



**Washington County Behavioral Health Board
Small Project (Under \$10,000) Request for Funding**

GUIDELINES FOR SUBMISSION

For the most expeditious consideration, please e-mail all proposals to committees@wcbhb.org. If the proposal is sent by mail or commercial delivery service, the applicant shall be responsible for the 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.

For programs and services effective January 1st, proposals must be submitted by October 1st. For programs and services effective July 1st, proposals must be submitted by April 1st. Special exceptions may be considered.

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 a 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, the 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 the proposed budget (how long will the requested funding sustain the 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 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.

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

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.

***Note: Additional attachments are permitted.*

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.

The WCBHB is particularly interested in receiving proposals for Prevention, Education, Treatment, and Recovery 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 shown above.

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.