City of Seattle
Human Services Department

2016
Youth Mental Health Counseling Services
Request for Proposal
Amendment 4/15/16

(Amendment: Section VI. Investment Area Background & Program Requirements, F. Description of Key Staff and Staffing Level)

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GUIDELINES

I. Introduction

The Youth and Family Empowerment (YFE) Division of the City of Seattle Human Services Department (HSD) is seeking applications from agencies interested in providing outpatient mental health counseling services for Black/African American, Hispanic/Latino, Native American, and/or Asian/Pacific Islander youth.

> Mental Health: as defined by the World Health Organization, mental health is **"**a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

This Request for Proposal (RFP) is open to agencies who meet the minimum eligibility criteria outlined in section VII of the Guidelines and Application. Partnerships with Seattle Public Schools, school-based or public health clinics, and/or other community agencies are encouraged but not mandatory. The purpose of the RFP is to fund the provision of mental health counseling and treatment to Seattle youth with mental health disorders, behavioral or other emotional concerns such as attention deficit hyperactive disorder, anxiety disorders, conduct disorders and depression but who may be ineligible for Medicaid, or lack medical insurance or sufficient coverage for treatment.

Approximately $628,000 is available through this RFP process from the following sources:

Fund Sources	**Request for Proposal Amount**
HSD General Fund	*$628,000*

HSD intends to fund five to six proposals. Initial awards will be made for the period of January 1, 2017-December 31, 2017. While it is the City's intention to renew agreements resulting from this RFP on an annual basis through the 2020 program year, future funding will be contingent upon performance and funding availability.

The City of Seattle Human Services Department seeks to contract with a diverse group of providers to help ensure that the desired result of HSD's Youth Mental Health Counseling Services' investments is that youth and young adults are healthy (physical, social, emotional), as indicated by a decrease in youth and young adults reporting poor mental health.

All materials and updates to the RFP are available on HSD's Information for Grantees web page. HSD will not provide individual notice of changes, and applicants are responsible for regularly checking the web page for any updates, clarifications, or amendments.

HSD will have no responsibility or obligation to pay any costs incurred by any applicant in preparing a response to this RFP or in complying with any subsequent request by HSD for information or participation throughout the evaluation and selection process.

If you have any questions about the Youth Mental Health Counseling Services RFP, please contact:
Tan Mei Teo, Funding Process Coordinator, via email at tan-mei.teo@seattle.gov

II. Timeline

Funding Opportunity Released	Thursday, March 31, 2016
Information Session*	Monday, April 11, 2016 2:30 p.m. - 4:00 p.m. Seattle Public Library - Columbia Branch Meeting Room 4721 Rainier Avenue South, Seattle, WA 98118
Last Day to Submit Questions	Wednesday, April 27, 2016 by 12:00 p.m.
Application Deadline	Thursday, May 12, 2016 by 12:00 p.m.
Planned Award Notification	Monday, August 29, 2016
Contract Start Date	Sunday, January 1, 2017

*Please contact the Funding Process Coordinator for accommodation requests: Tan Mei Teo at tan-mei.teo@seattle.gov

HSD reserves the right to change any dates in the RFP timeline.

III. HSD Guiding Principles

In addition to the investment outcomes stated in this RFP, investments will reflect the Seattle Human Services Department's vision, mission and values and support the department's theory of change.

Vision
The vision of the Seattle Human Services Department is that all basic needs in our communities are met through innovative and collaborative approaches. Greater Seattle is a place where the richness of our diversity is valued, all of our communities thrive, and people grow up and grow old with opportunity and dignity.

Mission
The mission of the Seattle Human Services Department is to connect people with resources and solutions during times of need so we can all live, learn, work and take part in strong, healthy communities.

Values
We accomplish our mission by adhering to core values and funding programs whose work supports them:

- ***Vision*** – we are future-focused, funding outcomes that create a stronger community.
- ***Innovation*** – we foster an environment where creativity and new approaches are valued, tested, refined, and implemented.
- ***Results*** – we fund and administer programs that are accountable, cost-effective, and research-based, ensuring people receive high-quality services.
- ***Equity*** – our resources are devoted to addressing and eliminating racial, social, economic, and health disparities in our community.

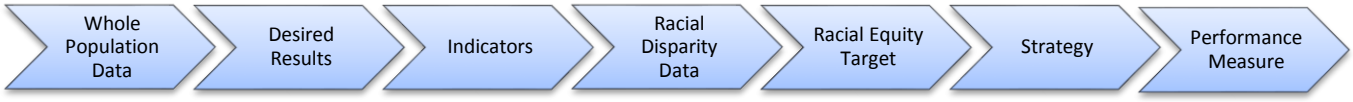
- ***Creative collaboration*** – we share the collective wisdom of our colleagues and community to develop and implement programs.
- ***Service*** – we ensure the programs we support are accessible to all community members and deliver high-quality, welcoming customer service.

IV. HSD's Outcomes Framework & Theory of Change

HSD has developed a strategy for results-based accountability and addressing disparities to ensure that the most critical human service needs are met by:

- **DEFINING** the desired results for the department's investments;
- **ALIGNING** the department's resources to the desired results; and
- **MONITORING** the result progress to ensure return on investment.

The results-based accountability "Outcomes Framework" helps HSD move from ideas to action to ensure that our work and investments are making a real difference in the lives of vulnerable people. HSD's **Theory of Change** ensures that data informs our investments – particularly around addressing disparities – and shows the logical link between the desired results, indicators of success, racial equity targets based on disparity data, strategies for achieving the desired results, and performance measures.



All investments resulting from this funding opportunity will demonstrate alignment with HSD's theory of change towards achieving the YFE's Division's identified community value and the desired results:

Community Value: Youth and young adults transition successfully to adulthood

Results:

- Youth and young adults are **healthy** (physical, social, emotional)

Youth Mental Health Counseling Services: Theory of Change

The theory of change describes the expectations for how the desired results and equity goals will be achieved through a set of specific activities (strategy) which are measured by quantity, quality and impact performance measures.

Desired Result	Indicator	Racial Disparity Data	Racial Equity Goal	Strategy	Performance Measure
Condition of wellbeing for entire population	Achievement benchmark - how we know the "result" was achieved	Data depicting socioeconomic disparities and disproportionality between ethnic/racial populations	Stretch goal for reducing and/or impacting the racial equity disparity	Activities or interventions that align to the results and indicators, and are informed by best or promising practices, cultural competency and community engagement – what HSD is purchasing	What gets counted, demonstration of how well a program, agency or service is doing (quantity, quality, impact)
Youth and young adults are healthy (physical, social, emotional)	Decreased % of youth and young adults reporting poor mental health	• 21% of low-income children and youth have mental health disorders. Latino (11%) and non-Hispanic Black (6%) youth are also less likely to have health insurance coverage than non-Hispanic Whites (5%) (Center for Disease Control and Prevention). • Hispanic/Latino and non-Hispanic Black youth used mental health services at about half the rate, and Asian youth at about one third the rate, of White youth (National Institute of Mental Health). • 39% of Native American and 32% of Pacific Islander 10th graders in Seattle reported experiencing depression for 2 weeks and stopped doing usual activities, yet they are each only 1% of Seattle Public Schools' (SPS) student population as compared to 21% of White 10th graders reporting depression and make up 46% of the SPS student population (SPS Healthy Youth Surveys 2010, 2012, 2014). • 15% of non-Hispanic Black high school students (who make up 16% of SPS student population) thought about suicide in the past year and 13% had attempted suicide one or more times, whereas 11% of non-Hispanic White high school students (who make up 46% of SPS student population) thought about suicide in the past year and 4% had attempted suicide one or more times (Youth Risk Behavior Survey 2012).	Black/African American*, Hispanic/Latino, Native American, and/or Asian/ Pacific Islander youth will access mental health services and demonstrate positive mental health at the same or higher rate than White youth. *Black/African American category includes African	• **Priority communities**: youth of color, Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ), immigrant and refugee, homeless/unstably housed (including those under McKinney-Vento Homeless Assistance Act), and low income youth meeting 80% or below of Housing and Urban Development's (HUD) guidelines. • **Focus populations:** Black/African American, Hispanic/Latino, Native American, and Asian/Pacific Islander.* • **Services**: outpatient mental health services may include: individual, family, group, and LGBTQ counseling; partnerships with school based/public health centers or community agencies; and care coordination. • **Eligibility**: youth 11 – 21 years, residing in Seattle or attending Seattle Public Schools, and not Medicaid eligible, or lack medical insurance or sufficient coverage. • **Approaches**: individualized, strength-based, client centered, and evidence based. *To meet the goals for increasing services to these focus populations, funded agencies will be identifying strategies to enroll Black/African American, Hispanic/Latino, Native American, and/or Asian/Pacific Islander youth in mental health services. Increased services to these focus populations will be exhibited with a notable increase in clients demonstrating positive mental health.	<u>Quantity</u> 1. # youth from priority communities and focus populations receive an initial assessment for mental health counseling services. 2. # youth from priority communities and focus populations participate in developing treatment plans with their therapist. 3. # youth from priority communities and focus populations engage in mental health counseling for three or more months or complete the mandated sessions. <u>Impact</u> Over the course of the anticipated four-year contracts resulting from this funding opportunity, incremental increases, which move toward the result, indicator, and racial equity goal, in the following areas will be expected including specific incremental increases in the priority community and focus population outcomes. 1. # of youth from priority communities and focus populations who receive mental health services demonstrate progress in one or more of the following areas: • family functioning; • peer relations; • community attachment; • individual behavior; and • academic achievement and school readiness. <u>Quality</u> Certified and licensed mental health counselors with proven records in working with the priority communities and focus populations.

V. HSD's Commitment to Funding Culturally Responsive Services

In conjunction with the Seattle Race and Social Justice Initiative (RSJI), which is a citywide effort to end institutionalized racism and race-based inequities in Seattle, HSD has developed investment principles that reflect our commitment to funding culturally responsive services to create positive outcomes for service recipients. Agencies applying for investment will demonstrate the capacity to institute these principles through routine delivery of participant-centered and strength-based services that are culturally:

COMPETENT, as demonstrated by "the ability to honor, understand, and respect beliefs, lifestyles, attitudes, and behaviors demonstrated by diverse groups of people, and to diligently act on that understanding".[1] It is "the ability to function effectively in the midst of cultural differences. It includes knowledge of cultural differences, awareness of one's own cultural values, and ability to consistently function with members of other cultural groups".[2]

RESPONSIVE to the cultural and linguistic needs of diverse populations. Agencies have the capacity to effectively serve and engage persons of diverse backgrounds. Agencies commit to practicing cultural responsiveness throughout all levels of the program, including policy, governance, staffing, and service model and delivery. Agencies make every effort to recruit and retain a work force (paid and voluntary), and policy-setting and decision-making bodies, that are reflective of the focus populations identified in the theory of change.

RELEVANT in addressing the cultural needs of diverse populations whose models of engagement or cultural standards differ from mainstream practices. Agencies are staffed with people who have the cultural competency to create authentic and effective relationships and provide culturally responsive services for members of specific cultural groups and/or communities of color. Commitment and experience of the agency reflects effective, mutually beneficial relationships with other organizations (such as grassroots or community-based organizations, churches, community networks, etc.) that are reflective of the populations being served.

ACCESSIBLE through language, location, and delivery style. Agencies have the capacity to overcome mainstream barriers and/or provide effective alternative strategies that enable residents to easily access mainstream and nontraditional programs and services.

VI. Investment Area Background & Program Requirements

Mental disorders are chronic health conditions that can continue through the lifespan and mental disorders in children are a substantial public health concern with considerable associated costs to individuals, families, and society. The National Alliance on Mental Illness reports that the onset for 50% of adult mental health disorders occurs by age 14, and for 75% of adults, by age 24. An estimated $247 billion is spent each year on childhood mental disorders alone.[3] Interventions early in life can lead to decreases in emotional and behavioral problems, functional impairments, and contact with all forms of law enforcement. It can also lead to relief from economic difficulties, stigma due to the disorders, improvements in social and behavioral adjustment, learning outcomes, and school performance.

A. Overview of Investment Area

Most children and youth are physically and emotionally healthy. They go through significant changes in their development as they transition from childhood to adolescence and into young adulthood. Decisions during

[1] Coyne, C. (2001) "Cultural Competency: Reaching Out to All Populations". PT Magazine, pgs. 44-50.
[2] York, S. (2003) Roots and Wings: Affirming Culture in Early Childhood Programs. St. Paul, MN: Redleaf Press, pg. 161.
[3] Perou, R. et al. (2013) Mental Health Surveillance Among Children - United States, 2005–2011. Center for Disease Control and Prevention, Morbidity and Mortality Weekly Report, May 17, 2013 Supplement.

this period of growth can have a dramatic effect on the rest of their lives, affecting their education, health, employment and relationships. Positive mental health in childhood and adolescence is characterized by the achievement of developmental and emotional milestones, healthy social development, and effective coping skills. Children with positive emotional and mental health have a better quality of life and can function well at home, in school and in their communities.

However, the National Institute of Mental Health estimates that 13 - 20% of youth (one in every five youth) living in the United States experience a mental disorder:

- 11% with mood disorder such as depression or bipolar disorder,
- 10% with behavioral disorder such as attention deficit hyperactivity or conduct disorder, and
- 8% with at least one type of anxiety disorder.

High school students with mental health disorders may miss as many as 18 to 22 days of school per year and tend to engage in high-risk behaviors, including drug and alcohol use and/or suicide attempts, especially for those who may be significantly depressed. Of these students, 50% eventually drop out of high school.[4] The 2015 Washington State Behavioral Health Barometer report by the Substance Abuse and Mental Health Services Administration states that 12% or 64,000 youth in Washington ages 12 - 17 had at least one major depressive episode within the year prior to being surveyed. Of those youth, 56% did not receive treatment for their depression. Stigma, lack of access to health care, and financial barriers are common reasons why many do not seek mental health treatment.

B. Service/Program Model

HSD will invest in outpatient mental health counseling and treatment services for Seattle youth who display symptomatic signs of mental health disorders, behavioral issues or other emotional impairments that interfere with their ability to interact with their friends and family or function effectively within their schools, workplace or community. The goal of mental health counseling is to decrease the youth's emotional, behavioral or functional impairments, provide appropriate coping skills, and help plan next steps to improve their quality of living.

Outpatient mental health services may include individual, family, group, and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) counseling offered on or off-site; partnerships with school based/public health centers or community agencies; and care coordination for youth and their families. To achieve this, collaborations or partnerships with schools, school based or public health clinics, and other social service partners are desired but not mandatory. Services will be provided by qualified professionals who meet the minimum requirements for certified counselors and/or licensed mental health counselors.

Mental Health Counseling	
Mental Health Definition	A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.
Counseling Goal	To alleviate emotional/behavioral/functional impairments, begin stabilization, increase coping mechanisms, determine next steps, and improve the quality of life.
Duration	Generally, three months or longer.
Location	At the agency's office, in a community healthcare or school-based setting, or at appropriate off-site locations agreed between the therapist and youth.
Service Recipients	• Youth 11 -21 years of age. • Youth who reside within Seattle city limits or attend Seattle Public Schools.

[4] National Alliance on Mental Health. (n.d.) Health Facts: Children and Teens. Retrieved from http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers

	• Youth who are Medicaid ineligible, or lack medical insurance or sufficient medical coverage. • Priority communities: youth of color, LGBTQ, immigrant and refugee, homeless/unstably housed (including those under McKinney-Vento Homeless Assistance Act) and low-income youth meeting 80% or below of Housing and Urban Development's (HUD) Primary Metropolitan Statistical Area (PMSA) income guidelines. • Focus populations: youth from Black/African American, Hispanic/Latino, Native American, and Asian/Pacific Islander communities.
Services	• Individual counseling • Family counseling • Group counseling • LGBTQ counseling • Partnership with school based/public health centers or community agencies • Care coordination
Approaches	• Individualized • Client-centered • Strength-based • Evidence-based
Qualifications	Only qualified professionals who meet the minimum Washington State Department of Health licensing requirements can provide youth mental health counseling services.

C. Criteria for Eligible Clients

Eligible youth must be:

1. Between the ages of 11 – 21;
2. Living within Seattle city limits or attending Seattle Public Schools; and
3. Medicaid ineligible, or lack medical insurance or sufficient coverage for treatment.

D. Focus Population and Priority Community

Income Levels and Health Insurance Coverage

Youth from low-income households are at increased risk for mental health disorders. The Center for Disease Control and Prevention states that 21% of low-income children and youth ages 6 -17 have mental health disorders. Of these low-income children and youth, 57% come from households with incomes at or below the federal poverty level. Youth of color are also less likely to have health insurance coverage and used mental health services at a lesser rate than White youth. For instance, 11% of Hispanic/Latinos and 6% non-Hispanic Blacks are less likely to have health insurance coverage when compared to 5% of non-Hispanic Whites. Further, 39% of foreign born Hispanic/Latino children are more likely to be without health insurance.[5] Lack of health insurance is the most significant barrier to medical care. According to the National Institute of Mental Health, Hispanic/Latino and non-Hispanic Black youth also used mental health services at about half the rate, and Asian youth at about one third the rate, of non-Hispanic White youth.

Homelessness and Housing Instability

Homelessness and health concerns often go hand in hand. People who are homeless are more likely to experience compromised mental health and mental illness than the general population. The National Runaway Switchboard estimates that there are approximately 1.3 million homeless youth living on the streets on any given night. In King County, over 800 youth are homeless or unstably housed every night. Of

[5] Murphey, D., Guzman, L., & Torres, A. (2014). American's Hispanic Children: Gaining Ground, Looking Forward

those experiencing homelessness, more than 50% are youth of color and 20% identify as LGBTQ, compared to the general youth population at only 10% LGBTQ. The Seattle Public Schools reported serving 1,700 homeless 6th to 12th graders in the 2014-15 school year.[6] Many of these students were either living in shelters, hotels/motels, or vehicles; doubling-up or couch surfing with family or friends; or were unsheltered. The consequences of homelessness can be devastating and long-lasting. Homeless youth face a host of challenges to their development, including lack of sleep, hunger, fear, and increased levels of stress. They often suffer from severe anxiety and depression, poor health and nutrition, and low self-esteem. At least 50% of homeless youth are thought to have serious mental health and/or drug addiction problems. [7]

Sexual Identification and Orientation

LGBTQ individuals face more discrimination in employment, housing, and medical care and these negative attitudes toward the LGBTQ community put LGBTQ youth at increased risk for experiences with violence, substance abuse and suicidal behaviors. The National Alliance on Mental Illness states that LGBTQ teens are six times more likely to experience symptoms of depression, three times more likely to abuse substances and four times more likely to experience suicidal ideation than the general population. The Seattle Public Schools' Healthy Youth Surveys (2010, 2012 and 2014) revealed that LGBTQ 10th graders reported the highest rate of depression at 49%, compared to the average at 26%.

Homeless LGBTQ individuals face additional obstacles and have unique needs when accessing services and housing. Not all shelters or transitional housing are appropriate for LGBTQ youth because of their sexual orientation and gender identification. They therefore face longer terms of homelessness, have more mental health and substance abuse issues, are more likely to engage in prostitution, are more often abused at shelters, and experience more violence on the streets than homeless heterosexual youth. According to the National Coalition of Anti-Violence Programs, anti-LGBTQ homicides increased by 11% in 2014. More than half of these hate violence homicide victims were transgender women and transgender women of color. According to the National Coalition for the Homeless, LGBTQ homeless youth commit suicide at higher rates (62%) than heterosexual homeless youth (29%).

Depression and Suicides

According to the Seattle Public Schools' Healthy Youth Surveys (2010, 2012 and 2014), 39% of Native American and 32% of Pacific Islander 10th graders reported depression for two weeks and stopped doing usual activities, yet they are each only 1% of SPS student population. At 28%, Native Americans have the highest rates of individuals living with mental health conditions, yet only 10 - 35% of the youth utilize professional health services during a suicidal episode. [8] Their suicide rate at 17% was the second leading cause of death among Native American youth ages 10 – 24, compared to the overall national rate of 12%.[9] For Asian/Pacific Islander (API) youth ages 15 to 24, suicide was the second leading cause of death. API high school students report higher rates of suicidal ideation than the national average high school population.[10] APIs are less likely to seek professional help for psychological distress and are less likely to disclose suicidal thoughts. Of those who reported attempted suicide, 62% disclosed their first suicide attempt occurred before age 18.[11]

[6] State of Washington. Office of Superintendent of Public Instruction. (2015). Statewide homeless report by district. Retrieved from http://www.k12.wa.us/HomelessEd/pubdocs/StatewideHomelessReportByDistrict2015.pdf
[7] Ensign J, Bell, M. (2004). Illness Experiences of Homeless Youth. Qualitative Health Research.
[8] Mock, C. N., Grossman, D. C., Mulder, D., Stewart, C., & Koepsell, T. S. (1996). Health care utilization as a marker for suicidal behavior on an American Indian reservation. Journal of General Internal Medicine
[9] Suicide Prevention Resource Center. (2013). Suicide Among Racial/Ethnic Populations in the U.S.: American Indians/Alaska Natives. Waltham, MA: Education Development Center, Inc.
[10] Centers for Disease Control and Prevention. (2011). High School Youth Risk Behavior Survey.
[11] Cheng, J. K., Fancher, T. L., Ratanasen, M., Conner, K. R., Duberstein, P. R., Sue, S., & Takeuchi, D. (2010). Lifetime suicidal ideation and suicide attempts in Asian Americans. Asian American Journal of Psychology

Suicide was the third leading cause of death for Hispanic/Latino males ages 15 to 34. Among those who have attempted suicide, most attempts occurred before age 18. Hispanics/Latinos underutilize mental health services, were less likely to receive care that follows recommended guidelines and more likely to rely on informal supports and primary care providers than on mental health specialists for services.[12] They were also less likely than other racial/ethnic groups to call a suicide crisis line during a suicidal crisis.[13] Suicide was also the third leading cause of death for non-Hispanic Black males ages 15–24.[14] Non-Hispanic Black youth were substantially less likely than non-Hispanic White youth to have used a mental health service in the year during which they seriously thought about or attempted suicide.[15] Of those in Seattle high schools, 15% of non-Hispanic Black students thought about suicide in the past year and 13% had attempted suicide one or more times (Blacks make up 16% of the SPS student population), whereas 11% of non-Hispanic White high school students thought about suicide in the past year and 4% had attempted suicide one or more times (Whites make up 46% of the SPS student population).[16]

Focus Populations

The focus populations for this funding are based on HSD's outcomes framework, which is a results-based accountability system and ensures the services are focused to address disparities in the population. Given the data provided, the focus populations are:

- Black/African American[17]
- Hispanic/Latino
- Native American
- Asian/ Pacific Islander

To meet the goals for increasing access to services to the focus populations, agencies will identify strategies to enroll Black/African American, Hispanic/Latino, Native American, and/or Asian/Pacific Islander youth in mental health counseling services. Increased services to these focus populations will be exhibited with a notable increase in clients demonstrating positive mental health at the same or higher rate than White youth. Applicants should also demonstrate an intention and plan to address the disparities associated with the priority communities of youth of color, LGBTQ, immigrant and refugee, homeless/unstably housed (including those under McKinney-Vento Homeless Assistance Act), and low-income youth meeting 80% or below of HUD's PMSA income guidelines. Proposals that clearly describe a plan to address significant needs among other populations will also be considered.

E. Expected Service Components

Core Components

i. Individual, Group, Family, or LGBTQ Counseling

Individual, group, family, or LGBTQ counseling include a variety of treatments used to treat behavioral health problems. Counseling and more specialized psychotherapies seek to change behaviors, thoughts, emotions, and how people see and understand situations. Counseling is provided by trained clinicians such as certified counselors, mental health counselors, social workers and psychologists. Counseling can take various forms depending on the type of therapy, the goals of the treatment, and other factors in the life of the person receiving therapy. Some courses of counseling last for months or even years, while others can be brief. Counseling is usually provided on an individual basis, but can also be conducted with family members or in small groups with people facing similar issues. The approaches can be:

- Individualized: one-on-one, collaborative process between therapist and client to facilitate desired change and improve quality of life;

[12] Cabassa, L. J., Zayas, L. H., & Hansen, M. C. (2006). Latino adults' access to mental health care: A review of epidemiological studies. Administration & Policy in Mental Health.
[13] Larkin, G. L., Rivera, H., Xu, H., Rincon, E., & Beautrais, A. L. (2011). Community responses to a suicidal crisis: Implications for suicide prevention. Suicide & Life-Threatening Behavior.
[14] Centers for Disease Control and Prevention. (2010). Web-based Injury Statistics Query and Reporting System.
[15] Freedenthal, S. (2007). Racial disparities in mental health service use by adolescents who thought about or attempted suicide. Suicide & Life-Threatening Behavior.
[16] Seattle Public Schools (2012). Youth Risk Behavior Survey. Retrieved from http://mcgilvraes.seattleschools.org/cms/One.aspx?portalId=627&pageId=18826
[17] Black/African American includes African

- Client-centered: emphasizes client's self-discovery, interpretation, conflict resolution, and reorganization of values and life approach through non-judgmental and non-directive stance from the therapist;
- Strength-based: encourages growth and competency by identifying the positive resources and abilities that the clients and their families have.

ii. Evidence-Based Therapies

Evidence-based therapies are programs that have been shown to have improved participant outcomes in both clinically controlled and real world settings through high quality scientific research replicated across a variety of settings. Individual and group counseling, medication treatments, and supportive services are evidence-based treatments that can be offered by providers individually or jointly. Depending on the type of service, some or all of these can be offered in various settings.

Common modes of evidence-based therapies include, but are not limited to:

- Cognitive Behavioral Therapy
- Assertive Community Treatment
- Mindfulness-Based Cognitive Therapy
- Dialectical Behavioral Therapy

iii. Cultural Competency

Mental and behavioral health care practitioners can bring about positive change and outcomes by understanding the cultural backgrounds of their clients and their ability to work within that context. This means incorporating community-based values, traditions, and customs into treatment plans and project evaluations. Implementing strategies to improve and ensure cultural and linguistic competency in behavioral health care systems is a powerful way to address disparities and ensure all populations have equal access to services and supports and higher levels of success in intervention goals.

The focus populations and priority communities identified in this RFP call for interested applicants who have experience and an understanding of the unique strengths, needs, and concerns of the Black/African American, Hispanic/Latino, Native American, and/or Asian/Pacific Islander communities. Interested applicants should also demonstrate a strong connection with youth of color, LGBTQ, immigrant and refugee, homeless/unstably housed, and/or low-income youth to bring about positive change and outcomes in youth accessing mental health services.

<u>Optional Components</u>

i. School Based Health Centers

School based health centers (SBHCs) are available at most Seattle public middle and high schools and are often operated in partnership between the schools and community healthcare agencies. They are typically staffed with coordinators, nurse practitioners and mental health counselors to provide preventative health care, treatment of common illness, reproductive/family planning, mental health therapy, and crisis intervention. A licensed mental health therapist will work closely with school based clinic staff as a team to provide on-going individual therapy, crisis interventions, support services and referral to mental health or other treatment programs for youth and their parents or guardians. The increased availability of mental health services in schools not only increases accessibility of care but also reduces the stigma of seeking mental health care.[18] Youth are 21 times more likely to make a mental health visit to a school-based provider than to a community site.[19] SBHCs, through its preventative care, can help students with acute or chronic illnesses to continue to attend school by improving their health and wellness and reduce the risks for disciplinary actions, low attendance and dropouts.

[18] Brown MB, School-based health centers: implications for counselors. The Journal of Counseling and Development. 2006;84(2):187-191

[19] Juszczak L, Melinkovich P, Kaplan D. Use of health and mental health services by adolescents across multiple delivery sites. The Journal of Adolescent Health. Jun 2003;32(6 Suppl):108-118.

The 2008 – 2009 Seattle SBHC User Demographics survey revealed that clients were 22% Asian, 31% Black, 14% Hispanic, 2% Native American, and 31% White. Of these students, 54% were on the National School Lunch Program where they received low-cost or free lunches. The most common reasons for visits to a SBHC were academic difficulties, family problems, and depressive disorders.

ii. Care Coordination

Supportive services are critical components of a behavioral health system and can help youth meet their treatment goals. Care coordination connects behavioral health services with housing stability, employment, education and other supports. Frequently, when individuals are involved in multiple public systems it is important for a single point of contact to coordinate care and engage all the system partners in service planning and delivery. These types of services support the goals of community integration and social inclusion for people with mental and/or substance use disorders and their families.

F. Description of Key Staff and Staffing Level

To ensure high quality client services, only qualified professionals who meet the minimum Washington State Department of Health licensing requirements can provide youth mental health counseling services. Agencies proposing alternative qualifications, student internships or other staffing that differ from the minimum requirements should provide an explanation, including how and why this alternate plan is beneficial for the mental health clients. Otherwise, the following Washington Administrative Codes and Revised Code of Washington definitions apply:

- RCW 18.19 (WAC 246-810): certified counselors must hold a bachelor's degree in a counseling-related field, pass the Washington State Certified Adviser Examination, have a written supervisory agreement, complete 36 hours of continuing education every two years and three hours of training in suicide assessment, including screening and referral once every six years.
- RCW 18.225 (WAC 246-809): licensed mental health counselors must hold a master's or doctoral degree in mental health counseling or a behavioral science master's or doctoral degree in a field relating to mental health counseling, complete 36 hours of continuing education every two years and six hours of training in suicide assessment, treatment, and management once every six years.
- WAC 246-809: supervision will be provided by an approved licensed mental health counselor or social worker who has a minimum of an M.A., holds a license that has been in good standing for at least two years, has a minimum of 15 hours of training in clinical supervision and 25 hours of experience in supervision of clinical practice.

Staff should demonstrate a history of working with youth from the focus populations and priority communities who exhibit signs of mental health disorders or behavioral impairments, as well as an understanding of their cultural backgrounds, needs, and challenges to ensure that youth receive quality and culturally competent counseling services.

G. Expected Investment Outcomes and Indicators

The intervention goals of the mental health counseling services are to alleviate the youth's emotional, behavioral, or functional impairments and to begin stabilization, assist in determining next steps, and achieve the five positive mental health performance measures in:

1. Family functioning
2. Peer relations
3. Community attachment
4. Individual behavior
5. Academic achievement and school readiness

Over the course of the anticipated four-year contracts resulting from this funding opportunity, HSD anticipates the Youth Mental Health contracts will serve the priority communities and focus populations in incremental increases in the following outcomes:

Desired Result	Indicator	Strategic Investment Plan (SIP): B3C- Youth Mental Health Counseling
		Milestones and Performance Commitments Priority communities: youth of color, LGBTQ, immigrant and refugee, homeless/unstably housed (including those under McKinney-Vento Homeless Assistance Act) and low income youth meeting 80% or below of HUD's guidelines) Focus populations: Black/African American, Hispanic/Latino, Native American, and Asian/Pacific Islander)
Youth and young adults are healthy (physical, social, emotional)	Decreased percentage of youth and young adults reporting poor mental health	Milestones • Milestone #1: # youth from priority communities and focus populations receive an initial assessment for mental health counseling services. • Milestone #2: # youth from priority communities and focus populations participate in developing treatment plans with their therapist. • Milestone #3: # youth from priority communities and focus populations engage in mental health counseling for three or more months or complete the mandated sessions.
		Performance Commitments* • Performance Commitment #1: # of youth from priority communities and focus populations who receive mental health services demonstrate progress in one or more of the following performance measures: ○ family functioning; ○ peer relations; ○ community attachment; ○ individual behavior; and ○ academic achievement and school readiness **Funded programs will be required to track and report the number of youth from the focus populations who achieve the performance commitment.*

VII. Agency Minimum Eligibility Requirements

Applications for this RFP will be accepted from any legally constituted entities that meet the following minimum eligibility requirements:

- Applicant must meet all licensing requirements that apply to its organization. Companies must license, report and pay revenue taxes for the Washington State Business License (UBI#) and Seattle Business License, if they are required by the laws of those jurisdictions.

- Applicant must have a Federal Tax ID number/employer identification number (EIN) to facilitate payments from the City of Seattle to the provider.

- Applicant must be incorporated as a private non-profit corporation in the State of Washington and must have been granted 501(C) (3) tax exempt status by the United States Internal Revenue Service, the applicant's 501(C) (3) status must be in good standing and must not have been revoked in the previous calendar year.
  OR

- Applicant is a federally-recognized Indian tribe in the State of Washington
  OR
- If the applicant is a public corporation, commission, other legal entity or authority established pursuant to RCW 35.21.660 or RCW 35.21.730, the applicant's status as a legal entity must be in good standing and must not have been revoked in the previous calendar year.

VIII. Client Data and Program Reporting Requirements

Agencies must be able to collect and report client-level demographic and service data as stated in any resulting contract. Agencies must implement policies and procedures to ensure privacy and confidentiality of client records for both paper files and electronic databases.

Agencies must be able to collect and report demographic numbers on a monthly or quarterly basis.

IX. Contracting Requirements

- Any contract resulting from this RFP will be between the City of Seattle, through its Human Services Department, and the applicant agency (referred to as "Contractor" in this section).

- Contracts may be amended to ensure that services and outcomes align with the community needs or due to availability of funding.

- Contractors will be required to comply with the Terms and Conditions of the Human Services Department Master Agency Services Agreement (MASA). These requirements shall be included in any contract awarded as a result of the RFP and are not negotiable. A copy of the MASA is available on HSD's Information for Grantees web page.

- HSD will attach Exhibits and Attachments to all resulting contracts which will further specify program terms, rules, requirements, guidelines and procedures.

- 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. The City of Seattle, or any of its duly authorized representatives, shall have access to such books, records and documents for inspection, audit, and copying for a period of seven (7) years after completion of work.

- Contractors must complete all required reports and billing documentation as stated herein and in any resulting contract. Reimbursement will be contingent upon receipt and approval of required reports. Additional data may be required for audit or evaluation purposes.

- All programs funded through this RFP must publicly recognize HSD's contribution to the program.

- Contractors will maintain a commercial general liability insurance policy with a minimum limit of $1,000,000, naming the City of Seattle as insured.

- Contractors must have the capacity to protect and maintain all confidential information gained by reason of any resulting contract against unauthorized use, access, disclosure, modification or loss.

- Contractors must be able to collect and report data as described in Section VIII.

X. Selection Process

This RFP is competitive. All interested parties must submit a complete application packet (as outlined in Section IV of the Application Instructions and Materials) by the deadline to be considered for funding. All completed applications turned in on or before the deadline that meet the minimum eligibility requirements (as outlined in Section VII of the Guidelines and Application) will be reviewed and individually scored by members of the rating committee.

Applications not meeting requirements of minimum eligibility or application completeness will be deemed ineligible and will be eliminated from further consideration. HSD reserves the right to seek clarification and accept or waive any nonmaterial irregularities or informalities in determining whether or not an application is eligible.

Eligible and complete applications will be rated based on the criteria for providing the required services outlined in the Guidelines and Application materials. HSD reserves the right to contact the primary contact person listed on the agency's completed Application Cover Sheet (Attachment 2) to clarify application contents. HSD also reserves the right to schedule and conduct interviews and/or site visits with some or all applicants prior to forwarding funding recommendations to the HSD Director. Following the rating process, including interviews if any, the rating committee will forward its funding recommendations to the HSD Director for final decision regarding the award(s). Notification of investment awards will be sent to the Executive Director of the applicant agency (or similar level agency management staff indicated on the application cover sheet).

Due to the competitive nature of this RFP, beyond any scheduled information sessions offered by HSD, no individual technical assistance will be provided until the appeals process has closed. Applicants may not rely on oral communication from HSD staff at any information session, interview, site visit or otherwise and must review all written materials and addendums related to this RFP.

HSD reserves the right to make an award(s) without further discussion of the proposal submitted. Therefore, the application should be submitted on the most favorable terms. If the application is selected for funding, applicants should be prepared to accept the proposed terms for incorporation into a contract resulting from this RFP.

HSD also reserves all rights not expressly stated in the RFP, including making no awards or awarding partial funding and negotiating with any proposer regarding the funding amount and other terms of any contract resulting from this RFP.

XI. Appeal Process

An applicant is any legal entity that has responded to a formal funding process conducted by the City of Seattle Human Services Department in soliciting applications for the provision of defined services. Applicants have the right to protest or appeal certain decisions in the award process made by HSD.

The following outlines the opportunities for applicants to appeal a decision made by HSD at two distinct points in the funding process:

1. **Minimum Eligibility Screening Appeal Process:** This process is applicable to applicants notified by HSD that their application was incomplete and/or did not meet the minimum eligibility requirements

outlined in the Guidelines and Application document for the specific funding opportunity, and therefore will not be reviewed for funding consideration.

2. **Post-Notice of Award Appeal Process:** This process is applicable to applicants notified by HSD of the final status of their application, as determined by the HSD Director, upon the conclusion of the review and rating process.

While the grounds for appeals and deadlines differ, both processes will follow the same appeal format and content requirements and decision process, except as otherwise stated herein.

Minimum Eligibility Screening Appeal Process

Grounds for Appeals:

This process applies only to applicants wishing to appeal a decision regarding failure to submit a complete application or failure to meet the minimum eligibility requirements outlined in the funding opportunity. An appeal will only be determined to have merit if the applicant proves that the application submitted was complete, did meet the minimum eligibility requirements, qualifications, and formatting standards, and that the initial determination of ineligibility was in error. No additional information or details not included in the original application will be considered.

Appeals Deadlines:

1. The Human Services Department will notify applicants in writing if their application was incomplete and/or did not meet the minimum eligibility requirements outlined in the Guidelines and Application document for the specific funding opportunity.
2. Any applicant wishing to appeal must submit a written appeal to the HSD Director within five (5) business days from the date of the written notification by HSD.
3. The HSD Director will review the written appeal and may request additional oral or written information from the appellant organization. A written decision by the HSD Director will be made within ten (10) business days of the receipt of the appeal. The HSD Director's decision is final.
4. HSD will not finalize a contract resulting from the solicitation until the appeal process has closed; however, an appeal based upon an application's incompleteness or failure to meet minimum eligibility requirements will not prevent HSD from moving forward with the review and rating process for other applications. HSD reserves the right to issue an interim contract for services to meet important client needs.

Post-Notice of Award Appeal Process

Grounds for Appeals:

Only an appeal alleging an issue concerning the following subjects shall be considered:

- A matter of bias, discrimination or conflict of interest.
- Violation of policies or failure to adhere to guidelines or published criteria and/or procedures established in a funding opportunity.

Appeals Deadlines:

1. The Human Services Department will notify all applicants in writing of the final status of their application. For awarded applications, if appropriate, the level of funding to be allocated will be stated.
2. Any applicant wishing to appeal a decision regarding award must submit the appeal in writing to the HSD Director within ten (10) business days from the date of the written notification by HSD.
3. The HSD Director will review the written appeal and may request additional oral or written information from the appellant organization. A written decision by the HSD Director will be made within ten (10) business days of the receipt of the appeal. The HSD Director's decision is final.

4. HSD will not finalize a contract resulting from the solicitation until the appeal process has closed; however, HSD reserves the right to issue an interim contract for services to meet important client needs.

Appeal Format and Content:
A notice to HSD staff that an applicant intends to appeal does not reserve the right to an appeal. The applicant must file an appeal within the required deadline and follow the proper format. A casual inquiry, complaint or an appeal that does not provide the facts and issues, and/or does not comply with the form, content or deadline herein, will not be considered by the Department or acted upon as an appeal.

All appeals shall be in writing and state that the applicant is submitting a formal appeal. Deliveries by hand, mail or email are acceptable methods. HSD is not responsible for ensuring that an appeal is received within the appeal deadlines. If HSD does not receive the appeal by the deadline, the protest will be rejected.

Appeals must be addressed to:

Catherine Lester, Director
Seattle Human Services Department
700 5th Avenue, Suite 5800
P.O. Box 34215
Seattle, WA 98124-4125
Email: Catherine.Lester@seattle.gov

Include the following information and any additional information you would like considered in the appeal. Failure to provide the following information may result in rejection of the appeal if the materials are not sufficient for HSD to adequately consider the nature of the appeal:

1. Agency name, mailing address, phone number and name of individual responsible for submission of the appeal;
2. Specify the funding opportunity title;
3. State the specific action or decision you are appealing;
4. Indicate the basis for the appeal including specific facts;
5. Indicate what relief or corrective action you believe HSD should make;
6. Demonstrate that you made every reasonable effort within the funding process schedule to resolve the issue, including asking questions, attending information sessions, seeking clarification and otherwise alerting HSD to any perceived problems; and
7. Signed by the Agency's Executive Director or similar level agency management staff.

Appeals Process:
Within two (2) business days of receiving an appeal according to the appeals submission process outlined herein, the applicant will receive a receipt from the HSD Director's Office notifying the applicant of the date, time and method by which the appeal was received. If the applicant does not receive a receipt within two business days, it should be assumed that HSD did not receive the appeal and it will therefore not be considered.

The HSD Director will review the appeal. All available facts will be considered and the HSD Director shall issue a final decision. This decision shall be delivered in writing by email or mailed letter to the individual making the appeal and the Agency's Executive Director or similar level agency management staff who signed the appeal.

Each written determination of the appeal shall specify whether the HSD Director:
1. Finds the appeal lacking in merit and upholds the City action; or
2. Finds only immaterial or harmless errors in HSD's funding process and therefore rejects the appeal; or

3. Finds merit in the appeal and:
    a. **For the Minimum Eligibility Screening Appeal Process:** proceeds with inclusion of the original application, as submitted, in the application review and rating process. (This does not guarantee an award from the funding process, but rather allows the originally rejected application to re-enter the evaluation process for funding consideration.)
    b. **For the Post-Notice of Award Appeal Process:** states the appropriate action, which may include but is not limited to rejecting all intended awardees, making partial award, re-tabulating scores, or any other action determined by the HSD Director.

If HSD finds an appeal without merit, HSD may continue with the funding process (contract execution). Even if the appeal is determined to have merit, HSD may issue an interim contract for services to meet important client needs. Nothing herein shall diminish the authority of HSD to enter into a contract, whether an appeal action or intention to appeal has been issued or otherwise.

City of Seattle
Human Services Department

2016
Youth Mental Health Counseling Services
Request for Proposal
Amendment 4/15/16

Amendment: Section III. Proposal Narrative & Rating Criteria, B. Capacity and Experience

APPLICATION

Instructions and Materials

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2016 Youth Mental Health Counseling Services Request for Proposal. The Request for Proposal Guidelines is a separate document that outlines the Request for Proposal award process and provides more details on the service and funding requirements.

I. Submission Instructions & Deadline

Completed application packets are due by 12:00 p.m. on Thursday, May 12, 2016.

Application packets must be received in person, by mail, or electronic submission. No faxed or e-mailed proposals will be accepted. Proposals must be received and date/time stamped by the 12:00 p.m. deadline. *Late or incomplete proposals or proposals that do not meet the minimum eligibility requirements outlined in this RFP will not be accepted or reviewed for funding consideration.*

Applicants must make arrangements to ensure that applications are received by HSD by the deadline, regardless of the submission method selected. When using HSD's Online Submission System, it is advisable to upload application documents several hours prior to the deadline in case you encounter an issue with your internet connectivity which impacts your ability to upload documents. HSD is not responsible for ensuring that applications are received by the deadline.

- Electronic Submittal: Application packets may be submitted electronically via HSD's Online Submission System at http://web6.seattle.gov/hsd/rfi/index.aspx.
- Hand Delivery or US Mail: The application packet can be hand-delivered or mailed to:

Seattle Human Services Department
Request for Proposal Response – Youth Mental Health Counseling Services
Attn: Tan Mei Teo, Youth and Family Empowerment Division

Delivery Address
700 5th Ave., 58th Floor
Seattle, WA 98104-5017

Mailing Address
P.O. Box 34215
Seattle, WA 98124-4215

II. Format Instructions

A. Applications will be rated only on the information requested and outlined for this RFP, including any clarifying information requested by HSD. Do not include a cover letter, brochures, or letters of support. Applications that do not follow the required format may be deemed unresponsive and may **not** be rated.

B. The application should be typed or word processed on double-sided, letter-sized (8 ½ x 11-inch) sheets. Please use one-inch margins, single spacing, and minimum size 11-point font.

C. The application may not exceed a total of 10 pages including the narrative sections and attachments (unless the attachment is requested and specifically states that it will not count toward the page limit). Pages which exceed the page limitation will not be included in the rating.

D. Organize your application according to the section headings that follow. For the narrative sections, please include section titles, subheadings and questions that are in bold print. You do not need to rewrite the questions for specific elements of each question.

III. Proposal Narrative & Rating Criteria

Write a narrative to sections A – E. Answer each section completely according to the questions. Do not exceed a total of 10 pages for section A – E combined.

NARRATIVE QUESTIONS

A. PROGRAM DESIGN DESCRIPTION *(30 points)*

1. Describe your program model and outline the key service components in your program. Include when and where (e.g., locations, times, days of week, etc.) youth mental health counseling services will be delivered and by whom.
   - Provide the number of youth who were served in 2015, including geographic region, age, income, race, ethnicity, language, and other defining attributes.
   - Describe how these service components will help your program achieve the required performance commitments.
2. Describe the focus populations and priority communities to be served.
   - Describe how your program will recruit the focus populations (i.e., Black/African American, Hispanic/Latino, Native American, and/or Asian/Pacific Islander) and priority communities (i.e., youth of color, LGBTQ, immigrant and refugee, homeless/unstably housed and/or low income youth) listed in Sections IV and VI of the funding Guidelines and any other focus populations or priority communities.
   - Describe the characteristics of these populations such as geographic region, age, ethnicity, language, and other defining attributes.
   - Provide the number of unduplicated youth your program proposes to serve on an annual basis for milestones and performance commitments as shown in the table under Section VI, Section G of the funding Guidelines.
   - Describe any significant changes from previous program years in the demographic characteristics of participants projected to be served, including those listed in the focus populations and priority communities.
   - Describe the metrics that your program will use to verify and evaluate that the performance commitments are met and the desired results are achieved.

- Describe how services will be provided in a developmentally appropriate and culturally, linguistically relevant way and designed to reduce the mental health disparity.

3. Describe how you will solicit quality assurance and incorporate input from the focus populations and priority communities into your program and ongoing services. Describe past experience in program improvement strategies. For example, the use of surveys, focus groups, lessons learned, staff training, quality assurance practices, etc.

Rating Criteria – A strong application meets all of the criteria listed below.

- Applicant presents a thorough description of the program that includes an understanding of the service component and evidence of likely success in meeting performance commitments.
- Applicant clearly defines the number of youth who were served in the previous year and presents a thorough description of their demographic information.
- Applicant demonstrates an ability to comply with program requirements.
- Applicant clearly defines the focus populations and priority communities to be served and the outreach strategies to recruit these populations and communities are sound and effective.
- Applicant's description shows a strong connection with the focus populations and priority communities and an understanding of their strengths, needs, and concerns.
- Applicant demonstrates an understanding of the unique needs of the focus populations and priority communities.
- Applicant clearly defines the number of youth from focus populations and priority communities to be served.
- Applicant demonstrates an understanding of the demographic changes in the focus populations and priority communities to be served.
- Applicant has a proven metrics system it uses to verify and evaluate that performance commitments are met.
- Applicant presents a thorough description of how services will be provided in a developmentally appropriate, culturally and linguistically relevant manner.
- Applicant demonstrates ability to improve program and services based on participant feedback and has a plan to examine service and outcome effectiveness on a consistent basis.

B. CAPACITY AND EXPERIENCE *(30 points)*

1. Describe your organization's success in providing youth mental health counseling services. Include your organization's ability to address changes in funding, staffing, changing needs in the community, and developing and maintaining board or leadership support. If your agency has no experience delivering the service, describe any related experience and a plan for rapid development of service and staff capacity, and attach a start-up timeline.
2. Describe how this program will fit into the agency's program structure and link to other services within the agency. Describe the leadership/organizational support for the program.
3. Provide a list of and a brief job description for all key personnel, including their qualifications, who will have a significant role in program coordination and service delivery. If alternative mental health qualifications, student internships or other staffing are proposed that differ from the minimum requirements, describe how this is beneficial for clients, the level of staff experience, frequency of supervision, and the transition plan, if applicable.
4. Describe your plan for staff recruitment, training, supervision and retention for the proposed program. Complete the Proposed Personnel Detail Budget (Attachment 4; this does not count toward the 10 page narrative limit).
5. Describe your organization's experience with data management – collecting, storing, and analyzing client information and program activities. What is your technical capacity for tracking client information, such as priority community or focus population level data, and producing reports on a monthly or quarterly basis?

Rating Criteria – A strong application meets all of the criteria listed below.

- Applicant's description demonstrates the applicant's experience in delivering the service, OR (for applicants providing the service for the first time) the applicant presents a clear and realistic description and timeline for launching a new service.
- Applicant demonstrates successful experience adapting to changes in funds and community needs.
- Applicant has other services within the agency that the program can be linked to improve service outcomes.
- Applicant's leadership is likely to provide strong ongoing support for the service proposed.
- Applicant has a sufficient number of qualified key personnel (or partners) to deliver the services as described, or a plan to build staff capacity in a short time. Applicants who proposed alternative qualifications provided adequate explanation of how and why this is beneficial for clients. Applicants who utilize interns have described the work plan agreement with the accredited education institutions of higher learning, the frequency of supervision, and the client transition plan upon the termination of the internship.
- Applicant describes processes for maintaining quality staff that matches the levels needed to run the program as described.
- Applicant demonstrates an understanding of data management and has the technical capacity for reporting priority community or focus population level data on a regular basis.

C. CULTURAL COMPETENCY *(20 points)*

1. Describe your experience providing services to the priority communities (i.e., youth of color, LGBTQ, immigrant and refugee, homeless/unstably housed and/or low income youth) and focus populations (i.e., Black/African American, Hispanic/Latino, Native American, and/or Asian/Pacific Islander). If experience is limited, what steps will you take to provide culturally competent services?
2. What challenges and successes have you experienced, or do you anticipate, in providing services to people from diverse cultural and economic backgrounds?
3. Describe how the agency board and staff represent the cultural, linguistic and socio-economic background of program participants.
4. Describe your agency's strategy for ensuring cultural and linguistic competence is infused through your policies, procedures and practices.
5. What kind of trainings does your agency provide to support cultural competency?

Rating Criteria – A strong application meets all of the criteria listed below.

- Applicant demonstrates understanding of cultural competence and describes how cultural competence is incorporated into the program and service delivery.
- Applicant demonstrates the ability to provide culturally competent services within diverse communities and shows an understanding of the challenges.
- Applicant has a proven track record of providing culturally and linguistically relevant services to diverse focus populations and priority communities.
- Applicant's staff composition reflects the cultural and linguistic characteristics of the focus populations and priority communities.
- Applicant's board composition reflects the cultural and linguistic characteristics of the focus populations and priority communities.
- Applicant describes existing policies and procedures, or a strategy to develop policies and procedures that demonstrate a respect and appreciation for the cultural and linguistic characteristics of the focus populations and priority communities.
- Applicant has demonstrated a commitment to ongoing training and development within the agency to promote and support culturally competent service delivery.

D. PARTNERSHIPS AND COLLABORATION *(10 points)*

1. Describe how the proposed project will partner with other agencies/programs to deliver services. What are the benefits of this effort for program participants? Please identify any areas that will consolidate the provision of services across agencies.
2. If the proposal includes formal partnerships, name each organization in this arrangement. Explain the roles and area of responsibilities. If this is a new partnership, please describe the timeline of activities to be implemented. Provide signed letters of intent from any significant partner(s) providing key program elements and support. Partnership letters will not be counted toward the maximum page limit.
3. Describe how you will refer clients to other youth mental health counseling programs and agencies in a proactive, seamless, client-friendly manner.

Rating Criteria – A strong application meets all of the criteria listed below.

- Applicant describes effective partnerships and collaborations that enhance service quality, minimize duplication, enhance the resources available and provide benefit to program participants.
- Applicant has submitted signed letters of intent from key partners.
- Applicant describes how clients will be referred to other programs and agencies in a proactive, seamless, client-friendly manner.

E. BUDGET AND LEVERAGING *(10 points)*

1. Complete the Proposed Program Budget (Attachment 3; this does not count toward the 10 page narrative limit). The costs reflected in this budget should be for the service area only, not your total agency budget.
2. Describe how these funds will be used and identify other resources and amounts that will be used to support the clients served by this program.
3. Describe your organization's financial management system. How does your agency establish and maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to safeguard all funds that may be awarded under the terms of this RFP. Entities without such capabilities may wish to have an established agency act as fiscal agent.
4. Describe how your agency has the capability to meet program expenses in advance of reimbursement.

Rating Criteria – A strong application meets all of the criteria listed below.

- Costs are reasonable and appropriate given the nature of the service, the focus populations and priority communities, the proposed level of service, and the proposed outcomes.
- The proposed program is cost effective given the type, quantity, and quality of services.
- The applicant identifies other funds to be used with any funds awarded from this RFP for providing the services described in the proposal, and provides evidence that these funds are sustainable.
- 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 RFP.
- The applicant demonstrates the capability to meet program expenses in advance of reimbursement.

Total = 100 points

IV. Completed Application Requirements

AT APPLICATION SUBMITTAL

To be considered Complete, your application packet must include all of the following items or the application will be deemed incomplete and will not be rated:

1. A completed and signed two-page Application Cover Sheet (Attachment 2).
2. A completed Narrative response (see Sections II & III for instructions).
3. A completed Proposed Program Budget (Attachment 3).
4. A completed Proposed Personnel Detail Budget (Attachment 4).
5. Roster of your agency's current Board of Directors.
6. Minutes from your agency's last three Board of Directors meetings.
7. Current verification of nonprofit status or federal recognition as an Indian tribe, or evidence of incorporation or status as a legal entity. Your agency must have a federal tax identification number/employer identification number.
8. If your agency has an approved indirect rate, a copy of proof that the rate is approved by an appropriate federal agency or another entity.
9. If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each service.
10. If you are proposing a significant collaboration with another agency, attach a signed letter of intent from that agency's Director or other authorized representative.

AFTER MINIMUM ELIGIBILITY SCREENING AND DETERMINATION OF A COMPLETED APPLICATION

If HSD does not already have them on file, any or all of the following documents may be requested after applications have been determined eligible for review and rating. Agencies have four (4) business days from the date of written request to provide requested documents to the funding process coordinator:

1. A copy of the agency's current fiscal year's financial statements reports, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the agency's CFO, Finance Officer, or Board Treasurer.
2. A copy of the agency's most recent audit report.
3. A copy of the agency's most recent fiscal year-ending Form 990 report.
4. A current certificate of commercial liability insurance. Note: if selected to receive funding, the agency's insurance must conform to MASA requirements at the start of the contract.

V. List of Attachments & Related Materials

Attachment 1: Application Checklist
Attachment 2: Application Cover Sheet
Attachment 3: Proposed Program Budget
Attachment 4: Proposed Personnel Detail Budget

2016 Youth Mental Health Counseling Services Request for Proposal
Application Checklist

This optional checklist is to help you ensure your application is complete your application packet prior to submission. Please do not submit this form with your application.

HAVE YOU….

☐ **Completed and signed the 2-page Application Cover Sheet (Attachment 2)?***

☐ **Completed each section of the Narrative response?**

- Must not exceed 10 pages (8 ½ x 11), single spaced, double-sided, size 11 font, with 1 inch margins.
- Page count does not include the required forms (Attachments 2, 3 and 4) and supporting documents requested in this RFP.
- A completed narrative response addresses all of the following:

  ☐ Program Design Description (30%)
  - *There should be a separate section for each service component you have selected. To avoid repeating yourself, it is acceptable to refer to a previous service component where appropriate (e.g. "same as previous component").*

  ☐ Capacity and Experience (30%)
  ☐ Cultural Competency (20%)
  ☐ Partnership and Collaboration (10%)
  ☐ Budget and Leveraging (10%)

☐ **Completed the full Proposed Program Budget (Attachment 3)***

☐ **Completed the full Proposed Personnel Detail Budget (Attachment 4)***

☐ **Attached the following supporting documents?***

- ☐ Roster of your current Board of Directors
- ☐ Minutes from your agency's last three Board of Directors meetings
- ☐ Current verification of nonprofit status or federal recognition as an Indian tribe, or evidence of incorporation or status as a legal entity
- ☐ If your agency has an approved indirect rate, have you attached a copy of proof that the rate is approved by an appropriate federal agency or another entity?

☐ **If you are proposing to provide any new services (for your agency), have you attached a start-up timeline for each service, beginning January 1, 2017?***

☐ **If you are proposing a significant collaboration with another agency, have you attached a signed letter of intent from that agency's Director or other authorized representative?***

**These documents do not count against the 10 page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. on Thursday, May 12, 2016**. Application packets received after this deadline will not be considered. See Section I for submission instructions.

City of Seattle
Human Services Department

2016 Youth Mental Health Counseling Services Request for Proposal
Application Cover Sheet

1. Applicant Agency:			
2. Agency Executive Director:			
3. Agency Primary Contact Name: Title: Address: Email: Phone #:			
4. Organization Type ☐ Non-Profit ☐ For Profit ☐ Public Agency ☐ Other (Specify):			
5. Federal Tax ID or EIN:		6. DUNS Number:	
7. WA Business License Number:			
8. Proposed Program Name:			
9. Funding Amount Requested:			
10. # of clients to be served:	Milestone #1 Milestone #2 Milestone #3 Performance Commitment #1		
11. Partner Agency (if applicable): Contact Name: Title: Address: Email: Phone Number: Description of partner agency proposed activities:			

12. Check the focus populations and priority communities your agency will be working with (check all that apply).

Focus Population	Black/African American ☐	Hispanic/Latino ☐	Native American ☐	Asian/ Pacific Islander ☐	
Priority Communities	Youth of Color ☐	Immigrant/ Refugee ☐	LGBTQ ☐	Homeless/ Unstably Housed ☐	Low Income ☐

Authorized physical signature of applicant/lead agency

To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.

Name and Title of Authorized Representative: _____

Signature of Authorized Representative: _____ Date: _____

2016 Youth Mental Health Counseling Services Request for Proposal
Proposed Program Budget
January 1, 2017 to December 31, 2017

Applicant Agency Name:	
Proposed Program Name:	

	Amount by Fund Source				
Item	**Requested HSD Funding**	**Other[1]**	**Other[1]**	**Other[1]**	**Total Project**
1000 – PERSONNEL SERVICES 1110 Salaries (Full- & Part-Time)					
1300 Fringe Benefits					
SUBTOTAL – PERSONNEL SERVICES					
2000 – SUPPLIES 2100 Office Supplies					
2200 Operating Supplies[2]					
2300 Repairs & Maintenance Supplies					
SUBTOTAL – SUPPLIES					
3000-4000 – OTHER SERVICES & CHARGES 3100 Expert & Consultant Services					
3140 Contractual Employment					
3150 Data Processing					
3190 Other Professional Services[3]					
3210 Telephone					
3220 Postage					
3300 Automobile Expenses					
3310 Convention & Travel					
3400 Advertising					
3500 Printing & Duplicating					
3600 Insurance					
3700 Public Utility Services					
3800 Repairs & Maintenance					
3900 Rentals – Buildings					
Rentals – Equipment					
4210 Education Expense					
4290 Other Miscellaneous Expenses[4]					
4999 Administrative Costs/Indirect Costs[5]					
SUBTOTAL – OTHER SERVICES & CHARGES					
TOTAL EXPENDITURES					

[1] Identify specific funding sources included under the "Other" column(s) above:	
	$
	$
	$
	$
Total	**$**

[2] Operating Supplies – Itemize below (Do Not Include Office Supplies):	
	$
	$
	$
	$
Total	**$**

[3] Other Professional Services – Itemize below:	
	$
	$
	$
	$
Total	**$**

[4] Other Miscellaneous Expenses – Itemize below:	
	$
	$
	$
	$
Total	**$**

[5] Administrative Costs/Indirect Costs – Itemize below:	
	$
	$
	$
	$
Total	**$**

[5]Administrative Costs/Indirect Costs: Human Services Department policy places a fifteen percent (15%) cap on reimbursement for agency indirect costs, based on the total contract budget. Restrictions related to federal approved rates and grant sources still apply.

Does the agency have a federally approved rate?	☐ Yes	☐ No
If yes, provide the rate.		

2016 Youth Mental Health Counseling Services Request for Proposal
Proposed Personnel Detail Budget
January 1, 2017 to December 31, 2017

Applicant Agency Name:	
Proposed Program Name:	

Agency's Full-Time Equivalent (FTE) =		**hours/week**			**Amount by Fund Source(s)**				
Position Title	**Staff Name**	**FTE**	**# of Hours Employed**	**Hourly Rate**	**Requested HSD Funding**	**Other Fund Source**	**Other Fund Source**	**Other Fund Source**	**Total Program**
Subtotal – Salaries & Wages									
Personnel Benefits:									
FICA									
Pensions/Retirement									
Industrial Insurance									
Health/Dental									
Unemployment Compensation									
Subtotal – Personnel Benefits:									
TOTAL PERSONNEL COSTS (SALARIES & BENEFITS):									