

**Request for Proposal
Program for Assertive Community Treatment (PACT)**

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Proposal Package

- Attachment A: *Protocol for Assertive Community Treatment Fidelity Scale
(Dartmouth Assertive Community Treatment Scale – DACTS)*
- Attachment B: *Washington State PACT Program Standards (Draft 10/04/06)*
- Attachment C: *NSMHA - MHD Implementation Plan*
- Attachment D: *RFP PACT Budget Detail*

I. Information and Background

State Program

The 2006 Washington State Legislature allocated fiscal year 2007 funds to the State Department of Social and Health Services (DSHS) Mental Health Division (MHD) for the development and initial implementation of Program for Assertive Community Treatment (PACT) Teams and other proven program approaches to enable regional support networks (RSNs) to achieve significant reductions in the number of beds needed at the state hospitals. It is expected that the legislature will fully fund the implementation of PACT programs in the 2007 legislative session for the 2007-2009 biennium.

One full PACT Team has been allocated to North Sound Mental Health Administration (NSMHA). The PACT Teams will have to maintain 90% compliance with PACT Fidelity scale. The PACT Fidelity Scale the state is supporting is the Dartmouth Assertive Community Treatment (DACT) scale (Attachment A). The Washington State PACT program standards (draft 10/04/06) are included in the RFP package as Attachment B.

The state-wide values/goals for the PACT Teams are:

- Services are consumer driven, support recovery, and are not coercive;
- Consumers and family members are involved in planning, both at the state and local levels;
- Independent housing and employment for consumer are priorities; and
- Services must result in sustained overall reduction in state hospital utilization by the RSNs with PACT teams.

DSHS expects that the successful implementation of PACT teams will create an alternative resource that will allow for the planned reduction of up to 160 beds at the state hospitals.

Local Program

In the North Sound region, PACT funds will be utilized to serve adults with serious and persistent mental illness and/or individuals with co-occurring disorders of serious and persistent mental illness and chemical dependency who are residents of the North Sound region. The PACT program is consistent with the North Sound Mental Health Administration priorities of recovery based mental health services, increasing consumer employment, and reducing criminal justice involvement.

The overarching goal of the PACT program is to provide eligible persons with housing and coordinated support services to enable them to live in the community in the least restrictive environment, with minimal dependence on and use of public safety and acute care resources.

PACT Model

PACT is a self-contained mental health program made up of a multidisciplinary mental health staff, including peer specialists, who work as a team to provide the majority of treatment, rehabilitation, and support services consumers need to achieve their goals. PACT services are individually tailored with each client through relationship building, individualized assessment and planning, and active involvement with consumers to enable each to find and live in their own residence, to find and maintain work in community jobs, to better manage symptoms, to achieve individual goals, and to maintain optimism and recover. The PACT team is mobile and delivers services in community locations rather than expecting the client to come to the program. Seventy-five percent or more of the services are provided outside of program offices in locations that are comfortable and convenient for

consumers. The consumers served have severe and persistent mental illness that are complex, have devastating effects on functioning, and, because of the limitations of traditional mental health services, may have gone without appropriate services. There should be no more than 8-10 clients to one staff member. Extensive research and evaluation has proven the clinical and cost effectiveness of PACT.

The PACT is a service-delivery model that fosters integration, teamwork and continuity of care. The model includes:

1. Multidisciplinary staffing
2. Team approach
3. Integration of all services
4. Low participant-staff ratios
5. Locus of contact in the community
6. Assertive outreach and engagement
7. Focus on symptom management, improvements in function and everyday living
8. Ready access in times of crisis
9. Time-unlimited services

PACT Team members include the following staff disciplines: psychiatric prescriber, nurse (RN), mental health professional, substance abuse specialist, vocational specialist, and peer counselors.

The PACT model is highly compatible with concurrent application of other evidence-based practices (e.g. supported employment).

II. Intent

It is the intent of this Request For Proposal (RFP) to solicit a respondent(s) to implement one PACT Team that will each serve 80-100 consumers who are:

- 1) Currently hospitalized at Western State Hospital or are at risk of being hospitalized, or are hospitalized at community psychiatric hospitals in the North Sound region; or
- 2) Incarcerated in the North Sound region; or
- 3) Residing in an inpatient or supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available; or
4. Having significant difficulty maintaining a safe living situation and/or meeting basic survival needs or residing in substandard housing, homeless or at imminent risk of becoming homeless.

The PACT Teams will serve consumers residing the North Sound region. Since the PACT model is a service provided in the community, where a consumer lives and works, proposals should demonstrate how services might meet the needs of persons from different parts of the region. The annual amount of funds available for the Project is \$ 1,229,540 million annually . Funding comes from state funds and consumers in the program, regardless of Medicaid eligibility, will not be enrolled in the North Sound Mental Health Administration Prepaid Mental Health Plan benefit simultaneously.

This RFP is the NSMHA's anticipated framework for how the PACT Teams will be structured and implemented in the North Sound region. Based on decisions that still need to be finalized at the state and local level, there may be modifications to the PACT program in the contract.

III. Minimum Application Requirements

- A. Each Minimum Qualification and item in the Evaluation Criteria will be addressed. Organize responses in the same order as the items are shown in the RFP.
- B. Responses will be prepared simply and economically, providing a straightforward and concise, but complete and detailed description of your ability to meet the requirements outlined in this document. Emphasis will be on the completeness of content. Single spacing is allowed. Fancy bindings, colored displays, and promotional materials are not desired. Please submit two-sided copies. We encourage the use of recycled paper.
- C. The response must use standard size type (a font size of no less than 11 points) and must be on 8.5 X 11-inch white paper.
- D. Responses will contain, in the following order:
 - Proposer Qualifications
 - Scope of Work
 - Proposed Budget
 - Proposed Budget Narrative

IV. Proposer Qualifications

The following are the minimum requirements the proposer, hereafter referred to as the Agency, must demonstrate in order to continue in the proposal review process. **AGENCIES THAT DO NOT MEET THESE REQUIREMENTS WILL NOT BE REVIEWED.**

- A. The Agency must currently have or be able to obtain a Washington State Community Mental Health Center license or be a federally recognized Indian Tribe.
- B. The Agency must be able to provide services in compliance with PL 101-645 Title V, Subtitle B; Part 438 Balanced Budget Act (BBA); 45 CFR Health Insurance Portability and Accountability Act (HIPAA), Parts 160 and 164; the Revised Code of Washington (RCW) 71.05, 71.24; Washington Administrative Code (WAC) 388-865; the North Sound Mental Health Administration Policies and Procedures and its revisions; and the Regional Support Network/Western State Hospital Working Agreement and its successors.
- C. The Agency and any partners must be contractors in good standing with North Sound Mental Health Administration, Mental Health Division, Division of Alcohol and Substance Abuse, in the service areas for which they will be responsible.
- D. The Agency must be able to submit data electronically in the MHD approved format to the North Sound Mental Health Administration Information System or describe an implementation plan in detail on how the agency will submit data electronically to the NSMHA information system
- E. The Agency must submit with the proposal a transmittal letter signed by an individual authorized to legally bind the organization to fulfill the RFP requirements. The letter will include a statement indicating the legal entity, licensure, and tax status of the organization(s) responding to the RFP, and the name, title, mailing address, telephone and fax number of the individual(s) to be contracted by NSMHA during the proposal review and selection process.
- F. Include a statement attesting that PACT funding will not be used to supplant any existing housing or mental health programming.

V. Scope of Work

A. Goal

To implement a high fidelity PACT project that provides intensive community supports including treatment, supportive services, and housing that will result in a reduction in the utilization of the state hospital, community psychiatric hospitals, emergency rooms and local jails.

B. Target Population

The following criteria must be met for persons to be determined eligible to participate in PACT:

- 1) Persons must be at least 18 years of age; and
- 2) Residing in an inpatient or supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available; or
- 3) Having significant difficulty maintaining a safe living situation and/or meeting basic survival needs or residing in substandard housing, homelessness or at imminent risk of becoming homeless; and
- 4) Severe and persistent mental illness listed in the diagnostic nomenclature (currently the Diagnostic and Statistical Manual, Fourth Edition, or DSM IV, of the American Psychiatric Association) that seriously impair their functioning in community living. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder because these illnesses more often cause long-term psychiatric disability (DSM IVR 295-296 Axis 1 Diagnosis). Clients with other psychiatric illnesses are eligible dependent on the level of the long-term disability; and
- 5) Persons who are high utilizers of acute services, and/or
- 6) Persons who are long-term users of the involuntary treatment system.

C. Definitions

See Attachment B, Washington PACT Standards (Draft 10/4/06)

D. Number of Program Consumers to be Served

The Agency must enroll 80–100 consumers with a minimum average of 95 unduplicated consumers in the PACT program by June 30, 2008 and thereafter.

E. Staffing

1. The Agency will need to dedicate staff and incorporate treatment strategies to provide services to a broad spectrum of consumers with a variety of clinical diagnoses, levels of functioning, and varying degrees of mental health and substance abuse/chemical dependency issues.
2. The Agency will ensure that services are provided by staff that are professional, competent, effective, and have expertise in providing the PACT model, recovery–based services, and supported employment to consumers with severe mental illnesses and substance abuse disorders. Staff will provide services in the participant’s environment in the least intrusive and most culturally and age relevant manner possible.

3. The Agency will ensure that the multidisciplinary PACT Team includes the following staff disciplines: psychiatric prescriber, nurse (RN), mental health professional, substance abuse specialist, vocational specialist, and peer counselors. The agency will provide 16 hours per week of psychiatric prescriber time for every 50 consumers.
4. The Agency will ensure that staff communication adheres to PACT guidelines for clinical supervision and staff meeting schedules including the daily organizational staff meetings.

F. Program Requirements

The Agency will ensure that the following services are provided and that the PACT will maintain a 90% compliance with the Washington State PACT Standards (Attachment B).

1. Human Resources, Structure and Composition:

- a) Small caseloads with a participant/provider ratio of 10:1;
- b) A team approach, whereby the entire team shares responsibility for each participant;
- c) Regular team program meetings to plan and review services for each participant;
- d) A practicing Team Leader who provides direct service to consumers in the program;
- e) Continuity of staffing is maintained over time;
- f) Program operates with full staff and minimal position vacancies;
- g) A psychiatric prescriber for the team;
- h) Registered Nurses for the team;
- i) Mental health professionals for the team;
- j) Vocational specialist for the team;
- k) Substance abuse specialist for the team;
- l) Peer counselors for the team, minimum of 1.5 FTE;
- m) Program is of sufficient size to consistently provide necessary staffing diversity and coverage.

2. Organizational Boundaries Include:

- a) Explicit eligibility and admission criteria that are clearly and operationally defined;
- b) The intake rate is sufficient to maintain a stable service environment;
- c) The program has full responsibility to provide all support and treatment services;
- d) The program has responsibility to provide 24-hour crisis intervention 7 days a week;
- e) The program has responsibility for referral and coordination of hospital admissions;
- f) The program has responsibility for coordination and planning of hospital discharges;
- g) There are no arbitrary time limits for consumers to remain in the program.

3. Nature of Services:

- a) The program will maintain a recovery-based individual service plan in accordance with approved procedures and operate with a recovery philosophy.
- b) The program services are carried out primarily in the community instead of the office;
- c) The program actively engages and retains consumer in a mutually satisfactory level;

- d) Assertive engagement techniques, such as street outreach are used to ensure ongoing engagement;
- e) Intensity of service includes a high amount of face-to-face service time as needed;
- f) Frequency of contact includes a high number of face-to-face service contacts as needed;
- g) The program provides support and skills for consumer's informal/natural support network;
- h) The program provides direct individualized substance abuse treatment;
- i) The program provides co-occurring disorder treatment groups;
- j) The program utilizes an Integrated Dual-Diagnosis Disorder treatment model of mental health and substance abuse treatment;
- k) Peer counselors are paid and integrated members of the team who provide direct service;
- l) Utilize evidence-based practices where possible (i.e., Integrated Dual-Disorder Treatment, Illness Management, Family Psychotherapy, Supported Employment, etc)

G. Housing

PACT providers will be expected to actively pursue housing subsidies, and/or capital development funds to develop long-term housing for the PACT consumers that can be brought on line no later than the beginning of calendar year 2010.

The agency will be asked to coordinate and participate with the respective county on the 10 year plan to end homelessness. There is a significant likelihood that the housing needs of PACT consumers will be integrated into this more comprehensive effort.

1. The Agency shall provide consumers a choice of long-term subsidized housing in the PACT service area. The housing options shall include primarily individual studio or one bedroom apartments and may also include cluster homes and single room occupancy units.
2. The Agency shall work collaboratively with North Sound Mental Health Administration, Public Housing Authorities, public funders, affordable housing providers, and private property owners to develop and/or secure long-term subsidized housing.
3. The Agency shall submit their current housing resources and their future utilization in relation to the PACT.
4. The Agency will describe their procedure for transition from inpatient/incarceration discharge to placement in permanent housing, to include transitional housing resources.
5. The Agency shall work collaboratively with North Sound Mental Health Administration and Home and Community Services to secure Adult Family Home, Assisted Living, and Skilled Nursing Facility care for those consumers needing a higher level of medical/health services than can be provided in independent housing environments.

H. Collaboration

1. The Agency shall establish collaborative working relationships with families, identified natural supports and consumers to enlist their involvement in the ongoing planning and evaluation of PACT services.
2. The Agency shall establish collaborative working relationships with law enforcement, community-based organizations involved in service delivery to the target population including faith communities, drop-in centers, meal programs, shelters, health clinics, and other similar organizations as well as the local emergency rooms, and Designated Crisis Responders (DCRs) and/or Designated Mental Health Professionals (DMHPs).

3. The Agency shall participate in the planning and collaboration of local continuum of care committees affecting PACT consumers.
4. The Agency shall develop and maintain productive working relationships with housing providers that provide housing for the PACT consumers.
5. The Agency shall establish collaborative working relationships with mainstream education and employment services, such as the Work Source Centers, the Division of Vocational Rehabilitation and Community Colleges.

I. Reporting Requirements

1. Data Collection

- a) The Agency will collect and report participant data to the North Sound Mental Health Administration Information System according to the North Sound Mental Health Administration Policies and Procedures and the contract .
- b) The Agency will collect and report consumer data on the following outcome measures:
 - The number of consumers who received outreach/engagement contacts
 - The number of consumers who became enrolled in PACT
 - The number of enrolled consumers transitioned into permanent housing.
 - The number of consumers with co-occurring substance abuse and mental disorders who receive treatment for both disorders.
 - The number of Evidence-Based Practices being utilized by the PACT

2. Reports

- a) The Agency will submit regular reports to North Sound Mental Health Administration on progress as required by the contract.
- b) The Agency will participate with North Sound Mental Health Administration in measuring, reporting, and evaluating the project.
- c) The Agency will provide North Sound Mental Health Administration or its designee access to all necessary data and data sources required for completion of the evaluation process.
- d) Failure to submit required reports within the time specified may result in suspension or termination of the contract, withholding of additional awards for the project, or other enforcement activities, including withholding of payments.

J. Record Keeping

The Agency will maintain records that adequately identify the source and application of funds provided for financially assisted activities.

K. Timeline for Project Start-Up

Schedule of Activities

November 3, 2006	Release of RFP
November 13 2006 @ 10:00AM-12:00PM	Bidders Conference at NSMHA
November 14, 2006 by 5:00PM	Deadline for Question Submittal
November 17, 2006 by 5:00PM	Deadline for Letter of Intent Submission*
November 21, 2006	NSMHA Question Response Released
December 8, 2006	RFP Submission Deadline
December 12 – Dec. 29, 2006	Evaluation of Written Proposals
January 3 – Jan. 4, 2007	Interviews, if conducted
January 8, 2007	Final Results Released
January 8 – Jan. 22, 2007	Contract Negotiation
February 12, 2007	RSN begins contracting with PACT Provider
February 12 – March 14, 2007	Development of PACT infrastructure, including recruitment, hiring and team building activities
April 1 – May 31, 2007	PACT Teams are fully staffed and trained
April 1, 2007 – July 1, 2007	Initiate identification, engagement, and enrollment of PACT program consumers

* Letter of Intent should include the following; Name of Agency, Contact Information and Contact Person.

VI. Funding

Up to \$1,229,540 million in funds is available annually.

A. 2007 Operating Expenses

1. The amount contracted for 2007 operating expenses will be in proportion to the number of months the program is operational.
2. Additional one-time funds, \$100,000 will be available for start-up costs. The proposal for start-up activities and costs should be included in the RFP annual budget for the period February 12, 2007 – March 31, 2007. April 1, 2007 – June 30, 2007 funds will be available in the amount of \$307,385 for team staffing, training and PACT implementation. At a minimum, prior to April 1, 2007 the start-up activities and costs will be used to hire the PACT Team Leader and identify training and other program needs.

B. Availability of PACT Funds

1. Program funds will be available after the RFP process has been completed and a contract negotiated and signed.
2. Funds will be distributed by NSMHA. The initial contract term will be for February 12, 2007 to June 30, 2008.

VII. Proposal Evaluation Criteria

A total of 1150 points will be awarded for the written response to the RFP in the following categories:

1. Agency Qualifications (225 points)
2. Services to be Provided (440 points)
3. Housing (155 points)
4. Evidence Based/Promising Practices to be provided (50 points)
5. Collaboration (70 points)
6. Budget Detail and Narrative (110 points)
7. Agency Performance on current and past projects and contracts (50 points)
8. Optional Interview (50 points)

1. Agency Qualifications

Points in this category will be awarded based on the extent to which the Agency can demonstrate experience with the identified areas described below. Proposals representing conjoint or consortium applications should describe the qualifications of each of the agencies in the consortium.

The Agency must demonstrate a commitment to the recovery model and willingness to implement recovery-based practice guidelines and recovery training/coaching for staff.

The proposal should describe and document the Agency's experience with:

1. Providing services to adult persons with mental illness who are transitioning from institutional care, including state and local hospitals, and jails. (10)
2. Providing mental health services in the geographic area, e.g. urban, suburban, in which the PACT Team will operate. (10)
3. Engaging difficult-to-serve persons for whom standard case management services are not successful with intensive outreach and engagement strategies. (15)
4. Providing 24-hour 7 days a week face-to-face crisis response. (10)
5. Provision of multidisciplinary team services for individuals who experience mental illness. (10)
6. Provision of evidenced-based practices including those evidence-based practices that require ongoing fidelity measurement including PACT, Integrated Dual Diagnosis Disorder Treatment, Family Psycho Education and Supported Employment. (15)
7. Providing integrated co-occurring disorder treatment. (15)
8. Providing comprehensive assessment services including co-occurring disorder screening/assessment, required by RCW 70.96C. (10)
9. Provision of services that promote community tenure and/or reduce recidivism (include outcome data that demonstrates current program performance where available). (20)
10. Interfacing with the criminal justice system, including police, the Department of Corrections, other jails and the courts. (20)
11. Interacting with financial entitlement programs to access benefits for eligible persons. (10)
12. Working with affordable housing providers, public housing authorities, and other housing resources to secure housing. (20)
13. Development of housing resources, procuring subsidies and capital housing projects. (20)

14. Providing housing support services. (20)
15. Providing culturally relevant services to diverse populations. (10)
16. Involving program consumers and their families in the conceptualization, planning, implementation, and evaluation of mental health services. (10)

2. Services to Be Provided

Points in this category will be awarded for complete, coherent, and realistic descriptions of the services to be provided. Proposals must demonstrate that the agency understands the PACT model and has a commitment to operating the PACT model with high fidelity. Please respond to each of the content areas below. Proposals should describe, in detail, the agency's plan for each of the areas below.

A. Staff Composition, Roles, Hours of Operation, and Training:

1. Describe how the Agency will staff and structure the PACT Team to provide a 1:10 participant staff ratio and provide services seven days a week 365 days per year. Include the number of staff scheduled each day and how many hours they are scheduled. (30)
2. Describe how the Agency will staff and structure the PACT Team to provide 24 hour 7 days a week face-to-face crisis response and intervention. (20)
3. Describe how the Agency will utilize a team approach to sharing caseload responsibility. (10)
4. Describe the Agency's plan to outreach and engage persons from WSH, local psychiatric hospitals, North Sound region local jails, residential facilities, and other persons who are high utilizers and at risk of hospitalization at WSH. (20)
5. Describe the activities and tasks staff will perform during non-traditional hours (Saturdays, Sundays, holidays). (20)
6. Describe the role and responsibility of the paid peer counselors on the team. (20)
7. Describe the role and responsibility of the nurse and ARNP on the team. (10)
8. Describe the Agency's staffing plan, including disciplines, position titles, qualifications, number of positions, and full time equivalents, for this project. (10)
9. Describe the Agency's program start-up, team building and staff training activities. Provide a program implementation schedule, including start-up to full implementation. Describe Agency's ability to meet start-up timelines specified in section VIII. The RSN will work collaboratively with the PACT Team to identify training resources. (20)
10. Describe in detail the training needs of program staff, including specific staff competencies and practice guidelines needed to implement the PACT model. Include sources of the training and an approximate schedule. (20)

B. Program Size, Location and Intensity:

1. Describe the geographical area or areas in which the PACT Team(s) will operate. (20)
2. Describe the Agency's plan for service intensity or amount of face-to-face time with each consumer per week. (20)

3. Describe the Agency's plan for frequency of contact or number of face-to-face contacts for each consumer per week. (20)
4. Describe Agency's plan to serve consumers being referred outside the county the PACT is implemented. (15)

C. Admission and Discharge Activities:

1. Describe how the Agency will be involved with consumer hospital admissions and discharges. (15)
2. Describe the Agency's criteria for graduating and transitioning consumer from the PACT Team and how it will affect their housing. (20)

D. Team Communication and Planning:

1. Describe how the Agency will structure team meetings and communication among team members regarding client status. (15)
2. Describe how the Agency will conduct recovery training, coaching and treatment planning and who will be involved. (20)

E. PACT Services:

1. Describe how COD services will be structured and delivered to consumers. (10)
2. Describe the Evidence Based Practices/Promising Practices to be delivered to consumers. (25)
3. Describe how protective payee services will be structured for consumer. (10)
4. Describe how treatment issues related to older adults will be addressed. (10)
5. Describe how the recovery model will interface with the PACT model. (20)
6. Describe the range of treatment philosophies and intervention strategies that will be used by the Agency in response to homeless persons with a mental illness and co-occurring mental illness and substance abuse. (15)
7. Describe the Agency's plan to assist consumer to make connections and to integrate into their new community and neighborhood. (10)
8. Describe the Agency's plan to assist consumer in strengthening existing and building new natural supports in their community. (10)
9. Describe how the Agency will provide employment and/or education services, the employment model and practices that will be utilized, including at what point in the engagement/enrollment process employment/education is introduced to the participant. (15)
10. Specify the nature of any services that are to be subcontracted, the service(s) and the subcontractor(s), if any. (10)
11. Describe how the Agency will assist consumers in learning the skills necessary to meet their obligations as tenants. (10)

12. Describe how the Agency will provide dental and medical/health assessments and services. (10)
13. Describe the Agency's plan to ensure transportation is available to PACT consumers for scheduled and emergency appointments. Include the Agency's capability to transport . (15)
14. Describe how the Agency will assist consumers with their medication management needs. (10)
15. Describe how the Agency will provide accessibility of services for minority and non-English speaking persons. (10)
16. Describe how the Agency will provide gender, age, ethnic and culturally relevant services and address related factors such as geographic and economic environments. (15)
16. Describe how the Agency will assist and expedite eligible consumer in obtaining income support services, including food stamps, Supplemental Security Income, Medicaid benefits and/or other entitlements. (10)

3. Housing:

1. Describe if any of the Agency's existing housing resources will be specifically identified for PACT consumers. (20)
2. Describe the Agency's expertise and experience in developing subsidized housing. (20)
3. Describe the Agency's plan to develop, acquire and/or partner with a housing provider or property owner for new long-term housing resources. Include a detailed plan on how housing costs will be subsidized for consumers in PACT, including but not limited to, housing authority vouchers. (30)
4. Describe how the Agency will provide, develop and/or partner for transitional housing in the event permanent housing is unavailable. (15)
5. Describe the Agency's plan to partner with harm-reduction (abstinence encouraged) housing resources. (15)
6. Describe the Agency's plan and budget amount to provide emergency and planned respite for program consumers who need to leave their housing unit on short notice, either temporarily or permanently. (20)
7. Describe the housing support services that will be provided to clients to ensure they meet the obligations of tenancy and integrate successfully with their surrounding community. (20)
8. Describe the Agency's plan and budget amount for an emergency repair fund for housing unit repairs incurred by tenants. (15)

4. Evidence-based/Promising Practices:

Points in this category will be awarded based on the understanding of evidenced-based/promising practices and the likelihood of them being successfully integrated. Practices that should be considered in this group should include but may go beyond SAMSHA's Evidence-based Practices of Integrated Dual Disorder Treatment, Supported Employment, Illness Management and Family Psycho-Education.

The Agency should demonstrate a commitment to evidence-based practices and a willingness to implement evidence-based practice guidelines, train staff to the practices, and monitor fidelity to these standards.

Proposals should describe the agency's plan of each of the areas below:

1. Describe which evidence-based practices the agency believes are feasible in this PACT program at the existing funding level. (10)
2. Describe how the agency will staff and structure their staff to meet the PACT requirements and the evidence-based practice standards. (10)
3. Describe the Agency's start-up plan and time-schedule for each of the evidence-based practices they commit to develop within the PACT. (10)
4. Describe the training needs of program staff to implement each of the evidence-based practices the agency commits to develop within the PACT. (10)
5. Describe how funds will be allocated to implement evidence-based practices within the PACT. (10)

5. Collaboration:

1. Describe the Agency's plan for developing collaborative working relationships with local police jurisdictions, hospitals, community health clinics, jails, local DSHS CSO offices, homeless service providers, and North Sound DCRs / DMHPs. (20)
2. Describe the Agency's plan to collaborate with mainstream and other employment and education programs/services. (20)
3. Provide a description of the process that will be implemented for involving families, natural supports and PACT consumer in the conceptualization, planning, implementation and evaluation of the individual's recovery plan. (20)

6. Budget Detail and Narrative

1. Provide an annualized (12-month period) Line Item Budget.
2. Provide detailed information of the staffing configuration and the costs for proposed staffing as required in Attachment B. (25)
3. Specify the source and amount of any funds and resources to be used from other sources. (25)
4. Describe how the budget sufficiently supports the proposed response to the requirements of the RFP. (15)
5. Describe how records will be maintained identifying the source and application of funds provided. (10)
6. Please identify any start-up funds needed to implement the program, including a training budget. (10)
7. Provide a program budget per Attachment D. (15)

7. Agency Performance of Current and Past Projects and Contracts

Points will be awarded in this area based on agency performance as reflected in site visit performance information, success in implementing new projects according to award specifications, demonstrated fiscal management, and demonstrated compliance with contract reporting requirements. (50)

8. Optional Interview:

If a selection cannot be made based on the written proposal evaluation and the agency performance rating alone, North Sound Mental Health Administration shall elect to interview the top two or more Agencies. Interviews will be worth 50 points. If interviews are conducted, the final award would be based upon the total points awarded for the written evaluation, agency performance and the oral interview. (50)

VIII. Decision Process

Only those proposals that meet the minimum requirements stated in Section IV will be reviewed by panel of raters selected by the North Sound Mental Health Administration. The responses will be rated according to the points specified in Evaluation Criteria above.

It is tentatively scheduled that within one week after the response deadline, the rating panel will meet. At that meeting, the panel will:

- Review each member's independent ratings of the responses
- Tabulate scores for each proposal
- Generate for those tabulated scores a final ranking for all responses.

PROPOSED SCHEDULE – SUBJECT TO CHANGE

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February 12, 2007	RSN begins contracting with PACT Provider
February 12 – March 14, 2007	Development of PACT infrastructure, including recruitment, hiring and team building activities
April 1 – May 31, 2007	PACT Teams are fully staffed and trained
April 1, 2007 – July 1, 2007	Initiate identification, engagement, and enrollment of PACT program consumers

* Letter of Intent should include the following; Name of Agency, Contact Information and Contact Person.

IX. General Procurement Information

RFP Amendments

NSMHA may, at any time before execution of a contract, amend all or any portion of this RFP. NSMHA will mail any RFP amendments to you. If there is any conflict between amendments or between an amendment and the RFP, whichever document was issued last in time shall be controlling.

Retraction of this RFP

NSMHA is not obligated to contract for the services specified in this RFP. NSMHA reserves the right to retract this RFP in whole, or in part, and at any time without penalty.

Rejection of All Proposals

This RFP does not obligate the NSMHA to contract for services specified herein.

Most Favorable Terms

NSMHA reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms that the proposer can put forward. There will be no best and final offer procedure. NSMHA reserves the right to contact a bidder for clarification of its proposal.

The proposer should be prepared to accept this RFP for incorporation into a contract resulting from the RFP. Contract negotiations may incorporate some or the entire proposal. It is understood that the proposal will become a part of the official procurement file on this matter without obligation to NSMHA.