

**SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES
ORGANIZATION**

REQUEST FOR PROPOSAL

2021-127

MENTAL HEALTH BLOCK GRANT

**Submission Deadline:
Tuesday August 5, 2021 3:00 PM**

SALISH BH-ASO REQUEST FOR PROPOSAL

MENTAL HEALTH BLOCK GRANT

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SALISH BH-ASO
REQUEST FOR PROPOSAL SUMMARY
MENTAL HEALTH BLOCK GRANT

I. INTRODUCTION

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) is requesting proposals for the provision of Mental Health Block Grant services across Kitsap, Clallam, and Jefferson Counties.

Proposal Deadline:

This Request For Proposal (RFP) is available on the Internet at <https://www.kitsapgov.com/das/Pages/Online-Bids.aspx> or by contacting Vicki Martin at: Kitsap County Department of Administrative Services, 614 Division Street, MS-07, Port Orchard, Washington 98366; 360.337.7036; or email: gsmcneill@co.kitsap.wa.us. SBH-ASO reserves the right to make unilateral modifications to this RFP to address changes on the state and/or local level. Questions about the program content of the Request for Proposal contact Jolene Kron at jkron@co.kitsap.wa.us

II. PLANNING SCHEDULE

<u>DATE</u>	<u>ACTIVITY</u>
July 6, 2021	RFP Packet Available
July 14, 2021 2:00 pm-4:00 pm	Mandatory Bidders Conference
August 5, 2021 3:00 pm	Proposal Deadline
August 5-6, 2021	SBH-ASO Review, send to committee
August 6-29, 2021	SBH-ASO Advisory Board Committee Reads and Scores Proposals
August 30-September 3, 2021	BHAB Committee Review and Recommendations.
September 17, 2021	Present committee recommendations to SBH-ASO Executive Board

III. APPLICANT ELIGIBILITY

SBH-ASO intends to contract with service agencies with the 3-county region serving low-income individuals in Clallam, Jefferson, and Kitsap Counties. All submission must meet the requirements outlined below.

1. **Treatment services/Facility-based Stabilization:** Proposals will only be accepted from agencies credentialed with the SBH-ASO as a provider of outpatient mental health services or support services. Credentialing for new agencies must be completed prior to July 30, 2021.
2. **Recovery Support Services/Training:** Proposals will be accepted from credentialed agencies as well as community base agencies providing recovery support services to the low income and/or non-Medicaid population.
3. Agencies must also have a representative in attendance at the Mandatory Bidders Conference.
4. Proposals must meet guidelines set by SBH-ASO and identified priorities as outlined in this RFP.
5. Grant funds may not be used, directly or indirectly, to purchase, prescribe or provide marijuana or treatment using marijuana.

Please refer to the Service Type attachment when indicating type of service.

IV. PERIOD OF PERFORMANCE

The period of performance for services solicited under this RFP is October 1, 2021 through March 31, 2023.

V. AVAILABILITY OF FUNDING

The maximum available funding for this request is \$250,000.

\$125,000 Outpatient Treatment Services
\$50,000 Facility-based Crisis Stabilization
\$50,000 Recovery Supports
\$25,000 Training

Funding will be provided on a cost reimbursement basis.

VI. TARGET POPULATION AND PROGRAM ELEMENTS

1. Adults with Severe Mental Illness (SMI) or Seriously Emotionally Disturbed children (SED).
2. The target population includes individuals who are Non-Medicaid and/or Un/Under insured.
3. Individuals at or below 220% of the poverty level.

Priority will be given to proposals that address the following areas:

- Facility-based Crisis Stabilization
- Mental Health Outpatient Services
- Mental Health Recovery Supports

- Mental Health related Training

Proposals must address one or more of the areas in the “MHBG RFP Services List” Attachment. Proposed projects must not duplicate services funded by other grants.

SBHASO retains the right to recommend reallocation of underspent awards. Funding will be evaluated on a quarterly basis throughout the contract period.

VII. PROPOSAL SUBMISSION

All responses to this Request for Proposals (RFP) must be complete. All proposals shall be on plain white bond paper (8.5 x 11 inches) and stapled once in the upper left corner. No binding or folders will be accepted. Binder clips may be used to keep pages together. The original response with five (5) additional printed copies and one electronic form (thumb drive), including all supporting material, must be sealed in an envelope or box and submitted to:

Please submit by mail to:

Glen McNeill, Purchasing Supervisor
Kitsap County Purchasing Office
614 Division Street, MS-7
Port Orchard, WA 98366

OR

For hand delivery, express, or courier:

Glen McNeill, Purchasing Supervisor
Kitsap County Administration Building
Purchasing Office – Fourth Floor
619 Division Street
Port Orchard, WA 98366

Please ensure that the box or envelope has this address clearly marked on it.

Applications received after 3:00 P.M. August 5, 2021 will not be accepted or reviewed.

VIII. PROGRAM ELEMENTS

A. Proposal Format

In order to be considered, proposers must supply all the information requested. The proposal **must** contain the following sections in order for each individual program proposed:

1. Proposal Cover Sheet. (Attachment A)
2. Program Activities and Services Narrative: Include each type of service (limited to 3 typed pages using 12-point font).
3. Fiscal Proposal: Proposed budget and services will be provided within the rates. Include rate for each type of service selected. (Limited to 2 pages using 12-point font)

4. Reporting Proposal: Proposed data to be collected and reported. Any information on the mechanism being used to track data. (Limited to 2 pages using 12-point)
5. Data Requirements (For Treatment Services only): Statement of experience and ability to provide required data. (Limited to 1 page using 12-point font)

Please submit items 2-4 for each separate service proposal. For example, proposals seeking funding for treatment services and behavioral health training must be presented separately for items 2-4.

B. Proposal Contents

1. Proposal Cover Sheet (Attachment A)
2. Services Narrative (Limited to 3 pages)
3. The program narrative must include a thorough description of proposed activities and services. The proposal must enable readers to understand how the applicant intends to use the funds to provide treatment and/or recovery support services. In addition to the information above, the narrative must include the following information:
 - a. Name of Program
 - b. Program description to include who is served, type of service, level of service, how an individual meets qualification, etc.
 - c. Staffing requirements and credentials
 - d. What information did the agency rely upon to determine that the proposed services are needed in the local community?
 - e. How will the services address the priority areas listed in Section VI above?
 - f. Include the estimated number of individuals to be served by the proposed services. How many of these individuals will be SMI? SED?
 - g. How will the agency ensure that MHBG funds are used only for the proposed services and not to supplement other programs?
 - h. Include a summary of how you will track outcomes related to this funding.
4. Fiscal Proposal: (Limited to 2 pages)
5. Provide a fiscal proposal including itemization of expected costs.
6. Reporting Proposal: (Limited to 2 pages)
7. Provide information on ability to track information required in the Reporting attachment
8. Data Requirements (For Treatment Services only) Limited to 1 page

9. Proposals that include a request for treatment services funding, must include a response to one of the two prompts below.
 - a. If you have contracted with SBH-ASO for the provision of treatment services in 2020 or 2021 (including CJTA), respond to the following:
 - i. Describe your agency's process for submitting accurate and timely data (encounter and supplemental) to SBH-ASO in accordance with the HCA's Service Encounter Reporting Instructions (SERI) and SBH-ASO Data Dictionary.
 - ii. If in 2020 or 2021 your agency experienced challenges with or failed to meet contractual requirements for the submission of timely and accurate data, please describe what corrections have been implemented to address these challenges.
 - b. If you have not contracted the SBH-ASO for the provision of treatment services in 2020 or 2021, please respond to the following:
 - i. Describe your understanding of the service encounter reporting requirements (SERI) and supplemental data reporting requirements as they pertain to the delivery of behavioral health services.
 - ii. Describe your successes and challenges with meeting contractual requirements for the submission of timely and accurate data (encounter and supplemental) for other payors. If no experience, please describe what processes are to ensure your agency can meet these requirements.

2. Organizational Capability: (Limited to 2 pages not including requested documents)

- a. Briefly describe your agency's previous work with the Non-Medicaid and Un/Underinsured population
- b. Describe the number of Non-Medicaid or Un/Underinsured individuals served in your agency in the following periods:
 - i. July 1, 2020 through December 31, 2020
 - ii. January 1, 2021 through June 30, 2021
 - iii. Projected number to be served October 1, 2021 through March 31, 2023

IX. REVIEW AND SELECTION CRITERIA

A. Basic Minimum Criteria: The absolute minimum requirement is to include all requested documents as listed above.

1. Proposals will be evaluated according to the information contained within the written proposal.

B. Program Design Elements:

1. Proposals meeting the above minimum technical requirements will be further reviewed for program design elements. Each of the following criteria has equal weight:

2. Experience providing services to the priority populations
3. Number of individuals to be served
4. The agency has demonstrated experience indicating likelihood to meet and exceed the performance goals, cost factors, quality of services and characteristics of participants identified in these instructions.

C. Cost/Price Reasonableness:

1. Proposals will be evaluated for cost/price reasonableness. The price will be judged based on a comparison of prices among competing proposals. Price will also be compared to past prices offered by similar services, if applicable. Cost reasonableness will be judged by means of line-item budget analysis. Line items will be reviewed for necessary and reasonable costs. This criterion has equal weight among those listed in B. above.

D. Reporting:

1. Entities must be able to report outcomes as outline in the attached SABG reporting table.

X. GENERAL PROPOSAL REQUIREMENTS

A. Authorship

Proposals developed with the assistance of organizations or individuals outside the bidder's own organization should be identified. No contingent fees for such assistance will be allowed to be paid under any contract or grant resulting from this RFP. All proposals submitted become the property of the SBH-ASO, and it is understood and agreed that the bidder claims no proprietary rights to the ideas contained therein.

B. Independent Price Determination

The proposer guarantees that in connection with this proposal the prices and/or cost data have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition. This section does not preclude or impede the formation of a consortium of agencies which intend to respond to this RFP.

C. Subcontracting

Proposers must include any plans for subcontracting of services or activities of the program. It is understood that the contractor(s) is held responsible for the satisfactory accomplishment of the service or activities included in such subcontract. The SBH-ASO reserves the right to approve all subcontractors.

D. Rejection of Proposal

No applications (Proposals) submitted under this Request for Proposals (RFP) will be returned for correction or clarification. If the application is incomplete, it will be rejected. Verbal, alternative, and late proposals will not be considered for selection. The SBH-ASO reserves the right to accept or reject any or all proposals received as a result of this RFP, to negotiate with all qualified sources, or to cancel in part, or in its entirety, this RFP if it is in the best interest of the SBH-ASO to do so.

E. Appeal Process

Any agency may appeal the selection of proposals by filing a complaint under the SBH-ASO's Complaint & Grievance System. System procedures may be obtained from the SBH-ASO upon request.

F. Cancellation of Award

The SBH-ASO reserves the right to cancel an award immediately if new State or Federal regulations or Health Care Authority determinations make it necessary to substantially change the award.

G. Price Warranty

The proposer warrants that the rates quoted for services in response to this RFP are not unreasonably greater than the rates for the same services performed by the same individuals under any other existing contracts or grants.

H. Waivers

The right is reserved by the SBH-ASO to waive specific terms and conditions contained in this Request for Proposals. It shall be understood that any proposal is predicated upon the acceptance of all terms and conditions in the RFP unless the proposer has obtained such a waiver.

I. Addenda to the Request for Proposals

In the event it becomes necessary to revise any part of this RFP, addenda will be provided to all proposers who received the RFP.

J. Publicity

No informational pamphlets, notices, press releases, research reports, or similar public notices concerning this proposal will be released by the proposer without obtaining prior written approval of the SBH-ASO.

K. Limitation

This Request for Proposals does not commit the SBH-ASO to award a contract, to pay any costs incurred in the preparation of a proposal to this request, or to procure or contract for services or supplies.

L. Signature

The proposal shall be signed by an official authorized to bind the bidder and shall provide the following information: name, title, address, and telephone number of individual(s) with authority to negotiate and contractually bind the bidder, and who may be contacted during the period of proposal evaluation.

M. Contract Award

The SBH-ASO may award a contract based on proposals received; therefore, each proposal should be submitted in the most favorable terms from a budgetary, technical, and

programmatic standpoint. The SBH-ASO reserves the right to request additional data, discussion or presentation in support of written proposals.

XI. ATTACHMENTS

ATTACHMENT A: PROPOSAL COVER SHEET

SALISH BH-ASO Federal Block Grant Services

Legal name of Company/Agency:

Doing Business as:

Street Address:

City, State, Zip Code:

Authorized Representative:

Title

Phone/Fax:

Program Address, if different than above:

Email Address:

DUNS#:

Seeking Funding for (check all that apply):

Outpatient Treatment	
Facility-based Crisis Stabilization	
Recovery Supports	
Training	

MHBG RFP Services List

Treatment Services

Assessment
Engagement and Outreach
Treatment (outpatient-individual, group, brief, day)
Case Management
Assertive Community Treatment
Peer Services

Recovery Supports

Transportation
Supported Employment
Supportive Housing
Traditional Healing

Facility-based Crisis Stabilization

Services provided in a licensed facility
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Training-Mental Health or Co-Occurring Specific

Training specific to agency staff (conferences, agency-sponsored)
Training provided to community partners

Federal Block Grant Report

FEDERAL BLOCK GRANT									
Subcontractor Name:					Date of Report:				
Contract Number:					For Month of:				
Category	Current Month Undup. # Clients Served	Current Month # of Svs. Provided	YTD Undup. # Clients Served	Total for Adult Clients	Total for Youth Clients	Total for Pregnant and Parenting Women	Total for Individual Using Intravenous Drugs	Treatment	A19 Total
Engagement Services									
Assessment	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
Interim Services	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
									0.00
Sub total	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
Outpatient Support Services -									
Outpatient Group Therapy	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
Outpatient Individual Therapy	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
Sub total	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00