

RFP #C9023

Outpatient Mental Health Services for Children, Youth and Their Families - 2008

I. Introduction and Background

The purpose of this document is to provide interested parties with information to enable them to prepare and submit a proposal and to inform them of basic requirements that the County uses as part of its standard contract process. *Your proposal should include the completed City-County Consolidated Application or County Short Form Application and information requested in Section III below.*

Standard contract requirements concerning Affirmative Action, the Americans with Disabilities Act, the County's Living Wage ordinance, contract termination and modification, etc. are included in the County's boilerplate contract. This contract is subject to change. For further information you can view a copy of the contract on our website at:

<http://www.danecountyhumanservices.org/becomeprovider.htm>

Contracts with the Department of Human Services limit administrative costs/expenses to a 15% ceiling.

II. Scope of the Project:

A. Project Description:

The Children, Youth and Families (CYF) Division of Dane County Department of Human Services is seeking vendors to provide outpatient mental health treatment services for children, youth and their families involved with the child welfare, child protection and delinquency services systems. Services areas include individual, group and family mental health treatment as well as psychiatric services for children and youth. Service location should meet the needs of Dane County consumers and availability of home based treatment is highly desirable. Accessibility of child/adolescent psychiatry is also a great need for this consumer population and is highly desired service element in this application. Understanding of the juvenile court system and the service needs of children and youth within the child welfare, child protection and delinquency systems is essential.

It is not expected that a single vendor will have the expertise to serve the developmental needs of the total child/youth population, therefore vendors may elect to serve only pre-school and elementary age children and their families, or only middle and high school age youth and their families if they so choose. Vendors who elect to serve all ages groups will be expected to demonstrate adequate staffing as well as expertise to serve both populations.

B. Objectives:

1. CYF Division serves a highly diverse, multi-cultural population many of whom enter the system with complex clinical and concrete service needs. Please explain your program's experience in providing culturally competent services to populations with multiple stressors and complex service needs. How does your program currently demonstrate and define successful outcomes with these populations?
2. A significant proportion of the children and youth served by both Child Protection and Delinquency Services report exposure to traumatic events in their lives, and a

significant portion of those children exhibit mental health symptoms associated with traumatic events. Please describe the treatment modality (or modalities) your program would utilize to effectively serve children and/or youth with trauma exposure and your program's experience in providing this form(s) of treatment.

4. What methodology does your program utilize to determine the need to end treatment? Please describe methods used to determine both successful and unsuccessful treatment termination.
5. Please describe your program's ability to provide family counseling. Please include information regarding your program's staffing and expertise in providing this form of treatment for the population. Please also indicate if this service would be provided in an office based or other setting.
6. Please indicate the type(s) of treatment your program would offer to parents of children/youth involved with the Child Protection and/or Juvenile Delinquency systems. Please indicate your rationale for this treatment including presumed effectiveness for the population.
7. Please describe what types of groups your program would offer (if any). Please indicate in your response your program's rationale for utilizing this form of treatment with the proposed population. If your program is not offering group treatment, please indicate reasons for this programming choice.
8. Please describe availability of child and adolescent psychiatry within your program. Please include any assessment processes utilized and/or requirements which must be met to access child/adolescent psychiatry services in your response.
9. COMPLETE ONLY IF PROPOSING TO SERVE ADOLESCENT POPULATION - Please indicate your program's ability to effectively serve youth with both mental health and alcohol and other drug treatment needs. Please indicate staff expertise in the delivery of dual diagnosis treatment and the types of treatment your program would utilize to best serve this population.

C. Needs/Expectations:

1. Applicant agency must be a certified mental health clinic or readily eligible for certification (certification ready by January 2009)
2. Applicant agency must have the ability and willingness to conduct third party billing including Medical Assistance billing.
3. The unit rate for this service cannot exceed \$100 per hour including psychiatry services. If not providing in-house psychiatry services, unit rate cannot exceed \$90 per hour.
4. The applicant agency must have a demonstrated ability to team effectively with child welfare, child protection and delinquency service systems.
5. Must have the capacity to serve 780 persons (children, youth and their parents) annually. Applicants wishing to work only pre-school/elementary age children and families should have a capacity serve 312 persons annually if applying for the

maximum funding released in this RFP for this population. Applicants seeking to serve only middle/high school age youth and families should have the capacity to serve 468 persons annually if applying for the maximum funding released in this RFP for this population.

D. Current Operations:

The Children Youth and Families Division of Dane County Department of Human Services currently contracts with the Mental Health Center of Dane County, Inc. and the Rainbow Project, Inc for the provision of outpatient mental health services for children, youth and their families

- E. Maximum funding available for this project is \$875,187. If applying to serve only pre-school and elementary age children and their families the maximum funding available is \$350,075 and if applying to serve only middle/high school age youth and their families the maximum funding available is \$525,112

The County reserves the right to reject any and all proposals and to negotiate the terms of the contract, including the award amount, with the selected proposer prior to entering into a contract. If contract negotiations cannot be concluded successfully with the highest scoring proposer, the County may negotiate a contract with the next highest scoring proposer.

III. Request for Information in addition to the Application form (required):

- A. New applicants to a program are required to submit 3 references. References should be specific to the service offered. References should be from agencies you have done business with or those with whom you have collaborated.
- B. Collaborative Relationships: Describe any significant collaboration with other agencies/institutions that routinely contribute to your program's success. Include agencies that formally refer clients, provide complementary services or with which you have contractual agreements or share resources.
- C. Quality Assurance and Improvement: What mechanisms or processes are you using to assure the achievement of the outcomes you have identified under "Program Activities"?
- D. Additional Pages: Applicants may add up to a total of 7 additional pages to describe program activities, quality assurance and improvement practices and experience and qualifications.
- E. Please indicate which population(s) your program will serve when answering the Program Activities section.

IV. Evaluation Criteria. Scoring from the consolidated application is as follows:

Program Activities (Consolidated Application, Program Description, p. 3, E. or County Short Form Application, p. 2)	45%
Quality assurance and quality improvement practices (RFP Section III. C.)	20%
Experience and qualifications (Consolidated Application, Organizational Profile, p. 1 or County Short Form Application, p. 4)	25%
Program budget (Consolidated Application or County Short Form Application, Appendix A.)	10%

V. Contact Information: Please register your interest in this proposal with the contact person below. This will facilitate any additional information sharing with all interested parties. For clarifications or questions concerning this application, this is your contact.

Contact: Marykay Wills, CYF Mental Health Manager
Phone: 608-838-6866
E-Mail: wills.marykay@co.dane.wi.us

VI. Timeline

Consolidated Application Workshop and date of issue of the application:

May 1, 2008
2:00 PM to 3:15 PM
Warner Park Community Center
1625 Northport Drive

May 2, 2008
9:00 AM to 10:15 AM
Madison Senior Center
330 W. Mifflin Street

Application due from vendors: June 6, 2008, 12 noon
Notification of intent to award (est.): July 30, 2008

Your completed proposal should include the following:

- 1) A completed County Short Form application**
- 2) Additional information requested in Section III above.**

Submit your completed proposal to:
Dane County Human Services
Attn: RFP #C9023
1202 Northport Drive
Madison, Wisconsin 53704

Proposals are due no later than June 6, 2008, 12 noon.