Wellness Winnie Behavioral Health Care Team (RFP-WW02)
Application Instructions

Your proposal must specifically address each of the questions or requirements that are listed below. The content and detail of your responses will figure significantly in the overall scoring of your proposal. Please provide enough detail in your responses for reviewers to have a clear understanding of your program and approach.

Please take the space you need to give the best response. As guidance, we suggest 10 pages as a maximum for length of your application, excluding attachments, and we appreciate brevity. Narratives should be in 12-point font, 1-inch margins, and page numbered sequentially.

All proposals must be submitted via BidNet Direct (bidnetdirect.com).

Organization Eligibility Checklist and General Information

General Information—CHECK LINK/Update form
https://docs.google.com/forms/d/e/1FAIpQLScChn3GfKPzJuaRNnPwRndvH8TNTeUdiwM9Zi8Z7eCtri80BAg/viewform

Note that the General Information Form includes a link to the City’s mandatory Executive Order 101 Diversity and Inclusiveness in City Solicitations Information Request Form.

Application Questions

1. Provide a brief description of your organization’s mission and services.

2. Describe your organization’s experience delivering services to people with behavioral health conditions, including people who use substances, and specifically describe:
   a. Number of years of experience
   b. Services provided
   c. Populations served
   d. Number of clients served in 2022
3. Describe your organization’s experience assisting people with behavioral health conditions in accessing other services via active referrals, including:
   a. Number of years of experience
   b. Types of services offered

4. Attach a staffing plan that describes the positions working on the project, qualifications and licensure/certifications and waivers and written job descriptions. If telehealth technology will be used, identify staff that will provide services remotely. If staff has not been hired, provide estimated hiring dates.

**Organizational Capacity**

1. Describe how your organization integrates people with lived experience into your workforce and how they enhance this project.

2. Describe how your organization integrates harm reduction principles and trauma-informed care practices into your day-to-day operations.

   Provide descriptions of organizational capacity to accomplish the following:
   a. Describe your organization's ability to provide medication-assisted treatment (MAT) services. Are you currently licensed in the State of Colorado as an accredited, certified opioid treatment program (OTP)? Where are you in the process of becoming an OTP or partnering with one such that your providers can provide MAT services?

**Service Delivery Plan**

Provide a detailed workplan (with tasks, associated completion dates, and the responsible party) describing how you will operationalize sections “Service Delivery Requirements” and “Additional Service Delivery Requirements.”

1. Describe policies, procedures, practices, and technology that will be used to safeguard protected health information and maintain the participant’s confidentiality, particularly if encrypted telehealth will be used.

2. Provide a description of the referral plan for services not provided on the mobile medical vehicle, such as primary and specialty care, intensive behavioral services, detoxification services, etc.

3. Describe strategies to retain people in behavioral health services provided on the mobile medical vehicle or through the referral plan.
4. Provide a list of potential partners, the services they could provide and how this could complement the services to be provided through this RFP.

5. Describe infection control practices and steps taken to mitigate the transmission of communicable conditions while providing services.

**Budget**

1. Use Attachment B, Budget Template to provide a line-item budget for each year of the project in the following categories:
   a. Salary and fringe benefits
   b. Travel
   c. Supplies
   d. Equipment
   e. Operating costs
   f. Sub-contract costs
   g. Total Direct Costs
   h. Indirect rate
   i. Total amount requested
   j. Other funding sources

2. Provide a separate narrative for requested funds to support the services outlined in this RFP.

3. If some of the services outlined in this RFP will be submitted for reimbursement by Medicaid or Medicare, provide a separate statement of those services to be submitted for reimbursement and the expected reimbursement rate.