Request for Proposals

Island County
Mobile Crisis Response, Designated Crisis Responder (DCR) Services, and Integrated First Responder Deployment

AUGUST 24, 2026

NORTH SOUND BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES ORGANIZATION

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In Partnership with

ISLAND COUNTY

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Contents

I. Instructions

Please read the entire Request for Proposals (RFP) packet.

Responses must be clearly written. If you choose to not use the provided version of the RFP Attachments to complete your Application, your responses must restate each question and use the same numbering and lettering sequence as in the RFP. In either case, responses and supporting documentation must be in the same sequence as the RFP.

Please make all written responses clear, specific, and brief. Please try to keep your electronic file under 20MB, if the file exceeds 20MB, please send in separate emails. Quality not quantity counts.

Applicant organizations must complete:

- ☐ Letter of Intent (Attachment 1, click **here**)
- ☐ Applicant Qualifications Response Form (Attachment 2, click **here**)
- ☐ Budget & Budget Narrative (Attachment 3, click **here**)

Applications should be submitted to NS_Contracts@nsbhaso.org.

II. Intent

North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) is soliciting proposals from qualified behavioral health agencies to build and operate a comprehensive, locally based, community-integrated behavioral health crisis response system on Whidbey Island in Island County, Washington. Services will include Designated Crisis Responder (DCR) functions, Mobile Rapid Response Crisis Team (MRRCT) operations, and integrated deployment with Fire, EMS, law enforcement, 911/ICOM, and RCL/988, consistent with Washington State Health Care Authority (HCA) requirements and the North Sound BH-ASO contract.

RFP Purpose and Objectives

The purpose of this RFP is to establish a contracted provider to deliver a fully integrated, in-person crisis response system, including:

1. In-person Mobile Rapid Response Crisis services.
2. Co-response and integrated deployment models with first responders, including:
    - Island County Sheriff's Office (ICSO);
    - Oak Harbor Police Department (OHPD); and
    - Local Fire and EMS agencies
3. Transportation capability, including both:
    - Arranging In-county transport to clinics, community settings, and the Whidbey Health emergency department; and,
    - Arranging Out-of-county transport, including referral to Snohomish and Skagit County E&T facilities, Crisis Triage Centers, and Evaluation & Treatment (E&T) centers.
4. Development of rural-specific best practices, leveraging national SAMHSA guidelines, HCA requirements, and local partner input.

Additional Background

Island County consists of Whidbey and Camano Islands and is served by a mix of municipal and county public safety agencies, critical-access points such as a local Hospital, Crisis stabilization and Withdrawal Management facilities, and a limited number of outpatient behavioral health providers. The county requires a crisis system capable of responding rapidly across geographically dispersed locations where travel time and weather conditions may impact deployment. This RFP is specifically for the behavioral health crisis system, to include DCRs and MRRCT operations, on Whidbey Island. Due to geographic variance, Camano Island is currently served by North Sound BH-ASO's Skagit County Behavioral Health Crisis system, and shall continue to do so.

North Sound BH-ASO is responsible for all crisis services and must ensure adherence to HCA contractual requirements including:

1. General requirements for service delivery.
2. Crisis system operations and staffing.
3. DCR and Involuntary Treatment Act (ITA) functions.
4. MRRCT response standards.
5. North Sound BH-ASO HCA boilerplate contract: Behavioral Health Administrative Services Organization

System Design Expectation

North Sound BH-ASO is seeking a provider that will not simply deliver individual crisis services, but will actively participate in the design, implementation, operation, and continuous improvement of an integrated Island County crisis response system. The selected provider will be expected to establish strong operational relationships with RCL/988, 911/ICOM, law enforcement, Fire/EMS, Whidbey Health, behavioral health providers, crisis stabilization services, and other community partners. The proposed model should maximize timely in-person behavioral health interventions to a crisis that is defined by the individual, including a parent or caregiver, reduce avoidable emergency department and law-enforcement involvement when clinically and operationally appropriate, improve continuity of

care following a crisis, and demonstrate 24/7 local capability on Whidbey Island rather than primary reliance on response resources located outside Island County.

III. Overview and Timeline

All organizations must submit a *Letter of Intent* and *Request for Proposal (RFP) Application Materials*, *Project Proposal,* and a *budget with narrative* to be considered. *See below timeline.*

Questions regarding this process or the Request for Proposal (RFP) must be received electronically by North Sound BH-ASO. Send questions to North Sound BH-ASO at NS_Contracts@nsbhaso.org**.** Answers to all questions will be posted on the North Sound BH-ASO website (Requests for Proposals & Qualifications | North Sound BH-ASO). *See below timeline*.

Completed application materials must be submitted to NS_Contracts@nsbhaso.org.

Applications will be scored by an Evaluation Committee. See *Scoring and Selection* for more information.

The Evaluation Committee reserves the right to: reject any and all Applications; extend the Application submission date; amend the RFP; and waive any irregularities or informalities in any applications. Evaluation Committee shall be the sole judge of the merits of each application. Additionally, the Evaluation Committee may, at its discretion, request that applicants submit additional information in order to permit a more informed evaluation.

All applications submitted must include a statement disclosing or denying any interest, financial or otherwise, of any employee or official of North Sound BH-ASO or Island County.

Neither applicant nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation.

An oral presentation may be required of those prospective contractors whose applications are under consideration. Prospective contractors may be informed that an oral presentation is desired and will be notified of the date, time and location the oral presentation is to be conducted.

Proposed Timeline – Subject to Change

08/24/2026	Release of RFP
09/04/2026	Deadline for Question Submittal (submit to deliverables@nsBH-ASO.org)
09/15/2026	North Sound BH-ASO Question Response Released (posted on the North Sound BH-ASO website)
09/18/2026	Deadline for Letter of Intent Submission (submit to deliverables@nsBH-ASO.org)
10/14/2026	Deadline for RFP Application Materials Submission (*Applicant Qualifications, Project Proposal, Budget & Narrative*)
10/15/2026 – 10/28/2026	Evaluation of Proposals
10/29/2026, 10/30/2026	Interviews, if conducted
11/2/2026	Successful bidder notified
TBD	Contract Finalized

IV. Scope of Work

Selected agency will be responsible for delivering the following services in compliance with North Sound BH-ASO's HCA contract, applicable regulations and North Sound BH-ASO's policies, procedures and Regional Care Crisis Dispatch (RCCD) protocols that include Providers must follow established Tribal Crisis Coordination Protocols

1. **Mobile Rapid Response Crisis Team (MRRCT)**

- Provide 24/7/365 in-person mobile response for behavioral health crises.
- Meet HCA-defined response times.
    - Behavioral Health Emergency: Response must occur within 1 hour of referral.
    - Emergent Care Crisis: Response must occur within 2 hours of referral.
    - Urgent Behavioral Health Situation: Response must occur within 24 hours of referral.
- Incorporate Certified Peer Support Specialist (CPSS) and Certified Peer Support Specialist-Trainee (CPSST) into response teams.
- Deliver rapid, in-person community interventions consistent with WAC246-341 requirements for crisis services.
- Provide post-crisis follow-up stabilization and warm handoffs.
- Offering developmentally appropriate, youth-specific response.

2. **Centrally located Designated Crisis Responder (DCR) Services**

- Services will be rendered at a centralized location identified by North Sound BH-ASO and Island County partners.
- DCR(s) will be located at that centralized location (i.e. must be onsite, not telehealth).
- Provide all evaluation and investigation functions under RCW 71.05, 71.34 and applicable WACs to include petitions, testimony, court coordination, statutory notices, re-evaluations, disposition, and required reporting.
- Ability to receive referrals and coordinate with Law enforcement transports to Whidbey Health to include conducting evaluations in the field if requested or coordinating to receive ITA referrals as a law enforcement warm hand-off.
- Ensure compliance with all documentation and reporting standards.

3. **Co-Responder and First Responder Integration**

- Agency must design deployment strategies with emergency services that may include:
    - Embedded or co-response models for crisis staff in EMS or law enforcement.
    - Joint response protocols.
    - Real-time dispatch coordination with ICOM 911.
    - Shared radio communication or mobile technology solutions.
    - Training collaboration with first responders.

4. **Transportation**

- Agency must ensure arranging behavioral health transportation capabilities including:
    - Non-law-enforcement transport for voluntary clients.
    - Coordinate transport for all ITA investigations and post-ITA placement.
    - Capability to arrange transport out of county or mainland facilities.

5. **Steering Committee**

- Given the nature of this work, and that this RFP represents a significant program change, the winning bidder will be required to participate in a Steering Committee to be chaired by North Sound BH-ASO and the winning bidder, to ensure program quality and standards continue to meet community need.

6. Rural County Deployment

- North Sound BH-ASO requires proposals to demonstrate a rural deployment and partnership strategy that includes:
    - Willingness to establish MOUs with Fire/EMS, Island County, Whidbey Health and medical systems, and other identified partners.
    - Proposals should show motivation and drive toward community partnerships.
    - Staffing models to address workforce shortages.
    - Community and system partner engagement and education plans.
    - Regular joint tabletop exercises or training with first responder agencies.

Staffing and Service Model Guidance

North Sound BH-ASO anticipates that annual funding available for the services described in this RFP will be less than $2,000,000. The intent is to purchase a sustainable rural crisis system within available resources, not to require an urban-scale staffing model. Applicants should maximize direct-service capacity and demonstrate how their proposed staffing model can be maintained within the proposed budget.

Service Investment Priorities

Within available resources, North Sound BH-ASO places the highest priority on: (1) maintaining DCR available 24/7/365; (2) maintaining 24/7/365 MRRCT response capability; (3) directing the larger share of staffing and financial resources to voluntary MRRCT response and post-crisis stabilization; (4) creating additional MRRCT overlap during higher-demand periods when feasible; and (5) minimizing administrative layers so that the greatest practical share of funding supports direct crisis and stabilization services.

DCR Coverage Guidance

The DCR function is intended to provide reliable 24/7/365 statutory coverage. The RFP does not require multiple DCRs to be concurrently available at all times. Agencies will maintain the availability for a second trained individual, determined by the clinical team supervisor, on-call supervisor, or individual professional acting alone based on a risk assessment for potential violence, for any requested DCR evaluation at a private home or other private location. Applicants should propose sufficient DCR staffing, scheduling, backup, leave, and vacancy coverage to ensure that at least one qualified DCR is available at all times and can complete timely in-person investigations and evaluations when required. Applicants should explain how DCR coverage will remain reliable without unnecessarily diverting resources from the voluntary mobile crisis system.

MRRCT and Post-Crisis Stabilization Guidance

MRRCT should serve as the primary voluntary mobile crisis intervention resource and the center of gravity of the proposed crisis system. Applicants should design staffing to support a minimum two-person mobile response consistent with applicable HCA requirements, with clinician/peer dyads strongly preferred as the standard model. When mobile staff are not actively responding to acute calls, available MRRCT capacity should be used for post-crisis stabilization, including timely follow-up, safety-plan review, peer support, connection or reconnection to outpatient and substance use disorder services, care coordination, warm handoffs, family support when appropriate, and other interventions intended to reduce repeat crisis, emergency department, and law-enforcement utilization.

Peak Coverage and Simultaneous Demand

North Sound BH-ASO does not require two MRRCT teams to be continuously available 24/7. Applicants are encouraged to use call-volume assumptions and operational experience to create overlapping MRRCT coverage during higher-demand periods while maintaining a reliable 24/7 response capability. Proposals must describe how simultaneous calls, prolonged interventions, transportation duties, and post-crisis follow-up will be prioritized and managed when only one mobile team is immediately available.

Illustrative Staffing Framework - Not a Mandatory FTE Requirement

For planning purposes, North Sound BH-ASO anticipates that a feasible model may be in the range of approximately 5.0-5.5 DCR FTE, approximately 5.0 MRRCT clinician FTE, approximately 5.0 peer FTE, and approximately 1.0 clinical/program supervisory FTE, subject to the applicant's wage structure, fringe, indirect costs, scheduling approach, vacancy assumptions, and other operating expenses. This is illustrative guidance rather than a required staffing pattern. Applicants may propose a different configuration if they demonstrate that it provides reliable 24/7 DCR coverage, 24/7 MRRCT response capability, meaningful peer participation, post-crisis stabilization capacity, appropriate supervision, and financial sustainability within the available funding.

Administrative and Supervisory Structure

Applicants should avoid unnecessary administrative duplication. The proposal should identify the minimum supervisory and operational structure needed to provide clinical oversight, DCR support, workforce management, partner coordination, quality management, data reporting, and 24/7 MHP consultation. North Sound BH-ASO will favor models that preserve required clinical and operational oversight while maximizing the proportion of funding dedicated to direct-service staffing.

Required Staffing Assumptions

Applicants must identify all staffing and cost assumptions, including productive hours per FTE; leave and training coverage; vacancy coverage; use of overtime, on-call, per diem, or relief staff; shift differentials; supervisory coverage; MHP consultation; vehicle and transportation staffing; and the method used to maintain required coverage during simultaneous demand. The budget narrative must reconcile directly to the proposed staffing matrix and service model.

Agency Qualifications

Applicants must:

- Be a Washington State licensed/certified Behavioral Health Agency.
- Demonstrate the ability to meet all contract requirements, North Sound BH-ASO applicable policies and procedures, HCA MRRCT Best Practice guide and applicable SAMHSA best practices in the delivery of crisis care.
- Show experience in mobile crisis services, ITA processes, or co-responder models.
- Have the ability to operate 24/7/365.
- Maintain required insurance and comply with federal/state regulations.

Staffing Qualifications

Agency must maintain separate MRRCT and DCR staffing models.

- Mobile Rapid Response Crisis Teams (MRRCT) – Staffing & Credential Requirements
    - MRRCT shall deploy using a minimum two-person response team consistent with applicable HCA requirements. North Sound BH-ASO strongly prefers clinician and Certified Peer Specialist dyads as the standard response model. Applicants may propose limited operational flexibility in team composition when necessary to maintain timely response during leave, vacancy, overnight, or other workforce constraints, provided all applicable HCA requirements are met and the proposal preserves meaningful peer participation in both crisis response and post-crisis stabilization.
    - Clinicians must be a Mental Health Professional (MHP) or Mental Health Care Provider (MHCP).
    - Must have 24/7 access to an MHP for consultation and at least one SUDP and with crisis experience must be available for consultation during regular business hours.
- Designated Crisis Responders
    - A DCR must meet all requirements under RCW 71.05.020, RCW 71.24.025, and RCW 71.34.020.
    - Must be a Mental Health Professional (MHP).
    - Must complete state-required DCR training curriculum.

- Must demonstrate knowledge of involuntary treatment laws and criteria.
- Must be designated per RCW 71.05.020 and WAC 246-341-0912
- Must maintain independent decision-making authority (cannot be influenced by agency administrators).

Training

Training Requirements (All MRRCT personnel), but not limited to:

- HCA sponsored training courses to include MRSS 101/102;
- HCA-sponsored Crisis Intervention Specialist II (EDGE) training;
- Crisis Awareness and Communication in Peer Support for peers
- Trauma-Informed Care;
- De-escalation techniques;
- Harm Reduction; and,
- Additional Tribal Coordination protocols.

Deliverables

Final deliverables and performance targets will be established during contracting; however, proposals must describe the applicant's approach to measuring and improving response-time compliance, local availability, behavioral-health-led response, 911/RCL/988 referrals receiving MRRCT response, transportation and disposition, warm handoffs and post-crisis follow-up, diversion from unnecessary emergency department or law-enforcement involvement when clinically appropriate, partner integration, rural access, and client/family experience. The successful bidder will participate in routine performance review and continuous quality improvement with North Sound BH-ASO and the Steering Committee.

V. Project Proposal Response Requirements

Applicants shall provide clear, specific responses to the following questions. Responses should demonstrate how the applicant will build and operate the integrated Island County crisis system described in this RFP. Applicants must restate each question and use the same numbering and sequence provided below.

1. Organizational Overview

Provide a description of your organization, its mission, and experience providing behavioral health services, including experience operating crisis response systems and serving rural or geographically isolated communities.

2. Programming Model and Staffing Plan

Provide a detailed overview of the proposed integrated crisis system and programming model. Describe how the proposed model will provide timely, behavioral-health-led crisis response across Island County.

Ensure the response includes:

- Crisis Response Team Composition and Roles
    - MRRCT staffing and roles, including DCRs, MHP/MHCP, SUDP, Peers, and other proposed staff.
    - Clearly defined roles and responsibilities.
    - How in-field services will occur in community settings whenever clinically and legally appropriate.
    - How behavioral health services will be integrated into the overall crisis response model.
- Supervisory and Clinical Structure
    - Supervisory Structure.
    - Clinical consultation and support.
    - MHP/MHCP consultation.
    - Clinical escalation and decision-making processes.
- Training and Workforce Development
    - Initial and ongoing training requirements.
    - Cross-training and interdisciplinary training.

3. Local Whidbey Island Presence and Deployment Model

Describe your proposed geographic deployment model for Whidbey Island. Identify:

- Where MRRCT personnel will be physically based during each shift.
- The percentage of scheduled staffing physically located on Whidbey Island.
- Proposed deployment points and coverage areas.
- How the model accounts for travel time, weather, and other geographic barriers.
- How local coverage will be maintained during simultaneous calls, prolonged interventions, staff illness, vacancies, or other disruptions.

4. Staffing, Coverage, and Workforce Plan

Provide a 24/7 staffing matrix showing MRRCT, DCR, supervisory/MHP consultation, and other staffing by day, evening, night, weekday, and weekend.

Describe:

- How the model maintains 24/7 two-person mobile response capability.
- How peak-period overlap will be used when feasible.
- How workforce shortages, leave, turnover, vacancies, and recruitment challenges will be managed.
- How the system will maintain coverage when a team is engaged in a lengthy intervention.
- How workforce shortages, leave, turnover, vacancies, and simultaneous demand will be managed without assuming that multiple MRRCT teams must be continuously available.

5. 911/ICOM, RCL/988, and First-Responder Integration

Consistent with North Sound BH-ASO's RCCD protocols, describe your operational model for receiving and responding to behavioral health crisis referrals originating from 911/ICOM and RCL/988 while considering Island County's unique geography, travel constraints, communications infrastructure, available local resources, and public-safety and EMS partnerships.

Address:

- Referral and dispatch procedures.
- Priority determination and response prioritization.
- Real-time communication.
- Technology or radio interoperability.
- Circumstances for behavioral-health-only response versus co-response or public-safety-led response.
- After-hours procedures.
- Escalation when MRRCT is unavailable.
- Performance monitoring.

Describe prior experience integrating behavioral health crisis teams with 911/public safety dispatch systems or provide a specific implementation plan if this capability must be established.

6. MRRCT and DCR Integration

Describe how MRRCT and DCR functions will remain operationally distinct while functioning as an integrated crisis system.

Address:

- Referral from MRRCT to DCR.
- DCR availability.
- Clinical consultation.
- Field-based evaluation.
- Law-enforcement handoff.
- Hospital-based evaluation.
- After-hours availability.
- Documentation.
- Independent DCR decision-making.
- How the provider will prevent DCR availability from becoming a limiting factor in timely crisis response.

7. Required Crisis Response Scenarios

For each scenario below, provide a step-by-step description from referral through follow-up. Describe who receives the referral, who deploys, communication with partners, DCR involvement, transportation/disposition,

documentation, and post-crisis follow-up.

Scenario A - 911 Behavioral Health Crisis
An individual experiencing an acute behavioral health crisis calls 911. Law enforcement and EMS are dispatched. The individual is not believed to have a life-threatening medical emergency but is increasingly agitated and may require an ITA evaluation.

Scenario B - RCL/988 referral
An individual calls RCL/988 from a rural Whidbey Island location and needs an in-person response but does not appear to require law enforcement.

Scenario C - Simultaneous Demand
Available MRRCT resources are already engaged, a DCR is completing another evaluation, and a new high-priority crisis referral is received. Describe how your system responds and escalates.

8. Operational Contingencies

Describe how your system will respond when normal operating conditions are disrupted or available resources are constrained.

Address, at minimum:

- When MRRCT resources are already engaged.
- A DCR is unavailable.
- Law enforcement requests immediate behavioral health assistance.
- The nearest team is on the opposite end of Whidbey Island.
- Weather or transportation conditions create delays.
- The hospital is at capacity.
- An individual requires an out-of-county E&T placement.
- Multiple simultaneous crisis calls occur.

For each applicable circumstance, identify:

- Decision-making authority.
- Escalation procedures.
- Partner communication.
- Contingency operations.

9. First-Responder and Community Partnership Plan

Describe how your organization will integrate with:

- ICOM/911.
- RCL/988.
- Island County Sheriff's Office.
- Oak Harbor Police Department.
- Fire/EMS agencies.
- WhidbeyHealth.
- Behavioral health providers.
- Crisis stabilization and withdrawal management services.
- E&T facilities.
- North Sound BH-ASO.

- Island County.
- Other identified partners.

Identify which relationships currently exist, which require formalization, and which must be developed after award. Provide a proposed 90-day stakeholder engagement and MOU development plan, including how the model will complement rather than duplicate existing co-responder resources.

10. Implementation - First 90 Days

Assuming contract award, provide a detailed 90-day implementation plan identifying milestones for:

- Days 0-30
- Days 31-60
- Days 61-90

The implementation plan must address, at minimum:

- Hiring.
- Credentialing.
- Training.
- Community engagement.
- Dispatch integration.
- MOU development.
- Technology.
- Policies and procedures.
- Tabletop exercises.
- Operational testing.
- Go-live readiness.

Identify the three greatest implementation risks and how you would mitigate each.

11. Outcomes and Continuous Improvement

Identify the three to five outcomes you recommend North Sound BH-ASO use to determine whether the redesigned crisis system is successful after 12 months. Explain why each outcome is important.

At minimum, address the following areas:

- Response timeliness.
- Local availability.
- Behavioral-health-led response
- Diversion from unnecessary emergency department or law-enforcement involvement when clinically appropriate.
- Successful warm handoffs/follow-up.
- Partner integration.
- Rural access.
- Client and family experience.

Describe how your organization will collect, review, report, and act on these measures

12. Cultural Responsibleness Strategy

Island County is diverse in many ways, including, but not limited to, individuals from different cultural

backgrounds, race, ethnicity, abilities, and genders. Describe your proven strategies and methodologies for effectively serving diverse populations. Ensure to include how your organization will promote access to and delivery of culturally and linguistically appropriate services to all individuals.

13. **Billing**

    Describe your organization's experience with crisis-service encountering and reporting in Washington State.

    At a minimum, include the following:

    - Processes for billing services.
    - How your organization ensures compliance.
    - How Medicaid billing will be integrated into operations.

    Include a summary of current billing and encountering and other data submission infrastructure.

14. **Innovation and System Design**

    Based on your experience operating crisis systems in rural or geographically isolated communities, identify: (1) elements of the proposed model that are most important to preserve; (2) elements you would modify; (3) any important system component that may be missing; and (4) the rationale for your recommendations.

15. **Visual System Map**

    Provide a one-page visual representation of your proposed Island County crisis system.

    The visual system map must show the relationships among, at minimum:

    - RCL/988.
    - 911/ICOM.
    - MRRCT.
    - DCR.
    - EMS/Fire.
    - Law enforcement.
    - WhidbeyHealth.
    - Crisis stabilization.
    - E&Ts.
    - Outpatient services.
    - Transportation.
    - Post-crisis follow-up.

    The visual should clearly identify major referral, communication, decision, and handoff points.

VI. Proposed Budget and Narrative

Funding and Budget Planning Assumption

North Sound BH-ASO anticipates annual funding for the services described in this RFP will be less than $2,000,000. Proposed budgets must demonstrate a sustainable staffing and operating model within the requested amount and should prioritize direct MRRCT response and post-crisis stabilization capacity while maintaining reliable 24/7 DCR coverage. The staffing matrix, service model, and budget narrative must reconcile to one another.

Applicants are required to submit a **Proposed Budget** along with a **narrative** using the provided template (Attachment 3) that clearly explains how the requested funds will be allocated to support the operational and service delivery requirements outlined. The budget and narrative should demonstrate financial responsibility, efficiency, and alignment with the project goals outlined in this RFP.

1. **Proposed Budget**
   The proposed budget should cover all costs associated with the implementation of Island County Mobile Crisis Response, DCRS Services, and Integrated First Responder Deployment, including but not limited to:
   - Salaries and benefits for the behavioral health professional(s) directly involved in the program.
   - Administrative and operational costs associated with program management and reporting.
   - Training and education costs.
   - Vehicle(s) and associated costs (please note, at this time, vehicles may only be leased).
   - Any materials, travel, and supplies necessary.

   The budget should be detailed by line item, with sufficient documentation or justification for each expense.

2. **Budget Narrative**
   The budget narrative should provide a clear and comprehensive explanation of the proposed budget. The budget and narrative will be evaluated for **cost-effectiveness**, **clarity**, and **alignment** with the program's objectives.

VII. Scoring and Selection Process

Applications will be evaluated and scored by an Evaluation Committee comprised of North Sound BH-ASO staff. Once an applicant is qualified, a selection committee will be convened to determine which applicant will be chosen. The selection will be based on the unmet needs identified in the region. The Selection Committee will make recommendations to the North Sound BH-ASO Executive Director.

Each Minimum Qualification and each scored item in the Proposal Evaluation Criteria must be addressed. Organize responses in the same order with the correct heading/question as shown in the RFP.

Each item has either a Scoring Weight or a N/S that means Not Scored. Each item that is scored will receive a score of 0, 1, 2, 3 or 4. This score will be multiplied by the weight for that item to arrive at the total scored points for the item. For example, if an item has a weight of 10 and an evaluator assigns a score of 3, that item for that evaluator will have given a total score of 30 points.

Proposals will be scored based on:

- Demonstrated understanding of crisis system needs in Island County.
- Thoroughness and strength of crisis deployment model.
- Integration capability with first responders.
- Staffing approach and workforce development.
- Financial feasibility and cost-effectiveness.
- Past performance and relevant experience.
- Awareness of key regional partners and North Sound BH-ASO policy and protocols.

Scoring Emphasis

The Evaluation Committee will place particular emphasis on the feasibility and strength of the proposed Island County operating model, including local Whidbey Island deployment and 24/7 in-person capacity; 911/RCL/988 and first-responder integration; MRRCT/DCR operational integration; transportation and disposition; workforce sustainability; partnership and MOU implementation; measurable outcomes and continuous improvement; and cost-effectiveness. Generic organizational experience will not, by itself, substitute for a credible local deployment and integration plan.

Each evaluator shall independently assign a score to areas based on the written proposals. Scores will then be summed for all members of the Evaluation Team for each section of the Application.

The evaluators will use the following scoring method:

- 0=no experience/capacity
- 1=limited experience/capacity
- 2=partial experience/capacity
- 3=strong experience/capacity
- 4=extensive experience/capacity

<u>Optional Interview</u>
If a selection cannot be made based on the written proposal evaluation and the organization performance rating alone, North Sound BH-ASO shall elect to interview the top two or more Applicants. Interviews will be worth 10 points. If interviews are conducted, the final award would be based upon the total points awarded for the written evaluation, agency performance and the oral interview.

VIII. Appeal Process

Applicants may appeal only deviations from laws, rules, regulations, or procedures. Disagreement with the scoring by evaluators may not be appealed.

The following procedure applies to Applicants who wish to appeal a disqualification of Application or award of contract:

1. All appeals must be in writing and physically received by the North Sound BH-ASO Executive Director no later than 4:00 p.m. on the fifth (5th) working day after the postmarked date of the notice of disqualification or intent to award.

   Address appeals to:
   JanRose Ottaway Martin, Executive Director
   North Sound BH-ASO
   2021 E College Way, Ste. 101
   Mt Vernon, WA 98273

2. Appeals must specify the grounds for the appeal including the specific citation of law, rule, regulation, or procedure upon which the protest is based. The judgment used in scoring by individual evaluators is not grounds for appeal.

3. Appeals not filed within the time specified in paragraph 1, above, or which fail to cite the specific law, rule, regulation, or procedure upon which the appeal is based shall be dismissed.

IX. General Procurement Information

RFP Amendments:

A. North Sound BH-ASO may, at any time before execution of a contract, amend all or any portion of this RFP. North Sound BH-ASO will e-mail any RFP amendments to you. If there is any conflict between amendments or between an amendment and the RFP, whichever document was issued last in time shall be controlling.

B. Retraction of this RFP
North Sound BH-ASO is not obligated to contract for the services specified in this RFP. North Sound BH-ASO reserves the right to retract this RFP in whole, or in part, and at any time without penalty.

C. Rejection of All Proposals
This RFP does not obligate North Sound BH-ASO to contract for services specified herein.

D. Most Favorable Terms
North Sound BH-ASO reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms the applicant can put forward. There will be no best and final offer procedure. North Sound BH-ASO reserves the right to contact a bidder for clarification of its proposal.

The applicant should be prepared to accept this RFP for incorporation into a contract resulting from the RFP. Contract negotiations may incorporate some or the entire proposal. It is understood that the proposal will become a part of the official procurement file on this matter without obligation to North Sound BH-ASO.