**Part II Application Form**

**GREAT RIVERS BEHAVIORAL HEALTH ORGANIZATION**

**REQUEST FOR APPLICATIONS FOR PACIFIC COUNTY JAIL BASED MENTAL HEALTH PROFESSIONAL**

**RFA #2018-04 Application**

**PURPOSE**

Great Rivers Behavioral Health Organization (Great Rivers) is a Behavioral Health Organization whose mission is to build and maintain a hopeful, strength-based, collaborative and empowering system of care to help those individuals and families in Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum counties with complex mental health, substance use and other health needs achieve personal goals and live, work and participate in their community. This Request for Application (RFA) invites qualified providers of behavioral health services – who currently serve Pacific County– to submit applications for the purpose of providing Pacific County Jail Based Mental Health Professional (MHP) Application services in central population hubs within the Great Rivers region.

This is a two-stage process. Applicants are asked in the first stage to provide a brief project description and a proposed budget. All applications will be reviewed and ranked by a committee composed of Great Rivers staff and other stakeholders. Selected applicants will then be asked to meet with Great Rivers for a comprehensive interview regarding the content of the applicant’s submission. If an agreement between the selected applicant and Great Rivers can be reached, the applicant may be asked to submit a detailed proposal that will, if approved by the Great Rivers Governing Board, result in a contract award.

Great has not set a limit of one contract to be awarded. Application will be funded based on how well they meet regional priorities and further the mission of Great Rivers. Applications that are not funded may be retained by Great Rivers for future consideration and award.

**EVALUATION CRITERIA**

Application will be evaluated based on the following criteria:

* Does the Applicant further the mission of Great Rivers?
* Does the application reflect Recovery principles as defined by SAMHSA and integration of care?
* Does the Applicant demonstrate sufficient knowledge and skill to provide mental health services in the Pacific County jail?
* Does the application reflect ability to provide quality care by a designated MHP?
* Is the proposed budget and funding mechanism realistic?
* Does the application propose new efficiencies or demonstrate savings?

**ELIGIBILITY**

Behavioral Health Agencies that are licensed, providing behavioral health treatment in Pacific County and provide Great Rivers the data required by the Department of Behavioral Health and Recovery.

**LENGTH OF AWARD**

Contractual Agreements will be until December 31, 2019.

**AVAILABLE FUNDING**

This Request for Application funding is to be based upon the budget of $90,525.

**APPLICATION DEADLINE**

All applications must be submitted to [contract@greatriversbho.org](mailto:contract@greatriversbho.org) by June 25, 2018. Submission instructions can be found on page 6 of this document.

**TO LEARN MORE ABOUT THIS OPPORTUNITY**

Great Rivers invites all interested parties to ask questions by submitting them to [contract@greatriversbho.org](mailto:contract@greatriversbho.org). All questions will be posted to Great Rivers website weekly.

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**APPLICATION**

**APPLICANT INFORMATION**

Legal name of Applicant/Company/Agency:

Doing Business as:

Street Address:

City: State: ZIP:

Authorized Representative:

Title:

Phone: FAX:

Program Location, if different than above:

Email address: Tax ID#:

Licensed BHA

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**PROPOSED PROGRAM INFORMATION**

In one page or less, describe the method in which Pacific County jail based MHP services would be implemented. Please include total number of client contact hours you anticipate providing per week, types of treatment services provided, and project timeline.

How will the MHP collaborate with other systems of care?

What staffing requirements will you have for the MHP and how will you ensure the MHP is dedicated to the Jail Based position (i.e. won’t get pulled away for other duties within the agency)?

Provide a detailed budget breakdown for all costs related to the Jail Based MHP position.

Please list 3 outcomes that will be used to measure the success of the project. Include method and frequency of data collection

What other program information would you like to have considered during the evaluation process?

**Debarment**

Proposer shall submit a certification indicating that neither the Proposer nor any of its principals are presently debarred, suspended, proposed for debarment or suspension, declared ineligible, or voluntarily excluded from participation in this transaction or contract by any governmental entity. If the Proposer cannot certify this statement, the Proposer shall attach a written explanation indicating why the Proposer cannot certify this statement.

For additional information regarding this application, please contact [contract@greatriversbho.org](mailto:contract@greatriversbho.org).

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**SUBMISSION INSTRUCTIONS**

Please follow the below instructions to submit your application and other required documents electronically via email.

**STEP 1**

**Prepare our submission as shown below:**

Organize your application into the following individual PDF files:

1. Application (filetype: PDF) – Required

**STEP 2**

**Prepare your application to Great Rivers by emailing to:**

[contract@greatriversbho.org](mailto:contract@greatriversbho.org)

Subject line of email shall be RFA #2018-04

Within email, information should include the documents attached to the email.

One application per email.

**Important notes:**

You will receive an email confirmation receipt with a unique confirmation once you finalize your submission.

Each file has a maximum size of 10 MB.

**Need help?**

To speak with someone at Great Rivers Behavioral Health Organization about your submission, please email [contract@greatriversbho.org](mailto:contract@greatriversbho.org).