

**SALISH BEHAVIORAL HEALTH ADMINISTRATIVE
SERVICES ORGANIZATION**

REQUEST FOR PROPOSAL

2022-118

**Submission Deadline:
Thursday, April 21, 2022 3:00 PM**

**SALISH BH-ASO REQUEST FOR PROPOSAL
CO-RESPONDER PROGRAM**

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SALISH BH-ASO
REQUEST FOR PROPOSAL SUMMARY

Behavioral Health Co-Responder Program

I. INTRODUCTION

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) is requesting proposals for the provision of a Behavioral Health Co-Responder Program within Kitsap, Clallam, and/or Jefferson Counties.

The Behavioral Health Co-Responder Program must pair a licensed mental health professional (licensed under the Washington State Department of Health) with a law enforcement officer or first responder (Fire/EMS) to respond to behavioral health emergencies within the community.

Proposal Deadline:

This Request For Proposal (RFP) is available on the Internet at <http://www.kitsapgov.com/purchasing/bids.htm> or by contacting Glen McNeill at: Kitsap County Department of Administrative Services, 614 Division Street, MS-07, Port Orchard, Washington 98366; (360) 337-4788; or email: purchasing@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>
March 18, 2022	RFP Packet Available
April 21, 2022	Proposal Deadline By 3:00 PM
April 21-22, 2022	SBH-ASO Staff Review
April 22-May 11, 2022	SBH-ASO Advisory Board Committee Reads and Evaluates Proposals and Recommend Awards
May 27, 2022	Present recommendations to SBH-ASO Executive Board

III. APPLICANT ELIGIBILITY

SBH-ASO intends to contract with a law enforcement or first responder (Fire or EMS) agency to provide a Behavioral Health Co-Responder Program staffed with a licensed mental health professional within the 3-county region (Clallam, Jefferson, or Kitsap) served by Salish BH-ASO.

IV. PERIOD OF PERFORMANCE

The period of performance for services solicited under this RFP is anticipated to begin July 1, 2022 and end June 30, 2023.

V. 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 and five (5) additional copies with one electronic form (CD/disk or 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
614 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. April 21, 2022 will not be accepted.

VI. 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 (limited to 6 typed pages, using 12-point font).
3. Fiscal Proposal (Limited to 1 page budget including narrative, using 12-point font)

B. Proposal Contents

All responses must contain sufficient information necessary to thoroughly describe the program design and operation.

1. Proposal Cover Sheet (Attachment A)
2. Services Narrative and Program Activities (Limited to 6 pages)

The program narrative should include a thorough description of all activities listed below.

- A. Describe your agency, service area, and scope of work.
- B. Identify information supporting community need for this type of program. Include any community data as appropriate.
 1. Include information regarding co-responder and/or navigator-like programs in your community.
 2. Include information regarding your agency's experience partnering with any existing co-responder and/or navigator-like programs in your community.
- C. Describe your agency's vision for this program, including:
 1. Hours of operations
 2. Scope of services provided under this program
 3. Coordination and collaboration with behavioral health, physical health, and social service agencies within the community
 4. How the addition of a licensed MHP will enhance your current behavioral health responses within your community
- D. Summarize the qualifications of all key staff members who will implement this program and describe the process and personnel used to supervise this program. Please identify if the plan is to hire new staff or enhance/expand upon existing staffing resources. Please identify training to be provided.
- E. Describe your basic managerial and fiscal structure including program management, accounting, internal controls, program monitoring and evaluation, and any outside contractors to be utilized in the administration of the program.
- F. Describe your understanding of privacy requirements related to protected health information (PHI). Please also describe any changes that would be implemented for this program to meet these privacy requirements.
- G. Describe your ability to track and provide utilization information for this program to include, at minimum quarterly:
 1. Aggregate number of individuals served

2. Narrative describing successes and challenges
3. Fiscal Proposal: (Limited to 1 page)

Provide a fiscal proposal including itemization of expected costs.

- A. Program budget of \$90,000 for the 12-month period of performance.
 1. Up to \$5,000 may be used for the purchase of program related equipment to include computers, cell phones, etc.
 2. Funds may be used for salary, benefits, employee-related transportation costs, and administrative costs.
 3. This contract will be cost reimbursement and will require reporting of actual costs with supporting documentation.

VII. REVIEW AND SELECTION CRITERIA

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

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

- B. Program Design Elements:

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

1. Description of community need for Co-Responder programming.
2. Description of scope of services provided.
3. Description of program oversight and supervision.
4. Description of experience with similar behavioral health programming.
5. Description of management structure, including fiscal oversight.
6. Description of privacy requirements and plan to implement privacy adherent practices.
7. Potential effectiveness of the overall plan.
8. Budget clarity and reasonableness.
9. Ability to meet reporting requirements.

- C. Cost/Price Reasonableness:

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.

VIII. 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 project purpose or content or prohibit such a project.

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.

IX. ATTACHMENTS

ATTACHMENT A: PROPOSAL COVER SHEET

SALISH BH-ASO Behavioral Health Co-Responder Program

Submitting Agency

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: