



County of Santa Barbara  
Alcohol, Drug and Mental Health Services

**Request for Proposals:**  
**Santa Maria**  
**Crisis Residential Facility**  
**FY 2005-2006**

**RFP Deadline: Wednesday, January 26, 2005 at 3 p.m.**

Released 12/1/04

Santa Barbara County Department of Alcohol, Drug & Mental Health Services  
Administration

Attention: Santa Maria Crisis Residential Facility RFP Application  
300 N. San Antonio Road  
Santa Barbara, CA 93110

Assigned Contact: Carrie Topliffe, CPA, ADMHS Assistant Director – Administration,  
Phone (805) 681-4092, Fax (805) 681-5262, Email <ctopliffe@co.santa-barbara.ca.us>

## **Table of Contents**

### **Section I. Background and Program Description**

- A. Introduction
- B. Background
- C. Description of Services
- D. Program Outcomes
- E. How May Apply
- F. Funding Allocation
- G. Submitting RFP Applications
- H. Proposal Review Process
- I. Appeals Process

### **Section II. Instructions for Completing the Application**

- Part 1: RFP Application Cover Sheet
- Part 2: Table of Contents
- Part 3: Agency Overview
- Part 4: Program Narrative
- Part 5: Program Budget
- Part 6: Management & Reporting Capabilities
- Part 7: Policies & Procedures
- Part 8: Investigation Statement
- Part 9: Legal Information
- Part 10: Supportive Information
- Part 11: Attachments

### **Overview of Application Elements**

RFP Application Cover Sheet

Attachment to the RFP: Budget Template FY 05/06

## **SECTION I. BACKGROUND & PROGRAM DESCRIPTION**

### **A Introduction**

The Santa Barbara County Department of Alcohol, Drug & Health Services (ADMHS) is the public authority at the County level for alcohol, drug, & mental health services. As a public agency, ADMHS is responsible for assisting many of the County's most vulnerable residents, especially those who are uninsured or underinsured. ADMHS provides leadership, coordination, and oversight of prevention, early intervention, treatment and recovery support services for children, youth, adults, older adults, and families.

The highest priority ADMHS departmental goal for Fiscal Year 04-05 is improved crisis services. Goal Number 1 states our intention to, "Continue to improve ADMHS's crisis intervention system in order to be more responsive to the community." At the same time, ADMHS is working to "maximize available revenue...in order to have adequate resources to serve individuals with mental illness and addiction" (Goal Number 2); develop a "comprehensive system of care for youth, adults, and older adults" (Goal Number 3), "ensure that Alcohol/Drug and the Mental Health community work in collaboration to serve the public" (Goal Number 4), and "ensure a highly qualified and motivated staff through enhanced recruitment, retention, and staff development" (Goal Number 5).

Within the area of crisis services, ADMHS seeks:

- To create a safe place for residents of the Santa Maria community to rapidly access crisis assessment and crisis resolution services outside of regular business hours;
- To establish a 24/7/365 "hub" (or "Crisis Intervention Center") for crisis services in North County that works in close collaboration with existing services such as ADMHS clinics, community-based organizations, law enforcement, shelters, hospital emergency rooms, and the Mental Health Assessment Team;
- To intervene earlier in escalating crisis situations to achieve better outcomes;
- To avoid involuntary interventions such as hospitalization or incarceration whenever possible;
- To reduce the frequency and severity of crises in the community through education, natural supports, and linkage to resources;
- To shift expenditures from highly restrictive and expensive institutions (e.g., hospital, jail) to community-based care whenever possible;
- To improve the range of services available to North County residents, including reduced travel time to psychiatric inpatient care; and
- To advance our Departmental Goal of integrated treatment for alcohol, drug, and mental health problems.

Every region of the county needs improved crisis services. However, the need is most urgent in North County, for several reasons:

- More than half of the calls for crisis assessment to the Mental Health Assessment Team (MHAT) are from North County;
- Approximately seven individuals visit Marian Medical Center every day needing acute care for alcohol or drug intoxication, psychiatric crises, or some combination of the two;
- On average, one North County resident is hospitalized every day for psychiatric care;
- There is no psychiatric inpatient facility in North County, so individuals must travel to Santa Barbara, San Luis Obispo, or Ventura (or beyond) to be hospitalized;

- There is no publicly-operated or funded “sobering station” in North County;
- The ADMHS Santa Maria Clinic is closed on evenings and weekends; and
- The population is growing more quickly in North County.

To respond to this need, ADMHS has taken the following actions:

- Entered into an agreement with San Luis Obispo County for referring adults in acute psychiatric crisis to their Psychiatric Health Facility;
- Created a Crisis Services Program Manager position to evaluate and coordinate crisis services provided by ADMHS and our community-based partners;
- Formed a workgroup with San Luis Obispo County Behavioral Health, Marian Medical Center, and Horizon Mental Health Management to develop options for regional inpatient treatment, including specialized services for children/youth and older adults;
- Established the Restorative Policing Program in Santa Barbara, and introduced the model to law enforcement departments across the county with the objective of expanding the program countywide;
- Funded the Lompoc Self-Help Center, a peer-run program serving the local mental health community;
- Allocated three Crisis Specialist positions to serve North County residents in collaboration with Marian Medical Center and the Mental Health Assessment Team – “Crisis Specialists” who are dually competent in alcohol/drug and mental health;
- Developed plans for a 24/7/365 ADMHS Regional Crisis Intervention Center, anticipated to open in Santa Maria in August 2005, to serve as a “hub” for crisis services in the North County; and
- Allocated funds for a 12-bed Crisis Residential Facility in Santa Maria to serve adults in crisis due to alcohol, drug, and/or mental health problems, to be operated by a community-based organization – anticipated to open in September 2005.

These new initiatives are referred to as “C.A.R.E.S.”, Crisis and Recovery Emergency Services.

***The purpose of this Request for Proposals (RFP) is to solicit applications from qualified organizations to operate the 12-bed Crisis Residential Facility. Services to be provided at the Crisis Residential Facility are described in Sections C and the remainder of this document.***

## **B. Background**

The development of new crisis and recovery services within our System of Care relies on strategies identified through a wide range of planning processes in recent years. This section provides an overview of how the multi-faceted C.A.R.E.S. initiatives described above relate to these plans.

### *Five Year Strategic Plan for Adult Mental Health Services - 1998*

The Five Year Plan was adopted by ADMHS in 1998. “Urgent Care” was the highest priority for change, defined as, “rapid access to services by adults with serious mental illness on long-term care teams who are *in crisis* or who may need assistance quickly to avert a crisis.” The plan called for rapid and qualified assessment outside of regular business hours to avoid unnecessary hospitalizations. The current plans for a 24/7/365 Crisis Intervention Center and nearby Crisis Residential Facility are directly responsive to this need.

### *MISC Long-Term Strategic Plan - 2000*

While the MISC Long-Term Strategic Planning group did not address crisis services directly, it clearly articulated the value of providing “traditional and non-traditional services that wrap-around the family and child to prevent more restrictive placements” or enable youth to return to the community. The 24/7/365 Crisis Intervention Center will provide a safe place for children/youth and their families to get assistance around the clock and be connected with wraparound services.

### *Director’s Focus Groups – 2001/02*

In the first months of his administration, the new Director, Dr. James Broderick, met with ADMHS staff, clients, families, and community-based organizations (CBOs). Staff highlighted the “lack of comprehensive crisis prevention and response” particularly for adult mental health clients, pointing out that “too many resources are consumed by costly and restrictive inpatient care.” CBOs identified the need for short-term crisis stabilization facilities, especially in North County, and advised the Director to “obtain additional funding for crisis intervention services.” Consumers and family members requested 24/7 access to crisis services, including short-term crisis residential facilities, and wanted a locked psychiatric inpatient unit in Santa Maria, or in SLO as an alternative. These needs are all addressed by the current initiatives.

### *Alcohol and Drug Program Strategic Plan - 2002*

The Alcohol & Drug Program adopted a five-year strategic plan in 2002. The plan calls for: a more comprehensive service system in all regions of the county; increased access to services for persons affected by drug and alcohol issues through multiple community doorways; and improved integration of service delivery by ADMHS for clients with co-occurring disorders. The Steering Committee specifically identified “expanded detox services and crisis services in partnership with MHS and other agencies” as an action step. The 24/7/365 Crisis Intervention Center now under development will provide assessment, triage, and stabilization of acutely intoxicated youth and adults. The Crisis Residential Facility will offer five to ten day stays for adults in the early stages of detox.

### *System of Care Project Team – 2002*

The System of Care Project Team prepared recommendations in seven areas, including Crisis Services. Their final report specifically called for easier access to services by clients in crisis, including medications, with the aim of reducing hospitalizations. The report also asked for the development of crisis residential facilities with the capacity for detox. The current initiatives will pilot these services in Santa Maria, and ADMHS will explore the feasibility of expanding them countywide in future years.

### *1421 Study Group – 2003*

A primary finding of the AB1421 Study Group was the need for services for individuals who do not quite meet the criteria for a 5150 involuntary detention, but are nonetheless in need of crisis services. Too often these individuals end up incarcerated or escalating until they are hospitalized. The Study Group sought an alternative that would make crisis services readily available and provide relief to families and CBOs who are providing care around the clock.

### *ADMHS's Biopsychosocial Rehabilitation & Recovery Model of Care - 2004*

The new crisis and recovery services will advance the ADMHS service philosophy of Biopsychosocial Rehabilitation & Recovery as specified in its March 2004 Model of Care document<sup>1</sup>. Key components of the Model of Care that are especially pertinent to this Request for Proposals include:

- Quality services for persons with addiction and/or mental illness;
- Integrated services for persons with co-occurring alcohol, drug and mental health issues, and other medical needs;
- Collaboration with community-based organizations, County partners, and other community agencies;
- Prevention and early intervention so as to minimize disruption and disability in clients' lives;
- Cultural competency in service delivery;
- Continuous learning and improvement in service delivery and administration;
- Active involvement of clients and families in treatment, recovery, and policy development;
- Responsiveness to the communities in which we work;
- A team-based approach that draws on the talents of staff with a variety of training and experience; and
- A system of care philosophy that demands close collaboration and coordination with other service providers, community resources, and natural supports.

### *C.A.R.E.S. Community Roundtable – 2004*

A community roundtable was held in Santa Maria in May 2004 to gain input about the C.A.R.E.S. (Crisis and Recovery Emergency Services) program design and to ask other organizations how they may contribute to making the new services a long term success. The meeting was co-sponsored by ADMHS, the Mental Health Commission, and the Advisory Board on Alcohol & Drug Problems. Participants included representatives of ADP & MH community-based organizations, Marian Medical Center, MHAT, local chapters of the National Alliance for the Mentally Ill (NAMI) and the Community Recovery Network, Santa Maria Outpatient Clinic staff and management, Santa Maria Police Department, and Superior Court.

The almost thirty participants affirmed the need for the program and were insistent that the Crisis Residential Facility should be enlarged (it was initially proposed as a 6-bed facility, subsequently enlarged to 12 beds). They also felt strongly that the assessment function should be physically distinct from the residential program (resulting in the current proposal for two separate facilities). Other points of discussion included: the need for an augmented 24/7/365 crisis response to help people who are assessed by MHAT but not hospitalized; linkage with local detox; transitional housing and recovery programs; a close partnership with law enforcement to reduce incarceration; and the possibility of collocating some services with Marian Medical Center.

### **C. Description of Services at Santa Maria Crisis Residential Facility**

---

<sup>1</sup> The ADMHS Model of Care is available online at <http://www.countyofsb.org/ADMHS>. Click on "Model of Care."

ADMHS is requesting proposals from qualified contractors to develop and operate a new Crisis Residential Facility in Santa Maria. Services will be provided 24 hours per day, 7 days per week to adults in crisis due to alcohol/drug and/or mental health problems. Residents shall be at least 18 years of age. Intoxication is ***not*** a barrier to admission.

A Crisis Residential Facility is a safe and therapeutic environment where residents will be assisted to: stabilize the symptoms of an acute episode related to addiction and/or mental illness; gain skills to manage his/her condition more effectively; make progress on the path to personal recovery; and engage community supports that will enable him/her to leave the facility, remain clean and sober, participate fully in necessary follow-up treatment, and develop a strong network of supports for community life.

Services provided at the Crisis Residential Facility shall include:

- Evaluation and testing of alcohol, drug, and mental health problems (assessment);
- Body fluid (blood and urine) testing for alcohol and other drug intoxication or influence<sup>2</sup>;
- Emotional support and de-escalation of crisis situations (crisis intervention);
- Gathering information from the client, family members, and professionals already serving the client (collateral);
- Development of a service plan;
- Temporary respite from a living situation that was contributing to the crisis;
- Social model detox (decreasing drug & alcohol acuity) for clients with acute mental health symptoms, or when detox beds are unavailable at Good Samaritan;
- Medication (resumption, re-evaluation, and rapid titration of psychoactive medications);
- Brief treatment (crisis intervention, individual, family, and group counseling & psychotherapy);
- Individual and group rehabilitative skill-building utilizing the Substance Abuse Management Module<sup>3</sup> and P.A.L. Community Re-Entry Module<sup>4</sup>;
- Education about alcohol & drug problems, mental disorders, and community resources;
- Peer supports;
- Assistance with obtaining entitlements;
- Assistance with community housing;
- Intensive planning and implementation of integrated aftercare services in the community leading to departure from the Crisis Residential Facility, including linkage to natural supports;
- Data collection and evaluation of outcomes 30 days post-discharge.

Services ***not*** provided at the Center include:

- Medical detox;

---

<sup>2</sup> Testing for alcohol and other drugs is to be conducted in compliance with ADMHS Alcohol & Drug Program's "Drug Testing Policy & Procedures" posted at the ADMHS website <[www.countyofsb.org/ADMHS](http://www.countyofsb.org/ADMHS)> (click on "C.A.R.E.S. Projects").

<sup>3</sup> For further information about the Substance Abuse Management Module, see Roberts LJ, Shaner A, Eckman TA: *Overcoming Addictions: Skills Training for People with Schizophrenia*. New York, W. W. Norton, 1999. An article about the SAMM may be found at <http://ps.psychiatryonline.org/cgi/content/full/54/9/1287>.

<sup>4</sup> For further information about the P.A.L. Community Re-Entry Module, go to <http://www.psychrehab.com>.

- Methadone or LAAM Narcotic Treatment Program;
- Involuntary detention;
- Residential care for individuals under the age of 18;
- Services to individuals with substantial primary medical needs;
- Treatment for individuals with acute symptoms that cannot safely be managed in a voluntary facility;
- Ongoing treatment for individuals not in crisis/not in recovery from crisis.

The Crisis Residential Facility will be an important component of the County's "safety net." It is imperative that the program be operated – both in spirit and practice -- in close collaboration with other elements of the system of care. ADMHS will initiate and promote a collaborative relationship with the provider and the community in its oversight of the facility.

Referrals to the Crisis Residential Facility will come from the collocated, ADMHS-operated 24/7 Regional Crisis Intervention Center. The Crisis Intervention Center will receive referrals from a wide variety of sources, including: self, family members, roommates, community-based organizations, MHAT, private providers, law enforcement, hospitals, etc. Screening and initial intake information will be obtained by the Crisis Intervention Center and shared with the Crisis Residential Facility (with appropriate releases) for clients referred there. The Crisis Residential Facility will complete their assessment and develop a service plan.

On a case-by-case basis, people with a history of, or facing changes of, violent crime or sexual predation may be excluded. On a case-by-case basis, individuals with infectious disease, contagious conditions, acute medical needs, or substantial medical needs may be excluded.

The average length of stay for residents at the Crisis Residential Facility will be approximately 5 to 10 days. Achieving this goal is critical to ensuring the continued availability of beds to incoming clients. The applicant will need to be successful in rapidly obtaining community placements. Staff will need to maintain vigilance to the goal of a timely discharge virtually from the moment of admission. This will require positive relations with the many other programs where clients will be served before, during, and after residing in the Crisis Residential Facility. The applicant must demonstrate the ability to work closely with clients' family members and with a wide range of community resources in the Santa Maria Valley.

Examples of community agencies with which the Crisis Residential Facility will work collaboratively include:

- ADMHS Regional Crisis Intervention Center (collocated)
- MHAT
- Hospital Emergency Rooms
  - Marian Medical Center
- ADMHS Access Team
- North County Shelters
  - Good Samaritan
- Marian Medical Center
- Criminal Justice & Law Enforcement
  - City Police Departments
  - Sheriff
  - Probation Dept.
  - County Jail
  - Santa Maria Juvenile Hall

- ADMHS-operated Mental Health Outpatient Clinics in SM & Lompoc
- Lompoc Self-Help Center operated by Transitions-Mental Health Association
- CBOs currently funded by ADMHS
  - ADP
    - Family Life Counseling Services
    - CADA
    - Mental Health Systems, Inc.
    - SMVYFC
    - Good Samaritan
    - Community Recovery Network
    - Sharon Elam Counseling
    - Central Coast Headway
    - Charles Golodner Counseling
    - Coast Valley Substance Abuse Treatment Center
  - Children's Mental Health (e.g., re: services to 18 to 21 year olds, or children of clients served at the Crisis Residential Facility)
    - SMVYFC
    - Casa Pacifica
    - CAC Emergent Concerns & Therapeutic Response Aides
    - Sojourn Services
  - Adult Mental Health
    - Telecare
    - Transitions-MHA
    - Supported Housing Initiative Act (SHIA) Collaborative
  - Detox services
    - Recovery Point (Good Samaritan)
    - AEGIS Santa Maria
  - Inpatient services
    - Cottage Hospital
    - ADMHS PHF
    - San Luis Obispo County PHF
    - Out-of-county placements

Diversion of psychiatric hospital admissions is one of the goals of the Crisis Residential Facility, and continued funding for the facility in future years will depend on the facility's success in achieving this outcome. In particular, ADMHS expects a reduction in recidivism among clients of the Crisis Residential Facility who have had open cases at County Mental Health clinics in the past. The provider will meet with the ADMHS Crisis Services Program Manager on at least a monthly basis to review the rate of hospitalizations of adults from North County and compare to the prior year and to ensure close collaboration between ADMHS and the provider. ADMHS will work with the provider during the first year of the program's operation to develop agreed-upon mechanisms for risk-sharing to reduce inpatient costs; the provider will be at financial risk for a reduction in recidivism after the first year.

Coordination of medical care between the collocated Crisis Intervention Center and the Crisis Residential Facility will also be critical to high-quality services. The medical and nursing staff at the Crisis Residential Facility will need to work closely with the Crisis Intervention Center staff and others who can provide vitally needed information about the clients' treatment history, including family members. ADMHS requests that the physician at the Crisis Residential Facility join the ADMHS Medical Staff and attend ADMHS Medical Staff meetings. Because of their

central role in care, ADMHS requests to participate in the applicant's selection of medical staff.

The applicant agency will furnish on-site program supervision and coordination. These individual(s) will work closely with the ADMHS Crisis Services Program Manager to ensure a two-way flow of communication and a high level of integration of the Crisis Residential Facility in the system of care. ADMHS requests to participate in the applicant's selection of management staff.

The applicant agency will be responsible to conduct appropriate background checks on individuals hired for direct service and management roles.

The applicant's proposed program must meet the criteria for the following certifications:

- "Short-Term Crisis Residential Facility" (Department of Mental Health);
- "Social Rehabilitation Facility" (Community Care Licensing, Department of Social Services).

ADMHS will select and provide the site for the Crisis Residential Facility in Santa Maria. It will be collocated with the ADMHS-operated 24/7 Regional Crisis Intervention Center. Development of the facility for the Crisis Residential Facility by ADMHS is scheduled to be completed in time for services to begin on September 1, 2005. However, completion of the project is subject to change due to construction issues, negotiation with relevant regulatory agencies, or other circumstances. To simplify the application and review process, applicants are asked to submit a 12-month operating budget for FY 05-06. The fiscal year is July 1st through June 30th. Start-up and one-time costs are to be listed and described separately.

ADMHS will purchase the initial furniture and fixtures for the Crisis Residential Facility. Funds for physician and physician extender services, medications, meals, linen service, consumable supplies, training, travel, drug testing services and supplies, staff recruitment and background checks, program evaluation and outcome measurement, maintenance services, and all other operating expenses should be provided for in the applicant's proposed budget.

Anticipated reimbursement for MediCal billable services is a key feature of ADMHS's ability to financially support this program. MediCal billed by the applicant's staff will be collected by ADMHS as an offset to the program cost. ADMHS will work closely with the applicant to maximize revenues from MediCal and any other sources during the contract period.

#### **D. Program Outcomes**

The primary goals of the Crisis Residential Facility are to:

- 1) Provide timely, integrated, culturally competent, and effective services to adults in crisis due to alcohol, drug, and/or mental health problems;
- 2) Reduce the utilization of restrictive, high-intensity, high-cost services such as emergency room services, inpatient treatment, and incarceration; and
- 3) Increase residents' ability to live successfully in the community through counseling and

treatment, skill-building, development of natural supports, linkage with housing and other community resources, and intensive planning and implementation of aftercare.

The applicant shall collect and furnish data to ADMHS on program outcomes related to these goals, such as the following:

- Number of individuals served by month and year
  - number of admissions
  - daily census
  - unduplicated count of persons served
  - average length of stay
  - minimum and maximum length of stay
  
- Demographics of individuals served
  - age
  - race/ethnicity
  - language
  - diagnosis (including alcohol, other drugs, mental illness, and primary health)
  - housing status
  - zip code of current address
  - vocational status
  - annual income
  
- Service history
  - services used in 30 days prior to admission, such as:
    - alcohol/drug recovery support
    - detox
    - housing supports
    - peer support
    - outpatient treatment
    - interventions with the family
    - emergency room services
    - MHAT assessments
    - inpatient treatment
    - psychotropic medication
    - primary medical
  - hospitalization or incarceration in the 12 months prior to admission
  
- Services & follow-up
  - number of hours/days between first request for admission and admission
  - time of day & day of week of admission
  - referral source
  - number & percentage with positive drug test upon admission (e.g., alcohol, methamphetamine, opiates)
  - number & percentage with positive drug test within 24 hours prior to departure from facility
  - insurance status upon admission
    - enrolled in
    - eligible for, but not enrolled in

- length of stay
- disposition upon leaving crisis residential facility
- Client level outcomes
  - Global Assessment of Functioning at entry and at exit
  - percentage of service plan goals achieved
  - estimated number of psychiatric hospitalizations averted by providing residential treatment, based on information obtained from referral and other sources
  - estimated number of incarcerations averted by providing residential treatment, based on information obtained from referral and other sources
  - number of contacts with collaterals
  - disposition in 30 days after discharge
    - housing status
    - services used in 30 days post-discharge
      - alcohol/drug recovery support
      - detox
      - housing supports
      - peer support
      - individual or group counseling
      - outpatient treatment
      - interventions with the family
      - emergency room
      - MHAT
      - inpatient treatment
      - psychotropic medication
      - primary medical
    - ongoing services receiving at 30 days post discharge
    - number and percentage of those leaving crisis residential facility who are admitted to a psychiatric inpatient unit within 30 days
    - number and percentage of those leaving crisis residential facility who are arrested or incarcerated within 30 days
- Culturally competent services
  - number and percentage of bilingual (Spanish-speaking) staff
  - number and percentage of bicultural (Latino/a) staff
  - access to peer supports and recovery role models
- Client satisfaction with services received at the Crisis Residential Facility
  - client satisfaction
  - family member satisfaction (if there was any contact with family/roommates/significant others)

In order to meet these expectations, applicants may choose to allocate funds in their proposed budget for an evaluator or contracted evaluation services to collect, analyze, and report these outcome data to ADMHS.

## **E. Who May Apply**

Any private or public agency (or collaborative comprised of multiple agencies) with the ability to meet the criteria listed below is eligible to apply:

- ✓ Substantial experience in serving adults with alcohol and/or drug problems;
- ✓ Substantial experience in serving adults with serious mental illness;
- ✓ Substantial experience in providing services to individuals with co-occurring conditions (addiction and mental illness);
- ✓ Substantial experience in providing *24/7 crisis-oriented* services;
- ✓ Substantial experience in providing *residential* services to adults with alcohol & drug problems;
- ✓ Substantial experience in providing *residential* services to adults with serious mental illness;
- ✓ Comprehensive knowledge of the communities of the Santa Maria Valley;
- ✓ Commitment to delivering services that are culturally and linguistically appropriate to the Santa Maria Valley;
- ✓ Commitment to the Bio-Psycho-Social Rehabilitation & Recovery model of care;
- ✓ Commitment to peer supports and engagement of family members and other natural supports in the recovery process;
- ✓ Familiarity with California Code of Regulations (CCR) Title 9 regulations governing "Short-Term Crisis Residential Facilities" (Department of Mental Health), and Title 22 governing "Social Rehabilitation Facilities" (Community Care Licensing, Department of Social Services);
- ✓ Currently certified, or certifiable, to claim Mental Health MediCal reimbursement;
- ✓ Demonstrated success in accurate, timely, and compliant documentation and billing of services in compliance with Mental Health MediCal regulations;
- ✓ Experience with the administration and sound financial management of large programs (i.e., annual budget \$1 million per year or more);
- ✓ Capacity for rapid program start-up;
- ✓ Willingness to operate the program under the ongoing oversight of ADMHS as part of the countywide System of Care;
- ✓ Willingness to operate the program in close collaboration with other public and community-based organizations including, but not limited to: ADMHS –operated Regional Crisis Intervention Center (anticipated to open August 2005); the Mental Health Assessment Team; ADMHS-operated outpatient clinics, the Santa Barbara County and San Luis Obispo County Psychiatric Health Facilities; Community-based organizations that contract with ADMHS; city & county law enforcement agencies; Marian Medical Center Emergency Services; and individuals and organizations providing detox, recovery support, shelter, sober living environments, board and care, peer supports, and mental health treatment;
- ✓ Willingness and successful experience in collecting and furnishing outcome data to funders in a timely manner.

## F. Funding Allocation

Funding for the 12-month operating budget is listed below, contingent on renewal of funding to ADMHS from local, state, and federal sources:

**TOTAL FUNDING: \$804,000 to \$996,000**

Applicants may request one-time start-up funds in addition to this amount. The amount of any start-up funds must be shown on the Budget Template (Attachment A) and described in the Budget Narrative.

In addition to funding from ADMHS, the applicant agency shall provide a minimum five percent match (cash or in-kind).

Any intended deviations from Cost Principles for State, Local & Indian Tribal Governments as set forth in OMB Circular A-87 must be disclosed in the applicant's proposal.

At the end of each fiscal year of the contract period, contractors shall be required to submit an annual cost report, annual performance report, annual audit report and final data reports to ADMHS.

Funding is subject to satisfactory contract performance. Contracts may be discontinued by Santa Barbara County or the contractor, with 30 days written notice, with or without cause. The County reserves the right to review the amount of funds awarded to contractors and during the contract period to make recommendations for continued funding based upon the effectiveness of services delivered. ADMHS reserves the right to withhold funding if there is a lack of qualified applicants and to allocate these funds through a separate RFP process or as deemed appropriate.

ADMHS reserves the right to adjust the negotiated amount of funding at any time during the negotiation or contract period due to funding adjustments, changes in service priorities or lack of performance by the contractor.

## **G. Submitting RFP Applications**

1. All questions regarding the RFP shall be directed in writing to Carrie Topliffe, CPA, ADMHS Assistant Director – Administration, County of Santa Barbara, 300 N. San Antonio Road, Santa Barbara, CA 93110, Phone (805) 685-4092, Fax (805) 681-5262, Email <ctopliffe@co.santa-barbara.ca.us>.
2. All costs incurred in the development, preparation, and submission of an application in response to this solicitation will be solely at the expense of the applicants. All responses to the RFP become the property of the county, and will become public information only upon transmission to the Board of Supervisors. Proposals are not open or available for inspection until that time.
3. Proposals must be typed in 12 point font, and double-spaced on 8½ x 11-inch plain white paper using one side of the paper only. Each proposal must include a Table of Contents, with page numbers, at the beginning of the proposal package. All pages in the **original** proposal package and copies must be numbered consecutively and may not be stapled or bound.
4. One signed original and ten copies held by clips must be on the premises of Santa Barbara County Alcohol, Drug & Mental Health Administration no later than **3:00 p.m. on Wednesday, January 26, 2005**, regardless of the postmark date. No other locations will be acceptable. No faxes or emails will be accepted. Please ensure delivery of RFP applications by the deadline to the address listed:

Santa Barbara County Alcohol, Drug, and Mental Health Services Administration  
Attention: Santa Maria Crisis Residential Facility RFP Application  
300 N. San Antonio Road  
Santa Barbara, CA 93110

## **H. Proposal Review Process**

Successful applications for funding will go through a three level review process, including:

1. **Technical Review:** A review for completeness will be conducted in the ADMHS Contracts office. Any application omitting a required item will not receive further review and will not be considered for funding.
2. **Proposal Review:** A Proposal Review Committee, made up of a Santa Maria appointee/member of the Advisory Board on Alcohol and Drug Problems (preferably a person in recovery or family member), a Santa Maria appointee/member of the Mental Health Commission (preferably a consumer or family member), a non-applicant Community-Based Organization, ADMHS Alcohol and Drug Program staff and management, ADMHS Mental Health Division staff and management, a representative of the ADMHS Executive Team, and other interested partners will review and rate proposals, using the specified criteria, and evaluating clarity, cost effectiveness, and overall quality.
3. **Selection:** Taking the recommendations of the Proposal Review Committee under advisement, the ADMHS Executive Team will make the final selection from among the top applicants, and will enter into negotiations with the chosen applicant. Criteria considered will include responsiveness and thoroughness of the proposal and presentation, and perceived ability to carry out the program as specified. ADMHS will notify all applicants via fax of their status and issue a "Notice of Intent to Award."
4. **Contract Approval:** The Santa Barbara County Board of Supervisors has final authority to approve any contract on behalf of the County. Should this approval be denied, this may result in the re-negotiation of the contract, the re-advertisement of the solicitation process or other appropriate actions.

## **I. Appeals Process**

1. A "Notice of Intent to Award" will be posted at the ADMHS Administrative Office on 2/28/05.
2. After the "Notice of Intent to Award" has been posted, applicants may appeal the selection decision made by ADMHS during the five (5) calendar day period between 2/28/05 through 3/4/05. To be considered, appeals must be received in the ADMHS Administration Office no later than 3:00 p.m. on 3/4/05.
3. The appeal must be in writing and directed to the ADMHS Director stating the reasons, law, rule, regulation or practice on which the protest is based. ADMHS will notify the applicant of receipt of the appeal.

4. Appeals made prior to the "Notice of Intent to Award" on 2/28/05 and after 3:00 p.m. on the 5th calendar day on 3/4/05 will not be considered. The Appeal Committee, made up of the Director of ADMHS or his/her designee, a representative of the Review Committee, a representative of County Counsel, and a third party, will review and resolve all protests. The Appeal Committee may or may not meet with the appealing applicant.
5. The Appeal Committee's decision will be final and is non-appealable. ADMHS will give written notice to each appealing applicant, setting forth the final outcome of the appeal.
6. The RFP Schedule is as follows (*dates subject to change*):

12/1/04	Wednesday	RFP Released
12/8/04	Wednesday	Bidder's Conference
1/26/05	Wednesday	Applications Due by 3 p.m.
2/28/05	Monday	Notice of Intent to Award Posted
2/28-3/04/05	Mon-Fri	Five Calendar Day Appeal Period
3/14/05	Monday	Notification of Appeal Results
3/21/05	Monday	Service Negotiations Begin
3/28/05	Monday	Funding Decision Announced
4/26/05	Tuesday	Board of Supervisors Approval
5/1/05	Monday	Funding begins for start-up phase
9/1/05	Thursday	Program begins providing services to the community

*RFP Contact: Carrie Topliffe, CPA, ADMHS Assistant Director – Administration, County of Santa Barbara, 300 N. San Antonio Rd., Santa Barbara, CA 93110, Phone (805) 681-4092, Fax (805) 681-5262, Email <ctopliffe@co.santa-barbara.ca.us>.*

## **SECTION II. INSTRUCTIONS FOR COMPLETING THE APPLICATION**

In preparing an application, please read closely "Section I. Background and Program Description." Your proposal should be directly responsive to the information presented there.

The proposal must adhere to the format outlined in this RFP. Proposal sections must be labeled in the same way as the corresponding section of the RFP written below. Proposals that do not adhere to the RFP format will be disqualified.

The applicant should document all statements concerning experience, knowledge and training and capabilities to the extent possible in responding to each section of the RFP. For example, do not make statements such as "Our agency has a long history of providing residential treatment services"; instead, offer a more definitive statement such as "Our agency has operated residential programs housing over 100 clients for the past 15 years in the following locations...".

Complete each part of the application in the space indicated by these instructions. RFP narrative can be no longer than the space indicated. Please provide only one-sided proposals. Do not include attachments or addenda not requested in the application.

The applicant organization's name and date should appear in the upper right-hand corner of every page. A page number should appear at the bottom right corner of each page. The application should be typed in Times New Roman or Arial, font size 12.

Narrative Sections: All margins of every page are to be 1". Pages should be double-spaced and justified.

Packaging/Delivery: All required sections must be included in the application. The required attachments must be included with the original, signed application. One original and ten copies of the application must be submitted by 3:00 p.m. on January 26, 2005. ADMHS staff will date and time stamp all applications. Applications received ***after*** 3:00 p.m. on January 26, 2005 will not be accepted.

Proposals will consist of the following parts, which will be subject to the number of scoring points listed for a total of 140 possible points.

### **Part 1. RFP Application Cover Sheet - No points**

Recreate the page and complete all of the requested information as indicated. For the following sections:

- Agency Information, include the proposed Project Director/Lead Staff if known. If unknown, indicated TBD. If the agency does not have a web site at this time, indicate N/A.
- The total amounts requested by your agency from ADMHS should appear on the RFP Application Cover Sheet in the "Total Request for Funding from ADMHS" column. Total expenses for 12-month Operating Costs (FY 05-06), indirect costs, and start-up/one-time costs for the proposed program should also appear on the Cover Page.

- Attachment Checklist, indicate if the applicant is a current contractor for ADMHS and has previously submitted Items 1-5.

**Part 2. Table of Contents (One page) - No points**

Include page numbers for each required section.

**Part 3. Agency Overview (Up to five pages) - 20 points**

- A. In this section, please present the characteristics of your organization that you think should persuade a reader that your organization is one that can effectively launch and operate the Santa Maria Crisis Residential Facility. Your organization's distinguishing characteristics, key staff, and areas of strength should be described here.
- B. Describe the agency's philosophy and conceptual approach to the delivery of crisis residential services for individuals with alcohol, drug, and/or mental health problems. Delineate the agency's prior experience in providing residential treatment services, 24/7 crisis-oriented services, and reducing recidivism (hospitalization and/or incarceration).
- C. Discuss your organization's experience working as a partner in community collaborative efforts and multidisciplinary teams. Elaborate on your experience and success in sharing information, within federal confidentiality standards.
- D. Describe the agency's existing services and how they will relate to the proposed services. Describe your experience in hiring, training and retaining direct service and support staff with expertise in: 1) serving individuals with alcohol & other drug problems; 2) serving individuals with serious mental illness; 3) serving individuals with co-occurring disorders; 4) working with families of those served.
- E. According to the 2000 Census, the population in Santa Maria is sixty percent Latino/a. Forty-six percent of the residents are Spanish-speaking and twenty-eight percent speak English "less than well." Describe your agency's experience in providing services that are relevant to the linguistic, racial, ethnic, and cultural characteristics of the local community served, particularly Latinos/as.
- F. Discuss your experience with process and outcome evaluation, developing data collection systems, and reporting to local funding sources.
- G. Describe the composition of your Board of Directors and/or Advisory Boards, detailing gender, racial and ethnic composition, representation from the local community, representation of consumers and family members, and board member's local affiliations which could assist in mobilizing local efforts to expand community support for the local project.

**Part 4. Program Narrative (Up to twenty-five pages) - 60 points**

This section of the proposal should present a comprehensive statement of the proposed program and how the applicant would go about developing, administering and evaluating it. Applicants are reminded to review **Section I** of this RFP to ensure that the narrative

addresses the categories of services which will be provided through this application. In particular, applicants should be attentive to the stated expectations for achieving a brief length of stay and reduced recidivism as key program outcomes.

The maximum number of points for the Program Narrative is 60 points. Points will be assigned as follows for each of the *segments* comprising the Program Narrative: Start-Up Activities, 5 points; Service Provisions and Methods, 20 points; Length of Stay, 5 points; Outcomes, 15 points; Staff Recruitment, Training, Development, Retention and Performance Evaluation, 10 points; and Evaluation, 5 points.

#### **A. Start-Up Activities**

Please describe your ability to rapidly complete the start-up process and the specific start-up activities required to implement the proposed program. For each activity, describe the amount of time required for completion, and individual(s) responsible for ensuring that the activities are carried out.

#### **B. Service Provisions and Methods**

Please describe:

1. How the program will incorporate and advance the ADMHS Bio-Psycho-Social Rehabilitation and Recovery model of care;
2. If applicable, any locations where your agency currently operates programs that are licensed by Community Care Licensing as a Social Rehabilitation Facility, the number of beds in each program, and how long the agency has operated each program;
3. If applicable, any locations where your agency currently operates programs that are certified by the California Department of Mental Health as Short-Term Crisis Residential Facilities, the number of beds in each program, and how long the agency has operated each program;
4. If applicable, any locations where your agency currently operates a social model detox program, the number of beds in each program, and how long the agency has operated each program;
5. How you will ensure that the premises of the crisis residential facility are drug-free;
6. Protocols for implementing, managing, and dealing with results of blood and urine drug/alcohol tests<sup>5</sup>;
7. What actions your agency will take to develop positive, collaborative working relationships with clients' family members and public and community-based organizations including, but not limited to: the collocated 24/7 ADMHS-operated Regional Crisis Intervention Center (anticipated to open August 2005); the Mental

---

<sup>5</sup> Testing for alcohol and other drugs is to be conducted in compliance with ADMHS Alcohol & Drug Program's "Drug Testing Policy & Procedures" posted at the ADMHS website <[www.countyofsb.org/ADMHS](http://www.countyofsb.org/ADMHS)> (click on "C.A.R.E.S. Projects").

Health Assessment Team; ADMHS outpatient clinics, the Santa Barbara County and San Luis Obispo County Psychiatric Health Facilities; Community-based organizations that contract with ADMHS (both ADP and Mental Health); city & county law enforcement agencies; Marian Medical Center Emergency Services; and other individuals and organizations providing detox, recovery support, shelter, sober living environments, board and care, peer supports, and mental health treatment;

8. Your agency's experience in serving the Santa Maria community and working collaboratively with other organizations in Santa Maria;
9. How your agency will ensure input regarding service provision and administration from individual and family service recipients;
10. What actions your agency will take to initiate and maintain collaborative working relationships and a pattern of frequent, constructive communication with the ADMHS Crisis Services Program Manager and communicate significant program information to him/her in a timely manner.

### C. Length of Stay

In this section, describe the strategies you will utilize to achieve a five to ten day average length of stay.

### D. Outcomes

In this section, please present in detail what you will do to reach the stated outcomes. This section is very important, because what is presented here will indicate to the reader how likely or unlikely it is that you will attain the stated goals, objectives, and outcomes. A proposal that includes brilliantly-considered goals and quantifiable objectives, but fails to clearly present exactly how they will be attained, will not score well.

1. List the program outcomes and your strategies for accomplishing each outcome. Develop time-limited, measurable **process objectives** and **outcome objectives** for each outcome statement. Process objectives are things that are done, i.e., specific steps to accomplish each activity. Outcome objectives are measures of the intended effect of process objectives, i.e., the desired end result.
2. Describe the procedures that will be used to consistently collect and report outcome data to ADMHS in a timely manner.
3. Describe the method by which you will measure the rate of recidivism (hospitalization or incarceration) among clients served at the Crisis Residential Facility.
4. Describe the procedures that will be used to collect data from clients served for 30 days post-discharge.
5. Describe the qualifications of any individual or entity that will be paid to collect and/or analyze outcome data, if applicable.

## **E. Staff Recruitment, Training, Development, Retention and Performance Evaluation**

1. Describe the program's practices with regard to:
  - Staff Recruitment
  - Staff Training
  - Staff Development
  - Staff Retention
  - Staff Performance Evaluation
2. Provide a list which includes the individual name (if known) and title for each position budgeted, percentage of full-time equivalents (FTE) for proposed services, general duties and qualifications for each position (including any required licensure). Indicate how this staffing pattern meets the Department of Mental Health's minimum staffing requirements for Short-Term Crisis Residential Facilities (e.g., staff:client ratio of 1 FTE per 1.6 clients; two staff on duty 24/7, including one awake overnight, with two awake overnight if accepting admissions 24/7; minimum qualifications of on-site supervisor). Indicate how your agency will plan for coverage during unanticipated staff absences. Resumes of key staff may be included in the attachments.
3. Describe the techniques your agency will use to recruit staff members that are competent in alcohol & drug treatment, mental health treatment, and serving those with co-occurring disorders.
4. Describe how your agency will recruit and retain staff members that represent the demographics of the client population served.
5. Describe how staff will be selected, oriented, and trained regarding: the desired service philosophy and program model; their responsibilities to uphold client confidentiality; cultural competency principles and practices; and the responsibilities for accurate and timely documentation of services provided in compliance with MediCal regulations. Describe the types of background checks that will be performed by your agency on individuals hired for direct service and management positions.
6. Describe in-service training activities and topics that will occur during the contract period.
7. Describe how your agency engages staff in your ongoing quality improvement processes. Describe how staff concerns are communicated and responded to.

## **F. Evaluation**

1. Describe your plans to assure the County that appropriate administrative attention will be devoted to ongoing quality improvement.
2. Indicate your client feedback processes and describe your agency's client grievance procedures.

## **Part 5. Program Budget - 30 points**

The maximum number of points for the Program Budget is 30 points. Points will be assigned as follows for each of the *segments* comprising the Program Budget: Narrative, 5 points; Budget & Overall Cost-Effectiveness, 15 points; MediCal and Other Revenue, 5 points; Agency Contribution to the Project, 5 points.

Development of the facility for the Crisis Residential Facility by ADMHS is scheduled to be completed in time for services to begin on September 1, 2005. However, completion of the project is subject to change due to construction issues, negotiation with relevant regulatory agencies, or other circumstances. To simplify the application process, applicants are asked to submit a 12-month operating budget for FY 05-06. The fiscal year is July 1st through June 30th.

#### **A. Budget Narrative (Up to five pages)**

Funding for the 12-month operating budget is listed below, contingent on renewal of funding to ADMHS from local, state, and federal sources:

**TOTAL FUNDING: \$804,000 to \$996,000**

Applicants may request one-time start-up funds in addition to this amount. The amount of any start-up funds must be shown on the Budget Template (Attachment A) and described in the Budget Narrative. Examples of start-up costs include personnel, recruitment and training, services and supplies.

In addition to funding from ADMHS, the applicant agency shall provide a minimum five percent match (cash or in-kind).

ADMHS will select and provide the site for the Crisis Residential Facility in Santa Maria. It will be collocated with the ADMHS-operated 24/7 Regional Crisis Intervention Center. ADMHS will purchase the initial furniture and fixtures. Funds for physician and physician extender services, medications, meals, linen service, consumable supplies, training, travel, drug testing services and supplies, staff recruitment and background checks, program evaluation and outcome measurement, maintenance services, and all other operating expenses should be provided for in the applicant's proposed budget.

Submit your budget using the Excel template labeled "Budget Template 05-06" in Attachment A.

The budget should separately identify:

- A) Total Agency Proposed Expenditures;
- B) Administrative Costs;
- C) Proposed Expenditures for Crisis Residential Facility;
- D) Other Programs Expenditures.

For each category above, identify the types of costs as follows:

##### I. Personnel

Indicate budgeted costs, salaries and benefits, associated to proposed staff

##### II. Operating Expenses

Indicate budgeted (direct) operating costs in detail by line item

**III. Capital Expenditures/Fixed Assets**

Identify budgeted purchases of capital or fixed assets  
Provide a copy of the Agency's capitalization policy

**IV. Indirect Costs**

Identify budgeted indirect costs in detail by line item  
Describe the allocation bases or methodology used to allocate indirect costs to all programs

**V. Start-Up Costs**

Describe type and projected costs of any one-time expenses associated with the start-up phase and not already detailed elsewhere in your budget

Provide a narrative that describes your significant expenses. Include a description of consumable supplies, training, travel, drug testing services and supplies, facilities maintenance, evaluation, and indirect expenses.

**B. Budget Spreadsheet (One page)**

1. A budget must be submitted with the RFP using the Excel budget template supplied in Attachment A.
2. An indirect cost of up to 10% is allowed as a line item in the budget. All costs associated directly with providing services are considered direct costs and should be included in appropriate and allowed budget line items. All indirect costs must be detailed in the budget narrative and the total cost should be allocated on the line item within the budget.
3. Any intended deviations from Cost Principles for State, Local & Indian Tribal Governments as set forth in OMB Circular A-87 must be described here.

**C. MediCal and Other Revenue (One page)**

1. MediCal billed by the applicant's staff will be collected by ADMHS to offset the cost of the services. Provide an estimate of the amount of revenue you expect the program to generate annually from (a) MediCal, (b) client fees (if any), and (c) any other sources. Indicate how the estimate was computed.

**D. Agency Contribution to the Project (One page)**

1. Identify the source, type, and amount of your minimum 5% match (cash or in-kind).
2. Describe any other resources your agency will bring to this project (e.g., transitional housing, permanent housing, food, furniture, clothing, vocational services, other existing services, etc.).

**Part 6. Management and Reporting Capabilities (Up to three pages - 15 points)**

Provide a detailed description of your program capabilities in the following areas:

A. Financial Management

Comment on your agency's demonstrated competency in the following areas:

- Experience with and sound financial management of large programs (e.g., with annual budget exceeding \$1,000,000)
- Experience in accurate and timely Mental Health MediCal billing and preparation of annual cost reports
- Does the agency employ or contract for the services of a Certified Public Accountant?

B. Personnel Management

C. General Administration

D. Adherence to Funding Agency Reporting Requirements

**Part 7. Policies and Procedures (One page - 5 points)**

Describe the program's practice with regard to:

- A. Affirmative Action
- B. Conflict of Interest
- C. Non-Discrimination in Hiring and in the provision of services
- D. Drug-Free Workplace
- E. Confidentiality
- F. Child/Adult Abuse

**Part 8. Investigation Statement (One page - 5 points)**

Include statement of whether the agency is now or has been the subject of a public or private audit or investigation due to potential or alleged financial mis-management. These statements must describe the program audited or investigated, by whom, the date of the audit, the period audited and the purpose and outcome of the audit or investigation. Applicants reporting no current or previous investigations will receive the maximum number of points.

**Part 9. Legal Information (One page - 0 points)**

Applicant must declare and document its authority to operate in the State of California. This should be accomplished by including photocopies of federal and state tax-identification

numbers as an attachment.

Note: The applicant will be required before execution of the contract to provide proof of current insurance coverage at the limitations determined by the County's Risk Manager. In addition, at the time of execution of the contract, applicants must also adhere to the County's policies on Drug Free Workplace, Child and Elder Abuse, Confidentiality, Anti-Harassment and Conflict of Interest as provided for in the contract. Copies of these policies are available upon request.

#### **Part 10. Supportive Information (5 points)**

Include in this section up to five pieces of additional information supportive of the agency or this proposal. Information may include:

- Resumes of key staff
- Letters of commitment from other public or private agencies
- Brochures and promotional material
- Pictorial material, clippings and other information supportive of the proposal contents

#### **Part 11. Attachments (0 points)**

All proposals shall include the following attachments:

1. An organizational chart for the entire legal entity or entities of your agency, showing how the new program would integrate into the existing organization.
2. A list of all the relevant insurance your agency has and the specific limitations.
3. The names, addresses and phone numbers of three references that can attest to your success in working within collaborative structures to serve clients with alcohol, drug, and/or mental health problems.
4. The names, addresses and phone numbers of three references that can attest to your ability to submit program data and financial reports on a timely basis. The requested references may not be from ADMHS.
5. Complete Agency Budget FY 04-05
6. Current Board member list
7. Annual audited Financial Statement (most recent)
8. Tax Return (most recent filed)

**OVERVIEW OF APPLICATION ELEMENTS (for reference only)**

<i>Part</i>	<i>Description</i>	<i>Maximum Points (140 points total)</i>	<i>Maximum # Pages</i>
1	RFP Application Cover Sheet	0	1
2	Table of Contents	0	1
3	Agency Overview	20	5
4	Program Narrative	60	25
5	Program Budget	30	8
6	Management and Reporting Capabilities	15	3
7	Policies and Procedures	5	1
8	Investigation Statement	5	1
9	Legal Information	0	1
10	Supportive Information	5	n/a
11	Attachments	0	n/a

# RFP Application Cover Sheet

**For ADMHS Staff use:**

Date/time Received: \_\_\_\_\_

Proposal # \_\_\_\_\_

ADMHS Staff Member \_\_\_\_\_

**Project Title:** \_\_\_\_\_

	<b>Proposed FY 05-06 12-Month Operating Cost</b>	<b>Proposed FY 05-06 12-Month Indirect Cost</b>	<b>Proposed Start-Up/One- Time Costs</b>	<b>TOTAL Request for funding from ADMHS</b>
<b>Personnel Services /Supplies Totals</b>	\$ _____	\$ _____	\$ _____	\$ _____

**Article I. Agency Information:**

Agency: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Project Director/Lead Staff: \_\_\_\_\_

Administrative Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web site: \_\_\_\_\_

Total Agency Budget (Proposed FY 05-06): \$ \_\_\_\_\_

**Attachment Checklist** (please attach in order)

- |  |   |
|--|---|
| 1. Agency Organizational Chart             | 6. Current Board Members List               |
| 2. Insurance                               | 7. Annual Financial Statement (most recent) |
| 3. Program Reference List                  | 8. Tax Return (most recently filed)         |
| 4. Program & Financial Data Reference List |   |
| 5. Agency Budget FY 04-05                  |   |

\_\_\_\_\_  
**Signature of Executive Director/CEO**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Board Chair/President**

\_\_\_\_\_  
**Date**