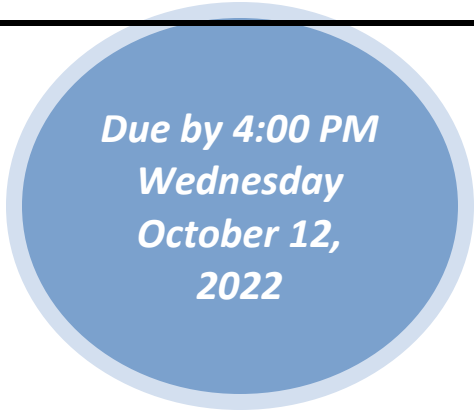


TO: Interested Organizations
FROM: Jefferson County 1/10th of 1 Percent Sales Tax collected for Behavioral Health Programs (Mental Health and Substance Abuse)
DATE: September 21, 2022
RE: Request for Proposals for 2023 and 2024



I. BACKGROUND

In 2005, Washington State legislation sponsored by Senator Hargrove was enacted that authorized Counties to impose a one-tenth-of-one-percent local sales tax to fund new mental health, chemical dependency, and therapeutic court services.

Goals of the Washington State legislation:

1. Reduce negative impacts of mental health and substance abuse on children and families
2. Avoid building more jails and prisons and prevent crime victims
3. Reduce public assistance expenditures and unemployment
4. Reduce homelessness
5. Reduce physical healthcare and emergency room costs
6. Improve recovery and quality of life for those with substance abuse and mental health disorders

The Jefferson County Board of County Commissioners was one of the first in the state to approve the tax in Ordinance No. 08-1003-05, signed October 3, 2005. A Jefferson County Behavioral Health Advisory Committee was formed in order to make recommendations to the Jefferson County Board of Commissioners, (BOCC). The BOCC discusses the recommendations and makes a final decision in an open public meeting.

By enacting this 1/10th of 1 percent sales tax (or Mental Health/Substance Abuse Sales Tax), the County has enhanced its funding for prevention, diversion, and intervention services that maintain, create, or enhance services for youth and adults who are mentally ill, chemically dependent, or who have co-occurring disorders and help contain or divert the growth of the jail’s population.

II. GENERAL INTRODUCTION

The Jefferson County Board of Commissioners is announcing the availability of 1/10th of 1 percent sales tax funds for community grants in 2023 and 2024. This grant opportunity is intended to maintain, create, or enhance local services and programs overseen by the Jefferson County Behavioral Health Advisory Committee.

Note that the awarded funds cannot supplant any other sources of funds or billing currently available for similar services to members of the population under consideration. These funds are not guaranteed to continue at the same rates, nor does the award of this contract guarantee future contracts.

All completed applications received by **4:00 P. M. October 12, 2022** will be reviewed. An RFP Review Panel will evaluate proposals, interview potential Vendors and make funding recommendations to the Behavioral Health Advisory Committee which will in turn make final recommendations to the Jefferson County Board of Commissioners, for their final approval. We reserve the right to modify, reject, or negotiate any proposals submitted with the proposing organization prior to recommendation of funding.

Grants will be awarded for the two-year funding period commencing **January 1, 2023** ending **December 31, 2024**. These are two-year grants with no promise of additional funds. Priorities for future years may change.

III. FOCUS OF RFP

- The Jefferson County 1/10th of 1 percent sales tax fund seeks proposals for services and programs that meet the needs of Jefferson County residents, adhere to the proposal requirements, and criteria described in this document. The County will consider any projects that qualify for 1/10th of 1 percent sales tax funding.
- Funds shall be used for the sole purpose of providing the delivery of substance abuse and/or mental health treatment programs, co-occurring disorder treatment, prevention programs, and for the operation or delivery of therapeutic court programs. Programs and services include but are not limited to treatment services, case management, and housing that are a component of a coordinated substance abuse or mental health treatment program or service (RCW 82.14.460).

IV. PRIORITY FUNDING AREAS

- Proposals must demonstrate fidelity to evidence-based standards. If the proposal is for a promising practice or innovative program, it must include a robust evaluation process. Preference will be given to evidence-based programs that maintain fidelity. Grants will be awarded to organizations submitting proposals that demonstrate an ability to produce results in one or more of the following priority funding areas:
 1. Community-based prevention/treatment in children's centers, school campuses, or in homes for families & children coping with mental illness or substance abuse in a spouse, a parent, a child, or their own.
 2. Reduce the incident and severity of substance abuse and/or mental health disorders while improving the health status and well-being of those Jefferson County residents through treatment of mental illness, substance use disorder, and co-occurring disorders.
 3. Therapeutic courts: coordinate substance abuse & mental health court referrals, family dependency, housing, and other needs including, but not limited to transportation services within juvenile and adult courts.
 4. Divert substance abuse/chemical dependency and mentally ill youth and adults from initial or further criminal justice system involvement.
 5. Jails: coordinate and provide substance abuse/chemical dependency and mental health assessment, counseling, treatment, and referral in the jail. Identification and provision of case management-related needs of inmates (e.g. housing, medical, employment) to follow after incarceration.

V. PROPOSALS MUST MEET THE FOLLOWING REQUIREMENTS:

- Meet the intent of RCW 82.14.460.
- Provide services that are evidence-based or promising practices. (See definitions in Section VIII.)
- If providing treatment services, ensure appropriate clinical oversight with treatment fidelity documentation.
- Able to participate in quarterly evaluation and accountability activities that demonstrate progress towards contracted results.
- Able to enter into a contract with Jefferson County. (See Exhibit D.)

VI. PROPOSALS WILL BE RANKED BASED ON THE FOLLOWING CRITERIA:

1. Linkage with one or more priority funding areas. (See Page 2-Section IV.)
2. Use of evidence-based or promising practices, ability to produce measurable outcomes (to be included on the logic model in Exhibit B) that significantly contribute to the priority funding areas by the end of the two-year period.
3. Ability to collect, record, query, and report on all data related to service delivery and performance measurement, while ensuring data validity and reliability.
4. Ability to leverage other resources through collaboration with other community providers, foundations, and state and federal grantors.
5. Ability to acquire and track other funding sources that are spent on services; to confirm that other funding sources are exhausted prior to the utilization of these funds, as this funding is payer of last resort.
6. Ability to sustain basic levels of service after the conclusion of the grant period.

VII. USE OF 1/10th of 1 Percent Sales Tax FUNDING

Funds **may** be used for the following:

- Costs associated with the purchase of professional expertise and technical assistance.
- Prevention services, screening, staff time, case management, and treatment for substance abuse and/or mental health issues.
- Material or items that remove barriers to participating in the service or that meet the unique needs of participants.

Funds **may not** be used toward any of the following:

- Lobbying.
- Equipment, (there may be an exception for computers.)
- The purchase of staff time, supplies, materials, or anything else that is not directly associated with the service or program described in the proposal.

VIII. DEFINITIONS

The following definitions relate to key terms in this RFP.

Behavioral health

The prevention, treatment of, and recovery from substance abuse, chemical dependency, mental health and/or problem and pathological gambling disorders. (See WAC [388-877-0200](#).)

Clinical Supervision

Regular and periodic activities performed by an appropriate level professional for clinical staff. Clinical supervision includes review of assessment, diagnostic formulation, treatment planning, and progress toward completion of care, identification of barriers to care, continuation of services, authorization of care, and the direct observation of the delivery of clinical care. (See WAC [388-877-0200](#).)

Clinical Supervisor

A licensed mental health or chemical dependency professional who: (1) has documented competency in clinical supervision; (2) is responsible for monitoring the continued competency of each licensed mental health or chemical dependency treatment provider (respectively) in assessment, treatment, continuing care, transfer, and discharge, where monitoring includes a semi-annual review of a sample of the clinical records kept by the CDP; (3) has not committed, permitted, aided or abetted the commission of an illegal act or unprofessional conduct as defined under RCW 18.130.180; and (4) has access to consultation with one of the following professionals who has at least one year's experience in the direct treatment of individuals who have a mental or emotional disorder: a psychiatrist, a physician, or an advanced registered nurse practitioner (ARNP) who has prescriptive authority. (See WAC [388-865-150](#), [388-877A](#), and [388-877B](#).)

Early Intervention

A service or program that occurs early, when initial signs of a problem behavior or issue of concern are detected.

Evaluation and Accountability

Programs or services implemented under the 1/10th of 1% Sales Tax are monitored by Public Health Program staff.

- Grantees will have an evaluation plan with performance measures developed for each funded proposal. This plan is developed in partnership with Public Health Program staff. The emphasis will be on capturing data at regular intervals that can be used to determine whether sales tax funding met expectations. Evaluation efforts focus on standardized data collection and reporting processes to produce the following types of information:
 - Quantity of services (outputs, inputs)
 - Level of change occurring among participants (outcomes)
 - Return-on-investment (system savings)
 - Adherence to the model (fidelity)

Evidence-Based

Programs, services, strategies, activities, or approaches that have been accepted in the field of mental health, substance abuse, therapeutic courts and demonstrate fidelity to evidence-based standards, which have been shown through scientific research and evaluation to be effective at preventing and/or delaying an untoward outcome.

Promising Programs and Best Practice

Programs services, strategies, activities, or approaches that have some scientific research or data showing positive outcomes in delaying an untoward outcome, but do not yet have enough scientific rigor that provides evidence to support generalizable conclusions.

Short-Term Outcome

Precursors to behavior that have been shown to connect to the ultimate behavior that is desired. For this RFP, each proposal must identify at least one of the following types of outcomes and demonstrate change by December 30, 2024.

- Positive change in the attitude, knowledge, skills, or perceptions of those served.
- Positive change in the behavior, or indicators of intent to behave differently among those served.

Treatment Fidelity

The strategies that monitor and enhance the accuracy and consistency of an intervention to ensure it is implemented as designed, and that each component is delivered in a comparable manner to all study participants over time.

IX. ELIGIBLE APPLICANTS

Entities eligible for funding are: 1) private non-profit organizations meeting the statutory requirements under the IRS 501(C)(3) designation; 2) public non-profit organizations; 3) Indian Tribes located within Jefferson County.

All applicants must have established, appropriate financial internal controls and accounting procedures to assure proper disbursement and accounting of funds provided. Applicants failing to meet these requirements will be ineligible for funding. (See certification section on page 10.)

Applicants must have, or be willing to secure, general and professional liability insurance with coverage for the activities of this grant with a minimum occurrence limit of \$1,000,000. Applicants must show evidence of coverage acceptable to the Jefferson County Risk Management Division prior to receiving grant funds.

X. ADDITIONAL INFO

- Completed applications are due no later than **October 12, 2022 at 4:00 p.m.**
- Grantees will be required to submit back-up documentation with monthly billings along with quarterly data. Back-up documentation must include a comparison of outcomes to date with those defined in the proposal, and documentation of outputs on the Logic tables provided by the County. In addition, a yearly program evaluation is required.
- Grantees are expected to use the Client Satisfaction Questionnaire (that will be developed for funded projects), and to ensure completed forms are received quarterly by the County.
- It is expected that there will be considerably more requests for funding than there are funds available. Funding in previous years is no assurance of success in this funding cycle. Funds will be available January 1, 2023.

XI. INSTRUCTIONS

A. PROPOSAL FORMAT

1. Typed, using the application format, answering all questions concisely and completely.
2. Single-spaced, minimum 12-point font.
3. Contents cannot exceed page limits. (See below.)
4. No materials or attachments other than those requested.
5. One electronic copy is to be emailed by the deadline: **October 12, 2022 at 4:00 PM** to amcenery@co.jefferson.wa.us

If any of the items listed below are missing or incomplete, the application will be ineligible for consideration. Late applications cannot be considered.

B. Submit fully completed proposal that includes all of the following:

- Cover letter (no more than one page).
- Application (no more than ten pages). EXHIBIT A
- Logic Model (no more than one page). EXHIBIT B
- Budget Sheet (no more than two pages). EXHIBIT C
- Certification Sheet (one page). EXHIBIT D
- Current Board of Directors roster or equivalent.
- Memorandum of Understanding/Agreement – if more than one organization is submitting a proposal together.
- Copies of Professional licenses.

APPLICATION
Jefferson County 1/10th of 1% Sales Tax
2023/2024 Request for Proposals

Provide a response to all of the following.

Basic Information

Name of service or program:

Amount of \$ requested:

Anticipated service period (from when, to when):

Sales Tax / Priority Funding Area(s):

Name of applicant organization:

Organization address:

Organization representative contact information (including telephone and email):

Proposal Description

Please Note: It is required that you identify the actual persons who will be performing the work and notify Jefferson County in a timely manner of any staffing changes during the period of the contract. JCPH reserves the right to disqualify the consultant awarded this project if that consultant assigns staff to the contract that are not listed in the proposal without the prior notification of qualifications to JCPH. If the work requires a professional license, a copy of the license is required for this RFP.

Linkage with one or more of the Priority Funding Area(s). (See Page 2-Section IV.)

1. Which priority funding area(s) does your service link up to? Please describe that linkage.
2. What is the population you intend to serve, and what is that population's unmet need or gap in services you propose to address with the grant funding?
3. How will you clinically determine whether an individual has a mental health or chemical dependency disorder, and whether the person is receiving treatment prior to providing services that are components of a coordinated treatment plan for that person?
4. Based on your logic model in Exhibit B, how will providing your service significantly contribute to the priority funding area(s)?
5. If you will provide treatment services, then how will you ensure appropriate clinical supervision with treatment fidelity documentation?
6. How many people in Jefferson County are in need of the service(s) you propose to fund with the grant, and what method are you using to estimate that number?
7. Of those in Jefferson County who need the service(s), how many will you serve between January 1, 2023 and December 31, 2024?

Ability to collect, record, query and report on all data related to service delivery and performance measurement, while ensuring data validity and reliability.

8. What are your data sources and collection methods, and how do you ensure quality is correctly collected and recorded?
9. What methods do you currently use to query and report program data to ensure information is reported in a timely, complete, accurate manner?

Ability to collaborate with other community providers.

10. With which other community providers are you currently collaborating, and what resources are you leveraging through those relationships?
11. If you are not currently collaborating with community partners, how do you propose to leverage those resources?

Ability to leverage other resources

12. What is your ability to acquire and track other funding sources that are spent on services; to confirm that other funding sources are exhausted prior to the utilization of these funds, (as the 1/10th of 1% funding is payer of last resort).

Ability to sustain basic levels of service after the conclusion of the grant period.

13. What is the general purpose of your organization? Briefly describe what other services your organization currently offers in the community.
14. If your organization does not receive this grant, then what level of service will you be able to provide to the target population?
15. What is your organization's plan to secure other funding for this service during the grant period and after the grant concludes?

Evidence-Based Programs:

The Jefferson County Behavioral Health Advisory Committee (BHAC) is committed to supporting programs and organizations who use Evidence-Based programs that have been accepted in the field of mental health, substance abuse, therapeutic courts and demonstrate fidelity to evidence-based standards. Evidence-Based Programs, services, strategies, activities, or approaches are those which have been shown through scientific research and evaluation to be effective at preventing and/or delaying an untoward outcome.

Promising Programs and Best Practice Programs: include services, strategies, activities, or approaches that have some scientific research or data showing positive outcomes in delaying an untoward outcome, but do not yet have enough scientific rigor that provides evidence to support generalizable conclusions.

Innovative Programs: introduce new ideas, methods and concepts that have not yet been researched.

Below is the Narrative Questions you need to answer as part of this RFP:

1. Evidence-Based, Promising, Best, or Innovative Practices (500 words)

- a. What evidence-based, promising, best or innovative practice(s) will you use to serve your target population?
- b. Please describe:
 - *Practice's target population demographics: age, sex, race/ethnicity, geographic location (e.g., area of the County), and disorder type (i.e., mental health, chemical dependency, or both);*
 - *Practice's demonstrated, measurable outcomes;*
 - *Research support for the practice;*
 - *Links to online documents or web pages that provide details.*

Promising, best, and innovative practices will be considered for funding, but must include a robust evaluation process. Preference will be given to evidence-based programs that demonstrate fidelity based on project data for fidelity measures.

Language in the Scoring Form:

2. Evidence-Based, Promising, Best or Innovative Practices: Identifies practices and includes a robust evaluation process.

0 = No mention of selected practice.

1 = Listed selected practice but did not provide evaluation outcomes.

5 = Listed the practice, provided evidence of outcomes, but did not include a robust evaluation process.

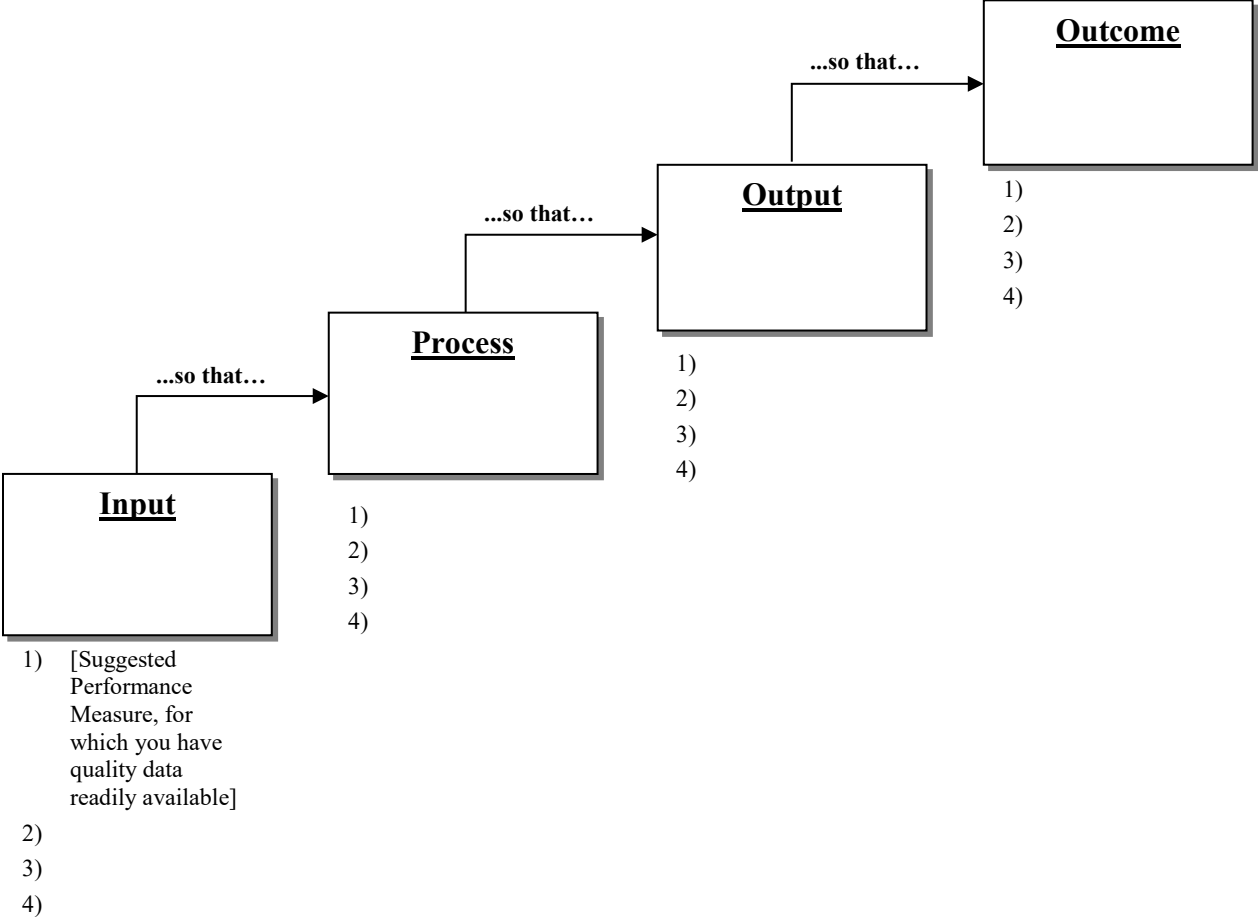
10 = Detailed description of Evidence-Based or Promising Practice, demonstrates the relationship between the practice and the target population, and includes a robust evaluation process that includes fidelity measures.

By using evidence-based, promising programs, best practices or innovative programs, you must identify and produce measurable outcomes (to be included on the logic model in Exhibit B) and those measures must significantly demonstrate progress in the priority funding areas by the end of the two-year contract.

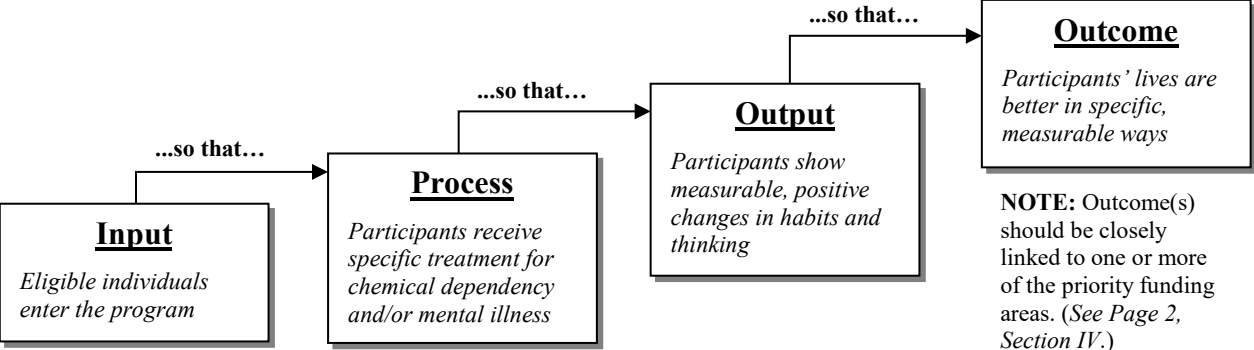
EXHIBIT B

Logic Model
Jefferson County 1/10th of 1% Sales Tax
2023/2024 Request for Proposals

Name of Program or Service



Example Logic Model



NOTE: Outcome(s) should be closely linked to one or more of the priority funding areas. (See Page 2, Section IV.)

For additional information on Logic Models: <http://fyi.uwex.edu/programdevelopment/logic-models/>

EXHIBIT D

Certification Sheet
Jefferson County 1/10th of 1% Sales Tax
2023-2024 Request for Proposals

NAME OF AGENCY/ORGANIZATION:

ADDRESS: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

I HEREBY CERTIFY ON BEHALF OF _____
(APPLICANT AGENCY)

THAT:

1. The organization has attached the documents as specified in the Request for Proposal.
2. The applicant understands that the Public Health Director & Staff will work with the RFP Review Panel who will then advise the Jefferson County Behavioral Health Advisory Committee. The Behavioral Health Advisory Committee in turn will make recommendations to the Jefferson County Board of Commissioners, (BOCC). The BOCC will discuss the recommendations and make a final decision in an open public meeting.
3. If the proposal for funding is approved, then it becomes a part of a contract with Jefferson County and will be paid on a reimbursement basis. The contracts will include non-discrimination language pertaining to employment, service delivery and agency operations.
4. The applicant has or will obtain General Liability insurance of not less than \$1 million per occurrence and \$2 million aggregate, in a combined single limit (CSL) of not less than \$1,000,000. Jefferson County, including their officials and employees, will be named as additional insured on the policy. A certificate of insurance shall be provided as evidence of coverage to the Jefferson County prior to execution of the contract.

The applicant shall also provide evidence that Workers Compensation coverage is in place for their employees where such coverage is required by RCW Title 51.
5. The applicant has accounting and record keeping systems which a) show the purposes for which the funds have been spent; b) will be open for inspection by the county or its agents; c) will be maintained for at least three years following the end of the contract.
6. The individual signing the original certification sheet and application for funding must have legal authority to sign contracts for the organization, binding the organization to the contract.

Name: _____ Title: _____

Signature: _____ Date: _____