



North Sound Mental Health Administration

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

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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, and Snohomish County are seeking applications from licensed or provisionally licensed Community Mental Health Agencies (CMHA) 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. 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.

Pending the receipt of the appropriate Memoranda of Understanding (MOU), **the amount of available funds is approximately \$725,000.** 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. You may also access information about this RFP at <http://nsmha.org/RFP>.

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 this form is not submitted, you will not be eligible to submit an application. However, returning this form 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 email 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 consumer 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 the Board of Directors based on the Evaluation Team's findings. The target date for *Award Announcement* is **December 13, 2007**. *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

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 in PDF format with signature to Barbara Jacobson @ Barbara.jacobson@nsmha.org. Letter of Interest Form **must be received by NSMHA by 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