



WASHINGTON COUNTY
BEHAVIORAL HEALTH BOARD

We are pleased to announce the release of the Washington County Behavioral Health Board (WCBHB) Request for Proposals (RFP) for the purpose of soliciting applications from qualified organizations to provide services to prevent alcohol and drug use in Washington County by:

- Promoting health equity by addressing social determinants of health;
- Elevating trusted voices in Washington County to reduce stigma;
- Growing Prevention and Harm Reduction Strategies,
- Increasing access to treatment; and
- Enhancing Multi-sector efforts across the continuum of care to support children, adults, and families in Washington County.

This funding may be used to help children and families, prevent alcohol and drug use, improve cross-sector collaborations, remove barriers to treatment, and provide opportunities to enhance support for those that depend on our services. This funding is made available to WCBHB through the Ohio Department of Mental Health and Addiction Services (OhioMHAS) via federal State Opioid and Stimulant Response (SOS 3.0, formerly SOR) grant funding. This grant will support funding for Ohio's high-quality prevention, harm reduction, early intervention, treatment, and recovery supports that strengthen the state and local efforts to connect Ohioans with life-saving services. The funding period for this RFP will end September 30, 2023.

If you experience any problems accessing this document or opening the above referenced URL, please contact the board office at (740) 374-6990 or email goddard@wcbhb.org.

In order to be considered for a possible award, responses must be prepared and submitted no later than **5:00 pm on December 14th, 2022** in accordance with the requirements given in the RFP.

George P. Goddard, MAED

Assistant Director

Washington County Behavioral Health Board

INTRODUCTION

Washington County Behavioral Health Board (WCBHB) is a governmental agency established by Ohio Revised Code Chapter 340 to manage the County's public behavioral health system. As such, WCBHB serves as the local behavioral health authority. In this role, WCBHB envisions a county where people live and thrive in communities that promote and support behavioral health and wellness.

WCBHB is committed to enhancing the behavioral health and wellness of individuals, families, and communities through:

- The promotion of behavioral health and wellness, education, prevention, early intervention, treatment, and recovery;
- The creation and leadership of an integrated network of providers that promotes universal access to comprehensive, data-driven services; and
- Advocacy and leadership of behavioral health-related efforts to align resources, programs, and policy.

WCBHB seeks qualified organizations interested in providing mental health and/or addiction services, and/or recovery supports to residents of Washington County, Ohio. WCBHB is committed to selecting service providers that are particularly dedicated to providing high quality, culturally and linguistically competent care that is responsive to the diverse needs of vulnerable populations.

Providers will need to meet or exceed the Federal and State Medicaid standards for agreed upon services; adhere to the Requirements and Procedures for Mental Health Services provided by agencies spelled out in Ohio Administrative Code Chapter 5122-29; and fulfill the requirements of the WCBHB as set forth in this RFP.

This RFP is open to governmental agencies, non-profit organizations, and for-profit organizations that provide prevention programs for children, adolescents, and/or adults, mental health and/or addiction services, and/or recovery supports. While preference will be given to governmental agencies and non-profit organizations, the WCBHB may also consider for-profit organizations that demonstrate excellence in meeting the needs of their clients. The organization should be located in southeast Ohio—ideally, Washington County—but the WCBHB may also consider programs, services, and activities that benefit a major portion of Washington County, Ohio. While preference will be given to contract proposals, the WCBHB may also consider grant proposals from governmental agencies and non-profit organizations.

The WCBHB does not endorse a particular evidence-based practice or list of practices, but will give preference to proposals that incorporate best practices. Proposals should include evidence and rationale for the efficacy of their proposed approaches.

Washington County Behavioral Health Board Program
Planning & Oversight Committee
1115 Gilman Avenue, Marietta, OH 45750
committees@webhb.org

REQUEST FOR PROPOSALS

WCBHB requests proposals from qualified providers of programs, services, and facilities that can help WCBHB meet one or more of the essential elements of the community-based continuum of care required by the Ohio Revised Code, Chapter 340. These elements include the following:

1. Prevention and wellness management services consistent with the Future of Prevention Theory issued by the Ohio Department of Mental Health and Addiction Services <https://mha.ohio.gov/Schools-and-Communities/Community-and-Housing/SPF/Future-of-Prevention>
2. Outreach activities—locate persons in need of mental health services or addiction services and inform them of available services and recovery supports
3. Engagement activities—help persons who receive mental health services or addiction services to obtain services necessary to meet basic human needs for food, clothing, shelter, medical care, personal safety, and income
4. Assessment services
5. Case Management/Care coordination
6. Recovery supports
 - Peer support
 - A wide range of housing and support services, including recovery housing • Employment, vocational, and educational opportunities
 - Assistance with social, personal, and living skills
 - Multiple paths to recovery (e.g. twelve-step approaches and parent advocacy connection)
 - Support, assistance, consultation, and education for families, friends, and persons receiving mental health services, addiction services, and recovery supports
7. Addiction services and recovery supports for all levels of opioid and co-occurring drug addiction
8. Protecting the rights of persons receiving any elements of the community-based continuum of care
9. Ensuring that persons receiving care are able to utilize grievance procedures applicable to the elements they are receiving.
- 10.
11. A wide range of support services, including but not limited to: assistance with social, personal, and living skills, support/assistance with meeting basic needs, assistance with transportation, wrap-around services that may include consultation and education services for families, friends, and persons receiving mental health services, addiction services, and recovery supports, Employment, vocational, and educational opportunities.

GUIDELINES FOR SUBMISSION

For the most expeditious consideration, please e-mail all proposals to committees@wcbhb.org and copy to goddard@wcbhb.org. If the proposal is sent by mail or commercial delivery service, the applicant shall be responsible for actual delivery of the proposal on or before the deadline. Regardless if a copy is mailed or hand delivered, it is a requirement to submit an electronic copy to the Board. All submitted proposals become the property of the WCBHB.

In order to be considered for a possible award, responses must be prepared and submitted by noon on **December 14th, 2022**.

REQUIREMENTS FOR SUBMISSION

To help you prepare for the application process, we have outlined the following elements that should be included in your proposal information. Your proposal submission MUST BE in the order described below. The proposal package shall include at minimum:

1. A proposal cover letter: Completed, signed, and dated by an authorized representative of the applicant organization. This letter must state the essential elements of the community-based continuum of care addressed in your proposal, and whether you are requesting a contract or a grant. Also, please state whether your proposal addresses mental health and/or addiction services, recovery supports, and/or prevention programs, and whether it targets children, adolescents, and/or adults. The cover letter must include the full legal name of the applicant organization, address, contact information, and the designated contact person.
2. One original version of the full proposal, including all required elements and attachments as described.

REQUIRED ELEMENTS/ATTACHMENTS FOR PROPOSALS

I. Mission, Accomplishments, and Organizational Capacity

1. Provide a brief history of your organization and/or department, current mission and goals, and a description of current services, past accomplishments, and experience with similar projects.
2. Describe your organization's capacity and resources to implement your proposed evidence based practice, program, or service and the specific activities, efforts and steps taken to date to ensure readiness to implement.

II. Purpose/Need/Population Served

1. Provide a clear description of the proposed program or service and the rationale/need for it.
2. List essential elements of the community-based continuum of care addressed in the proposal.
3. Identify the age range of your target population, at-risk characteristics of the population, geographical area to be served, and the current and projected numbers of individuals to be served directly by the services.

4. Describe how your proposal will improve both the delivery of services and the behavioral health outcomes for the population served in Washington County.

III. Key Action Dates

1. Start date for programs and/or services.
2. Length of proposed budget (how long will the requested funding sustain program and/or services).
3. If requesting start-up funding, please include additional funding deadlines (other grant proposals you may be submitting).

IV. Activities and Outcomes

1. Identify the Evidence-Based Practice (EBP) to be implemented and cite the specific source of credible research, evaluations, and literature that designates the practice as evidence-based.
2. Provide a description of how the organization plans to implement the program and (if applicable) incorporate the EBP into your core services. The description should include:
 - a. The name, title and brief description of their role (within the proposed project) of the persons responsible for implementation.
 - b. A timeline identifying major activities that would occur during each quarter of the proposed contract or grant.
3. Describe the services and activities to be provided and the specific measurable results and outcomes that you wish to achieve during the proposed contract or grant.
4. If applicable, cite evidence that the proposed program, services, and activities are likely to lead to the desired outcomes. Such evidence may include, for example, research studies, proven models, and evaluations conducted by your organization.

V. Collaboration/Coordination with Other Resources

1. Identify collaborative partners and stakeholders and their roles in implementing your proposal.
2. Describe coordination with other resources required to implement the proposal and/or support broader systems/community changes.
3. If applicable, describe coordination with similar programs or services currently available for county residents.
4. Describe any other sources of financial support that you have sought and/or secured for the proposed project (if any) including grants, matching funds, or revenue from other sources.

VI. Evaluation

1. Explain how inputs, outputs, and outcomes of the program will be measured and reported, including the criteria and measures of success to be used in the evaluation.
2. Identify who will be responsible for performing the evaluation and describe how the results will be used and disseminated.
3. All applicants must include a statement affirming that in addition to reporting required by WCBHB, they will also enter any data through the GPRA portal as required by Government Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs.

VII. Sustainability

1. Do you plan to continue the program following the end of the contract or grant?
2. If so, how?

VIII. Reimbursement

1. If applicable, explain how you will seek reimbursement for services, using information from the American Medical Association (AMA) and National Correct Coding Initiative (NCCI) to submit

claims via Electronic Data Interchange (EDI) to match the new mental health and substance use disorder code sets and billing requirements for the State of Ohio.

Please see <http://bh.medicaid.ohio.gov/> for more information.

IX. Attachments

While additional attachments are permitted, the following attachments are **required** to be included in the full proposal:

1. Attachment 1 – Current or most recent state approval letters, licenses, or certificates that document qualifications or experience providing the programs or services contained in your proposal in Ohio.
2. Attachment 2 – Detailed project information to include at minimum:
 - Proposed organizational chart,
 - Project timeline including key dates,
 - Budget and Budget Narrative including:
 - Personnel Costs – Including planned FTE's for each project staff, Salary and Fringe,
 - Travel Costs – based on current federal mileage reimbursement rate,
 - Supplies & Equipment – materials costs related directly to implementing this program including: office supplies, training supplies, printed materials, computers, software, necessary subscriptions, etc.
 - Other – costs directly related to implementing this program including: meeting space costs, professional services, advertising/outreach, required professional development costs for project staff to implement this project, any direct support to individuals receiving services through this project, etc.,
 - Indirect/Administrative costs required for your proposed program,
 - A projection of any anticipated revenue from this project.
- *Note: When applicable, include which claim codes will be used, code descriptions, number of proposed units of service to be rendered, reimbursement amount per unit, and total of unit multiplied by the reimbursement rate.
3. Attachment 3 – One or more letters of support that demonstrate strong collaboration efforts.
4. Attachment 4 – Statement of proprietary information contained in the proposal that may not be made public, if any. If none, please so state.

REVIEW OF PROPOSALS

The WCBHB has established the Program Planning and Oversight Committee (PP&OC) to advise the WCBHB monthly on matters relating to the best use of funds available to support prevention, treatment, and recovery of children, adolescents, and adults at risk for mental illness or substance use disorders. The PP&OC plans to review proposals in the order received, negotiate changes to the proposals as appropriate, and recommend those proposals deemed most responsive to the WCBHB's priorities to the full WCBHB for approval and funding. These priorities are subject to change based on the board's perceptions of the community's needs, the board's success in meeting the Ohio Revised Code requirements, and the board's available funding.

For the current request the WCBHB is particularly interested in receiving proposals for Prevention Services which, if successful, will obviate the need for treatment and recovery services in the future. Questions may be addressed to either the telephone number or, preferably, the e-mail address provided.

The WCBHB reserves the right to cancel, reissue or reject all responses to an RFP, in whole or in part, when:

- (1) The supplies and/or services offered are not in compliance with the requirements, specifications, and terms and conditions set forth in the RFP; or
- (2) Pricing offered is considered to be excessive in comparison with existing market conditions or exceeds the available funds of the WCBHB; or
- (3) It is determined that award of a contract would not be in the best interests of the county.

NOTIFICATION OF AWARDS

Notice of an award shall be provided to the successful offeror. Notice of an award shall be posted on the WCBHB's website.

The WCBHB reserves the right to modify or cancel this Request for Proposals without notice at any time to accommodate the changing needs, priorities, or available funding of the WCBHB. The meetings of the PP&OC and the WCBHB are announced publicly and are open to the public.

The WCBHB greatly appreciates all proposals submitted per this Request for Proposals and looks forward to working with qualified providers of behavioral health programs and services to meet our community's needs.



1115 Gillman Avenue
Marietta, Ohio 45750
(740) 374-6990

Name of Organization:

| | | |
|---------------------------------|----------------------------|--------------------------|
| Director/CEO: | Email: | Phone: |
| Primary Project Contact Person: | Email: | Phone: |
| Total Amount Requested: | Funding Period Start Date: | Funding Period End Date: |

Program(s) to be Provided:

Expenditures Description-Please list expenditures for each budget category.

Personnel Services:

Personnel costs for each of the people whose time is spent working directly with the service/program should be listed here; include fulltime and part-time staff, consultants and trainers. Please list fulltime equivalency (FTE) units for each position (i.e. 1 FTE=40 hours), Please provide details regarding how fringe benefit amounts are arrived at.

| | |
|--------------|-------------------------|
| Explanation: | Total Amount Requested: |
|--------------|-------------------------|

Service/Program Materials and Supplies:

Includes costs of any program related materials or supplies directly related to the delivery of this program including but not limited to things such as office supplies, curriculums, brochures, training materials, books, videos, etc. Please provide the estimated number of materials to be purchased, along with the unit cost of each item.

| | |
|--------------|-------------------------|
| Explanation: | Total Amount Requested: |
|--------------|-------------------------|

| | |
|--|-------------------------|
| Travel: Includes any associated travel costs which are relevant to the service being proposed. Reimbursement for travel-related costs may not exceed the rate limits identified on the Allowable/Unallowable Expenditures Guidance document. | |
| Explanation: | Total Amount Requested: |
| | |

| | |
|---|------------------------|
| Other: Provide any other expenses that are not personnel, service/program materials and supplies, or travel with a description of each expense. | |
| Explanation: | Total Amount Requested |
| | |
| Indirect: Provide a description of indirect costs or administrative fees, which are capped at 10%. | |
| Explanation: | Total Amount Requested |
| | |
| Budget Summary: | |
| Please list the total amount requested from each category above. | Total Amount Requested |
| 1. Personnel Services | |
| 2. Service/Program Materials and Supplies | |
| 3. Travel | |
| 4. Other | |
| 5. Indirect | |
| Total Budget: | \$ |

WCBHB SOS 3.0 – PREVENTION SERVICES

Application for Funding Score Sheet

PHASE I: Initial Qualifying Criteria Applicant Name: _____

The application must meet all of the following Phase I application acceptance criteria in order to be considered for further evaluation. Any application receiving a “no” response to any of the following qualifying criteria **shall be disqualified from consideration.**

| ITEM # | APPLICATION ACCEPTANCE CRITERIA | PROPOSAL Sec. Reference | YES | NO |
|-----------|---|-------------------------------|-----|----|
| 1 | Was the applicant's application received by the deadline as specified? | | | |
| 2 | Does the applicant's submission include all required forms, as applicable, signed and completed? | | | |
| 3 | Did the applicant provide a narrative description of one (1) or more completed project that demonstrates the applicant organization's experience providing services to families? Example(s) should demonstrate the applicant organization's experience as it relates to the proposed program, and/or conducting program evaluation including types of evaluations conducted methodologies utilized and linkages of evaluation results with recommendations for program improvement. | I | | |

PHASE II: Criteria for Scoring the Technical Application

Qualifying technical applications will be collectively scored by an application review team appointed by WCBHB. For each of the evaluation criteria given in the following score sheet, reviewers will collectively judge whether the technical application exceeds, meets, partially meets or does not meet the requirements expressed in the PROPOSAL/Technical Application, and assign the appropriate point value, as follows:

| 0 | 6 | 8 | 10 |
|------------------------------|--------------------------------|----------------------|------------------------|
| Does Not Meet Requirement | Partially Meets Requirement | Meets Requirement | Exceeds Requirement |
| | | | |

Technical Performance Scoring Definitions:

“Does Not Meet Requirement”- A particular PROPOSAL requirement was not addressed in the applicant’s proposal, **Score: 0**

“Partially Meets Requirement”-Applicant proposal demonstrates some attempt at meeting a particular PROPOSAL requirement, but that attempt falls below acceptable level, **Score: 6**

“Meets Requirement”-Applicant proposal fulfills a particular PROPOSAL requirement in all material respects, potentially with only minor, non-substantial deviation, **Score: 8**

“Exceeds Requirement”-Applicant proposal fulfills a particular PROPOSAL requirement in all material respects, and offers some additional level of quality in excess of WCBHB expectations, **Score: 10**

A technical application’s total PHASE II score will be the sum of the point value for all the evaluation criteria. The review team will collectively score each individual qualifying application. Technical applications which do not meet or exceed a total score of at least **180** points (a score which represents that the applicant has the capability to successfully perform the program services) out of a maximum of **258** points, will be disqualified from further consideration, and its program budget will not be considered. Only those applicants whose Technical Applications meet or exceed the minimum required technical points will advance to PHASE III of the application score sheet.

| ITEM # | EVALUATION CRITERIA | PROPOSAL SEC. REF. | Weight | Doesn't Meet | Partially Meets | Meets | Exceeds |
|--------|--|--------------------------|--------|-----------------|--------------------|-------|---------|
| | | | | 0 | 6 | 8 | 10 |
| | Organizational Experience and Capabilities (Provide information on partner, subcontractor, and key staff experience and capabilities, as appropriate.) | | | | | | |
| 1 | The applicant has clearly described the applicant’s qualifications and history of the applicant, as well as any relevant and current accreditations, standards and/or certifications that the applicant possesses? | I.1 | 1 | | | | |
| 2 | The applicant has provided a narrative that describes how the applicant’s organizational structure supports a project of this size and scope. This narrative should detail the administrative structures that would ensure applicants are able to implement services and to track programmatic outcomes. | I.2 | 1 | | | | |

| Key Staff Experience and Capabilities (Profiles and resume(s) must be included for all persons proposed for key positions.) Program Lead may also serve as Program Outcome Manager. | | | | | | | |
|---|---|---------------------------|--------|----------------------|-------------------------|------------|---------------|
| ITEM # | EVALUATION CRITERIA | PROPOS AL SEC. REF. | Weight | Doesn't Meet 0 | Partially Meets 6 | Meets 8 | Exceeds 10 |
| 3 | The applicant has identified, by position and name, those staff considered key to the project's success and provide a description of each key position. If key staff will be hired through the project, a (1 page) job description and/or training requirements for eligibility document was attached. | IV.2A, IX.2 | 1 | | | | |
| 4 | If the project requires collaboration, then applicants must provide a list of project partners, as well as letters of support from at least 2 collaborative partners (i.e. if the project partners with local schools, include a letter from school administration staff confirming support). | | 1 | | | | |
| Technical Work Plan/Project Outcomes | | | | | | | |
| 5 | The applicant has provided a brief summary of the proposed program. Applicant should indicate whether this project is a new or start-up program, or if the applicant is seeking funding to sustain the operations of a current program. Applicants are encouraged to utilize programs that are evidence-based and/or evidence-informed as documented by nationally recognized best practice clearing houses. Innovative approaches are also strongly encouraged but should be informed by evidence. | II, IV.1, IV.4 | 2 | | | | |
| 6 | The applicant described the proposed program's goals, activities, and outcomes for each activity. Applicants should outline the evaluation tools the program will utilize to track and measure each outcome. Applicants may choose to display this by using a logic model. | IV.3 | 3 | | | | |
| 7 | The applicant has described how proposed program is responsive to the existing unmet needs identified in the area of the state that the project covers. This response should describe any existing programs serving the target population for the topic areas to be addressed. Additionally, this section should specify how the proposed program will benefit the county as a whole (i.e. whether it can be replicated across the county, within several locations, and/or whether it is currently being implemented anywhere else). Additionally, proposals should include a detailed plan describing how the implementing organization will disseminate lessons learned to relevant stakeholders and broader audiences (i.e. through creation of webinars, a "how to" manual or guide, presentations, public information campaigns). This plan can include funding to support the dissemination of lessons learned or replication tactics. | II.1 | 3 | | | | |
| 8 | The applicant described any anticipated challenges during program implementation or startup and identify how the applicant will address these challenges. | IV.2 | 1 | | | | |
| 9 | The applicant has provided a clear, detailed timeline for the implementation of the program that includes: the program | III | 1 | | | | |

| | | | | | | | |
|--|--|------|-----|--|--|--|--|
| | start and end dates; planned dates of hiring any new staff, if applicable; program reporting dates (i.e. monthly, quarterly, etc.); and evaluation timeframes and activity dates. | | | | | | |
| 10 | The applicant has described the target population for the program. Be specific as to age, gender, ethnicity and other characteristics of the population. Applicant must include the number of families, adults, and children anticipated to participate in the program. If the program provides services to professionals, identify the anticipated number to be served. | II.3 | 3 | | | | |
| 11 | The applicant has described how they plan to evaluate the program for which they are requesting funding and what information they plan to collect. Describe how the success of the program will be measured, (please be specific). Performance measures should be concrete and state how the success of an objective will be quantified. | VI | 3 | | | | |
| 12 | The applicant has described how the program builds upon or strengthens existing community resources for continued sustainability after the funding period concludes. The response must include specific information regarding community collaborations, in-kind contributions, financial support, staffing, training, and/or organizational changes. | V | 5 | | | | |
| Proposal Organization | | | | | | | |
| 13 | The applicant has submitted an application which complies with the specified submission format. | | .50 | | | | |
| 14 | The applicant has submitted an application which complies with the page limits as specified in the Application. | | .50 | | | | |
| Column Subtotal of "Partially Meets" points | | | | | | | |
| Column Subtotal of "Meets" points | | | | | | | |
| Column Subtotal of "Exceeds" points | | | | | | | |
| TOTAL SCORE: | | | | | | | |

Based upon the Total Application Score earned, does the applicant's application proceed to the Phase III evaluation of its Program Budget? (Applicant's Grand Total Application Score must be at least 180 points.)

Yes _____ No _____

(If "No," Applicant's Program Budget will not be considered.)

PHASE III: Criteria for Considering the Proposed Budget

| PHASE III. — Program Budget Evaluation | | Weight | Doesn't Meet 0 | Partially Meets 6 | Meets 8 | Exceeds 10 |
|--|---|--------|----------------------|-------------------------|------------|---------------|
| 1 | The applicant has submitted a fully completed Program Budget for their proposed program. | 3 | | | | |
| 2 | The applicant has submitted a budget narrative that describes the costs and provides any necessary calculations for each budget line item and if indirect costs have been included, the applicant has provided a copy of their current approved indirect cost plan. | 2 | | | | |
| Column Subtotal of "Partially Meets" points | | | | | | |
| Column Subtotal of "Meets" points | | | | | | |
| Column Subtotal of "Exceeds" points | | | | | | |
| PHASE III. TOTAL SCORE: [50 max. allowable points] | | | | | | |
| APPLICANT'S GRAND TOTAL SCORE [Phase II + Phase III. pts.]: | | | | | | |