



Request for Proposal

Employer of Record

Behavioral Health Services

Program # 321

Direct all replies to:

Krista Kennedy
Contract Compliance Monitor
1717 Taylor Avenue
Racine WI 53403
262.638.6671

SEALED PROPOSALS MUST BE RECEIVED NO LATER THAN:

Friday, March 23, 2018 at 4 pm

At the Racine County Human Services Department
1717 Taylor Avenue – Three North Receptionist
Racine WI 53403

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Section I. Specifications

1. Introduction and Objectives:

The Provider will maintain contracted staff and payroll services for the Behavioral Health Services of Racine County located at the Racine County Dennis Kornwolf Service Center, Ives Grove Complex and Domanik Building.

- 1.1** Preference will be given to Non-Profit entities. This will be calculated at 25% weight in the evaluation scoring.
- 1.2** Divisions include:
 - 1.2.1 Mental Health Clinic
 - 1.2.2 Community Support Program
 - 1.2.3 Comprehensive Community Support Program
 - 1.2.4 Adult Protective Services

2. Program Description and Requirements:

- 2.1** Approximately 32-60 positions will be staffed by the Provider to include the following areas:
 - 2.1.1 Mental Health Clinic: Various AODA and mental health therapists or assessors, RN's and support staff
 - 2.1.2 Community Support Program (CSP): Case managers and other clinical staff
 - 2.1.3 Comprehensive Community Support Program (CCS): Facilitators, MDFT staff and support personnel
 - 2.1.4 Adult Protective Services (APS): Case Managers
- 2.2** All positions and job descriptions will be approved by Racine County Behavioral Health Department.
- 2.3** Provider will ensure that all clinical staff hold individual liability insurance and provide copies to Purchaser upon request.
- 2.4** Paid holidays will coincide with Racine County policy.

3. Staffing Hours:

Staffing hours vary and are defined by position. Job descriptions will outline the required hours as they pertain to the specific position. Given the nature of the work, most positions will require some evening, weekend, holidays and on-call hours.

4. Position Qualifications and Essential Duties:

Each position will have a specific job description to include required qualifications and essential duties. Upon award of the contract, all job descriptions for each position will be supplied to Provider.

5. Successful Proposal Requirements:

- 5.1** Demonstrate competence in the industry and provide any experience serving similar populations
- 5.2** Provide an agency description to include:
 - 5.2.1 Years in operation, agency growth, and historical milestones
 - 5.2.2 Primary headquarters and areas served
 - 5.2.3 Mission and vision statements
 - 5.2.4 Areas of specialty
 - 5.2.5 Organizational chart
 - 5.2.6 Cultural competency
 - 5.2.7 Employee screening process
 - 5.2.8 Employee recruitment process and success
 - 5.2.9 Any other pertinent agency specifics that would provide the evaluation committee with a sense how your company operates
- 5.3** Define a benefit package offered to include:
 - 5.3.1 Health, dental, and vision insurance options with employer and employee costs
 - 5.3.2 Paid time off accrual policy
 - 5.3.3 Pension / 401-K and any employer contributions
 - 5.3.4 Life insurance with employer and employee costs
 - 5.3.5 Any other available benefits with employer and employee costs
 - 5.3.5.1 For current employees transferring under this contract to new Provider, benefits would begin ASAP, not to exceed day 30.
- 5.4** Complete the required appendices (A-E)
- 5.5** Complete the budget sheet provided (appendix G) and submit 4 copies in a separate envelope.

6. Evaluation Outcomes:

- 6.1** 100% of the time, the position funded through this contract will be filled with effective staff.
- 6.2** The Provider, as the employing entity, will support the compliance of RCDKSC and HSD policies and procedures by their staff.
- 6.3** The Provider's staff members will assist the Behavioral Health Services Division to meet or exceed all program performance standards developed by the State of Wisconsin Department of Health and Human Services.
- 6.4** The Provider's staff members will adhere to all reporting requirements as determined by the Behavioral Health Services Division.

7. Contract Period:

Contract will begin upon acceptance of the terms described and execution of the contract by both parties, with a target start date of May 1, 2018.

8. Cost:

Cost listed by proposer must be complete and inclusive of all charges at the time of submission. Proposer certifies that prices, terms and conditions in the proposal will be firm for acceptance for a period of ninety (90) days from the date of opening unless otherwise stated by Racine County. Proposal may not be withdrawn before the expiration of ninety (90) days. Prices shall be firm with no escalator clauses unless specified by Racine County. Proposals may be withdrawn after ninety (90) days only upon written notification to Racine County.

9. Contract:

The contract for this project will consist of this Request for Proposals document, the specification documents and any associated exhibits or documents, the proposer's response with all required forms, addenda, any negotiated terms and conditions and a standard Racine County contract.

10. Calendar of Events:

This calendar is subject to change at the sole discretion of Racine County. All attempts will be made to adhere to this calendar however circumstances may require modification of dates and/or times.

Event	Date
RFP issued, posted on website and newspaper	February 23, 2018
Written questions/requests for clarification due to Racine County	By noon on March 2, 2018 Questions submitted later will not be considered.
Racine County written responses to questions/clarifications posted on website	By 4pm on March 7, 2018
Proposals due at Racine County, and dropped off at the Three North Receptionist	By 4pm on March 23, 2018 Late proposals will not be accepted
Public Opening of Sealed Proposals	3:00pm on March 26, 2018
Proposal Evaluations Completed by...	April 6, 2018
Face-to-Face interviews scheduled, if needed	April 10, 2018
Contract Awarded	By April 13, 2018
Contract Start Date	TBD, Target of May 1, 2018

11. Right of Rejection:

Racine County reserves the right to reject any or all proposals, any portion of a proposal and to accept the proposal considered most advantageous to Racine County following final negotiations, evaluations and reviews. Racine County does not warrant or guarantee that a contract will be awarded as a result of this Request for Proposals.

12. Instructions to Proposers:

- 12.1** Thoroughly examine the scope of work, schedule, instructions and all other Solicitation documents and make all investigations necessary to be familiar with conditions that affect the proposal. No pleas of ignorance by the proposer as a result of failure to investigate or examine conditions or failure to fulfill details of the contractual documents will be accepted as a basis for varying the requirements of the County or changing the compensation due.
- 12.2** Racine County contracts are subject to all legal requirements of Racine County, State of Wisconsin or Federal statutes and regulations, as applicable. Laws of the State of Wisconsin apply.
- 12.3** Provide all required information on the forms furnished in this document. Print or type your name and that of your agency on the Proposal Cover Sheet. If you obtained this solicitation electronically, you may complete your responses on the electronic forms however a hardcopy of the proposal must be submitted with your signature on the Proposal Cover Sheet. Do not alter the solicitation documents when completing the forms. Submission of the proposal affirms that you did not alter the original documents beyond filling in the required information.
- 12.4** Note that there are two separate packets of documents to complete. One will contain four (4) copies of your proposal and the other four (4) copies of your budget information. When submitting your hardcopy proposals, seal each packet in a separate envelope.
- 12.5** All proposals must be current and final at the time of opening to be considered responsive. No proposal will be accepted for consideration, and no award will be made if, at the time of opening, anything contained therein is contingent upon or subject to any outstanding review, certification or approval by any party that has not been received.
- 12.6** The following chart illustrates the required proposal documents and specifies the minimum content of the proposal sections. Proposals should be organized in tabbed sections following this chart and each point listed below should be addressed in your proposal.

Appendix	Title	Contents
A	Proposal Cover Sheet	Complete this form for each packet of the proposal...the program and the budget documents
B	Vendor Acceptance Form	Complete this form and attach it to the proposal.
C	Reference Document	<p>On the form included in this packet, list three (3) references who are familiar with your work and your ability to fulfill the requirements of this proposal. Racine County may also consider reference responses from agencies or individuals not listed in your proposal.</p> <p>All information provided must be current and correct. Racine County will not attempt to search for current information that is not provided.</p>
D	Agency Narrative	Describe your agency and how your mission relates to the need listed in the RFP.
E	Program Criteria	Provide detailed information in response to each specific criterion listed.
F	Past Performance	Provide any past experience you have with Racine County.
		In a separate sealed envelope:
G	Budget Worksheet	Use the spreadsheet to illustrate the costs for which Racine County will be billed. Provide a written description if more information is necessary.

13. Submission of Proposals:

Submit one original master copy (so marked) and three photocopies (so marked) of your proposal. On the front of the envelope containing your proposal and copies, indicate the following:

Name & Address of Bidder

Due Date of Bid

Proposal Number & Title

All proposals must be manually signed by an authorized official of the agency.

Telegraphic, fax, email and on-line responses WILL NOT BE ACCEPTED. The original, signed proposal must be delivered to the address indicated below:

Krista Kennedy
Contract Compliance Monitor
Racine County Human Services Department
1717 Taylor Avenue
Racine WI 53403

Krista.Kennedy@RacineCounty.com

Proposals can also be dropped off at the THREE NORTH Receptionist at the Racine County Human Services Department between 9 am and 4 pm Monday through Friday.

14. Contact Person:

14.1 The Racine County Human Services Contract and Compliance Monitor will act as the County representative in the issuance and administration of this RFP and contract, and shall issue and receive all documents, notices and correspondence pertaining to this RFP. Such documents, notices, and correspondence not issued by or received by the Contract Compliance Monitor shall be null and void.

14.2 Questions related to this Request for Proposal shall be delivered in writing (email, postal delivery or hand delivered) to the Contract Compliance Monitor. **Final date for questions is listed in the Calendar of Events.** No questions will be accepted over the phone and no other Racine County representative is authorized to interpret any portion of this RFP.

14.3 All questions received by the Contract and Compliance Monitor will be researched and responded to on the date listed in the Calendar of Events and posted on the Racine County Human Services website which can be accessed by the following link:

<http://racinecounty.com/government/human-services/contracts-and-budget/-folder-558>

No verbal or written information, which is obtained other than through this Request for Proposals or its addenda, shall be binding upon Racine County. Proposers are expected to raise any questions, exceptions or additions they have concerning this document as soon as possible during the RFP process.

15. Confidentiality/Non-Disclosure:

- 15.1** It is the intent of the County that all proposals received will remain sealed and confidential until reviewed by the Proposal Evaluating Committee.
- 15.2** Once the process is complete, no information submitted as part of this RFP process shall be considered proprietary or confidential.
- 15.3** By submitting a proposal, vendors acknowledge that the County may be required under the law to make its records available for public inspection at any time during this RFP process. All vendors acknowledge and agree that the County will have no obligation or any liability to the vendor if the County must disclose these materials.

16. Errors or Omissions:

- 16.1** If a vendor discovers any significant ambiguity, error, conflict, discrepancy, omission or other deficiency in this bid, the vendor should immediately notify the above-named individual of such error and request modification or clarification of the RFP document.
- 16.2** Racine County reserves the right to permit cure of, or waive as an informality, any irregularities or technicalities contained in any proposal submitted, at the sole discretion of Racine County provided such waiver does not substantially change the offer or provide a competitive advantage to any other vendor. Contracts will be awarded in the best interests of Racine County.

17. Addenda:

Changes to this RFP will be made only by formal, written addendum issued by Racine County's Contract Compliance Monitor and posted on the Racine County Human Services Website. All addenda issued as part of this RFP shall become part of the specifications of this RFP and will be made part of the contract. It is the vendor's responsibility to check and assure receipt of all addenda.

18. RFP Evaluation Process:

- 18.1** Racine County will receive proposals from interested vendors having relevant experience, resources and qualifications in the proposed scope of work. Proposals for this project must contain evidence of the vendor's experience and abilities in the industry.
- 18.2** All proposals received will be evaluated by a selection team that consists of Racine County representatives. The team will review and evaluate all detailed proposals submitted and may conduct in-person interviews with proposers if deemed necessary. The selection team will have only the response to this solicitation to review for selection of a finalist. It is therefore important that proposers emphasize specific information considered pertinent to the services provided. Racine County reserves the right to request clarification of any portion of any submittal.
- 18.3** Racine County will be under no requirement to complete the evaluation by any specific date and reserves the right to suspend or postpone the evaluation process should the need arise due to budget constraints, time constraints or other factors as directed by the County. It is anticipated, however, that the review/evaluation process will be completed in a timely manner.

18.4 A Proposal Evaluation Committee will be established to review and evaluate all proposals submitted in response to this RFP. The Contract Compliance Monitor will be a non-voting member and, as such, will prepare the proposals for the committee so that no vendor identifying information will be available to the evaluators. The Committee will conduct a preliminary evaluation of all proposals based upon the information provided and other evaluation criteria as set forth in this RFP. The contract will be awarded to the most qualified contractor per the evaluation criteria listed below.

EVALUATION CRITERIA	WEIGHT
Non-Profit Entity	25%
Agency Experience and Competency	5%
Related Experience	5%
Recruitment and Screening Process	25%
Benefits Offered	35%
Overall Cost to the County	5%
Total	100%
Past Performance <ul style="list-style-type: none"> • There is no weight for this category. It allows vendors with a past experience with Racine County the opportunity to be recognized for their contributions. • For those vendors with no prior experience, this category will not be calculated in their scoring and therefore will not impact their overall rating in any way. • This section represents scores obtained from three officials within Racine County who may or may not be part of the evaluation committee. They will be selected for having a direct experience with all the agencies who submitted proposals. Supporting evidence will be attached to the final scoring sheet. 	15 points maximum

18.5 Refer to the accompanying “Program Criteria” document (Appendix E) for specific information to include in your proposal.

19. Interviews:

If requested, proposers may be required to participate in an interview at the site of the proposed program or in the offices of the Racine County Human Services Department. Proposers should be prepared to discuss and substantiate any of the areas of the proposal submitted, as well as its qualifications to furnish the specified program. The interviews will be scored by the Evaluation Committee.

20. County RFP Notice of Rights:

Racine County reserves the following rights to:

- Conduct pre-award discussion and/or pre-award/contract negotiations with any or all responsive and responsible proposers who submit proposals determined to be reasonably acceptable of being selected for award; conduct personal interviews or require presentations of any or all proposers prior to selection; and make investigations of the qualifications of proposers as it deems appropriate, including but not limited to a background investigation conducted by the County or its agents.
- Request that proposer(s) modify its proposal to more fully meet the needs of the County or to furnish additional information as the County may reasonably require.
- Accord fair and equal treatment with respect to any opportunity for discussions and revisions of proposals. Such revisions may be permitted after submission of proposals and prior to award.
- Process the selection of the successful proposer without further discussion.
- Request Best and Final Offers from any or all proposers at the sole discretion of the County.

21. Indemnity and Insurance Requirements:

- 21.1** Upon execution of a contract, contractor agrees to indemnify, hold harmless and defend Racine County, its officers, agents and employees from all liability including claims, demands, losses, costs, damages and expenses of every kind and description or damage to persons or property arising out of or in connection with or occurring during the course of this agreement where such liability is founded upon or occurring out of the acts or omissions of the contractor, its agents or employees.
- 21.2** Contractor agrees to protect itself and Racine County under the Indemnity Agreement set forth in the above paragraph. Contractor will at all times during the term of this contract keep in force and effect commercial general liability, professional liability, automobile liability, worker's compensation insurance policies issued by a company or companies rated A-VII or better by AM Best and authorized to do business in the State of Wisconsin with the following minimum limits of coverage:
- 21.3** Commercial General Liability minimum coverage:
One million dollars (\$1,000,000) liability for each occurrence for bodily injury and property damage including product liability and completed operations and three million dollars **(\$3,000,000) in the aggregate.**
- 21.4** Motor Vehicle coverage:
One million dollars (\$1,000,000) for each occurrence combined single limit for motor vehicle liability and property damage for all owned, non-owned and hired vehicles that are used in carrying out the contract.
- 21.5** Worker's Compensation: Maintain coverage as required by Wisconsin Statutes for employees engaged in the work.
- 21.6** Upon execution of a contract and at any other time if requested by Racine County, contractor shall furnish Racine County with written verification of the existence of such insurance.

22. Background Checks and Drug Screens:

Upon execution of a contract, contractor will conduct criminal background checks through the State of Wisconsin and drug screens on all employees who provide services in this program. Racine County will be provided copies of background check and drug screen results prior to employment. Racine County reserves the right to deny employment in this program when results are deemed unacceptable. Documentation of these background checks and drug screens must be maintained and readily available to Racine County staff.

23. Audit Requirements:

In accordance with s.s.46.036 and the purchase of professional services, there is no need for a formal audit. However, in the event that any costs appear to be inconsistent with industry norms, the purchaser reserves the right to request documentation of billed expenses and conduct an Audit Review.

24. Racine County Standard Terms and Conditions:

Proposer must agree to comply with the following terms and conditions:

- Standard contract language
- Certification standards where applicable
- Fiscal and program reporting criteria
- Allowable Cost Policy
- Audit criteria
- Policies and procedures as defined in Racine County Human Services Department Contract Administration Manual
- Maintain adequate liability coverage
- Recognize that authorization for services is approved by Racine County Human Services Department
- All informational materials (program descriptions, brochures, posters, etc.) must identify it as a Racine County Human Services Department (RCHSD) program through the use of a standardized Racine County Human Services format provided by Racine County.
- The program must be identified as a RCHSD program in all public presentations and media contacts/interviews.

**END OF PROPOSAL INSTRUCTIONS—
PROCEED TO APPENDICES TO COMPLETE
THE PROPOSAL**

APPENDIX A

Proposal Code Letter: _____

(for Racine County use only)

Racine County Human Services

Request for Proposal Cover Sheet

Employer of Record – Behavioral Health Services

Program # 321

Company Name: _____

Authorized Signature: _____

Authorized Printed Name: _____ Date Submitted: _____

NOTE: Complete one Cover Sheet for your proposal and a separate Cover Sheet for your Budget Worksheet.

Documents Included (check all you are attaching):

_____ Proposal Narrative

_____ Program Criteria

_____ Reference Documents

_____ Vendor Acceptance Form

_____ Budget Worksheet

Proposal Code Letter: _____ (for Racine County use only)

Vendor Acceptance Form

Program Name: Employer of Record – Behavioral Health Services

Program #: 321

Date of Issue: February 23, 2018

By signing and submitting this Proposal, I _____ hereby
(Print Name)

certify and swear that I am a duly authorized agent of this company, I have examined and carefully prepared this proposal from the written specifications and information of Racine County and have checked the same in detail before submitting said proposal to Racine County. I have full authority to make such statements and submit this proposal, and all statements submitted are true and correct.

I FURTHER CERTIFY that no agreement has been entered into to prevent competition for said work. I have carefully examined all materials related to this proposal.

I FURTHER CERTIFY that any data sheets and descriptive literature attached hereto are true and correct and are intended to be made part of this bid/proposal response.

I FURTHER CERTIFY that neither this company nor any of its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal, State, County, Municipal or any other department or agency thereof. I certify that this company/agency will provide immediate written notice to the County if, at any time, it is learned that this certification was erroneous when submitted or has become erroneous by reason of changed circumstance.

I acknowledge that Racine County reserves the right to reject any and all bids and to select the vendor considered by Racine County to be most advantageous, at the sole discretion of Racine County.

In compliance with this Request for Proposals and subject to all the terms and conditions thereof, the undersigned offers and agrees, if this proposal is accepted, to furnish any or all of the items, deliverables or services herein at the prices, terms and delivery stated.

All signatures **MUST** be original. No facsimile, stamped or copied signature will be accepted and is cause for rejection of the proposal. **By signing this form, I affirm that the original Request for Proposals documents have not been altered in any way.**

Authorized Signature: _____ Print Name: _____

Title: _____ Email: _____

Name of Business: _____ Phone: _____

Business Address: _____ City/State Zip: _____

APPENDIX C

Proposal Code Letter: _____

(for Racine County use only)

Racine County Human Services

Request for Proposal Reference List

Employer of Record – Behavioral Health Services

Program # 321

It is important to provide accurate contact information for each reference listed. Racine County will not attempt to locate incomplete or inaccurate information in names, location or phone numbers. Prior experience on previous Racine County projects may be considered by the County, even if not listed here as a reference.

1. Project/Program Name: _____

Individual to be contacted at this site: _____

Phone #: _____ Email: _____

Address: _____

2. Project/Program Name: _____

Individual to be contacted at this site: _____

Phone #: _____ Email: _____

Address: _____

3. Project/Program Name: _____

Individual to be contacted at this site: _____

Phone #: _____ Email: _____

Address: _____

Racine County Human Services

Request for Agency Narrative Sheet

Employer of Record – Behavioral Health Services

Program # 321

Present a clear and concise description of your agency. Points you may want to address include:

1. What is the location of your primary headquarters and what areas do you serve?
2. What are your agency's mission and vision statements? How do they relate to this RFP?
3. What is your organizational structure? You may choose to provide your organizational chart.
4. Whether your agency is a non-profit or for-profit entity.
5. If your agency currently operates any mental health services, please describe them.
6. What other pertinent agency specifics would provide the evaluation committee with a sense how your company operates?

APPENDIX E

Racine County Human Services

Request for Proposal Criteria Sheet

Employer of Record – Behavioral Health Services

Program # 321

All proposals must address each of the following criteria. You may type this in a separate document but, **you must clearly identify which question each of your answers pertains to** by labeling it with the category number and the letter of the specific question. **Failure to include all of the criteria listed will disqualify the entire proposal.**

1. Experience and Competency:

- a. How long has your agency been in operation? Please specify agency growth and historical milestones.
- b. What are your agency's areas of specialty?
- c. Why do you believe your agency is better able to recruit and retain qualified staff than other agencies?
- d. How does your agency embrace diversity and attract a diverse workforce?

2. Experience Serving Similar Population:

- a. Please describe any prior relevant experience as it relates to being an employer of record.
- b. How many years of service have you had in a related industry?

3. Employee Recruitment and Screening Process:

- a. What resources do you use to recruit employees?
- b. How successful are your recruitment efforts?
- c. What is your pre-employment screening process?
- d. How is your employee retention?
- e. What efforts do you make to ensure diversity in potential candidates?

4. Benefit Package:

Please note, qualifying proposals will specify when benefits begin. It is a requirement that benefits for current employees transferring under this contract begin ASAP, not to exceed day 30.

- a. What are your health insurance options to include plan deductibles, co-pays/co-insurance, and services covered? What are the costs to both the employer and employee?
- b. Do you offer dental, vision and life insurance options? What are the costs to both the employer and employee?
- c. What is your paid time off accrual policy? Is your agency open to negotiation for current employees transferring under this contract for continuity of services?
- d. Do you offer a pension, a 401-K, or other retirement program? How much is the employer contribution?
- e. Do you offer any additional benefits? What are the costs to both employer and employee?

Racine County Human Services

Request for Proposal Past Performance

Employer of Record – Behavioral Health Services

Program # 321

What previous experience have you had with Racine County Human Services?

****Please note, this section must be answered on a separate document.***

- There is no weight for this category. It allows vendors with a past experience with Racine County the opportunity to be recognized for their contributions.
- For those vendors with no prior experience, this category will not be calculated in their scoring and therefore will not impact their overall rating in any way.
- This section represents scores obtained from three officials within Racine County who may or may not be part of the evaluation committee. They will be selected for having a direct experience with all the agencies who submitted proposals. Supporting evidence will be attached to the final scoring sheet.