



# Grays Harbor County Public Health and Social Services Department

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## Grays Harbor County Public Health and Social Services Solicitation:

### Request for Proposals for substance use disorder and mental health treatment provider for Grays Harbor County therapeutic courts

#### Solicitation Application Process and Instructions

Effective May 8<sup>th</sup>, 2017 Grays Harbor County Public Health and Social Services is releasing a solicitation for the delivery of substance use disorder treatment and mental health treatment in connection with Grays Harbor County therapeutic courts. The solicitation application process and instructions are detailed below.

The solicitation seeks a Washington State licensed behavioral health agency to partner with Grays Harbor County Public Health and Social Services, Grays Harbor County Superior Court, Grays Harbor County Prosecutor’s Office and Great Rivers BHO to provide assessment and treatment of substance use disorders and diagnosis and treatment of mental illness in a population of up to 80 individuals (age 18+) participating in therapeutic court programs. Capacity to deliver these services is expected to grow as shown below:

Date Range	Expected Number of Clients
October 1 <sup>st</sup> , 2017 – December 31 <sup>st</sup> , 2017	10-20
January 2018 – June 2018	21-40
July 2018 – December 2018	41-60
January 2019 – June 2019	61-80

These services must be fully coordinated with Grays Harbor County Therapeutic Court staff and management. The services delivered will be a component of an evidence based approach to addressing substance use disorder and mental illness in justice involved populations. The successful bidder will demonstrate capacity to dedicate treatment staff to the therapeutic court programs and be able to fully follow the therapeutic court’s policies and procedures. The successful bidder will demonstrate the capacity to bill all services delivered that are covered benefits of program participants’ health insurance to their carrier, including Great Rivers BHO. Since not all evidence based therapeutic court program services and activities are covered benefits of insurance programs, the successful bidder will have the capacity to bill the County for non-covered program activities.

## BACKGROUND

Grays Harbor County operates a Prosecutorial Diversion Program in which first-time felony offenders are diverted from prosecution on the condition that they complete evidence based treatment for the behavioral health conditions that drove their criminal behavior. This program serves up to 14 individuals at a time. In addition, beginning in October, 2017 Grays Harbor County will implement an evidence based Felony Drug Court following the National Alliance of Drug Court Professional standards and practices. The Felony Drug Court will serve up to 68 persons at maximum capacity. In order to be considered for funding under this solicitation, organizations must demonstrate an understanding of and commitment to **both** of these therapeutic courts. In addition:

- The Behavioral Health Agency must be willing to commit staff to the Grays Harbor County therapeutic court programs. It is expected that the substance use disorder treatment staff serving the therapeutic courts will have a caseload entirely of County referred justice involved individuals.
- The Behavioral Health Agency must be willing to add staff as the therapeutic court programs grow and expand.
- Participation in best-practice activities of successful drug courts, including participating in weekly client staffing meetings, training programs, making occasional court appearances, and sharing information about client treatment participation in accordance with therapeutic court procedures is required.

## PROGRAM COMPONENTS

Services delivered by the successful bidder will support implementation of national best-practices for therapeutic courts. The [standards listed here](#) (section I “Target Population” and section V “Substance Abuse Treatment”) detail the desired program components.

### Core staff positions

The successful bidder will have a Washington State CDP ready to start October 1<sup>st</sup>, 2017. It is anticipated that roughly 33% of therapeutic court participants will have co-occurring mental illness impacting their participation in therapeutic court activities. The successful bidder will have the capacity to assess and treat these co-occurring disorders as well.

## FUNDING

The position(s) will be funded with a blend of Grays Harbor County Treatment Sales Tax funding and insurance payments to the agency for services covered by the participants’ health insurance. It is expected that the bulk of services delivered will be medically necessary treatments for conditions covered by Great Rivers Behavioral Health Organization. Treatment Sales tax funding will be available to cover costs not allowed by the participants’ insurance.

## APPLICANTION COMPONENTS

### Applicant Narrative

1. Provide a brief description of your agency including name, type of organization, date organization was established, services provided by the organization, and area served.
2. Please specify your agency's plan for providing evidence based behavioral health treatment for justice involved individuals in Grays Harbor County. Include a summary of the program design and budget to provide services at the volumes listed on page 1.
3. Please describe the education, training and qualifications for treatment staff. Describe how your agency manages short staffing situations.
4. Describe your agency's qualifications and experience providing the services described above.
  - a. Provide your organization's mission statement. If your organization does not have a formal mission statement, describe the mission of your organization.
  - b. Describe your qualifications and experience working with therapeutic courts.
  - c. Describe why your agency is interested in providing this type of service.

## GENERAL INFORMATION AND REQUIREMENTS

Proposals must be received no later than 5:00pm on Thursday, June 7<sup>th</sup>, 2017

- **Application Submittal Requirements:** In order for an application to be considered, the applicant must adhere to guidelines and instructions that are stated in this document.
- **Payment:** Payments will be made monthly on a basic invoice based upon an agreed upon rate schedule.
- **Eligible Applicants:** Washington State Licensed Community Behavioral Health Agencies. Applicants must be free of any correction notice or action by their current BHO, County or DSHS. Please attach a copy of all applicable licenses.
- **External Financial Audit:** Attach the most recent external financial audit and management letter, if any.
- **Contact Information:** All inquiries shall be directed to the Solicitation Coordinator:

Mike McIntosh

Grays Harbor County Public Health and Social Services

2109 Sumner Ave. Suite 203

Aberdeen, WA 98520

Phone: (360) 500-4071, Fax: (360) 533-1983

Email: [mmcintosh@co.grays-harbor.wa.us](mailto:mmcintosh@co.grays-harbor.wa.us)

- **Questions and Answers:** Any questions related to this solicitation must be submitted in writing to the Solicitation Coordinator via email or fax within 10 days from the release date of this solicitation. Answers to the questions will be posted on the website: <http://www.healthygh.org>
  - The county will only answer questions submitted within 10 days from the release date of this application.

- **Instructions, Forms, and Other Documents:** The application instructions, forms, and other documents are in a combination of Microsoft Word and PDF formats and can be printed from the website. If you are unable to open and/or print any of these documents, you may contact the Solicitation Coordinator listed above under *Contact Information* to make arrangements to receive paper copies of these documents.
- **Amendments to Solicitation:** The County reserves the right to issue amendments to this solicitation for clarification, substitution, addition, or deletion. Applicants are strongly advised to check the website: <http://www.healthygh.org> periodically to see if amendments have been posted.
- **Cancellation:** The County reserves the right to cancel this solicitation in whole or in part and any or all proposals may be accepted or rejected in whole or in part.
- **Proposal Revisions:** The County may find it necessary to seek clarification from applicants regarding any of the responses submitted. The County may, at its discretion, request that applicants submit additional information in order to permit a more informed evaluation of the application.
- **Property of the County:** Any application submitted becomes the property of the County and will not be returned to the applicant. Applications may be subject to disclosure under the Washington State Public Records Act, Chapter 42.56 RCW.
- **Contract Awarding:** A diverse group of community stakeholders will assist GHCRSN by reviewing and scoring each proposal against required criteria. Scores will not be released.

#### EXPECTED PROJECT TIMELINE

Activity	Expected Completion Date
Receipt of applications	<u>No later</u> than 5:00 p.m. on Thursday, June 7 <sup>th</sup> , 2017
County internal review for completeness and compliance with minimum qualifications	June 9 <sup>th</sup> , 2017
Application scoring by Drug Court Team	June 16 <sup>th</sup> , 2017
Application scoring results and recommendations considered by Grays Harbor County Health and Human Services Advisory Board, with recommendation to County Commissioners for an apparently successful bidder.	June 20 <sup>th</sup> , 2017
Contract negotiation with Grays Harbor County Public Health and Social Services.	July 12 <sup>th</sup> , 2017
Contract fully executed	August 1 <sup>st</sup> , 2017
Workforce on station for delivery of direct services	October 1 <sup>st</sup> , 2017

## **TECHNICAL REQUIREMENTS OF THE PROPOSAL:**

- Use standard 8.5 x 11 white paper;
- Use 12-point font, black, double-spaced narratives with one-inch margins;
- Print your organization name as a header on all pages of the application response;
- Insert page numbers at the bottom of the page;
- Submit one original and one copy stapled in the upper left-hand corner;
  - There is no minimum or maximum number of pages for the entire response;
  - Unnecessarily elaborate responses beyond that sufficient to present a complete and effective response are not desired;
  - Proposal applications that are incomplete or do not follow the guidelines described in the “General Information and Requirements” and “How to Apply” sections will not be considered;
  - All questions must be answered.
  - All required attachments must be included (see page 7)

**DELIVERY OF THE PROPOSAL: The proposal must be received no later than 5:00 p.m. (Pacific Time) on June 7<sup>th</sup>, 2017 at:**

Mike McIntosh  
Grays Harbor County Public Health and Social Services  
2109 Sumner Ave. Suite 203  
Aberdeen, WA 98520

**Proposals received after 5:00 p.m. (Pacific Time) June 7<sup>th</sup>, 2017 will be disqualified from consideration under this Solicitation. The proposal may be hand-delivered, mailed, or delivered by parcel, courier, or other delivery service. A postmark or other mark will not be accepted as receipt of the proposal. The applicant assumes full responsibility for the delivery method chosen. Electronically-delivered proposals will not be accepted.**

**DECLARATION FORM: Regarding: Grays Harbor County Therapeutic Court Behavioral Health Services must be delivered no later than 5:00pm June 7<sup>th</sup>, 2017.**

Applicant, by and through its undersigned representative, makes the following declarations:

Organization Name  
Address  
Contact person  
Phone number  
Fax number  
Email address

1. I have the authority to submit this proposal on behalf of my organization.  
Yes\_\_\_ No\_\_\_ (check one)
  
2. I understand and agree that the County may accept my organization’s proposal in whole or in part and that the County may request that my organization consider modifying items in the proposal. Yes\_\_\_ No\_\_\_ (check one)
  
3. I understand and agree that if my organization is selected as an apparently successful bidder, the County is not bound to offer a contract. Yes\_\_\_ No\_\_\_ (check one)
  
4. During the past three years my organization has had:
  - a. Audit Findings: Yes\_\_\_ No\_\_\_ (check one)
  - b. Management Letter: Yes\_\_\_ No\_\_\_ (check one)
  - c. License Revocations or Suspensions: Yes\_\_\_ No\_\_\_ (check one)
  - d. Fair Housing Complaint and Investigation Yes\_\_\_ No\_\_\_ (check one)
  - e. DSHS Investigation Yes\_\_\_ No\_\_\_ (check one)
  
5. If I answered, “Yes” to any of the above, the following is my explanation for each:  
\_\_\_\_\_  
\_\_\_\_\_
  
6. I have the authority to make the preceding declarations on behalf of my organization.  
Yes\_\_\_ No\_\_\_ (check one)

Signed: \_\_\_\_\_  
Print and Sign Name:

\_\_\_\_\_  
Title: Date:

**Grays Harbor County Solicitation Required Attachments CHECKLIST**

- Please attach a copy of your agency's referral form.
- Current relevant agency licensure(s)
- Organization's mission statement if applicable
- Most recent external financial audit and management letter if applicable