Park County School District #1

MEMORANDUM

TO: JAY CURTIS, SUPERINTENDENT

FROM: ADRIENNE CRONEBAUGH, COMMUNITY MENTAL HEALTH COORDINATOR

SUBJECT: SCHOOL BASED MENTAL HEALTH SERVICES

DATE: 4/29/2025

Superintendent Curtis,

The bid opening for the School Based Mental Health program was held on Thursday, April 17, 2025 in the Administration Board Room at 1:00 PM. The opening was conducted by Molly Cummings, Accountant, and myself. We received two bids, both submitted on-time and complete. Upon review, one bidder did not meet the eligibility requirements.

The successful bidder was: Big Horn Valley Health Center, inc. dba One Health 1201 E 7th St Powell, WY 82435

One Health's proposal met all specifications outlined in the bid documents. This project is funded through the State K-12 Mental Health Grant, and the proposed budget aligns with the grant's service requirements.

I recommend that the Board approve the bid from One Health in the amount of \$110,000, and authorize completion of the contract. One Health will provide mental health evaluation, counseling and support services to students with behavioral health concerns, and assist students and their families in accessing ongoing community services to meet identified needs.

Please let me know if you have any questions or require additional information.

Respectfully,

Adrienne Cronebaugh

Park County School District #1 Community Mental Health Coordinator ascronebaugh@pcsd1.org (307) 764-6186

7c. Budget:

Expense Category	Amount for Year 1: 2025-2026
PERSONNEL: 1.0 Mental Health Provider - Salary	\$60,000
Uninsured and underinsured care	\$50,000
TOTAL BUDGET	\$110,000

Name and Title of company representative who will be responsible for working with the schools:

Carolyn Pollari School Based Health Director (406) 623-9055 Carolyn.Pollari@onechc.org

Request for Proposals – Advertisement

School-Based Mental Health Services

Park County School District #1 is accepting proposals for School-Based Mental Health Services for the 2025/2026 School Year.

Vendors are asked to submit Proposals for School-Based Mental Health Services which include mental health evaluation, counseling and support services to students, in a school setting, with a behavioral health concern and assists the student and their family with accessing ongoing community services to meet the student's identified needs. School-Based Mental Health Services are a short-term, school-based service that are offered throughout the year to students enrolled in the school district.

Specifications may be obtained by contacting Adrienne Cronebaugh, Community Mental Health Coordinator, at (307) 764-6186, ascronebaugh@pcsd1.org, 160 N Evarts St, Powell, WY 82435 during regular office hours, Monday through Thursday 8:30 AM - 4:00 PM.

Sealed proposals will be received until 1:00 PM MST on April 17, 2025, at which time they will be opened. All proposals must be clearly marked on the outside of the envelope "RFP -School Based Mental Health Services" Attention: Adrienne Cronebaugh. Late Proposals will not be accepted, and will be returned unopened. No proposals will be accepted electronically, but the successful vendor will be required to submit the package in its entirety electronically.

The District reserves the right to reject any and all Proposals and to waive irregularities and informalities in the RFP.

PUBLISHED:

POWELL TRIBUNE – Legal Ad – Tuesday March 11 and Thursday March 13th, 2025 CODY ENTERPRISE - Legal Ad - Tuesday March 11 and Thursday March 13th, 2025 PCSD#1 Website - Post - Tuesday March 11- April 17, 2025

SCHEDULE

March 11 & 13, 2025	Public Announcement of Request for Proposals
April 3, 2025	Questions due, in writing (email acceptable), not later than 3:00 PM MST
April 4, 2025	Responses to vendors provided by email not later than 3:00 PM MST
April 17, 2025	Proposals due, not later than 1:00 PM MST
April 22, 2025	*Evaluation of Proposals Begin
May 13, 2025	*Board Recommendation
May 22, 2025	*Execute Contract

*NOTE: Dates preceded by an asterisk are estimated dates. Estimated dates are for information purposes only.

Park County School District #1

Administration Office 160 N Evarts St Powell, WY 82435

Request for Proposals

RFP TITLE: School-Based Mental Health Services

RFP DEADLINE: April 17, 2025

1:00 PM MST

PROPOSALS MUST Sealed RFP's must be received at **BE SUBMITTED:** Park County School District #1

Attn: Adrienne Cronebaugh

160 N Evarts Street Powell, WY 82435

DIRECT INQUIRIES TO: Adrienne Cronebaugh

Community Mental Health Coordinator

ascronebaugh@pcsd1.org

(307) 764-6186

Late or incomplete proposals will not be accepted.

Park County School District #1 (PCSD#1) will accept proposals for School-Based Mental Health Services until 1:00 PM MST on April 17, 2025 for the 2025/2026 school year with contract to begin June 1, 2025. PCSD#1 reserves the right to accept or reject any or all proposals or to accept irregularities in the process. Listed below are the specifications for the Request for Proposals (RFP). If you have any questions, please contact Adrienne Cronebaugh, Community Mental Health Coordinator, at (307) 764-6186 during regular office hours, Monday through Thursday 8:30 AM - 4:00 PM.

Request for Proposal Conditions

1. SUBMITTAL INSTRUCTIONS:

Submit one (1) sealed copy to Park County School District #1, Attn: Adrienne Cronebaugh, 160 N Evarts St., Powell, WY 82435. Proposals shall be received by the time designated in this invitation and none will be considered thereafter. Subject should be marked "RFP School Based Mental Health Services." The time and date recorded by the District shall be the official time of receipt. Late RFPs will not be considered. PCSD#1 is not responsible for nondelivery or non-receipt of RFPs.

The successful vendor, by submitting a valid signed RFP, agrees to waive, release and discharge Park County School District #1 from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur including traveling to and from this activity. The successful vendor will indemnify and hold harmless Park County School District #1 from any and all liabilities or claims made as a result of providing this service, whether caused by the negligence of release or otherwise.

All Proposals shall be opened, and tabulated. No immediate decision will be rendered concerning the proposals submitted at this RFP opening. There will be a committee that will evaluate each Proposal. The committee shall award the contract to the applicant whose proposal is determined to be the most advantageous based upon the evaluation criteria.

The contract will be for a one year period to begin on June 1, 2025 and extend through June 10, 2026. The contract may be extended to the successful vendor at the sole discretion of the Administrative Team depending on additional funding being secured for the 2026/2027 school year.

An officer or agent of the firm who is authorized to legally bind the firm must sign RFP forms.

The successful vendor shall furnish services to each school through its agent during the process of this contract for the School Based Mental Health Services. No additional cost to this contract can be made without the approval of Park County School District #1 Superintendent and/or designee.

2. PROJECT OVERVIEW

School-Based Mental Health Services provides mental health evaluation, counseling and support services to students, in a school setting, with a behavioral health concern and assists the student and their family to access ongoing community services to meet the student's identified needs. School-Based Mental Health Services are a short-term, school-based service that are offered throughout the year to students enrolled in the school district.

School Based Mental Health Services will be provided to students at 7 locations:

- a. Parkside Elementary School –125 S. Douglas Street, Powell, WY 82435
- b. Southside Elementary School –278 E. Monroe Street, Powell, WY 82435
- c. Westside Elementary School –555 Grand Street, Powell, WY 82435
- d. Powell Middle School –369 E. Third Street, Powell, WY 82435
- e. Powell High School –1151 E. Seventh Street, Powell, WY 82435
- f. Shoshone Learning Center 140 N Erris St, Powell, WY 82435
- g. Support Services Cottage 328 E. Third Street, Powell, WY 82435

In compliance with this RFP invitation and subject to all conditions thereof, the undersigned agrees, if this Proposal were accepted within the time stipulated herein, to furnish any of all items and services upon which prices or percentages are quoted in accordance with the specifications applying to this RFP invitation.

3. TERMINATION OF CONTRACT

The School District reserves the right to terminate the Contract immediately in the event that the successful vendor discontinues or abandons operations; is adjudged bankrupt, or is reorganized under any bankruptcy law.

Failure of the successful vendor to comply with any section or part of the Contract will be considered grounds for immediate termination of the Contract by the School District.

Notwithstanding anything to the contrary contained in the Contract between the School District and the successful vendor, the School District and/or successful vendor may terminate the Contract for convenience and without cause, by giving 60 days written notice to the successful vendor.

4. APPLICANT ELIGIBILITY

The Organization must:

- Currently provide Behavioral Health Services in Park County, Wyoming.
- Be a community health center that employs licensed personnel to provide both mental health evaluation and counseling services.
- Have the capacity and ability to provide youth mental health services in a school setting.
- Have the capacity and ability to provide youth mental health services both in-person and/or virtually for the agreed upon schools.

5. SCOPE OF SERVICES

The School-Based Mental Health Services program shall minimally include:

- a. The Organization shall work with identified elementary, middle, high and alternative high schools and their staff including school counselors, psychologists, social workers and other resources available at the school.
- b. The Organization shall ensure mental health services include mental health evaluation and counseling.
- c. The Organization shall employ appropriate staff to include, but not limited to, the following:
 - i. School Based Mental Health Provider will be professionally licensed (LPC, LCSW, LMHC, LPCC, LCMHC, Licensed Psychologist) to provide mental and behavioral health services in the state of Wyoming. This individual will be employed full-time to provide these services during hours when school is in session, and may run under a modified schedule during summer and seasonal breaks.
 - ii. Mental Health Aide will support the School Based Mental Health Provider in coordinating care for the applicable student population. Common duties may include patient support, scheduling, registration, application assistance, referrals, and appointment facilitation.
 - iii. Medical Biller and Coder will support the maximization of grant resources. This position will utilize the student's primary insurance to submit for reimbursement.

This position will also ensure the care being received by the patient is coded applicably and that industry standards are being met. Reimbursement for uninsured students will mirror the fee schedule of Wyoming Medicaid. This position will coordinate with the school based mental health provider to support process improvements in billing and coding.

- d. The Organization shall develop strategies to meet the following goals:
 - i. Provide mental and behavioral health counseling and support services to youth of varying age ranges in a school setting;
 - ii. Collaborate with school personnel to develop and maintain a process for referrals and ongoing services;
 - iii. Collaborate and consult with school personnel to improve understanding of the signs that may indicate a need for behavioral health intervention; and
 - iv. Work with the schools to obtain and maintain confidential space to provide regularly scheduled services.
- e. The Organization will coordinate with the schools to provide services to students in a confidential space, while minimally disrupting the educational participation of the student.
- f. The Organization shall work within the confidentiality rules of FERPA (Family Educational Rights and Privacy Act) and HIPAA (Health Insurance Portability and Accountability Act).
- g. The Organization shall participate in regular meetings with School District staff to review this program and address challenges.
- h. The Organization shall notify the School District of changes to the program or to staff within three (3) business days of the adjustment for unexpected changes.
- i. The Organization shall track, document and gather appropriate data of the services and consultation provided.
- j. The Organization shall have the capacity to electronically submit invoices, backup documentation, data and reports.

6. CONTRACT LENGTH

June 1, 2025 through June 10, 2026. Extension for another one year term is possible if additional funding is made available.

7. PROPOSAL REQUIREMENTS

To ensure that all information provided is properly evaluated, please organize and label proposals in the structure provided below (7A, 7B, 7C, etc.). Proposals shall include, at a minimum, the following:

- a. Experience: Please provide a narrative summary of:
 - i. Your Organization's experience working with youth with mental and behavioral health concerns, and working with schools and/or school districts.
- b. Personnel: Describe the staff and resources you would utilize to meet the requirements of this Contract. Please include an estimate of the hours staff will be working at each school. What is your organization's plan to avoid service disruptions in the event of staff turnover or other unforeseen events?
- c. Budget: Please complete and include the proposed budget.
- d. Legal Action: Disclose any current or recent (within past five years) legal action in progress or taken against the Organization or employees.

e. Federally Qualified Health Centers (FQHC) may receive five points toward the evaluation score.

8. EVALUATION CRITERIA

		Points
A.	Experience	30
B.	Personnel	25
C.	Budget	35
D.	Legal Action	Y or N 5
E.	Completed RFP Form	5
	TOTAL FQHC	100 +0-5

9. PROPOSAL EVALUATION

- a. The School District will evaluate proposals using the criteria set forth in Section 7 of this RFP. The School District reserves the right, in its sole discretion, to reject all proposals, waive informalities and irregularities in responses, or not award.
- b. The School District may choose to interview one or more of the proposers or issue Best and Final Offers to the highest rated proposer.
- c. The School District reserves the right to award a contract to the single highest rated proposer without proceeding to interviews.

10. RFP QUESTIONS/CONTACT

a. Questions must be in written form, by email. Questions shall be submitted to Adrienne Cronebaugh, Community Mental Health Coordinator by email: ascronebaugh@pcsd1.org no later than 3:00 on April 3, 2025. Responses to vendor questions will be provided by email not later than 3:00 PM MST April 4, 2025.

Park County School District #1

SCHOOL BASED MENTAL HEALTH SERVICES REQUEST FOR PROPOSALS FORM

Vendor Information:

Phone#: Please provide two school references: School #1: Contact Person: Phone #: School #2: Contact Person: Phone#: Submitted By: Firm Name: Address: City/State/Zip:	Company Name:
7a. Experience: 7b. Personnel: 7c. Budget: 7d. Legal Action: 7e. FQHC Status (Yes or No): If any work will be subcontracted, please list any subcontractors and what will be handled by them. Name and title of company representative who will be responsible for working with the schools: Phone#: Please provide two school references: School #1: Contact Person: Phone #: School #2: Contact Person: Phone#: Submitted By: Firm Name: Address: City/State/Zip: Phone: Firm Sax Number: Email: Representative's Name: Representative's Title: Authorized Signature:	Company website:
7b. Personnel:	Proposal:
7c. Budget: 7d. Legal Action: 7e. FQHC Status (Yes or No): If any work will be subcontracted, please list any subcontractors and what will be handled by them. Name and title of company representative who will be responsible for working with the schools: Phone#: Please provide two school references: School #1: Contact Person: Phone #: School #2: Contact Person: Phone#: Submitted By: Firm Name: Address: City/State/Zip: Phone: Email: Representative's Name: Representative's Title: Authorized Signature:	7a. Experience:
7d. Legal Action: 7e. FQHC Status (Yes or No): If any work will be subcontracted, please list any subcontractors and what will be handled by them. Name and title of company representative who will be responsible for working with the schools: Phone#: Please provide two school references: School #1: Contact Person: Phone #: School #2: Contact Person: Phone#: Submitted By: Firm Name: Address: City/State/Zip: Phone: Email: Representative's Name: Representative's Title: Authorized Signature:	7b. Personnel:
7e. FQHC Status (Yes or No): If any work will be subcontracted, please list any subcontractors and what will be handled by them. Name and title of company representative who will be responsible for working with the schools: Phone#: Please provide two school references: School #1: Contact Person: Phone #: School #2: Contact Person: Phone#: Submitted By: Firm Name: Address: City/State/Zip: Phone: Email: Representative's Name: Representative's Title: Authorized Signature:	7c. Budget:
If any work will be subcontracted, please list any subcontractors and what will be handled by them. Name and title of company representative who will be responsible for working with the schools: Phone#: Please provide two school references: School #1: Contact Person: Phone #: School #2: Contact Person: Phone#: Submitted By: Firm Name: Address: City/State/Zip: Phone: Fax Number: Email: Representative's Name: Representative's Title: Authorized Signature:	7d. Legal Action:
Name and title of company representative who will be responsible for working with the schools: Phone#: Please provide two school references: School #1: Contact Person: Phone #: School #2: Contact Person: Phone#: Submitted By: Firm Name: Address: City/State/Zip: Phone: Email: Representative's Name: Representative's Title: Authorized Signature:	7e. FQHC Status (Yes or No):
Phone#: Please provide two school references: School #1: Contact Person: Phone #: School #2: Contact Person: Phone#: Submitted By: Firm Name: Address: City/State/Zip: Phone: Fax Number: Email: Representative's Name: Representative's Title: Authorized Signature:	If any work will be subcontracted, please list any subcontractors and what will be handled by them.
Phone#: Please provide two school references: School #1: Contact Person: Phone #: School #2: Contact Person: Phone#: Submitted By: Firm Name: Address: City/State/Zip: Phone: Fax Number: Email: Representative's Name: Representative's Title: Authorized Signature:	
School #1: Contact Person: Phone #: School #2: Contact Person: Phone#: Submitted By: Firm Name: Address: City/State/Zip: Phone: Email: Representative's Name: Representative's Title: Authorized Signature:	
Contact Person:	
Phone #: School #2: Contact Person: Phone#: Submitted By: Firm Name: Address: City/State/Zip: Phone: Email: Representative's Name: Representative's Title: Authorized Signature:	·
Contact Person: Phone#: Submitted By: Firm Name: Address: City/State/Zip: Phone: Fax Number: Email: Representative's Name: Representative's Title: Authorized Signature:	School #1:
Contact Person: Phone#: Submitted By: Firm Name: Address: City/State/Zip: Phone: Fax Number: Email: Representative's Name: Representative's Title: Authorized Signature:	School #1:Contact Person:
Submitted By: Firm Name: Address: City/State/Zip: Phone: Email: Representative's Name: Representative's Title: Authorized Signature:	School #1: Contact Person: Phone #:
Firm Name: Address: City/State/Zip: Phone: Email: Representative's Name: Representative's Title: Authorized Signature:	School #1:
Address: City/State/Zip: Phone: Fax Number: Email: Representative's Name: Representative's Title: Authorized Signature:	School #1:
Address: City/State/Zip: Phone: Fax Number: Email: Representative's Name: Representative's Title: Authorized Signature:	School #1:
City/State/Zip: Phone: Email: Email: Representative's Name: Representative's Title: Authorized Signature:	School #1:
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Representative's Name:	School #1:
Representative's Name:	School #1:
Authorized Signature:	School #1:
Authorized Signature:	School #1:
Date: Email:	School #1:
	School #1: Contact Person: Phone #: School #2: Contact Person: Phone#: Submitted By: Firm Name: Address: City/State/Zip: Phone: Email: Email: Representative's Name: Representative's Title:

SEALED PROPOSAL SHOULD SENT TO PARK COUNTY SCHOOL DISTRICT #1, ATTN: ADRIENNE CRONEBAUGH, 160 N EVARTS ST, POWELL, WY 82435, AND SHOULD BE TITLED "RFP SCHOOL BASED MENTAL HEALTH SERVICES." RECEIVED BY PCSD#1 NO LATER 1:00 P.M. MST, April 17, 2025.