



North Sound Behavioral Health Organization, LLC

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Memo To: Interested Parties
From: Joe Valentine, Executive Director
North Sound Behavioral Health Organization, LLC (North Sound BHO)
Date: June 13, 2016
Subject: Proposal to Represent North Sound Behavioral Health Organization as the Family Partner FYSPRT Tri-Lead

North Sound BHO is requesting proposals from service providers to ***Represent North Sound Behavioral Health Organization as the Family Partner FYSPRT Tri-Lead.***

The provider will support and uphold all aspects of the currently published Family, Youth, System Partner Roundtable (FYSPRT) Resource Guide with the opportunity for customization based on the needs of the regional provider network.

All organizations must submit a proposal to be considered.

ALL FORMS ARE AVAILABLE ON THE NORTH SOUND BHO WEBSITE: northsoundbho.org

If your agency is interested in submitting a proposal, you must return the enclosed ***Letter of Interest form by June 20, 2016.*** If this form is not submitted, you will not be eligible to submit an application. However, returning these forms does not commit you to completing a full application.

Questions regarding this process or the Request for qualification (RFQ) must be received electronically by North Sound BHO by 5 p.m. on **June 22, 2016**; send questions to North Sound BHO at deliverables@northsoundbho.org. *Answers* to all questions will be posted on the North Sound BHO website, www.northsoundbho.org, on or around, **June 24, 2016.**

One electronic copy of the completed and signed *Proposal Form* must be received by North Sound BHO at 301 Valley Mall Way Suite 110, Mount Vernon, WA 98273 by **close of business (5 p.m.) on July 1, 2016.** Email will be accepted. Proposals should be submitted to deliverables@northsoundbho.org.

Proposal will be scored by an Evaluation Committee which will make recommendations to the North Sound BHO Planning Committee and the North Sound BHO Advisory Board. Appeals of the selection decision must be made within one week of notification to the North Sound BHO Executive Director. Selected providers must be prepared to represent North Sound Behavioral Health Organization as the Family Partner FYSPRT Tri-Lead **September 1, 2016, or a mutually negotiated date.**

North Sound BHO reserves the right to: reject any and all Applications; extend the Application submission date; amend the RFQ; and waive any irregularities or informalities in any Applications. North Sound BHO shall be the sole judge of the merits of each Application.

IMPORTANT DATES

June 13, 2016: RFQ released to the public

June 20, 2016: Due date for Letter of Interest form

June 22, 2016: Due date for questions regarding the RFQ

June 24, 2016: Target date for release of Response to Questions

July 1, 2016: Due date for completed RFQ Applications

July 7, 2016: Evaluation Committee convenes

July 12, 2016: Target date to announce successful bidder

August 1, 2016: Contract Begins

September 1, 2016: Target for service to begin

LETTER OF INTEREST FORM

*Please type or print all information. Return the completed and signed form to the North Sound BHO office at 301 Valley Mall Way Vernon, WA 98273 or in PDF format emailed to deliverables@northsoundbho.org. Letter of Interest Form **must be received by North Sound BHO by close of business (5 p.m.) June 20, 2016.** Faxed or emailed Letters will be accepted. Late or incomplete forms will not be accepted.*

IDENTIFYING INFORMATION

Organization

CEO's Name

Address

City

State

Zip

Phone

Fax

RFQ Contact

E-Mail Address

Signature below indicates an interest in becoming a contractor to represent the North Sound Behavioral Health Organization as the Family Partner FYSPRT Tri-Lead North Sound Behavioral Health Organization (North Sound BHO). 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 North Sound BHO.

Name and Title (print or type)

Signature

Date

OVERVIEW AND INSTRUCTIONS

North Sound Behavioral Health Organization's History and Structure

History of North Sound BHO

The North Sound BHO began operations on January 1, 1991. The North Sound BHO, formerly the North Sound Regional Support Network (NSRSN) dba North Sound Mental Health Administration (NSMHA), was formed by an Interlocal Agreement between Island, San Juan, Skagit, Snohomish and Whatcom counties defining the geographic service area of the North Sound Region. On April 1, 2016, NSMHA reorganized as the North Sound Behavioral Health Organization (North Sound BHO) and became an LLC in order to better serve the behavioral health needs of the North Sound Region and further the integration of health care services in the North Sound Region. North Sound BHO is responsible for the Medicaid funding for behavioral health; our goal is to ensure eligible individuals and families receive appropriate, person centered care and timely services. North Sound BHO is governed by a County Authorities Executive Committee comprised of elected officials or their designated alternates and the Chair and Vice-Chair of the Regional Advisory Board. According to the terms of the Interlocal Agreement, the County Authorities Executive Committee votes are divided as follows:

• Snohomish County – 4	• Island – 1
• Whatcom County – 2	• San Juan -1
• Skagit County – 1	
• NORTH SOUND BHO Advisory Board-2 (ex-officio)	

Please visit our website www.northsoundbho.org for more information.

The Mission of NORTH SOUND BHO:

“Improving the behavioral health and wellbeing of individuals and families in our communities.”

The North Sound BHO Values:

1. We encourage ourselves, our partners and our providers to deliver services with dignity and respect.
2. We support individuals on their paths towards recovery by encouraging all people to achieve their full potential and quality of life in a community of their choosing.
3. We honor the voice and choice of all individuals to direct their lives.
4. We encourage the provision of services that are designed in collaboration with the individual, are community-based, culturally sensitive, and clinically appropriate, built on strengths and provide the array of supports needed for a person to achieve the highest possible quality of life.
5. We ensure that services are accessible and locally available 24 hours a day, 7 days per week.
6. Our person-centered, coordinated system of service delivery is based on community assessment, measurable outcomes and systematic program evaluation and is accountable to our community.
7. We reduce barriers to services and provide a safety net for our most vulnerable citizens.
8. We provide age-appropriate services that address the special needs of youth, adults, older adults and families that are informed by research, evidence-based practice guidelines and nationally recognized standards of care.
9. We ensure individuals have access to a continuum of services, employment and housing, including integrated services for those with multiple needs, achieved through collaboration and partnerships with other systems and organizations.

FYSPRT Background:

Mission: The Washington State Family, Youth and System Partner Round Tables provide an equitable forum for families, youth, systems and communities to strengthen sustainable resources by providing community-based approaches to address the individualized behavioral health needs of children, youth and families.

Vision: Through respectful partnerships, families, youth, systems and communities collaborate, influence, and provide leadership to address challenges and barriers by promoting cohesive behavioral health services for children, youth and families in Washington State.

The FYSPRTs serve as an integral part of the *Children’s Mental Health Governance Structure* that was adopted within the *T.R. et al. v. Kevin Quigley and Dorothy Teeter Settlement Agreement* and informs and provides oversight for high-level policy-making, program planning, decision-making and for the implementation of this Agreement, including the implementation of Wraparound with Intensive Services (WISe).

Additional information about FYSPRTs can be found at: <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/family-youth-and-system-partner-round-tables-fysprts>

North Sound BHO Strategy:

In 2013 a survey was launched to solicit community feedback on the North Sound BHO strategic plan, asking participants which strategic goals and strategies should be prioritized for, implementation and funding. The results of the survey were broken out regionally and by county. One of the strategic goals and strategies identified in the survey is listed below. The FYSPRT Family Partner RFQ is a strategy in accomplishing this particular goal.

Goal #3

Peer Support and Consumer Involvement Initiatives

Lead the North Sound Region in the development and promotion of peer support and consumer involvement strategies.

Strategies:

3.1 Increase the number of peers employed in our system through clear contract performance measures.

3.2 Build a regional peer network and training plan to support consumer empowerment initiatives.

3.3 Promote youth and family involvement at all levels of the system.

The North Sound BHO Strategic Plan is attached, Exhibit B.

INSTRUCTIONS

Please read the entire RFQ packet.

Proposals must be clearly written. Do not use a type font smaller than 12 point. You may use the Microsoft Word version of this RFQ as the template for completing your application. If you choose to not use the Microsoft Word version of this RFQ to complete your application, your responses must restate each question and use the same numbering and lettering sequence as in the RFQ. In either case, responses and supporting documentation must be in the same sequence as the RFQ.

Please make all written responses clear, specific and brief. Please try to keep your electronic file under 10MB. Quality not quantity counts.

Applicant agencies must complete:

- Section 1 Identifying Information
- Section 2 RFQ Proposal
- Section 3 Testimony of Agreement, Accuracy and Signature

One electronic version (PDF) of the completed and signed **Proposal** must be received by **North Sound BHO by close of business, July 1, 2016.** Proposals should be submitted to deliverables@northsoundbho.org.

SCORING AND SELECTION PROCESS

North Sound BHO will award one contract and will select a single contractor within the funding allotment.

Proposals will be evaluated and scored by an Evaluation Committee comprised of individuals with behavioral health disorders and/or family members, advocates, provider representatives, county coordinators, and North Sound BHO staff. The Selection Committee will make recommendations to the North Sound BHO Planning Committee. The North Sound BHO Planning Committee and the North Sound BHO Advisory Board will review the Evaluation Committee recommendations and will make recommendations to the North Sound BHO Executive Director. Contractor selected must be prepared to provide services beginning **September 1, 2016 or a mutually negotiated date.**

Each item in Sections 1 – 3 has either a Scoring Weight or a N/S that means Not Scored. Each item that is scored will receive a score of 0, 1, 2, 3 or 4. This score will be multiplied by the weight for that item to arrive at the total scored points for the item. For example, if an item has a weight of 10 and an evaluator assigns a score of 3, that item for that evaluator will have given a total score of 30 points.

Each evaluator shall independently assign a score to areas based on the written proposals. Scores will then be summed for all members of the Evaluation Team for each section of the Application.

The evaluators will use the following scoring method on areas 1-3:

0=no experience/capacity;

1=limited experience/capacity;

2=partial experience/capacity;

3=strong experience/capacity;

4=extensive experience/capacity.

Key Responsibilities:

The successful bidder will be responsible for developing and implementing the structure for the North Sound Regional FYSPRT in accordance with the [DSHS Regional FYSPRT Manual](#) and under the direction of North Sound BHO. Responsibilities include, but are not limited to:

- 1. Attending State FYSPRT meetings;** at least quarterly and typically in Lacey, WA.
- 2. Identifying, supporting, and coordinating the activities of the Regional Tri-Leads**

The Tri-Leads are: one (1) Family Partner (currently identified and under contract), one (1) Youth Partner, and one (1) System Partner. Tri-Leads work with the Convener to ensure that monthly meeting tasks and routine deliverables are satisfactorily completed. Specifically, the Tri-Leads are responsible for leading and organizing the Regional FYSPRT meetings, as well as conveying information to the Statewide FYSPRT and vice versa to the Regional FYSPRT. Collectively they will ensure safe and collaborative meetings so FYSPRT members can share their unique perspectives and experiences, sometimes in an anonymous manner, to improve outcomes for youth and families in their region.
- 3. Recruiting Regional FYSPRT members**
 - a. Family and youth representation on the Regional FYSPRT will be “substantial” (at a minimum 51% youth and family membership). The Regional FYSPRT will reflect the ethnic and racial composition of the target population to the maximum extent possible.
 - b. System Partners will mostly likely be community partners and system representatives with a vested interest in the outcomes and well-being of local children, youth, and families with Medicaid or other public health coverage. A list of suggested system partners can be found in the [Regional FYSPRT Manual](#); pg. 12.
- 4. Facilitating the development of FYSPRT charter, policies, procedures, and protocols**

The North Sound BHO will provide direction on guiding principles and allowable activities.
- 5. Convening Regional FYSPRTs meetings:** at least monthly.
- 6. Convening Regional Tri-leads:** at least 1 time per month outside of the larger FYSPRT for meeting planning and leadership-level workgroups.
- 7. Providing overarching administrative support**
 - a. For the first 6 months, a North Sound BHO administrative support staff will be provided for no more than 3hrs / month to assist the Convener in activities such as: scheduling meeting space, distributing convener-prepared emails or communications, and to taking meeting minutes.

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- b.** Develop operational policies in accordance with the Regional FYSPRT Manual and the under the guidance of the North Sound BHO.

8. Providing community-level FYSPRT budget recommendations and rationale

The North Sound BHO will provide guidance on budget priorities and allowable expenditures. The North Sound BHO must approve all budgets and expenditures prior to incurring cost or commitment or resources.

9. Preparing implementation plan for prioritized recommendations resulting from regional and/or local needs assessments

The North Sound BHO is currently planning several “Have Your Say Cafés” aka town halls, to identify local needs. A Project Manager will participate in these events.

10. Collecting and completing all deliverables on time

See Exhibit A

11. Conceptualize and develop 5 local, county-based FYSPRTs to be available by June 2018

12. Attending related local, regional, and state meetings as identified by the North Sound BHO

13. Other related activities in support of the regional FYSPRT and/or North Sound BHO identified strategic planning priorities supporting the child and family system

Section 1: REQUEST FOR QUALIFICATIONS RESPONSE FORM

1. IDENTIFYING INFORMATION

N/S 1.1 Organization Name:

N/S 1.2 CEO's Name:

N/S 1.3 Contact for this RFQ:

Contact Person's Phone #:

Contact Person's Fax #:

Contact Person's Email Address:

N/S 1.4 Addresses:

City:

State:

N/S 1.5 Tax ID#:

N/S 1.6 Type of Organization (check one): Non-Profit: ; Governmental: ;

For Profit Corporation: ; Partnership: ; Sole Proprietorship: ;

Consumer/Family Run:

Other: (Please explain):

N/S 1.7 Submit a copy of your most recent annual report and financial audit.

N/S 1.8 Lawsuits: Have you been involved in any lawsuits in the last 24 months?

Yes No

If yes, submit a description of each lawsuit, the current status, and the outcome, if a resolution has occurred.

N/S 1.9 Has your organization ever been excluded from receiving Federal Funding?

Yes No

N/S 1.10 Have any employees and/or contractors of your organization been excluded from participating in Federal programs? Yes No

N/S 1.11 Is your organization licensed to practice in the State of Washington? Yes No

N/S 1.12 Complaints: Have any complaints involving your organization been filed with any oversight agency/funder in the last 24 months? Yes No

If Yes, submit a description of each complaint, the current status, the outcome, and if a resolution has occurred.

Section 2: PROPOSAL CRITERIA

North Sound BHO Request for Qualifications

Request for Qualifications to Represent North Sound Behavioral Health Organization as the Family Partner FYSPRT Tri-Lead

QUALIFICATIONS:

Organizations interested in providing services listed in this RFQ must submit a Statement of Qualifications (SOQ) that addresses the evaluation criteria listed below. Information obtained from the SOQ and from any other relevant source will be used in the evaluation and selection process.

Responses should be concise yet thorough:

1. General Information
 - a. Brief description of the history and mission of the organization
 - b. organizational chart and names

2. Statement of Qualifications
 - a. Relevant Experience
 - i. Describe how your organization exemplifies a commitment to Washington State's Children's Behavioral Health Principles.
 - ii. List and briefly describe similar projects your organization has managed and/or other experience that you believe demonstrates your ability to meet the expectations of this project.
 - iii. Describe your organization's experience and philosophy related to supporting people with disabilities.
 - iv. Describe assigned staff's demonstrated technical competence and qualifications with similar projections.
 - v. Provide two (2) references who can speak to the organizations experience and capability to manage this project.

Describe how your agency addresses linguistic and cultural competency.

- b. Project Understanding
 - i. Describe your general understanding of the goals of this project.
 - ii. How do you envision the Tri-Leads and Project Manager working together to achieve these goals?

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- iii. What are the potential challenges and opportunities you anticipate for this project? Briefly describe potential strategies for overcoming or working with these challenges and opportunities.

c. Project Management

- i. Describe how you might go about inviting, convening, and facilitating community forums?
- ii. Describe your project management and team organization approach. Address planning, scheduling, managing deliverables, and engaging multiple team members.
- iii. How will disputes or conflicts be managed if they arise?

d. Other –Please provide an additional statement addressing:

- i. Your ability to proceed promptly should you be awarded this contract, please include a timeline.
- ii. Absence of conflicts interest.
- iii. Ability to commit to this project for one (1) year.
- iv. Interest in continuing work on this project in subsequent years, should funding be available.

3. Submit a budget for this project, to include a narrative.

APPEALS

Applicants may appeal only deviations from laws, rules, regulations, or procedures. Disagreement with the scoring by evaluators may not be appealed.

The following procedure applies to Applicants who wish to appeal a disqualification of Application or award of contract:

1. All appeals must be in writing and physically received by the North Sound BHO Executive Director no later than 4:00 p.m. on the fifth (5th) working day after the date of the notice of intent to award or disqualification.

Address appeals to:

Joe Valentine, Executive Director
North Sound BHO
301 Valley Mall Way, Suite 110
Mount Vernon, WA 98273

2. Appeals must specify the grounds for the appeal including the specific citation of law, rule regulation, or procedure upon which the protest is based. The judgment used in scoring by individual evaluators is not grounds for appeal.
3. Appeals not filed within the time specified in paragraph 1, above, or which fail to cite the specific law, rule, regulation, or procedure upon which the appeal is based shall be dismissed.

Section 3: TESTIMONY OF AGREEMENT, ACCURACY AND SIGNATURE – N/S

All information submitted in this application is true to my best 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 NORTH SOUND BHO. I certify that this is signed by an individual authorized to make decisions for the organization.

NAME AND TITLE (print or type)

SIGNATURE

DATE