



REQUEST FOR QUALIFICATIONS (RFQ)
RFQ NO. 2022HCA29

NOTE: If you download this RFQ from any source other than the Washington Electronic Business Solution (WEBS), you are responsible for registering in WEBS for your organization to receive any RFQ amendments, including Bidder questions/agency answers. HCA is not responsible for any failure of your organization to register in WEBS or any other repercussions that may result to your organization because of this failure.

PROJECT TITLE: Safety and Housing Support

BID DUE DATE: **November 17, 2022 - 5:00 p.m.** Pacific Time, Olympia, Washington, USA.

Only e-mailed bids will be accepted, fax bids will not.

ESTIMATED TIME PERIOD FOR CONTRACT: **December 13, 2022, to June 30, 2023.**

The Health Care Authority reserves the right to extend the Contract for up to two (2) additional years at its sole discretion, dependent on mutual agreement of the Contract terms by the parties.

BIDDER ELIGIBILITY: This solicitation is open to those Bidders that satisfy the minimum qualifications stated herein and that are available for work in Washington State.

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1. INTRODUCTION

1.1 DEFINITIONS

Definitions for the purposes of this RFQ include:

Apparent Successful Bidder (ASB) – The Bidder selected as the entity to perform the anticipated services under this RFQ, subject to completion of Contract negotiations and execution of a written Contract.

Bid – A formal offer submitted in response to this solicitation. To be responsive, a Bid must include all items outlined in **Section 3 (BID CONTENTS AND REQUIREMENTS)**. Two such items that may be referred to throughout this document are:

- 1) **Qualifications** – Bidder’s qualifications as described in **Section 3.9 and Exhibit C**.

Bidder – Individual or company interested in the RFQ that submits a Bid to attain a Contract with the Health Care Authority.

Business Day – Monday through Friday, 8:00 a.m. to 5:00 p.m., Pacific Time, except for holidays observed by the state of Washington, unless otherwise specified within the RFQ.

Discharge planners - Individuals working with youth and young people who are in residential or inpatient care on their Individual Service Plan, planning for entering their communities after discharge from inpatient/ residential care.

Health Care Authority or HCA – An executive agency of the state of Washington that is issuing this RFQ.

Inpatient settings – For this work, inpatient and residential are interchangeable. Defined as setting where youth our young adult is living while receiving mental health or substance use treatment

Residential settings – For this work, residential and inpatient are interchangeable. Defined as setting where youth our young adult is living while receiving mental health or substance use treatment

Rapid Response Teams - Teams developing to address imminent needs of youth, young people and unaccompanied youth at risk of homelessness as defined in, Second Substitute House Bill 1905 in 2022.

Request for Qualifications (RFQ) – Formal solicitation document in which a service or need is identified, and firms are invited to provide their qualifications to provide the services.

Revised Code of Washington (RCW) – The laws of the state of Washington, as enacted by the Legislature. Any references to specific titles, chapters, or sections of the RCW includes any substitute, successor, or replacement title, chapter, or section. Pertinent RCW chapters can be accessed at: <http://apps.leg.wa.gov/rcw/>.

Subcontractor – A person, partnership, or entity not in the employment of or owned by the Bidder, who would be performing all or part of the services under this RFQ under a separate contract with or on behalf of the Bidder. The term “Subcontractor” means Subcontractors in any tier.

Transition Age Youth (TAY) – Youth and young adults ages 15 through 25.

Washington’s Electronic Business Solution or WEBS – An Internet-Based Bid Notification System HCA is required to use to post competitive solicitations. Individuals and firms interested in state contracting opportunities with the Department of Enterprise Services or any state agency should [register](#) in WEBS to receive competitive solicitation notices on WEBS. *Note: There is no cost to register on WEBS.*

1.2 ESTIMATED SCHEDULE OF SOLICITATION ACTIVITIES

<i>HCA reserves the right in its sole discretion to revise the above schedule at any time.</i>	
ACTIVITY	DUE DATES
HCA Issues Request for Qualifications	October 20, 2022
Bidder Questions Due	October 27, 2022 - 5:00 PM
HCA Responses to Bidder Questions* (<i>via WEBS</i>)	November 4, 2022
Interested Subcontractor Responses Due	November 7, 2022 - 5:00 PM
Interested Subcontractor List Posted* (<i>via WEBS</i>)	November 8, 2022
Bidder Complaints Due (<i>if applicable</i>)	November 9, 2022
Bids Due	November 17, 2022 – 5:00 PM
HCA Evaluates Bids*	November 21, 22, 23, 2022
HCA Announces “Apparent Successful Bidder” (<i>via WEBS</i>)	November 29, 2022
Debrief Request Deadline	December 2, 2022 – 5:00 PM
Bidder Debriefs via Microsoft Teams or Zoom (<i>TBD</i>)	December 6 and 7, 2022
Anticipated Contract Start Date	December 13, 2022

**Dates are anticipated and subject to change without an official amendment.*

1.3 PURPOSE AND OBJECTIVES

The Washington State Health Care Authority, hereafter called “HCA,” is initiating this Request for Qualifications (RFQ) to solicit Bids from non-profit organizations interested in working to increase connection and partnership between youth and young adult residential and inpatient behavioral health discharge planners and community housing and housing support resources to increase the number of young people who discharge from behavioral health settings into safe and stable housing.

1.4 BACKGROUND

Per Engrossed Substitute Senate Bill (ESSB) 5693, section 215, subsection 127, states that \$50,000 of general state funds for fiscal year 2023 is provided solely for the HCA to provide information and support related to safe housing and support services for youth exiting inpatient mental health and/or substance use disorder facilities to stakeholders, inpatient treatment facilities, young people, and other community providers that serve unaccompanied youth and young adults.

Based on Washington’s most recent data regarding exits from public systems from 2017, 1,441 youth ages 12-24 experienced homelessness within a year of leaving the care setting. 19% of those were from behavioral health inpatient services which is close to two out of every 10 young people that go into treatment systems. 83% were between the ages of 18-24 (more than eight out of 10). A Way Home Washington’s report found significantly higher results from the Department of Social and Health Services (DSHS) Research and Data Analysis (RDAs) program 2015 data. Two out of three youth experiencing homelessness had been discharged from inpatient behavioral health treatment. A Way Home Washington also reports that there are 13,000 unaccompanied youth throughout the state utilizing homelessness services.

Communication was another common theme across all stakeholders. Breakdowns in communication during the transition process were significant. A common experience reported was evolving discharge information. For example, some caregivers received information that their youth would be held for a certain amount of time, but they found out that their youth had been discharged early. As previously mentioned, many Transitional Age Youth (TAY) were not linked with support after discharge. Follow-up care was deemed essential by not just TAY and caregivers but also echoed by providers. Many providers felt frustrated by the lack of communication among their peers, while also feeling bogged down by paperwork, high caseloads, time constraints, and the overwhelming lack of sufficient resources available.

Transparency and collaboration are also important factors to increase positive outcomes. When families and providers utilize TAY driven goal setting this both empowers the young person and ensures that the goals are meaningful and important.

Connection is another vital factor. There are many community resources that youth (and families) may be unaware of. When providers (and families, when appropriate) follow up on these vital linkages there is a greater likelihood of successful transition.

After leaving inpatient settings, three out of four respondents were unstably housed or homeless and 26% were connected to stable housing. Across all groups, behavioral health access and housing resource linkage for those leaving inpatient settings were unanimous. Housing options must respect the desire for young people to live on their own. Transitional housing was a persistent request by providers and families, while outreach support and wrap-around services with individual housing arrangements were requested by TAY lived experts. Across all groups, easy access and “all in one” spaces were popular recommendations. These recommendations included:

- Transitional supportive housing model,
- Outreach workers who could link young people with:
 - basic needs;
 - social supports; and
 - recovery supports.

TAY are proud of their recovery with 49% reporting that it was their greatest strength. Their parenting was the second highest at 16%, and maintaining housing came in third at 14%.

What to know about TAY?

To better serve transition-age youth, we must first understand who TAY are as a population. TAY are leaders, gurus, teachers, families, neighbors, and support systems. They are often coming into a heavy realization as they transition out of childhood mastery. These new adults are in the process of actualized human potential, and it is our responsibility as adults and peers to welcome them. These young people have incredible insight and wisdom. As experts in childhood, teenage years, and young adulthood, they provide unique perspectives to help illuminate solutions which those of us who are farther removed and entrenched in the points of view that come with advancing age, do not see. Neurobiological factors. This 16-25 age range is the beginning of adulthood. As a species, humans have one of the longest periods of formative development. We experience biological milestones that are spaced farther out, making interdependence a survival necessity. As we mature, we bond to each other in a way that few other species do. This contributes to the messiness of an “out on your own at 18” idea. Neurodevelopmentally, transition-age youth experience significant shifts that influence their reasoning and behavior. Common highlights of development during this stage include the increase in mass within the pre-frontal cortex, maturation of the limbic system, and synaptic pruning. Simplified, respectively, these phenomena can cause greater impulsivity, emotionality, and long-term pattern formation (in both healthy and deleterious ways).

The Contractor will work with youth and young adult behavioral health inpatient and residential providers to ensure their discharge planners are aware of and connected with

housing supports and services available in the regions their young people are discharging too.

1.5 GOAL

The goal of this project is to support connection between discharge planners in youth and young adult inpatient and residential care and the community resources/ nonprofits in regions that provide housing supports to ensure discharge planners have awareness of the full array of supports and services available to young people leaving behavioral health inpatient and residential settings particularly when at risk of unstable housing.

HCA intends to award one (1) Contract to provide the services described in this RFQ.

1.6 SCOPE OF WORK

The Contractor will provide the following:

- Ensure behavioral health outpatient and residential/inpatient discharge planners are aware of funding and access options to provide support for stable housing options for unstably housed/ unaccompanied youth and young adults.

Through available funding:

- Ensure linkage from discharge planners with services, programs, and funding options to ensuring they are connecting young people (and their families) with safe and stable housing opportunities for unstably housed/ unaccompanied youth and young adults leaving their care.
- Provide education and awareness training opportunities to behavioral health discharge planners who serve Transition Age Youth (TAY) to support delivery of developmentally appropriate services and supports.
- Conduct pre and post surveys from members attending training framed to demonstrate new awareness and ability to provide connection for young people to services/ supports that increase opportunity for safe and stable housing.
- Begin groundwork for discharge planners and housing support entities who serve Youth and Young Adults (YYA) to connect regularly to learn about shared needs strengths and opportunities.
- The Contractor will include HCA in all meeting coordination, trainings and connection work, as it supports the Contractor. or agreed upon by both parties.

HCA will:

- Support linkage with HB 1905 teams developing currently with the Contractor and supporting connection to those response teams as they stand up where applicable.

Deliverables:

The Contractor will submit a monthly report on to HCA on the following:

- Number of trainings provided;
- Number of consultations for connecting discharge planners with resources provided;
- Recommendations for HCA/system partners on policy and data needs/gaps coming through as work rolls out;
- What's working; and
- What's needed.

The Contractor will submit a quarterly report to HCA including the following:

- Number of materials identified, needed, or developed for sharing information on safe and stable housing opportunities such as:
 - Informational documents;
 - Videos;
 - Social media messaging; and
 - Etc.

1.7 MINIMUM QUALIFICATIONS

The following are the minimum qualifications for Bidders:

- 1.5.1 Licensed to do business in the state of Washington or provide a commitment that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Bidder.
- 1.5.2 Five (5) years' experience supporting and working with unaccompanied youth and young adults transitioning from residential and inpatient behavioral health facilities in need of safe and stable housing supports and services.
- 1.5.3 Active participation in Washington Coalition of Homeless Youth Advocacy and/or Child Youth Behavioral Health Workgroups or similar workgroups.
- 1.5.4 Demonstrated experience in a leadership capacity working with Youth and Young Adults (YYA) experiencing impacts of the intersectionality of state systems of care (foster care, juvenile justice, and inpatient behavioral health).

1.8 FUNDING

HCA has budgeted an amount not to exceed **\$50,000** for this project. Bids in excess of \$50,000 will be considered non-responsive and will not be evaluated.

Any Contract awarded as a result of this solicitation is contingent upon the availability of funding.

1.9 PERIOD OF PERFORMANCE

The period of performance of any Contract resulting from this RFQ is tentatively scheduled to begin on or about **December 13, 2022**, and to end on **June 30, 2023**. Amendments extending the period of performance, if any, will be at the sole discretion of HCA.

HCA reserves the right to extend the contract up to two (2) additional years.

1.10 CONTRACTING WITH CURRENT OR FORMER STATE EMPLOYEES

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Bidders should familiarize themselves with the requirements prior to submitting a bid that includes current or former state employees.

1.11 ADA

HCA complies with the Americans with Disabilities Act (ADA). Bidders may contact the RFQ Coordinator to receive written information in another format (e.g., large print, audio, accessible electronic formats, and other formats).

2. GENERAL INFORMATION FOR BIDDERS

2.1 RFQ COORDINATOR

The RFQ Coordinator is the sole point of contact in HCA for this solicitation. All communication between the Bidder and HCA upon release of this RFQ must be with the RFQ Coordinator, as follows:

Name	Holly Jones
E-Mail Address	HCAProcurements@hca.wa.gov

Any other communication will be considered unofficial and non-binding on HCA. Bidders are to rely only on written statements issued by the RFQ Coordinator. Communication directed to parties other than the RFQ Coordinator may result in disqualification of the Bidder.

2.2 INTERESTED SUBCONTRACTOR LIST (*OPTIONAL*)

HCA supports and encourages contracts and subcontracts with small, diverse, and veteran-owned businesses. To support participation in this process, the RFQ Coordinator will add a List of Interested Subcontractors to the RFQ. The RFQ Coordinator will prepare the List based on the timely and complete submission of specific information requested in this section. The purpose of the List is to communicate to prime bidders the capabilities of interested subcontractors who can perform components of this RFQ's Scope of Work.

2.2.1 Interested Subcontractor Instructions

2.2.1.1 Failure to follow the instructions in this Section may prevent your information from being included in the List.

2.2.1.2 An interested party must complete the below table to submit their firm name, contact information, and the summary of their capabilities as they relate to this RFQ's Scope of Work. Submissions are limited to what is requested in the table below and capability summaries must be two paragraphs or less.

2.2.1.3 The RFQ Coordinator will only include the information requested below. Do not submit marketing materials.

2.2.1.4 Submissions must be emailed by the date specified in Section 1.2, Estimated Schedule of Solicitation Activities, to the RFQ Coordinator, with the subject line as follows:

RFQ 2022HCA29 - Interested Subcontractor List ["Subcontractor Name"]

2.2.1.5 All material submitted for the Interested Subcontractor List becomes a public record.

Interested Subcontractor Name	Subcontractor Contract Name	Contact Address: Phone Number: Email Address:	Summary of capabilities as it relates to the Scope of Work

2.2.2 Posting Date

Complete and timely submissions will be compiled and posted in alphabetical order by interested subcontractor name. HCA anticipates the List will be posted as an RFQ amendment on the Interested Subcontractor List Posted date identified in Section 1.2, Estimated Schedule of Solicitation Activities. Late submissions will not be posted.

2.2.3 Information Provided As-Is

The Interested Subcontractor List is provided as an opportunity to support participation in this RFQ. HCA provides this information as a courtesy with no warranties or representations as to any party and no guarantee of a subcontract. The Interested Subcontractor List shall not be construed as an endorsement by the state of Washington or HCA. The interested party is responsible for the completeness and accuracy of their submission.

2.3 BIDDER QUESTIONS PERIOD

Bidders are provided an opportunity to ask questions during the bidder question period which starts on the date of the RFQ posting and concludes on the *Questions Due Date* specified in Section 1.2, Estimated Schedule of Solicitation Activities.

2.3.1 To ensure timely receipt, questions regarding the RFQ will only be accepted in writing, sent by email to the RFQ Coordinator. The Bidder must use the following email subject line when submitting questions as follows:

RFQ 2022HCA29 Questions – [“Bidders Name”]

2.3.2 HCA anticipates it will post answers to the questions in WEBS as an RFQ amendment on the date specified in Section 1.2, Estimated Schedule of Solicitation Activities.

2.3.3 HCA is under no obligation to respond to any questions received after the *Questions Due Date* but may do so at its discretion.

2.4 SUBMISSION OF BIDS

Bids must be received by the RFQ Coordinator no later than the *Bid Due* deadline in Section 1.2, Estimated Schedule of Solicitation Activities. Bids must be submitted electronically as

an attachment to an e-mail to the RFQ Coordinator at the e-mail address listed in Section 2.1, and meet the following requirements:

- 2.3.4 Attachments to e-mail must be in Microsoft Word format or PDF.
- 2.3.5 Zipped files **cannot** be received by HCA and cannot be used for submission of Bids.
- 2.3.6 Forms that **must** have a signature of the individual within the organization authorized to bind the Bidder to the offer are the following three (3) forms located in Exhibit A, Bidder Forms and Certifications packet:
 - 2.3.6.1 Exhibit A, *Section A - Bidder Profile & Submittal Form*;
 - 2.3.6.2 Exhibit A, *Section D - Proclamation 21-14 – COVID-19 Vaccination Certification* form; and
 - 2.3.6.3 Exhibit A, *Section E - Executive Order 18-03 Worker’s Rights* form.
- 2.3.7 HCA does not assume responsibility for problems with Bidder’s e-mail. If HCAs e-mail is not working, appropriate allowances will be made.
- 2.3.8 Bidders should allow sufficient time to ensure timely receipt of the bid by the RFQ Coordinator. Late bids may not be accepted and will be automatically disqualified from further consideration, unless HCAs e-mail is found to be at fault or HCA deems a grace period is in the best interest of the State. All bids and any accompanying documentation become the property of HCA and will not be returned.

2.5 PROPRIETARY INFORMATION / PUBLIC DISCLOSURE

- 2.5.1 Bids submitted in response to this RFQ will become the property of HCA. All bids received will remain confidential until the Apparent Successful Bidder is announced; thereafter, the bids will be deemed public records as defined in chapter 42.56 of the Revised Code of Washington (RCW).
- 2.5.2 Any information in the bid that the Bidder desires to claim as proprietary and exempt from disclosure under chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure of a document, must be clearly designated. Each page claimed to be exempt from disclosure must be clearly identified and must reference either: (1) the specific basis claimed under 42.56 RCW, or (2) a statement of why the information is designated propriety. Each page containing the information claimed to be exempt from disclosure must be clearly identified by the words “Proprietary Information” printed on the lower right-hand corner of the page. Marking the entire bid exempt from disclosure or as Proprietary Information will not be honored.
- 2.5.3 If a public records request is made for the information that the Bidder has marked as “Proprietary Information,” HCA will notify the Bidder of the request and of the date that the records will be released to the requester unless the Bidder obtains a

court order enjoining that disclosure. If the Bidder fails to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified. If a Bidder obtains a court order from a court of competent jurisdiction enjoining disclosure pursuant to chapter 42.56 RCW, or other state or federal law that provides for nondisclosure, HCA will maintain the confidentiality of the Bidder's information per the court order.

- 2.5.4 A charge will be made for copying and shipping, as outlined in RCW 42.56. No fee will be charged for inspection of contract files, but 24 hours' notice to the RFQ Coordinator is required. All requests for information should be directed to the RFQ Coordinator.
- 2.5.5 The submission of any public records request to HCA pertaining in any way to this RFQ will not affect the solicitation schedule, as outlined in Section 1.2, unless HCA, in its sole discretion, determines that altering the schedule would be in HCA's best interests.

2.6 REVISIONS TO THE RFQ

If HCA determines in its sole discretion that it is necessary to revise any part of this RFQ, then HCA will publish addenda on WEBS. For this purpose, the published questions and answers and any other pertinent information will be provided as an addendum to the RFQ and will be published on WEBS.

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

2.7 COMPLAINT PROCESS

2.7.1 The complaint process allows potential Bidders to focus on the solicitation requirements and evaluation process and raise issues early enough in the process to allow HCA to correct a problem before bids are submitted. The complaint period starts on the date of the RFQ posting and concludes on the *Complaints Due* date identified in Section 1.2, Estimated Schedule of Solicitation Activities.

2.7.1.1 Potential Bidders may submit a complaint to HCA based on any of the following:

2.7.1.2 The RFQ unnecessarily restricts competition;

2.7.1.3 The RFQ evaluation or scoring process is unfair or unclear; or

2.7.1.4 The RFQ requirements are inadequate or insufficient to prepare a response.

2.7.2 For a complaint to be considered, it must be received by HCA by 5:00 pm PT on the *Complaints Due* date identified in Section 1.2. The complaint must:

2.7.2.1 Be in writing;

2.7.2.2 Be sent to the RFQ Coordinator, or designee;

2.7.2.3 Clearly articulate the basis for the complaint; and

2.7.2.4 Include a proposed remedy.

2.7.3 HCA will address any complaint as follows:

2.7.3.1 The RFQ Coordinator, or designee will respond to the complaint in writing.

2.7.3.2 The response to the complaint and any changes to the RFQ will be posted on WEBS.

2.7.3.3 The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response.

2.7.4 Complaints may not be raised again during a protest and HCA's action or inaction in response to a complaint will be final. There is no appeal process.

2.8 RESPONSIVENESS

The RFQ Coordinator will review all bids to determine compliance with administrative requirements and instructions specified in this RFQ. A Bidder's failure to comply with any part of the RFQ may result in rejection of the bid as non-responsive.

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

2.9 MOST FAVORABLE TERMS

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

The ASB should be prepared to accept this RFQ for incorporation into a Contract resulting from this RFQ. The Contract resulting from this RFQ will incorporate some, or all, of the Bidder's bid. The bid will become a part of the official solicitation file on this matter without obligation to HCA.

2.10 RECEIPT OF INSUFFICIENT NUMBER OF BIDS

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

2.11 NO OBLIGATION TO CONTRACT

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

2.12 REJECTION OF BIDS

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

3. BID CONTENTS AND REQUIREMENTS

3.1 BID CONTENTS OVERVIEW

Bids must be submitted per the instructions in Sections 2.4, Submission of Bids, and 3.2 Bid Requirements and Guidelines in the order noted below.

- 3.1.1 **Exhibit A, Bidder Forms and Certifications Packet;** forms to go in order as follows:
(*packet attached separately*)

Section A - Bidder Profile & Submittal Form (**Mandatory – not scored**)

Section B - Diverse Business Inclusion Plan (**Mandatory – not scored**)

Section C - References (**Mandatory – not scored**)

Section D - Proclamation 21-14 – COVID-19 Vaccination Certification (**Mandatory – not scored**)

Section E - Executive Order 18-03 Worker's Rights (**Scored**)

- 3.1.2 **Exhibit C, Qualifications Questions** (*attached herein*) (**Scored**)

- 3.1.3 **Exhibit B, Draft Contract** (*attached separately in a WORD document*); the Draft Contract does not need to be returned to HCA with Bidders submissions unless the Bidder has exceptions to the terms and conditions (*see section 3.8*). (**information only**)

3.2 BID REQUIREMENTS AND GUIDELINES

Bids must comply with the requirements or restrictions listed below. Failure to do so may result in the disqualification of the Bidder's Bid:

- 3.2.1 State the Bidder's full legal name on the first or cover page of the Bid.
- 3.2.2 Bids must provide information in the same order as presented in this RFQ and with the same headings. Title and number each item in the same way it appears in the RFQ. Each question must be restated prior to the Bidder's response.
- 3.2.3 All items listed in Section 3.1, Bid Contents Overview, **must** be included as part of the Bid for the Bid to be considered responsive, (*except for the Draft Contract if without exceptions*):

Only the following items will be scored during the evaluation process:

- 3.2.3.1 Exhibit A, Executive Order 18-03 Worker's Rights; and
- 3.2.3.2 Exhibit C, Bidder Qualifications.
- 3.2.4 Page limits stated in this RFQ are determined by counting single sides of the response. HCA has no obligation to read, consider, or score any material exceeding the stated page limits. There will be no grounds for protest if critical information is on the pages exceeding the specified page limit that is not reviewed.

- 3.2.5 Bidders are liable for all errors or omissions contained in their Bids. Bidders will not be allowed to alter Bid documents after the deadline for Bid submission. HCA is not liable for any errors in Bids.
- 3.2.6 HCA is under no obligation to consider any supplemental materials submitted that were not requested.

3.3 EXHIBIT A - BIDDER PROFILE & SUBMITTAL FORM (MANDATORY)

Exhibit A, Section A, Bidder Profile & Submittal Form, **must** be completed in its entirety and signed and dated by a person authorized to legally bind the Bidder to a contractual relationship (e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship).

3.4 EXHIBIT A - DIVERSE BUSINESS INCLUSION PLAN (MANDATORY)

Exhibit A, Section B, Diverse Business Inclusion Plan, **must** be completed in its entirety. In accordance with legislative findings and policies set forth in RCW 39.19 the state of Washington encourages participation in all contracts by firms certified by the Office of Minority and Women's Business Enterprises (OMWBE), set forth in RCW 43.60A.200 for firms certified by the Washington State Department of Veterans Affairs, and set forth in RCW 39.26.005 for firms that are Washington Small Businesses. Participation may be either on a direct basis or on a Subcontractor basis. However, no preference on the basis of participation is included in the evaluation of Diverse Business Inclusion Plans submitted, and no minimum level of minority- and women-owned business enterprise, Washington Small Business, or Washington State certified Veteran Business participation is required as a condition for receiving an award. Any affirmative action requirements set forth in any federal governmental regulations included or referenced in the Contract documents will apply.

3.5 EXHIBIT A - REFERENCES (MANDATORY)

Exhibit A, Section C, References, **must** list three (3) business references and **must** be independent of the Bidder's and Subcontractor's company corporation (e.g., non-Bidder owned, in whole or in part, or managed, in whole or in part) and be for work similar to the scope of work contained herein. Complete all boxes of the reference form for each reference, including a description of the services provided, the timeframe in which services were provided, and the Bidder's team members who provided the services. By submitting a bid in response to this solicitation, the Bidder and team members grant permission to HCA to contact these references and others, who from HCA's perspective, may have pertinent information. HCA may or may not, at HCA's discretion, contact references.

3.6 EXHIBIT A - COVID-19 VACCINATION CERTIFICATION (MANDATORY)

Exhibit A, Section D, COVID-19 Vaccination Certification, **must** be completed by the Bidder to respond as to whether or not the Bidder complies with Proclamation 21-14.1 – COVID-19 Vaccination Requirement. The Bidder **must** sign and return this certification as part of its Bid.

Note: Compliance with the Proclamation is mandatory. For more information, please visit <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/505-160-VaccinationRequirementFAQs.pdf>.

3.7 EXHIBIT A - EXECUTIVE ORDER 18-03 (SCORED)

Exhibit A, Section E, Executive Order 18-03-Workers Rights, **must** be completed by the Bidder as to whether or not they require their employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses and class or collective action waivers.

3.8 EXHIBIT B - DRAFT CONTRACT (MANDATORY)

The ASB will be expected to enter into a Draft Contract (Exhibit B) and its general terms and conditions attached as Exhibit B. HCA will not accept any draft Contracts prepared by any Bidder. The Bidder must be prepared to agree to all terms of the attached Exhibit B, Draft Contract, as presented or the Bid may be rejected.

If the Bidder has exceptions to the terms and conditions, they **must** include with the Exhibit B, Draft Contract with their Bid with redline edits/comments documenting the changes proposed. If the Bidder fails to identify an objection to any particular term or condition, the term or condition will be deemed agreed to by the Bidder. HCA will review requested exceptions and accept or reject the same at its sole discretion.

If, after the announcement of the ASB, and after a reasonable period of time, the ASB 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 Bidder.

3.9 EXHIBIT C - QUALIFICATIONS (SCORED)

Exhibit C, Qualifications, **must** be completed in its entirety in accordance with the page limits identified within the Exhibit C (see *Section 3.2.4*). The Bidder should respond using Exhibit C as its template, to ensure compliance with the formatting requirements outlined in (see *Section 3.2.2*).

4. EVALUATION AND CONTRACT AWARD

4.1 EVALUATION PROCEDURE

Responsive Bids will be evaluated strictly in accordance with the requirements stated in this RFQ and any amendment issued. The evaluation of bids will be accomplished by an evaluation team, to be designated by HCA, which will determine the ranking of the bids. Evaluation teams could be comprised of internal (HCA) and external individuals. Evaluations will only be based upon information provided in the Bidder's Bid.

- 4.1.1 All bids received by the stated deadline in Section 1.2, Estimated Schedule of Solicitation Activities, will be reviewed by the RFQ Coordinator to ensure that they contain all of the required information requested in the RFQ. Only responsive bids that meet the requirements will be evaluated by the evaluation team. Any Bidder who does not meet the stated qualifications or any bid that does not contain all the required information will be rejected as non-responsive.
- 4.1.2 HCA may, at its sole discretion, waive minor administrative irregularities.
- 4.1.3 The RFQ Coordinator may, at their sole discretion, contact the Bidder for clarification of any portion of the Bidder's Bid. The Bidders should take every precaution to ensure that all answers are clear, complete, and directly address the specific requirement.
- 4.1.4 Responsive **Exhibit C Qualifications**, will be reviewed and scored by an evaluation team using the weighted scoring system described in Section 4.2, Evaluation Weighting and Scoring. Exhibit C, Qualifications, will be evaluated strictly in accordance with the requirements set forth in this RFQ and any amendment issued.
- 4.1.5 The evaluation of the **Exhibit A, Section E, Executive Order 18-03**, will be completed by the RFQ Coordinator.
- 4.1.6 HCA reserves the right to award the Contract to the Bidder whose bid is deemed to be in the best interest of HCA and the state of Washington.

4.2 EVALUATION WEIGHTING AND SCORING

Bidders' final scores will be based on the following scored items: Executive Order 18-03, Qualifications.

4.2.1 **Exhibit A, Section E - Executive Order 18-03 (50 points)**

Pursuant to RCW 39.26.160(3) and consistent with Executive Order 18-03 – Supporting Workers' Rights to Effectively Address Workplace Violations (dated June 12, 2018), HCA will evaluate bids for best value and provide a preference in the amount of **50** points to any Bidder who certifies, pursuant to the certification included in *Exhibit A, Section E*, that their firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver. Bidders that do require their employees, as a condition of employment, to sign or agree to mandatory

individual arbitration clauses or class or collective action waiver will not be disqualified from evaluation of this RFQ, however they will receive **0** out of **50** points for this section.

4.2.2 Scoring of Exhibit C - Qualifications

Each question in **Exhibit C, Qualifications**, has been assigned a weight. Points will be assigned to each question based upon the average of all evaluation team members scores for the question (0-10 scoring rubric) multiplied by the weight indicated below. Individual question scores will then be combined to result in the Bidder's total weighted score. Any point calculations that result in decimal points will be rounded to the nearest whole number. The weight and maximum points for each question are as outlined in the following Evaluation Table:

Evaluation Table		
Section Title	Weight	Maximum Points
Experience	60	600
Staffing	20	200
Capability	20	200
Qualifications Maximum Points		1000

4.2.3 Scoring Rubric Guide for Written Response

Evaluators will score the sections outlined in the Evaluation Table above using the following (0-10) scoring rubric:

Scoring Rubric		
Score	Description	Scoring Criteria
10	Far Exceeds Requirements	The Bidder has provided an innovative, detailed, and thorough response to the requirement, and clearly demonstrates a high level of experience with, or understanding of the requirement.
7	Exceeds Requirements	The Bidder has demonstrated an above-average capability, approach, or solution and has provided a complete description of the capability, approach, or solution.
5	Meets Requirements	The Bidder has an acceptable capability of solution to meet this criterion and has described its approach in sufficient detail to be considered "as substantially meeting the requirements".
3	Below Requirements	The Bidder has established some capability to perform the requirement but descriptions regarding their approach are not sufficient to demonstrate the Bidder will be fully able to meet the requirements.

1	Substantially Below Requirements	The Bidder has not established the capability to perform the requirement, has marginally described its approach, or has simply restated the requirement.
0	No Value	The Bidder does not address any component of the requirement, or no information was provided.

Evaluation Table – All Scored Items		
Section/Exhibit	Title	Maximum Points
Exhibit A - Section E	Executive Order 18-03	50
Exhibit C - Qualifications	Qualifications	1000
Total Maximum Points		1050

4.3 BEST AND FINAL OFFER (BAFO)

HCA reserves the right to use a Best and Final Offer (BAFO) before awarding any contract to further assist in determining the ASB(s).

4.4 SUBSTANTIALLY EQUIVALENT SCORES

Substantially Equivalent Scores are scores separated by two percent or less in total points. If multiple bids receive a Substantially Equivalent Score, HCA may leave the matter as scored, or select as the ASB the one bid that is deemed by HCA, in its sole discretion, to be in HCA’s best interest relative to the overall purpose and objective as stated in Section 1.3 of this RFQ.

If applicable, HCA’s best interest will be determined by HCA staff, who have sole discretion over this determination. The basis for such determination will be communicated in writing to all Bidders with Substantially Equivalent Scores.

4.5 NOTIFICATION TO BIDDERS

HCA will announce the ASB to all Bidders via the WEBS notification system.

4.6 DEBRIEFING OF UNSUCCESSFUL BIDDERS

4.6.1 Any Bidder who has submitted a bid and been notified it was not selected for a Contract award may request a debriefing conference. The request for a debriefing conference must be received by the RFQ Coordinator no later than 5:00 p.m., Pacific Time, within three (3) Business Days after the Unsuccessful Bidder Notification is e-mailed to the Bidder. The debriefing will be held within three (3) Business Days of the request, or as schedules allow.

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

- 4.6.1.1 Evaluation and scoring of the Bidder’s Bid;
- 4.6.1.2 Critique of the Bid based on the evaluation; and

4.6.1.3 Review of the Bidder's final score in comparison with other final scores without identifying the other Bidders.

- 4.6.2 Topics a Bidder could have raised as part of the Complaint Process (Section 2.7), cannot be discussed as part of the debriefing conference, even if the Bidder did not submit a complaint.
- 4.6.3 Comparisons between bids, or evaluations of the other bids 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.

4.7 PROTEST PROCEDURE

- 4.7.1 A protest may be made only by Bidders who submitted a bid in response to this RFQ and who have participated in a debriefing conference. Upon completing the debriefing conference, the Bidder is allowed five (5) Business Days to file a protest. Protests must be received by the Contracts Administrator no later than 4:30 p.m., Pacific Time, on the fifth Business Day following the Bidder's debriefing. Protests must be submitted by e-mail to ensure timely receipt.
- 4.7.2 Consistent with RCW 39.26.030, bid submissions and bid evaluations will be available for public inspection following the announcement of ASB(s). If requested by a Bidder who received a debriefing pursuant to Section 4.6, the protest period will not conclude before the requestor has been provided with the applicable bid submissions and bid evaluations and provided five (5) Business Days to review the same. Bidder is responsible for notifying the RFQ Coordinator of any such public disclosure requests so the timeline can be adjusted accordingly.
- 4.7.3 Bidders protesting this RFQ 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 Bidders under this RFQ.
- 4.7.3.1. All protests must be in writing, addressed to the Contracts Administrator, and signed by the protesting party or an authorized agent. The protest must state (1) the RFQ 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. Protests must be emailed to contracts@hca.wa.gov with the following subject line: "RFQ # Protest – [Bidder Name]."
- 4.7.4 Only protests alleging an issue of fact concerning the following subjects will be considered:
- 4.7.3.2. A matter of bias, discrimination, or conflict of interest on the part of an evaluator;
- 4.7.3.3. Errors in computing the score; or
- 4.7.3.4. Non-compliance with procedures described in the RFQ, HCA's protest process, or Department of Enterprise Services (DES) policy requirements (POL-DES-170-00).

- 4.7.5 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 a bid; or 2) HCA's assessment of its own needs or requirements.
- 4.7.6 Upon receipt of a protest, HCA will undertake a protest review. The HCA Director, or an HCA employee delegated by the HCA Director who is a neutral party with no involvement in the evaluation and award process (Protest Officer), will review and respond to the protest. 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 Protest Officer will have the right to seek additional information regarding the solicitation from sources they deem appropriate in order to fully consider the protest.
- 4.7.7 If HCA determines in its sole discretion that a protest from one Bidder may affect the interests of another Bidder, then HCA may invite such Bidder to submit its views and any relevant information on the protest to the Protest Officer. In such a situation, the protest materials submitted by each Bidder will be made available to all other Bidders upon request.
- 4.7.8 The Protest Officer will issue a written protest response no more than ten (10) Business Days after receipt of the protest, unless additional time is needed, in which case HCA will notify the protesting Bidder in writing. The Protest Officer's decision is final unless the HCA Director exercises their right to make the final agency decision on the protest. There will be no appeal process.
- 4.7.9 The final determination of the protest will:
- 4.7.9.1 Find the protest lacking in merit and uphold HCA's action; or
 - 4.7.9.2 Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or
 - 4.7.9.3 Find merit in the protest and provide options to the HCA Director, which may include:
 - 1) Correct the errors and re-evaluate all bids; or
 - 2) Issue a new solicitation document and begin a new process; or
 - 3) Make other findings and determine other courses of action as appropriate.
- 4.7.10 If the protest is not successful, HCA will enter into a contract with the ASB(s), assuming the parties reach agreement on the contract's terms.

5. RFQ EXHIBITS

Exhibit A Bidder Forms and Certifications (*included as a separate attachment*):

Section A - Bidder Profile & Submittal Form

Section B - Diverse Business Inclusion Plan

Section C - References

Section D - Proclamation 21-14 – COVID-19 Vaccination Certification

Section E - Executive Order 18-03 Worker's Rights

Exhibit B Draft Contract (*included as a separate attachment*)

Exhibit C Qualifications (*attached herein*)

EXHIBIT A – BIDDER FORMS AND CERTIFICATIONS

Exhibit A forms are included as a separate WORD attachment.

Section A - Bidder Profile & Submittal Form

Section B - Diverse Business Inclusion Plan

Section C - References

Section D - Proclamation 21-14 – COVID-19 Vaccination Certification

Section E - Executive Order 18-03 Worker's Rights

EXHIBIT B – DRAFT CONTRACT

Exhibit B is included as a separate WORD Document.

EXHIBIT C – QUALIFICATIONS

Maximum Points for Qualifications - Up to 1000 Points

10 Page Limit for all of Exhibit C

1. Experience (*up to 600 points*)

- 1.1 Describe services and supports provided by the Bidder that indicate the firms' ability to provide the services described in this RFQ. (*up to 200 points*)
- 1.2 Describe Bidder's recent experience with youth and young adults exiting residential behavioral health in need of stable and safe housing. (*up to 200 points*)
- 1.3 Indicate other relevant experience that indicates the qualifications of the Bidder, and any Subcontractors, for the performance of the potential Contract. Specifically, work with discharge planners in youth and young adult residential behavioral health providers and housing opportunities and support providers. (*up to 200 points*)

2. Staffing (*up to a maximum of 200 points*)

Identify staff, including Subcontractors, who will be assigned to the potential contract, indicating the responsibilities and qualifications of such personnel, and include the amount of time each will be assigned to the project. Provide resumes for the named staff, which include information on the individual's particular skills related to this project, education, experience, significant accomplishments, and any other pertinent information. The Bidder must commit that staff identified in its bid will actually perform the assigned work. Any staff substitution must have the prior approval of HCA.

3. Capability (*up to a maximum of 200 points*)

Provide a capability summary outlining how Bidder is the best fit for the Contract resulting from this RFQ, including strategy for connecting with discharge planners and safe and stable housing supports and services across the state, and how those connections will begin groundwork for partnerships that support youth and young people exiting residential BH supports landing in safe and stable housing that supports their continued journey of wellness.