



SNOHOMISH COUNTY HUMAN SERVICES DEPARTMENT
COMMUNITY MENTAL HEALTH

REQUEST FOR INTEREST
Youth Crisis Response Team
APRIL 2016

OVERVIEW

The suicide rate in Washington State is fourteen percent higher than the national average and in Snohomish County teen suicides soar above the national average. Over the past several years there have been an increase in suicides and tragic incidents that have negatively affected youth in Snohomish County. We routinely receive calls from educators alerting us to a tragedy in their community that is impacting their students, staff and teachers. We have discovered that the current crisis response system is not equipped to respond to general requests for assistance and overall support. It is our hope to address this need and gap with this RFI. These situations have mostly occurred on school grounds, during school, and or outside the school environment. In almost all of these situations the school (s) has found themselves lacking in resources to quickly and effectively respond to the crisis. By intervening at the outset of a crisis we hope to lessen the impact and duration of the crisis response and reduce the likelihood of maladaptive reactions.

Snohomish County Human Services is requesting letters of intent from qualified agencies to provide crisis response services in Snohomish County. The services provided will entail a team of trained professionals and an on-call manager to coordinate and respond to schools or other places in need. The youth crisis response team will be dispatched by the County, and will be available and flexible to respond to community tragedies. This team would consist of highly trained mental health professionals specializing in youth crisis needs. Based on individual prevention and counseling needs, a crisis response plan will be developed. The primary goal of the Youth Crisis Response team would be to assess the need, provide immediate support, and link individuals and families to ongoing community services.

APPLICANT ELIGIBILITY

This RFI is seeking interested providers that currently have or will be able to obtain a Washington State Community Behavioral Health Agency license or be a federally recognized Indian Tribe. The agency must be in good standing with Snohomish County and have the experience and infrastructure to provide crisis behavioral health related services within Snohomish County. The Agency must also:

- Certify that they are not debarred or suspended or otherwise excluded from or are ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension";



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- Meet and comply with generally accepted accounting principles and are supported by documentation that identifies the source and use of public funds;
- Maintain records that adequately identify the source and application of funds provided for financially assisted activities; and
- Agree and adhere to Snohomish County's Basic Terms and Conditions Agreement

AVAILABLE FUNDING AND PERIOD OF PERFORMANCE

Initial funding for the 2016-2017 academic year will be available beginning July 1, 2016 with the possibility of renewal depending on project performance and outcomes. Additional one-time funds may be available for start-up costs.

CONTACT PERSON

Liza Patchen-Short, Snohomish County Human Services Department (425-388-7254)
Liza.Patchen-Short@co.snohomish.wa.us.

TIMELINES/PROCESS

Eligible Agencies must submit a letter of interest by COB 4/29/2016. See attachment one for the letter of interest template. If the County receives multiple letters of interest, qualified agencies will then be asked to submit a full proposal on a County provided template due date TBD.

AGENCY REQUIREMENTS

- Work in collaboration with the Community Mental Health team at the County;
- Help schools engage in a financial commitment for continued support of this service;
- Ability to respond to crises in a timely manner determined collaboratively with the County's Human Services Department, Community Mental Health team, typically the same day the crisis occurs; and
- Ability to accurately track and report hours of service provided.

LABOR HARMONY

All applicants selected for an award through this Request for Proposal agree to comply with Snohomish County Ordinance No. 09-011, Labor Harmony Requirement, including providing a no service disruption guarantee.



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RIGHT TO REJECT, NEGOTIATE AND/OR CANCEL

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

Additionally, the County reserves the right to negotiate with the apparently successful Applicants and may request additional information or modification of a proposal. When deemed advisable, and before any contract is let, the County reserves the right to arrange an on-site pre-award review to determine the Applicant's ability to meet the terms and conditions of the RFI.

RIGHT TO PROTEST

This procedure is to be followed in the event that an organization proposing to receive funds wishes to protest the selection process or the County's decision. By submitting a proposal in response to this RFP, the proposer agrees to follow the process set forth below prior to pursuing other rights or remedies that might be available to it.

The complainant shall notify the Supervisor of the Community Mental Health Team of the Snohomish County Human Services (the "Supervisor") in writing of the nature of its complaint and may request a meeting to discuss the complaint. This written notification and request, if any, must be received by the County no later than five (5) working days after the occurrence of the incident upon which the complaint is based. The complaint will be reviewed and, if a meeting was expressly requested in writing, the meeting will be scheduled with the complainant within three (3) working days of the receipt of the written request for a meeting. The Supervisor will issue a written response to the complaint no later than five (5) working days following the meeting or if no meeting was requested, no later than five (5) working days following receipt of the complaint. The response will be mailed to the complainant on the day it is issued.

In the event that the complainant is dissatisfied with the decision rendered by the Supervisor, the complainant may appeal the Supervisor's decision to the Director of the Human Services Department (the "Director"). The complainant shall notify the Director in writing of the nature of the complaint and shall request a meeting to discuss the appeal. The notification of the appeal must be received by the Director no later than five (5) working days after the receipt of the Supervisor's response. The Director will review the appeal and schedule a meeting with the complainant within three (3) working days of receipt of the written appeal. The Director will



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issue a written decision on the appeal no later than five (5) working days following this meeting and will be mailed to the complainant on the day it is issued. The Director's decision shall be final, however, it shall not prevent any complainant from thereafter pursuing any rights or remedies that might otherwise be available.



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LETTER OF INTENT FORM

Please type or print all information. Return the completed and signed form to:

Snohomish County, CMH

Attn: Liza Patchen-Short

3000 Rockefeller Ave, M/S 305

Everett, WA 98201

Or you can email or fax the form to: Liza.Patchen-Short@co.snohomish.wa.us; 425-388-7234

Letter of Interest Form **must be received by COB April 29, 2016**. Late or incomplete forms will not be accepted.

IDENTIFYING INFORMATION

Agency Name _____

Director's Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail Address _____

Signature below indicates an interest in submitting a proposal for The Youth Crisis Response Team. 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 my application.

Name and Title (print or type)

Signature

Date