



STATE OF WASHINGTON  
HEALTH CARE AUTHORITY

**REQUEST FOR APPLICATIONS (RFA)**

**RFA NO. 2021HCA12**

**NOTE:** If you download this RFA from the Health Care Authority website or WEBS, you are responsible for monitoring the posting for updates and new amendments.

**PROJECT TITLE:** Reaching youth in Washington state that have otherwise not interacted with mental health services.

**SHORT PROJECT TITLE:** Healthy Transitions Project

**APPLICATION DUE DATE:** May 14, 2021 by 2:00 p.m. *Pacific Time*, Olympia, Washington, USA.

All Applications must be submitted electronically via email to the email address listed below, in one single PDF application, with documentation in the order that is prescribed in Section 5, *Application Contents*. It is within HCA's sole discretion whether to accept submission in any other format.

**ESTIMATED TIME PERIOD FOR CONTRACT:** July 1, 2021 to September 30, 2023.

**FUNDING:** HCA is planning to award up to two (2) contracts for up to \$475,000 for each contract.

See Attachment 3, *Budget*, to this RFA for more information on how to lay out your proposed funding. Applications need to reflect projected expenses across each funding periods as designated in the table below.

Contract Yr	Date Range	Funding Range
Year 1	July 1, 2021 to September 30, 2021	Up to \$75,000
Year 2	October 1, 2021 to September 30, 2022	Up to \$200,000
Year 3	October 1, 2022 to September 30, 2023	Up to \$200,000
<b>Maximum Funding for life of Contract</b>		<b>Up to \$475,000</b>

**RFA CONTACT:** The RFA Coordinator is the sole point of contact in HCA for this procurement. All communication between the Applicant and HCA upon release of this RFA must be with the RFA Coordinator, as follows:

Name	Heidi Jones
E-Mail Address	<a href="mailto:HCAProcurements@hca.wa.gov">HCAProcurements@hca.wa.gov</a>

Emails must have 2021HCA12 in the subject line.

Any other communication will be considered unofficial and non-binding on HCA. Applicants are to rely on written statements issued by the RFA Coordinator. Communication from or directed to parties other than the RFA Coordinator may result in disqualification of the Applicant.

Applicants must register as a vendor on Washington's Electronic Bid System (WEBS), at <https://fortress.wa.gov/ga/webs>. WEBS will connect you to all documents and communications regarding this RFA as well as other procurement opportunities offered by other Washington state agencies.

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# 1. DEFINITIONS

Definitions for the purposes of this RFA include:

**“Administrative” or “Indirect Costs”** – Elements of costs incurred by the Contractor as costs that are necessary to administrate or operate a program that are not considered direct program costs.

**Apparent Successful Applicant (ASA)** – The Applicant selected as the entity to perform the anticipated services under this RFA, subject to completion of contract negotiations and execution of a written contract.

**Applicant** – Individual or company interested in the RFA that submits an application in order to attain a contract with the Health Care Authority.

**Application** – A formal offer submitted in response to this solicitation.

**Authorized Representative** – A person to whom signature authority has been delegated in writing acting within the limits of his/her authority.

**Health Care Authority or HCA** – an executive agency of the state of Washington that is issuing this RFA.

**Application** – A formal offer submitted in response to this solicitation.

**Contract** – The agreement between HCA and the Apparent Successful Applicant (ASA) to carry out the ASA’s proposed program.

**Request for Application (RFA)** – Formal procurement document in which a service or need is identified but no specific method to achieve it has been chosen. The purpose of an RFA is to permit the Applicant community to suggest various approaches to meet the need at a given price.

**Behavioral Health Agency (BHA)**– An agency licensed by the Department of Health to provide behavioral health services as described in WAC 246-341.

**Individual Treatment Services (ITS)**—As defined by WAC 246-341 and in IMC Service Encounter Reporting Instructions guide.

**Peer Support Services** – As defined by WAC 246-341 and in IMC Service Encounter Reporting Instructions guide.

**Transition Age Youth** – Individuals between the ages of 16 to 25 years old.

**Serious Mental Illness** –a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities ([NIH, nd.](#)).

## 2. INTRODUCTION

### 2.1. BACKGROUND AND PURPOSE

The Washington State Health Care Authority, hereafter called “HCA,” is initiating this Request for Application (RFA) to solicit Applications from firms interested in participating on a project to expand or initiate behavioral health services for Transition Age Youth (TAY) ages 16-25 within Washington state.

There are approximately 950,000 youth between the ages of 15-25 within Washington state ([Office of Financial Management, n.d.](#)). As described within the [Children’s Behavioral Health Dashboard](#), approximately 32-34% of the youth, aged 12-20, on Medicaid and approximately 70-80% of the youth in foster care meet eligibility criteria for mental health services (Aratani, Pavelle, Lucenko, & Felver, 2021). Nearly one in five adults, aged 18-25, in the United States have experienced mental illness in the past year (SAMHSA, 2014). As youth transition to adulthood prevalence of mental health and substance use disorders increases nearly twofold from when they were in early adolescence ([SAMHSA, 2014](#)); additionally, young adults have higher rates of co-occurring disorders (mental illness and substance use disorder) than adults over the age of 26 ([SAMHSA, 2014](#)).

TAY face significant instability in housing, education setting, employment, and financial security, this is only heightened for TAY with a diagnosis of mental illness or substance use disorder. For instance, young adults with a diagnosis of mental illness were more likely to have had three employers in the past year than their peers and were less likely to have a high school diploma or GED ([SAMHSA, 2014](#)). Further, TAY with a diagnosis of mental illness were more likely to be on probation or parole within the past year (SAMHSA, 2014). To attend to the barriers and behavioral health needs of the TAY population, Washington is partnering with the Substance Abuse and Mental Health Services Administration (SAMHSA) to increase TAY specific services throughout the state.

In 2018, Washington was awarded a 5-year grant, “The Healthy Transitions Project: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders,” through SAMHSA to increase access to services and the availability, efficacy, and accessibility of developmentally focused services for youth ages 16-25. HCA has been implementing this grant with two demonstration sites for the past 2 years. HCA, through the Division of Behavioral Health and Recovery (DBHR), now seeks additional demonstration sites within the state to develop innovative partnerships, engage in outreach and psychoeducation activities, and initiate new direct service initiatives, including but not limited to peer support, case management, and rehabilitative services.

HCA/DBHR is committed to integrated care, ending health disparities, and anti-poverty efforts. In that end, HCA/DBHR seeks culturally specific programming that targets key issues within the lives of TAY. Priority will be given to applications that focus on integrated programs that involve youth from BIPOC and LGBTQ communities and programs that target populations that are at-risk or currently homeless, in need of employment support, involved with the justice system, benefiting from education support, and formerly involved with the foster care system. Additionally, HCA/DBHR encourages applications from service providers that have a high volume of TAY that want to add behavioral health services to their current service array: housing providers, (reproductive) healthcare providers, secondary, vocational and collegiate support providers, and young parent programs.

The purpose of the Healthy Transitions Project is to develop, expand, and implement developmentally appropriate, culturally and linguistically competent behavioral health services and supports for individuals who have serious behavioral health disorders for youth ages 16-25. Besides being developmentally, culturally and linguistically appropriate services, funded programs should also utilize an evidence based or evidence supported model. HCA intends to award up to three contract(s) to provide the services described in this RFA.

## 2.2. ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES

HCA Release of Request for Applications	April 26, 2021
Pre-Proposal Conference via GoToWebinar	April 29, 2021
Questions Due from Applicants	Thursdays at 5 pm
HCA Posts Answers to Applicant(s) Questions	Every Monday by 5 pm throughout the procurement, more often if needed
Application(s) Due Date	May 14, 2021, 2:00 pm
Preliminary Application Review for Minimum Qualifications	May 17-20, 2021
Evaluate Applications	May 21 – June 7, 2021
Conduct Oral Interviews with Finalists, if required	June 14, 2021
Announce “Apparent Successful Applicant” and send notification via e-mail to unsuccessful Applicants	June 15, 2021
Applicant Request for Debrief Due Date	June 22, 2021
Hold Debrief Conferences via conference call (if needed)	June 23-25, 2021
Estimated Contract Start Date	July 1, 2021

HCA reserves the right in its sole discretion to revise the above schedule.

## 2.3. MINIMUM QUALIFICATIONS / ELIGIBILITY REQUIREMENTS

The following are the minimum qualifications for Applicants:

- 2.3.1. Non-profit agencies, or small businesses, that provide a commitment to become a licensed Behavioral Health Agency (BHA) in the state of Washington, certified to provide Individual Treatment Services (ITS) and Peer Support services within the next calendar year of being selected as the Apparent Successful Applicant; or
- 2.3.2. Local government (e.g., county or city), non-profit or small business social service agencies that have a documented Memorandum of Understanding with a BHA who is certified in ITS and Peer Support Services; or
- 2.3.3. Non-profit or small business clinic, licensed as a Behavioral Health Agency (BHA), including Tribal BHAs, in the state of Washington and certified to provide ITS and Peer Support services.

Applicant must provide attestation by providing Attachment 2, *Minimum Qualifications*, with the “yes” box marked, if eligible, and include with packet.

- 2.3.4. Indicate if you are Applicant Type A or Type B on Attachment A, *Application Face Page*, and in your project narrative. All successful Applicants will work with the Program Manager in the first 30 days of grant to make modifications to budget, goals, objectives, short-term measurable outcomes, risk and protective factors and survey evaluations tools. Funds must be used to support program costs including staff for program planning, training, implementation, reporting and evaluation.

2.3.4.1. Type A – Already have a current or previous contract with HCA.

2.3.4.2. Type B – New to contracting with HCA,

## 2.4. FUNDING AND CONTRACT PERIOD

HCA has budgeted an amount not to exceed \$475,000 for each organization, for up to two (2) contracts.

Applications in excess of \$475,000 will be considered non-responsive and will not be evaluated. A single organization may not receive multiple awards, even if applying for multiple service locations.

Any contract awarded as a result of this procurement is contingent upon the availability of funding. HCA may provide additional funding or de-obligate unused funds, if it is deemed by HCA, in its sole discretion, to be in HCA's best interest relative to the overall purpose and objective as stated herein.

Contract Yr	Date Range	Funding Range
Year 1	July 1, 2021 to September 30, 2021	Up to \$75,000
Year 2	October 1, 2021 to September 30, 2022	Up to \$200,000
Year 3	October 1, 2022 to September 30, 2023	Up to \$200,000
<b>Maximum Funding for life of Contract</b>		<b>Up to \$475,000</b>

## 2.5. GRANT FUNDING INFORMATION

Federal funds disbursed through this Contract were received by HCA through OMB Catalogue of Federal Domestic Assistance (CFDA) Number listed below for Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program., 6H79SM080864. Contractor agrees to comply with applicable rules and regulations associated with these federal funds.

### Federal Award Identification Information for Subrecipients (reference 2 CFR 200.331)

Federal Award Identification Number (FAIN);	H79SM082187
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	The purpose of this program is to improve access to treatment and support services for youth and young adults, ages 16-25, who have a serious emotional disturbance (SED) or a serious mental illness (SMI). It is expected that this program will improve emotional and behavioral health functioning so that this population of youth and young adults can maximize their potential to assume adult roles and responsibilities and lead full and productive lives.
CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program. No: 93.243
Identification of whether the award is R&D; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	FED FINANCIAL REPORTING SECTION MANAGER Alan Smith

### 3. GENERAL INFORMATION FOR APPLICANTS

#### 3.1. RESPONSIBILITIES AND ACCOUNTABILITY OF THE SUBRECIPIENT

The Subrecipient has full responsibility for the conduct of the project and the results achieved. Each project coordinator shall monitor the day-to-day performance of the grant project to assure adherence to statutes, regulations, and grant terms and conditions. The Contractor Project Coordinator will carry out the activities described in the scope of work to achieve project goals, objectives, and desired outcomes.

The Subrecipient will be accountable for all grant funds and must ensure all funds are used solely for authorized purposes. Projects selected for this work will receive funding on a cost-reimbursement basis only.

The Subrecipient will ensure by written agreement the following:

- Funds will be used only for activities covered by the approved project plan;
- Funds will not be used in violation of any restrictions and/or prohibitions of applicable statutes;
- All budget and performance reports will be completed and submitted in a timely manner;
- All project records will be kept for three years upon close-out of the award;
- An adequate accounting system is in place with good internal controls to ensure expenditures and reimbursements are reported accurately from all funding sources related to the project.

#### 3.2. RISK ASSESSMENT

If you are eligible to move forward in the process, you will need to submit the following documentation:

- Completed and signed pre-award report
- IRS determination letter for all 501 designated organizations
- Insurance certificate or self-insurance letter – You must have sufficient insurance coverage to protect the assets/amount of the grant.
- Last two years' IRS Form 990 or 990EZ
- Copy of any audit reports prepared as a result of a visit by a federal agency
- Copy of organization's bylaws (for non-profits)
- Copy of organization's policies, or attestation that the organization complies with statutes regarding conflict of interest, discrimination, drug-free workplace, sexual harassment, minimum wage, and Title VI of the Civil Rights Act
- Certificate of Debarment Status on form AD 1048
- List of staff positions and salaries
- SAMHSA award terms, or any terms related to funding source not already spelled out

General equipment purchases are not allowed by HCA in the Contract. Specific equipment that is crucial to the success of the execution of the project may be applied for as Supplies.

### **3.3. BUDGET DEVELOPMENT**

Awards are subject to the most recent Federal award terms and conditions, including, but not limited to: Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR part 200), and other laws and regulations affecting Federal assistance.

All costs must be allowable, allocable, and reasonable in accordance with the Federal cost principles outlined in 2 CFR part 200 Subpart E. A complete list of specific funding restrictions may be found at <https://www.samhsa.gov/grants/grants-management/policies-regulations>

Grantees must adhere to the State of Washington procurement statutes for all purchases, contracts, travel, personnel and per diem costs being paid for with Federal funds.

General equipment purchases are not allowed by HCA in the Contract. Specific equipment that is crucial to the success of the execution of the project may be applied for as Supplies.

#### **Supplanting/Non-Supplanting**

- Federal funds may be used to supplement (add to), enhance or expand existing services for program activities, but shall not replace (supplant) those funds that have already been appropriated for the same purpose.
- A grant recipient may not use Federal grant funds to defray any costs that the recipient already is obligated to pay.
- The possibility of supplanting will be the subject of careful application review, possible pre-award review, post-award monitoring, and audit of any finding.

### **3.4. SCOPE OF WORK**

Applicants must complete a Budget, Project Narrative, Project Description (including an implementation plan, workplan and outcome/measures), and letters of support/partnership.

To meet SAMHSA's Healthy Transitions grant expectations, HCA/DBHR will provide grants to entities to provide outreach/engagement and direct services for TAY who have a diagnosis of mental illness. Allowable activities include:

- Staff time in developing partnership arrangements, outreach and engagement with community stakeholders, youth (individuals and groups), and public awareness messaging.
- Start-up and supplies/information system needs: electronic health record system purchasing and implementation, telehealth system development, management information system development, and office equipment/needs.
- Evidence-based or evidence-supported practice training and implementation (e.g., Motivational Interviewing, Screening, Brief Intervention and Referral to Treatment, and Cognitive Behavioral Therapy).
- Program and agency policy/procedure development for service enhancement for transition services for young adults, including TAY behavioral health training for cross-system providers.

- Mental health service program development, case management, peer support worker training, provision of supervision, mental health service time (for uninsured, underinsured individuals or during application/review process through the Department of Health for BHA licensure or Individual Treatment Services certification), and staff recruitment.
- Development of youth advisory board or other programming to promote and sustain youth and family participation.
- Data collection and reporting as required by the evidence-based practice, HCA and SAMHSA.

Trainings

- All successful Applicants will participate in HCA/DBHR Grant Meetings (group) every month, and quarterly site meetings (individual).
- HCA will provide training and technical assistance sessions to increase the Contractor’s capacity in the reporting, billing, and implementation systems.
- HCA understands that those that are new to HCA’s contracts and processes will need additional support.
- All successful Applicants will work with HCA Program Manager to demonstrate compliance for reporting, billing and implementation.

**3.5. PROPRIETARY INFORMATION / PUBLIC DISCLOSURE**

Applications submitted in response to this RFA will become the property of HCA. All Applications received will remain confidential until the Apparent Successful Applicant is announced; thereafter, the Applications will be deemed public records as defined in chapter 42.56 of the Revised Code of Washington (RCW). Exceptions considered only if Applicant identifies content as proprietary in their Application materials.

**3.6. AMENDMENTS TO THE RFA**

If HCA determines in its sole discretion that it is necessary to revise any part of this RFA or provide any additional information, HCA will post on Washington’s Electronic Bid System (WEBS), at <https://fortress.wa.gov/ga/webs/>, an amendment capturing changes or additions. For this purpose, the published questions and answers and any other pertinent information will be provided as an addendum to the RFA and will be placed on the website.

HCA also reserves the right to cancel or to reissue the RFA in whole or in part, prior to execution of a contract.

**3.7. CONTRACT AND GENERAL TERMS & CONDITIONS**

The ASA will be expected to enter into a contract which is substantially the same as the sample contract and its general terms and conditions attached as Exhibit B, *HCA General Contract Terms*. HCA will not accept any draft contracts prepared by any Applicant. The Applicant may submit exceptions as an additional attachment. HCA will review requested exceptions and accept or reject the same at its sole discretion.

HCA reserves the right to negotiate with applicants for project tasks, deliverables and funding amounts. Special consideration during selection may include community geographic location(s) to provide for project distribution statewide and overall risk ranking.

If, after the announcement of the ASA, and after a reasonable period of time, the ASA and HCA cannot reach agreement on acceptable terms for the Contract, the HCA may cancel the selection and Award the Contract to the next most qualified Applicant.

### **3.8. RECEIPT OF INSUFFICIENT NUMBER OF APPLICATIONS**

If HCA receives only one responsive Application as a result of this RFA, HCA reserves the right to either: 1) directly negotiate and contract with the Applicant; or 2) not award any contract at all. HCA may continue to have the Applicant complete the entire RFA. HCA is under no obligation to tell the Applicant if it is the only Applicant.

### **3.9. NO OBLIGATION TO CONTRACT**

This RFA does not obligate HCA to enter any contract for services specified herein.

### **3.10. REJECTION OF APPLICATIONS**

HCA reserves the right, at its sole discretion, to reject any and all Applications received without penalty and not to issue any contract as a result of this RFA.

### **3.11. COMMITMENT OF FUNDS**

The Director of HCA or his/her delegate is the only individual who may legally commit HCA to the expenditures of funds for a contract resulting from this RFA. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

### **3.12. STATE AND FEDERAL COMPLIANCE**

HCA complies with HCA, state and federal statutes and polices, to include, but not limited to:

- 3.12.1. ADA - HCA complies with the Americans with Disabilities Act (ADA). Applicants may contact the RFA Coordinator to receive this RFA in Braille or on tape.
- 3.12.2. Accessibility - HCA is committed to making its materials and programs accessible to all customers and employees. If you experience any difficulty accessing information provided by HCA, please contact us at [HCAProcurements@hca.wa.gov](mailto:HCAProcurements@hca.wa.gov). We will do our best to assist you, which may include providing the information to you in an alternative format.
- 3.12.3. Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Applicants should familiarize themselves with the requirements prior to submitting an application that includes current or former state employees.
- 3.12.4. All Contractors are required by USDA AMS to have a DUNS number. The Data Universal Numbering System (DUNS) is a system developed and regulated by Duns and Bradstreet that assigns a unique numeric identifier to a single business entity. This may be obtained via the website: <http://fedgov.dnb.com/webform> or over the phone at 1-866-705-5711.
- 3.12.5. Contracts awarded using federal funds will be in compliance with all applicable federal reporting requirements, please refer to Exhibit B, *HCA General Contract Terms*.
- 3.12.6. Discrimination - In accordance with federal law, HCA is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. HCA is an equal opportunity provider and employer.

- 3.12.7. In preparing this Application, Applicant has not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this Application or prospective contract, and who was assisting in other than their official, public capacity.
- 3.12.8. Applicant grants HCA the right to contact references and others who may have pertinent information regarding the ability of the Applicant and the lead staff person to perform the services contemplated by this RFA.
- 3.12.9. If any of the Applicant's staff members who will perform work on this contract have retired from the state of Washington under the provisions of the 2008 Early Retirement Factors legislation, their name(s) are noted on a separately attached page.

## 4. APPLICATION PROCESS

### 4.1. QUESTIONS, ANSWERS, & CLARIFICATIONS

HCA will provide a weekly RFA amendment with answers to questions.

Applicants who have questions and/or requests for clarifications regarding this RFA must submit via email to [HCAProcurements@hca.wa.gov](mailto:HCAProcurements@hca.wa.gov) by each Thursday at 2:00 p.m., Pacific Time.

HCA will post amendments with answers by each following Monday at 5:00 p.m. in WEBS and on the HCA Website at <https://www.hca.wa.gov/about-hca/bids-and-contracts>.

All correspondence regarding this solicitation must reference "RFA 2021HCA12 – Heidi Jones" in the subject line.

HCA responses will be posted per the information provided in the *Estimated Schedule of Procurement Activities* section.

No phone calls or in-person inquiries will be accepted. Any verbal information received from an HCA employee or any other entity shall not constitute an official response to any questions regarding this RFA.

HCA will be bound only to HCA written answers to questions issued by the RFA Coordinator. Any communications with HCA employees other than the RFA Coordinator will not be considered official or binding. Questions arising at the pre- Application conference or in subsequent communication with the RFA Coordinator will be documented and answered in written form. A copy of the questions and answers will be posted on WEBS.

### 4.2. PRE-APPLICATION WEBINAR

A pre- Application webinar is scheduled to be held on Thursday, April 29, 2021, 1:30 – 3:00 p.m., Pacific Time. The pre- Application webinar will be held via GoToWebinar.

#### **Pre-Registration:**

Registration Link: <https://attendee.gotowebinar.com/register/57328950788325901>

After registering, you will receive a confirmation email containing information about joining the webinar, along with an audio PIN.

Webinar ID: 107-992-595

#### **Webinar Access:**

Call in through this number: 415-930-5321

When prompted for an audio PIN, enter: 767-069-728

All prospective Applicants should attend; however, attendance is not mandatory.

The webinar will be recorded. The recording will be posted to YouTube; the link to the video and the transcript will be provided in an RFA amendment posted Monday of the week following the webinar.

HCA will be bound only to HCA written answers to questions. Questions arising at the pre- Application conference or in subsequent communication with the RFA Coordinator will be documented and answered in written form. A copy of the questions and answers will be sent to each prospective Applicant that has made the RFA Coordinator aware of its interest in this procurement, and will be posted on WEBS.

If you need an accommodation, contact the RFA Coordinator within ten (10) business days prior to the scheduled webinar date.

#### **4.3. SUBMISSION OF APPLICATIONS**

The Application must be received by the RFA Coordinator no later than the Application Due deadline in Section 2.2, *Estimated Schedule of Procurement Activities*, and must be submitted electronically as an attachment to an e-mail as follows:

- 4.3.1. Send email addressed to **Heidi Jones** at [HCAProcurements@hca.wa.gov](mailto:HCAProcurements@hca.wa.gov);
- 4.3.2. Email will have the subject line: RFA # Heidi Jones – RFA Coordinator;
- 4.3.3. Application documents must be submitted in the same order as presented in Section 4, *Application Contents*, with the same headings, adhering to page formatting and other criteria indicated in the attachments;

Failure to submit the Application by the date indicated above, with documents in the correct order, complete, and all in one single pdf, and/or as outlined above may result in the Applicant being found non-responsive.

If HCA e-mail is not working, appropriate allowances will be made. HCA does not assume responsibility for problems with Applicant's e-mail.

All Applications and any accompanying documentation become the property of HCA and will not be returned.

## 5. APPLICATION CONTENTS

Items marked "MANDATORY" must be included as part of the Application for the Application to be considered responsive; however, these items are not scored. Items marked "SCORED" are those that are awarded points as part of the evaluation conducted by the evaluation team.

### 5.1. BUDGET (MANDATORY/SCORED)

Discuss with program to determine if this is scored, pass/fail, informational only, or if not required at all, and specify which.

The maximum fee for this work must be \$475,000 or less to be considered responsive to this RFA.

Attachment 3, *Budget*, must be completed in the same order as outlined in Section 5.5, *Order of Documents in Application*, and, within the attachment, as presented in the document with the same headings.

The budget narrative will be scored based on how well the Applicant answers each question. Responses will be evaluated based on clear and complete responses. If Applicant cannot complete a specific section, they must provide an explanation,

The evaluation process is designed to award this procurement not necessarily to the Applicant of least cost, but rather to the Applicant whose Application best meets the requirements of this RFA. However, Applicants are encouraged to submit Applications which are consistent with state government efforts to conserve state resources.

#### 5.1.1. Budget Narrative (20 Points)

Applicant needs to include information on staffing, behavioral health services, outreach & community engagement, non-billable services, youth advocacy & leadership development, evidence-based practice or evidence-supported training, training for others on TAY behavioral health needs, clinical training and supervision provision, travel, supplies, flexible funding to support independent living skills (no more than \$5,000), and administrative costs (no more than 10% of total expenditures). Applicant should also include a projected Year 2 (10/1/2021-9/30/2021) budget with information regarding insurance billing revenue, other grant funding, and needed financial support for sustainability of the new programming. Additionally, applicants need to provide detail as to how funds will be spent within the 4-month contract period within the implementation plan.

Identify all costs in U.S. dollars including expenses to be charged for performing the services necessary to accomplish the objectives of the contract. The Applicant is to submit a fully detailed budget including staff costs and any expenses necessary to accomplish the tasks and to produce the deliverables under the contract. Applicants are required to collect and pay Washington state sales and use taxes, as applicable.

Costs for subcontractors are to be broken out separately.

The budget narrative will be scored based on how well the Applicant answers each question. Responses will be evaluated based on clear and complete responses. If Applicant cannot fill out a specific section, they must provide an explanation.

Please note if your agency or partner agency is certified by the Office of Minority and Women's Business Enterprises.

### 5.2. PROGRAM NARRATIVE

#### 5.2.1. Organizational History (5 Points)

- 5.2.1.1. Provide a brief history of your organization. Include prior behavioral health service provision experience.
- 5.2.1.2. What is your organization's mission and how will the proposed Healthy Transitions grant help you to achieve your mission?
- 5.2.1.3. Who are your partners for this project proposal? What is the history of your organizations' relationship?

5.2.2. Need & Background of Community (5 Points)

Applicant Tip: If applicable, be sure to provide the history of how your organization has worked in the past with Transition Age Youth in your community and how this grant would enhance programs and services.

- 5.2.2.1. Description of area, including exact population size and descriptions of populations to be served, with a special focus on populations in need and local health disparities.
- 5.2.2.2. Describe the behavioral health needs and service development issues for TAY as you currently understand them in the community you intend to serve.
- 5.2.2.3. Describe why behavioral health services and outreach/engagement services will be effective in addressing the TAY population needs in your community.

5.2.3. OMWBE (Optional, Not Scored). Indicate if you are certified as a registered business with the [Office of Minority and Women's Business Enterprises](#).

**5.3. PROJECT DESCRIPTION**

*Applicant Tip: Be sure to include specific descriptions and dates for how and when your chosen objective(s) will be achieved. A thorough response will demonstrate how each budget item is supporting the project and will lead to achieving the objective(s).*

5.3.1. Provide an overview of how you propose to implement Healthy Transitions in your community. (10 Points)

- 5.3.1.1. Describe how your Organization/Partnership will work to improve behavioral health access, efficacy and availability for TAY in the identified high-need community.
- 5.3.1.2. Describe the evidence-based or evidence-supported practice your organization/partnership will use. Describe why this model was chosen, rationale for use with TAY population, and agency's history of using evidence-based or evidence-supported practices.
- 5.3.1.3. Include a short explanation describing the anticipated role and involvement of key stakeholders in the identified community.
- 5.3.1.4. Please list those individuals or organizations interested in participation and partnership on this project, including potential partnerships and linkages with other community programs and public and private stakeholders.

5.3.2. **Health Disparities & Special Populations:** How will your Organization/Partnership address health disparities and the needs of special populations to ensure equity and inclusion of all Healthy Transitions services? (10 Points)

- 5.3.2.1. Explain how your Organization/Partnership will provide developmentally and culturally competent and appropriate services, using specific details that demonstrate this capacity.

- 5.3.2.2. Explain how your organization/partnership will be actively involved with reducing health disparities and promoting health equity. Describe strategies that will be used and/or potential steps to be taken.
- 5.3.3. **Youth Engagement:** Healthy Transitions is an initiative that requires strong partnership and commitment from youth and local stakeholder groups. **(10 Points)**
- 5.3.3.1. Describe the current or potential commitment of youth and other community partners to participate in Healthy Transitions.
- 5.3.3.2. Describe any existing services for TAY in your community and youth engagement/leadership opportunities.
- 5.3.4. Include an **Implementation Schedule & Work Plan** for Years 1-3 including information on a sustainability plan, hiring process, client recruitment, marketing plan, licensure/certification needs, etc., including dates and estimated time needed to complete tasks. **(10 Points)**
- 5.3.4.1. How does your organization expect to sustain this one-time Healthy Transitions grant at the end of the grant period?
- 5.3.4.2. Describe any barriers you foresee to implementing your Healthy Transitions project and how you may overcome them.
- 5.3.5. **Outcome Measures and Performance Measurement** proposal, including data collection strategies, outreach and engagement efforts, client demographic information, client service data, evidence-based/evidence-supported practice fidelity measures, policy/procedure changes, collaboration/partnership goals, and client outcome measurements. **(10 Points)**

Please include the following table in your application. Fill out rows only for services that you are providing services for.

Area	Goals	Interventions	Measures
<i>Example: Client Services</i>	<i>Transition TAY youth to voluntary BH services from involuntary systems</i>	<i>-Conduct outreach sessions with youth leaving juvenile rehabilitation facilities -Provide case management and peer support services to youth in juvenile rehabilitation programs -Provide psychotherapy to youth in JR programs</i>	<i>-5 outreach sessions per month -Assess and enroll 15 youth per month -Provide case management and peer support services to 30 youth per month -Provide psychotherapy to 10 youth per month</i>
Client Services			
Staff Training			
Provider Partnerships			
Evidence-Based/Evidence Supported Practices			
Funding and Sustainability			

## 5.4 REQUIRED DEMONSTRATION OF SUPPORT

Applicants are eligible to receive up to **20 points** for meeting certain needs or goals as follows:

- 5.3.6. Community Letters of Support 5 point per letter, maximum of 20 points, 4 letters maximum)
- 5.3.7. Applicants can receive points through submitting additional letters of support to demonstrate community partnerships. Each letter will be worth 5 point(s) with a maximum of 10 points possible.
- 5.3.8. Potential partners include entities that want to support increasing the behavioral health service opportunities in your community for TAY youth, including representatives from local Family Support and Youth Partnership Roundtable, Managed Care Organizations, community health clinics, school districts, and child welfare agencies.
- 5.3.9. If applying as a non-BHA provider, provide memorandum of understanding with BHA, describing services, logistics of partnership, and on-going monitoring process of agreement.
- 5.3.10. If you are providing letters of support (up to 4), provide the entity name, contact name and email for each one on Attachment A, *Application Face Page*.

## 5.5 ORDER OF DOCUMENTS IN APPLICATION

Application packets must be:

- 5.3.11. In the order listed below
  - 5.3.11.1. Attachment 1: Application Face Page
  - 5.3.11.2. Attachment 2: Minimum Qualifications
  - 5.3.11.3. Attachment 3: Budget
  - 5.3.11.4. Narrative: In compliance with Sections 5.1, *Budget*, 5.2, *Program Narrative*, and 5.3, *Project Description*
  - 5.3.11.5. Letters of Support: In compliance with Section 5.4, *Required Demonstration of Support*
- 5.3.12. Consolidated into a single pdf
- 5.3.13. No more than 15 pages

## 6. EVALUATION AND CONTRACT AWARD

### 6.1. ACCEPTANCE PERIOD

Applications must provide one hundred twenty (120) calendar days for acceptance by HCA from the due date for receipt of Applications.

### 6.2. MOST FAVORABLE TERMS

HCA reserves the right to make an award without further discussion of the Application submitted. Therefore, the Application should be submitted initially on the most favorable terms which the Applicant can propose. HCA reserve the right to contact an Applicant for clarification of its Application.

### 6.3. EVALUATION PROCEDURE

#### 6.3.1. Administrative Review

RFA Coordinator will perform an error check of all submitted applications for completeness and technical errors. If errors are found, HCA will provide a list of any incomplete questions and missing documents and prompt the applicant to fix them. Applicants will not be able to submit their application until all errors are fixed. Failure to respond by the date indicated by the RFA Coordinator and/or failure to submit the corrected documents by the date indicated may result in the applicant being found non-responsive.

If they are requesting funding for an equipment purchase/lease, was an Equipment Cost Benefit Analysis provided?

HCA also reserves the right at its sole discretion to waive minor administrative irregularities.

#### 6.3.2. Responsiveness

Responsive Applications will be evaluated strictly in accordance with the requirements stated in this RFA and any addenda issued. The evaluation of Applications will be accomplished by an evaluation team(s), to be designated by HCA, which will determine the ranking of the Applications. Evaluations will only be based upon information provided in the Applicant's Application.

Applications that have passed Administrative Review will be reviewed and scored by an evaluation team using a weighted scoring system, Section 6.4, *Evaluation Weighting and Scoring*. Applications will be evaluated strictly in accordance with the requirements set forth in this RFA and any addenda issued.

### 6.4. EVALUATION WEIGHTING AND SCORING

HCA reserves the right to award the contract to the Applicant whose Application is deemed to be in the best interest of HCA and the state of Washington.

The following weighting and points will be assigned to the Application for evaluation purposes:

Application Component	Maximum Score
<b>RFA Compliance/Mandatory Requirements – Must meet at least one of the criteria in Attachment 2, Minimum Qualifications</b>	<i>If not met, will not be able to move forward</i>
<b>Technical Proposal (80%)</b>	
<b>Project Narrative</b>	<b>10 Points</b>
<b>Project Description:</b>	<b>50 Points</b>
<i>Overview</i>	<i>10 Points</i>
<i>Health Disparities &amp; Special Populations</i>	<i>10 Points</i>
<i>Youth Engagement</i>	<i>10 Points</i>
<i>Implementation Schedule &amp; Work Plan</i>	<i>10 Points</i>
<i>Outcome Measures and Performance Management</i>	<i>10 Points</i>
<b>Demonstration of Support</b>	<b>20 Points</b>
<b>Budget Proposal (20%)</b>	<b>20 Points</b>
<b>Maximum Points for Application</b>	<b>100 Points</b>
<i>Registered, or eligible to be registered with Office of Minority and Women's Business Enterprises.</i>	<i>Not scored, but considered</i>

## **6.5. RFA NOTIFICATION TO APPLICANTS**

HCA will notify the ASA(s) of their selection in writing upon completion of the evaluation process. Unsuccessful will be notified separately in writing.

## **6.6. DEBRIEFING OF UNSUCCESSFUL APPLICANTS**

Any Applicant who submitted an Application and has been notified that it was not selected for contract award may request a debriefing. The request for a debriefing conference must be received by the RFA Coordinator no later than 5:00 p.m., local time, in Olympia, Washington, within three business days after the Unsuccessful Applicant Notification is e-mailed to the Applicant. The debriefing will be held within three business days of the request, or as schedules allow.

Discussion at the debriefing conference will be limited to the following:

- 6.6.1. Evaluation and scoring of the Applicant's Application;
- 6.6.2. Critique of the Application based on the evaluation; and
- 6.6.3. Review of the Applicant's final score in comparison with other final scores without identifying the other Applicants.

Topics an Applicant could have raised as part of the complaint process (Section 2.10) cannot be discussed as part of the debriefing conference, even if the Applicant did not submit a complaint.

Comparisons between Applications, or evaluations of the other Applications will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of thirty (30) minutes.

## **6.7. COMPLAINT PROCESS**

- 6.7.1. Vendors may submit a complaint to HCA based on any of the following:
  - 6.7.1.1. The RFA unnecessarily restricts competition;
  - 6.7.1.2. The RFA evaluation or scoring process is unfair or unclear; or
  - 6.7.1.3. The RFA requirements are inadequate or insufficient to prepare a response.
- 6.7.2. A complaint must be submitted to HCA prior to five business days before the bid response deadline. The complaint must:
  - 6.7.2.1. Be in writing;
  - 6.7.2.2. Be sent to the RFA Coordinator in a timely manner;
  - 6.7.2.3. Clearly articulate the basis for the complaint; and
  - 6.7.2.4. Include a proposed remedy.

The RFA Coordinator will respond to the complaint in writing. The response to the complaint and any changes to the RFA will be posted on WEBS. The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response. An Applicant or potential Applicant cannot raise during a bid protest any

issue that the Applicant or potential Applicant raised in a complaint. HCA's action or inaction in response to a complaint will be final. There will be no appeal process.

## **6.8. PROTEST PROCEDURE**

A bid protest may be made only by Applicants who submitted a response to this RFA and who have participated in a debriefing conference. Upon completing the debriefing conference, the Applicant is allowed five business days to file a protest with the RFA Coordinator. Protests must be received by the RFA Coordinator no later than 4:30 p.m., local time, in Olympia, Washington on the fifth business day following the debriefing. Protests may be submitted by e-mail or by mail.

Applicants protesting this RFA must follow the procedures described below. Protests that do not follow these procedures will not be considered. This protest procedure constitutes the sole administrative remedy available to Applicants under this RFA.

All protests must be in writing, addressed to the RFA Coordinator, and signed by the protesting party or an authorized agent. The protest must state (1) the RFA number, (2) the grounds for the protest with specific facts, (3) complete statements of the action(s) being protested, and (4) the relief or corrective action being requested.

6.8.1. Only protests alleging an issue of fact concerning the following subjects will be considered:

6.8.1.1. A matter of bias, discrimination, or conflict of interest on the part of an evaluator;

6.8.1.2. Errors in computing the score; or

6.8.1.3. Non-compliance with procedures described in the RFA or HCA requirements.

Protests based on anything other than those items listed above will not be considered. Protests will be rejected as without merit to the extent they address issues such as: 1) an evaluator's professional judgment on the quality of an Application; or 2) HCA's assessment of its own needs or requirements.

Upon receipt of a protest, HCA will undertake a protest review. The HCA Director, or an HCA employee delegated by the HCA Director who was not involved in the RFA, will consider the record and all available facts. If the HCA Director delegates the protest review to an HCA employee, the Director nonetheless reserves the right to make the final agency decision on the protest. The HCA Director or his or her designee will have the right to seek additional information from sources he or she deems appropriate in order to fully consider the protest.

If HCA determines in its sole discretion that a protest from one Applicant may affect the interests of another Applicant, then HCA may invite such Applicant to submit its views and any relevant information on the protest to the RFA Coordinator. In such a situation, the protest materials submitted by each Applicant will be made available to all other Applicants upon request.

6.8.2. The final determination of the protest will:

6.8.2.1. Find the protest lacking in merit and uphold HCA's action; or

6.8.2.2. Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or

6.8.2.3. Find merit in the protest and provide options to the HCA Director, which may include:

6.8.2.3.1. Correct the errors and re-evaluate all Applications; or

6.8.2.3.2. Issue a new solicitation document and begin a new process; or

6.8.2.3.3. Make other findings and determine other courses of action as appropriate.

If the protest is not successful, HCA will enter into a contract with the ASA(s), assuming the parties reach agreement on the contract's terms.

## ATTACHMENT 1 – Application Face Page

This form is available in Word format in WEBS and on the HCA website, and is formatted to count as one single page.

1. Organization Name			
2. Mailing Address			
3. Contact person name			
4. Contact person title			
5. Contact person email			
6. Contact person phone number			
7. DUNS number			
8. Federal Employer Identification Number (FEIN)			
9. Zip code + 4 (assigned by the US Postal Service)			
10. Total amount of funding requested (total for all time periods added together)			
11. Target populations			
12. Applicant type	<input type="checkbox"/> <b>Applicant Type A</b> – Already have a current or previous contract with HCA. <input type="checkbox"/> <b>Applicant Type B</b> – New to contracting with HCA.		
13. If you are providing letters of support (up to 4), please also provide the following information:			
	Entity	Contact Name	Contact Email
Letter 1			
Letter 2			
Letter 3			
Letter 4			
14. <b>Is your Application complete?</b> Please check to make sure that your Application includes all components referenced in Section 5, <i>Application Contents</i> .			
15. <b>WEBS.</b> Did you register as a vendor in Washington’s Electronic Bid System (WEBS), at <a href="https://fortress.wa.gov/ga/webs?">https://fortress.wa.gov/ga/webs?</a>			

The individual with Contractor signature authority, as indicated on the Contractor Intake Form, is aware of this Application and supportive of its submission. **Please copy this individual in the email when submitting the Application materials.**

**On behalf of the Applicant submitting this Application, my name below attests to the accuracy of the above and attached statements and by signing below I certify that, on behalf of the Applicant agency, I am authorized to submit this Application to provide the described services.**

<b>SIGNATURE</b>	<b>NAME AND TITLE</b>	<b>DATE</b>

## ATTACHMENT 2 – Minimum Qualifications

Applicant must attest that they meet at least one of the following requirements by following instructions below and including with Application packet, in order to move forward in the Application evaluation process.

The following are the minimum qualifications for Applicants. Applicants must meet at least one of the requirements.

1. Non-profit agencies, or small businesses, that provide a commitment to become a licensed Behavioral Health Agency (BHA) in the state of Washington, certified to provide Individual Treatment Services (ITS) and Peer Support services within the next calendar year of being selected as the Apparent Successful Applicant; or
2. Local government (e.g., county or city), non-profit or small business social service agencies that have a documented Memorandum of Understanding with a BHA who is certified in ITS and Peer Support Services; or
3. Non-profit or small business clinic, licensed as a Behavioral Health Agency (BHA), including Tribal BHAs, in the state of Washington and certified to provide ITS and Peer Support services.

Marking one of the two boxes below is required.

**YES, I meet at least one of the requirements.**

**NO, I do not meet any of the requirements.**

### ATTACHMENT 3 – Budget

This form is available in Excel format in WEBS and on the HCA website, and is formatted to count as one single page (11x17).

**Instructions:**

This template is provided for planning purposes only. Completion or use of this template is not a binding agreement and in no way secures funding and is not a contract.

For your convenience, we have included formulas that calculate down the column and subtotals. You may insert rows if needed, however, be sure to adjust and check the formulas to make sure that the totals include all the numbers that you want. You can review the formula by clicking on the cell. Double click the cell to highlight the cells that you want to add. Complete each program by date ranges for which you are able to provide services. If you are only implementing a program for one time period, you may leave the other columns blank.

The page format is also designed to fit on one 11x17 page, and counts as one page. Please note that changes you make could increase the number of pages you are submitting, and there is a page limit.

<b>Organization Name:</b>	[Sample]		
<b>Date Submitted:</b>	[month, dd, yyyy]		
<b>Time Periods</b>	Year 1	Year 2	Year 3
	7/1/2021- 9/30/2021	10/1/2021- 9/30/2022	10/1/2022- 9/30/2023
<b>Administration</b>			
10% Maximum Allowable Admin of Budget (may be divided between contractor and subcontractors but may not exceed 10% of total budget).			
<b>Subtotal, Administration</b>			
<b>Travel/Training/Capacity Building</b>			
Mileage			
Air			
Hotel			
Lodging			
Per diem			
Transportation			
Registration fees			
<b>Subtotal, Travel/Training/Capacity Building</b>			
<b>Programs/Strategies</b>			
Program/Strategy 1 Name: Evidence Based Practice			
Training Costs			
Program Supplies			
Program Printing			
<b>Subtotal, Program/Strategy 1</b>			
Program/Strategy 2 Name: Behavioral Health Services			

Salary [% or # FTE]			
Benefits			
Travel			
Professional Services [name]			
Program Supplies			
Program Printing			
<b>Subtotal, Program/Strategy 2</b>			
Program/Strategy 3 Name: Outreach and Community Engagement			
Salary [% or # FTE]			
Benefits			
Travel			
Professional Services [name]			
Program Supplies			
Program Printing			
<b>Subtotal, Program/Strategy 3</b>			
Program/Strategy 4 Name: Youth Leadership Development			
Salary [% or # FTE]			
Benefits			
Travel			
Professional Services [name]			
Program Supplies			
Program Printing			
<b>Subtotal, Program/Strategy 4</b>			
Program/Strategy 5 Name: Independent Living Skills/Recovery Supports			
Salary [% or # FTE]			
Benefits			
Travel			
Professional Services [name]			
Program Supplies			
Program Printing			
<b>Subtotal, Program/Strategy 5</b>			
<b>Subtotal, Programs/Strategies, All</b>			
<b>Totals</b>			
<b>Total Budget Amount Requested Per Time Period</b>			
<b>Maximum Budget Requested</b>			

**EXHIBIT A – References**

- Aratani, Y.; Pavelle, B.; Lucenko, B.; & Felver, B. (2021). Behavioral Health Treatment Needs and Outcomes among Medicaid Enrolled Children in Washington State. Accessed April 19, 2021 at [https://www.dshs.wa.gov/sites/default/files/rda/reports/CHILDRENS\\_BH\\_DASHBOARD\\_2021FEB.pdf](https://www.dshs.wa.gov/sites/default/files/rda/reports/CHILDRENS_BH_DASHBOARD_2021FEB.pdf)
- National Institute of Health (n.d). Mental Illness Definitions. Accessed April 19, 2021 at <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>.
- Office of Financial Management (n.d.). Distribution of Washington population by age and gender. Accessed April 19, 2021 at <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/population-changes/distribution-washington-population-age-and-gender>
- Substance Use and Mental Health Services Administration (2014). Serious Mental Health Challenges among Older Adolescents and Young Adults. Accessed April 19, 2021 at [https://www.samhsa.gov/data/sites/default/files/sr173-mh-challenges-young-adults-2014/sr173-mh-challenges-young-adults-2014.htm](https://www.samhsa.gov/data/sites/default/files/sr173-mh-challenges-young-adults-2014/sr173-mh-challenges-young-adults-2014/sr173-mh-challenges-young-adults-2014.htm)

**EXHIBIT B – HCA General Contract Terms**

*Uploaded as a separate document.*

*Note, terms are in draft format, and may be subject to change prior to contract execution.*