

Families, Education, Preschool, and Promise Levy Youth Mental Health Therapeutic Services Request for Proposals

This is a competitive Request for Proposals (RFP) from the City of Seattle Department of Education and Early Learning (DEEL).

Funding Contingency

Funding awards and contract execution under this RFP are contingent upon approval of the 2025 Families, Education, Preschool and Promise (FEPP) Levy Implementation and Evaluation Plan by Seattle City Council and the availability of appropriated FEPP Levy funds. DEEL reserves the right to modify, delay, or cancel awards based on Council action or changes to available funding. DEEL will not provide individual notice of changes, and applicants are responsible for regularly checking the DEEL funding webpage for updates, clarifications, or amendments.

SUMMARY OF OPPORTUNITY

Purpose of RFP

This RFP seeks proposals from providers to deliver mental health services to Seattle youth. Youth Mental Health investments are designed to improve the mental wellness of Seattle youth to support improved education outcomes and career readiness. This investment is part of the City's Families, Education, Preschool, and Promise (FEPP) Levy to expand access to high-quality, culturally responsive Therapeutic Services. Therapeutic Services include mental and behavioral health clinical supports.

Who you will serve

DEEL is investing in clinical therapeutic mental health services and supports for Seattle secondary students and/or youth ages 13-24 who live and/or attend school in Seattle, including opportunity youth whose education has been interrupted to support their return to school and/or career.

Funding Amount

- Total funding available: \$1M
- Funding for two service tracks (see page 4)
- Expected awards: At least -
 - 1 Universal Access Provider (virtual care, low barrier access to therapeutic services)
 - 1 Specialized Services Provider (hybrid care, specialized therapeutic services to priority youth populations)
- Contract length: 1st September 2026 – 31st August 2027
- Funding amount per provider: Based on proposals and contract negotiations. DEEL anticipates awarding up to \$830,000 towards Universal Access Provider(s) and \$170,000 towards Specialized Services providers(s).

Key Dates

- RFP opens: May 18, 2026
- Application deadline: June 12, 2026
- Awards announced: July 7, 2026
- Contract start: September 1, 2026

Table 1. Eligibility & Partnership Requirements

To select your service track, see descriptions in Section 3, pages 4-5, and Table 2: Two Funding Track

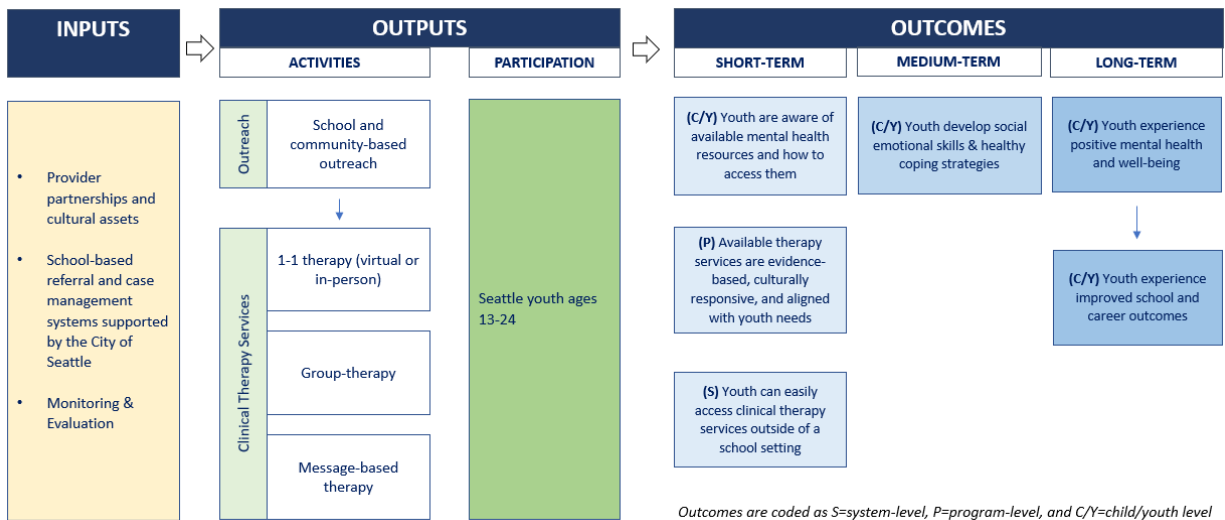
All Providers – Track 1 Universal Access and Track 2 Specialized Services		
Minimum Eligibility Requirements	<ul style="list-style-type: none"> Services may be delivered by community-based organizations, health agencies, and/or private companies with expertise in therapeutic supports, mental health, and/or behavioral health services. Provider must deliver therapeutic and behavioral health services through licensed clinicians to provide services in Washington State. Provider must maintain city and state insurance, licensing, privacy, confidentiality, and regulatory requirements. Provider must have systems in place to protect confidential client information and comply with all applicable privacy laws – see Appendix B, page 15. Current DEEL providers may apply, provided they meet the minimum eligibility requirements. 	
Funded Activities and Outputs	<ul style="list-style-type: none"> Direct clinical therapeutic services (individual and/or group therapy) Intake, assessment, and treatment planning Ongoing therapy sessions based on youth need Youth engagement through outreach and referral partnerships Coordination with schools, providers, and community partners 	
Required Dosage	<ul style="list-style-type: none"> Minimum of one session per month Frequency and duration of therapeutic services customized to participant need according to industry standards for evidence-based care 	
	Track 1 Universal Access	Track 2 Specialized Services
Quality Indicators	<ul style="list-style-type: none"> Provide rapid access (within 24–48 hours match with therapist) Strong conversion from registration or intake to meaningful therapeutic engagement % satisfied with service 	<ul style="list-style-type: none"> Demonstrate reach and effective service model to priority populations % satisfied with service
Service Target	<ul style="list-style-type: none"> Universal access for all Seattle youth ages 13-24 who live and/or attend school in Seattle Service target 2500 youth served annually 	<ul style="list-style-type: none"> Increased access to priority youth populations Service target minimum to be set during contract and will be commensurate with award

Apply + Questions

- Apply via Submittable Link: [Apply Here](#)
- Questions: Send to DEELFunding@seattle.gov with subject line: “Question: Youth Mental Health Therapeutic Services RFP” before June 9th 2026

1. ABOUT THIS INVESTMENT

Therapeutic Services increase access to high-quality, culturally responsive clinical care and improve the short-term, medium-term, and long-term mental health outcomes for participating youth.



2. SERVICES AND PRIORITY POPULATIONS

Providers must serve Seattle secondary students and/or youth ages 13-24 who live and/or attend school in Seattle. This funding supports programs that:

1. Provide direct clinical therapeutic services (individual and/or group therapy), including Intake, Assessment, and Treatment planning
2. Reduce barriers to accessing care
3. Expand service access for underserved youth populations
4. Deliver culturally responsive care aligned with youth needs
5. Conduct youth engagement through outreach and referral partnerships
6. Coordinate with schools, providers, and community partners to improve referral pathways and streamline service delivery

A key objective in expanding access to Therapeutic Services for Seattle youth is to ensure availability of culturally and linguistically responsive services for populations where local need and underreach are evident. DEEL conducted a needs analysis and landscape assessment (see Needs Assessment document on DEEL Funding Opportunity website) and identified several youth populations in Seattle who underutilize mental health services and may experience disproportionate barriers to accessing services, including gaps in culturally responsive and linguistically appropriate care.

Needs Assessment data indicates that immigrant and refugee youth, such as Ukrainian and Somali youth¹, as well as students who speak a primary language other than English, are underrepresented in current Therapeutic Services participation relative to their share of the youth population in Seattle. This reflects broader systemic barriers such as language access, stigma, lack of culturally responsive providers, and limited trust in systems.

Foster youth are also identified as a priority population in the Needs Assessment due to significantly elevated behavioral health needs. While many foster youth are covered through Medicaid and connected to state systems, this coverage does not fully address challenges related to access, coordination, and continuity of care — particularly during transition-age years, when youth face increased risk of adverse outcomes such as housing instability.

Based on the Needs Assessment findings, DEEL is seeking applications from providers with a demonstrated history of effectively serving:

- Immigrant and refugee youth
- Youth who speak a primary language other than English
- Foster youth
- BIPOC youth served at low rates and/or underserved relative to their share of the youth population in Seattle by current community-based therapeutic services
 - Hispanic/Latinx
 - Native Hawaiian/Pacific Islander
 - American Indian/Alaska Native
 - North African/Middle Eastern youth

3. TWO FUNDING TRACKS

Apply only to 1 track. This RFP has two service tracks. Applicants must select which service track to apply for based on the Provider Description and Service Format below, page 5, Table 2. The two service tracks are designed to offer complementary approaches to service delivery to meet the diverse needs of Seattle youth.

Track 1: The Universal Access track requires a virtual-only model to ensure low-barrier, rapid access to care at scale. Virtual delivery allows youth to connect quickly, from any location, with minimal intake requirements, making it an effective entry point for broad populations of youth seeking support.

Track 2: The Specialized Services track allows for in-person, virtual, and hybrid service delivery to better support youth who may not be effectively reached through virtual-only models. Evidence and local experience indicate that some youth benefit from localized culturally specific responsiveness, relationship-based, and higher-touch care that may be more effectively delivered through in-person or hybrid

¹ The current data shows that immigrant and refugee youth and families may be underserved more broadly, and Somali and Russian/Ukrainian-speaking communities are two examples of groups that may not be well reached through current Therapeutic Services investments

approaches. Hybrid models also allow providers to tailor care to youth preferences and clinical needs, which is associated with stronger engagement and outcomes.

This dual approach reflects a system design that prioritizes both broad access and equitable engagement, ensuring that all youth can connect to services in ways that meet their needs.

Table 2. Two Funding Tracks

Service Track	Provider Description	Service Format
<p>Track 1: Universal Access</p>	<ul style="list-style-type: none"> • A high-capacity provider that can deliver low-barrier, virtual therapeutic services to Seattle youth ages 13–24, with rapid access, simple enrollment, and the ability to serve youth at scale. • This track is intended to function as the universal entry point for youth seeking therapeutic support. 	<ul style="list-style-type: none"> • To support the goal of low barrier access, the Universal Access provider must offer virtual services only.
<p>Track 2: Specialized Services</p>	<ul style="list-style-type: none"> • A Specialized Services provider that can deliver therapeutic services to youth in secondary school, and/or youth up to age 24, in ways that are culturally specific and responsive, relationship-based, and accessible to youth populations that may not be effectively reached through universal virtual access alone. • This track is intended to expand access for youth who benefit from local context, in-language care, higher-touch engagement, and stronger community trust. • DEEL encourages applications from organizations with strong relationships with youth impacted by systemic inequities (BIPOC youth; immigrant/refugee youth; foster youth), including those seeking to build or expand therapeutic service capacity through hiring, partnerships, or phased implementation, with plan to begin service delivery with licensed clinicians by September 1, 2026 and meet service targets within SY26-27. 	<ul style="list-style-type: none"> • Specialized Services may be offered in person, virtually, or through hybrid models.

4. WHAT ARE WE LOOKING FOR

Scoring Approach Across Tracks

Scoring criteria (see page 10, Section 7.2 below) differs across the two service tracks to reflect the distinct roles each track plays within the overall system.

The Universal Access track is designed to function as a high-capacity, low-barrier entry point, and is evaluated on its ability to deliver services at scale, provide rapid access (i.e. connection within 24–48 hours), and drive meaningful engagement across a broad population of youth. Rapid access is prioritized in this track to reduce barriers at the point of entry and ensure youth can quickly connect to care when they are ready to seek support.

The Specialized Services track is designed to expand access for youth who may not be effectively reached through virtual-only models and is evaluated on the ability to deliver culturally and linguistically responsive, relationship-based, and higher-touch care for priority populations. While timely access remains important, this track prioritizes trust-building, cultural alignment, and sustained engagement, which may require more flexible intake, outreach, and engagement approaches that are not always compatible with rapid, standardized access timelines.

All providers across both tracks are expected to deliver high-quality, culturally responsive, and evidence-informed therapeutic services. Scoring reflects differences in service model and the specific outcomes each track is designed to achieve.

5. CONTRACTING REQUIREMENTS AND ONGOING RESPONSIBILITIES

If selected, you are committing to meet the following expectations.

5.1. Minimum Service Standards

Minimum standards for model of care:

Standardized Service Units

To ensure consistency across providers and service models, DEEL will use standardized definitions for service units. These definitions will apply across both Universal Access and Specialty Services providers, including virtual, in-person, and hybrid services.

A youth is considered “**served**” when they meet the following minimum engagement threshold:

- Completed intake, AND
- At least one completed clinical session (live or messaging equivalent/group or 1:1)

Defined Service Units

1. Intake

- Completion of intake, assessment, and initial service plan
- May include screening tools, risk assessment, and service matching

2. Therapy Session

A therapy session is defined as:

- A live clinical interaction (in-person or virtual/ group or 1:1), OR
- A messaging-based interaction that meets a defined clinical threshold

Minimum standards for providers who offer messaging-based services

Requirements for Messaging-Based Services

To ensure consistency across service delivery models, providers offering asynchronous or messaging-based therapeutic services must demonstrate how these interactions meet equivalent clinical value to a standard therapy session. Providers offering messaging-based or asynchronous services must:

- Define a clear methodology for converting messaging interactions into **session-equivalent units to ensure comparability across providers**
- Demonstrate that messaging interactions:
 - Reflect clinically meaningful engagement from a licensed provider
 - Include therapeutic intervention by a licensed clinician
 - Occur over a defined time period or interaction threshold

Approval and Standardization

- All session equivalency methodologies must be reviewed and approved by DEEL during contracting

Care Coordination & Referral Capacity

Providers must demonstrate a clear process for identifying youth who require additional or higher levels of mental health support beyond the services provided, and for connecting those youth to appropriate, no-cost youth mental health resources offered by the City. This includes timely assessment, informed referral pathways, and coordination with other City-funded providers or systems when additional or higher levels of care are needed.

5.2. Pre-contract Requirements (see Appendix A for detailed requirements).

Selected providers must be able to meet all City contracting requirements prior to contract start including Business licensing and registration, Insurance requirements, etc.

5.3. Reporting (see Appendix B for detailed requirements)

Contracted providers will be required to report data on implementation, service quality, and outcomes on a quarterly basis, including measures in the following categories:

- Participant demographics and service levels
- Provider demographics
- Service modalities and dosage
- Service quality and outcomes, including participant survey and measures of retention and clinical outcomes

5.4. Program Monitoring and Continuous Quality Improvement

DEEL uses a Continuous Quality Improvement (CQI) process to support early problem-solving, clear expectations and shared learning with providers. CQI means that DEEL and providers set goals together and regularly review progress to make sure services stay strong and improve over time.

CQI Approach

Upon contracting, selected providers will work with DEEL to establish implementation and performance targets. Key performance indicators for target setting may include:

- Target # of participants by the end of one year
- Target monthly service volume (supported by outreach plan and budget)
- Retention (low attrition rate or minimum # of sessions) based on provider service model
- Participant satisfaction and/or reported positive benefit from service
- % of participants served from target population

During the implementation period, providers will participate in the following engagement and reflection activities with DEEL to support shared problem solving as needed to maintain progress toward goals.

- Host two DEEL site visits annually
- Participate in minimum of two data reflection meetings with DEEL annually: Data reflections include discussing progress on key implementation and performance benchmarks, addressing any implementation barriers, and developing CQI goals or performance improvement plans as applicable.
- Use data to improve service delivery and quality according to targets and CQI goals developed with DEEL

Provider engagement & supports

DEEL will support providers to strengthen outreach, coordination, and service delivery through structured systems and ongoing engagement. DEEL will work with providers to:

- Improve referral pathways and coordination across providers, including more standardized and streamlined approaches to intake, triage, and school-based referrals.
- Strengthen connections to existing networks (e.g., SPS, SBHCs, community partners) to improve clarity for youth and families on how to access services.
- Support cross-provider collaboration, including opportunities for providers to share information, coordinate services, and make warm handoffs when a youth is not a good fit.
- Provide guidance on outreach and engagement strategies, including improving access points and reaching priority populations.
- Implement CQI support, including regular check-ins, data review, and problem-solving to address access, engagement, and service delivery challenges.

6. FUNDING AND PAYMENT

- Total funding available: \$1M
- Funding for 2 service tracks (see page 4)
- Expected awards: At least -
 - 1 Universal Access Provider (virtual care, low barrier access)

- 1 Specialized Services Provider (hybrid care, specialized services to priority youth populations)
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Performance-based Contracting

DEEL uses performance-based contracting to ensure that public dollars are directly tied to measurable improvements in the lives of families and youth. Rather than focusing solely on compliance or outputs, DEEL's contracts prioritize outcomes, such as increased access to high-quality preschool, improved academic achievement, or stronger family supports, that reflect the communities' priorities and values. By linking funding to demonstrated results, performance-based contracting creates accountability, encourages innovation among providers, and helps ensure that public investments lead to meaningful, equitable change for children, youth, and families across the city.

Contracts with DEEL may include base payment and performance payment. Base payment is the minimum payment a provider will receive and is typically most of the contract payment. This minimum payment is tied directly to reporting and continuous quality improvement described in section 5.4 (page 8) as well as achieving minimum service standards outlined in section 5.1 (page 6).

Performance payment will be tied to 1-2 targeted performance measures of output and/or outcomes outlined in section 5.4 (page 8). Payment is made in proportion to the target achieved with performance targets.

7. EVALUATION AND SCORING

7.1. Evaluation Process

1. Eligibility Review

Applicants are responsible for reviewing the eligibility criteria (see Table 1. Eligibility on page 2) before applying and must indicate that they meet all criteria at submission. DEEL will review applications to confirm that eligibility requirements are met. Applications that DEEL determines do not meet the eligibility criteria will not proceed to further review. If DEEL determines an application does not meet the eligibility criteria, the proposer will be notified in writing.

2. Review Panel

Eligible applications will be reviewed by a review panel. Proposals will be assessed through the lens of the priority criteria for each funding track. The review panel will score and rank proposals from highest to lowest. Application scores and review panel discussions will inform review panel recommendations for funding awards.

3. Final Decision

DEEL will consider the standardized scoring based on application of the scoring rubric, review panel recommendations, FEPP Levy investment alignment, and other department priorities such as applicant capacity, performance, and alignment with levy outcomes. Final decisions regarding selection of proposals will be made by the DEEL Director based on these factors. DEEL will notify each applicant of the decision. Notice of selection does not guarantee funding or award of agreements. Funding is conditioned upon successful completion of contract negotiation as outlined in Section 4 and compliance with the requirements in Appendix A.

4. Contract Negotiation

If a proposal is selected for funding, the authoring organization should be prepared to collaborate with DEEL to finalize a workplan based on their submitted proposal, which will be incorporated into the final contract. These aspects may include, but are not limited to, the amount of funding, proposed programming and/or services, program participation, and performance measures.

5. DEEL Reserved Rights

DEEL reserves all rights not expressly stated in the RFP, including the right to reject all proposals and cancel the RFP, award partial funding, and negotiate with any proposers regarding the amount of funding and other terms of any contract resulting from this RFP. DEEL also reserves the right, but not the obligation, to waive immaterial defects in any proposal and to seek clarification from a proposer. If DEEL and any funding candidate selected under this RFP are unable to come to agreement on a final contract, DEEL may, in its discretion, choose not to provide funding or choose to select the next highest ranked candidate for contract negotiation.

7.2. Scoring Criteria for Review Panel Consideration

Universal Access Provider

Scoring category	Points
Experience & Model of Care	20
Capacity	40
Outreach & Engagement Approach	15
Priority Population Strategy	15
Evidence of Service Quality & Outcomes	10
Total Points	100

Category	Points	What a strong applicant looks like
Experience and Model of Care	20	<ul style="list-style-type: none"> • Describes a clear existing or planned model that incorporates processes for intake, assessment, treatment planning and multiple therapy sessions based on youth needs • Model of care meets DEEL minimum standards • Model links strategies to evidence-based practices • Applicant demonstrates strong evidence of experience providing youth therapeutic supports

Capacity	40	<ul style="list-style-type: none"> Provides clear projected service levels and demonstrates current capacity and/or concrete plan for expanding capacity to meet that service level with DEEL funding Ability to serve high demand: Can serve large numbers of youth and increase therapist capacity as demand grows Timeliness: Can consistently match youth with a therapist within 24-48 hours of intake Budget supports feasible implementation at projected service levels and alignment with service model Demonstrates administrative capacity/systems to collect and report client data and handle referral and intake process
Outreach and Engagement approach	15	<ul style="list-style-type: none"> Has a strong plan to market available services and expand enrollment to meet projected service levels, including evidence of existing relationships and/or planned partnerships Describes clear strategies to reach youth, enroll them, and keep them engaged in services Evidence of intake process that is straightforward and easy for youth to understand and navigate
Priority Population Strategy	15	<ul style="list-style-type: none"> Evidence of service levels across a range of age groups, racial, and linguistic backgrounds Evidence of service strategies (including clinical approaches, outreach, relationship-building, etc.) designed to reach target populations Can describe specific results/relationships with priority communities
Evidence of service quality and outcomes	10	<ul style="list-style-type: none"> Provides data or evidence showing youth benefit from services Evidence of ability to maintain sustained relationships with youth in care
Total Points	100	

Specialized Services Provider

Scoring category	Points
Experience & Model of Care	20
Capacity	15
Outreach & Engagement Approach	15
Focus Population Strategy	40
Evidence of Service Quality & Outcomes	10
Total Points	100

Category	Points	What a strong applicant looks like
Experience and Model of Care	20	<ul style="list-style-type: none"> • Describes a clear existing or planned model that incorporates processes for intake, assessment, treatment planning and multiple therapy sessions based on youth needs • Model of care meets DEEL minimum standards • Model links strategies to evidence-based practices • Applicant demonstrates evidence of experience providing youth therapeutic supports
Capacity	15	<ul style="list-style-type: none"> • Provides clear projected service levels and demonstrates current capacity and/or concrete plan for expanding capacity to meet that service level with DEEL funding • Timeliness: Can schedule youth for their 1st appointments quickly after referral or intake (<1 week from referral/intake) • Budget supports feasible implementation at projected service levels and alignment with service model • Demonstrates administrative capacity/systems to collect and report client data and handle referral and intake process
Outreach and Engagement Approach	15	<ul style="list-style-type: none"> • Describes clear strategies to reach youth, enroll them, and keep them engaged in services • Demonstrates existing partnerships for referrals and youth outreach • Evidence of intake process that is straightforward and easy for youth to understand and navigate
Priority Population Strategy	40	<ul style="list-style-type: none"> • Describes specific priority population(s) they are positioned to serve and demonstrates knowledge about need for mental health supports within the priority populations served • Evidence of service strategies (including clinical approaches, outreach, relationship-building, etc.) that are explicitly designed to reach target populations. • As applicable, demonstrates cultural and linguistic fit with priority population described (has staff who reflect the communities served, speak the languages of youth and families, have aligned lived experience, and provide care in ways that fit the culture of the community) • Can describe specific results/relationships and/or current service levels with priority communities
Evidence of service quality and outcomes	10	<ul style="list-style-type: none"> • Provides data or evidence showing youth benefit from services • Evidence of ability to maintain sustained relationships with youth in care
Total Points	100	

8. APPLICATION PROCESS

Submit your application through Submittable: [Apply Here](#)

Important notes

- By submitting an application, you are confirming that you have reviewed the entire RFP and understand its contents. Questions or concerns about the RFP content, scoring, or award process must be submitted to DEEL by the Deadline for Questions in Section 9 below.
- Applications must be submitted by the deadline. Late applications will not be accepted as Submittable portal automatically closes.
- Questions must be submitted via email to DEELfunding@seattle.gov. Include “Question: Youth Mental Health Therapeutic Services RFP” in the subject line.

Information Sessions

You can watch a pre-recorded Information Session and join 2 Information Session workshops to help you understand this RFP and how to use the application portal Submittable. See the **Detailed Timeline** section below for dates.

All materials and updates will be posted on DEEL’s Funding Opportunities webpage (link). Please check the webpage regularly for updates or changes.

9. DETAILED TIMELINE

Event	Date(s)
RFP opens	Monday, May 18 th , 2026
RFP Information Session Pre-recording Posted	Coming soon
Information Sessions	Wednesday, May 27 th and Wednesday, June 3 rd , 2026
Last Day to Submit Questions	Tuesday, June 9 th , 2026
Application Deadline	Friday, June 12 th , 2026
Application Review & Scoring & Deliberation Period	Tuesday, June 16 th , - Friday June 26 th , 2026
Award Notification	Tuesday, July 7 th , 2026
Contract Start	Tuesday, September 1 st , 2026

10. APPENDICES

Appendix A — Requirements to contract with the City

Contracting Readiness

Selected providers must meet all City of Seattle contracting requirements before a contract can begin. Common barriers for new providers include Sexual Abuse and Molestation insurance. Please review **Appendix A** before applying. Failure to meet these requirements 2 weeks before contract start date (expected 1st September) may delay or prevent contracting.

Successful applicants will enter a contract for services with the City of Seattle and will need to adhere to the following contractual conditions. Conditions may be amended, or additional requirements may be included during the contract negotiation process.

DOCUMENTATION

Applicants selected for funding **must** submit the following documents to DEEL:

- 1. Business license numbers.** The contracting organization must meet all licensing requirements that apply to its organization. The contracting organization must license, report and pay revenue taxes for the Washington State Business License (UBI#) and Seattle Business License, if they are required by the laws of those jurisdictions. For more information: <http://www.seattle.gov/licenses/get-a-business-license>
- 2. Recently signed W-9 form.** The contracting organization must have a Federal Tax ID number/employer identification number (EIN) to facilitate payments from the City of Seattle to the provider.
- 3. An ACORD certificate of insurance and Additional Insured Endorsement** or Blanket Policy Wording showing the City of Seattle as an additional insured.

Maintain the following insurance coverage, at a minimum:

- **Business license numbers.** The contracting organization must meet all licensing requirements that apply to its organization. The contracting organization must license, report and pay revenue taxes for the Washington State Business License (UBI#) and Seattle Business License, if they are required by the laws of those jurisdictions. For more information: [Business Licenses - City Finance | seattle.gov](http://www.seattle.gov/licenses/get-a-business-license)
- **Recently signed W-9 form.** The contracting organization must have a Federal Tax ID number/employer identification number (EIN) to facilitate payments from the City of Seattle to the provider. Link to form - <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- **An ACORD certificate of insurance and Additional Insured Endorsement** or Blanket Policy Wording showing the City of Seattle as an additional insured.
- **Maintain the following insurance coverage, at a minimum:**
 - a. **Commercial General Liability (CGL)** or equivalent insurance including coverage for: Premises/Operations, Products/Completed Operations, Personal/Advertising Injury, Contractual and Stop Gap/Employers Liability (coverage may be provided under a separate policy). Minimum limit of liability shall be:

- i. \$1,000,000 each occurrence Combined Single Limit bodily injury and property damage (“CSL”)
 - ii. \$2,000,000 Products/Completed Operations Aggregate
 - iii. \$2,000,000 General Aggregate
 - iv. \$1,000,000 each accident/disease—policy limit/disease—each employee stop gap/Employer’s Liability
 - v. \$1,000,000 Abuse and Molestation required if working with children ages 0-17
 - b. **Automobile Liability insurance** for owned, non-owned, leased or hired vehicles, as applicable, written on a form CA 00 01 or equivalent with minimum limits of liability of \$1,000,000 CSL.
 - c. **Worker’s Compensation insurance** for Washington State as required by Title 51 RCW.
- **Maintain financial and program records, documents, and other evidence** directly related to performance of the work in accordance with Generally Acceptable Accounting Procedures. The City of Seattle, or any of its duly authorized representatives, shall have access to such books, records and documents for inspection, audit, and copying for a period of six (6) years after completion of work.

Appendix B — Privacy Policy Compliance

In addition to the standard City terms established in contracting Supplemental Terms and Conditions, eligible applicants and funding partners for Youth Mental Health Therapeutic Services will:

- Adhere and comply to all local, state, and federal privacy laws, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and Washington’s My Health, My Data law, and any other relevant privacy and security laws that may apply to the services provided under this agreement.
- Have a current privacy policy that is aligned with My Health My Data requirements and HIPAA Notice of Privacy practices
- Include a teen-specific Privacy Policy/Privacy Statement in plain language on virtual telehealth platforms associated with City of Seattle youth mental health services. The City’s Privacy Program can provide assistance as needed to review language.
- Ensure that any use of call recordings be opt-in only for Seattle youth and follow Washington’s two-party consent state law.
- Ensure that there are no marketing pixels or tracking technologies on any page or platform associated with the City of Seattle. All marketing pixels and tracking technologies are strictly prohibited.
- On an annual basis, attest to compliance and compliance actions related to privacy including compliance with all applicable federal and state health data privacy regulations, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and Washington’s My Health My Data Act.
- Inform the City of and allow the City to vet any new platform features that include the use of AI, even if those features are with a small subset of clients and have been deemed HIPAA-compliant.

The City must approve any and all use of AI prior to implementation of the AI, including clinical documentation tools.

Appendix C — Data Reporting Requirements

Provider Reporting Requirements

Data Reporting

Reporting Category	Measures	Data Source
Participant Data		
Participation	# of new participants enrolled per reporting period	Provider administrative data (aggregate)
Demographic characteristics of participants	# of participants by the following subgroups <ul style="list-style-type: none"> • Race/ethnicity • Gender • Age • Primary language spoken at home • Zip code • School attending (as applicable) • (as available) sexual orientation • (as available) immigrant/refugee status • (as available) foster youth status 	
Provider Data		
Demographic characteristics of providers	# of providers in the following categories <ul style="list-style-type: none"> • BIPOC • Able to provide services in language other than English • Other priority demographics determined in contracting 	Provider administrative data (aggregate)
Service Modalities and Dosage		
Service Volume	<ul style="list-style-type: none"> • Monthly # of counseling hours 	Provider administrative data (aggregate)
Modality	<ul style="list-style-type: none"> • # of participants served by treatment modality (virtual, in-person, message-based sessions, 1-1, group, etc.) 	
Service language	<ul style="list-style-type: none"> • # of unique participants receiving services in language other than English (by language) 	
Dosage	<ul style="list-style-type: none"> • Average # of sessions for exited participants 	
Intake window	<ul style="list-style-type: none"> • Average # of days from client intake to therapist match 	
Service Quality and Outcomes		
Participant satisfaction and perceptions of quality	<ul style="list-style-type: none"> • % of participants satisfied with services • % of participants responding positively to questions about provider relationship, trust, and culturally responsive practices 	Participant survey

	<ul style="list-style-type: none"> Participant self-reported outcomes/benefit from services 	
Retention	<ul style="list-style-type: none"> % of participants retained and/or successfully exiting counseling 	Provider administrative & clinical data (aggregate)
Clinical outcomes	<ul style="list-style-type: none"> Average change in PHQ-9, GAD-7, and/or other assessment scores for exited participants 	Provider clinical data (aggregate)

Narrative Reporting

Providers will be asked to submit quarterly narrative reports. Reporting topics may include but are not limited to the following:

- Reflection on general implementation progress and challenges
- Documentation of outreach and engagement activities

Reporting Frequency

- Quarterly (2 weeks after the end of each quarter):
 - Participant Data
 - Service Modalities and Dosage
 - Narrative reporting
- Bi-annually (Quarter 2 and Quarter 4):
 - Provider Data
 - Quality and Outcomes

Schedule

Quarter: Service Period	Provider Reporting
Q3: August – September	October 15
Q4: October – December*	January 15
Q1: January – March	April 15
Q2: April – June	July 15
Q3: July – September	October 15

*Reporting will begin October 15 for contracts executed in August. For Contracts executed in September, any Q3 implementation will be included in January reporting.

Appendix D – Appeals Process and Public Records

APPEALS PROCESS

The Seattle Department of Education and Early Learning (DEEL) will notify applicants in writing of the outcome of the applicant’s proposal submission. Written notification will be sent via email to the email address specified in your application. Any applicant wishing to appeal the decision, including a decision that the proposal does not meet eligibility requirements, must do so in writing within four (4) business days of the email notification of DEEL’s decision. An appeal must clearly state a rationale based on one (or more) of the following criteria only:

- Violation of policies or guidelines established in the RFP process
- Failure to adhere to published criteria and/or procedures in carrying out the RFP process

Appeal Limitations:

- Disagreeing with the outcome alone is not a valid reason to appeal the decision and will not be considered.
- Any appeal that is based on a concern or alleged flaw with the scoring or content of the RFP will be rejected unless the concern was raised by the applicant before the last day to submit questions.
- Failure to appeal within the time required waives the right to appeal.

How to submit an appeal:

- Send your appeal by email to: DEELFunding@seattle.gov with the Subject line: Mental Health Therapeutic Services RFP Appeal

What happens next:

- The DEEL Director (or designee) will review the written appeal. We may request additional information from you if needed. You will receive a written decision from the DEEL Director (or designee) and this decision is final. If DEEL receives a timely appeal of its award decision, DEEL will wait at least one business day after the Director's final decision before executing a contract.

PUBLIC RECORDS

PUBLIC RECORDS The City is a public agency subject to the requirements of the Washington State Public Records Act (RCW Chapter 42.56, the "Act"). Under the Act, applications and documents submitted to the City in response to this RFP, including documents submitted electronically, are public records.

If the City receives a request for public records submitted in response to this RFP, DEEL will release the records unless DEEL determines, in its discretion, that an exemption applies.

DEEL requests that proposers refrain from requesting proposal documents until DEEL provides notice of funding decisions. This is intended to protect the fairness of the evaluation process. With this preference stated, the City will continue to respond to requests in the manner required under the Act. For more information, see the Washington State Legislature's website at Chapter 42.56 RCW: PUBLIC RECORDS ACT (wa.gov). You may also contact DEELFunding@seattle.gov.

Marking Your Records Exempt from Disclosure

If you believe that any of the records you are submitting to DEEL as part of your proposal are exempt from disclosure under the Act, you may request that DEEL notify you before releasing the document(s). To do so you must very clearly identify each document that you believe is exempt and provide the reason at the time you submit the document to DEEL. If DEEL receives a public disclosure request for any records you have clearly marked as exempt, DEEL will notify you in writing of the request. While it is not a legal obligation, DEEL will, as a courtesy, allow you up to ten business days to obtain a court injunction to prevent the City from releasing the records (see RCW 42.56.540). If you fail to obtain a court order within the ten days, the City may release the documents.