

# Whatcom County Human Services Program Request for Qualifications (RFQ #19-05)

Project Title: Tenant Lease to Provide Substance Withdrawal Management

**Services for Adults** 

Estimated Contract Period: June 1, 2019 through May 31, 2025

**Proposal Due Date:** All applications must be <u>received</u> by 2:30 PM on April, 2, 2019.

Submit Proposal To: Attn: Sara Winger, Purchasing Coordinator

Whatcom County Courthouse 311 Grand Ave., Suite 503 Bellingham, WA 98225

Faxed and e-mailed applications will not be considered.

Funding Available: Treatment services provided by the tenant will be funded by

health care payers to include Medicaid, commercial insurance,

and state-only dollars.

Program Contact/Questions on RFQ: Anne Deacon, LICSW

Human Services Manager ADeacon@co.whatcom.wa.us

# Whatcom County Request for Qualifications RFQ #19-05

# **TABLE OF CONTENTS**

I.	Proje	ct Summary	1
	1.0	Purpose of Request for Qualifications (RFQ)	1
	2.0	Background	1
	3.0	Scope of Work	1
	4.0	Service Guidelines and Expectations six (6) page limit	1
	5.0	Population to Be Served	2
	6.0	Period of Performance	2
	7.0	Funding Availability	2
	8.0	Anticipated Outcomes	3
	9.0	Administrative and Program Requirements	3
II.	Procu	rement Process	
	1.0	Procurement Timeline	3
	2.0	Applicant Conference	4
	3.0	Deadline for Submittal	4
	4.0	Application Costs	4
	5.0	Ownership of Application Materials	5
	6.0	Notice of Solicitation	
III.	Propo	osal Preparation	5
	1.0	Proposal Format	
	2.0	Proposal Contents	
		A. Application Cover Sheet	5
		B. Management Proposal – Limit to four (4) pages (Maximum points: 20)	
		C. Service Guidelines and Expectations Response – Limit to six (6) pages	
		(Maximum 40 points) - See Section I. 4.0 for instructions	6
		D. Budget & Personnel Worksheets – Attachment B (Maximum points: 20)	
		E. Copy of most recent audit or external financial review – Please only submit	
		(1) copy of the audit (Maximum points: 15)	6
		F. References (Maximum points: 5)	6
IV.	Propo	osal Evaluation and Selection	6
	1.0	Evaluation Committee	6
	2.0	Role of the Application Evaluation Committee	6
	3.0	Evaluation Criteria	
	4.0	Contract Award/Notification to Selected Applicant(s)	7
	5.0	Right to Appeal	
	6.0	Debriefing of Unsuccessful Proposals	
	7.0	Right to Reject or Negotiate	
	8.0	Acceptance of Terms	8
V.	Appli	cation Checklist	
Att	achm	ent A – Application Cover Sheet	9
		ent B – Budget and Personnel Worksheets Attachment B is a separate Excel file	
		- Additional Requirements Checklist 1	

#### **Tenant Lease to Provide Substance Withdrawal Services**

# I. Project Summary

# 1.0 Purpose of Request for Qualifications (RFQ)

The Whatcom County Human Services Program seeks to contract with a single qualified behavioral health treatment provider to lease treatment unit space at the soon-to-be constructed Crisis Stabilization Facility.

### 2.0 Background

Whatcom County currently owns a Crisis Triage Facility that houses 13 treatment beds, eight of them dedicated to Substance Withdrawal Management services, and five of them dedicated to Mental Health Stabilization services. The demand for these services is increasing beyond the current building's capacity to respond. Whatcom County has prioritized the need to divert individuals from arrest and into treatment whenever appropriate in order to reduce incarceration while improving the health and wellness of adults experiencing behavioral health crises. Additionally, the county seeks to divert individuals from Emergency Medical Services, to include the hospital emergency department, and into appropriate and less costly services that will provide substance withdrawal management services and connection to ongoing treatment.

State, regional, and community partners strongly support an expansion and enhancement of mental health stabilization services in the county. These partners include the state's Department of Commerce who provided grant funding to support construction, the North Sound Behavioral Health Organization who also provided funding support for construction, the county's Incarceration Prevention and Reduction Task Force, the county's Behavioral Health Advisory Committee, and the county's Executive and Legislative branches of government who dedicated local funds as well to support construction.

The Crisis Stabilization Facility being constructed will house two, 16-bed treatment units, and a commercial kitchen. The county intends to offer two separate leases to treatment providers who will deliver behavioral health services. This RFQ seeks a tenant for one of the treatment units who is a qualified treatment provider of substance withdrawal management services.

# 3.0 Scope of Work

The treatment provider who is awarded a lease pursuant to this RFQ will be required to provide substance withdrawal management services at 3.2 and 3.7 ASAM (American Society of Addiction Medicine) levels of care. The tenant must be able to secure licensure as a Residential Treatment Facility as well as program certification for Withdrawal Management services for adults. The program will be voluntary for the patients served.

The county seeks a tenant who can demonstrate a recovery model environment, guided in part by SAMHSA's (Substance Abuse and Mental Health Services Administration) ten fundamental components of recovery. The facility environment should be welcoming and supportive with a focus on individualized responses to resident patients.

# 4.0 Service Guidelines and Expectations six (6) page limit

#### Briefly respond to the questions below:

1. What is your agency capacity to participate in all of the necessary meetings and activities prior to the opening of the facility?

#### Tenant Lease to Provide Substance Withdrawal Services

# Describe briefly how your agency will address the following:

- 1. staffing model designed to provide ASAM level 3.7 withdrawal management services
- 2. adjust level of care to a 3.2 ASAM level when indicated
- 3. conduct on-site medical clearance for admission.
- 4. optimize drop offs by Law Enforcement
- 5. optimize drop offs by Emergency Medical Services (EMS)
- 6. manage soiled and contaminated client clothing upon admission
- 7. procure prescriptions for clients as well as store medications on-site
- 8. prescribe and administer medications
- 9. initiate Medication Assisted Treatment for both withdrawal management purposes as well as maintenance
- 10. monitor client health and wellbeing during withdrawal phase
- 11. optimize utilization of the facility at a minimum of 85% capacity
- 12. infuse a recovery model into the treatment unit
- 13. collaborate with mental health treatment provider co-occupying the Crisis Stabilization Facility
- 14. plan, coordinate, and transfer ongoing care upon discharge including any necessary medication
- 15. engage in ongoing proactive messaging with stakeholders in the community to promote program benefits

#### 5.0 Population to Be Served

Adults aged 18 and older who are experiencing distress as a result of alcohol or drug toxicity that requires detoxification services in a professionally monitored setting.

#### 6.0 Period of Performance

The contract period for services solicited under this RFQ is June 1, 2019 through May 31, 2025. The lease contract is subject to evaluation of program performance. Tenancy will likely begin in early 2020, and it is expected that the successful applicant will participate in program and building design planning activities in advance of tenancy.

#### 7.0 Funding Availability

No funding is offered with this RFQ. However, in-kind support will be offered via reasonable rent expenses for the duration of the lease as well as some building maintenance efforts provided by the county. It is expected that the treatment services provided by the tenant will be funded by health care payers to include Medicaid, commercial insurance, and state general fund dollars. The tenant/treatment provider will need to bill these payers directly in order to receive reimbursement for the costs of providing services.

#### Tenant Lease to Provide Substance Withdrawal Services

# 8.0 Anticipated Outcomes

The tenant/treatment provider will:

- 1. Sign and maintain the lease in good standing for six (6) years.
- 2. Acquire and maintain licensure as a Residential Treatment Facility.
- 3. Acquire and maintain state certification for Withdrawal Management services for Adults.
- 4. Provide services at 3.2 and 3.7 ASAM levels of care.
- 5. Ensure high level of utilization of the facility and services.
- 6. Work collaboratively with community first responders to include law enforcement, behavioral health treatment providers, and the hospital.
- 7. Provide quality withdrawal management services throughout the duration of the lease.

# 9.0 Administrative and Program Requirements

Responses to this RFQ will be accepted from any legally-constituted entity that meets the following conditions:

- 1. The applicant is incorporated as a non-profit corporation in the State of Washington and has been granted 501(c)(3) tax-exempt status by the United States Internal Revenue Service or is a sole proprietorship, general partnership, corporation, limited partnership, limited liability company, or limited liability partnership or is a commission or authority established pursuant to applicable Washington State law or, if a successful applicant, will be incorporated as such in Washington State.
- 2. The applicant has a demonstrated capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds that may be awarded under the terms of this RFQ.
- 3. The applicant has a current Federal Tax ID number.
- 4. The applicant demonstrates the capability to meet program expenses in advance of reimbursement.

#### II. Procurement Process

#### 1.0 Procurement Timeline

The Procurement Timeline on the following page outlines the tentative schedule for the RFQ process. All dates after the proposal submission due date are approximate and may be adjusted as necessary, without amending this document. Resulting contracts will be awarded for the period of June 1, 2019 to May 31, 2025.

#### Tenant Lease to Provide Substance Withdrawal Services

Request for Qualifications Issued	Wednesday, February 27, 2019
Applicant Conference	Tuesday, March 12, 2019 at 10:00 AM
	509 Girard Street, Bellingham, WA 98225
	Creekside Conference Room
Proposals Due	Tuesday, April 2, 2019 by 2:30 PM
Review Process by Application Evaluation Committee	Thursday, April 4, 2019
Interviews by Application Evaluation Committee	Week of April 8th, 2019
AEC Recommendations to County	Monday, April 29, 2019
Award Notification	Wednesday, May 1, 2019
Estimated Contract Start Date	June 1, 2019

#### 2.0 Applicant Conference

An Applicant Conference will be held on **Tuesday, March 12th at 10:00 AM at 509 Girard Street, Creekside Conference Room.** The purpose of the conference will be to explain the RFQ process and answer general informational questions. All prospective applicants are encouraged but not required to attend.

Following the Applicant Conference, a list of questions and answers from the Applicant Conference will be distributed to all known recipients of the RFQ documents. The Q&A document will be issued as an Addendum to the RFQ. All applicants will be required to sign the Addendum Cover Sheet and submit it with their applications.

Whatcom County has no obligation to accept further inquiries after the Applicant Conference. However, if further inquiries are accepted, the questions and answers will be written and distributed to all known Applicant Conference attendees.

#### 3.0 Deadline for Submittal

To be considered, applications must be received **no later than 2:30 PM on Tuesday, April 2, 2019** at the following location:

Attn: Sara Winger, Purchasing Coordinator Whatcom County AS-Finance 311 Grand Ave., Suite 503 Bellingham, WA 98225

**Late applications will be deemed ineligible and will not be considered.** Responses transmitted directly to Whatcom County Government electronically or by fax will not be considered.

#### 4.0 Application Costs

The County is not liable for any costs incurred by the applicant before the issuance of a contract. All costs incurred in responding to this RFQ, including, but not limited to, travel costs to attend the Applicant's Conference and the Application Evaluation Committee meeting(s), any consultant fees, and any costs associated with contract negotiation sessions, are solely the responsibility of the applicant.

#### Tenant Lease to Provide Substance Withdrawal Services

# 5.0 Ownership of Application Materials

Applications and other materials submitted in response to this request become the property of the County, are public record, and will not be returned. It is understood and agreed that applicant claims no proprietary rights to the ideas or approaches contained in its application.

#### 6.0 Notice of Solicitation

Failure of the County to notify any party or parties directly regarding the availability of this RFQ shall not void the process.

#### III. Proposal Preparation

### 1.0 Proposal Format

- A. Applications must be typewritten in black 12-point font on standard 8 ½ x 11 inch white paper with one-inch margins and stapled once in the upper left corner. Applications submitted on recycled paper and printed double-sided are encouraged. Applications submitted with binders or covers will be rejected. Page numbers are required. Extensive artwork, photographs, and printing should be avoided. Do not include any materials not requested in this RFQ and its attachments.
- B. Applications must be limited to ten (10) pages, not including the Application Cover Sheet, the external financial audit or review, budget and personnel worksheets, or references.
- C. Applicants must **submit one (1) original and five (5) copies** of the application in a sealed envelope, plainly marked on the outside with the applicant's name and address and the words "Request for Qualifications #19-05."
- D. The original printed packet must have original signatures. Applications that do not contain an original and the prescribed number of copies will be deemed unacceptable and will not be considered.
- E. All responses must contain the information requested.

Please respond to each section in the same order in which it is asked. Any deviation from these specifications must be clearly addressed in writing. Failure to supply materials required will result in a rejection of the entire submittal.

# 2.0 Proposal Contents

#### A. Application Cover Sheet

Complete the attached Application Cover Sheet. An authorized signatory of the applicant's organization must sign the cover sheet.

# B. Management Proposal – Limit to four (4) pages (Maximum points: 20)

Please provide a description of the following:

- i. Agency's history and organizational structure.
- ii. Agency's staffing model of who will provide all services within the Withdrawal Management treatment unit including a brief description of their qualifications, education and experience, and any licenses and/or certificates they hold.
- iii. Agency's experience related to the services that the tenant will be providing.

#### Tenant Lease to Provide Substance Withdrawal Services

- iv. Agency's quality control measures and mechanisms for ensuring sound financial and accounting practices.
- C. Service Guidelines and Expectations Response Limit to six (6) pages (Maximum 40 points) See Section I. 4.0 for instructions

Include your brief answer to the questions listed in the Project Summary above. This section should not exceed six pages.

### D. Budget & Personnel Worksheets – Attachment B (Maximum points: 20)

These worksheets provide a brief summary of total annual costs associated with providing 24/7/365 Withdrawal Management Services for Adults in the 16-bed treatment unit. Do NOT include building lease costs in the cost estimate.

- E. Copy of most recent audit or external financial review <u>Please only submit (1) copy of the audit</u> (Maximum points: 15)
- **F. References** (Maximum points: 5)

Include a list of at least three (3) individuals or entities who may be contacted to provide information regarding the applicant's ability to carry out the terms and purpose of this RFQ. Provide names of contacts, telephone numbers, and e-mail addresses (if available).

# IV. <u>Proposal Evaluation and Selection</u>

#### 1.0 Evaluation Committee

An Application Evaluation Committee (AEC) appointed by the Whatcom County Human Services Manager will review and evaluate eligible applications and make recommendations to the Whatcom County Human Services Program. The AEC will consist of at least 4 individuals who are knowledgeable about the specific professional services that the tenant will provide.

#### 2.0 Role of the Application Evaluation Committee

#### A. Unacceptable Applications

The Whatcom County Human Services Manager will first determine which applications are not responsive to the RFQ and must be deemed unacceptable. **Unacceptable applications are those which meet at least one of the following criteria:** 

- i. Incomplete application
- ii. Submission of a proposal that proposes services that deviate from the technical requirements set forth in this document
- iii. Applicant does not meet the administrative requirements of this RFQ
- iv. Failure to comply with any part of this RFQ or any exhibit to this RFQ, including, but not limited to, deadline for submittal and application format
- v. Submission of incorrect, misleading, or false information

#### B. AEC Evaluation and Applicant Interviews

The AEC members will then independently evaluate and rate each application, awarding points up to the maximum points available for each section. They will then convene as a group on the date indicated on the Procurement Timeline shown above to interview applicants concerning the content of their applications.

#### Tenant Lease to Provide Substance Withdrawal Services

# C. Additional Information by Request

At the time interviews are arranged, applicants may be asked to provide clarification or additional information, including evidence of compliance with Administrative Requirements (see Exhibit 1, Additional Requirements Checklist, for a list of items that may be requested). Applicants should be prepared to provide additional information, as requested, and to meet with the AEC at the prearranged interview time.

# D. Final Recommendation to the County

Following the applicant interviews, the AEC will discuss the applications and perform any necessary review or verification of their content. Based on the evaluation of the application materials, the interviews, and any additional inquiry, the AEC will determine a cumulative score for the applications. The AEC will then present its recommendations to the Whatcom County Human Services Program staff.

#### 3.0 Evaluation Criteria

The maximum number of evaluation points available is 100 points, as detailed in Section III.2 above. The following maximum points will be assigned to the proposals for evaluation purposes:

- Application Cover Sheet (0 points)
- Management Proposal (20 points)
- Service Guidelines and Expectations Response (40 points)
- Budget & Personnel Worksheets Exhibit B (20 points)
- Copy of most recent audit or external financial review (15 points)
- References (5 points)

In evaluating each proposal, Whatcom County reserves the right to consider past County contract performance and any other data or information that the County deems indicative of performance in making its funding decisions.

# 4.0 Contract Award/Notification to Selected Applicant(s)

The authority to enter into a contract rests with the Whatcom County Executive, except as designated. Decisions regarding contract awards for services solicited by this RFQ will be made on or about May 1, 2019. Contracts are anticipated to be in effect from June 1, 2019 until May 31, 2025.

Any contract resulting from this RFQ will be between the Whatcom County Health Department and the applicant organization. Contractors will be required to comply with the terms and conditions of the Whatcom County Contract for Services Agreement. A copy of the standard Whatcom County Contract for Services Agreement is available on the County website at <a href="http://www.whatcomcounty.us/DocumentCenter/View/1488/Contract-for-Services-Agreement-PDF?bidld">http://www.whatcomcounty.us/DocumentCenter/View/1488/Contract-for-Services-Agreement-PDF?bidld</a>.

The successful applicant who enters into a lease contract with Whatcom County subsequent to the RFQ process will not be reimbursed for services provided prior to the final execution and signature of the contract by all parties.

Contractors will be required to maintain books, records, documents, and other evidence directly related to performance of the work in accordance with Generally Acceptable Accounting Procedures. Whatcom

#### **Tenant Lease to Provide Substance Withdrawal Services**

County, or any of its duly authorized representatives, shall have access to such books, records, and documents for inspection and audit for a period of three years after completion of work. Data may be required for audit or evaluation purposes. Contractors will additionally provide a certificate of general liability and property damage insurance naming Whatcom County as co-insured.

#### 5.0 Right to Appeal

Non-selected applicants have the right to appeal the decision of the County, limited to procedural or legal errors in the selection process. In the event that no such procedural or legal errors are found to have occurred, the decision of the County shall be final.

An aggrieved applicant may, within five (5) working days after the award of a contract, appeal in writing to the Assistant Director of the Whatcom County Health Department. The appeal must state all facts and arguments upon which the appeal is based. The Assistant Director will review the RFQ and the facts alleged as grounds for the appeal. The Assistant Director will render a written decision within thirty (30) working days of the receipt of the appeal. The decision of the Assistant Director will be final.

### 6.0 Debriefing of Unsuccessful Proposals

Upon request, a debriefing conference will be scheduled with an unsuccessful applicant. The request for a debriefing conference must be received by the Whatcom County Human Services Manager within five (5) business days after the notification letter is mailed to the applicant. The debriefing must be held within three (3) business days of the request. Discussions will be limited to a critique of the applicant's proposal. Comparisons between proposals or evaluations of other proposals will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of one hour.

# 7.0 Right to Reject or Negotiate

The County reserves the right to reject any or all applications if such rejection is in the County's best interest. This Request for Qualifications is a solicitation for offers and is not to be construed as an offer, a guarantee, or a promise that the solicited services will be purchased by the County. The County may withdraw this Request for Qualifications at any time and for any reason without liability to applicants for damages, including, but not limited to, application preparation costs.

Additionally, the County reserves the right to negotiate with the potentially selected applicants and may request additional information or modification from an applicant. When deemed advisable, and before any contract is let, the County reserves the right to arrange an onsite, pre-award review to determine the applicant's ability to meet the terms and conditions of the RFQ.

# 8.0 Acceptance of Terms

By submitting an application in response to this RFQ, the applicant accepts all terms and conditions of this RFQ, as well as all County and State regulations and requirements pertaining to the operation of the solicited services. If awarded a contract, the applicant's response will become part of the contract agreement. The applicant will be bound by the terms of the RFQ, unless the County agrees otherwise. The County reserves the right to introduce additional terms and/or conditions during contract negotiations.

# **Tenant Lease to Provide Substance Withdrawal Services**

V.	<b>Application</b>	n Checklist
Please		your completed application includes <u>all</u> of the following: A completed Application Coversheet (Attachment A), including documentation of non-profit status
	2.	A completed Management Proposal, with answers to each of the bulleted items and/or providing all requested information
	3.	A completed Service Guidelines and Expectations Response
		a. Completed Budget & Personnel Worksheets (Attachment B)
	4.	A copy of the agency's most recent audit or external financial review
	5.	Three (3) references, if requested
	6.	Addendum Cover Sheet, if applicable
-		during the evaluation process to provide one or more of the items listed in Exhibit 1 – ements Checklist.  Attachment A – Application Cover Sheet
Applic	ant Informa	<u>ition</u>
Name	and Title of	Authorized Representative:
Name	of Organiza	tion:
Addre	ss:	City:
State:		Zip Code: Phone: Fax:
Legal I	Requiremen	<u>ts</u>
Please	check the a	ppropriate box below and provide the information requested:
	Documentat	ion of private or public non-profit status
	RS Employe	r Identification Number (EIN):
	State of Was	hington Business License Number(s):
F	Program Lice	ensure or Certification Status, if applicable:

I understand the terms and conditions of the RFQ and certify that the above-named agency will comply with all Whatcom County requirements if a contract award is made. All information contained in this application is true and accurate to the best of my knowledge.

# Whatcom County RFQ #19-05 Tenant Lease to Provide Substance Withdrawal Services

Authorized Signature and Ti	tl	e
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Date

#### **Tenant Lease to Provide Substance Withdrawal Services**

1. Copy of current Business License

# Exhibit 1 - Additional Requirements Checklist

The following are additional items that <u>may</u> be requested to assist in the evaluation of your application for funding. **Please do not provide this information at this time.** Should additional information be requested, only a single copy of the requested items will be required.

	1 /
2.	Copy of IRS 501(c)(3) documentation
3.	Licensure/certification information:
4.	An organizational chart
5.	A list of applicant's Board of Directors, including names, addresses, occupation, officers, and meeting schedules.
6.	Job descriptions of key staff who will be involved in the program
7.	Agency's strategic plan, including mission and vision statement
8.	Board strategic planning documents, including mission and vision statement
9.	A copy of agency by-laws
10	. Staff orientation, training, and qualification procedures
11	. Agency personnel policies
12	. Three professional references that may be contacted to provide information regarding your ability to carry out the terms and purpose of this solicitation. Provide names of contacts, telephone numbers, and e-mail addresses (if available).
13	. Insurance certificate documenting proof of insurance coverage sufficient to satisfy the County:
	a. 'Whatcom County' must be identified as the certificate holder.
	b. Under the Description of Operations, language must include, "This insurance shall be considered primary and shall waive all rights of subrogation. The County

- c. Insurance must include the following minimum coverages:
  - i. Property damage \$500,000 per occurrence

insurance shall be noncontributory".

- ii. General Liability & Property Damage for bodily injury \$1,000,000 per occurrence
- iii. Professional Liability Insurance \$1,000,000 per occurrence