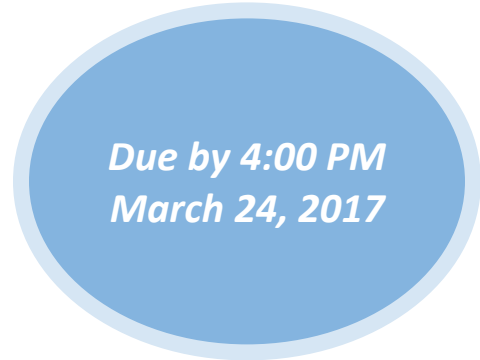


TO: Interested Organizations
FROM: Jefferson County 1/10th of 1 percent sales tax collected for Mental Health and Substance Abuse Programs
DATE: March 8, 2017
RE: 2017 Supplemental Request for Proposal FINAL



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 seven-member Mental Health and Substance Abuse Advisory Committee was formed and is composed of 2 members from the Law & Justice Council, the Substance Abuse Advisory Board, the Board of Health, and 1 member of the Board of County Commissioners.

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 supplemental community grants in 2017. This grant opportunity is intended to maintain, create, or enhance local services and programs overseen by the Jefferson County Mental Health/Substance Abuse 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. March 24, 2017 will be reviewed. The Jefferson Mental Health/Substance Abuse Committee's RFP Review Panel will evaluate interim proposals and make funding recommendations to the Mental Health and Substance Abuse Advisory Review Panel 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 funding period commencing **May 1, 2017** ending **December 31, 2017**. The total amount of funding available for this Supplemental RFP Request is \$100,000. This is interim funding with no promise of additional funds. Priorities for future years may change.

2017 Supplemental Funding Allocation Schedule

Supplemental RFP released:	March 8 2017
Applications Due:	March 24 2017
MH/SA-RFP Review Panel Recommendations:	To Be Determined
BOCC Recommendations:	April 10 2017
Contract Development:	April/May 2017
Project Perform Period:	May 1 2017 to December 31 2017

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).

III. 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. 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).

3. Therapeutic courts: coordinate substance abuse & mental health court referrals, family dependency, housing, and other needs including, but not limited to transportation services within adult courts.
4. Divert substance abuse/chemical dependency and mentally ill adults from initial or further criminal justice system involvement.
5. Jails: coordinate and provide substance abuse/chemical dependency and mental health assessment, counseling and referral in the jail. Identification and provision of case management-related needs of inmates (e.g. housing, medical, employment) to follow after incarceration.

IV. 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.)

V. 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.
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.

VI. 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.
- The purchase of staff time, supplies, materials, or anything else that is not directly associated with the service or program described in the proposal.

VII. 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 which have been shown through scientific research and evaluation to be effective at preventing and/or delaying an untoward outcome.

Promising 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 have enough 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 Supplemental RFP, each proposal must identify at least one of the following types of outcomes to demonstrate change.

- 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.

VIII. 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.

IX. ADDITIONAL INFO

Grantees may be required to submit back-up documentation with monthly billings along with quarterly data. Back-up documentation may 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 program evaluation maybe required.

Grantees are expected to use a Client Satisfaction Questionnaire (that will be developed by the Provider for funded projects), and will ensure completed data forms are delivered to the County on a quarterly basis.

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 **May 1, 2017**, and all funds must be expended by **December 31, 2017**.

X. 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. Eight paper copies of the proposal are due by the deadline: **March 24, 2017, 4:00 PM** and must be delivered or mailed to:
Anna McEnergy
Jefferson County Public Health
615 Sheridan
Port Townsend, WA 98368
6. One electronic copy is to be emailed by the deadline: **March 24, 2017, 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 for each project:

- Cover letter (no more than one page).
- Application (no more than six 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
2017 Supplemental 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

Questions 1-15 must be answered in 5 pages total or less.

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. Of those in Jefferson County who need the service(s), what is that population's unmet need or what gap in services do 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?

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

4. What evidence-based or promising practice(s) will you use to serve your target population? Please describe the practice(s) briefly and provide one or more links to online documents or web pages that detail the following information:
 - a. 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);
 - b. Practice's demonstrated, measurable outcomes; and

- c. Research support for the practice.
5. Based on your logic model in Exhibit B, how will providing your service significantly contribute to the priority funding area(s)?
6. If you will provide treatment services, then how will you ensure appropriate clinical supervision with treatment fidelity documentation?
7. What method are you using to estimate that number in Jefferson County who need the service(s), you propose to fund with this grant funding?
8. Of those in Jefferson County who need the service(s), how many will you serve between May 1, 2017 and December 30, 2017?

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

9. What are your data sources and collection methods, and how do you ensure quality is correctly collected and recorded?
10. 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.

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

Ability to leverage other resources

13. 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).

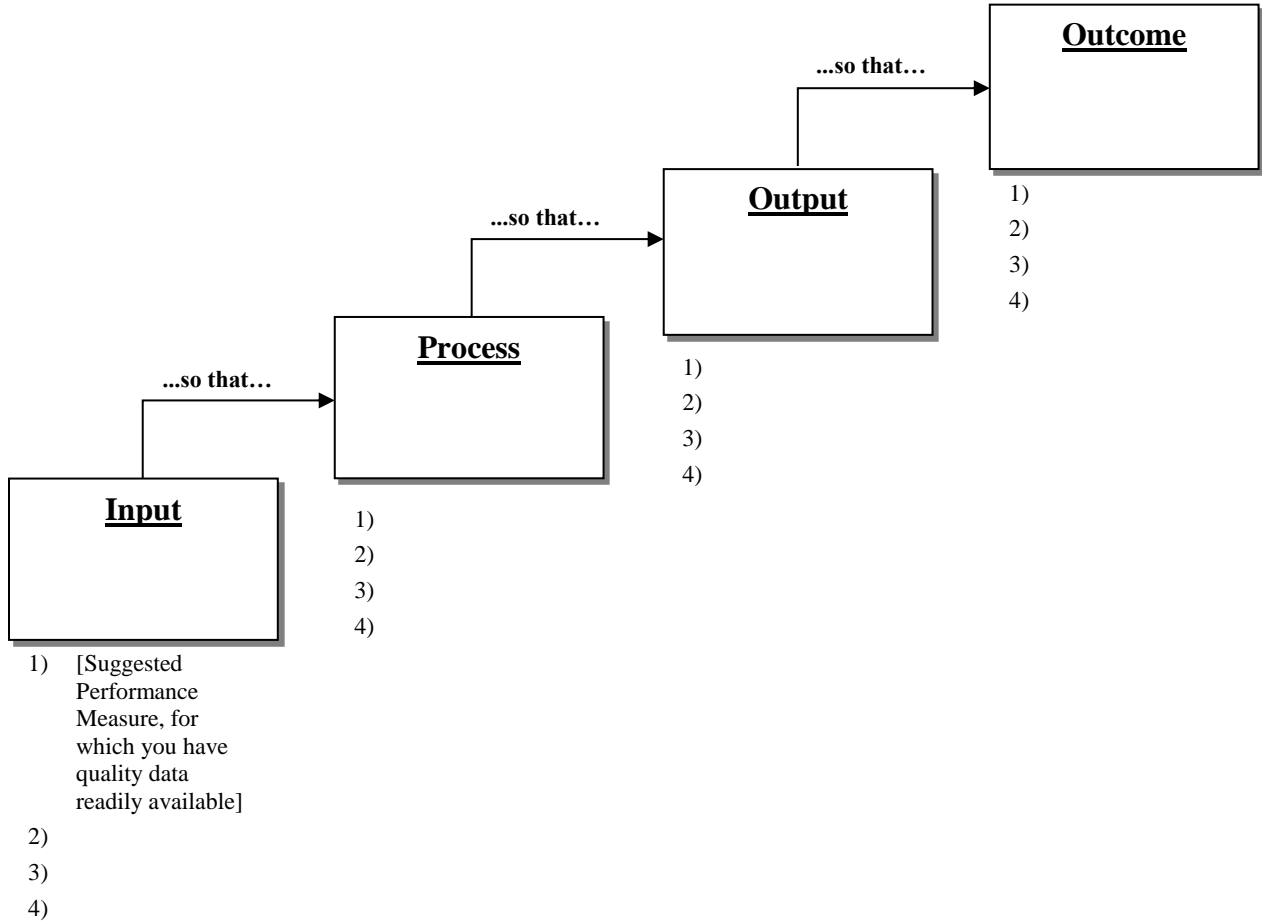
Ability to sustain basic levels of service after the conclusion of the grant period.

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

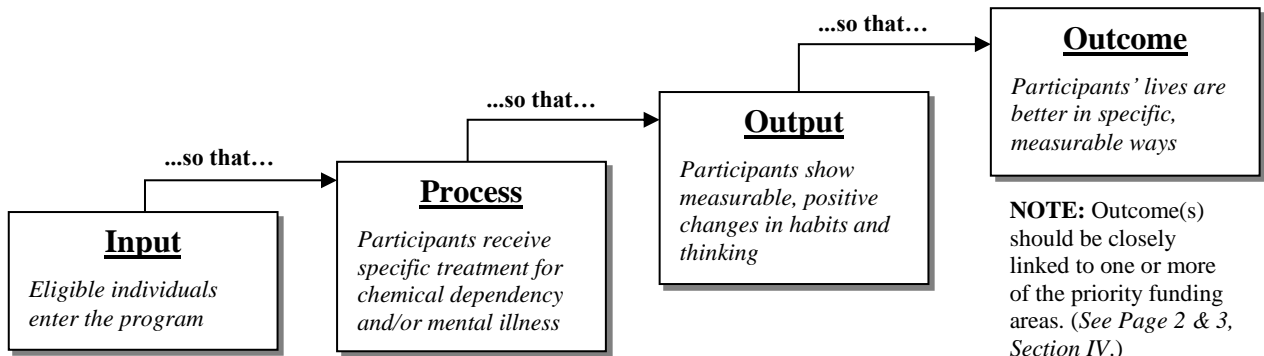
Logic Model

Jefferson County 1/10th of 1% Sales Tax
2017 Supplemental Request for Proposals

Name of Program or Service



Example Logic Model



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

Budget Sheet
Jefferson County 1/10th of 1% Sales Tax
2017 Supplemental Request for Proposals

Please create a budget page for each year you are requesting funding. The time period is May 1, 2017 – December 30, 2017.

PERSONNEL COSTS	REQUESTED FROM SALES TAX	OTHER FUNDING SOURCE	TOTAL BUDGET
FTE & Salaries for each Employee	\$	\$	\$
Benefits for each Employee	\$	\$	\$
OPERATING COSTS			
Supplies/Materials	\$	\$	\$
Travel	\$	\$	\$
Admin-(no more than 10% & please describe what charges are to be included)	\$	\$	\$
OTHER COSTS			
(If Other – Please Describe)	\$	\$	\$
TOTAL COST	\$	\$	\$

Note: Refer to page 3 for use of funding and exclusions. Indirect or administrative costs are allowed. In-kind contributions/match are not required, however the County is interested in the total cost to provide the service or program being proposed.

Certification Sheet
Jefferson County 1/10th of 1% Sales Tax
2017 Supplemental 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 Jefferson Mental Health/Substance Abuse Committee’s RFP Review Panel and 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 supplemental 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: _____