

Yakima County Department of Human Services



# Behavioral Health and Substance Use Disorder Request for Proposal

August 1, 2023

Grant Cycle January 1, 2024 – December 31, 2026

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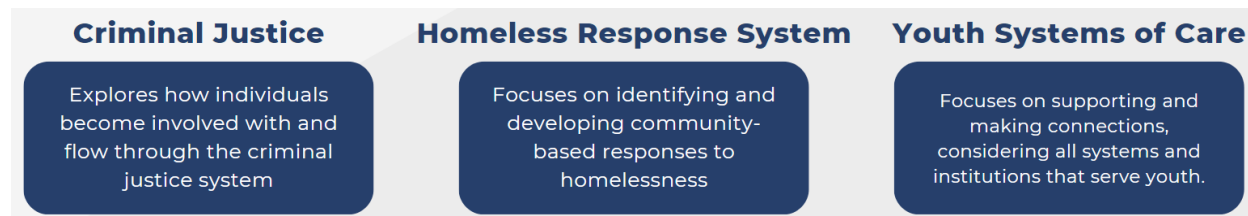
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## Section 1: RFP Overview

### Introduction

The Human Services Department of Yakima County is seeking applications from agencies to provide services related to behavioral health and substance use disorder for people living in Yakima County and supporting a holistic and effective behavioral health system. This Request for Proposal (RFP) is competitive and open to any legally constituted entities that meet the eligibility requirements specified in this application.

The Behavioral Health Program and Substance Use Disorder RFP is focused on the delivery of chemical dependency and mental health treatment programs that will aid in filling gaps in our criminal justice system, reducing homelessness in our community and supporting our youth through priorities identified in our three behavioral health [systems maps](#):



Programs wishing to apply should:

1. Be an allowable use of funds under [RCW 82.14.460](#);
2. Address at least one of the Priorities for Change in at least one of the systems maps; and
3. Provide services within Yakima County.

Awards will be made for the period of January 1, 2024, to December 31, 2026. Yakima County reserves the right for year two awards to be contingent on performance in year one.

Yakima County will have no responsibility or obligation to pay any costs incurred by any applicant in preparing a response to this funding opportunity or in complying with any subsequent request by the Human Services Department for information or participation throughout the evaluation and selection process.

**If you have questions about the 2023 Behavioral Health and Substance Use Disorder Program RFP, please email the Department of Human Services at [HumanServices@co.yakima.wa.us](mailto:HumanServices@co.yakima.wa.us).**

## Timeline

The Human Services Department reserves the right to change any dates in the RFP timeline.

Event	Date
<b>RFP released</b>	<b>August 1, 2023</b>
Information Session #1	August 16, 2023
Information Session #2	August 22, 2023
Last day to submit questions	August 31, 2023
<b>Application Deadline</b>	<b>September 5, 2023</b>
BOCC consideration; site visits and interviews conducted, as needed	September 6 - October 31, 2023
<b>Planned Award Notification</b>	<b>October 31, 2023</b>
Contract scope development process	November 1 - December 1, 2023
Contracts signed by Providers and submitted to Yakima County	December 4, 2023
Contracts signed by Board of County Commissioners	December 19, 2023
<b>Contract start date</b>	<b>January 1, 2024</b>

## Technical assistance

Information Sessions are optional, free, and open to any interested applicants.

Information Session #1	Information Session #2
Date: Wednesday, August 16, 2023 Time: 10am-11am Location: Online – Zoom (call in option available)	Date: Tuesday, August 22, 2023 Time: 1pm-2pm Location: Online – Zoom (call in option available)

Details on how to call into the Information Sessions will be sent to the Yakima County Behavioral Health/SUD Coalition mailing list. To be added to the mailing list, contact the Department of Human Services at [HumanServices@co.yakima.wa.us](mailto:HumanServices@co.yakima.wa.us). Call-in information and FAQ will also be published here: <https://www.yakimacounty.us/2779/Behavioral-Health-and-SUD-RFP>

Additional technical assistance can be requested directly from Human Service Department Staff. Help sessions can be provided via email, by phone, or in-person, and will be scheduled on a first-come, first-serve basis. Applicants are strongly encouraged to schedule appointments for technical assistance as early as possible, to ensure availability of staff time. To schedule a help session appointment, contact the Department of Human Services at [HumanServices@co.yakima.wa.us](mailto:HumanServices@co.yakima.wa.us), or (509) 574-1365.

## Results-Based Accountability

The Yakima County Human Services Department is committed to identifying and supporting effective programs. In addition to being in alignment with systems mapping priorities, all investments resulting from this funding opportunity are expected to produce measurable and meaningful outcomes within our community.

All funded providers will be required to track and report service data appropriately and comply with any additional reporting requirements requested by the Human Services Department. Outcomes will also be assessed on the following criteria:

Program Accountability	<b>Behavioral Health System Mapping Goals</b> <i>Goals developed by our community reflecting opportunities and needs within Yakima County, in alignment with priorities set by the Behavioral Health Systems Maps</i>	Performance Measures determined based on applications.
	<b>Performance Measures</b> <i>How we know the desired result is achieved</i>	Performance Measures determined based on applications.

Fiscal Accountability	Expectations	<p>Administrative expenses <b>do not exceed 6%</b> of total expenditures</p> <p>Funds are evenly <b>disbursed throughout the contract period</b>, or program communicates a clear understanding of how to maintain their operating costs once the grant funds have been utilized</p> <p>Reimbursement paperwork is submitted by the <b>10<sup>th</sup> of every month</b></p> <p>Reimbursement requests are submitted with <b>minimal errors</b></p> <p>Submitted reimbursement requests are allowable per the funding source and the contract, grant recipients understand the scope of <b>allowability for their funding</b></p>
	<b>Performance Measures</b> <i>How we know the desired result is achieved</i>	<p>Administrative expenses <b>do not exceed 6%</b> of total expenditures</p> <p><b>Less than 25%</b> of reimbursement requests are submitted late over the length of the contract period</p> <p><b>Less than 25%</b> of reimbursement requests need to be resubmitted due to clerical errors over the length of the contract period</p>

## Section 2: Eligibility Requirements

Programs applying for any of the funds in this RFP must first meet the basic minimum eligibility requirements established by the State of Washington and the Board of County Commissioners – including preference for alignment with the priorities identified in the Yakima County [Behavioral Health Systems Mapping Reports](#).

### Program Purpose

In order to be considered for funding, proposed projects must be considered an allowable use under [RCW 82.14.460](#). Specifically, the law states that:

Moneys collected under this section must be used solely for the purpose of **providing for the operation or delivery of chemical dependency or mental health treatment programs and services** and for the **operation or delivery of therapeutic court programs and services**. Moneys collected by cities under this section may also be used for **modifications to existing facilities to address health and safety needs necessary for the provision, operation, or delivery of chemical dependency or mental health treatment programs or services otherwise funded with moneys collected in this section**. For the purposes of this section, "programs and services" includes, but is not limited to, **treatment services, case management, transportation, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service**. [...] All moneys collected under this section must be used solely for the purpose of providing **new or expanded programs and services** as provided in this section.

## Program Participants

Proposed services must be within the [Yakima County limits](#).

## Alignment with Behavioral Health Systems Maps

Program should address at least one of the Priorities for Change in the Yakima County [Behavioral Health Systems Mapping Reports](#).

1. [Criminal Justice Systems Map](#) (Priorities for Change found on page 26)
2. [Homeless Response Systems Map](#) (Priorities for Change found on page 25)
3. [Critical Intervention Map for Youth](#) (Priorities for Change found on page 17)

## Adherence to State and Federal Anti-Discrimination Laws

Program must adhere to relevant State and Federal anti-discrimination laws:

- Program ensures equal access for people experiencing homelessness regardless of race, national origin, gender identity, sexual orientation, marital status, age, veteran or military status, disability, or the use of an assistance animal.
- Programs designed to serve families with children experiencing homelessness ensure equal access regardless of family composition and regardless of the age of a minor child.
- Programs that operate gender segregated facilities allow the use of facilities consistent with the person's gender expression or identity.

## Section 3: Application

### Submission Instructions and Deadline

**Completed applications are due by September 5, 2023, 11:59pm**

Applications must be completed via the [JOTFORM](#). Applications submitted in any other format will not be accepted. Late or incomplete proposals or proposals that do not meet the minimum eligibility requirements outlined in this funding opportunity will not be accepted or reviewed for funding consideration.

Applicants must ensure applications are received by the Human Services Department by the deadline. It is advisable to complete the application several hours prior to the deadline in case applicants encounter issues with internet connectivity which impact ability to upload documents. Yakima County is not responsible for ensuring that applications are received by the deadline.

Organizations wishing to apply for multiple programs or applying for programs that are eligible for more than one of the funded categories are required to fill out a separate RFP application for each of the specific programs/program types.

Jotform link: <https://form.jotform.com/232115615600140>

### Required Agency Information

The following information will be required for the application:

1. Organization information (name, address, phone, fax, website, federal tax ID, DUNS number)
2. Program name
3. Type of program
4. Amount requested

5. Applicant information (name, title, phone, email)
6. Primary organization contact information (name, title, phone, email)
7. Type of organization
8. Program address(es)
9. (For nonprofits) Board documents (List of Board Members, charter, bylaws)

## Proposal Narrative and Rating Criteria

A. Program Description
<p><b>Questions</b></p> <ol style="list-style-type: none"> <li>1. What is the specific problem/issue that the program will address?</li> <li>2. What are the intended outcomes of the proposed services?</li> <li>3. Is this program ready to proceed immediately?</li> <li>4. For capital projects (modifications only):               <ol style="list-style-type: none"> <li>a. What is the service being provided within the facility?</li> <li>b. Have you also applied for funds under this RFP for the service being provided within the facility?</li> </ol> </li> <li>5. Describe all key activities for the program, and the specific improvements that will be made and services that will be provided through said activities.</li> <li>6. Indicate which activities are new for your agency. Please detail a start-up timeline for each new activity.</li> <li>7. Include the anticipated number of unduplicated clients to be served annually for each activity.</li> <li>8. Describe how the delivery of your program is in alignment with existing best practices. Site peer-reviewed research backing up best practices if possible.</li> <li>9. Briefly describe the role of all key personnel who will contribute significantly to program coordination and service delivery.</li> <li>10. Indicate which zip codes will be served by your program.</li> <li>11. If applicable, briefly highlight any specific geographic areas of focus within those zip codes (e.g., "Naches Ave in Yakima").</li> </ol>
<p><b>Rating Criteria</b></p> <p>A strong application meets all the criteria below:</p> <ul style="list-style-type: none"> <li>• Applicant describes a strong understanding of the issues they intend to address, the results they are seeking to improve said issues, and the strategies they are implementing to achieve said results.</li> <li>• Program has clear, measurable objectives.</li> <li>• Programs are ready to fund, with a clearly established plan of action.</li> <li>• Proposal is for new or expanded services.</li> <li>• Strategies are informed by thoughtful reflection and awareness of best practices.</li> <li>• For capital projects, the project has also applied for funds for services being provided within the facility.</li> </ul>

B. Population Description
<p><b>Questions</b></p> <ol style="list-style-type: none"> <li>1. Describe the specific population(s) that the program intends to serve.</li> <li>2. Describe the experiences of the specific population(s) that the program intends to serve.</li> </ol>

<ol style="list-style-type: none"> <li>Identify the strengths, assets, challenges, and concerns of the specific population(s) the program intends to serve.</li> <li>Describe how the program will reach the priority population(s), and how it will address any barriers that might prevent access to services (e.g., language, transportation, cultural differences)</li> </ol>
<p><b>Rating Criteria</b></p> <p>A strong application meets all the criteria below:</p> <ul style="list-style-type: none"> <li>Applicant describes a strong understanding of the population(s) they intend to serve, and an understanding of their unique characteristics, experiences, strengths, needs, and concerns.</li> <li>Populations to be served are from the priority populations identified in the 5-Year Plan. If the applicant intends to serve populations not listed as priority populations in the 5-Year Plan, the response includes specific details and quantitative or qualitative data clearly describing a significant need among that population.</li> <li>Applicant describes how priority population(s) will be reached and how potential barriers to accessing services will be addressed.</li> </ul>

C. Behavioral Health Systems Mapping Alignment
<p><b>Questions</b></p> <ol style="list-style-type: none"> <li>Identify which of the Behavioral Health Systems Mapping Priorities for Change the program addresses. Specify both the report(s) and priority number(s) addressed.</li> <li>Describe how the program addresses the specific Priorities for Change identified.</li> </ol>
<p><b>Rating Criteria</b></p> <p>A strong application meets all the criteria below:</p> <ul style="list-style-type: none"> <li>Program adequately addresses at least one of the Priorities for Change in at least one of the Behavioral Health Systems Maps.</li> <li>Description of how the goal is addressed is specific, measurable, and actionable.</li> </ul>

D. Data Management
<p><b>Questions</b></p> <ol style="list-style-type: none"> <li>Describe what data will be collected as a part of this project – how it will be measured, and what it will tell us about the effectiveness of the work.</li> <li>Please Indicate if your organization is currently using HMIS (Yes/No)</li> <li>Describe your organization’s experience and capacity to collect and manage data, including confidential data.</li> <li>What challenges does your organization experience in collecting and managing data?</li> </ol>
<p><b>Rating Criteria</b></p> <p>A strong application meets all the criteria below:</p> <ul style="list-style-type: none"> <li>Project has specific, measurable goals, and an understanding how to collect data that will convey the success of achieving the intended outcomes.</li> <li>Applicant understands current organizational capacity to collect and manage data.</li> <li>Applicant understands current data being collected.</li> <li>Applicant understands and can identify current organizational barriers to effective data collection.</li> <li>All necessary forms are submitted.</li> </ul>



E. Fiscal Management
<p><b>Questions</b></p> <ol style="list-style-type: none"> <li>1. Describe your organization's financial management system. How does your organization establish and maintain accounting principles to safeguard all funds that may be awarded under the terms of this funding opportunity?</li> <li>2. Upload the results of your organization's most recent fiscal audit. If your organization does not have audited financial statements, upload the most recent year-end financial statements.</li> <li>3. Upload a copy of your organization's General Liability and Insurance Certificate.</li> <li>4. For non-profits:               <ol style="list-style-type: none"> <li>a. Upload a copy of your organization's IRS Form 990</li> <li>b. Upload a copy of your organization's 501(c)(3) Tax Exempt Letter</li> </ol> </li> </ol>
<p><b>Rating Criteria</b></p> <p>A strong application meets all the criteria below:</p> <ul style="list-style-type: none"> <li>• Applicant has a fiscal management system which maintains checks and balances and follows Generally Accepted Accounting Principles. If applicant lacks fiscal management capabilities, applicant identifies fiscal sponsor and describes their fiscal management system.</li> <li>• All necessary forms are submitted.</li> </ul>

F. Capacity and Experience
<p><b>Questions</b></p> <ol style="list-style-type: none"> <li>1. Describe your organization's experience that would indicate your ability to successfully execute the program you are applying for. If your agency has no experience, describe a plan for development of service capacity.</li> <li>2. Describe relevant trainings that program staff currently participate in.</li> </ol>
<p><b>Rating Criteria</b></p> <p>A strong application meets all the criteria below:</p> <ul style="list-style-type: none"> <li>• Organization has proven experience that lends itself to future success with the implementation of the program.</li> <li>• Staff are provided with the resources needed to be successful in their roles.</li> </ul>

G. Partnerships and Collaborations
<p><b>Questions</b></p> <ol style="list-style-type: none"> <li>1. Will your organization partner with other organizations to deliver on the activities of the program?</li> <li>2. If the answer above was yes:               <ol style="list-style-type: none"> <li>a. Describe your partnerships, including the names of organizations.</li> <li>b. How will this/these collaboration(s) enhance services to benefit clients?</li> <li>c. How will this/these collaboration(s) streamline services and build efficiencies?</li> <li>d. Upload a signed letter of intent from the collaborating agency(ies) confirming this collaboration will exist as described.</li> </ol> </li> </ol>
<p><b>Rating Criteria</b></p> <p>A strong application meets all the criteria below:</p> <ul style="list-style-type: none"> <li>• Applicant describes effective partnerships that enhance service quality, minimize duplication, and amplify available resources.</li> </ul>

- Applicant describes clear partnership responsibilities in deliveries services, managing data, and reporting.
- Applicant describes ability to oversee and monitor partner agency activities to ensure accountability in shared work.
- Applicant describes how collaboration benefits program participants.
- Applicant submitted signed letters of intent from partners.
- Applicant describes how participants will be referred to other programs and agencies in a proactive, seamless, participant-friendly manner.

#### H. Budget

##### Questions

- Complete a separate [Proposed Program Budget](#) for each activity in your proposal.  
**Administrative Costs:** Please note that administrative costs are limited to 6% and cannot exceed this percentage. Administrative costs are defined as cost that cannot be directly attributed to the service but rather the organization as a whole. Ensure you accurately calculate and include the administrative expenses in the budget. If you have additional costs and need more room, insert rows above the total row.
- Describe the sustainability of the other funding sources listed in your budget.

If you have any questions or need clarification on any aspect of the budget sheet, feel free to reach out for assistance. Thank you for your participation in this RFP for Behavioral Health and Substance Use Disorder Services.

##### Rating Criteria

A strong application meets all the criteria below:

- Budget items are reasonable and appropriate given the nature of the service, the priority populations, and the proposed level of service.
- The proposed program is cost effective given the type, quantity, and quality of services.
- Applicant identifies other funds to be used with any funds awarded from this funding opportunity for providing the services described in the proposal and provides evidence that these funds are sustainable.
- Key staff identified in section A. Program Description are all funded.

#### Attachment 1 – Sample Contract Language