

To: Interested Parties
From: Nancy Jones, Supervisor, Community Mental Health
Date: January 9, 2012
Subject: REQUEST FOR PROPOSALS: Youth Outpatient Mental Health

Enclosed is a Request for Proposal (RFP) information packet from Snohomish County Human Services Department's Mental Health Division to provide mental health services to youth (under 18 years old) in Snohomish County. This RFP is to provide outpatient treatment to low income youth who do not have access to treatment through Medicaid or other private insurances.

The RFP is funded with .1% CD/MH Sales Tax funds and is in the amount of \$120,000. The period of performance is from the date of an executed contract through December 31, 2012.

An Applicants Conference will be held on Friday, January 13, 2012 at Snohomish County Human Services Department, 4th floor, Room 4B05 at 10:00 a.m. The purpose of this conference will be to explain the RFP process and answer general informational questions. All prospective proposers should attend.

Written inquiries concerning this RFP may also be submitted. Written inquiries must be received by me (Nancy Jones) by Friday, January 13 at 10:00 a.m. Written inquiries will not be accepted after the Applicants Conference.

Within five working days of the Applicants Conference, written responses to questions raised during the Applicants Conference, and to written inquiries, as well as any resulting addenda to the RFP, will be mailed to prospective applicants. Oral explanations and/or instructions will not be binding.

Responses to this RFP must be received no later than 12:00 noon on Tuesday, February 7, 2012 at the following address:

Ms. Jeanne Christoferson
Snohomish County Human Services Department
Drewel Building (Admin East), 4th Floor Reception
3000 Rockefeller Avenue, M/S 305
Everett, WA 98201

REQUEST FOR PROPOSALS (RFP)

YOUTH OUTPATIENT MENTAL HEALTH

.1 OF 1% SALES TAX FUNDS

MENTAL HEALTH & CHEMICAL DEPENDENCY

SNOHOMISH COUNTY HUMAN SERVICES DEPARTMENT

Eligible Applicants: Snohomish County Providers who are under contract with Snohomish County Human Services Department or the North Sound Mental Health Administration to provide mental health treatment services to youth.

Available Funding: Up to \$120,000 per calendar year.

Period of Performance: The period of performance for services solicited under this Request for Proposal begins the date of an executed contract through December 31, 2012.

Contact Person: Nancy Jones, Snohomish County Human Services Department (425/388-7211)

Overview: This Request for Proposal is seeking creative approaches to best meet the needs of low-income youth in Snohomish County. These youth need mental health outpatient treatment or treatment for both mental health and chemical dependency on an outpatient basis, and are not currently covered by a mental health benefit through private insurance or Medicaid.

Applicants are encouraged to consider service delivery in non-traditional settings, expand beyond current capacities and forge new partnerships. Youth treatment may include Service-Enriched Housing models which encompasses providing services to individuals placed in one of many housing options. Treatment services are to be delivered by (or under the supervision of) mental health professional(s).

Timeframe and Process for Provider Selection:

Monday, January 9, 2012	Release RFP
Friday, January 13, 2012	Applicants Conference
Tuesday, February 7, 2012	Proposals due to the County
Wednesday, February 8, 2012	Review Committee meets
Friday, February 10, 2012	Official Notification sent to Applicants

Reporting Requirements:

Successful Applicants receiving monies from the Sales Tax Fund will be required to report client level data for audit and research purposes including: Client Name (First, Middle and Last); Date of Birth; Gender; Race/Ethnicity; and address. The type and amount of services provided to each client will also be required to be reported by the 10th calendar day of the month following the month in which services were provided. Successful Applicants will work with the Human Services Department Researcher to develop additional data elements for reporting.

Successful Applicants must have an internal mechanism to determine effectiveness, efficiency, and client satisfaction with services provided under any contract resulting from this RFP and submit an annual outcomes report.

Reimbursement Requirements:

Monthly reimbursement for services to be provided under the terms of any contract resulting from this RFP shall not exceed 105% of one-eleventh (1/11th) of the budgeted contract award without prior written approval from the County. All revenue generated by the program must be used to provide increased levels of service to the target population.

Labor Harmony:

All applicants selected for an award through this Request for Proposal agree to comply with Snohomish County Ordinance No. 09-011, Labor Harmony Requirement, including providing a no service disruption guarantee.

Right to Reject, Negotiate and/or Cancel:

The County reserves the right to reject any or all proposals if such a rejection is in the County's best interest. This RFP is a solicitation for offers and is not to be construed as an offer, guarantee, or a promise that the solicited services will be purchased by the County. The County may withdraw this request for proposals at any time and for any reason without liability for damages, including, but not limited to, proposal preparation costs.

Additionally, the County reserves the right to negotiate with the apparently successful Applicants and may request additional information or modification of a proposal. When deemed advisable, and before any contract is let, the County reserves the right to arrange an on-site pre-award review to determine the Applicant's ability to meet the terms and conditions of the RFP.

Right of Protest :

This procedure is to be followed in the event that an organization proposing to receive funds wishes to protest the selection process or the County's decision. By submitting a proposal in response to this RFP, the proposer agrees to follow the process set forth below prior to pursuing other rights or remedies that might be available to it.

The complainant shall notify the Manager of the Alcohol and Other Drugs, Mental Health, and Veterans Services Division of the Snohomish County Human Services (the "Manager") in writing of the nature of its complaint and may request a meeting to discuss the complaint. This written notification and request, if any, must be received by the County no later than five (5) working days after the occurrence of the incident upon which the complaint is based.

The complaint will be reviewed and, if a meeting was expressly requested in writing, the meeting will be scheduled with the complainant within three (3) working days of the receipt of the written request for a meeting. The Manager will issue a written response to the complaint no later than five (5) working days following the meeting or if not meeting was requested, no later than five (5) working days following receipt of the complaint. The response will be mailed to the complainant on the day it is issued.

In the event that the complainant is dissatisfied with the decision rendered by the Manager, the complainant may appeal the Manager's decision to the Director of the Human Services Department (the "Director"). The complainant shall notify the Director in writing of the nature of the complaint and shall request a meeting to discuss the appeal. The notification of the appeal must be received by the Director no later than five (5) working days after the receipt of the Manager's response.

The Director will review the appeal and schedule a meeting with the complainant within three (3) working days of receipt of the written appeal. The Director will issue a written decision on the appeal no later than five (5) working days following this meeting and will be mailed to the complainant on the day it is issued. The Director's decision shall be final, however, it shall not prevent any complainant from thereafter pursuing any rights or remedies that might otherwise be available.

Proposal Requirements:

One signed original proposal plus 10 copies must be submitted. The following documents constitute the proposal:

1. Proposal Face Sheet (form attached) with original authorized signature(s)
2. Responses to Applicant Questions
3. Budget Section

Proposals must be received no later than 12:00 noon on Tuesday, February 7, 2012 at the address shown below:

Ms. Jeanne Christoferson
Snohomish County Human Services Department
Drewel Building (Admin East), 4th Floor Reception
3000 Rockefeller Avenue, M/S 305
Everett, WA 98201

Applicant Questions:

A maximum of four pages may be submitted as your response to the following questions. No attachments will be accepted.

Program Description (scoring value of fifty points)

Please describe in detail the model that your agency will use to deliver the proposed services. Include location of where services will be provided, hours of operation for these services, target population, clinical criteria, referral sources, community partners, if applicable and if the services will be focused on mental health or mental health and substance abuse. Indicate if an evidence based practice or a specific promising practice will be utilized. Outline the proposed staffing plan.

Desired Outcomes (scoring value of ten points)

Please list the outcomes you are trying to achieve with the proposed service.

Measurement of Outcomes (scoring value of ten points)

Indicate how you will measure the outcomes listed above.

Staff Training (scoring value of five points)

Indicate any staff training that may be needed to implement the proposed services. Include detailed information including the type of training that is needed, number of staff to be trained and the cost of such training.

Budget Section: (scoring value of twenty-five points)

All applicants must complete the Cost Reimbursement budget form (attached). Include in this section a one page written narrative explaining what considerations were used when determining your budget.

Scoring:

Each of the Program questions will be scored for a total of 75 points, and the Budget section scored for a total of 25 points. These scores will be added together for a total of 100 available points. The Review Committee, consisting of representatives from the Snohomish County Human Services Department, the Snohomish County Mental Health Advisory Board, and the Snohomish County Sales Tax Advisory Board, will independently score each application prior to meeting on February 8th. The Review Committee will finalize their scores at that meeting.

Snohomish County Department of Human Services

SALES TAX PROPOSAL FACE SHEET

Applicant Organization: _____

Address: _____

_____ Telephone #: _____

Service to be Provided: _____

Total Amount of Funds Requested: \$ _____

Authorized Official: _____

Title: _____ Telephone #: _____

Contact Person: _____

Title: _____ Telephone#: _____

Legal Status: Private Non-Profit Private Profit Other

Employer E.I.N. Number: _____

Program Certification Status (If applicable): _____

In preparing this proposal, we used the services of an outside consultant. Yes No

If yes, indicate the name of the entity: _____

In signing below, the applicant agrees to all terms and conditions of the Request for Proposals including the terms and conditions in the Basic Terms and Conditions Agreement, Specific Terms and Conditions, and assurances which are available upon request from the Human Services Department and incorporated as a part of this RFP.

Signature of Authorized Official: _____

Title: _____ Date: _____

Signature of Board Chairperson _____

Title: _____ Date: _____

Snohomish County Human Services Department
Proposal Budget Section Instructions

Cost Reimbursement

Proposal Budget, Page 1:

Complete **Program Title** and **Program Agency** name.

Requested Grant Revenues:

Enter the name of the Program and Grant Revenues that you are requesting from the Department of Human Services and the amount.

Non-Grant Matching Resources: (Leave this blank if no Match is required for the Grant)

If match is required for the Grant, enter the source and the amount of the resource to be used in the proposed program. **The match must be provided during the period of time covered by the grant.** State if the match is in-kind or if it is a cash match. Provide a brief description of the match.

Proposal Match Percentage Calculation:

1.	“Total Grant Requested (A.)	+	“Total Non-Grant Matching Resources” (B.)	=	“Total Grant Plus Non- Grant Matching Resources” (C.)
2.	“Total Non-Grant Matching Resources” (B.)	divided by	“Total Grant Plus Non- Grant Matching Resources” (C.)	=	“Proposal Match Percentage”

Be sure that “Proposal Match Percentage” is at least equal to or exceeds the “Required Match Percentage”.

Other Program Resources:

Enter source and amount of Other Resources to be used in the proposed program **during the period of the Grant.** (Include estimated fees, third party reimbursements, program income, donations, or in kind resources in excess of matching requirements.)

Proposal Budget, Page 2, Expenditures:

Proposed Expenditures:

Enter estimated costs of the proposed program by funding categories. In the first and second columns, indicate the costs which are necessary to run the Grant program and which are to be paid with Grant funds. For grants that require a separation of Administration and Program Dollars, the first column should be identified as "Administration" and the second should be identified as "Program". Column three is the sum of columns one and two. The total for column three should equal the total indicated on the first page of the budget as "Total Grant Requested". If a match is required for the grant, indicate the matching resources to be applied to the grant by category in column four, "Matching Resources". The total for column 4 should equal the total indicated on the first page of the budget as "Total Non-grant Matching Resources". Column 5 should indicate all **other** resources that will be applied to the grant. The total for Column 5 should equal the total indicated on the first page of the budget as "Total Other". **Show whole dollars only, no cents.**

Proposal Budget, Page 3, Expenditure Narrative (Grant Fund only):

Explain/justify all estimated costs presented on Page 2.

Be sure to provide basis of cost allocations, justification for increased costs from prior contract periods, and explanations for all categories of cost. **Only categories budgeted in columns 1 and 2 of page 2 must appear on this page and match the totals to columns on page 2. Show whole dollars only, no cents. Separate agency administration costs clearly from program costs.**

When preparing this section for each category, **describe how the projected costs apply to the grant and how the costs were calculated.** Consider the following as some examples of explanations for the categories within the Expenditure Narrative:

- **Salaries/Wages** - reference page 4, Salary detail. Provide a brief description of the positions to be funded. If applicable, separate administration and program salaries.
- **Benefits** - Example: FICA costs are estimated based on ___% of the budgeted salaries, Retirement costs are estimated based on ___% of the budgeted salaries, Medical was projected using \$_____ as a base cost per employee times the % of time to be budgeted to the grant. (Use this format for other benefits not shown here).
- **Supplies:** - Example: Office supplies based on historical FTE usage. Cost per FTE times FTE's charged to the grant.
- **Professional Services** - Example: _____ Services to provide _____ at a cost of \$_____ per hour at _____ hours of service for the grant.
- **Postage** - Example: Mailings _____ to ___ clients, at a projected cost of \$_____ per client.

- **Telephone** - Example: Telephone charges for ____ staff at ____% of time budgeted to the grant multiplied times the estimated cost of telephone charges for the grant period.
- **Mileage and Fares** - Example: Staff mileage at \$0.____ per mile times ____ miles.
- **Leases/Rentals** - Example: Office space calculated as __% of FTE's (Grant % of total FTE's using office space) times \$_____, projected lease costs for the grant period.
- **Utilities** - Example: Utilities calculated ____% of FTE's (Grant % of total FTE's using office space) times \$_____, projected utility cost for the grant period.
- **Repairs/Maintenance** - Example: Cost of repairs and maintenance of the facility is calculated at ____% of FTE's (Grant % of total FTE's using office space) times \$_____, projected Repairs/Maintenance cost for the grant period.
- **Printing** - Example: Cost of printing ____ copies of _____ at ____ per copy.
- **Dues/Subscriptions** - Example: Cost of Dues for _____ at \$_____.
- **Registration/Tuition** - Example: Cost of Registration to provide training for _____ at a cost of \$_____ per employee for ____ employees.
- **Machinery/Equipment** - Example: Cost to purchase _____ at \$_____ per unit.
- **Admin/Indirect** - Example: Total Program cost times the Cost Allocation Rate of ____% which has been reviewed and approved a Certified Public Accounting Agency.

Proposal Budget, Page 4, Detail Salaries/Wages (Grant funds only):

Identify each position to be supported by grant revenues under this proposal. Indicate whether a position is a full time or a part time position, percentage of their time projected to be charged to the grant, **the total monthly wage (including all funds used to pay for the position)**. Calculate the "Monthly Charge to the Grant" by multiplying the "% of Time to Grant" by the "Total Monthly Salary Wage".

The "Total Charge to the Grant" is calculated by multiplying the number of months covered by the Grant times the "Monthly Charge to the Grant". If administration Charges are separate from Program Charges, show them separately on this form. Total all grant salaries. **Show whole dollars only, no cents.** Total of salary detail page must balance to salary entries for Grant expenditures on Pages 2 and 3.

SNOHOMISH COUNTY HUMAN SERVICES DEPARTMENT
Proposal Budget Section

PROGRAM TITLE: _____

AGENCY: _____

REQUESTED REVENUES:

REVENUE SOURCE	AMOUNT
_____	\$ _____
_____	_____
_____	_____
_____	_____
TOTAL FUNDS REQUESTED:	\$ 0.00

NON-GRANT MATCHING RESOURCES:

_____	\$ _____
_____	_____
TOTAL NON-GRANT RESOURCES:	\$ 0.00

MATCH REQUIREMENTS FOR CONTRACT: PERCENTAGE: N/A AMOUNT: N/A

OTHER PROGRAM RESOURCES (Identify):

SOURCE	PERIOD	AMOUNT
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL OTHER RESOURCES		\$ 0.00

SNOHOMISH COUNTY HUMAN SERVICES DEPARTMENT
Proposal Budget Section

EXPENDITURE NARRATIVE

AMOUNT	TYPE OF EXPENDITURE: i.e. Salaries: 40% Program person, etc. Benefits: FICA, MEDICAL, etc. Communications: Postage, Telephone, etc.
\$	
TOTAL: \$	

SNOHOMISH COUNTY HUMAN SERVICES DEPARTMENT
Proposal Budget Section

DETAIL SALARIES/WAGES

POSITION	FT/PT	% OF TIME TO FUND	FUND	TOTAL MONTHLY	MONTHLY CHG TO FUND	TOTAL CHG TO FUND
				\$	\$	\$
					TOTAL	\$

NOTE: Above figures may reflect rounding