We would like to see services provided at one of the client’s “required” locations (treatment agency, court etc.). The intent is to have easily accessible mental health services available for individuals participating in Snohomish County Family Drug Court and Snohomish County Adult Drug Court.

Q. Where does the funding for Family Dependency Treatment Court and Drug Court Mental Health Services come from?

A. It is part of the mental health outpatient treatment because it is new and/or enhanced services. There is \$80,000 of the total outpatient treatment funds available to support this position. This changes the overall funding amount for adult/older adult outpatient mental health to \$312,000.

Adult/Older Adult Residential Mental Health – Section II.D.

Q. Do you want proposers to find existing housing complex(es) that already have this population in residence and provide services or to coordinate services and formalize housing for this population?

A. Either, the County is flexible and promotes creativity to meet the needs of the population,

Q. Are all the services identified in the proposal required?

A. No, it is flexible based on the client’s need. Applicants should identify which services they intend to provide and how it will address the needs of the population being served.

Q. Is the 2.5 FTE identified for this program a set number of FTE’s?

A. That is the minimum number of staff required for this program.

Q. Are support services covered?

A. Include the request in your proposal if needed.

Q. Do proposals have to include the full 2.5 FTE or can the FTE be a total of all proposals (can multiple agencies bid for partial funding)?

A. Either, submit your proposals based on your needs

Hospital Emergency Room Services – Section II.F.

Q. Is the service ratio between CD and MH services intended to be split 50/50 or based on number and type of issues?

A. The ratio is not set; proposers are expected to see both CD and MH clients. There are effective screening tools for both mental health and substance use disorders to assist in identifying possible concerns.

Q. Can any department in the hospital ER submit proposals?

A. Yes.

Q. Are there requirements for the ER services provided? Must staff have particular credentials?

A. Include staffing requirements for meeting your proposal; staff may not need certification, depending on the tasks they are assigned (i.e. screening vs. treatment).

Q. Is the funding for one-time clients or do you expect follow-up contacts?

A. Depends on client and their need(s).

Q. Does the low-income definition apply to ER funding too?

A. Not necessarily, you are probably not going to gather information until treatment begins.

Q. What tasks are included in the FTE definitions? Can you have an FTE process data entry needs when not screening, etc.?

A. Data entry can be part of the FTE, use the employee for all aspects of tasks needing completion; look at costs per FTE.

Q. Is the target population mental health or chemical dependency or both?

A. Both; there are screening tools available.

Q: You are looking for mental health and chemical dependency services, not mental health or chemical dependency services, right?

A. Yes

Q. Compared to SBIRT – why aren't administration costs included in funding like in the grant?

A. The intent is to fund direct services. SBIRT outcomes showed benefits to the hospital, so many paid admin costs to maintain programs (ex. one benefit was to capture previously uncompensated costs).

Q. Is the Brief Intervention like the SBIRT process?

A. We are not looking to recreate the SBIRT program; we're looking to just provide what the client needs. We are also looking for collaborations (referring to other agencies).

Q. If collaborating with other agencies, how should we submit the proposal?

- A. Write one proposal jointly, listing both agencies.
- Q. How would you like payments to be processed if there are multiple agencies?
- A. Include suggested process in the proposal, however, simple is best.

Reporting Requirements – Section IV

- Q. What is required for data entry? (Raintree or TARGET)
- A. Will discuss later when we get to the reporting requirements.
- Q. What if the client opts out and does not want their data collected?
- A. Data collection is not optional. There may be temporary or emergency exemptions, but data collection is a requirement necessary for audit and research purposes.
- Q. Are expenses for access to MIS, such as TARGET, included in the RFP?
- A. Yes, include the costs for new security authorizations (currently about \$90.00, re-certifications are slightly less) in your proposal
- Q. Can data reporting into MIS systems be contracted out? If so, how do we address this in our proposals?
- A. Yes, TARGET data entry may be contracted out. Include in your proposal a plan to report data or work with the County to meet this requirement.
- Q. Is the Older Adults Outreach Screening proposals included in the reporting requirements?
- A. Yes
- Q. Are you requiring entry into both a County database and TARGET?
- A. No, report directly to appropriate data base; County only if none exist currently.
- Q. Should proposals include the outcome expected? Does this require follow-up with clients? Can admin overhead for follow-up be included? Is there a data tracking process, a team and/or a plan being developed?
- A. Outcomes will be tracked through reports using the state's integrated database. You may also use your own outcome measures (patient satisfaction) – internal or also agency collaboration, which could be included in your proposal if desired. Follow-up should be an internal process between agencies to confirm referrals arrive, if there is concern about tracking outcomes related to collaborative activities.
- Q. Do we report separately into TARGET (the chemical dependency MIS system) and into Sound Data Services (the mental health MIS system)?
- A. No, you will not be required to enter into both systems.
- Q. What if we have an internal mechanism for measuring success? Can we continue to just do it, monitor the trends and show it to the County?
- A. We want to know that you are measuring the outcomes; you are not expected to do the research (trend). Include the “how” you will measure data in the proposal. The integrated database (with state) will be used for trend analysis (research-based). You still want to

collect data for client referrals and make relationships with partner agencies; don't assume the other agency is collecting the data.

- Q. For a successful proposer, not currently contracting with the County to provide MH/CD service, what steps must a provider complete in order to establish connection with or entry into the TARGET or Raintree systems?
- A. A successful proposer can work with the County to access this or other data base systems per contracted requirements.

Proposal Procedures – Section V

- Q. Is the language in Acceptance of Terms (H), which allows the County to make changes to the terms, standard?
- A. Yes, it is standard language which allows for modifications based on new information and/or requirements.
- Q. Is funding for interpreter services included to provide Culturally Sensitive Programs (I)?
- A. If you expect it is needed, include it in your proposal
- Q. Does anything about Labor Harmony (J) need to be included in proposal?
- A. It is part of the terms and therefore presumed accepted if you submit a proposal. Certification will be required in the contract, as part of the language it contains.
- Q. Will the proposals be blind to the RFP committee reviewing the proposals? (Evaluation Process – L)
- A. No, committee will know which agency the proposal is from.
- Q. Will the Evaluation Process (L) consider proposals competitively across the whole RFP or separately by program area?
- A. No, each program funding will be reviewed separately.

Proposal Requirements – Section VI

Face Sheet – Section VI.C.

- Q. For partnership proposals, do you want one face sheet per provider?
- A. One face sheet per agency or proposal can be with all agencies' contacts.

Technical Section – Section VI.E.

- Q. Of the five pages allowed, do you have to include an attachment section if not required to submit the attachment?
- A. No, use the five pages to answer the required parts.
- Q. How do you want contracted data entry and/or collaboration noted?
- A. Specify how you plan to provide the data in your proposal; include all agencies.

Budget Section – Section VI.F.

- Q. Is there a match funding requirement?
- A. No

- Q. If the provider has an existing contract, is the same service rate assumed?
 A. No, base it on your proposal's expected rate but should not exceed currently approved rates.
- Q. Is budget based on eleven months?
 A. Yes
- Q. Is there a preference in type of costs (fee for services verses cost reimbursement?)
 A. No, the decision is up to each applicant.
- Q. In the Budget Section the subtotal amount, on the last line, is 20%, should this be 40%?
 A. Yes, sorry the total budget score is not 20% of the score but is 40% of the score.
- Q. Are training costs separate?
 A. Training dollars are not included in the RFP, but they are available. Do not include them in the budget section, but do include the need in the proposal.
- Q. Is the budget narrative separate from technical narrative or included in the five pages?
 A. The budget narrative allows for explanation of costs, etc., and is separate from the technical section's five page limit.
- Q. Is the available funding for one year or eleven months?
 A. Eleven months; this will be reviewed if the execution of contracts is delayed.
- Q. If applying for multiple funding programs – do you want separate proposal budgets?
 A. Yes, separate fund type with multiple proposals

General Questions

- Q. What is considered "low-income"?
 A. 220% of FPL (See handout)
- Q. At what age does this RFP define an older adult?
 A. Age sixty and older
- Q. At what age does this RFP define a youth?
 A. Youth are under the age of 18; 18 and older are considered an adult.
- Q. The RFP mentions in sections A, B and D that mental health services are to be provided by a Mental Health Professional (MHP); is a Master's Degree required?
 A. No, as long as credentials meet WAC requirements for an MHP (WAC 388-865-0150).
- Q. Can follow-up contacts be part of the duties of an FTE?
 A. Yes – include in proposal