SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION

2020-123 RFP
REQUEST FOR PROPOSAL
Substance Abuse Block Grant
January 1, 2021 – December 31, 2021

Submission Deadline: Tuesday, August 4, 2020 3:00 PM

SALISH BH-ASO REQUEST FOR PROPOSAL

SUBSTANCE ABUSE BLOCK GRANT

TABLE OF CONTENTS

I.	INTRODUCTION	3
II.	PLANNING SCHEDULE	3
	APPLICANT ELIGIBILITY	
	PERIOD OF PERFORMANCE	
V.	AVAILABILITY OF FUNDING	4
VI.	TARGET POPULATION	4-5
	SABG FUNDING RESTRICTIONS	
VIII.	PROPOSAL SUBMISSION	5-6
	PROGRAM ELEMENTS	
	REVIEW AND SELECTION	
	GENERAL PROPOSAL REQUIREMENTS	
	ATTACHMENT A	

SALISH BH-ASO

REQUEST FOR PROPOSAL SUMMARY

Substance Abuse Block Grant

I. INTRODUCTION

The Salish Behavioral Health Organization (SBH-ASO) is requesting proposals for the provision of Substance Abuse Block Grant services across Kitsap, Clallam, and Jefferson Counties.

Proposal Deadline:

This Request For Proposal (RFP) is available on the Internet at https://www.kitsapgov.com/das/Pages/Online-Bids.aspx or by contacting Vicki Martin at: Kitsap County Department of Administrative Services, 614 Division Street, MS-07, Port Orchard, Washington 98366; 360.337.4788; or email: vmartin@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.

II. PLANNING SCHEDULE

DATE	<u>ACTIVITY</u>
July 2, 2020	RFP Packet Available
July 8, 2020 10:00 am-11:30 am	Bidders Conference
August 4, 2020 3:00 pm	Proposal Deadline
August 4-5, 2020	SBH-ASO Review, send to committee
August 5-19, 2020	SBH-ASO Advisory Board Committee Reads and Scores Proposals
August 19-28, 2020	BHAB Committee Review and Recommendations.
September 19, 2020	Present committee recommendations to SBH-ASO Executive Board

III. APPLICANT ELIGIBILITY

SBH-ASO intends to contract with SBH-ASO's credentialed providers with the 3-county region serving Non-Medicaid individuals in Clallam, Jefferson, and Kitsap Counties. Proposals will only be accepted from agencies that are currently credentialed with the SBH-ASO as a provider of outpatient substance use disorder services or support services. Agencies must also have a representative in attendance at the Submitters Conference. Proposals must meet guidelines set by SBH-ASO and identified priorities.

IV. PERIOD OF PERFORMANCE

The period of performance for services solicited under this RFP is January 1, 2021 through December 31, 2021.

V. AVAILABILITY OF FUNDING

The maximum available funding for this request is \$403,000. \$285,000 for Adult Treatment and Supports \$100,000 for Youth Treatment and Supports \$18,000 for Transportation

Funding will be provided on a cost reimbursement basis.

VI. TARGET POPULATION AND PROGRAM ELEMENTS

- 1. The target population includes individuals who are Non-Medicaid and/or Un/Under insured.
- 2. Youth at or below 220% of the poverty level or presenting for SUD services without a parent.
- 3. Priority is given as listed below.
 - a. SABG services shall be provided in the following priority order to:
 - i. Pregnant individuals injecting drugs,
 - ii. Pregnant individuals with substance use disorder,
 - iii. Women with dependent children
 - iv. Individuals injecting drugs.
 - b. SBH-ASO providers shall give SABG services, within available resources, in no particular order to the following additional populations:
 - i. Postpartum women up to one (1) year, regardless of pregnancy outcome,
 - ii. Patients transitioning from residential care to outpatient care,
 - iii. Youth
 - iv. Legal Offenders

- c. Access to SABG Services are provided within available resources and services are not denied to any eligible Individuals regardless of:
 - i. Individuals drug(s) of choice
 - ii. The fact that an Individual is taking medically prescribed medications
 - iii. The fact that an individual is using over the counter nicotine cessation medication or actively participating in nicotine replacement therapy

Proposals should address one or more of the areas below. Proposed projects must not duplicate services funded by other grants. If the PPW population is to be served, include the number of estimated PPW served.

Priority will be given to proposals that address the following areas:

- 1. Withdrawal management (acute and sub-acute) Not funded under this RFP **
- 2. Engagement/Outreach/Assessments (Assessment, interim treatment, engagement and referral)
- 3. Out of home (Residential treatment, crisis stabilization, withdrawal management)
- 4. Transportation

**This RFP is specific to outpatient treatment services to support the priorities. Funds for withdrawal management and residential treatment are already budgeted. Services requested in this RFP would support access to those programs (for example-Interim Services, Case Management, Peer Support).

VII. SABG FUNDING RESTRICTIONS

Agencies must **not** use SABG Funds for the following:

- a. Services and programs for Medicaid-covered services to Medicaid enrollees.
- b. Inpatient mental health services.
- c. Mental health services.
- d. Construction and/or renovation.
- e. Capital assets or the accumulation of operating reserve accounts.
- f. Equipment costs over \$5,000.
- g. Cash payments to Individuals.
- h. Purchase or improve land; purchase, construct, or permanently improve (other than Special minor remodeling) any building or other facility; or purchase major medical equipment.
- i. Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
 - j. Provide financial assistance to any entity other than a public or nonprofit private

VIII. PROPOSAL SUBMISSION

All responses to this Request for Proposals (RFP) must be complete. All proposals shall be on plain white bond paper $(8.5 \times 11 \text{ inches})$ 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 with five (5) additional printed copies and one electronic form (thumb drive), including all supporting material, must be sealed in an envelope or box and submitted to:

Please submit by mail to:

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

OR <u>For hand delivery, express, or courier:</u>

Vicki Martin, 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 and RFP number clearly marked on it.

Applications received after 3:00 P.M. August 4, 2020 will not be accepted or reviewed.

IX. PROGRAM ELEMENTS

A. Proposal Format

In order to be considered, proposers must supply all the information requested. The proposal **must** contain the following sections for each individual program proposed:

- 1. Proposal Cover Sheet. (Attachment A)
- 2. Program Activities and Services Narrative: Include each type of service (limited to 6 typed pages using 12-point font).
- 3. Fiscal Proposal: Proposed budget and services will be provided within the rates. Include rate for each type of service selected. (Limited to 3 pages using 12-point font)

B. <u>Proposal Contents</u>

- 1. Proposal Cover Sheet (Attachment A)
- 2. <u>Services Narrative</u> (Limited to 6 pages)

The program narrative should include a thorough description of proposed activities and services. The proposal must enable readers to understand how the applicant intends to use the funds to provide outpatient treatment and/or recovery support

services. In addition to the information above, the narrative should include the following information:

- a. What information did the agency rely upon to determine that the proposed services are needed in the local community?
- b. How will the services address the priority areas listed in Section VI above:
- c. Include the estimated number of individuals to be served by the proposed services. How many of these individuals will be PPW? IUID?
- d. How will the agency ensure that SABG funds are used only for the proposed services and not to supplement other programs?

3. Fiscal Proposal: (Limited to 3 pages)

Provide a fiscal proposal including itemization of expected costs.

- 4. <u>Organizational Capability:</u> (Limited to 2 pages <u>not</u> including requested documents)
 - a. Briefly describe your agency's previous work with the Non-Medicaid and Un/Underinsured population
 - b. Describe the number of Non-Medicaid or Un/Underinsured individuals served in your agency in the following periods:
 - (i) July 1, 2019 through December 31, 2019
 - (ii) January 1, 2020 through June 30, 2020
 - (iii) Projected number to be served January 1, 2021 through December 31, 2021

X. REVIEW AND SELECTION CRITERIA

- A. <u>Basic Minimum Criteria:</u> The absolute minimum requirement is to include all requested documents as listed above.
 - 1. 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. Experience providing services to the priority populations
- 2. Number of individuals to be served
- 3. The agency has demonstrated experience indicating likelihood to meet and exceed the performance goals, cost factors, quality of services and characteristics of participants identified in these instructions.

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.

XI. 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. <u>Subcontracting</u>

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 award.

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. <u>Publicity</u>

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. <u>Signature</u>

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.

XII. ATTACHMENTS

Legal name of Company/Agency:

ATTACHMENT A: PROPOSAL COVER SHEET

SALISH BH-ASO Federal Block Grant Services

Doing Business as:	
Street Address:	
City, State, Zip Code:	
Authorized Representative:	
Title	
Phone/Fax:	
Program Address, if different than above:	
Email Address:	
DUNS#:	
Seeking Funding for (check all that apply):	
Adult Outpatient	
Youth Outpatient (at or below 220% Federal Poverty Level, and/or seeking SUD treatment without parental assistance)	
Transportation	
L	