

**2022-103**  
**SALISH BEHAVIORAL HEALTH ADMINISTRATIVE**  
**SERVICES ORGANIZATION**

**REQUEST FOR PROPOSAL**  
**YOUTH MOBILE CRISIS OUTREACH TEAM**

**Submission Deadline:**  
February 17, 2022, 2:00pm

**SALISH BH-ASO REQUEST FOR PROPOSAL  
YOUTH MOBILE CRISIS OUTREACH**

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**SALISH BH-ASO**  
**REQUEST FOR PROPOSAL SUMMARY**  
**2022-103**

**Youth Mobile Crisis Outreach Team**

**I. INTRODUCTION**

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) is requesting proposals for the provision of a Youth Mobile Crisis Outreach Team within Kitsap County.

**Proposal Deadline:**

This Request For Proposal (RFP) is available on the Internet at [Kitsap County Bids \(kitsapgov.com\)](http://Kitsap County Bids (kitsapgov.com)) 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](mailto: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](mailto:jkron@co.kitsap.wa.us)

**II. PLANNING SCHEDULE**

<b><u>DATE</u></b>	<b><u>ACTIVITY</u></b>
January 14, 2022	RFP Packet Available
February 17, 2022, 2:00 pm	Proposal Deadline
February 18, 2022	SBH-ASO Staff Review
February 18 – March 7, 2022	SBH-ASO Advisory Board Committee Reads and Evaluates Proposals and Recommend Awards
March 18, 2022	Present recommendations to SBH-ASO Executive Board

### III. APPLICANT ELIGIBILITY

SBH-ASO intends to contract with a Licensed Behavioral Health Agency, or Tribal Health Clinic, to provide a Youth Mobile Crisis Outreach Team that serves all youth in Kitsap County.

Licensed behavioral health agencies must be complete credentialing with SBH-ASO by 02/11/2022.

**Link to SBH-ASO Credentialing Application:**

<https://www.kitsapgov.com/hs/SBHASO%20Documents/SBHASO%20Facility%20Credentialing%20Application%20v5.13.21.docx>

### IV. PERIOD OF PERFORMANCE

The period of performance for services solicited under this RFP was anticipated to begin May 1, 2022, and ends June 30, 2024.

### 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:**

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

**OR**

**For hand delivery, express , or courier:**

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

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

Applications received after 2:00 P.M. February 17, 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 8 typed pages, using 12-point font).
3. Fiscal Proposal (Limited to 2 pages 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. Program Activities and Services Narrative (Limited to 8 pages)

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

- A. Describe your agency and scope of work under BHA License or Tribal Clinic License/Certification.
  - a. Include information on any youth related programming.
  - b. Include any experience with providing crisis response services or crisis-like/urgent behavioral health services
  - c. Include any experience managing after-hours programming
- B. Describe experience coordinating services for the following populations:
  - a. Tribal affiliated youth
  - b. LGBTQIA+ youth
  - c. Justice involved youth
  - d. Youth in foster-care
  - e. Youth with unstable housing
- C. Describe awareness and/or experience implementing the following principles:
  - a. Trauma-informed care
  - b. Diversity, Equity and Inclusion
  - c. Best practices for youth crisis service delivery
  - d. Youth suicide intervention strategies
- D. Summarize your vision of the Youth Mobile Crisis Outreach Team, including:
  - a. Qualifications of all current or anticipated key staff members who will implement this program.
  - b. Personnel used to supervise this program.
  - c. Staffing plan for coverage 7-days per week between 7am-11pm.
- E. Plan for coordination with:
  - a. Existing Crisis Teams
  - b. Schools
  - c. Community-based youth programs (i.e.: Prevention programs, Boys and Girls Club, etc.)
  - d. Formal Support Programs (DCYF, JRA, etc.)
  - e. Families and Natural Supports
- F. Describe how your agency would plan and implement this program in accordance with the following regulatory requirements:

- a. WAC 246-341: Behavioral Health Licensing and Certification Requirements
- b. RCW 71.34: Behavioral Health Services for Minors
- c. RCW 49.19.030: Violence Prevention Training

G. 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.

H. Describe your agency’s ability to collect and submit data relative to this program, including:

- a. The method for collecting/submitting service encounter data in accordance with Service Encounter Reporting Instructions (SERI)
- b. The method for collecting/submitting supplemental data in accordance with SBH-ASO Data Dictionary.

3. Fiscal Proposal: (Limited to 2 pages)

Provide a fiscal proposal including itemization for each period identified below. Identify expected costs, to include start-up expenses, program staffing, on-going operating expenses, any on-going program related expenses and general administrative costs.

Program budget for each time:

- \$375,000 for May 1, 2022 – December 31, 2022
- \$475,000 for January 1, 2023-December 31, 2023
- \$237,500 January 1, 2024 – June 30, 2024

**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. Potential effectiveness of the overall plan.
2. Special population coordination experience.
3. Experience implementing principles.
4. Description of scope of services provided.

5. Adequacy of partnership description.
6. Implementation of regulatory requirements.
7. Description of managerial and fiscal structure.
8. Ability to meet reporting requirements.
9. Budget clarity and reasonableness.

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 Youth Mobile Crisis Team**

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Legal name of Company/Agency:

Doing Business as:

Street Address:

City, State, Zip Code:

Submitter Contact:

Authorized Representative (Contract Signer):

Title:

Phone/Fax:

Program Address, if different than above:

Email Address: