Washington State
Health Care Authority

**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

REQUEST FOR APPLICATIONS (RFA)

RFA NO. 2021HCA2

NOTE: If you download this RFA from the Health Care Authority website or WEBS, you are responsible for monitoring the posting for updates and new amendments.

PROJECT TITLE: Substance Use Disorder Prevention (SUD Px) and Mental Health Promotion Project (MHPP) Community-Based Organization (CBO) Enhancement Grants

PROJECT SHORT TITLE: SUD Px/MHPP CBO Grants

APPLICATION DUE DATE: March 26, 2021 by 2 p.m. *Pacific Time*, Olympia, Washington, USA

All Applications must be submitted electronically via email to the email address listed below. It is within HCA's sole discretion to accept submission in any other format.

ESTIMATED TIME PERIOD FOR CONTRACT: July 1, 2021 to **June 30, 2023**.

Dedicated Marijuana Account (DMA):	July 1, 2021 to June 30, 2023
Mental Health Promotion Projects (MHPP):	July 1, 2021 to June 30, 2023

The Health Care Authority reserves the right to extend the contract for up two (2) additional years, in one (1) year increments, for a total of four (4) years in the life of the Contract, at the sole discretion of the Health Care Authority, and contingent on availability of funds.

HCA may use the results of this solicitation for future awards and contracts.

APPLICANT ELIGIBILITY: This procurement is open to those Applicants that satisfy the minimum qualifications stated herein and that are available for work in Washington State.

RFA CONTACT: The RFA Coordinator is the sole point of contact in HCA for this procurement. All communication between the Applicant and HCA upon release of this RFA must be with the RFA Coordinator, as follows:

Name	Heidi Jones
E-Mail Address	HCAProcurements@hca.wa.gov

Emails must have "RFA 2021HCA2" in the subject line.

Any other communication will be considered unofficial and non-binding on HCA. Applicants are to rely on written statements issued by the RFA Coordinator. Communication directed to parties other than the RFA Coordinator may result in disqualification of the Applicant.

1. GENERAL INFORMATION

1.1.	**PURPOSE AND BACKGROUND**

The Washington State Health Care Authority, hereafter called "HCA," is initiating this Request for Applications (RFA) to solicit Applications from entities interested in participating on projects to implement prevention services in Washington State.

1.1.1. Sources of Funding

There are two (2) different sources of funding and associated Community-based enhancement projects listed within this RFA, as follows:

1. Dedicated Marijuana Account (DMA) projects,

2. Mental Health Promotion Projects (MHPP).

Applicants are to provide information related to either or both funding sources by correctly filling out the Attachments that reference each funding source, including Attachment B, *Funding Source Packets*, and Attachment C, *Budget*. Attachment D, *High Need Communities List*, is provided as a reference, and is also broken down by funding source.

1.1.2. Maximum Funding

HCA has appropriated $320,000 for Dedicated Marijuana Account projects and $520,000 for Mental Health Promotion Projects (MHPP). As such, HCA requests applicants be intentional in their Application ensuring proposed budgets are accurate, reasonable and deemed appropriate for the applicants' resources, experience, and ability to serve the proposed number of individuals. The maximum funding an applicant can request is $65,000.

1.1.3. Multiple Contracts

HCA intends to award multiple Contract(s) to provide the services described in this RFA. Multiple Contracts may be awarded to one geographical area at HCA's sole discretion if it is deemed to be in the best interest of HCA and the state of Washington.

HCA's Division of Behavioral Health and Recovery (HCA/DBHR) intends to award multiple contracts to provide quality and culturally competent Evidence-Based Programs, Research-Based Programs, and Promising Programs to address Substance Use Disorder Prevention and Mental Health Promotion Programs and/or Suicide Prevention. HCA intends to provide these grants to contractors to implement direct primary prevention programs, environmental and public education strategies to prevent and reduce marijuana use among youth and promote mental wellness and prevent suicide in high need communities.

1.1.4. Eligible Entities. HCA/DBHR may award to the following:

- **Tribal government or Urban Indian programs**

- **Government Organizations**
  - County governments
  - City or township governments
  - Local governments
  - Special district governments
  - Law enforcement agencies

- **Education Organizations**
  - School districts
  - Educational Service Districts (ESDs)
  - Public and state-controlled institutions of higher education
  - Private institutions of higher education

- **Non-Profit Organizations**
  - Nonprofits with 501(c)(3) status from the IRS, other than institutions of higher education, such as: youth service agencies, hospitals, faith-based organizations

1.1.5. Applicant Types.

There are two types of Applications included in this RFA, Type A and Type B.

A. **Applicant Type A.** Applicants looking to enhance and/or expand prevention direct services who identify with one of the following criteria:

1. have an existing Community Prevention and Wellness Initiative **(**CPWI) or Community-Based Organization (CBO) contract directly with HCA/DBHR; or

2. have an existing subcontract under a CPWI or CBO who holds an existing contract with HCA/DHR; or

3. has ever held a contract with HCA/DBHR.

B. Applicant Type B. Applicants looking to enhance and/or expand prevention direct services who identify with one of the following criteria:

1. have no existing contract and/or subcontract and are a new applicant to HCA/DBHR; or

2. have an agreement as a Tribal government or an Urban Indian program.

1.1.6. When filling out Attachment B, *Funding Source Packet*, applicants are to complete two (2) of the following:

One (1) based on funding type

- Attachment B-1 for DMA Funding, and/or

- Attachment B-2 for MHPP Funding

One (1) based on Applicant type

- Attachment B-3 for Applicant Type A

- Attachment B-4 for Applicant Type B

1.1.7. Application Priorities

A. Absolute Priorities

In order to receive an award, applicants must address in its Application HCA's <u>absolute priorities</u> which include:

- Providing direct services to individuals by expanding/enhancing prevention education, youth/parenting programs, and evidence/research-based programs.

- Use of multiple strategy(ies)/program(s) in direct service to individuals.

- Implementing recurring strategy(ies)/program(s) (i.e. multiple series and implementation cycles) in a single fiscal funding year in direct services to individuals,

- Use of evidence-based strategies/programs in direct services to individuals and services to reach high need communities.

- Serving a high number of individuals through direct services in proportion to community need and proposed budget. While public education/information dissemination strategies are allowable, the primary goal of the grant is to implement a recurring cycle of direct service programming.

- While public education/information dissemination strategies are allowable, the primary goal of the grant is to implement a recurring cycle of direct service programming.

B. Preference Priorities

HCA/DBHR is not excluding any eligible organizations from applying but will give preference priority to organizations serving the high need communities listed in Attachment D, *High Need Communities List*. Organizations are encouraged to partner with Community Prevention and Wellness Initiative (CPWI) Coalitions, listed in Attachment E, *Existing HCA/DBHR Community and Wellness Initiative (CPWI) Coalitions* or other existing community coalitions when possible.

C. Highly Valued Priorities

HCA/DBHR highly values health equity and reducing health disparities by providing substance use disorder prevention and mental health promotion and suicide prevention services to underserved communities or communities of color, veterans and military families, persons with disabilities, or members of LGBTQ communities.

HCA/DBHR highly values the number served and proposed reach of individuals per high-need community as a metric for estimating potential impact and outcomes on substance use disorder prevention and mental health promotion and suicide prevention services. Applicants are to consider this metric in: the selection and justification of direct services programs and strategies, expand direct services to diverse communities, accounting for the cost(s), and the intended reach of the chosen program/strategy(ies) in the application.

1.1.8. HCA's Responsibilities and Obligations

HCA reserves the right, at its sole discretion, to adjust an applicant's funding amount awarded, reject any and all Applications received without penalty, and to not issue any contract as a result of this RFA if deemed to be in the best interest of HCA and the state of Washington.

HCA will not be liable for any costs incurred by the Applicant in preparation of an Application submitted in response to this RFA, in conduct of a presentation, or any other activities related in any way to this RFA.

1.2. ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES

HCA Release of Request for Applications	February 22, 2021
Pre-Application Webinar via GoToMeeting	March 1, 2021 2:30 – 3:30 p.m. PST
Questions Due from Applicants	Once per week, due by each Thursday at 4 p.m. during the RFA period: February 25th; March 4th; March 11th, March 18th 2021.
HCA Posts Answers to Applicant(s) Questions	Once per week, to be posted by the Monday following the Question Due Dates by 5 p.m.: March 1st, March 8th; March 15th; March 22nd 2021.
Applications Due Date	March 26, 2021 2:00 p.m. PST
Evaluate Applications	March 29, 2021 through April 16, 2021
Announce "Apparent Successful Applicant" and send notification via e-mail to unsuccessful Applicants	April 28, 2021
Applicant Request for Debrief Due Date	May 5, 2021
Hold Debriefing Conferences via Teams (if requested)	May 3 – 7, 2021
Begin Contract Negotiations	May 10 – 14, 2021
Estimated Contract Start Date	July 1, 2021

HCA reserves the right in its sole discretion to revise the above schedule.

Applicants are strongly encouraged to register as a vendor on Washington's Electronic Bid System (WEBS), at https://fortress.wa.gov/ga/webs/ and to download a copy of this RFA from WEBS, in order to view any Amendments that are issued by HCA which may modify the terms of this RFA.

1.3. MINIMUM QUALIFICATIONS / ELIGIBILITY REQUIREMENTS

1.3.1. Licensed to do business in the state of Washington or provide a commitment that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Applicant.

1.3.2. Proposed services must be expanding and enhancing services in the identified community and applicant must not supplant existing funds for a project or activities.

1.3.3. Applicant must be an eligible entity as defined in Section 1.1, *Purpose and Background*, Subsection 1.1.4 within the state of Washington.

1.3.4. A minimum of one (1) year' experience with providing substance use disorder prevention, mental health promotion, or suicide prevention services.

1.4. FUNDING PERIOD

The period of performance of any Contract resulting from this RFA is tentatively scheduled to begin on or about July 1, 2021 and to end on June 30, 2023.

HCA reserves the right to extend the contract for up two (2) additional years, in one (1) year increments, for a total of four (4) years in the life of the Contract, at the sole discretion of HCA, and contingent on availability of funds.

Applications in excess of $65,000 will be considered non-responsive and will not be evaluated. A single organization may not receive multiple awards for single funding source. Applicants may apply for each funding source in this RFA if eligible.

Any contract awarded as a result of this procurement is contingent upon the availability of funding. HCA may provide additional funding or de-obligate unused funds, if it is deemed by HCA, in its sole discretion, to be in HCA's best interest relative to the overall purpose and objective as stated herein.

Grantees must use funding to supplement and not supplant existing prevention activities in their communities.

1.5. DEFINITIONS

Definitions for the purposes of this RFA include:

Apparent Successful Applicant (ASA) – The Applicant selected as the entity to perform the anticipated services under this RFA, subject to completion of contract negotiations and execution of a written contract.

Applicant – Individual or company interested in the RFA that submits an Application in order to attain a contract with the Health Care Authority.

Application - A formal offer submitted in response to this solicitation.

Health Care Authority or HCA –an executive agency of the state of Washington that is issuing this RFA.

Application – A formal offer submitted in response to this solicitation.

Contract - The agreement between HCA and the Apparent Successful Applicant (ASA) to carry out the ASA's proposed program.

Request for Application (RFA) – Formal procurement document in which a service or need is identified but no specific method to achieve it has been chosen. The purpose of an RFA is to permit the Applicant community to suggest various approaches to meet the need at a given price.

1.6. SPECIAL DEFINITIONS

Absolute Priorities – Items scored during evaluation of applications and deemed the highest priority to include for more favorable consideration in the Application, evaluation, and grant award process.

Action Plan – Completed version of the template set forth in each Attachment B, *Funding Source Packet* of this RFA describing the Applicant's plan for implementing proposed programs described in the Project Narrative also included in the Attachment B, *Funding Source Packet*.

Coalition – Formal arrangement for cooperation and collaboration between groups or sectors of a Community. Each participant in the Coalition retains its identity, but all agree to work together toward a common goal of building a safe, healthy, and drug-free Community.

Community – Geographic area within school district boundaries, or within High School Attendance Areas (HSAA), and their feeder schools.

Community-Based Organization or **CBO** – Public or private nonprofit organization of demonstrated effectiveness that is representative of a Community, or of significant segments of a Community, and that provides educational or related services to individuals in the Community. This includes faith-based and religious organizations.

Community Prevention and Wellness Initiative or **CPWI** – HCA substance use prevention delivery system that focuses prevention services in high-need communities in Washington State as selected and approved by HCA. The List of sites can be found in Attachment E, *Existing HCA/DBHR CPWI Coalitions*.

The Center for Substance Abuse Prevention or **CSAP** – means the Substance Abuse and Mental Health Services Administration (SAMHSA) that works with federal, state, public, and private organizations to develop comprehensive prevention systems. CSAP has developed and recognized the six prevention strategy categories listed below.

CSAP Categories:

- Alternative Activities: Activities that involve participation by targeted groups/individuals that purposefully exclude alcohol and other substances by way of providing prosocial and healthy alternatives.

- Community-Based Process: Providing an organized forum to enhance prevention activities by forming a group. The group organizes, plans, and implements prevention activities through this format.

- Education: Activities to provide education to identified group/individuals aimed at teaching decision - making skills, refusal skills, parental management skills, social skill development etc. Education activities involve two-way communication and involve an educator teaching participants.

- Environmental: Establish or change Community attitudes, norms, and policies that can influence substance use occurrence within the Community.

- Information Dissemination: Provide information about drug use, misuse, and abuse, effects of substance use on individuals. Provide information on prevention related programs and resources available.

- Problem Identification and Referral: Identify individuals with misuse/abuse of substances in order to provide interventions that can deter those individuals of continued misuse through education and motivation strategies.

- Other: Training

Direct services – prevention direct services means the implementation of a program using individual, family, or group interventions or education.

Division of Behavioral Health and Recovery or **DBHR** – The Division of the Washington State Health Care Authority that provides program support for behavioral health including substance use disorder prevention and treatment, mental health promotion and treatment, and recovery support services.

Dedicated Marijuana Account or **DMA** – Revenue generated by the taxation of retail marijuana as a result of the implementation of Initiative 502 (I-502) as authorized in Chapter 4, Laws of 2015 (2nd Special Session); codified in RCW 69.50.540.

Dose – the measured quantity of substance use disorder and/or mental health promotion and suicide prevention services given over a time period to have an impact on intended outcomes.

Educational Service District or ESD – Regional agency described in RCW 28A.310.010 to (1) provide cooperative and informational services to local school districts; (2) assist the superintendent of public instruction and the state board of education in the performance of their respective statutory or constitutional duties; and (3) provide services to school districts and to the Washington state center for childhood deafness and hearing loss and the school for the blind to assure equal educational opportunities.

Evidence-Based Program or EBP – Program that has been tested in heterogeneous or intended populations that can be implemented with a set of procedures to allow successful replication in Washington. An EBP has had multiple randomized and/or statistically-controlled evaluations, or one large multiple-site randomized and/or statistically-controlled evaluation, and the weight of the evidence from a systematic review demonstrates sustained improvements in at least one of the desired outcomes.

Health Disparities – A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health Disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

Health Equity – The attainment of the highest level of health for all people. Achieving Health Equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Highly Valued Priorities - Items not scored during evaluation of applications but deemed important and valued to include for more favorable consideration in the Application, evaluation, and grant award process.

Innovative Program – Program that does not fall into the other program categories of Evidence-Based Programs, Research-Based Programs, or Promising Programs.

The Institute of Medicine Model or **IOM** – often referred to as a continuum of services, care, or prevention, classifies prevention interventions according to their target population. Classification by population provides clarity to the differing objectives of various interventions and matches the objectives to the needs of the target population. The IOM identifies these categories based on the level of risk, see below.

IOM Classifications:

- Universal-Indirect: Targets the general population and are not directed at a specific risk group.

- Universal-Direct: Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk.

- Selective: Targets those at higher-than-average risk for substance abuse; individuals are identified by the magnitude and nature of risk factors for substance abuse to which they are exposed.

- Indicated: Targets those already using or engaged in other high-risk behaviors to prevent heavy or chronic use.

Mental Health Promotion Programs or **MHPP** – means a program or strategy with the overall goal of maximizing mental health and well-being among populations and individuals.

Preference Priorities – Items earning additional scoring points during the evaluation of applications deemed highly important to include for more favorable consideration in the Application, evaluation, and grant award process.

Project Narrative – Written answers to the questions included in Attachment B, Funding Source Packet. Project Narrative describes the Programs an Applicant seeks to carry out if awarded a Contract.

Promising Program – Program that is based on statistical analyses or a well-established theory of change, shows potential for meeting the "Evidence-Based Program" or "Research-Based Program" criteria, and could include the use of an Evidence-Based Program for outcomes other than the alternative use.

Public Agency – Examples of a Public Agency, for purposes of this RFA, include: a school district, law enforcement agency, county agency, ESD, Urban Indian Organizations, American Indian Organizations, or a Tribe.

Research-Based Program – means a program that has been tested with a single randomized and/or statistically controlled evaluation, demonstrates sustained desirable outcomes; or where the weight of the evidence from a systematic review supports sustained outcomes as identified in the term "Evidence-Based Program", but does not meet the full criteria for "Evidence-Based Program".

Suicide Prevention Projects – means programs and strategies designed to decrease the risk of suicide.

Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System or **Minerva** – Online data entry system for documenting and reporting prevention services. https://www.theathenaforum.org/minerva

Target Audience – Indicated program participant a service is designed for based on the program design. A Community may determine Target Audience by geography or sub-population to ensure effective program delivery.

1.7.   BUDGET DEVELOPMENT

Grantees must adhere to the State of Washington procurement statutes for all purchases, contracts, travel, personnel and per diem costs being paid for with Federal funds.

General equipment purchases are not allowed by HCA in the Contract. Specific materials that is crucial to the success of the execution of the project may be applied for as Supplies.

The maximum allowed for indirect/administrative costs is 8% to be used by the Awardee to: 1) cover all administrative expenses incurred by the awardee and 2) allow for all other funds to be applied to programmatic activities. These funds must be used to supplement (add to), enhance, or expand existing services for program activities and not replace those funds that have already been appropriated for the same purpose. Budgets must reflect the cost of the programmatic activities

aligned with the proposed population reach. HCA will consider cost variances of programs relative to the proposed population reach in determining the potential impacts.

A grant recipient may not use grant funds to defray any costs that the recipient already is obligated to pay.

The possibility of supplanting will be the subject of careful Application review, possible pre-award review, post-award monitoring, and audit of any finding.

1.8. STATEMENT OF WORK

Applicants can only apply once for each funding source. Applicants must complete a separate Project Narrative, Action Plan, and Budget for each source of funding requested in their Application. The Project Narrative will describe the expected number of people being served, the needs of the communities proposed to be served; the programs and plan proposed for implementation, and how health disparities will be addressed.

Each Project Narrative must clearly state how the Applicant will ensure the objectives for each funding source are met. The funding source objectives are as follows:

DMA: To address RCW 69.50.545, HCA/DBHR will provide grants to entities to implement youth marijuana misuse and abuse prevention services. HCA/DBHR intends to increase capacity to implement direct and environmental substance use disorder prevention services in communities.

Mental Health Promotion Projects: To meet the WA State Suicide Prevention Plan goals, HCA/DBHR will provide grants to entities to address mental health promotion and/or Suicide Prevention. Mental health promotion, including upstream suicide prevention, works to strengthen individuals and communities. Promotion of mental health can be achieved by working to improve your Community in a variety of ways. Here are a few examples:

- Early childhood interventions (e.g., home visiting for pregnant women, pre-school psychosocial interventions, combined nutritional and psychosocial interventions among disadvantaged populations);

- Mental health promotion activities in schools e.g., programs supporting normal transitions and changes in schools, increasing the atmosphere of child-friendly schools;

- Family education programs e.g., increasing child parent bonding, child transitions, communication skills, problem solving skills, disciplinary skills;

- Suicide Prevention Projects e.g., Community or individual training on signs of suicide and how to provide appropriate referrals; and

- Mental health interventions at work e.g., stress prevention programs.

The work of successful Applicants must include but not be limited to the following:

1. Implement the Action Plan approved by HCA for each funding source.

2. The Action Plan will include approved program(s) from the list(s) of approved programs on Attachment A: Application Face Page. Programs must be implemented as proposed in the Applicants' approved Project Narrative, Action Plan, and Budget including approved

program(s), dates & timelines, scope, dosage, Target Audience(s), leadership, and responsible parties.

   a. **Type A Applicants** will include identifying goals, objectives, short-term measurable outcomes, risk/protective factors, and survey evaluation tools.

   b. **Type B Applicants** will work with the Program Manager in the first 30 days of grant to build on to the submitted Action Plan to identify goals, objectives, short-term measurable outcomes, risk and protective factors and survey evaluations tools. Funds must be used to support program costs including staff for program planning, training, implementation, reporting and evaluation.

3. Enter approved implementation Action Plan into the Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System (Minerva), or other identified online reporting system, no more than 30 days following Contract execution.

4. Complete monthly reporting in online reporting system, including all required data, by the 15th of the month following the month of services, including required pre/post-test data. Resources on the Minerva system can be found at http://theathenaforum.org/MKB.

5. Participate in HCA/DBHR Learning Community Meetings every other month, and other required trainings.

   a. HCA will provide training and technical assistance sessions to increase the Contractor's capacity in the reporting, billing, and implementation systems. HCA understands that those that are new to HCA's contracts and processes will need additional support. **Type B Applicant** will be required to attend additional trainings. Type A Applicant will only be required to attend, as necessary based on demonstrated compliance for reporting, billing and implementation. Both Type A and Type B applicants will receive ongoing technical assistance as needed.

   b. Additional training information can be found on The Athena Forum Calendar at https://www.theathenaforum.org/event-calendar/month

6. Awarded contractors are required to report program level activity data input for all active services including coordination staff hours and efforts, services, participant information, training, evaluation tools and assessments. Contractors will be required to participate in statewide evaluation reporting activities.

2. APPLICATION PROCESS

2.1.	**QUESTIONS, ANSWERS, & CLARIFICATIONS**

Applicants may submit questions and requests for clarifications regarding this RFA in writing to HCAProcurements@hca.wa.gov due by each Thursday at 4 p.m. Pacific Standard Time or Pacific Daylight Time during the RFA period: February 25th; March 4th; March 11th, and March 18th 2021. All correspondence regarding this solicitation must reference the RFA number in the subject line.

HCA responses will be posted per Section 1.2, *Estimated Schedule of Procurement Activities.*

No phone calls or in-person inquiries will be accepted. Any verbal information received from an HCA employee or any other entity shall not constitute an official response to any questions regarding this RFA.

HCA will be bound only to HCA written answers to questions. Questions arising at the pre-Application conference or in subsequent communication with the RFA Coordinator will be documented, answered in written form, and published on WEBS.PRE-APPLICATION WEBINAR.

A Pre-Application Conference is scheduled to be held **Monday, March 1, 2021, 2:30 – 3:30 p.m.,** Pacific Time.

All prospective Applicants should attend so that they can discuss any questions they have regarding this RFA and Application requirements. However, attendance is not mandatory. The Pre-Application Webinar will be recorded. To allow for future viewing of the recorded webinar, HCA will provide a link to the webinar in an amendment to the RFA posted in WEBS.

Before joining, be sure to check system requirements to avoid any connection issues.

GoToWebinar Link: https://attendee.gotowebinar.com/register/1086819278739539725

Webinar ID: 728-361-147

Choose one of the following audio options:

TO USE YOUR COMPUTER'S AUDIO:
When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.

--OR--

TO USE YOUR TELEPHONE:
If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.
United States: +1 (562) 247-8422
Access Code: 307-497-465
Audio PIN: Shown after joining the webinar

2.2.	**SUBMISSION OF APPLICATIONS**

The Application must be received by the RFA Coordinator no later than the Application Due deadline in Section 1.2, *Estimated Schedule of Procurement,* and must be submitted electronically as an attachment to an e-mail as follows:

2.2.1. Sent to **Heidi Jones** at **HCAProcurements@hca.wa.gov**;

2.2.2. With the subject line: **RFA 2021HCA2 Heidi Jones;**

2.2.3. Application documents must be submitted in the same order as presented in Section 3, *Application Contents*, with the same headings;

2.2.4. Adhere to any noted page limits as stated in Application Contents: *Project Narrative*.

2.2.5. Include all required signatures, signed and scanned or signed electronically;

2.2.6. Attachments to e-mail should be in Microsoft Word format or PDF, zipped files will not be accepted by HCA; and

2.2.7. The documents listed below must have a signature of an individual within the organization authorized to bind the Applicant to the Application.

Failure to submit the Application by the date indicated above and/or as outlined above may result in the Applicant being found non-responsive.

Applicants should allow sufficient time to ensure timely receipt of the Application by the RFA Coordinator. Late Applications will not be accepted and will be automatically disqualified from further consideration, unless HCA e-mail is found to be at fault. HCA does not assume responsibility for problems with Applicant's e-mail. If HCA e-mail is not working, appropriate allowances will be made.

All Applications and any accompanying documentation become the property of HCA and will not be returned.

3. APPLICATION CONTENTS

3.1. MANDATORY

Items marked "MANDATORY" must be included as part of the Application for the Application to be considered responsive; however, these items are not scored. Mandatory contents include the following:

- Attachment A – Application Face Page (M)

3.2. SCORED

Items marked "SCORED" are those that are awarded points as part of the evaluation conducted by the evaluation team. Scored contents include the following:

3.2.1. BUDGET (SCORED)

The proposed budget for this work must be $65,000 or less to be considered responsive to this RFA. Applications requesting the maximum funding amount available will be expected to serve a substantial number of individuals in order to make a significant impact and ensure significant distribution of services in the respective service area(s).

Budget Attachment(s) must be completed in the same order as presented in this document with the same headings. Applicant must prepare a separate budget for each funding source project, if applicable. Ex: If the Applicant is applying for one project funded by MHPP and another project funded by DMA, two budgets are required.

The budget narrative will be scored based on how well the Applicant answers each question. Responses will be evaluated based on clear and complete responses. If Applicant cannot fill out a specific section, they must provide an explanation.

The evaluation process is designed to award this procurement not necessarily to the Applicant of least cost, but rather to the Applicant whose Application best meets the requirements of this RFA. However, Applicants are encouraged to submit Applications which are consistent with state government efforts to conserve state resources.

Fill out the Budget Form in Attachment C, *Budget*, for each funding source that you are applying for. Do not exceed 8% for indirect/administrative cost.

3.2.2. PROJECT NARRATIVE (SCORED)

Each Application will be scored according to how well the requirements in each section of the Project Narrative have been addressed. The Project Narrative must be completed in the order presented and adhere to the following requirements:

- Applicants must prepare a separate Project Narrative for each funding source being applied for DMA, and/or MHPP. For example, if the Applicant is applying for both DMA and MHPP, two Project Narratives are required.

- Applicant responses will be evaluated and scored based on clear and complete responses to each question included in the Project Narrative.

- You may not combine two or more questions or refer to another section of the Project Narrative in your response. Only information included in the appropriate question will be considered by reviewers.

3.2.2.1. EXCEPTION: In response to Project Narrative Section 3, *Implementation*, question (c), Applicant may include up to three (3) letters of support with each Project Narrative for a maximum of six (6) letters of support per Applicant.

- Each response must begin with a restatement or paraphrasing of the question being addressed. If Applicant cannot answer a specific question, they must provide the reason(s) within the answer to the question.

- Each Project Narrative, excluding letters of support, must not exceed ten (10) pages total. Project Narratives exceeding the page limit may be disqualified from further consideration.

3.2.3. ACTION PLAN (SCORED)

The Action Plan must be completed in the order presented. Applicants must prepare a separate Action Plan for each funding source project (DMA, and/or MHPP). For example, if the Applicant is applying for both DMA and MHPP, two Action Plans are required.

The Action Plan(s) will be scored based on how well the Applicant completes the table outlining the programs and strategies that the Applicant intends to implement. Applicant responses will be evaluated based on clear and complete responses. If Applicant cannot answer a specific section on the Action Plan, they must provide the reason(s) within the table.

Applicant Tip: Be sure to include specific descriptions and dates for how and when your chosen objective(s) will be achieved. A thorough response will demonstrate how each budget item is supporting the project and will lead to achieving the objective(s). Numbers served/reached is a way of considering potential impact. Be sure the action plan demonstrates the dose and reach for each strategy chosen. Please keep in mind that applications requesting the maximum funding amount available will be expected to serve a substantial number of individuals in order to make a significant impact and ensure significant distribution of services in the respective service area(s).

3.2.4. PRIORITY POINTS (SCORED)

Applicants may earn additional preference priority points for direct services provided to high need communities (Attachment D, *High Need Communities List*)) and/or collaborating with an existing CPWI (Attachment E, *Existing HCA/DBHR CPWI Coalitions*) in providing direct services.

Applicants are eligible to receive up to fifteen (15) additional priority points for meeting certain needs or goals as follows:

3.2.4.1. CPWI, Five (5) points

3.2.4.1.1. Applicants can receive priority points through submitting letters of support to demonstrate working with an existing CPWI.

3.2.4.1.2. Potential partners include entities that want to support increasing the substance use disorder prevention and mental health promotion and suicide prevention opportunities in your local community including the provider's city's mayor, a local task force or coalition, or a business partner outside of the coalition.

3.2.4.2. High Need Community, ten (10) points

3.2.4.2.1. Applicants will receive priority points for serving a high need community as identified in Attachment D-1, *High Need Communities List for DMA*, or Attachment D-2, *High Need Communities List for MHPP*, depending on which funding source Application is being submitted.

4. EVALUATION AND CONTRACT AWARD

4.1. ACCEPTANCE PERIOD

Applications must provide one hundred twenty (120) calendar days for acceptance by HCA from the due date for receipt of Applications.

4.2. EVALUATION WEIGHTING AND SCORING

The following points will be assigned to the Application for evaluation purposes:

Responses that pass all Mandatory requirements will be further evaluated and scored. Evaluators will evaluate and assign a score to each Scored requirement based on how well the Applicant's response matches the requirement.

The following points will be assigned to both **Type A Applications** and **Type B Applications** for evaluation purposes:

PROJECT NARRATIVE	MAXIMUM POINTS Available
1. Overview	25
2. Plan for Advancing Health Equity	10
3. Implementation	30
4. Budget	10
APPLICATION TOTAL	**75**
5. Priority Points Available • Up to 5 points if the Applicant plans to collaborate with an existing CPWI Community or coalition • Up to 10 points if Applicant serves a high need community on the list in Attachment D-1, *High Need Communities List for DMA, or Attachment D-2, High Need Communities List for MHPP, depending on which funding source Application is being submitted.*	15
APPLICATION TOTAL - WITH PRIORITY POINTS	**90**

HCA reserves the right to award the contract to the Applicant whose Application is deemed to be in the best interest of HCA and the state of Washington.

HCA intends to distribute funds between Type A and Type B applications. HCA reserves the right to fund more applications in one Type based on score, geographic representation, available funding, and other factors that HCA deems appropriate.

Other special consideration during selection may include Community geographic location(s) to ensure distribution of projects statewide, overall Community risk ranking, and past performance of HCA/DBHR contracts.

HCA reserves the right to work with Applicants to refine or adjust proposals to more precisely fit the objectives of HCA/DBHR to implement a recurring cycle of direct services.

Evaluators will assign each question a score on a scale of zero (0) to five (5) where the end and midpoints are defined as follows:

A score of a zero (0) or one (1) on any Scored requirement may cause the entire Applications to be eliminated from further consideration.

QUALITATIVE ASSESSMENT	DESCRIPTION
5 = Excellent	The Applicant organization provides substantive descriptions and relevant details in addressing the narrative question. A sound understanding of the topic is demonstrated and includes pertinent examples. All criteria are fully addressed without identified weaknesses.
4 = Very Good	The Applicant organization provides substantive descriptions and relevant details in addressing the narrative question but the response is not fully comprehensive. Any identified weaknesses will likely have minor impact on the successful implementation of proposed project.
3 = Acceptable	The Applicant organization provides a basic response to the narrative question but does not include sufficient detail or supporting documentation. There are some gaps and/or lack of clarity in describing how the Application will be implemented. Identified weaknesses will likely have some impact on the successful implementation of proposed project.
2 = Marginal	The Applicant organization provides minimal details and insufficient descriptions that do not completely answer the narrative question. Limited information is presented or the Applicant merely repeats back information included in the RFA. The Applicant may answer part of the narrative question but miss a key point or there are major gaps in the information presented. Application has some strengths but includes identified weaknesses that will likely impact the successful implementation of proposed project.
1 = Unacceptable	The Applicant organization does not explicitly address the narrative question. The Applicant organization states the question, but does not elaborate on the response. As a result, the answer is completely deficient in addressing the narrative question.
0 = Nonresponsive	The Applicant organization skips or otherwise ignores the question or includes irrelevant information that does not answer the question. As a result, the answer is nonresponsive.

4.3. MOST FAVORABLE TERMS

HCA reserves the right to make an award without further discussion of the Application submitted. Therefore, the Application should be submitted initially on the most favorable terms which the Applicant can propose. HCA reserve the right to contact an Applicant for clarification of its Application.

4.4. EVALUATION PROCEDURE

Administrative Review

RFA Coordinator will perform an error check of all submitted Applications for completeness and technical errors. If errors are found, HCA will provide a list of any incomplete questions and missing documents and prompt the applicant to fix them. Applicants will not be able to submit their Application until all errors are fixed. Failure to respond by the date indicated by the RFA Coordinator and/or failure to submit the corrected documents by the date indicated may result in the applicant being found non-responsive.

HCA also reserves the right at its sole discretion to waive minor administrative irregularities.

Responsiveness

Responsive Applications will be evaluated strictly in accordance with the requirements stated in this RFA and any addenda issued. The evaluation of Applications will be accomplished by an evaluation

team(s), to be designated by HCA, which will determine the ranking of the Applications. Evaluations will only be based upon information provided in the Applicant's Application.

Applications that have passed Administrative Review will be reviewed and scored by an evaluation team using a weighted scoring system, Section 6.7, *Evaluation Weighting and Scoring*. Applications will be evaluated strictly in accordance with the requirements set forth in this RFA and any addenda issued.

4.5. SUBSTANTIALLY EQUIVALENT SCORES

Substantially equivalent scores are scores separated by two points or less in the final points scored. If multiple Applications receive a Substantially Equivalent Score, HCA may leave the matter as scored, or select as the ASA the Applications that are deemed by HCA, in its sole discretion, to be in HCA's best interest relative to the overall purpose and objective as stated in Sections 1 Purpose and Background, and Section 1.8, Statement of Work, of this RFA.

If applicable, HCA's best interest will be determined by HCA managers and executive officers, who have sole discretion over this determination. The basis for such determination will be communicated in writing to all Applicants with equivalent scores.

4.6. RFA NOTIFICATION TO APPLICANTS

HCA will notify the ASA(s) of their selection in writing upon completion of the evaluation process. Applicants whose Applications were not selected for further negotiation or award will be notified separately in writing.

4.7. DEBRIEFING OF UNSUCCESSFUL APPLICANTS

Any Applicant who submitted an Application and has been notified that it was not selected for contract award may request a debriefing. The request for a debriefing conference must be received by the RFA Coordinator no later than 5:00 p.m., local time, in Olympia, Washington, within three business days after the Unsuccessful Applicant Notification is e-mailed to the Applicant. The debriefing will be held within three business days of the request, or as schedules allow.

Discussion at the debriefing conference will be limited to the following:

4.7.1. Evaluation and scoring of the Applicant's Application;

4.7.2. Critique of the Application based on the evaluation; and

4.7.3. Review of the Applicant's final score in comparison with other final scores without identifying the other Applicants.

Topics an Applicant could have raised as part of the complaint process (Section 2.10) cannot be discussed as part of the debriefing conference, even if the Applicant did not submit a complaint.

Comparisons between Applications, or evaluations of the other Applications will not be allowed. Debriefing conferences may be conducted in person or on the telephone and will be scheduled for a maximum of thirty (30) minutes.

4.8.   PROTEST PROCEDURE

A bid protest may be made only by Applicants who submitted a response to this RFA and who have participated in a debriefing conference. Upon completing the debriefing conference, the Applicant is allowed five business days to file a protest with the RFA Coordinator. Protests must be received by the RFA Coordinator no later than 4:30 p.m., local time, in Olympia, Washington on the fifth business day following the debriefing. Protests may be submitted by e-mail or by mail.

Applicants protesting this RFA must follow the procedures described below. Protests that do not follow these procedures will not be considered. This protest procedure constitutes the sole administrative remedy available to Applicants under this RFA.

All protests must be in writing, addressed to the RFA Coordinator, and signed by the protesting party or an authorized agent. The protest must state (1) the RFA number, (2) the grounds for the protest with specific facts, (3) complete statements of the action(s) being protested, and (4) the relief or corrective action being requested.

4.8.1.   Only protests alleging an issue of fact concerning the following subjects will be considered:

4.8.1.1.   A matter of bias, discrimination, or conflict of interest on the part of an evaluator;

4.8.1.2.   Errors in computing the score; or

4.8.1.3.   Non-compliance with procedures described in the RFA or HCA requirements.

Protests based on anything other than those items listed above will not be considered. Protests will be rejected as without merit to the extent they address issues such as: 1) an evaluator's professional judgment on the quality of an Application; or 2) HCA's assessment of its own needs or requirements.

Upon receipt of a protest, HCA will undertake a protest review. The HCA Director, or an HCA employee delegated by the HCA Director who was not involved in the RFA, will consider the record and all available facts. If the HCA Director delegates the protest review to an HCA employee, the Director nonetheless reserves the right to make the final agency decision on the protest. The HCA Director or his or her designee will have the right to seek additional information from sources he or she deems appropriate in order to fully consider the protest.

If HCA determines in its sole discretion that a protest from one Applicant may affect the interests of another Applicant, then HCA may invite such Applicant to submit its views and any relevant information on the protest to the RFA Coordinator. In such a situation, the protest materials submitted by each Applicant will be made available to all other Applicants upon request.

4.8.2.   The final determination of the protest will:

4.8.2.1.   Find the protest lacking in merit and uphold HCA's action; or

4.8.2.2.   Find only technical or harmless errors in HCA's acquisition process and determine HCA to be in substantial compliance and reject the protest; or

4.8.2.3.   Find merit in the protest and provide options to the HCA Director, which may include:

4.8.2.3.1.   Correct the errors and re-evaluate all Applications; or

4.8.2.3.2.   Issue a new solicitation document and begin a new process; or

4.8.2.3.3.   Make other findings and determine other courses of action as appropriate.

If the protest is not successful, HCA will enter into a contract with the ASA(s), assuming the parties reach agreement on the contract's terms.

5. RFA CONTENTS

5.1. RFA Attachments

Attachments marked "scored" (S) are those that are awarded points as part of the evaluation conducted by the evaluation team.

Attachments marked "mandatory" (M) must be in Items marked **"mandatory"** must be included as part of the Application for the Application to be considered responsive; however, these items are not scored.

Application must not be smaller than 12-point font. Applicant must include page numbers, RFA short-title, and RFA number in the footer.

To be considered responsive all pertinent information must be included in each response, the Applicant must not direct evaluators to another response or location for additional information.

Only complete Applications will be considered. For the purposes of this RFA, a complete Application must include all required forms and supporting documents. All questions must be restated prior to the response, and all responses must completely answer each question. All pertinent information must be included in each response, the Applicant must not direct evaluators to another response or location for additional information.

Attachments must be completed, signed (where applicable), and included in the same order as listed below. For Attachments that are to be signed, signature must be the person authorized to legally bind the Applicant to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship.

A. Attachment A – Application Face Page (M)

The Application Face Page is used for tracking incoming Applications, contractor information, and proposed service areas. It should be signed and dated by a person authorized to legally bind the Applicant to a contractual relationship, e.g., the President or Executive Director if a corporation, the managing partner if a partnership, or the proprietor if a sole proprietorship.

B. Attachment B– Funding Source Packets (S)

Do not include the page titled "Attachment B – Funding Source Packets."

Include two of the following Attachment components as applicable, depending on the funding source and your Applicant type.

Select one by funding source:

- Attachment B-1: DMA Funding, Program Selection, Project Narrative, for Applicant Types A and B

- Attachment B-2: MHPP Funding, Program Selection, Project Narrative, for Applicant Types A and B

Select one by Applicant type:

- Attachment B-3: DMA and MHPP Funding, Action Plan, Applicant Type A

- Attachment B-4: DMA and MHPP Funding, Action Plan, Applicant Type B

If you are applying for both DMA and MHPP, you must include both. Collate the attachments as follows: first by the Attachment's alphabetical order, then by the

Attachment's number in numerical order, and then grouped by funding source, in alphabetical order. (ex: B-1 DMA, B-2 MHPP)

C. Attachment C – Budget (S)

Do not include the page titled "Attachment C – Budget."

Include one of the following attachments as applicable, the packet that corresponds with the funding source for your Application. Attachments are labeled to read as follows:

- Attachment C-1: DMA

- Attachment C-2: MHPP

If you are applying for both DMA and MHPP, you must include both. Collate the attachments as follows: first by the Attachment's alphabetical order and then the Attachment's number in numerical order (B-1, C-1).

The Budget(s) will be scored based on how well the Applicant answers each question. Applicant responses will be evaluated based on clear and complete responses. If Applicant cannot fill out a specific section, they must provide an explanation.

D. Attachment D – High Need Communities List

This attachment is informational only. Do not include in the Application.

For your reference, attachment titled are labeled to read as follows:

- Attachment D-1: DMA

- Attachment D-2: MHPP

E. Attachment E – Existing HCA/DBHR CPWI Coalitions

This attachment is informational only. Do not include in the Application.

ATTACHMENT A – Application Face Page

Please refer to Attachment A, Application Face Page, attached as a separate document.

Dedicated Marijuana Account Funding Source Packet

Check Applicant Type: ☐ **Type A Applicant** ☐ **Type B Applicant**

DMA Program Selection:

Applicant will select one of the following proposal options:
- Only Evidence-Based Program (EBP) or Research-Based Program (RBP) services are proposed.
- Only Promising Program (PP) services are proposed.
- Combination of EBP/RBP and PP services proposed. No less than 85% of the proposed budget can support programs that are either EBP or RBP from the provided list in this RFA. No more than 15% of funding can support PP from the provided list. Applicants are encouraged to include an EBP in their proposed programs as the final decision will be made on meeting an overall 85% target for EBPs. Final selection may be based on this distribution.
- Applicants are required to attend bi-monthly DBHR Learning Community Meetings, the November 2021 & 2022 All Provider Meeting, and other required trainings from DBHR.
- Funds can be used for staff for program planning, training, implementation, reporting, and evaluation.

Make selections below:

Dedicated Marijuana Account Options (Must include EB/RB/PP programs from the list below.)
☐ Only Evidence-Based (EB) or Research-Based (RB) services are proposed.
☐ Only Promising Program (PP) services are proposed.
☐ Combination of EB/RB/PP program services proposed.
Evidence-Based (EB) & Research-Based (RB) Programs for Dedicated Marijuana Account
☐ Communities That Care (CTC)
☐ *Community-Based Mentoring (Big Brothers/Big Sisters, Across Ages, Sponsor-a-Scholar, Career Beginnings, the Buddy System, or innovative design that must be approved by Mentoring Works WA)
☐ Family Matters – (adapted for marijuana)
☐ Good Behavior Game (PAX)
☐ Guiding Good Choices
☐ Incredible Years
☐ Life Skills Training (Botvin Middle School Version)
☐ Lions Quest Skills for Adolescents
☐ Nurse Family Partnerships
☐ Positive Action
☐ Project Northland (may include Class Action)
☐ Project STAR
☐ Project Towards No Drug Abuse
☐ Project Towards No Tobacco Use – (adapted for marijuana)
☐ PROSPER
☐ SPORT Prevention Plus Wellness
☐ Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14)
☐ Strong African American Families Program – (Ages 5-11 and Teen Version)
Promising Programs (PP) for Dedicated Marijuana Account
☐Athletes Training & Learning to Avoid Steroids (ATLAS)
☐ Alcohol Literacy Challenge (ALC)

Dedicated Marijuana Account Funding Source Packet

☐ Athletes Training & Learning to Avoid Steroids

☐ Families Unidas

☐ Keep Safe

☐ Keepin' It REAL

☐ Parent Management Training

☐ Protecting You/Protecting Me

Environmental/Information Dissemination Promising Programs (PP) for Dedicated Marijuana Account

☐ Community Trials Intervention to Reduce High-Risk Drinking (adapted for youth marijuana use prevention)

☐ Policy Review and Development

☐ Purchase Surveys couple w/ Reward & Reminder

☐ Restrictions at Community Events

☐ Social Norms Marketing (Information Dissemination)

*For ALL Mentoring Program Applications, [Mentoring Works Washington Survey](#) designation will need to be completed if the Applicant is notified as an Apparent Successful Applicant (ASA). This survey is not due at the time of this RFA Application, but the ASA will be notified that this will be a condition of award prior to entering a contract with HCA.

DMA PROJECT NARRATIVE

Your Project Narrative should answer the following questions. Please note the specific questions for either Applicant Type A and/or Applicant Type B.

1. **Overview (25 points- 5 points each)**

   a. Describe your ability and experience serving high need communities, including youth and parents.

   b. Describe your ability and experience with providing alcohol, tobacco, marijuana, and other drug prevention services.

   c. Describe the community(ies) that will be served with your program(s) and if the community(ies) is/are on the high need list as described in D-1, *High Need Communities List for DMA.* Briefly describe the demographics of the community you intend to serve, including specifically who will be served with these funds.

   d. Provide data (such as a high-level summary with references, demographics, or Healthy Youth Survey data) to justify why substance use disorder prevention are needed in this particular community.

   e. Explain your understanding of the factors in identified community likely increasing the need for substance use prevention services. Provide a brief overview of how your program and proposed strategies address the prevention of substance abuse implemented in the community you intend to serve.

2. **Plan for advancing Health Equity (10 points- 5 points each)**

   a. Explain how your organization will provide culturally competent and appropriate services, using specific details that demonstrate this capacity.

   b. Explain how your organization will be actively involved with reducing health disparities and promoting health equity, using specific details that describe strategies used and/or steps taken.

Dedicated Marijuana Account Funding Source Packet

3. **Implementation (30 points- 5 points each)**

    a. Provide a brief description of how your organization will implement the chosen approved Program(s), from page one (1) of this Attachment. Please indicate if you plan to implement programs according to program implementation requirements, or if you have any planned adaptations or cultural considerations, please describe these. Please include the proposed number of individuals served, as well as describe the number of planned series or cycles of implementation throughout the contract period.

    b. Provide a brief description of how your organization's choice of program(s) addresses the six absolute priorities of HCA as shown in the Purpose & Background section of the RFA.

    c. **Applicant Type A:** Please describe how these programs were selected for implementation in your community. If applicable, describe the connection of your implementation plan to any existing local, regional, or statewide strategic plan. Describe any collaborative partnerships and include letters of support. If you are intending to use any part of this grant for planning purposes, please describe what planning process you will go through.

    Applicant Type B: Please describe how these programs were selected for implementation in your community. Describe the overall goal(s) of the program(s). Discuss the expected changes in either behavior, attitudes, beliefs and/or knowledge of participants that will demonstrate the effectiveness of the program(s) in addressing your communities need(s). Discuss the process of selecting and recruiting participants to the identified program and tools you will use to assess the effectiveness of the identified program(s).

    d. Describe the Applicant agency's experience and/or qualifications that demonstrate capacity to fulfill the scope of the services described within the action plan including reaching the goal number of participants.

    e. Describe the specific technical assistance and training you will need to implement this scope of work and your plan to address these needs.

    f. **Applicant Type A & B** - Fill out the Action Plan according to the directions in the form with approved programs.

    In Addition: Applicant Type A Include goals that are based on risk and protective factors. Ensure objectives are measurable and appropriate for the identified goal. Ensure survey instruments are appropriate for the identified risk and protective factors using the Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System (Minerva) Survey Selection Guide. https://www.theathenaforum.org/surveyselection.

4. **Budget Narrative (10 points – 5 points each)**
    a. Provide a budget narrative describing each of the costs outlined in the proposed budget (Attachment C-1, *Budget for DMA*) and how you calculated your proposed costs (i.e., Training Costs, Program Costs, Staffing Costs, etc.). Ensure all line items are allowable (DBHR Contractor Fiscal & A-19 Training) and reasonable. Be sure to include estimated costs for required DBHR training such as the All Provider Meeting each November.
    b. Fill out the Budget Form in Attachment C-1, *Budget for DMA*. Do not exceed 8% for indirect/ administrative cost.

FUNDING SOURCE LEGEND	
SOR	*State Opioid Response (SOR) Grant **(Federal Funds)***
DMA	*Dedicated Marijuana Account **(State Funds)***
MHPP	*Mental Health Promotion Projects **(State Funds)***
DFC	*Drug Free Communities Grant Funds **(Federal Funds)***
PFS	*Partnership for Success Grant Funds **(Federal Funds)***

Dedicated Marijuana Account Funding Source Packet

Match	*Match funding to support implementation / training*
Other	*Local funding source or not DBHR contracted*
TBD	*Funding not secured yet, or Future Planning if funds became available*

MHPP Funding Source Packet

Check Applicant Type: ☐ **Type A Applicant**   ☐ **Type B Applicant**

MHPP Program Selection:

- **Applicant will select one of the following proposal options A, B, or a combination of both:**
  - A. Mental Health Promotion Program Options and/or
  - B. Suicide Prevention Program Options

- **Applicant must implement at least one Youth Mental Health First Aid (YMHFA) training per year, a minimum of two YMHFA trainings during the project period. A maximum cost of $5,000 per year of the grant can go towards the YMHFA training.** Costs may include trainer and travel costs, materials, and all other expenses associated with the training. It is also acceptable to use these funds to train YMHFA facilitators who will provide training workshops for your community (though at least one training must occur within the project timeline). If Applicant has previously held a contract with HCA for MHPP/Suicide Prevention CBO services and has fully saturated their community with this training, they may submit a request for an exception to this requirement as part of their narrative.

- **Applicant must implement at least one community awareness event per year, totaling a minimum of two events during the project period.** Costs may include public education or multi-media expenses. Awareness messages may focus on mental health promotion, primary prevention, reducing stigma and encouraging individuals to seek help, or postvention.

- Applicants are required to attend bi-monthly DBHR Learning Community Meetings, the November All Provider Meeting in 2021 and 2022, and other required trainings from DBHR.

- Funds can be used for staff, program planning, training, implementation, reporting and evaluation.

Make selections below:
Programs listed have been identified on one or more evidence-based lists showing effectiveness for mental health or suicide outcomes.
    * = Programs that have identified dual outcomes for mental health promotion and either general substance abuse prevention outcomes or marijuana-specific prevention outcomes.

A. Mental Health Promotion Options (Must include EB/RB/PP programs from the list below. Innovative programs are not permitted for this option).
☐ Only Evidence-Based (EB) or Research-Based (RB) services are proposed.   ☐ Only Promising Program (PP) services are proposed.   ☐ Combination of EB/RB/PP program services proposed.   ☐ Not applying for a mental health promotion program
Evidence-Based (EB) & Research-Based (RB) Programs for Mental Health Promotion
☐ Blues Program*   ☐ Coping and Support Training (CAST)   ☐ Good Behavior Game*   ☐ Guiding Good Choices*   ☐ Incredible Years*   ☐ New Beginnings   ☐ Nurse Family Partnership*   ☐ ParentCorps   ☐ Parenting Management Training – The Oregon Model (PMTO)*   ☐ Positive Action*   ☐ Second Step*   ☐ Strengthening Families Program: For Parents and youth 10-14 (Iowa Version)*
Promising Programs (PP) for Mental Health Promotion

MHPP Funding Source Packet

☐ Big Brothers Big Sisters – Community*
☐ Big Brothers Big Sisters – School Based
☐ Coping Power Program*
☐ Families and Schools Together
☐ Family Checkup – Toddler
☐ Family Foundations
☐ KiVa Antibullying Program
☐ Lifeskills Training*
☐ Mentoring: School based by teachers or staff
☐ Positive Family Support*
☐ Seattle Social Development Project*
☐ Strong African American Families*
☐ Strong African American Families – Teen*
☐ Triple P

B. Suicide Prevention Options (Must include EB/RB/P programs or an innovative program that addresses the approved risk/protective factors.

For suicide prevention only, it is also allowable to implement a program or practice that is innovative. Innovative suicide prevention programs must include justification of a demonstrated need and how the principles of effectiveness were considered and incorporated in the development of the program (https://www.theathenaforum.org/CSAPprinciples). The *Preventing Suicide: A Technical Package of Policy, Programs, and Practices* may be a useful document to reference (https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf).

☐ Only Evidence-Based (EB) or Research-Based (RB) services from the list below are proposed.

☐ Only Promising Program (PP) services from the list below are proposed.

☐ Only Innovative Program services are proposed.

☐ Combination of EB/RB/PP/IP program services proposed (Innovative Programs are allowed for suicide prevention efforts only).

☐ Not applying for a suicide prevention program

Evidence-Based (EB) & Research-Based (RB) Programs for Suicide Prevention

☐ Good Behavior Game (GBG)*

☐ Coping and Support Training (CAST)*

Promising Programs (PP) for Suicide Prevention

☐ Sources of Strength

☐ Question, Persuade, Refer (QPR)

If applying for an innovative suicide prevention program(s) please select from the approved list below the domain(s) and risk factor(s) the program addresses.

Approved domains and Risk Factors for Innovative Suicide Prevention Programs

Societal	**Community**	**Relationship**	**Individual**
☐ Media Violence	☐ Poor neighborhood support and cohesion ☐ Transitions and Mobility	☐ Social isolation/Lack of social support ☐ Poor parent-child relationships ☐ Family History of suicide ☐ Family Management problems	☐ Lack of non-violent social problem-solving skills ☐ Poor behavioral control/impulsiveness ☐ History of violence victimization ☐ Witnessing violence ☐ Psychological/mental health

MHPP Funding Source Packet

		☐ Family Conflict ☐ High conflict or violent relationships	problems
Approved domains and Protective Factors for Innovative Suicide Prevention Programs			
Societal ☐ N/A	**Community** ☐ Coordination of resource and services among community agencies ☐ Access to mental health and substance abuse services ☐ Community support or connectedness	**Relationship** ☐ Family support or connectedness ☐ Connection to a caring adult ☐ Connection or commitment to school	**Individual** ☐ Skills in solving problems non-violently

*For ALL Mentoring Program Applications, Mentoring Works Washington Survey designation will need to be completed if the Applicant is notified as an Apparent Successful Applicant (ASA). This survey is not due at the time of this RFA Application, but the ASA will be notified that this will be a condition of award prior to entering a contract with HCA.

MHPP PROJECT NARRATIVE

Your Project Narrative should answer the following questions. Please note the specific questions for either Applicant Type A and Applicant Type B.

5. **Overview (25 points- 5 points each)**

    a. Describe your ability and experience serving high need communities, including youth and parents.

    b. Describe your ability and experience with providing mental health promotion services or suicide prevention services.

    c. Describe the community(ies) that will be served with your program(s) and if the community(ies) is/are on the high-need list as described in D-2, High Need Communities List for MHPP of this RFA. Briefly describe the demographics of the community you intend to serve, including specifically who will be served with these funds.

    d. Provide data (such as a high-level summary with references, demographics, or Healthy Youth Survey data) to justify why mental health promotion and/or suicide prevention services are needed in this particular community.

    e. Explain your understanding of the factors in identified community likely increasing the need for mental health promotion and/or suicide prevention services. Provide a brief overview of how your program and proposed strategies addresses mental health promotion services or suicide prevention efforts in the community you intend to serve.

6. **Plan for advancing Health Equity (10 points- 5 points each)**

    a. Explain how your organization will provide culturally competent and appropriate services, using specific details that demonstrate this capacity.

    b. Explain how your organization will be actively involved with reducing health disparities and promoting health equity, using specific details that describe strategies used and/or steps taken.

MHPP Funding Source Packet

7. **Implementation (30 points- 5 points each)**

   a. Provide a brief description of how your organization will implement the chosen approved Program(s), from pages one through three (1-3) of this Attachment. Please indicate if you plan to implement programs according to program implementation requirements, or if you have any planned adaptations or cultural considerations, please describe these. Please include the proposed number of individuals served, as well as describe the number of planned series or cycles of implementation throughout the contract period.

      i. If you are applying for an *innovative suicide prevention strategy*, please describe how you will ensure your implementation of the program is effective and how the program will be implemented to do no harm to the community/target population. What expertise have you sought to inform your program implementation? How does it follow the principles of effectiveness as cited on Athena Forum? Provide an explanation of how your strategy fits within the Preventing Suicide: A Technical Package of Policy, Programs, and Practices.

   b. Provide a brief description of how your organization's choice of program(s) addresses the six absolute priorities of the Washington Health Care Authority as shown in the Purpose & Background section of the RFA.

   c. **Applicant Type A:** Please describe how these programs were selected for implementation in your community. If applicable, describe the connection of your implementation plan to any existing local, regional, or statewide strategic plan. Describe any collaborative partnerships and include letters of support. If you are intending to use any part of this grant for planning purposes, please describe what planning process you will go through.

      Applicant Type B: Please describe how these programs were selected for implementation in your community. Describe the overall goal(s) of the program(s). Discuss the expected changes in either behavior, attitudes, beliefs and/or knowledge of participants that will demonstrate the effectiveness of the program(s) in addressing your communities need(s). Discuss the process of selecting and recruiting participants to the identified program and tools you will use to assess the effectiveness of the identified program(s).

   d. Describe the Applicant agency's experience and/or qualifications that demonstrate capacity to fulfill the scope of the services described within the action plan including reaching the goal number of participants.

   e. Describe the specific technical assistance and training you will need to implement this scope of work and your plan to address these needs.

   f. Applicants Type A & Type B: Fill out the Action Plan according to the directions in the form with approved programs.

      In Addition: Applicant Type A Include goals that are based on risk and protective factors. Ensure objectives are measurable and appropriate for the identified goal. Ensure survey instruments are appropriate for the identified risk and protective factors using the Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System (Minerva) Survey Selection Guide. https://www.theathenaforum.org/surveyselection.

8. **Budget Narrative (10 points – 5 points each)**

   a. Provide a budget narrative describing each of the costs outlined in the proposed budget (Attachment C-2, *Budget for MHPP*) and how you calculated your proposed costs (i.e., Training Costs, Program Costs, Staffing Costs, etc.). Ensure all line items are allowable (DBHR Contractor Fiscal & A-19 Training) and reasonable. Be sure to include estimated costs for required DBHR training such as the All Provider Meeting each November.

   b. Fill out the Budget Form in Attachment C-2, *Budget for MHPP*. Do not exceed 8% for indirect/ administrative cost.

MHPP Funding Source Packet

FUNDING SOURCE LEGEND	
SOR	*State Opioid Response (SOR) Grant **(Federal Funds)***
DMA	*Dedicated Marijuana Account **(State Funds)***
MHPP	*Mental Health Promotion Projects **(State Funds)***
DFC	*Drug Free Communities Grant Funds **(Federal Funds)***
PFS	*Partnership for Success Grant Funds **(Federal Funds)***
Match	*Match funding to support implementation / training*
Other	*Local funding source or not DBHR contracted*
TBD	*Funding not secured yet, or Future Planning if funds became available*

ACTION PLAN- Applicant Type A

Grant Type – Check Box Applying for: ☐ **Dedicated Marijuana Account**   ☐ **Mental Health Promotion Project**

Prevention Services Action Plan Template*
July 1, 2021 – June 30, 2023

This form is locked for filling in form functions, but is not password protected. If you need to add rows, feel free to un-restrict the editing protection and make your edits. Use the Survey Selection Guide at https://www.theathenaforum.org/surveyselection. You may add additional goals or strategies if needed by copying and pasting the entire section.

This form now has a row that describes the corresponding question in the Minerva system while building the program profile. This is to be used as a reference as you build your new programs in the online reporting system, as well as fill this template out. If awarded, you will receive training on the Minerva online reporting system.

Goal 1: _____ *(Minerva #11)*
   Objective 1.1: _____ *(Minerva #12, #13)*
      CSAP Strategy*: Choose an item. *(Minerva #15)*

Name of Program	Funding Source	Brief Description	How	Who & IOM Category*	Lead and Responsible Party(ies)	Surveys
Program Name	*See list above*	*Briefly state the main purpose of activity*	*How much? How often? During which months?*	*Who is this service for? How many people reached?* *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?*	*Organization delivering program?* *Who is making sure this gets done?*	*What survey will you be using? How often (one-time, pre/post, etc.)?*
Minerva #3	*#7*	*#4*	*#18, #19*	*#16, #21, #22, #23*	*N/A*	*#24, #25*
				Who & # reached: IOM:		
				Who & # reached: IOM:		

   Objective 1.2: _____ *(Minerva #12, #13)*
      CSAP Strategy: Choose an item. *(Minerva #15)*

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
Program Name	*See list above*	*Briefly state the main purpose of activity*	*How much? How often? During which months?*	*Who is this service for? How many people reached?*	*Organization delivering program?* *Who is making sure this gets done?*	*What survey will you be using? How often (one-*

				Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?		*time, pre/post, etc.)?*
Minerva #3	#7	#4	#18, #19	#16, #21, #22, #23	N/A	#24, #25
				Who & # reached: IOM:		
				Who & # reached: IOM:		

Goal 2: _____ (Minerva #11)

Objective 2.1: _____ (Minerva #12, #13)
  CSAP Strategy: Choose an item. (Minerva #15)

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
Program Name	See list above	Briefly state the main purpose of activity	How much? How often? During which months?	Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?	Organization delivering program? Who is making sure this gets done?	What survey will you be using? How often (one-time, pre/post, etc.)?
Minerva #3	#7	#4	#18, #19	#16, #21, #22, #23	N/A	#24, #25
				Who & # reached: IOM:		
				Who & # reached: IOM:		

Objective 2.2: _____ (Minerva #12, #13)
  CSAP Strategy: Choose an item. (Minerva #15)

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
Program Name	See list above	Briefly state the main purpose of activity	How much? How often? During which months?	Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?	Organization delivering program? Who is making sure this gets done?	What survey will you be using? How often (one-time, pre/post, etc.)?
Minerva #3	#7	#4	#18, #19	#16, #21, #22, #23	N/A	#24, #25
				Who & # reached:		

IOM:
Who & # reached:
IOM:

ACTION PLAN- Applicant Type B

Grant Type – Check Box Applying for: ☐ **Dedicated Marijuana Account**   ☐ **Mental Health Promotion Project**

Prevention Services Action Plan Template*
July 1, 2021 – June 30, 2023

This template is for use with the July 1, 2021 – June 30, 2023 HCA/DBHR Community-based Prevention Services for Dedicated Marijuana Account (DMA) and MHPP Please complete an Action Plan for Direct Service Programs and Environmental Strategies by fiscal years, July 1, 2021 - June 29, 2023

Organization Name: Date Submitted:
This form is locked for filling in form functions, but is not password protected. If you need to add rows, feel free to un-restrict the editing protection and make your edits.

Action Plan:

For Direct Service Programs from July 1, 2021 through June 30, 2023:

Program/ Strategy	Community Name	Will you be able to begin services by 8/31/2021?	How Often	When	Who & How Many	Lead	Responsible Party (ies)
Name of program/ strategy	*Name of community(ies) this program will serve*	*Yes or No?*	*How many groups will be offered?*	*List all of the implementation months of the program*	*Who is this service for? How many people reached?*	*Organization delivering program?*	*Who is making sure this gets done?*

For Environmental/Information Dissemination Strategies from July 1, 2021 through June 30, 2023:

Environmental Strategies	Community Name	Will you be able to begin services	Goal	When	Who & How Many	Lead	Responsible Party (ies)

Name of program/ strategy	Name of community(ies) this strategy will serve	by 8/31/2021? Yes or No?	What is the goal outcome of the strategy?	List all of the implementation months of the program	Who is this service for? How many people reached?	Organization delivering program?	Who is making sure this gets done?

ATTACHMENT C - BUDGET

- Applicant must prepare a separate Budget for each funding source project (DMA, and/or MHPP). For example, if the Applicant is applying for both DMA and MHPP, two budgets are required.

- The Budget(s) will be scored based on how well the Applicant answers each question. Applicant responses will be evaluated based on clear and complete responses. If Applicant cannot fill out a specific section, they must provide an explanation.

Guidelines for Estimating Cost of Programs – Budget Preparation for 2021HCA2

Introduction

Preparing a budget of income and expenses is a critical aspect when planning to implement a prevention program and/or activity. Each program/activity will require different resources and your organization may have a unique capacity to implement a program/activity with existing resources. When estimating the cost of programs and/or activities, your budget must include funding for: staff, facilities, promotion of the program, and materials and supplies. Since each program is unique, it is important to research the program(s)/activity(ies) you are considering to implement in your community.

Read through each of these categories for assistance in determining an overall cost.

General Staff Expense Categories:

Staff Costs to Support Program Implementation

A. Staff Salaries
B. Staff Benefits
C. Travel (Mileage)
D. Office Materials and Supplies
E. Media Access
F. Sub-Contracts (if allowed and/or needed)
G. Administrative Costs – 8%

Program Cost Expense Categories:

Definition: Materials you will need to implement your program/activity

Things to Consider: How many participants will you be serving? Can you prepare the materials yourself or do you need to hire someone to prepare them for you? Do you need to design your materials to promote the program? Examples may include: Educational materials or curriculum, promotional materials, printing of pre- and post-surveys, brochures, posters, etc.

Start-Up/One-time Fixed Costs

Initial Training and Technical Assistance	In-person training travel per diem staff or trainer)
Curriculum and Materials (Manuals, Toolkits, DVDs, Certificates, Posters to reinforce materials)	Annual Curriculum Cost or One-time cost
Licensing	One-time or ongoing

Other Start-Up Costs	The costs of staff time while attending training
Promotional Costs	Print, Cost of Media Push, Media Design, Radio, Newspaper

Implementation Expense Costs Categories:

Definition: Meetings and Activity Expenses while implementing your program/activity

Things to consider: Do you have the proper space needed for meeting and/or conducting activities? Do you have community partners than can donate space? Do you have the proper equipment and technology platforms/tools to conduct the program/activity? Do you have enough staff to implement the program with fidelity?

Ongoing training-technical assistance/Varying, ongoing Costs

Fidelity Implementation, Monitoring and Evaluation	Time for staff to support implementation and evaluate effectiveness
Ongoing License Fees	Online Use or Copyright Consumables
Other Implementation Support and Fidelity Monitoring	Tracking participants, pre- and post- survey collection/entry, Prevention Substance Database Entry

Consider working with community partners for any "in-kind" donations to help support the services being provided by your organization and reduce the cost of programming. These may include: bookkeeping services, office equipment, meeting space, printing, meals & refreshments and volunteer time.

One Year Cost Example: Serving 60 participants

Start-Up Costs

Trainer Online $1,000.00

Leaders Manual/Lessons DVD = $500.00

Materials for 60 participants: Workbooks ($70) = $4,200

Promotion of the program: $250.00

Implementation Costs

Group leaders' time @ $25/hour x 2 leaders x 5 hours/week x 10 sessions x 4times a year= $10,000

Staff Benefits (25%) = $2,500

Admin Costs (8%) = $1,516

Total First Year Cost= $19,926.00

This estimate example can help you develop a budget. Please note that program costs will vary so it is important to do your research before selecting a program. In addition, the budget template is meant to be used as a guide and may be customized by the applicant to more closely fit the actual program/activity structure.

How do I know how much a program may cost? It is best to visit directly with the developer of the program or you may visit prevention databases, such as the Athena Forum's Excellence in Prevention Strategy List, to help estimate the costs of implementing a program, but be cautious as not all the costs will apply to your organization depending on the resources currently available within your organization or through partnerships.

Washington State   Page 39 of 49   SUD Px/MHPP CBO Services
Health Care Authority   HCA RFA #: 2021HCA2
Attachment C: Budget

Instructions: This template is provided for planning purposes only. Completion or use of this template is not a binding agreement and in no way secures funding and is not a Contract.

You may insert rows if needed, however, be sure to check formulas to make sure that the totals include all the numbers that you want. The Excel version is provided as a separate attachment in the WEBS posting.

Line Items	Dedicated Marijuana Account (DMA) Year 1	Dedicated Marijuana Account (DMA) Year 2
	Budget for July 1 2021 - June 30, 2022	Budget for July 1, 2022 - June 30, 2023

Organization Name:		
Date Submitted:		

Administration		
	Year 1	Year 2
8% Maximum Allowable Admin of Budget (may be divided between contractor and subcontractors but may not exceed 8% of total budget).	$ -	
Subtotal	$ -	
Travel/Training/ Capacity Building for Program/Strategy		
Program Name:	Year 1	Year 2
Indicate if EBP, RBP, or PP		
Mileage	$ -	
Air	$ -	
Hotel	$ -	
Lodging	$ -	
Per diem	$ -	
Transportation	$ -	
Registration fees	$ -	
Subtotal	$ -	
Program(s) / Strategy(ies)		
Program Name:	Year 1	Year 2
Indicate if EBP, RBP, or PP		
Community name:		
Salary [% or # FTE]	$ -	
Benefits	$ -	
Travel	$ -	

Washington State
Health Care Authority

Page 40 of 49

SUD Px/MHPP CBO Services
HCA RFA #: 2021HCA2
Attachment C-1: Budget - DMA

Professional Services [name]	$ -	
Program Supplies	$ -	
Program Printing	$ -	
Subtotal	$ -	
Program Name:	Year 1	Year 2
Indicate if EBP, RBP, or PP		
Community name:		
Salary [% or # FTE]	$ -	
Benefits	$ -	
Travel	$ -	
Professional Services [name]	$ -	
Program Supplies	$ -	
Program Printing	$ -	
Subtotal	$ -	
Program Name:	Year 1	Year 2
Indicate if EBP, RBP, or PP		
Community name:		
Salary [% or # FTE]	$ -	
Benefits	$ -	
Travel	$ -	
Professional Services [name]	$ -	
Program Supplies	$ -	
Program Printing	$ -	
Subtotal	$ -	
Total		
Total Budget Amount Requested	**$ -**	

Washington State
Health Care Authority

Page 41 of 49

SUD Px/MHPP CBO Services
HCA RFA #: 2021HCA2
Attachment C-1: Budget - DMA

Attachment C-2: MENTAL HEALTH PROMOTION PROJECT (MHPP)

Instructions: This template is provided for planning purposes only. Completion or use of this template is not a binding agreement and in no way secures funding and is not a Contract.

You may insert rows if needed, however, be sure to check formulas to make sure that the totals include all the numbers that you want. The Excel version is provided as a separate attachment in the WEBS posting.

Organization Name:		
Date Submitted:		
Line Items	**Mental Health Promotion Projects (MHPP)- Year 1** **Budget for July 1 2021 - June 30, 2022**	**Mental Health Promotion Projects (MHPP)- Year 2** **Budget for July 1, 2022 - June 30, 2023**
Administration		
	Year 1	Year 2
8% Maximum Allowable Admin of Budget (may be divided between contractor and subcontractors but may not exceed 8% of total budget).	$ -	$ -
Subtotal	$ -	$ -
Travel/Training/ Capacity Building for Program/Strategy		
Program Name:	Year 1	Year 2
Indicate if EBP, RBP, PP, or the applicable approved domain and risk factor		
Mileage	$ -	$ -
Air	$ -	$ -
Hotel	$ -	$ -
Lodging	$ -	$ -
Per diem	$ -	$ -
Transportation	$ -	$ -
Registration fees	$ -	$ -
Subtotal	$ -	$ -
Program(s) / Strategy(ies)		
Program Name:	Year 1	Year 2
Indicate if EBP, RBP, PP, or the applicable approved domain and risk factor		
Community name:		

Washington State
Health Care Authority

Page 42 of 49

SUD Px/MHPP CBO Services
HCA RFA# 2021HCA2
Attachment C-2: Budget - MHPP

	Year 1	Year 2
Salary [% or # FTE]	$ -	$ -
Benefits	$ -	$ -
Travel	$ -	$ -
Professional Services [name]	$ -	$ -
Program Supplies	$ -	$ -
Program Printing	$ -	$ -
Subtotal	$ -	$ -
Program Name:	Year 1	Year 2
Indicate if EBP, RBP, PP, or the applicable approved domain and risk factor		
Community name:		
Salary [% or # FTE]	$ -	$ -
Benefits	$ -	$ -
Travel	$ -	$ -
Professional Services [name]	$ -	$ -
Program Supplies	$ -	$ -
Program Printing	$ -	$ -
Subtotal	$ -	$ -
Program Name:	Year 1	Year 2
Indicate if EBP, RBP, PP, or the applicable approved domain and risk factor		
Community name:		
Salary [% or # FTE]	$ -	$ -
Benefits	$ -	$ -
Travel	$ -	$ -
Professional Services [name]	$ -	$ -
Program Supplies	$ -	$ -
Program Printing	$ -	$ -
Subtotal	$ -	$ -

Washington State
Health Care Authority

Page 43 of 49

SUD Px/MHPP CBO Services
HCA RFA# 2021HCA2
Attachment C-2: Budget - MHPP

Attachment C-2: MENTAL HEALTH PROMOTION PROJECT (MHPP)

MHPP ONLY	Year 1	Year 2
Community name:		
Youth Mental Health First Aid (not to exceed $5,000)	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
Subtotal	$ -	$ -
Total		
Total Budget Amount Requested	$ -	$ -

Washington State   Page 44 of 49   SUD Px/MHPP CBO Services
Health Care Authority   HCA RFA# 2021HCA2
Attachment C-2: Budget - MHPP

ATTACHMENT D-1: High Need Communities List

Dedicated Marijuana Account (DMA)

District/High School Service Area Name(s)	County	ESD
Lind	Adams	101
Finley	Benton	123
Port Angeles	Clallam	114
Vancouver: Columbia River HS	Clark	112
Bridgeport	Douglas	171
Soap Lake	Grant	171
North Beach Ocosta Oakville	Grays Harbor	113
Quilcene	Jefferson	114
South Kitsap	Kitsap	114
White Pass	Lewis	113
Methow Valley	Okanogan	171
Orting Tacoma: Mount Tahoma HS	Pierce	121
Granite Falls Sultan	Snohomish	189
Riverside West Valley (Spokane)	Spokane	101
Colville	Stevens	101
Rochester Yelm Rainier	Thurston	113
Waitsburg	Walla Walla	123
Grandview Granger Mabton	Yakima	105

ATTACHMENT D-2: High Need Communities List

Mental Health Promotion Project (MHPP)

District/High School Service Area Name(s)	County	ESD
Finley	Benton	123
Manson	Chelan	171
Port Angeles	Clallam	114
Soap Lake	Grant	171
Elma North Beach Oakville Ocosta	Grays Harbor	113
Seattle: Rainier Beach HS	King	
South Kitsap	Kitsap	114
Napavine White Pass	Lewis	113
Odessa	Lincoln	101
Okanogan	Okanogan	171
Tacoma: Mount Tahoma HS	Pierce	121
Lakewood Sultan	Snohomish	189
Medical Lake Riverside West Valley (Spokane)	Spokane	101
Rainier Rochester Yelm	Thurston	113
Grandview Granger	Yakima	105

Washington State   Page 46 of 49   SUD Px/MHPP CBO Services
Health Care Authority   HCA RFA# 2021HCA2
Attachment D-2: High Need Community List - MHPP

ATTACHMENT E – Existing HCA/DBHR Community and Wellness Initiative (CPWI) Coalitions

CPWI Coalition Community or High School Service Area (HSSA)	County	Educational Service District (ESD)
Othello	Adams	101
Clarkston	Asotin	123
Benton City **Kennewick** **Prosser**	Benton	123
Wenatchee	Chelan	114
Crescent School District **Forks**	Clallam	114
Central Vancouver **Washougal** **West Vancouver**	Clark	112
Dayton	Columbia	123
Waterville	Douglas	171
Republic	Ferry	101
Pasco School District	Franklin	123
Pomeroy	Garfield	123
Moses Lake **Quincy** **Wahluke**	Grant	171
Aberdeen **Hoquiam**	Grays Harbor	113
Oak Harbor **South Whidbey**	Island	189
Chimacum **Port Townsend**	Jefferson	113
Auburn **North Highline** **Central Seattle** **SE Seattle** **SW Seattle** **Vashon**	King	121
Bremerton **North Kitsap**	Kitsap	114
Cle-Elum/Roslyn **Ellensburg**	Kittitas	105
Goldendale **Klickitat/Lyle**	Klickitat	105
Centralia **Morton**	Lewis	113
Reardon	Lincoln	101
North Mason (Belfair) **Shelton**	Mason	113
Omak	Okanogan	171
Long Beach **South Bend**	Pacific	112

Washington State   Page 47 of 49   SUD Px/MHPP CBO Services
Health Care Authority   HCA RFA# 2021HCA202
Attachment E: Existing HCA/DBHR CPWI Coalitions

CPWI Coalition Community or High School Service Area (HSSA)	County	Educational Service District (ESD)
Cusick **Newport** **Selkirk**	Pend Oreille	101
Bethel School District **City of Lakewood** **Franklin-Pierce**	Pierce	121
San Juan	San Juan	189
Darrington **Marysville** **Monroe**	Snohomish	189
Cheney **East Valley** **NE Spokane** **Shadle Park** **West Central**	Spokane	101
Springdale **Wellpinit**	Stevens	101
Tenino **Tumwater**	Thurston	113
Cathlamet	Wahkiakum	112
Walla Walla	Walla Walla	123
Bellingham **Ferndale** **Mt. Baker**	Whatcom	189
Tekoa	Whitman	101
Highland **Sunnyside** **Wapato** **White Swan** **Yakima**	Yakima	105

Washington State   Page 48 of 49   SUD Px/MHPP CBO Services
Health Care Authority   HCA RFA# 2021HCA202
                                          Attachment E: Existing HCA/DBHR CPWI Coalitions

6. GENERAL INFORMATION FOR APPLICANTS

6.1. CONTRACT AND GENERAL TERMS & CONDITIONS

The ASA will be expected to enter into a contract with HCA. HCA's general contract terms and conditions apply, and are available for review in the WEBS posting.

If, after the announcement of the ASA, and after a reasonable period of time, the ASA and HCA cannot reach agreement on acceptable terms for the Contract, HCA may cancel the selection and Award the Contract to the next most qualified Applicant.

6.2. PROPRIETARY INFORMATION / PUBLIC DISCLOSURE

Applications submitted in response to this RFA will become the property of HCA. All Applications received will remain confidential until the Apparent Successful Applicant is announced; thereafter, the Applications will be deemed public records as defined in chapter 42.56 of the Revised Code of Washington (RCW). Exceptions considered only if Applicant identifies content as proprietary in their Application materials.

6.3. NO OBLIGATION TO CONTRACT

This RFA does not obligate HCA to enter into any contract for services specified herein.

6.4. REJECTION OF APPLICATIONS

HCA reserves the right, at its sole discretion, to reject any and all Applications received without penalty and not to issue any contract as a result of this RFA.

6.5. COMMITMENT OF FUNDS

The Director of HCA or his/her delegate is the only individual who may legally commit HCA to the expenditures of funds for a contract resulting from this RFA. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

6.6. COMPLAINT PROCESS

6.6.1. Vendors may submit a complaint to HCA based on any of the following:

6.6.1.1. The RFA unnecessarily restricts competition;

6.6.1.2. The RFA evaluation or scoring process is unfair or unclear; or

6.6.1.3. The RFA requirements are inadequate or insufficient to prepare a response.

6.6.2. A complaint must be submitted to HCA prior to five business days before the bid response deadline. The complaint must:

6.6.2.1. Be in writing;

6.6.2.2. Be sent to the RFA Coordinator in a timely manner;

6.6.2.3. Clearly articulate the basis for the complaint; and

6.6.2.4. Include a proposed remedy.

The RFA Coordinator will respond to the complaint in writing. The response to the complaint and any changes to the RFA will be posted on WEBS. The Director of HCA will be notified of all complaints and will be provided a copy of HCA's response. An Applicant or potential Applicant cannot raise during a bid protest any issue that the Applicant or potential Applicant raised in a complaint. HCA's action or inaction in response to a complaint will be final. There will be no appeal process.