



SOUTHWEST DISTRICT HEALTH

REQUEST FOR PROPOSAL

Southwest Idaho Youth Behavioral Health Community Crisis

Center Operator

RFP # SWDH-2023-04

TABLE OF CONTENTS

RFP ADMINISTRATIVE INFORMATION	1
1 OVERVIEW	2
2 SCOPE OF WORK	4
3 QUESTIONS	11
4 INSTRUCTIONS FOR SUBMISSION OF PROPOSAL	12
5 PROPOSAL FORMAT	12
6 PROPOSAL REVIEW, EVALUATION, AND AWARD	13

RFP ADMINISTRATIVE INFORMATION

RFP Title:	Southwest Idaho Youth Behavioral Health Community Crisis Center Operator
RFP Project Description:	<p>Southwest District Health (SWDH) is seeking proposals for operation of a Youth Behavioral Health Community Crisis Center located in Nampa, Idaho.</p> <p>The YBHCCC will serve residents within the region 3 geographic boundaries, to include Adams, Canyon, Gem, Owyhee, Payette and Washington Counties.</p> <p>The operations provider is also expected to provide/deliver telehealth and remote services to rural and remote areas of the Region.</p>
RFP Lead:	Christina Straub Program Specialist christina.straub@phd3.idaho.gov 208-455-5302
Submitting Sealed Proposal: Submitting Manually: MANUAL PROPOSALS MUST BE RECEIVED AT THE PHYSICAL ADDRESS DESIGNATED FOR COURIER SERVICE AND TIME/DATE STAMPED BY THE DIVISION OF PURCHASING PRIOR TO THE CLOSING DATE AND TIME.	Address for Courier: 13307 Miami Lane Caldwell, Idaho 83607
Deadline to Receive Questions:	Thursday, March 23, 2023, 11:59:59 P.M.
Pre-proposal Conference:	Thursday, March 16, 2023 1:00-1:30 P.M.
RFP Closing Date:	Friday, March 31, 2023, 11:59:59 P.M.
Initial Term of Contract and Renewals:	Four (4) years. Upon mutual, written agreement, the Contract may be renewed, extended or amended. The anticipated total Contract term is four (4) years.

1. OVERVIEW

1.1. Purpose

To establish a subcontract with an entity to operate the Southwest Idaho Youth Behavioral Health Community Crisis Center (YBHCCC) located in Nampa, Idaho for youth aged 10-17 in need of mental health or co-occurring substance use disorder crisis services throughout the Southwest District Health geographic footprint. Communities served include Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties. It is also expected the operating entity have capacity to provide/deliver telehealth and remote stabilization services to rural and frontier areas of the Region. YBHCCC will operate twenty-four/seven (24/7), three hundred sixty-five (365) days per year, to assist youth in crisis to become stabilized and then connected to community resources that can help them effectively deal with their situations and avoid further crisis.

1.2. Definitions

Minkoff Model: Stage-wise treatment and intervention services based on the Dr. Kenneth Minkoff, M.D. model to address co-occurring psychiatric and substance use disorders.

- Acute Stabilization – safe sobering up and stabilization of acute psychiatric symptoms.
- Motivational Enhancement – individualized motivational strategies to help individuals who have made no commitment to change.
- Active Treatment – for individuals who need to learn and practice skills to manage their substance and mental health symptoms.
- Relapse Prevention – specific skills training on participation in self-help recovery programs, as well as specialized self-help programs like Dual Recovery Anonymous.
- Rehabilitation and Recovery – developing new skills and capabilities based on strengths, and on developing improved self-esteem, pride, dignity, and sense of purpose in the context of the continued presence of mental health and substance use disorders.

System of Care (SOC): An essential framework for understanding how families receive services, and why it is important to coordinate among youth-serving systems (e.g., children’s mental health, child welfare, juvenile justice, primary care, and schools). The System of Care framework comprises three components (Stroul et al., 2021):

- Philosophy: services should be family-driven, youth-guided, developmentally appropriate, strengths-based, trauma-informed, community-based, and culturally and linguistically responsive. The SOC philosophy also emphasizes care coordination, interagency collaboration, least-restrictive settings, and interventions that are evidence-based or based on community-defined evidence (National Latino Behavioral Health Association, 2021).
- Infrastructure: an infrastructure is needed to develop policies and procedures that reflect a SOC approach. Examples of infrastructure components include, but are not limited to, provider partnership and collaboration agreements; data-sharing agreements; financing approaches; and partnerships across systems, across agencies, and with youth- and family-run organizations.
- Services and Supports: the SOC approach recognizes that individual therapy, medication, and inpatient or residential treatment are part of a broader array of important supports. The SOC model emphasizes community-based services and supports that help keep children and youth in their homes.

1.3. Background Information

The Idaho Department of Juvenile Corrections (IDJC), in collaboration with the Idaho Department of Health and Welfare (IDHW), Division of Behavioral Health (Idaho's Behavioral Health Authority), announce funding to provide short-term crisis services for youth under the age of eighteen (18) experiencing a behavioral health crisis in the Fall of 2022. SWDH, in partnership with the Southwest Idaho Youth Crisis Collaborative, received funding to stand up a youth crisis center to serve individuals aged 10-17 across the SWDH geographic footprint.

Community Crisis Centers, as defined by Title 39, Chapter 91, 39-9103(2), are a place for individuals to go if they are experiencing a behavioral health crisis. Youth may stay for up to twenty-three (23) hours and fifty-nine (59) minutes (most episodes of care are resolved in less time) and will receive a place to rest, food, and services from mental health professionals to deescalate the crisis, develop a plan of care and provide community resources. Youth Behavioral Health Community Crisis Centers are NOT intended to be inpatient or residential long-term placements. Services provided include a 24-hour in-person or telehealth screening and assessments and crisis intervention services.

Youth crisis centers have four (4) primary functions:

- divert youth experiencing crisis away from unnecessary emergency department visits,
- reduce the need for incarceration of youth because of behavioral health crisis,
- prevent escalation of family conflict and violence in their home,
- and to provide access to professionals to de-escalate youth in crisis while setting up community-based treatment and support options for youth and family.

Youth Crisis Centers have been shown to reduce hospitalization, criminal charges, domestic violence, child abuse, and decrease the need for out-of-home placements. These community-based crisis centers may respond to underlying issues or concerning behavior identified at school, by parents or caregivers, at point of contact with law enforcement, etc.

SWDH will serve as the backbone entity for this project, providing the location, service consistency, program oversight, support the advisory committee, and support technical assistance for the behavioral health operating provider. The provider will meet staffing requirements, provide direct services, engage in community outreach and service promotion, and meet business need for an 8-bed facility in Nampa, Idaho.

Crisis center services are anticipated to begin Summer 2023.

1.4. Resulting Contract

If the District awards a contract from this Solicitation, it will do so by issuing a Contract document from the District's Procurement system, which will be an acceptance of the successful offer. The Contract will be comprised of that contract document; this RFP, including any incorporated documents; the successful Proposal, including any clarifications requested by the District; and an artifact formalizing any requirements agreed upon through contract discussions or negotiations, if applicable.

2. YBHCCC (Youth Behavioral Health Community Crisis Center) Scope of Work

1. Infrastructure

- A. Meet routinely with SWDH (Southwest District Health) staff
- B. Program and/or Clinic Director attend YBHCCC affiliated advisory committee meetings
- C. Routine reporting
- D. Ensure organizational capacity to meet contract deliverables

2. Implementation and Readiness Review

- A. The Subcontractor shall be currently eligible to accept Idaho Medicaid or be eligible to accept Idaho Medicaid fifteen (15) calendar days prior to the anticipated service implementation date.
- B. The Subcontractor shall operate the YBHCCC and implement services as outlined in this contract within ninety (90) days of the execution date of the subcontract.
- C. The Subcontractor shall pass a review prior to the implementation of services. The following tasks and completion dates will be included as part of the Review and shall be due to the District by the following timeframes:
 - i. Startup cost budget (as identified in the Cost and Billing matrix) due no later than thirty (30) calendar days after the execution date of the subcontract.
 - ii. Equipment and Supplies (purchase items) no later than forty-five (45) calendar days prior to the anticipated service implementation date;
 - iii. Ancillary services (purchase or negotiate donations) no later than forty-five (45) calendar days prior to the anticipated service implementation date;
 - iv. Work Force (hire and train personnel) within thirty (30) calendar days prior to the anticipated service implementation date;
 - v. Policies and procedures (facility, operations, staff requirements, quality assurance, clinical supervision, etc.) within forty-five (45) calendar days prior to the anticipated service implementation date;
 - vi. Staff trained to use WITS no later than fifteen (15) calendar days prior to the anticipated service implementation date;
 - vii. Cultural Competency Plan completed no later than forty-five (45) calendar days prior to anticipated service implementation date; and
 - viii. Demonstrate ability to collect and report on performance and quality measures as defined by the district within sixty (60) calendar days prior to anticipated service implementation date.
 - ix. Demonstrate ability to bill standard public and commercial insurance types (i.e., capture full member name, DOB, Member ID, Person Code, and Group # and keep a record of insurance card images on file).

3. Operation Services - Provide a detailed description on how you will meet the following requirements:

- A. The Subcontractor shall provide, operate, and manage a voluntary outpatient facility (YBHCCC) as follows:
 - i. Hours:
 - 1. Operate twenty-four (24) hours a day, seven (7) days a week and three hundred sixty-five (365) days a year, telephonically, face-to-face, and available for provider-client consultation via video conferencing with crisis center staff.
 - 2. Provide services to a client for up to twenty-three (23) hours and fifty-nine minutes in a single episode of care.

- ii. Security: Provide security twenty-four (24) hours per day through a contracted security company, law enforcement officers, or hired security staff in a manner inconspicuous to clients.
- iii. Facility Description:
 - 1. Be a voluntary outpatient facility.
 - 2. Americans with Disabilities Act (ADA) Compliant.
 - 3. At a minimum, provide resting space with privacy for up to eight (8) youth and families
 - 4. Maintain a welcoming lobby space with chairs and tables.
 - 5. Maintain a private space for intake and discharge for clients.
 - 6. Maintain a dedicated space for families of clients to wait while clients are receiving services.
 - 7. Capacity to provide or coordinate transportation services for youth and families who need to get to and from the crisis center.
 - 8. Maintain and utilize a private drop off area, separate from main entrance, for first responders, including law enforcement and emergency medical services (EMS).
 - 9. At minimum, provide assessments via telehealth for crisis center services access for rural and remote youth and families in the region.
 - 10. Confidential office space for medical, case management and behavioral health interventions.
 - 11. Have available:
 - a. Plastic eating utensils and cups;
 - b. Coffee, water, tea, and other beverages, as available;
 - c. Non-perishable, self-prepared snack items such as cup of soup, granola bars, cheese and crackers, peanut butter sandwiches, pudding cups or other similar items; and
 - 12. Capacity to provide transportation for youth and families to appropriate community resources and organizations as part of their initial follow-up care, post-crisis.
 - 13. Have available, on an "as needed" basis:
 - a. Sweatpants, scrubs, tee shirts, sweatshirts, etc.;
 - b. Personal care products, including toiletries, toilet paper, paper towels, tissues, feminine hygiene products, single-use toothbrushes/toothpaste, hand sanitizer;
 - c. means of securing personal possessions including Medication, valuables, clothing, weapons or objects that may cause harm, etc. and drugs/paraphernalia for disposal.
- B. The Subcontractor shall adopt policies and procedures that align with the System of Care (SOC) Framework. The three components of SOC are:
 - i. Philosophy – Services should be family-driven, youth-guided, developmentally appropriate, strengths-based, trauma-informed, community-based, evidence-based, least restrictive, and culturally and linguistically responsive.
 - ii. Infrastructure – Infrastructure components could include, but are not limited to provider partnerships, data-sharing agreements, and partnerships across systems, agencies, and with youth and family organizations.
 - iii. Services and Support – Individual interventions are part of a broader array of important support. Services should aim to emphasize community-based services and support that help keep children and youth in their homes.

4. Assessment and Evaluation Services - Provide a detailed description of how you will meet the following requirements:

- A. The Subcontractor shall provide services to youth ages 10-17 in a behavioral health crisis for no more than twenty-three (23) hours and fifty-nine (59) minutes per single episode of care. The Subcontractor shall document in the WITS system the reason for denying services to those applying for services.
- B. Intake Eligibility
 - i. The Subcontractor shall conduct Intake Eligibility by appropriately trained staff. The intake eligibility must be completed within a reasonable time limit upon arrival (or via telehealth) for services and must include a written/signed consent, client rights/responsibilities, and information about the crisis center's grievance/complaint policy. The intake eligibility assessment shall determine if a person is in a behavioral health crisis or if they require a higher level of care (e.g., inpatient, emergency room or urgent care services). The intake eligibility assessment must be documented in WITS. The eligibility assessment intake must be possible by telephone or other telehealth method when the client is not physically onsite. The Subcontractor shall provide documentation of their Intake Eligibility process to the District.
- C. Medical Assessment
 - i. The Subcontractor shall provide a medical assessment by a licensed medical staff (e.g., EMT, RN). The medical assessment shall further evaluate the client for immediate medical needs. The medical assessment shall also determine current medical needs and collect a health history. The medical assessment should not be required prior to admission but should be conducted to support medical stability while in the center. The medical assessment must be documented in WITS.
- D. Risk Assessment
 - i. The Subcontractor shall provide a risk assessment by a licensed professional and document in WITS.
- E. Behavioral Health Assessment
 - i. The Subcontractor shall complete a behavioral health assessment on each client and document in WITS. The behavioral health assessment shall be used to develop the plan of care, intervention services and referral services to ensure the appropriate continuum of care is identified for each client. The behavioral health assessment shall include:
 - 1. Presenting problem,
 - 2. Treatment history at a minimum will include:
 - a. Hospitalizations
 - b. Emergency room visits
 - c. Outpatient treatment
 - 3. Medications
 - 4. Substance use and abuse history
 - 5. Adverse Childhood Experiences (ACEs) and Intimate Partner Violence (IPV)
 - 6. Recommendations
 - ii. An updated behavioral health assessment may be used on clients who were assessed within the last three (3) months (e.g., presenting problem, treatment history).

5. Plan of Care - Provide a detailed description of how you will meet the following requirements:

- A. The Subcontractor shall complete a plan of care based on findings from the medical and behavioral health assessments for all clients admitted to the YBHCCC for services. The plan of care shall be individualized, person-centered, strengths-based, collaborative, family and

community focused, culturally competent, utilize natural supports, tie into the local continuum of care resources, and be outcomes-based. The plan of care shall be documented in WITS.

- B. The Subcontractor shall utilize ongoing observation, assessment, and evaluation to make changes to services while at the YBHCCC. This information, along with the client's benefits and resources, shall be used to make referrals to ongoing care and services.

6. Intervention Services - Provide a detailed description of how you will meet the following requirements:

- A. The Subcontractor shall provide stage-wise treatment and intervention services based on the Dr. Kenneth Minkoff, M.D. model to address co-occurring psychiatric and substance use disorders.
 - i. Acute Stabilization – safe sobering up and stabilization of acute psychiatric symptoms.
 - ii. Motivational Enhancement – individualized motivational strategies to help individuals who have made no commitment to change.
 - iii. Active Treatment – for individuals who need to learn and practice skills to manage their substance and mental health symptoms.
 - iv. Relapse Prevention – specific skills training on participation in self-help recovery programs, as well as specialized self-help programs like Dual Recovery Anonymous.
 - v. Rehabilitation and Recovery – developing new skills and capabilities based on strengths, and on developing improved self-esteem, pride, dignity, and sense of purpose in the context of the continued presence of mental health and substance use disorders.
- B. The Subcontractor shall accept 90% of all community referrals and 100% of all referrals from first responders, including law enforcement and emergency medical services (EMS).
- C. The Subcontractor shall provide services in the least restrictive manner and shall not utilize seclusion or restraints as part of its intervention services.
- D. If an individual requires a more restrictive setting, then arrangements will be made to assist the individual to move to a more restrictive setting. The Contractor shall notify law enforcement to provide transportation if the individual needs an involuntary inpatient setting.
- E. The Subcontractor shall utilize co-located services during intervention, as appropriate for the client.
- F. The Subcontractor shall document, in WITS, interventions rendered and client response.
- G. The Subcontractor shall incorporate the recovery model, including certified Peer Support Specialists and/or Recovery Coaches.

7. Referral Services - Provide a detailed description of how you will meet the following requirement:

The Subcontractor shall make referrals to regional and community services based on identified functional areas of impairment (medical, behavioral health signs and symptoms, vocational, financial, housing, family, social activities of daily living, transportation, legal, and substance use), to include co-located services, as appropriate. This information shall be documented in WITS.

8. Aftercare Plan - Provide a detailed description of how you will meet the following requirement:

- A. The Subcontractor shall provide a written aftercare plan for each client prior to leaving the YBHCCC. The aftercare plan shall include, at a minimum, connection to a peer, Recovery Support Specialist or healthcare provider, if appropriate, referral to emergency care. This aftercare plan shall be documented in WITS. The aftercare plan should include services that are accessible within seven (7) days.
- B. The Subcontractor will attempt to identify a collateral contact for each client, and whenever possible, include the contact(s) in the aftercare plan.

- C. The Subcontractor shall make one attempt to follow-up with all clients and/or collateral contact within 24 hours and two additional attempts to follow-up within 30 days to assess clients' follow through with the aftercare plan and document the follow-up encounter (e.g., followed through with aftercare plan, sought care at an emergency department, was incarcerated, etc.).
 - i. The Subcontractor will document clients' follow-up of their aftercare in WITS and include, as applicable:
 - 1. Whether the client kept his/her initial appointment
 - 2. Document any barriers or challenges to completing the aftercare plan

9. Staffing - Provide a detailed description of how you will meet the following requirement:

- A. The Subcontractor shall:
 - i. Ensure that staff assessing for mental health and substance use disorders and conducting medical assessments have the training, skills, and current professional licensure to accurately diagnose clients. At minimum, appropriate staff should be trained in the following prior to beginning of service delivery:
 - 1. Assessing physical health needs and care delivery for minor physical health challenges
 - 2. Mandatory reporting requirements
 - 3. Developmental milestones, challenging behaviors, and youth specific signs/symptoms of behavioral health challenges and how they present during crisis
 - 4. Safety planning
 - 5. Strengths-based engagement with youth and families
 - 6. Promoting positive behavioral health and childhood experiences and resiliency
 - 7. Bias, cultural responsiveness
 - 8. Adverse Childhood Experiences (ACEs) and trauma-informed care
 - 9. Understanding youth stressors and concerns
 - ii. Have an appropriately licensed clinical supervisor to provide direction and guidance of all clinicians doing integrated mental health and substance use disorders assessments.
 - iii. Ensure assessments are completed by licensed medical professionals and licensed mental professionals.
- B. Staff seeking to provide peer services that receive an unconditional denial from the Department of Health and Welfare's Criminal History Unit may apply for a Division of Behavioral Health Background Check Waiver.

10. Internships and Volunteer (Optional – Not Scored) - Provide a detailed description of how you will meet the following:

- A. If capacity allows, the YBHCCC may serve as an opportunity for internships for students attending local universities and colleges and/or appropriately licensed volunteers.

11. Cultural Competence

- A. The Subcontractor shall develop and implement a Cultural Competency Plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate and responsive services to meet the needs of all families, with specific focus on the needs of Native Americans, Hispanic/Latinos, LGBTQ+ individuals, people with intellectual, developmental, and physical disabilities, and those who live in rural and remote areas. The Subcontractor shall finalize the Cultural Competency Plan and submit it to the District no later than forty-five (45) calendar days before the anticipated service implementation date.

12. Bilingual/Multicultural

- A. The Subcontractor shall ensure bilingual/multicultural staff are available at the YBHCCC. Bilingual/multicultural staff shall, at a minimum, speak English and Spanish and a certified language line or interpretation service shall be used for all other languages. All printed materials should be available in both English and Spanish.

13. Outcome Measures and Data: Provide a detailed description, including methodologies for capturing and analyzing data, of how you will meet the following requirements:

- A. The Subcontractor shall use, at a minimum, the following benchmarks to measure the effectiveness and efficiencies of the YBHCCC.
 - i. The number of crisis center admissions that self-report going to a crisis center as an alternative to seeking other forms of emergency care (e.g., hospital, ER, urgent care).
 - ii. The number of individuals assessed at the YBHCCC and referred to a higher level of care (e.g., hospital, ER, urgent care, in-patient care) or law enforcement.
 - iii. Post discharge from crisis center status:
 - 1. Referral to outpatient care
 - 2. Referral to social services (e.g., Recovery Center, clergy)
 - iv. Readmission rates
- B. The Subcontractor shall periodically complete a unit cost analysis. The unit cost analysis will be defined by the Subcontractor in cooperation with the District.
- C. The Subcontractor shall compile and report data on a quarterly basis. A report of findings shall be written by the District and sent to the Advisory Board and Subcontractor.

14. Community Engagement: Provide a detailed description of efforts to engage community partners, build formal and informal relationships or partnerships, including, in-kind donations or support

- A. The Subcontractor shall work with the District to:
 - i. Engage community partners with a shared goal of improving community mental health.
 - ii. Identify opportunities to form formal and informal relationships or partnerships that support the patients' broader healthcare needs.
 - iii. Pursue opportunities for in-kind donations or support that can help control costs associated with the operations of the crisis center.

15. Quality Assurance: Provide a detailed description, including methodologies for analyzing and reporting surveys, of how you will meet the following requirements:

- A. The Subcontractor shall:
 - i. Maintain a quality improvement plan that documents the process to be used in ensuring the quality of services provided.
 - ii. Meet regularly, or as needed, with the Southwest District Health staff to discuss individual cases, treatment recommendations and service responsibilities.
 - iii. Upon discharge, offer each client, and family, if applicable, a printed, web, and/or mobile satisfaction survey that includes questions related to the quality of service, the outcomes of services and their perception of additional needs not addressed by the YBHCCC.
 - iv. Provide an opportunity for stakeholders to evaluate service performance and the need for additional training or collaboration each time they interact with the YBHCCC. Subcontractor shall establish a feedback mechanism for stakeholders, preferably in a written format using a set of standard metrics or at least either verbally or in writing using a suggestion box at the facility or via email. Stakeholders may include ancillary

service vendors, law enforcement, hospitals, government entities, private and commercial health insurers, and others who interact with the YBHCCC.

- v. Distribute annual surveys to ancillary service vendors, hospitals, law enforcement, and other organizations affiliated with the YBHCCC. Questions on this survey shall address the quality of services, the outcomes of services, and the organization's perception of additional needs not addressed at the YBHCCC.

16. Records and Documentation

- A. The Subcontractor shall use WITS to document all delivered services in the individual's record and maintain the record at the Subcontractor's location. Records shall include, at a minimum:
 - i. Intake Eligibility Assessment,
 - ii. Plan of Care,
 - iii. Intervention services provided,
 - iv. Referral services, and
 - v. Aftercare plan to include documentation of follow-up actions.
- B. The Subcontractor shall collect data in an alternate system as needed for reporting.
- C. The Subcontractor shall work with the District to develop complete and accurate reports, as some data will be collected and analyzed by the District.

17. Transition of Services

- A. The Subcontractor shall develop a Transition Plan that describes the process for ensuring a smooth transition of project services and transfer of project materials, documentation, and data either to the District or to another subcontractor upon termination or expiration of the subcontract. The Transition Plan shall be negotiated with the District upon contract termination or ninety (90) calendar days prior to expiration of the subcontract, whichever comes first. The District reserves the right to request a Transition Plan during the effective dates of the subcontract.

18. Faith-based Organization: If you are a faith-based organization, describe how you will:

- A. Segregate subcontract funds in a separate account;
- B. Serve all participants without regard to religion, religious belief, refusal to hold a religious belief, or refusal to actively participate in a religious practice;
- C. Ensure that participation in religious activities, including worship, scripture study, prayer or proselytization, is only on a voluntary basis;
- D. Notify participants of the religious nature of the organization, their right to be served without religious discrimination, their right not to take part in inherently religious activities, their right to request an alternative provider and the process for doing so;
- E. Ensure that subcontract funds are not expended on inherently religious activities; and
- F. Comply with applicable terms of 42 CFR Parts 54 and 54a, and 45 CFR 260 and 1050.

Elements of this Scope of Work may be subject to change based upon development of formal youth behavioral health community crisis center standards by the Idaho Department of Health and Welfare.

3. QUESTIONS

3.1. Questions

3.1.1. Questions or other correspondence must be submitted in writing to the RFP Lead (see contact information in the RFP Administrative Information, page 1). QUESTIONS MUST BE RECEIVED BY THURSDAY, MARCH 23, 2023, AT 11:59:59 P.M. MOUNTAIN TIME ON THE DATE LISTED IN THE RFP ADMINISTRATIVE INFORMATION.

3.2. Vendor Proposed Modifications and Exceptions to Requirements, Terms, and Conditions

3.2.1. Vendors are strongly encouraged to submit any proposed modifications to the requirements, terms, or conditions of the RFP prior to the deadline to submit questions. Questions regarding these requirements must contain the following:

- The rationale for the specific requirement being unacceptable to the party submitting the question (define the deficiency).

3.2.2. The District has sole discretion to determine if the modifications or exceptions submitted by an Offeror would result in a material change or otherwise threaten the integrity of the procurement process.

3.2.3. Except as otherwise provided within the Solicitation, the District will not consider modifications or exceptions to the requirements, terms, or conditions which are proposed after the RFP Closing Date.

4. INSTRUCTIONS FOR SUBMISSION OF PROPOSAL

4.1. General Instructions

4.1.1. Proposals may be submitted electronically or manually, as detailed below. Except as otherwise addressed in this solicitation, all submission materials must be submitted at the same time (in a single package or electronic submission). If multiple submissions are received, only the latest timely submission will be considered.

4.1.2. Alternate proposals are not allowed.

4.1.3. All electronic files (whether submitted electronically or manually) must be in Microsoft Word, Adobe PDF, or Excel format; the only exception is for financials, brochures or other information only available in an alternate format.

4.2. Electronic Submission

4.2.1. Electronically submitted Proposals must be submitted via email to the RPF lead, information can be found listed on Page 1.

4.3. Manual Submission

4.3.1. The Proposal must be addressed to the RFP Lead, sealed, and identified as "SWDH-2023-02, Youth Crisis Center Operating Provider" Include your company name on the outside of the package.

5. PROPOSAL FORMAT

These instructions describe the format to be used when submitting a Proposal. The format is designed to ensure a complete submission of information necessary for an equitable analysis and evaluation of submitted Proposals. There is no intent to limit the content of Proposals.

4.1 Table of Contents

Include a table of contents in the Technical Proposal identifying the contents of each section, including page numbers of major Sections.

4.2 Format

4.2.1. **Technical Proposal** – A detailed explanation of goods/services to be provided (response required elements of the scope of work)

4.2.2. **Cost Proposal** – Breakdown of costs (materials, personnel, etc.)

4.2.3. **W9** – A current W9 tax form is required

4.2.4. **Additional Documents** – Any additional information, documents, brochures, etc.

6. PROPOSAL REVIEW AND AWARD

5.1 Overview

The objective of the District in soliciting and evaluating Proposals is to ensure the selection of a firm or individual that will produce the best possible results for the funds expended.

5.1.1. All Proposals will be reviewed first to ensure that they meet the Mandatory Submission Requirements of the RFP. Any Proposal(s) not meeting the Mandatory Submission Requirements will be found non-responsive.**5.2 Technical Proposal**

5.2.1 The Technical Proposal will be reviewed first on a “pass” or “fail” basis to determine compliance with those requirements listed in the RFP. All Proposals which are determined by the District, in its sole discretion, to be responsive in this regard will continue in the evaluation process outlined in this Section.

5.3 Cost Proposal

5.3.1 The Cost Proposal will be evaluated for the effective and efficient delivery of quality goods/services.

5.4 Award

Award of Contract will be made to the responsive Offeror whose Proposal best meets the District’s need.