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**Request for Proposals  
For  
Desert Willow Treatment Center**

Release date: Monday, August 14, 2017  
Deadline for Submission Date and Time:  
**Monday August 28, 2017 by 5:00 pm**

For additional information, please contact:  
Priscilla Colegrove, Administrative Services Officer IV  
Division of Child and Family Services  
4126 Technology Way, 3<sup>rd</sup> Floor  
Carson City, NV 89706

Phone: (775) 684-7953  
Email: [pcolegrove@dcfs.nv.gov](mailto:pcolegrove@dcfs.nv.gov)

**See Page 8 for instructions on submitting proposals.**

State of Nevada  
Department of Health and Human Services  
Division of Child and Family Services  
Grants Management Unit

**REQUEST FOR PROPOSAL**

<b>Contents</b>	<b>Page</b>
Contract Announcement Summary	3
Overview	3
Scope of Work	3
Eligibility	4
Application Instructions	4
Application Submittal	8
Attachment A: Scoring Matrix and Guidelines	9
Attachment B: Application Kit	14

State of Nevada  
Department of Health and Human Services  
Division of Child and Family Services  
Grants Management Unit

**Contract Announcement Summary Information**

**Program Area:** Nevada Division of Child and Family Services (DCFS) Desert Willow Treatment Center (DWTC)

**Description:** The purpose of this contract announcement is to find a provider that is a Federally Qualified Health Center (FQHC) or a not for profit agency to provide a continuum of care to include acute residential, residential treatment and partial hospitalization for youth with a dual diagnosis SED/DD, commercially sexually exploited youth, youth in child welfare or juvenile justice services and at risk for out of state placement. The provider must be able to provide a full assessment to include behavioral health and physical health.

**Opportunity Category:** This Request for Proposal (RFP) is for competitive proposals to provide services at Desert Willow Treatment Center.

**Important Dates:**

Application Due Date: Monday August 28, 2017 by 5:00 pm

Project Start Date: January 1, 2018

Project End Date: June 30, 2048

Award Notification Date: September 2017

**Overview**

During the 2017, legislative session the Governor's budget proposed to reduce DWTC to a 20- bed facility. Even though there has been a reduction in census in DWTC, there continues to be a need for specialized residential and acute care in Nevada. Currently there are 118 child welfare, probation, or parole custody youth placed in an out of state facility. There are approximately another 100 parental custody youth placed in an out of state RTC. The Council on State Government (CSG) assessment of Nevada's juvenile justice system determined more than half of the youth in the juvenile justice system have mental health treatment concerns and if they received treatment sooner, their involvement in the juvenile justice system may have been avoided. There are limited facilities in Nevada to deal with special populations such as youth with a dual diagnosis behavioral health diagnosis and a developmental disability, commercially sexually exploited youth, and youth with specific medical concerns. DCFS has also noted that a large number of child welfare and juvenile justice youth and their families have limited access to health care. It is important that the system of care includes a continuum of services to include up front comprehensive behavioral health and physical health assessment, acute care, residential treatment care, partial hospitalization, and community based services.

**Scope of Work**

The provider will contract with Division of Child and Family Services to provide acute and or residential treatment services within the current DWTC hospital. The provider will be a FQHC or not for profit provider and will be able to be licensed as a hospital or RTC provider. The provider will have a continuum

State of Nevada  
Department of Health and Human Services  
Division of Child and Family Services  
Grants Management Unit

of care to include physical health services for DCFS clients and families, partial hospitalization, residential treatment center, and acute care. The provider can bill for services separately through Nevada Medicaid, or DCFS can bill on behalf of the provider and then pass the funds to the provider. The services will focus on the following subsets of clients: 1) youth at risk of out of state placement; 2) youth with a dual diagnosis of behavioral health/developmental disabilities; 3) youth that have been commercially sexually exploited, and 4) youth in or at risk of being in the juvenile justice or child welfare agency services.

**Eligibility**

All FQHC and not for profit agencies can apply if interested in providing services.

**Question and Answer Session**

A Question and Answer session will begin the first day of the RFP release and will continue until Wednesday, August 23, 2017 at 5pm. All questions and answers will be posted on the DCFS website at [www.dcfstate.nv.us](http://www.dcfstate.nv.us). To submit your questions please e-mail Priscilla Colegrove, Administrative Services Officer IV at [pcolegrove@dcfs.nv.gov](mailto:pcolegrove@dcfs.nv.gov).

State of Nevada  
Department of Health and Human Services  
Division of Child and Family Services  
Grants Management Unit

**Application Instructions**

The application is available online at the Division of Child and Family Services' website located at [www.dcf.state.nv.us](http://www.dcf.state.nv.us). This application will be available online until the closing deadline.

**All eligible applications must be received by 5:00 p.m. on the deadline date of  
Monday August 28, 2017.**

**Applications may be mailed or hand-delivered to:**

**Division of Child & Family Services  
4126 Technology Way, 3<sup>rd</sup> Floor  
Carson City, NV 89706  
Attn: Priscilla Colegrove**

**A. Application Checklist**

Complete the application checklist in the Application Kit (ATTACHMENT B) identifying items included in the application you are submitting. Be sure to organize the proposal in the order listed on the checklist.

**B. Technical Requirements**

Applicants must include all required information at the time the application is submitted to assure that all materials are available for review. DCFS reserves the right to make or deny an award without requesting further clarification of the proposal received. Therefore, applicants are encouraged to submit proposals which are technically correct and self-explanatory. Late or incomplete applications, applications submitted by organizations not deemed eligible and applications that propose unallowable projects will not be considered for funding.

Applications must follow these technical requirements:

- 1) Single-spaced, one-inch margins on 8 ½ x 11 inch white paper double-sided.
- 2) Times New Roman, 12-point font.
- 3) Name of the applicant agency and page numbers must be clearly indicated in the center of the footer of each page.
- 4) Submit the original (clearly labeled) and one (1) electronic copy (flash drive) of all application materials.
- 5) Respond to each section in the order provided.
- 6) Submit a cost proposal in a sealed envelope separate from the application.

**C. Project Narrative (35 points)**

This section must not exceed 12 pages and must address the following:

State of Nevada  
Department of Health and Human Services  
Division of Child and Family Services  
Grants Management Unit

- 1) Use the opening paragraph of the narrative to summarize your proposed project. No points will be awarded for the summary.
- 2) Describe your agency's status as a Federally Qualified Health Center or not for profit agency;
- 3) Describe your agency's status as a licensed hospital or RTC provider;
- 4) Describe how services will be provided within the continuum of care that includes physical health, partial hospitalization, residential treatment and acute care;
- 5) Describe your agency's ability to bill for Medicaid services;
- 6) Describe your agency's ability to serve youth at risk of out of state placement, youth with dual diagnosis of behavioral health/developmental disabilities, youth that have been commercially sexually exploited and youth in or at risk of being in the juvenile justice or child welfare agency services;
- 7) Provide a copy of the agency organizational chart; and
- 8) Provide a list of Board or Governing Body with Officers' Affiliations and Terms.

If you are proposing subcontracts of any kind, you must:

- 1) Provide a justification for why your organization should serve as an intermediary between the Division and the organization(s) providing the service(s).

Using the scope of work on page 4, describe the goals, objectives and activities for this project.

Describe the timeframe anticipated to have this project fully operational.

#### **D. Program Evaluation (20 points)**

This section must not exceed 2 pages and must address the following:

- 1) Describe how your agency will track client and service data.
- 2) Describe the measures that you will use to track both outputs and outcomes of your project. Output measures define either the quantity or quality of **effort** put forth for the project. Outcome measures determine the **effect** of the service.
  - a. Be sure to select reasonable outcome measures that will be tracked and will measure the effectiveness of your proposed services.
  - b. More outcomes do not necessarily equal quality data. A few representative outcomes that target measurements of effectiveness will provide more than adequate information about your program's success.
- 3) Describe how the program will collect and evaluate customer / client satisfaction. Include any satisfaction surveys currently in use.

#### **E. Cost Effectiveness of the Project/Financial Status (30 points)**

This section must not exceed 2 pages and must address the following:

Describe the cost of this project with a detailed budget showing where the resources are anticipated to be gained.

State of Nevada  
Department of Health and Human Services  
Division of Child and Family Services  
Grants Management Unit

Describe resources that will be used to create, sustain, or expand the service. These can include, but are not limited to, in-kind support, staff and volunteer hours, and collaborative efforts with other agencies.

Provide a profit and loss statement and balance statements for the most recent fiscal year. Audited financial statements must also be provided.

Describe expectations of DCFS in management of this project.

Describe any known censure or litigation for the agency.

**F. Potential for Ongoing Sustainability of the Project (30 points)**

This section must not exceed 1 page and must address the following:

Describe experience your agency has and performance history with this type of engagement. Explain how long this agency has been in business and any ownership changes or reorganizations.

Describe any comparable engagements. Provide documentation of comparable engagements in this area.

Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, flexible capacity of agency during times of change and longevity of the organization.

**G. Staff Qualifications and Job Descriptions (35 points)**

Describe how proposed services will be staffed and explain how staff is qualified to provide the anticipated services. Resumes may be attached to your proposal but will not replace the description requested on this page.

**H. Community Coordination / Collaboration (15 points)**

Identify existing or proposed collaborators for the project and the level of participation of all agencies included in the collaboration.

Describe how this program will encourage the collaborative effort of various agencies or organizations by working with existing programs or forming new partnerships to provide the proposed services.

Describe any current or past successful collaborations with private or governmental entities. Include any current Memorandums of Understanding and/or Letters of Intent in your application packet.

State of Nevada  
Department of Health and Human Services  
Division of Child and Family Services  
Grants Management Unit

**Application Submittal**

**All eligible applications must be received by 5:00 p.m. on the deadline date of Monday August 28, 2017. Postmarks will not be used to determine eligibility.**

**No faxes or emails will be accepted.**

Applications may be mailed or hand-delivered to:

**Division of Child & Family Services  
4126 Technology Way, 3<sup>rd</sup> Floor  
Carson City, NV 89706  
Attn: Priscilla Colegrove**

DCFS is not responsible for any costs incurred in the preparation of the application. All materials submitted become property of DCFS.

**Proposal Review and Awarding Process**

DCFS staff along with application review panel members will review and evaluate each application based upon the Scoring Matrix (ATTACHMENT A). The review panel members will disclose in writing any conflict of interest that will identify any applicant with which they have an actual or perceived conflict of interest. The review process will include a technical review of applicant information, executive summary, time table and budget forms.

Funding decisions will be based on the following factors:

- A. Review panel scores; and
- B. Alignment of the proposal with the Scope of Work listed on Page 4 of this document.

DCFS staff will conduct negotiations with the applicants recommended for contract, to address any specific issues identified by the review panel. All related issues must be resolved before a contract will be awarded.

Decisions will be based on review panel recommendations which will be provided to the Administrator of DCFS for final approval. In the event an applicant seeks further clarification of the award decision, the applicant may contact Priscilla Colegrove at (775) 684-7953. Any written complaints from applicants who were not selected will be reviewed by the Administrator of DCFS or designee.

Applicants will be notified of their status with a Letter of Intent after decisions have been made. Adjustment of budgets and goals may be required at that time. Upon successful conclusion of negotiations, DCFS staff will complete a written contract.



State of Nevada  
 Department of Health and Human Services  
 Division of Child and Family Services  
 Grants Management Unit

**ATTACHMENT A**  
**Scoring Matrix**

Reviewer ID Number: \_\_\_ Agency Reviewed: \_\_\_\_\_ Total Score:  
 \_\_\_\_\_ / 100

**1. Technical Requirements:**

Criteria	Yes/No
Is the narrative section within the 12-page limit?	
Is the proposal on 8-1/2" x 11" white paper, double sided, single-spaced, and typed in black, Times New Roman font size 12?	
Is the agency name and page numbers in the footer of each page?	

**2. Project Narrative:**

Criteria	35 Points
Did the vendor's proposal provide all the necessary information requested in the RFP in a professional manner?	_____/ 5 points
Did the proposal cause doubt regarding the vendor's ability to complete the necessary tasks?	_____/ 5 points
Was the proposal easy to understand and did it provide answers to questions or create more questions?	_____/ 5 points
Did the agency describe their status as FQHC or not for profit?	_____/ 5 points
Is the agency a licensed hospital or RTC provider?	_____/ 5 points
Is the agency able to bill for Medicaid services?	_____/ 5 points
Are you confident that this vendor has the knowledge, skills and abilities to perform all its tasks well?	_____/ 5 points
<b>Total points for this section</b>	<b>_____/ 35 points</b>

**Strengths:**

**Weaknesses:**

**Comments:**

State of Nevada  
 Department of Health and Human Services  
 Division of Child and Family Services  
 Grants Management Unit

**3. Program Evaluation:**

<b>Criteria</b>	<b>20 Points</b>
Did the vendor provide sufficient data to convince you that they will do a good job for the State?	_____/ 5 points
Was the proof compelling?	_____/ 5 points
Are the proposed outcome measures sufficient to evaluate success of the program?	_____/ 5 points
If surveys will be used do they determine the outcome of the services or simply collect outputs?	_____/ 5 points
<b>Total points for this section</b>	<b>_____/ 20 points</b>

**Strengths:**

**Weaknesses:**

**Comments:**

**4. Cost Effectiveness of Project/Financial Status:**

<b>Criteria</b>	<b>30 Points</b>
Did the vendor provide financial documents?	_____/ 5 points
Will the vendor's resources be adequate to serve the State's needs?	_____/ 5 points
Has the vendor established a cost that is reasonable for the project?	_____/ 5 points
Is the State of Nevada receiving good value for its dollar?	_____/ 5 points
Are the costs reasonable compared to the competition?	_____/ 5 points
Will there be any additional costs or other ongoing expenses?	_____/ 5 points
<b>Total points for this section</b>	<b>_____/ 30 points</b>

State of Nevada  
 Department of Health and Human Services  
 Division of Child and Family Services  
 Grants Management Unit

**Strengths:**

**Weaknesses:**

**Comments:**

**5. Potential for Ongoing Sustainability of the Project:**

<b>Criteria</b>	<b>30 Points</b>
Does the vendor suggest new ways to enhance performance?	_____/ 5 points
Does the vendor have the flexible capacity to handle all the needs of the State as they continue to change?	_____/ 5 points
Did the vendor present sufficient performance history to convince you of their ability?	_____/ 5 points
Has the vendor been in business long enough to provide good stability?	_____/ 5 points
Has the vendor experienced ownership changes that would impact their services?	_____/ 5 points
Has there been any censure or litigation history?	_____/ 5 points
<b>Total points for this section</b>	<b>_____/ 30 points</b>

**Strengths:**

**Weaknesses:**

**Comments:**

State of Nevada  
 Department of Health and Human Services  
 Division of Child and Family Services  
 Grants Management Unit

**6. Expertise and Availability of Key Personnel:**

<b>Criteria</b>	<b>35 Points</b>
Described how proposed services will be staffed?	
Is the staff that will be assigned to this project by the vendor the best qualified to manage the process?	_____/ 5 points
Will they be available to insure completion of the project?	_____/ 5 points
Will they be available for follow up issues?	_____/ 5 points
Is sufficient staff assigned to handle these duties?	_____/ 5 points
Is there a Nevada office or contact person?	_____/ 5 points
Will assigned staff respond to issues within a reasonable amount of time?	_____/ 5 points
<b>Total points for this section</b>	<b>_____/ 35 points</b>

**Strengths:**

**Weaknesses:**

**Comments:**

**7. Community Coordination/Collaboration:**

<b>Criteria</b>	<b>15 Points</b>
Did the vendor have success in other work for a private or governmental entity?	_____/ 5 points
Does the vendor's previous work convince you of its successful completion of these duties?	_____/ 5 points
Has the vendor provided adequate references?	_____/ 5 points
<b>Total points for this section</b>	<b>_____/ 15 points</b>

**Strengths:**

**Weaknesses:**

State of Nevada  
Department of Health and Human Services  
Division of Child and Family Services  
Grants Management Unit

**Comments:**

State of Nevada  
Department of Health and Human Services  
Division of Child and Family Services  
Grants Management Unit

**ATTACHMENT B**

**Desert Willow Treatment Center  
APPLICATION KIT**

Release date: Monday August 14, 2017

Submission Deadline Date and Time:  
Monday August 28, 2017

For additional information, please contact:  
Priscilla Colegrove, Administrative Services Officer IV  
4126 Technology Way, 3rd Floor  
Carson City, NV 89706

Phone: (775) 684-7953  
Email: [pcolegrove@dcfs.nv.gov](mailto:pcolegrove@dcfs.nv.gov)

State of Nevada  
Department of Health and Human Services  
Division of Child and Family Services  
Grants Management Unit

**COVERSHEET**

**Desert Willow Treatment Center**

**January 1, 2018 through June 30, 2048**

Applicant Agency:

Physical Address:

Mailing Address:

Website?  Yes Website: \_\_\_\_\_  No

Contact Person:

Phone Number:

Fax Number:

Email Address:

DUNS Number:

CCR Registered:  Yes (Attach Verification, if available)  No

Mission Statement:

**Submit to:**

**Division of Child and Family Services  
4126 Technology Way, 3<sup>rd</sup> Floor  
Carson City, NV 89706  
Attn: Priscilla Colegrove, Administrative Services Officer IV**

State of Nevada  
Department of Health and Human Services  
Division of Child and Family Services  
Grants Management Unit

**Checklist for:**  
**Desert Willow Treatment Center**  
(Please compile your application in the following order)

- Coversheet
- Completed Checklist
- Project Narrative
- Program Evaluation
- Cost Effectiveness of the Project
- Potential for Ongoing Sustainability of the Project
- Description of Services, Scope of Work and Deliverables
- Staff Qualifications and Job Descriptions
- Community Coordination / Collaboration
- Organizational Chart
- List of Board or Governing Body with Officers' Affiliations and Terms
- Profit and Loss Statement, Balance Sheet and Audited Financial Statements
- Current Memorandums of Understanding
- Cost Proposal in a separate sealed envelope

**Copies of Insurance Coverage (not applicable to local government agencies):**

- General Liability
- Worker's Compensation
- Professional Liability
- Fire Insurance
- Vehicle Liability
- Other Insurance Policies

- One (1) copy clipped or stapled plus one (1) electronic copy on a flash drive (pdf of the full document and attachments)



State of Nevada  
Department of Health and Human Services  
Division of Child and Family Services  
Grants Management Unit

**Project narrative**

**(Length = 12 page maximum, 12-point font, single-spaced)**

Insert text here.

**Program evaluation**

**(Length = 2 page maximum, 12-point font, single-spaced).**

Insert text here.

**Cost effectiveness of the project**

**(Length = 2 page maximum, 12-point font, single-spaced).**

Insert text here.

**Potential for ongoing sustainability of the project**

**(Length = 1 page maximum, 12-point font, single-spaced).**

Insert text here.



State of Nevada  
Department of Health and Human Services  
Division of Child and Family Services  
Grants Management Unit

**Community Coordination**

**(Length = 1 page maximum, 12-point font, single-spaced not including MOUs).**

Insert text here