Request for Proposal
Crisis Intervention Services

Issued by:
Columbia County Health and Human Services

Proposals must be submitted
no later than 4:30pm CST
Thursday, April 28, 2011

For further information regarding this RFP contact
Dawn Woodard
dawn.woodard@co.columbia.wi.us
(608) 742-9717

LATE PROPOSALS WILL BE REJECTED
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</table>
APPLICANT ELIGIBILITY
Applicants for this RFP must have experience providing mental health services and must be incorporated in Wisconsin as a non-profit, profit, or limited liability corporation; or must be established in Wisconsin as a proprietorship or partnership. Columbia County Health and Human Services will have sole discretion in determining applicant eligibility.

The proposal will be considered to meet the minimum requirements if the intended provider of the service has experience providing mental health services and submits a complete application.

RFP TIMELINE AND REVIEW SCHEDULE

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>March 28, 2011</td>
<td>RFP Release Date</td>
</tr>
<tr>
<td>April 8, 2011</td>
<td>Notice of Interest Due (optional)</td>
</tr>
<tr>
<td>April 28, 2011 by 4:30pm</td>
<td>Proposals Due</td>
</tr>
<tr>
<td>April 29 – May 12, 2011</td>
<td>Review Process</td>
</tr>
<tr>
<td>May 13, 2011</td>
<td>Notification of Selection</td>
</tr>
<tr>
<td>July 1, 2011</td>
<td>Projected Implementation Date</td>
</tr>
</tbody>
</table>

Notice of Interest:
It is recommended that a notice of interest be submitted by April 8, 2011 via U.S. Mail, fax or email to:

Columbia County Health and Human Services
ATTN: Dawn Woodard
PO Box 136
Portage, WI 53901

dawn.woodard@co.columbia.wi.us
Fax: 608-742-9227

The purpose of the Notice of Interest is to assure that interested applicants receive all information regarding the RFP process. The notice does not indicate any obligation and will not be used for ranking or scoring proposals. The notice should contain the name of the applicant, the mailing address, telephone number, fax number, email address, and the name(s) of contact person(s).
CRISIS INTERVENTION SERVICES
REQUEST FOR PROPOSAL

This document, referred to as a Request for Proposal (RFP), constitutes a request for competitive, sealed proposals from qualified organizations or individuals. Columbia County Health and Human Services is seeking a qualified mental health provider to enter into a purchase of service contract for the provision of County emergency mental health and substance abuse services including telephone and mobile crisis services.

“Emergency mental health and substance abuse services,” “crisis services,” or “crisis intervention services” in this RFP shall mean a coordinated system of mental health services which provides an immediate response to assist a person experiencing a mental health crisis.

Columbia County Health and Human Services received 386 crisis contacts in 2010 which is representative of most years. These contacts included telephone, walk-in, and mobile response. Of the total calls received, information regarding the reason for the call, identity of the caller, and time of the call can be seen below. Columbia County initiated a total of 113 emergency detentions in 2010.

<table>
<thead>
<tr>
<th>Reason for Call</th>
<th>Identity of Caller</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attempted Self Harm</td>
<td>Law Enforcement</td>
</tr>
<tr>
<td>Threat of Harm</td>
<td>Consumer</td>
</tr>
<tr>
<td>Alcohol Related</td>
<td>Jail</td>
</tr>
<tr>
<td>Depressed Mood</td>
<td>Family Member</td>
</tr>
<tr>
<td>Marital/Family Problem</td>
<td>Other</td>
</tr>
<tr>
<td>Thought Disorder</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

The selected vendor will provide emergency mental health and substance abuse services including telephone, walk-in, and mobile crisis services. The vendor would hire, train, schedule,
GENERAL COUNTY INFORMATION

Columbia County has an estimated population of 55,170 and encompasses approximately 773.9 square miles. The provision of crisis intervention services requires collaboration with nine (9) law enforcement agencies, seven (7) mental health clinics, and two (2) hospitals which operate within Columbia County.

Columbia County Health and Human Services operates a broad range of services for the residents of Columbia County. The selected vendor would be responsible for coordinating crisis services with the department and the following divisions:

- The Aging and Disability Resource Center (ADRC) provides information, assistance and referral for local community resources, eligibility determination for long term care programs, and assistance in applying for public benefit programs. The ADRC also provides adult protective services.
- Children and Family Services provides a variety of services to children and their families including Child Protective Services, Independent Living Program, Juvenile Justice Services, and Foster Care/Kinship Care Program.
- Behavioral Health and Long Term Support Services provides a continuum of case management and services including Birth to Three, Family Support, Children’s Long Term Support Waivers, Comprehensive Community Services, Targeted Case Management, and Representative Payee. BHLTS also contracts for the provision of outpatient mental health and substance abuse services, Community Support Program, Intoxicated Driver assessments, and Crisis Intervention Services.
- Economic Support Services determines eligibility for County residents and administers a variety of economic assistance programs including Medical Assistance, FoodShare, Medical Transportation, Child Care authorizations, and Caretaker Supplement.
- Public Health Services provides primary prevention, early intervention, and health promotion through the operation of General Public Health Programs, Communicable Disease Prevention Services, Maternal Child Health Services, Environmental Health Programs, Nutrition Program, and Preparedness & Response Activities.

Because they represent an extension of Columbia County Health and Human Services, it is the expectation that vendors and contract providers support and carry out the department mission.  

Columbia County Health and Human Services Mission

The mission of the Columbia County Department of Health and Human Services is to promote, protect, and enhance the health and well-being of county residents through the provision of quality services.
REQUIRED SERVICE COMPONENTS

The delivery of Crisis Intervention Services is regulated by the Wisconsin Department of Health Services administrative rules DHS 34 Emergency Mental Health Service Programs and DHS 75 Community Substance Abuse Services Standards (section on emergency outpatient service). Columbia County Health and Human Services currently holds certification to provide emergency services under DHS 34 Subchapter II — Standards for Basic Emergency Service Programs. The selected vendor will be expected to work with Health and Human Services to obtain certification under DHS 34 Subchapter III – Standards for Emergency Service Programs Eligible for Medical Assistance Program or Other Third Party Reimbursement no later than September 1, 2011. Applicants must demonstrate the ability to comply with the applicable parts of these standards.

Columbia County Health and Human Services will hold the DHS Crisis Certification and submit the billing for services provided. The contracted vendor will operate under the umbrella of the County’s certification. Health and Human Services will continue to provide post-crisis case management and oversight of hospital and detox admissions during regular office hours through its Behavioral Health and Long Term Support (BHLTS) division. The contracted vendor will interface with the BHLTS division and other department programs as appropriate.

Services:

1) Telephone Service. The contracted vendor will provide telephone service 24 hours a day and 7 days a week. The telephone service provides callers with information, support, counseling, intervention, service coordination, and referral for additional, alternative or ongoing services. The telephone service shall have a direct link to the mobile crisis service, which can provide an onsite response to an emergency situation. The telephone service shall be directed at achieving one or more of the following outcomes:

- Immediate relief of distress in pre-crisis and crisis situations.
- Reduction of the risk of escalation of a crisis.
- Arrangements for emergency onsite responses when necessary to protect individuals in a crisis.
- Referral of callers to appropriate services when other or additional intervention is required.

2) Mobile Crisis Service. The contracted vendor will provide mobile crisis service 24 hours a day and 7 days a week. The mobile crisis service provides on-site, in-person intervention for
individuals experiencing a crisis. The mobile crisis service shall have the capacity to respond on-site to a designated location within 45 minutes. Designated locations include Divine Savior Hospital, Columbus Community Hospital, Columbia County Health and Human Services, any Police Department located within Columbia County, Columbia County Sheriff’s Department, Columbia County Jail, any nursing home located within Columbia County, and any school located in Columbia County (during school hours only). Mobile crisis services shall be directed at achieving one or more of the following outcomes:

- Immediate relief of distress in crisis situations.
- Reduction in the level of risk present in the situation.
- Conduct face-to-face risk assessment of all individuals who may need emergency inpatient psychiatric hospitalization.
- Provide assistance to law enforcement officers involved in the situation by providing evaluation criteria and County authorization for emergency detention under s. 51.15, Stats.
- Conduct the assessment required under s. 51.45 (11) (c), Stats (protective custody for detoxification services); and, if needed, arrange for transportation of a patient to the emergency room of a general hospital for medical treatment or to a detox facility.
- Referral to or arrangement for any additional mental health or substance abuse services which may be needed.

3) Walk-in Services. The contracted vendor will provide walk-in services between 8:00 a.m. and 5:00 pm Monday through Friday, excluding holidays. Walk-in services provide face-to-face support and intervention on an unscheduled basis. Walk-in services shall be directed at achieving one or more of the following outcomes:

- Immediate relief of distress in crisis situations.
- Referral to or arrangement for additional mental health services or substance abuse services which may be needed.
- Self-directed access to mental health services.

Service Coordination: The vendor shall coordinate services and needed follow-up with the BHLTS division and other Health and Human Services’ programs. Coordination activities may include daily interactions with the Contract Liaison or other designee regarding information on crisis contacts that occur and arrangement for needed follow-up and service linkage. The vendor shall also facilitate bimonthly crisis coordination meetings with relevant emergency response partners (i.e. law enforcement, emergency room staff, CCDHHS). The vendor may also participate in other Health and Human Services advisory and review committees as requested.

Staffing: Services shall be provided either directly by a qualified masters degree licensed mental health professional or by other qualified bachelor degree professionals who have 24 hour
availability of a qualified masters degree licensed mental health professional for consultation. The consulting mental health professional may also be a Licensed Psychologist or Psychiatrist. The vendor selected shall hire, train, schedule and supervise the on-call staff.

1. **Qualifications.** Direct service staff employed by the vendor for this service, if not a licensed mental health professional, shall meet one of the following qualifications as well as any other staff qualification requirements of DHS 34.21.

   - Certified as a social worker, certified advance practice social worker and certified independent social worker as established in Wis. Stat. § Chapter 457, or
   - Registered Nurse licensed under Wis. Stat. § Chapter 441, or
   - Physician Assistant certified and registered pursuant to Wis. Stat. § 448.05 and 448.07, or
   - Post-Master’s level clinical interns seeking degrees in psychology, social work, counseling, or guidance with 1500 supervised hours, or
   - Master’s level clinicians in school psychology, marriage and family therapy, rehabilitative psychology, guidance and counseling psychology, and social work with 3000 hours of supervised clinical experience, or
   - Other qualified mental health professionals shall have at least a bachelor’s degree in a relevant area of education or human services and a minimum of one year experience (such as Substance Abuse professionals).

2. **Supervision.** The vendor shall designate a qualified licensed mental health professional to act as a consultant and clinical supervisor to be available in-person or by phone during the hours of coverage. The clinical supervisor is responsible for the quality of the services provided and shall have oversight of staff that includes direct review of cases and performance. Staff shall receive adequate clinical supervision in order to provide services that are appropriate and effective. Clinical Supervision of staff shall meet the requirements of DHS 34.21.

3. **Orientation.** The vendor shall ensure that newly hired staff complete an orientation as specified in DHS 34.21(8) within three (3) months of beginning work as a crisis on-call worker. Orientation shall be documented and available for review when requested by Health and Human Services.

4. **Ongoing Training.** The vendor shall ensure that crisis staff receives at least eight (8) hours per year of in-service training on emergency mental health services, rules, and procedures relevant to crisis services, compliance with state and federal regulations, cultural competency in mental health services, and current issues in client’s rights and services. All training shall be documented and available for review when requested by Health and Human Services.
Documentation:
The vendor is responsible for maintaining required documentation.
1. Personnel. Written documentation of qualifications, references, background checks and renewals, and training of all on-call staff workers shall be maintained by the vendor and available upon request to Health and Human Services.

2. Clinical. On-call crisis staff shall be required to document all information gathered during a crisis in a format accepted by Columbia County Health and Human Services including necessary documentation to meet requirements of DHS 34 and for Medicaid and other insurance billing. 
NOTE: Columbia County may require the vendor to submit documentation of client crisis contacts via a secure web-based format within the next 12 months. This will require that crisis staff have access to the internet in order to complete necessary client crisis documentation. Documentation of crisis contacts are confidential client records and shall be turned over to and maintained by Columbia County Health and Human Services.

3. Programmatic. Vendor agrees to assist Columbia County Health and Human Services in collecting and analyzing necessary data to ensure quality driven and cost effective delivery of crisis services and treatment.

PROPOSAL INSTRUCTIONS
1. The proposal should be printed on company/agency letterhead and professionally organized. It is recommended that applicants use a 12 point font size for ease of reading.

2. All signatures must be made by authorized representatives or officers of the entity or individual submitting the proposal.

3. Provide seven (7) total copies (one with original signatures and six (6) copies) of the entire package, including all attachments.

4. Enclose the proposal package in a sealed opaque envelope which is clearly marked "CRISIS INTERVENTION SERVICES PROPOSAL."

5. The proposal must be submitted on or before the due date (4:30 p.m. on Thursday, April 28th) as detailed in the SUBMISSION INFORMATION section on page 18.

Technical Requirements:
Applicants must provide the following information as a part of their proposal. The proposal information should be specific and complete in every detail and should be prepared in a simple and straightforward manner. Applicants should respond on a separate page for each narrative requirement.
Proposals must include the following items submitted in the order listed below:

✓ **Submission Package Checklist** - The Submission Package Checklist is included on page 15. The applicant should use this checklist in putting together the proposal. The Submission Package Checklist must be initialed for each required item contained in the package, and then signed by the applicant and dated at the bottom of the page.

✓ **Signature Page** - The Signature Page must be filled out completely and signed by the person authorized to legally bind the applicant to the proposal. The Signature Page is included on page 16 in the Appendix section of this RFP.

✓ **Service Requirements** - The Service Requirements Section has four requirements and is outlined on pages 10-14. The applicant must complete a detailed narrative for each requirement describing how the requirement will be met. A new page should be started for each requirement and labeled with the requirement title and number clearly at the top of the page. All attachments that pertain to a service requirement should be labeled with the corresponding service requirement title and number; and should be attached to or immediately follow that service requirement narrative. The service requirements should be submitted in the same order as listed in the Service Requirements section.

✓ **Cost Proposal** - The Cost Proposal page should be filled out completely and signed by the authorized individual. The Cost Proposal page is included on page 17. The cost proposal should cover a 12 month service period as described in the Budget Requirements section.

✓ **Budget Requirements** - The budget requirements are outlined on page 14. The narrative must provide explanation and detail of each line item of the Cost Proposal. This narrative should be labeled with the title “Budget Requirements” and then attached to or immediately following the Cost Proposal Page.

**SERVICE REQUIREMENTS**

**Requirement No. 1: Provider Qualifications and Experience Narrative** (40 points)

Applicants must have experience providing mental health services and be incorporated in Wisconsin as a nonprofit, profit, or limited liability corporation; or must be established in Wisconsin as a proprietorship or partnership. If a foreign corporation, the applicant must be licensed to do business in the State of Wisconsin.

A. Provide a profile of the applicant, detailing the experience of the applicant and the experience and qualifications of the person or persons who will primarily be responsible for the services. Detail the applicant’s experience providing mental health services including background, qualifications and service history.
B. Provide a detailed resume or curriculum vitae of the individual who will be primarily responsible for the clinical direction of the service. Changes in the person listed here will not be allowed without permission from Columbia County, which shall not be unreasonably denied.

C. Describe the applicant’s experience and capability to comply with Wisconsin Department of Health services administrative rules DHS 34 Emergency Mental Health Programs (especially Subchapter III) and DHS 75 Community Substance Abuse Services Standards (section on emergency outpatient service) as they apply to this project.

D. List projects of similar scope and size which demonstrate the applicant’s competence to perform the work required on this project. Provide the name and telephone number of a contact person from such previous projects.

E. Provide a minimum of three (3) letters of references with regard to the applicant’s experience, reputation, reliability and capabilities.

F. Describe the applicant’s status of incorporation in Wisconsin.

Requirement No. 2: Plan for Service Provision Narrative (50 points)
Applicants must demonstrate the ability to meet the required service components for crisis intervention services.

A. Describe how the applicant will support the Health and Human Services Mission in its delivery of Crisis Intervention Services.

B. Services – Provide a narrative for each of the service areas listed below and described in the Required Service Components section of this RFP on pages 6-7. Describe the applicant’s ability to provide these services based on history and previous experience in providing mental health services as well as the applicant’s experience in working with the individuals in crisis.

Telephone Service: Describe how this service will be provided including the point of initial contact; staff that provide the services; how the crisis professional will conduct a crisis assessment and respond to the caller’s needs; and how this service will interface with the mobile crisis services.

Mobile Crisis Service: It is also expected that the response to designated locations will be within 45 minutes. Describe how the mobile service will be provided including criteria for determining mobilization of crisis services; how the mobile service will be initiated; identify staff who will provide the services; how the crisis staff will conduct a crisis assessment and respond to the individual’s needs; and how this service will interface with
the telephone service. Also describe any assessment tools or standardized approaches that will be used.

**Walk-in Service:** Describe how this service will be provided; staff that provide the services; how the crisis professional will conduct a crisis assessment and respond to the individual’s needs; and how this will interface with other services. Also describe any assessment tools or standardized approaches that will be used.

C. **Documentation:** The vendor is responsible for maintaining documentation on staff qualifications. The vendor is also responsible for documenting all relevant information gathered during a crisis. Discuss the applicant’s plan for maintaining required documentation related to personnel, clinical, and programmatic records. Health and Human Services may require the vendor to submit documentation of client crisis contacts via a secure web-based format within the next 12 months. This will require the crisis staff to have access to the internet in order to complete necessary client crisis documentation. Discuss the applicant’s capability to transition to electronic data submission.

- **Personnel.** Describe how written documentation of qualifications, references, background checks and renewals, and training of all on-call staff workers will be maintained and the procedure for making this documentation available to Health and Human Services when requested.

- **Clinical.** Describe how information gathered during a crisis will be documented including necessary documentation to meet criteria for billing as specified by private insurance companies and Medical Assistance. Describe the capability for submitting documentation of crisis contacts via the County’s secure web-based electronic form via an internet connection. Give assurance that the client crisis documentation will be available by the opening of business hours to the Health and Human Services Clinical Supervisor or other designee so that needed follow-up and service linkage can be conducted.

- **Programmatic.** Describe how the applicant will assist Columbia County Health and Human Services in collecting and analyzing data to ensure quality driven and cost effective delivery of crisis services and treatment.

**Requirement No. 3: Staffing Plan and Qualifications Narrative** (40 points)

Applicants must provide a staffing plan which demonstrates that they will have adequate qualified staff to cover all shifts in the designated service hours. The applicant will be responsible to hire, train, schedule and supervise the on-call staff.
A. Submit plan to provide adequate staffing. Describe in detail the staffing pattern the applicant plans to put in place in order to provide coverage during the hours of service for the afterhours crisis system including the plan for providing backup in case of illness or emergency absence.

B. Describe staff qualifications. Detail qualifications that proposed staff will possess. Include a copy of any job descriptions and/or resumes of staff that are anticipated to be involved in the provision of crisis services.

C. Describe the plan to provide staff orientation and training to meet the requirements under DHS 34.21(8).

D. Describe the plan for the provision of clinical supervision to staff providing crisis services in order to meet the requirements under DHS 34.21(7). Describe the availability of a qualified licensed mental health professional to provide consultation and clinical supervision to crisis staff either in-person or by telephone.

**Requirement No. 4: Plan for Coordination Narrative** (30 points)

Columbia County Health and Human services will hold and maintain the DHS Crisis Certification and submit the billing for services provided. The contracted vendor will operate under the umbrella of the County’s certification. The vendor will take the lead in working with Health and Human Services to obtain DHS 34 Subchapter III certification. The vendor must interface services with Health and Human Services so that case management and oversight of hospital and detox admissions can occur. These coordination activities may need to include daily interactions with the Contract Liaison or other designee regarding information on crisis contacts that occur. The vendor must also facilitate bimonthly Crisis Coordination meetings with relevant emergency response partners (i.e. law enforcement, emergency room staff, corporation counsel). In addition, the vendor may be requested to participate in other Health and Human Services advisory and review committees as requested.

A. Outline a timeline and plan to assist Columbia County Health and Human Services in obtaining DHS 34 Subchapter III certification by 9/1/11.

B. Describe how the applicant will interface with the Behavioral Health and Long Term Support division and other Health and Human Services’ programs.

C. Describe how coordination activities will take place so that follow-up and service linkage occurs as needed and information is shared in a timely manner.

D. Describe the applicant’s ability to facilitate bimonthly Crisis Coordination meetings with relevant emergency response partners (i.e. law enforcement, emergency room staff, corporation counsel).
E. Describe the applicant’s ability to participate in a Columbia County Health and Human Services advisory and review committee to ensure coordinated community plans of care.

**BUDGET REQUIREMENTS**

**Cost Proposal Form (40 points)**

The Cost Proposal Form located on page 17 must be completed. The Cost Proposal form should reflect the budgeted costs a twelve month calendar year. The applicant must list all costs as they pertain to this program. If the applicant’s proposal is selected and a contract awarded, the twelve (12) month costs will be prorated to reflect an initial 6-month contract for the year 2011 beginning on the projected start date of July 1, 2011 through the end of the year on December 31, 2011. The contract would renew in 2012 and annually thereafter contingent upon approval of the Columbia County Health and Human Services Board.

**Budget Narrative**

A Budget Narrative must be provided and attached to the Cost proposal. The Budget Narrative should include sections that are labeled with the title of each line item with an explanation or rationale for the costs included in that line. The explanations do need not to be extensive or lengthy, but must adequately explain what items/elements are represented by the budget figures.
Columbia County Health and Human Services
Request for Proposal
Crisis Intervention Services

RFP SUBMISSION PACKAGE CHECKLIST

Initial each box to certify that each of the following items are included in this submission package and are placed in the order listed.

☐ Signature Page Form

SERVICE REQUIREMENTS RESPONSES AND ATTACHMENTS
☐ Requirement No. 1 – Provider Qualifications and Experience Narrative
☐ Requirement No. 2 – Service Provision Narrative
☐ Requirement No. 3 – Staffing Plan and Qualifications Narrative
☐ Requirement No. 4 – Plan for Coordination Narrative

BUDGET REQUIREMENTS
☐ Cost Proposal Form
☐ Budget Narrative

Signature: ___________________________ Date: ____________

Print Name: ________________________________________________________
Columbia County Health and Human Services
Request for Proposal
Crisis Intervention Services

SIGNATURE PAGE

APPLICANT (to be signed by the person authorized to legally bind the applicant to this proposal)
All proposal conditions and prices submitted shall remain firm for 120 calendar days following opening.

Applicant: ________________________________  Telephone: __________________
Address: ________________________________  Fax: __________________
City/State/Zip: ____________________________  Email: __________________
FEIN: ________________________________  Website: __________________

SIGNATURE: Proposal is Invalid without Signature
I hereby certify that the total contents of this proposal including the program requirements and budget sheets are accurate. I understand any false representation may result in prosecution under applicable laws and Columbia County may sanction or disqualify the Applicant with regard to this proposal and future awards.

By ________________________________  ________________________________
Signature of Authorized Representative  Print Full Name
Date: ________________________________  Title: ________________________________
**Columbia County Health and Human Services**  
**Request for Proposal**  
**Crisis Intervention Services**  
**COST PROPOSAL**

**Instructions:** The Cost Proposal form should reflect the budgeted costs for a twelve month calendar year. The applicant must list all costs as they pertain to this program. If the applicant’s proposal is selected and a contract awarded, the twelve (12) month costs will be prorated to reflect an initial 6-month contract for the year 2011 beginning on the projected start date of July 1, 2011 through the end of the year on December 31, 2011. The contract would renew annually contingent upon approval of the Columbia County Health and Human Services Board.

_The budget below reflects cost for a 12-month calendar year._

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Direct Service Staff Salary and Benefits</td>
<td>$</td>
</tr>
<tr>
<td>Supervision and Administration</td>
<td>$</td>
</tr>
<tr>
<td>Mileage/Travel Expense</td>
<td>$</td>
</tr>
<tr>
<td>Staff Training</td>
<td>$</td>
</tr>
<tr>
<td>Supplies/Equipment</td>
<td>$</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

By 

___________________________  
**Signature of Authorized Representative**  
___________________________  
**Print Full Name**

Date: ___________________________  
Title: ___________________________

CCHDS Crisis Intervention Services RFP Page 17
SUBMISSION INFORMATION

Selection of a Proposal will be based only on the Proposal submitted and subsequent interviews, if any; therefore, the proposals must be complete. Submission of a proposal shall constitute a valid offer that may be accepted by Columbia County Health and Human Services for a period of 120 days following the proposal opening.

Technical Assistance:
Any and all questions regarding specifications, requirements, competitive procurement process, etc., must be submitted per the Technical Assistance instructions. Applicants are cautioned not to contact the officers or employees of the County concerning this procurement during the competitive procurement and review processes. Applicants are advised that the only official position of Columbia County is that position which is stated in writing and issued by the contact person. No other means of communication, whether oral or written, shall be construed as a formal or official response or statement.

1. **Oral Requests for Technical Assistance:** There will be no response to oral requests for technical assistance.

2. **Written Requests for Technical Assistance:** Requests for technical assistance must be made in writing via U.S. Mail, fax, email, or courier to:
   Columbia County Health and Human Services
   ATTN: Dawn Woodard
   PO Box 136
   Portage, WI 53901
   Fax: (608) 742-9700
   Email: dawn.woodard@co.columbia.wi.us

   Every effort will be made to respond to written requests within two business days of submission. No written requests will be accepted after Monday, April 25, 2011.

Proposal Due Date:
An original and six (6) sealed copies of the proposal must be received and date stamped by Health and Human Services no later than 4:30 p.m., Central Standard Time, Thursday, April 28, 2011. Proposals may be mailed or hand delivered. Faxes, email, or electronic proposals will not be accepted.

Applicants sending proposals through the U.S. Mail are cautioned to allow sufficient time for delivery by the US Post Office. The date of postmark on a proposal sent via U.S. Mail will not be
considered in the acceptance of proposals that are not received by the due date. Proposals, which are received after the 4:30 p.m. deadline, will not be reviewed and will be returned to the applicant. No exceptions will be allowed.

Address and Labeling:
Proposals must be addressed to the Columbia County Health and Human Services office and "CRISIS SERVICES PROPOSAL" must be distinctly marked on the opaque, sealed envelope. The address should be displayed as shown below:

Columbia County Health and Human Services
CRISIS SERVICES PROPOSAL
PO Box 136
Portage, WI  53901

Changes in the Request for Proposal
If it becomes necessary to revise any part of this RFP or otherwise provide additional information, an addendum will be issued by Columbia County Health and Human Services and furnished to all applicants that have submitted a Notice of Interest.

Cancellation/Modification
Columbia County Health and Human Services reserves the right to cancel this solicitation at any time prior to award. Any proposal may be accepted, modified, rejected in whole or in part.

REVIEW PROCESS
After determining that a proposal satisfies the minimum mandatory requirements stated in the Request for Proposal, the comparative assessment of the relative benefits and deficiencies of the proposal shall be conducted. Health and Human Services will convene a committee that consists of agency staff and relevant community stakeholders (i.e. law enforcement, hospital staff, advocacy groups and consumers) to conduct an initial review of proposals.

After the initial review process, a technical question and answer conference or interview may be conducted with selected applicants, to clarify or verify the applicant’s proposal and to develop a comprehensive assessment of the proposal. Only applicants that Columbia County determines to meet its criteria will be invited to the conference and interview.

Columbia County reserves the right to consider historic information, whether gained from the applicant’s proposal, question and answer conferences, references, or any other source, in the evaluation process.
Columbia County reserves the right to negotiate the terms and conditions, including the price, as proposed in the applicant’s proposal. In addition, as part of such negotiations, Columbia County reserves the right to require supporting cost, pricing and other data from the applicant in order to determine the reasonableness and acceptability of the proposal.

NOTIFICATION OF SELECTION

Each applicant shall be notified in writing of the County’s decision regarding its proposal. Questions regarding the process or factors affecting selection shall be directed in writing to:

Dawn Woodard, BHLTS Division Administrator
Columbia County Health and Human Services
PO Box 136
Portage, WI  53901