

North Sound Mental Health Administration

Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties

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Memo To: Interested Community Mental Health Agencies
From: Charles R. Benjamin
Executive Director
North Sound Mental Health Administration
Date: September 18, 2007
Subject: Request for Proposals (RFP)

The North Sound Mental Health Administration (NSMHA), Region 3 Children's Administration (CA), and Snohomish County are seeking applications from licensed or provisionally licensed Community Mental Health Agencies to serve NSMHA enrollees/consumers and clients of Region 3 Children's Administration residing in Snohomish County. We are seeking service providers for:

- Short-Term High Intensity Services – Children and Youth
 - A program of unique, intensive, team-based supports and treatment services provided to families with children at risk of being hospitalized, being placed in foster care, or losing a Children's Administration foster placement due to a mental health emergency.
 - A program that is integrated with the current regional psychiatric hospitalization certification process. See Attachment D. At a minimum, the team will consult via telephone with other mental health professionals (ED/ER staff, outpatient clinicians, psychiatrist, etc.) regarding the availability of the Team and/or to offer other appropriate alternatives when a request for inpatient hospitalization is made. It is the intention that children/youth residing in Snohomish County will not be certified for voluntary psychiatric hospitalization without this Team first having the opportunity to potentially serve the child/youth with a less restrictive alternative.
 - A program that provides intensive relative and fictive kin searches and connections for youth in Children's Administration's care who come to this program with a placement crisis. The relative search component of this program should have a sense of urgency and immediate action on a level with the initial crisis. There must be capacity to have a staff person travel out of state, if necessary, to convey the reality of the placement need and set up connections for appropriate on-going services.
 - A program designed to serve and support youth and families with complex needs. All core and adjunct staff (including prescribers) are trained to provide high intensity child and family services which are grounded in the fundamentals of Family Preservation. All core and adjunct staff will have regular and comprehensive knowledge of each family supported by this program.
 - A program available throughout Snohomish County.

If you are interested in being a provider of this service in Snohomish County, you are invited to study the enclosed packet and complete the required forms.

The NSMHA will be holding a non-mandatory *Bidders' Conference* on, **September 26, 2007 from 10:30-11:30**, at the NSMHA offices, 117 N. 1st Street, Suite 8, Mt. Vernon, WA. If your agency is interested in submitting an application, you must return the enclosed *Letter of Interest* form by **October 1, 2007**. If these forms are not submitted, you will not be eligible to submit an application. However, returning these forms does not commit you to completing a full application. *Questions* regarding this process or the application must be received in writing by NSMHA by **October 1, 2007**. *Answers* to all questions will be mailed to all applicants and posted on the NSMHA website on or around **October 12, 2007**.

One hard copy of the completed and signed *Application Form* and one electronic copy must be received by NSMHA at 117 N. 1st Street, Suite 8, Mt. Vernon, WA 98273-2858 by **12:00 noon, October 26, 2007**. Postmarks are not acceptable. Emailed electronic copies must be sent to Barbara Jacobson @ barbara_jacobson@nsmha.org in MS Word or PDF format. Hard copy may also be faxed to NSMHA @ 360-416-7017.

NSMHA will award one contract. Applicant agencies will be evaluated and scored by an *Evaluation Team* which will include NSMHA, Region 3 Children's Administration, Snohomish County, and consumers and/or foster parent members. Evaluation will include an *Applicant* Interview to be scheduled for **October 31, 2007**. The NSMHA management will recommend finalists to the Planning Committee and Board of Directors based on the Evaluation Team's findings. *Appeals* of the selection decision must be made within one week of notification to the NSMHA Executive Director. Providers selected must be prepared to provide services beginning **March 1, 2008**.

NSMHA reserves the right to: reject any and all Applications; extend the Application submission date; amend the RFP; and waive any irregularities or informalities in any Applications. NSMHA shall be the sole judge of the merits of each Application.

The entirety of this RFP is contingent upon receipt of appropriate collaborative MOUs amongst the NSMHA, Region 3 Children's Administration, and Snohomish County.

IMPORTANT DATES

- | | |
|---------------------------------------|---|
| September 18, 2007: | RFP released to the public |
| September 26, 2007: | Non-Mandatory Bidder's Conference |
| October 1, 2007: | Due date for Letter of Interest form |
| October 1, 2007: | Due date for questions regarding application and/or selection process |
| October 12, 2007: | Target date for release of Responses to Questions |
| October 26, 2007: | Due date for Completed RFP Applications and Assurances & Agreements Form |
| October 31st, 2007: | Applicant Interviews |
| December 13, 2007: | Target date to announce Contract Awards |
| March 1, 2008: | New Contract Begins |

SECTIONS OF THIS REQUEST FOR PROPOSALS PACKET

- I. Letter of Interest Form
- II. Information and Background
- III. Intent
- IV. Funding
- V. Instructions & Minimum Application Requirements
- VI. Proposal Evaluation Criteria
- VII. Request for Proposals Response Form
- VIII. Budget Instructions and Budget Forms

ATTACHMENT TO THIS REQUEST FOR PROPOSALS PACKET

- A. Family Preservation Guiding Principles
- B. Statement of Work
- C. Line Item Budget
- D. Inpatient Certification and Authorization Policy #1525
- E. Sample Family Support Specialist Job Description
- F. Sample Parent Partner Job Description
- G. Sample Community Support Specialist Job Description

Section I. LETTER OF INTEREST FORM

*Please type or print all information. Return the completed and signed form to the NSMHA office at 117 N. 1st Street, Suite 8, Mt. Vernon, WA 98273-2858. Forms may also be faxed to 360-416-7017 or emailed to Barbara Jacobson @ barbara_jacobson@nsmha.org. Letter of Interest Form **must be received by NSMHA October 1, 2007.** Late or incomplete forms will not be accepted.*

IDENTIFYING INFORMATION

Agency Name _____

Director's Name _____

Address _____

Street or Box # _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Signature below indicates an interest in becoming a Community Mental Health Agency for the North Sound Mental Health Administration and providing the aforementioned Short-Term High Intensity Services to Children and Youth.

I understand that signing this letter does not bind me to submission of a full application. All information submitted in this letter of intent is true to the best of my knowledge and belief. I fully understand that any significant misstatement in or omission from this application may constitute cause for denial of participation with the NSMHA.

Name and Title (print or type)

Signature **Date**

Section II. INFORMATION AND BACKGROUND

In September 2006, the Children's Policy Executive Team (of which, NSMHA is a founding member) met to formalize its work plan for the coming year. Concerned that many children and youth were receiving a particularly high amount of out-of-home services, CPET made the study and development of highly intensive, community-based programs for children and youth a priority.

In October 2006, CPET gained knowledge of a potential cross-systems model for providing an array of intensive support services to children/youth with significant mental health or emotional and/or behavioral disorders. Central to this model is the mission of resolving crisis situations while preserving the family and/or reunifying a child/youth with a permanent family resource, and keeping children out of institutions and hospitals. Parents and relatives are recognized as the experts with regard to the children in their family and they are involved in the development of a family-focused care plan.

Acknowledging the need for increased collaborative approaches to stabilizing youth in crisis situations and, studying the empirical outcomes of other programs, the CPET recommended the development of Short-Term High Intensity Services for Children/Youth in Region 3 with the intended outcomes of increased safety, hospital diversion, placement stabilization, community integration, and to ensure that children have a permanent family resource. The NSMHA, as a representative of CPET, is presenting this RFP with the intention of contracting for Short-Term High Intensity Services to Children/Youth in Snohomish County. Services provided are to be inline with the structure outlined in this document and its attachments.

The Mission of NSMHA is the *VISION OF HOPE AND PATHS TO RECOVERY*:

“We join together to enhance our community’s mental health and support recovery for people with mental illness served in the North Sound Region, through high quality culturally competent services”.

The NSMHA is committed to:

1. Ensuring that the mental health system of the five counties is "consumer-driven."
2. Ensuring that consumers receive services that meet their individual needs appropriately.
3. The development and management of an Integrated Delivery System.
4. Ensuring that crisis services are accessible and locally available 24 hours x 7 days per week.
5. Ensuring that services are culturally sensitive, appropriate and built on recipient strengths.
6. Treating people with mental illness with respect and dignity.
7. The provision of services that are community based and designed to assist an individual to maintain an optimal level of functioning.

Section III. INTENT

It is the intent of this Request for Proposal (RFP) to solicit a respondent(s) to implement one Short-Term High Intensity Team for children/youth ages 5-17 and their families. Funding (see Section IV) has been determined to support 12 revolving consumer slots

A. Target Population:

1. Children whose functioning is severely impacted due to:
 - Severe emotional and/or behavioral problems, or
 - Child safety/protection issues, or
 - Placement abandonment or disruption (including failing adoption), or
 - Severe family conflict, or
 - Discharge from a facility/institution/hospital without a living arrangement; **and**
2. The child is at imminent risk of removal from the home or being admitted to inpatient psychiatric hospitalization; **and**
3. This intensive, time-limited crisis stabilization service is likely to avert Children's Administration placement or hospitalization and return the child and family to a level of functioning where natural supports are strengthened and/or reliance on formal system involvement is reduced.

B. Services Components:

- Face to face services start within 2 hours of referral.
- Services provided 24 hours a day, 7 days a week, 365 days per year.
- Time-limited, not to exceed 90 days.
- Include time-limited respite for stabilization (not to exceed 72 hrs at a time).
- Services are based in a home or a community setting vs. a CMHA or CA office setting.
- Extensive family and relative searches both in and out of WA State for those children in need of engagement, connections, reunification and ongoing supports.
- Emergent access to psychiatric consultation and/or medication assessment when needed; 24 hours a day, 7 days a week
- Parent/caregiver and youth are integrated in the treatment planning and team meetings.
- Parent Partners, Certified Peer Counselors, or other similar parent support role included in treatment team.
- First team meeting to occur within 2 working days of referral.
- Provided in collaboration with the NSMHA, Region 3 Children's Administration and Snohomish County.
- Concurrent cross-systems collaboration with intensive care coordination.

This RFP is the NSMHA's anticipated framework for how the Short-Term High Intensity Treatment Services will be structured and implemented in Snohomish County. Keeping in mind the

brief nature of these services, it is imperative that the response is collaborative, prompt, and focused on the achievement of a family-based solution for each child/family referred. Based on decisions that still need to be finalized at the local level, please look for more details in the contract.

Section IV. FUNDING

Pending the receipt of the appropriate Memoranda of Understanding (MOU), the NSMHA, Region 3 Children's Administration and, Snohomish County have jointly funded up to \$725,000 for Short-Term High Intensity Services to Children/Youth. Of this, \$30,000 is expected to be budgeted and used to flexibly assist and support children/youth and their families with services and resources not otherwise covered by Medicaid, State, Federal Block Grant, Snohomish County or Children's Administration funding.

The NSMHA will use a cost reimbursement method to pay the contractor up to the total budget amount. Flexible Funds will have their own budget and also be billed on a cost reimbursement basis. The provider should invoice NSMHA by the 10th of the month for actual costs incurred in the previous month. NSMHA will reimburse the provider within two weeks of receiving the invoice. Invoice processing will be approximately one week. However payments are made through the Skagit County Auditors office and may, on occasion, take two weeks to process. Start up funds are not available.

- The amount contracted for 2008-2009 operating expenses will be in proportion to the number of months the program is operational.
- Program funds will be made available after the RFP process has been completed and a contract negotiated and signed.
- Funds will be distributed by the NSMHA. The initial contract term will be from March 1, 2008 – February 29, 2009.

Section V. INSTRUCTIONS AND 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 submitted both on 8.5 X 11-inch white paper and electronically in an MS Word or PDF format.
- D. Responses will contain, in the following order:
 - Agency Qualifications
 - Proposer Qualifications
 - Scope of Work
 - Proposed Budget
 - Proposed Budget Narrative

One hard copy of the completed and signed *Application Form* and one emailed electronic copy must be received by NSMHA at 117 N. 1st Street, Suite 8, Mt. Vernon, WA 98273-2858 by **12:00 noon, October 26, 2007**. Postmarks are not acceptable. Emailed electronic copies must be sent to Barbara Jacobson @ barbara_jacobson@nsmha.org in MS Word or PDF format. Hard copy may also be faxed to NSMHA @ 360-416-7017.

Section VI. PROPOSAL EVALUATION CRITERIA

NSMHA will award one contract to meet the projected NSMHA service need. Applicant agencies will be evaluated by an Evaluation Team that will score the Application. The NSMHA management will recommend finalists to the Planning Committee and the Board of Directors based on the Evaluation Team's findings. Providers selected must be prepared to provide services beginning **March 1, 2008**.

A total of 840 points will be awarded for the written response to the RFP in the following categories:

- A. Agency Qualifications (Pass/Fail)
- B. Proposal Qualifications (260 points)
** To include score from Section VI, 2.1 & 2.2*
- C. Scope of Work (390 points)
- D. Budget Detail and Narrative (90 points)
- E. Agency Performance on current and past projects and contracts (50 points)
- F. Interview (50 points)

Sections with Budget Forms will have the Budget Scores added to the Total Scores. Budget scores will be computed as a percentage of the least expensive budget.

NSMHA reserves the right to: reject any and all Applications; extend the Application submission date; amend the RFP; and waive any irregularities or informalities in any Applications. NSMHA shall be the sole judge of the merits of each Application.

A. Agency 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.**

1. The Agency must be fully or provisionally licensed as a Washington State Community Mental Health Center, Federally Qualified Health Center, or be a federally recognized Indian Tribe prior to March 1, 2008. For information on how to become licensed, please visit the MHD website at <http://www1.dshs.wa.gov/mentalhealth/licensing.shtml>. For questions regarding the process, please contact the Licensing Section of the Mental Health Division by calling (360) 902-0788.
2. The Agency must be able to recruit, license, train, and maintain families to provide foster care.
3. 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.
4. The Agency and any partners must be in good standing with North Sound Mental Health Administration, Snohomish County, and Washington State DSHS in the service areas for which they will be responsible.
5. The Agency must be able to submit data electronically in a NSMHA 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.
6. The Agency must be able to ensure a criminal background check pursuant to RCW 43.43.832, 43.43.834 and 74.15.030 and WAC 388-06 has been completed through DSHS for all current employees, volunteers and subcontractors, and that a criminal history background check shall be initiated for all prospective employees, volunteers and subcontractors who may have unsupervised access to DSHS clients. Such persons shall not have unsupervised access to children in care until a satisfactory background check is completed and documented qualifying the individual for unsupervised access is returned to the Agency.
7. The Agency shall be able to obtain fingerprint background checks from the FBI through DSHS for all prospective employees, volunteers, subcontractors and other persons who may have unsupervised access to DSHS clients if such persons have resided for less than three (3) years in the State of Washington. Such persons shall not have unsupervised access to children in care until a satisfactory FBI background check is completed and documented qualifying the individual for unsupervised access is returned to the Agency.
8. 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.

9. Include a statement attesting that funding will not be used to supplant any existing mental health or Children's Administration programming.

B. Proposal 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 resiliency and recovery model, family preservation, and willingness to implement resiliency-based practice guidelines and training/coaching for staff.

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

1. Providing services to children/youth with mental illness or severe emotional and/or behavioral disorders that are at imminent risk of needing psychiatric hospitalization or, at risk of placement disruption. Please give examples of resources or interventions the Agency will use to mitigate risk factors and divert hospitalization or placement disruption. (30)
2. Engaging difficult-to-serve persons with intensive outreach and engagement strategies for whom standard case management services are not successful. (10)
3. Providing 24-hour, 7 day a week, face-to-face crisis response. (20)
4. Providing emergent access to a Child Psychiatrist for consultation and/or treatment. (20)
5. Organizing, leading and utilizing the recommendation of multidisciplinary teams for children and/or youth who experience mental illness or severe emotional and/or behavioral disorders. (10)
6. Involving children and/or youth and their families/caregivers in the conceptualization, planning, implementation, and evaluation of mental health services and permanency planning. (20)
7. Recruiting and utilizing Parent Partners, Certified Peer Counselors or similarly trained parent support persons. (10)
8. Providing comprehensive assessment services including co-occurring disorder screening/assessment, required by RCW 70.96C. (10)
9. Training staff in and utilizing family-focused treatment modalities. (10)
10. Providing extensive relative/natural support searches and assisting in permanency planning for youth in foster care. (20)
11. Providing services that promote returning the child/youth and family to a level of functioning where natural supports are strengthened, and/or reliance on formal system involvement is reduced. (20)
12. Collaborating with Children's Administration personnel including participation in Family Team Decision Making. (10)

13. Recruiting, licensing, training, and maintaining families for respite foster care. (20)
14. Providing culturally relevant services to diverse populations. (10)

C. Scope of Work

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 Short-Term High Intensity Treatment Team model and has a commitment to operating within the scope of the structure as outlined in Attachments A, B, C, D, and E. Please respond to each of the content areas below. Proposals should describe, in detail, the agency's plan for each of the areas below.

1. Staff Composition, Roles, Hours of Operation, and Training:
 - a. Describe how the Agency will staff and structure the Short-Term High Intensity Treatment Team to provide a 1:6 staff to participant ratio and provide all services (including crisis response and psychiatric consultation and/or treatment) 24 hours a day/ 7 days a week, 365 days per year. Include a staffing plan with the number of staff scheduled each day, how many hours they are scheduled the number of positions, and full time equivalents, with staff disciplines, position titles, and qualifications. (40)
 - b. Describe how the Agency will utilize a team approach to sharing caseload responsibility. (10)
 - c. It is the intention that the team will include emergent access to a Child Psychiatrist and/or an ARNP with experience in children's mental health for consultation and/or medication evaluation. This prescribing authority needs to be a staff person dedicated to the management and care of children with serious behavioral and emotional disorder and complex needs. As with all members of the team, the prescriber must be grounded in the fundamentals of family preservation and have regular and comprehensive knowledge of each family supported by this program. Describe the Agency's plan to integrate the role and responsibility of the Child Psychiatrist or ARNP with the Team. If utilizing an ARNP, please describe how the Agency's will address consultation with a Child Psychiatrist (40)
 - d. Describe the role and responsibility of the paid peer counselor(s), parent advocate, and/or parent partner on the team (sample job description available in Attachment E for reference) .(20)
 - e. Describe the Agency's program start-up and team building activities. Provide a program implementation schedule, including start-up to full implementation. Describe Agency's ability to meet the March 1, 2008 start date. (20)
 - f. Describe in detail the training needs and activities of program staff, including specific staff competencies and practice guidelines needed to implement this model. Include sources of the training and an approximate schedule. The RSN will work collaboratively with the successful bidder to identify training resources if needed. (20)
 - g. Describe how the Agency will educate staff in the principles of family preservation and, resiliency and recovery. Describe how supervision and/or, coaching will support these core elements.. (20)

3. Admission and Discharge Activities:

- a. Describe the Agency vision for the Gatekeeping, Referral and Initial Services process (see Attachments B & D). Include the role of Care Crisis Services (Volunteers of America), and communication with Children's Administration and/or the North Sound Mental Health Administration. The NSMHA will work collaboratively with the successful bidder to refine this process if needed. (20)
- b. Considering the 90 day maximum length of service, describe the how the Agency will return the child/youth and family to a level of functioning where natural supports are strengthened and/or reliance on formal system involvement is reduced. Address how treatment planning and service delivery will support the child/youth transitioning out of Short-Term High Intensity Treatment services. (20)
- c. Describe how the Agency will collaborate with Children's Administration to find relative and fictive kin placements for youth in need. Specifically address the Agency's plan for locating appropriate placements that may be outside of Washington State. (20)
- d. When a discharge plan for a child/youth includes out of area or out of state placement, describe the Agency's plan to assist the consumer to make connections and to integrate into their new community and neighborhood. (20)

4. Team Communication and Planning:

- a. Describe how the Agency will structure team meetings and communication among team members regarding child/youth and/or family status. Include the Agency's plan to communicate with family members/youth and on-call or after hours staff. (15)
- b. It is the overall intention that families learn how to respond to crisis without reliance on formal and unnatural supports. Describe how the Team will approach crisis planning with the family keeping recovery & resiliency and family preservation principals in mind. (30)

5. Short-Term High Intensity Treatment Services:

- a. Describe the range of treatment philosophies and intervention strategies that will be used by the Agency in response to children/youth with mental illness and/or severe emotional or behavioral disorders who also have co-occurring substance abuse. (15)
- b. Describe the range of treatment philosophies and intervention strategies that will be used by the Agency in response to children/youth with mental illness and/or severe emotional or behavioral disorders who also have co-occurring developmental disabilities. (15)
- c. Specify the nature of any services that are to be subcontracted, the service(s) and the subcontractor(s), if any. (10)
- d. Describe how the Agency will provide services and address factors relative to the family's culture including, and beyond: language, gender, age, ethnic identification, geographic environment, and socioeconomic status (15)

6. Collaboration:

- a. Describe the Agency's plan for developing and maintaining collaborative working relationships with Children's Administration and other DSHS Departments, juvenile detention facilities, schools, other CMHAs, the NSMHA, CLIP facilities and hospitals, and the County (20)
- b. Provide a description of the process that will be implemented for involving the child/youth, families, and natural supports in the conceptualization, planning, implementation and evaluation of the resiliency and recovery plan. (20)

D. Budget Detail and Narrative

1. Provide an annualized (12-month period) Line Item Budget per Attachment D. (15)
2. Provide detailed information of the staffing configuration and the costs for proposed staffing as required (see form on page 22). (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; including application of flexible funds. (10)

E. Agency Performance of Current and Past Projects and Contracts

The Selection Committee may elected to award points 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/or demonstrated compliance with contract reporting requirements. All applicants will be notified in advance if the Selection Committee will review information in this section (optional50)

F. Interview

The Evaluation Team will interview the top two scoring Agencies. Interviews will be worth 50 points., The final award would be based upon the total points awarded for the written evaluation, the oral interview, and possibility Agency Performance as outlined in E above.. (50)

APPEALS

Applicants may appeal only deviations from laws, rules, regulations, or procedures. Disagreement with the scoring by evaluators may not be appealed.

The following procedure applies to Applicants who wish to appeal a disqualification of Application or award of contract:

1. All appeals must be in writing and physically received by the NSMHA Executive Director no later than 4:00 p.m. on the fifth (5th) working day after the postmarked notice of intent to award or disqualification.

Address appeals to:

Charles R. Benjamin,
Executive Director
North Sound Mental Health Administration
117 N. 1st Street, Suite 8,
Mt. Vernon, WA 98273-2858

2. Appeals must specify the grounds for the appeal including the specific citation of law, rule, regulation, or procedure upon which the protest is based. The judgment used in scoring by individual evaluators is not grounds for appeal.
3. Appeals not filed within the time specified in paragraph 1, above, or which fail to cite the specific law, rule, regulation, or procedure upon which the appeal is based shall be dismissed.

Section VII. REQUEST FOR PROPOSALS RESPONSE FORM

1. IDENTIFYING INFORMATION

- 1.1 Agency Name: _____
- 1.2 Director's Name: _____
- 1.3 Contact Person for this RFP: _____
Contact Person's Phone #: _____
Contact Person's Fax: _____
Contact Person's Email Address: _____
- 1.4 Address: _____
City: _____
State: _____
- 1.5 Tax ID #: _____
- 1.6 Type of Organization (check one): Non-Profit: ____; Governmental: ____;
For Profit Corporation: ____; Partnership: ____; Sole Proprietorship: ____
Other: ____ (Please explain): _____
- 1.7 What is your status as a Licensed Community Mental Health Agency?
Are Currently Licensed: ____; Will have License prior to 11/1/07: ____;
- 1.8 Number of years providing Mental Health Services to Medicaid and/or Indigent
Consumers: ____
- 1.9 Submit a copy of your most recent independent financial audit. If you have not had
an independent financial audit, submit a copy of your most recent IRS annual tax return.
- 1.10 Submit a copy of any accrediting organization (e.g. JCAHO, CARF) reports that
have been completed in the last 24 months for your CMHA or any part thereof.

2. ADMINISTRATIVE

- 10 points 2.1 **Administrative Overhead Percentage:** What is the Mental Health Administrative
Overhead Cost calculated as a Percentage of your Total Mental Health Budget? ____

- 20 points 2.2 **Staff Retention:** What is your agency's turnover rate for Clinical Staff and
Supervisors for the period of July 1, 2006 through June 30, 2007? Turnover rate
should be measured by: (adding the number of employees who resigned during this
time period and the number of employees who were discharged) and dividing this
sum by the (total number of employees who were on the payroll for that time period).
 - a. Number of Employees who Resigned: ____
 - b. Number of Employees with were Discharged: ____
 - c. Total Employees Leaving Employment: ____
 - d. Total Employees on the Payroll for the Year: ____

e. Turnover Rate: ____ (c. divided by d.)

N/S 2.3 **Lawsuits:** Have you been involved in any lawsuits in the last 24 months? ____

If yes, submit a description of each lawsuit, the current status, and the outcome, if a resolution has occurred.

N/S 2.4 **Complaints:** Have any complaints involving your organization been filed with any licensing agencies (e.g. DSHS, DOH) in the last 24 months? ____

If yes, submit a description of each complaint, the current status, and the outcome, if a resolution has occurred.

3. TESTIMONY OF AGREEMENT, ACCURACY AND SIGNATURE

I have reviewed the sample contract and am prepared to fulfill all the requirements. All information submitted in this application is true to my best knowledge and belief. I fully understand that any significant misstatement in or omission from this application may constitute cause for denial of participation with the NSMHA. I certify that this is signed by an individual authorized to make decisions for the organization.

NAME AND TITLE (print or type)

SIGNATURE

DATE

Section VII BUDGET INSTRUCTIONS AND BUDGET FORMS

The Applicant should complete the budget forms using the supplied Excel-based Service Budget spreadsheets. Printouts of these forms should become part of your Proposal.

Direct Service and Supervisory Staff, Part A: Please enter the following information in this section:

Position Title: Enter the position title(s) for the direct service and clinical supervisory staff being proposed for the service.

Comments (Optional): Enter explanatory comments for positions that are not self-explanatory.

FTEs: Enter the number of Full Time Equivalents (FTEs) for each position.

Direct Service and Supervisory Staff, Part B: Please enter the following information in this section:

Position Title: Re-enter the position title(s) from Part A.

Average Annual Salary per FTE: Enter the average annual salary per FTEs for each proposed position.

Benefits & Payroll Taxes %: Enter the average fringe benefits and payroll tax rates, as a percentage of salaries, for each position.

Average Compensation per FTE (COMPUTED): These figures are computed by the Excel spreadsheet using the following formula: $Average\ Annual\ Salary\ per\ FTE \times (1 + Benefits\ \&\ Payroll\ Taxes\ \%)$.

Annual Compensation (COMPUTED): These figures are computed by the Excel spreadsheet using the following formula: $Position\ FTEs\ from\ Section\ 3 \times Average\ Compensation\ per\ FTE$.

Other Expenses: Please enter the following information in this section:

Other Direct Service Expense - Percent of Total Compensation: This item contains the non-salary/benefits/payroll taxes for the cost center providing the services. Expenses included in this section should be consistent with the program costs listed in your audited financial statements, Statement of Functional Expenses. Enter the amount as a percentage of total compensation.

Other Direct Service Expense – Amount: (COMPUTED): These figures are computed by the Excel spreadsheet using the following formula: $Total\ Compensation \times Other\ Direct\ Service\ \%$.

Administrative Expense - Percent of Total Compensation:

This item contains the administrative and fundraising costs allocated to the direct services. Expenses included in this section should be consistent with the administrative and fundraising costs listed in your audited financial statements, Statement of Functional Expenses. Enter the amount as a percentage of total compensation.

Administrative Expense - Amount: (COMPUTED): These figures are computed by the Excel spreadsheet using the following formula: $Total\ Compensation \times Administrative\ Expense\ \%$.

Total Cost, Cost Offset, Cost per Slot: Please enter the following information in this section:

Proposed Slots (COMPUTED): Pulled down from the first part of the budget template.

Total Expenses (COMPUTED): Sum of Compensation and Other Expenses.

Costs covered by other Funding Sources: If a portion of the direct service and administrative costs will be funded by other funding sources, enter the dollar amount that will be covered by those other funding source(s).

Net Cost to NSMHA (COMPUTED): Total Cost minus Cost covered by Other Funding Sources.

Total Cost per Slot (COMPUTED): Total direct service and administrative costs divided by the number of slots.

Net Cost per Slot (COMPUTED): Net Cost to NSMHA divided by the number of slots.

Child/Youth Short-Term High Intensity Treatment Services

Direct Service and Supervisory Staff, Part A

Position Title	Comments (Optional)	FTEs
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total		-

Direct Service and Supervisory Staff, Part B

Position Title	Average Annual Salary per FTE	Benefits & Payroll Taxes %	Average Compensation per FTE	Annual Compensation
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total				

Other Expenses

Other Direct Service Expense (support staff, rent, etc.)		
Percent of Total Compensation		
Amount		
Administrative Expense (IS, finance, etc.)		
Percent of Total Compensation		
Amount		

Total Cost, Cost Offset, Net Cost, Cost per Slot

Proposed Slots	12 -
Total Expense	
Costs covered by other Funding Sources	
Net Costs to NSMHA	
Total Cost per Slot	
Net Cost per Slot	